

PERFORMANCE CONTRACT PROJECT

Regional Center: Valley Mountain Regional Center

Calendar Year 2018

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. (Estimated licensure date is 11/15/18 per CCL/DDS.) 2. Develop off-site programming for consumers residing in Secured Perimeter facility. 3. Monthly CPP meetings with Case Management and Resource Development to review progress of CPP activities. 4. Maintain After-Hours Response System services. 5. Increase collaboration with San Joaquin County Mental Health and facilitate access to mental health services as needed by dually diagnosed consumers. 6. Collaborate with Stanislaus Behavioral Health Recovery Services, MOU just signed, meetings held every 2 months. Working on access to mental health services for VMRC consumers. 7. Twice monthly and/or as needed Problem Solving Team meetings to address emerging issues with individual consumers. 8. Legal Services Review Team meets as needed to address forensics consumer issues and consumers at risk of re-arrest and/or developmental center placement. 9. Perform psychotropic medication reviews for consumers exhibiting behaviors that put them at risk of placement in more restrictive setting. 10. Continue collaborative work with local law enforcement and protective oversight agencies.

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	<ol style="list-style-type: none"> 11. Continue development of new residential facilities serving adults with significant behavioral and emotional challenges. 12. 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. 13. Provide training to Service Coordinators in maintaining “high risk” consumers in the community, utilizing innovative, creative treatment related services/supports options. 14. Orientation provided to law enforcement/court staff as requested related to consumer involvement in the criminal justice system. 15. Case Management Specialists provide intense case management to consumers at highest risk for institutionalizations. 16. Utilize Comprehensive Assessments to identify consumer community placement readiness. 17. Continue to reduce DC placements by achieving and maintaining less than 15 VMRC consumers in developmental centers.
<p>B. Number and percent of minors residing with families</p>	<ol 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

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	<p>home.</p> <ol style="list-style-type: none"> 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. 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. 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. 12. Increase wrap-around services for children living with families. Have used a combination of in-depth behavioral assessments, and then a combination of hands on work with consumer and parent training in the home to reduce problem behaviors. Develop sexual awareness programming for adolescents. 13. VMRC clinical staff will develop procedures and work with service coordinators to secure behavioral services that are needed by all consumers, both children and adult. Private insurance, and managed care Medi-cal will be utilized first, service coordinators will help guide consumers and families to these sources. VMRC will continue to provide crisis behavioral intervention as needed.

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<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. congregate living situations per the VMRC Strategic Plan. 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. Offer psychiatric services that are not provided by mental health to adult consumers in need for stabilization purposes. 5. Automated calling for emergency notification. 6. Maintain informational network to discuss best practices for ILS/SLS providers. 7. Maintain quality services by ensuring ILS/SLS providers have objectives and expectations as reflected in the IPP. 8. Ensure utilization of community generic resources such as IHSS and County Mental Health Services. 9. Use of public transportation and mobility training where offered to optimize independence. 10. Continue to incorporate emergency preparedness into planning team discussion and resultant objectives.
<p>D. Number and percent of adults residing in supported living</p>	<ol style="list-style-type: none"> 1. Continue regular Supported Living Network meetings. 2. Provide orientation trainings to vendors and direct support staff with tools to better serve consumers receiving SLS. 3. Continue involvement in annual informational seminar to discuss current trends best practices for SLS providers in an effort to better serve consumers. 4. Offer Self-Advocacy support to access living arrangement of choice. 5. Maintain quality services by ensuring SLS providers have clear objectives and expectations as reflected in the IPP. 6. Develop plans to assist in roommate identification to increase

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	<p>affordability.</p> <p>7. Incorporate emergency preparedness into planning team discussion and resultant objectives.</p>
<p>E. Number and percent of adults residing in Adult Family Home Agency homes</p>	<ol style="list-style-type: none"> 1. Work with AFHAs to develop new family 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.
<p>F. Number and percent of adults residing in family homes (home of parent or guardian)</p>	<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, or to remain in their care homes. 4. Continue to 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, pending availability. Assistance with NF Waiver applications to occur as long wait list exists. 6. Provide current information to consumers and families about

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<p style="font-size: 100px; opacity: 0.3; text-align: center;">DRAFT</p>	<p>available generic/community resources.</p> <ol style="list-style-type: none"> 7. Review and monitor support needs to include ILS in the family home to support independent living skills. 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. 10. VMRC clinical staff will develop procedures and work with service coordinators to secure behavioral services that are needed by all consumers, both children and adult. Private insurance, and managed care Medi-cal will be utilized first, service coordinators will help guide consumers and families to these sources. VMRC will continue to provide crisis behavioral intervention as needed. 11. VMRC will provide training to staff serving adult consumers on Advance Care Planning for end of life transitions. From this training, VMRC will develop procedures and have resources available for service coordinators. VMRC will develop, in collaboration with community partners, training on this topic for consumers, families and residential care providers in 2019.

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<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. Continue 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. 8. Continue to monitor the approved large facilities to maintain “home-like environments”.

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<i>Measure</i>	<i>Activities Regional Center will Employ to Achieve Outcome</i>
<p>I. Measures Related to Reducing Disparities and Improving Equity in Purchase of Services Expenditures</p> <ul style="list-style-type: none"> • Percent of total annual purchase of service expenditures by individual’s ethnicity and age: Birth to age two, inclusive. • Age three to 21, inclusive. • Twenty-two and older. 	<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. 8. Case distribution will occur for bilingual staff to carry monolingual cases in an effort to further breakdown communication barriers.
<p>J. Number and percent of individuals receiving only case management services by age and ethnicity</p>	<ol style="list-style-type: none"> 1. Prior FY Purchase of service data and regional, center caseload data 2. VMRC will work in partnership with local Parent Organization such as (Catholic Charities, Apsara, Lao Family Community Empowerment, Family Resource network) to develop and implement a series of information and training activities, 3. Outreach efforts within community to overcome potential cultural barriers when identifying appropriate services.

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	<ol style="list-style-type: none"> 4. Work with community agencies to increase awareness of regional center services for minority populations served. 5. Ongoing Parent Training, orientation and informational sessions in participants’ native language, when possible, and with interpretation at mutually agreed upon sites in the community. 6. Provide informational trainings to staff pertaining to cultural understanding. 7. Ongoing internal review of the quality of documents translated by professional translation services. 8. Case distribution will occur for bilingual staff to carry monolingual cases in an effort to further breakdown communication barriers.
<p>Public Policy Performance Measures Related to Employment</p> <p>K. Number and percentage of consumers, ages 16-64 with earned income.</p>	<ol style="list-style-type: none"> 1. Gather Employment Development Department (EDD) data. Review changes in number and percentage of consumers ages 16-64 with earned income as reported to EDD. 2. Continue to collaborate with EDD, DOE, WorkNet, and DOR through our Local Partnership Agreements.
<p>L. Average annual wages for consumers ages 16-64.</p>	<ol style="list-style-type: none"> 1. EDD data--average annual wages as reported to EDD for 2. consumers ages 16-64. Continue to collaborate with EDD, DOE, WorkNet, and DOR through our Local Partnership Agreements.

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M. Annual earnings of consumers ages 16-64 compared to people with all disabilities in CA.	<ol style="list-style-type: none"> 1. EDD data--consumer wage data compared to people with all disabilities as reported to EDD. 2. Continue to collaborate with EDD and DOR through our Local Partnership Agreements.
N. Number of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program.	<ol style="list-style-type: none"> 1. Data collected manually from service providers by regional centers. 2. Develop new and additional Internship Programs with employers and increase vendor participation with the goal of CIE Placement. Additional trainings for vendors and staff on Internship benefits and implementation.
O. Percentage of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program.	<ol style="list-style-type: none"> 1. Data collected manually from service providers by regional centers. 2. Develop new, or enhance existing paths of employment opportunities to CIE from Internship placements with employers. 3. Facilitate employer-vendor partnerships to increase job development and job coaching to facilitate CIE Placements.
P. Average hourly or salaried wages and hours worked per week for adults who participated in a Paid Internship Program during the prior fiscal year.	<ol style="list-style-type: none"> 1. Data collected manually from service providers by regional centers. 2. Target development of Internship Programs that offer more than minimum wage rates.
Q. Average wages and hours worked for adults engaged in competitive, integrated employment, on behalf of whom incentive payments have been made.	<ol style="list-style-type: none"> 1. Data collected manually from service providers by regional centers. 3. 2. Increase the percent of adults, age 22 and above, who are working in Supported Employment/Competitive Employment.Utilize CDER personal outcomes data and refine the definition of each Day Program Types (DAYP) in

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	<p>SANDIS and continue to update annually.</p> <p>4. Continue coordinated trainings for staff and vendors that pertains to Employment First and WIOA concepts and concerns with impact of income to SSI to encourage job exploration.</p>
<p>R. Total number of \$1000, \$1250 and \$1500 incentive payments made for the fiscal year.</p>	<ol style="list-style-type: none"> 1. Data collected manually from service providers by regional centers. 2. Develop new, or enhance existing employment opportunities 3. with employers for job placement and job coaching. Facilitate employer-vendor partnerships to increase CIE placements. 5. 4. Develop additional Internship Programs with employers. Increase vendor participation with the goal of CIE Placement. 6. Develop Local Partnership Agreement model and establish first agreement.
<p>S. Percentage of adults who reported having Competitive Integrated Employment as a goal in his/her IPP.</p>	<ol style="list-style-type: none"> 1. National Core Indicators Survey data—3 year cycle. 2. VMRC will encourage discussion at IPP meetings and ensure documentation.

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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)	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.
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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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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