



Executive Committee Meeting Minutes

10/02/2019 | 06:30 PM - 07:30 PM - Pacific Time (US & Canada)

Attendees (10)

Committee Members Present: Margaret Heinz, Chair and Board President, Elizabeth Victor-Martinez, Treasurer, Mohamed Rashid, Vice-President, Lynda Mendoza, Secretary, Dena Pfeifer and Facilitator, Linda Collins

Staff Present: Tony Anderson, Executive Director, Doug Bonnet, Assistant to the Executive Director, Bud Mullanix, Human Resources Director

Public Present: None

Meeting called to order at 634pm by Margaret Heinz, Chair and Board President.

A. Review and Approval of Meeting Agenda

Agenda approved by unanimous consent.

B. Review and Approval of Minutes of 08/07/19 and 09/04/19

Minutes of both meetings approved by unanimous consent.

C. Items for Approval

Tony Anderson

1. Public Disclosures and Transparency Policy – See pages 8 – 9.

This year the legislature and the governor changed the Lanterman Act in several ways and one of the primary themes for the changes fall under the category of "Transparency and Public Disclosures". On August 21, 2019 I received a letter from DDS outlining details for implementing new areas of transparency and disclosures. On September 23, 2019 the VMRC Senior

leadership reviewed edited and approved the policy for our Administrative Policy manual but it does not become official until the Board of Directors reviews and approves.

Proposed Action: staff request approval of the policy and from executive committee to be forwarded as "recommend approval" to the full board of directors.

Approved by unanimous consent.

2. Performance Contract - Handout to Committee Members – See pages 11 – 46.
 1. As of May 2020, VMRC Board will hold one or more public meetings annually on prior year's performance contract objectives and outcomes.
 2. The meetings may be held separately from regular board meetings and VMRC must give the audience enough information so that they can discuss it and respond if they want.
 3. VMRC will announce the meeting and put this information on their website, tell it's stakeholders, and tell DDS about this meeting and information at least 30 days before it happens.
 4. VMRC must make sure the meetings and materials provide language access, and must schedule the meetings at times and locations designed to promote attendance by the public. To encourage participation by diverse language, racial, and ethnic communities, VMRC must consider strategies to promote opportunities for public comment.
 5. The VMRC Board must report to DDS the outcomes of each of these public meetings within 90 days of the meeting. The report must at least include:
 - a. Copies of minutes from each meeting and comments obtained from other strategies utilized to provide opportunities for public comment from diverse language, racial, and ethnic communities.
 - b. VMRC's recommendations and a plan to address areas where improvement is needed.
 - c. The contract renewal between VMRC and DDS will now also depend on DDS's assessment of the performance objectives and achievement of sufficient progress on the state's corrective action plans.
 6. Activities developed with input from the local community
 7. VMRC will develop annual performance objectives through meaningful participation with their local communities.
 8. At least one public meeting, with ten (10) calendar days advance notice, where participants can provide input on the performance objectives and shall use focus groups or surveys to collect information from the community.
 9. Statement of Assurances signed by the Executive Director.
 10. Discuss any optional locally- developed public policy measures.
 11. If VMRC decides to include a locally-developed public policy measure, a description of the baseline information or how it will be obtained must be included, as well as a description of how progress will be evaluated to ensure a positive impact on individuals and/or their families.
 12. Annual performance objectives must measure progress in reducing disparities
 13. VMRC must choose two measures the same two disparity measures used in their CY 2019 performance contracts.
 14. VMRC may also choose one or more of the disparity measures that rely on data from National Core Indicators

15. VMRC must include annual performance objectives that measure progress in implementing the Employment First Policy like the measures addressing both of the following:
16. Local partnership agreements between VMRC and local educational agencies, and the Department of Rehabilitation districts.
17. Information to individuals regarding the Employment First Policy, opportunities for employment, and available supports to achieve integrated competitive employment.
18. VMRC performance contracts must include all nine measures, as well as activities developed with input from the local community.

No committee action needed at this time.

D. Items for Discussion

1. Executive Director's Report - Tony Anderson

In September I flew down to San Diego to provide a session to the IDD leadership Institute on our process and analysis of the disparity of expenditures across race/ethnicity. The session was well received, generated good questions, and the class consisted of leaders from regional centers, provider agencies, state council local offices, etc.

September was a really busy month but it doesn't compare to what we have planned for October. Big events in October include the Cultural Fair, the Mental Health Services Act Grant funded conference, The Supported Living Conference presentation, CLASP Conference, ARCA meetings, Autism and Down Syndrome Walks, Cultural and Linguistics Competence Training/Conference, and much more...

Doug and I spent an entire weekend studying and learning more about WordPress, the application we use to manage our website. We worked on going through the list of 50+ items we received during our website focus group session. We ended up completing 25 items on our list. We made a lot of progress and still have a lot more to go.

Since receiving the Omnibus Letter dated September 23, 2019, describing the Trailer Bill Language on the Lanterman Act, I completed an analysis of the DDS directive and followed this with a PowerPoint presentation. I provided the presentation to the CLASP group and the VMRC Legislative committee. Then modified the presentation further and provided a presentation to the All Managers Bi-Annual meeting and then to the SCDD North Valley Hills Office Regional Advisory Committee. I'm currently working on an audio version for advocates who have a hard time reading or just prefer to listen instead.

I attended a two day affordable housing summit on affordable housing for people with developmental disabilities. Some of the ideas that stood out include:

1. Lack of Rental subsidies is the biggest barrier to getting affordable housing and lack of supportive housing services is a problem - our rates are too low.
2. In the San Andreas area they have built over 1300 rental units in their area - it's difficult but possible and accumulates over time.
3. All advocates were recommending trying a lot of different approaches and models for affordable housing
4. A lot of regional centers started off using service code 101 for housing support services and now they're using code 089.
5. The problem with code 089 is that it was tied to the rate freeze problem.
6. One regional center advocated for continued use of code 101 as best used for rent subsidy and admin for housing services.
7. All the rest of housing services are under code 089 (housing search and maintenance only)
8. One best practice model was the San Francisco Affordable housing website application created by the mayor's office: DAHLIA San Francisco Housing Portal.

2. Notable Consumer Incidents/Complaints - Tony Anderson

Follow-up from last month: The young 11 year old consumer is still living in the family home in an inappropriate living situation with his family. The family is still very unhappy with their current living situation and they need additional support. If are providing two staff at all times in the family home and we've made 6 more referrals to out of region (2) and out of state (3) on top of the dozens of previous placement requests. The grandmother is now providing Personal Support services in the home. The home setting remains extremely volatile for the child and family. Family wants a psychiatric hospitalization and the team is wanting crisis home services. A statewide crisis home search has been instituted and possible out of state placement may be requested if a program agrees to accept him.

Another case we're watching closely is a 14 year old female consumer needing out of state placement also receiving services from Child Protective Services. All of our crisis homes for children have replied to our requests saying that her needs are too severe for their program. Close attention is being paid to her care as the situation is unsafe for her and her family.

3. Vendor Issues - Tony Anderson

The CLASP network of local providers is hosting their first ever providers conference on Oct 8th in Stockton. National Speakers are flying in to Stockton, the Director of Developmental Services will be presenting, and local presenters include VMRC, SCDD NVH, and a local provider.

4. Self-Determination Update - Tony Anderson

On Monday there will be a DDS facilitated statewide stakeholder meeting of Self-Determination for updates and status reports on how the rollout is going across the state. Also in October the SCDD will facilitate a statewide advisory committee meeting which will take place in Sacramento to be followed by our local Self-Determination Advisory committee meeting. The latest information I have is that 8 people are currently in the Person Center Planning process, we have 1 FMS vendor and 3 pending, these numbers change every week.

5. Personnel and Union Update - Bud Mullanix and Tony Anderson – Handout – See pages 10, 47 – 50.

Tony Anderson - We are still in the initial stages of the Information Requests from the union to determine their next steps for a possible wage reopeners. Every year in our contract either side can request a reopeners to the contract regarding wage and benefits if something changes in the finances of the organization. At this point in the process we are responding in good faith to their requests for more information.

Bud Mullanix - Been very busy in HR. Lots of training going on. Bullying, Dealing with Difficult People and Corrective Action Trainings are happening. Lots of employee issues ongoing. We have 5 current openings and interviews are ongoing. We are at 331 employees. Our growth rate is low but our turnover rate is low. We are doing well. Staff morale is good. Staff is happy and in a good place. We have an upcoming meeting next week to discuss contract negotiations.

6. Other Matters - Tony Anderson

Our appeals process will be undergoing an overhaul. Our Compliance Manager will start on October 21st and our new attorney Matthew Bahr will be assisting in our state level hearings.

E. President's Comments - Margaret Heinz

Board Retreat is on November 2nd at Wine and Roses, Save the Date has been sent out...another email will be coming out soon.

F. Public Comments

None.

G. Next Meeting - Wednesday, 11/06/19, 6:30 PM, VMRC Stockton Office, Cohen Board Room

Meeting adjourned at 735pm.



Valley Mountain Regional Center Executive Committee Meeting

10/02/19, 6:30 PM

VMRC Stockton Office Cohen Board Room

702 N. Aurora Street

Stockton, CA, 95202

Dial-in Number: 1-866-299-7945, Conference Passcode: 7793177#

Committee Members: Margaret Heinz, Chair (President), Mohamed Rashid, Elizabeth Victor-Martinez, Lynda Mendoza, Dena Pfeifer, Linda Collins



Valley Mountain Regional Center Executive Committee Meeting

Valley Mountain Regional Center Executive Committee Meeting Agenda

A. Review and Approval of Meeting Agenda
Margaret Heinz

Committee Action

B. Review and Approval of Minutes of 08/07/19 and 09/04/19
Margaret Heinz

Committee Action

Exec. Com. Min. 08 07 19.pdf

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Exec. Com. Min. 09 04 19.pdf

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C. Items for Approval
Margaret Heinz/Tony Anderson

Committee Action

1. Public Disclosure and Transparency Policy
Tony Anderson

Committee Action

Public Disclosure and Transparency.pdf

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Performance Contract
Tony Anderson

Committee Action

D. Items for Discussion

1. Executive Director's Report
Tony Anderson

2. Notable Consumer Incidents/Complaints
Tony Anderson

3. Vendor Issues
Tony Anderson

4. Self-Determination Update
Tony Anderson

5. Personnel and Union Update
Bud Mullanix

2018-2019 Recruiting Report, October 2019.xlsx

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6. Other Matters

E. President's Comments
Margaret Heinz

F. Public Comments

G. Next Meeting - Wednesday, 11/06/19, 6:30 PM, VMRC Stockton Office, Cohen Board Room



Executive Committee Meeting

08/07/2019 | 06:30 pm - 07:30 pm - Pacific Time (US & Canada)

VMRC Stockton Office, Cohen Board Room

Attendees (8)

Committee Members Present: Margaret Heinz, President, Mohamid Rashid, Vice-President (via phone), Elizabeth Victor-Martinez, Treasurer, Lynda Mendoza, Secretary, Dena Pfeifer, Consumer Services Committee Chair

Informed Absences: Emily Grunder, Legislative Committee Chair

Uninformed Absence: Linda Collins, Nominating Committee Chair

Staff Present: Tony Anderson, Executive Director, Doug Bonnet, Assistant to the Executive Director, Bud Mullanix, Human Resources Director

Others Present: None

Margaret Heinz called the meeting to order at 632pm.

A. Review and Approval of Meeting Agenda

Approved unanimously by committee.

B. Review and Approval of Executive Committee Meeting Minutes of 06/19/19

Approved unanimously by committee.

C. Issues for Discussion

1. Executive Director's Update - Tony Anderson, see pages 6 and 7 attached.
2. Notable Consumer Incidents/Complaints - Tony Anderson, see pages 6 and 7 attached.
3. Vendor Issues - Tony Anderson, see pages 6 and 7 attached.
4. Personnel and Union Update - Bud Mullanix, see pages 4 and 5 attached. Tony also stated that we recently had 3 retirements; Shelli Margarite, Modesto Adult Program Manager, Mary Sheehan, Clinical Director and Sharlyne Nomellini, Stockton Clinical Intake Manager.
5. Other Matters - Tony Anderson. Tony stated that he continues to have private meetings with legislatures at the State Capitol.

D. August Board Meeting Agenda

Margaret Heinz stated that herself, Tony and Doug worked on the agenda today and it will be posted on 08/12/19.

E. Approval to Suspend 30 Day Notice

No action needed.

F. Next Meeting - Wednesday, 09/04, 630pm

Meeting adjourned at 705pm.



Valley Mountain Regional Center

Executive Committee Meeting

09/04/2019 | 06:30 pm - 07:30 pm - Pacific Time (US & Canada)

VMRC Stockton Office, Cohen Board Room

Attendees (9)

Committee Members Present: Margaret Heinz, President and Chair, Mohamed Rashid, Vice-President, Dena Pfeifer, Consumer Services Committee Chair

Informed Absence: Elizabeth Victor-Martinez, Treasurer and Finance Committee Chair

Not Present: Lynda Mendoza, Secretary, Legislative Committee Chair and Bylaws Committee Chair, Linda Collins, Nominating Committee Chair

Staff Present: Tony Anderson, Executive Director, Doug Bonnet, Assistant to the Executive Director

Others Present: Jose Lara, Parent, Mariela Ramos, Parent, Griselda Estrada, Parent, Maria Elena Diaz, Parent

Margaret Heinz called the meeting to order at 640pm.

A quorum has not been established. The committee will not take action on any action items.

A. Review and Approval of Meeting Agenda

Agenda was reviewed but action was not taken due to no quorum.

B. Review and Approval of Minutes of Executive Committee Meeting on 08/07/19

Minutes were reviewed but action was not taken due to no quorum.

C. Items for Discussion

- 1. Executive Director's Update – Tony Anderson** - Since we last met a few months ago I've been preparing for the recruitment of the new Compliance Manager position and meeting with the new legal counsel to prepare for the transition for when Anthony Hill leave on September 6th.

Also we received the omnibus directive letter to the regional centers describing the details for implementation of the 2019-2020 Trailer Bill Language representing about 30 plus changes to the Lanterman Act. I've given two presentations on this and plan to prepare a summary presentation for the SCDD regional advisory committee, the CLASP conference (tentative), SAC6 self-advocates, and a comprehensive presentation for the bi-annual management team meeting.

After our last board meeting I wrapped up the caseload compliance report to include the feedback from that meeting and delivered the report to DDS as required. The next report will be the Performance Contract that has new public input requirements.

Before we meet again I will have presented to the California Leadership Institute on our disparities efforts, attended the Beyond Our gates forum at UOP, spoken at the California Memorial Project in Stockton, attended the 2 day conference of the Lanterman Housing Alliance for affordable housing, and Doug and I will have attended a weekend long WordPress training to assist us with the management of the website.

2. Notable Consumer Incidents/Complaints – Tony Anderson - We currently have a young consumer currently having what some have described as a psychotic episode. The father is very unhappy because he wanted a dramatic reduction of medications and the doctor would not honor this request. Several changes to the medication treatment plan have occurred and the child is extremely unstable. He was hospitalized for several days and eventually returned home. The home setting is extremely volatile for the child and family. Family wants a psychiatric hospitalization and the team is wanting crisis home services. A statewide crisis home search has been instituted and possible out of state placement may be requested. This case is requiring considerable case management and coordination with several professionals involved.

3. Vendor Issues – Tony Anderson - Weldwoods Adult Residential Care Home is having an open house on Wednesday September 18th from 10-2pm at 1490 Peluse Lane in Manteca. Invitation to visit the home extends to board members and neighbors.

CLASP Conference is coming up on October 8th and it should be a really great professional development event for our local providers.

4. Personnel and Union Update – Tony Anderson - Our negotiation team is meeting tomorrow to review the financial status of the regional center with representatives from SEIU. This is an exploratory meeting to discuss reopening the contract to discuss wages.

Recruiting: we have 3 openings but actively interviewing. Anticipate they will be filled in next couple of weeks.

Demographics: 330 employees 39 hired 33 terminations (Voluntary and involuntary) 1.9% growth rate 10% turnover 9.2 years average tenure

Still actively training managers and staff. Currently training on Dealing with Difficult Employees. One potential lawsuit regarding an employee who retired.

5. Other Matters – Tony Anderson - Self Determination Update - We recent received a directive from DDS that states when "purchasing initial SDP person-centered planning services (PCP), which can include assistance in developing the participant's spending plan, utilizing service code 024, "Purchase Reimbursement," regional centers may reimburse the provider directly." It says that as long as we get an invoice for PCP that the person agrees to and we get a copy of the plan then we can now reimburse the

provide. This is an improvement because the alternative is to reimburse the parent but for some that would be a financial hardship. Mohamed Rashid has stepped down as chair of the Self-Determination Advisory Committee. He will announce this at the 09/19 meeting.

D. Public Comments

Griselda Estrada - The Latin community would like to participate in the policy for the hours of respite. We want to participate in how the questions in the respite assessment evaluation are formulated. Can we please have this opportunity?

Mariela Ramos - I would like to support what Griselda said.

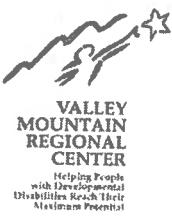
Maria Elena Diaz - Is there any updates on the clarity of who approves or denies the services? Who is the committee who approves or denies services for children?

Tony responded that he and Cindy Mix are the ones that approve purchases.

E. October Board Meeting Agenda – Tony Anderson – Margaret Heinz, myself and Doug Bonnet will be meeting on 09/18 to put together the agenda for the 10/21 Board Meeting.

F. Next Meeting – Wednesday, 10/02/19, 6:30 PM, VMRC Stockton Office, Cohen Board Room

Margaret adjourned the meeting at 717pm.



VALLEY MOUNTAIN REGIONAL CENTER ADMINISTRATIVE PROCEDURES MANUAL

Public Disclosures and Transparency

Purpose and Responsibilities

The purpose of this policy to improve transparency and the public's access to information pursuant to Welfare and Institutions code (WIC) sections 4629.5(a) and 4629.5(b). The transparency and public disclosure policy describes the information that Valley Mountain Regional Center (VMRC) will provide the public in a timely manner. This policy lists the minimum required information by law but should not be considered an exhaustive list.

VMRC Position Statement

It is our intention at VMRC to be good stewards of the public trust and to conduct our governance of the regional center in the most transparent manner possible. We recognize that we are a non-profit charitable organization awarded tax exempt status in exchange for service to the community and in addition we operate under contract with the California Department of Developmental Services (DDS) to discharge the state's obligation to people with developmental disabilities and their families as set forth in the Lanterman Developmental Disabilities Act. We accept these responsibilities seriously and earnestly.

Public Disclosures

VMRC will provide public access to information, including, but not limited to, information regarding requests for proposals and contract awards, service provider rates, documentation related to establishment of negotiated rates, audits, and IRS Form 990. These disclosures shall be implemented in compliance with applicable law(s) relating to the confidentiality of consumer service information and records, including, but not limited to, WIC Section 4514. Internal Revenue Service (IRS) Form 1023 Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code. This document included VMRC's Articles of Incorporation, VMRC Bylaws, and Internal Revenue Service (IRS) Form 990 Return of Organization Exempt from Income Tax for the three most recently filed years.

Transparency

In accordance with the WIC Section 4629, our contract with DDS, and our own intention of being fully transparent in our operations VMRC will post least all of the following on our website:

- (1) This policy as approved by the Board of Directors of VMRC.
- (2) Regional center annual independent audits.
- (3) All fiscal audits conducted by DDS.
- (4) Regional center annual reports pursuant to Section 4639.5.
- (5) Contract awards, including the organization or entity awarded the contract, and the amount and purpose of the award.
- (6) Purchase of service policies and any other policies, guidelines, or regional center-developed assessment tools used to determine the transportation,

**VALLEY MOUNTAIN REGIONAL CENTER
ADMINISTRATIVE PROCEDURES MANUAL**

- personal assistant, or independent or supported living service needs of a consumer.
- (7) The names, types of service, and contact information of all vendors.
 - (8) Board meeting agendas and approved minutes of open meetings of the board and all committees of the board.
 - (9) Bylaws of the regional center governing board.
 - (10) The annual performance contract and yearend performance contract entered into with the department pursuant to this division.
 - (11) The biannual Home and Community-based Services Waiver program review conducted by the department and the State Department of Health Care Services.
 - (12) The board-approved transparency and public information policy.
 - (13) The board-approved conflict-of-interest policy.
 - (14) A link to the DDS website.
 - (15) The salaries, wages, and employee benefits for all positions of the regional center, including, but not limited to, directors and chief executive officers.
 - (16) Regional center-specific reports generated pursuant to, and for the purposes of, subdivision (h) of Section 4571 regarding Quality Assessments.
 - (17) DDS will create document about the services available from regional centers and post it on their website. Once this document is completed and updated VMRC will create a link to that document. VMRC will also obtain copies of this document and deliver it to our consumers by email, weblink, US mail, and or hand delivered in-person whichever is preferred by the consumer and or their representative.
 - (18) Disability Rights California and the Clients' Rights Advocate website links.
 - (19) Section 4731 Consumer Rights Complaints and Fair Hearing Requests. (This does not have to be posted on our website at this time but must be reported to DDS who will post on their website. A policy for regional center posting is still being developed on the state level.)
 - (20) Performance dashboard developed by DDS.
 - (21) National Core Indicator outcome data.
 - (22) The VMRC Board of Directors Composition Report.
 - (23) Service Provider Corrective Action Plans and Sanctions. (This does not have to be posted on our website at this time but must be reported to DDS who will post on their website. A policy for regional center posting is still being developed on the state level.)
 - (24) Department Directives to VMRC.
 - (25) Holiday Schedule for service providers.
 - (26) Home and Community Based Services Final Rule Compliance Data.
 - (27) Any other reports required pursuant to WIC Section 4639.5 promulgated after the date of the approval of this policy.
 - (28) The DDS Transparency Portal on its website that allows consumers, families, advocates, and others to access provider and regional center information.

PERFORMANCE CONTRACT PROJECT

Regional Center: Valley Mountain Regional Center

Public Policy Performance Measures

Calendar Year 2020

Measure	Activities Regional Center will Employ to Achieve Outcome
	<ol style="list-style-type: none">1. Continue development of the "Paulsen Community", a three pod 5-bed each delayed-egress adult facility. Secured Perimeter facility for DC step-down in collaboration with VARC.2. Develop off-site programming for consumers residing in the "Paulsen Community". 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 and develop training for vendors and staff for utilization purposes.5. Increase collaboration with San Joaquin County Mental Health and facilitate access to local mental health services as needed by dually diagnosed consumers by finalizing a Memo of Understanding.6. Collaborate with Stanislaus Behavioral Health Recovery Services, utilizing the finalized Memo of Understanding, MOU just signed, and attending meetings held with mutual staff every 2 months to ensure access to local mental health services. Working on access to mental health services for VARC 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.

A. Number and percent of RC caseload in DC

PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>9. Perform psychotropic medication reviews for consumers exhibiting behaviors that put them at risk of placement in more restrictive settings.</p> <p>10. Continue collaborative work with local law enforcement and protective oversight agencies. <u>Creation of programming to involve police officers in care home visitation. Maintain Memoranda of Understanding, if applicable.</u></p> <p>11. Continue development of new residential facilities serving adults with significant behavioral and emotional challenges.</p> <p>12. <u>Develop more psychiatric services as demand dictates, including the addition of contracted professionals and/or mobile crisis services. Refer consumers as appropriate to psychiatry clinics to secure appropriate diagnosis and follow-up treatment. We have increased the number of tele-psychiatric clinics in all offices to meet need.</u></p> <p>13. Provide training to Service Coordinators in maintaining "high risk" consumers in the community, utilizing innovative, creative treatment related services/supports options.</p> <p>14. Orientation provided to law enforcement/court staff as requested related to consumer involvement in the criminal justice system.</p> <p>15. Case Management Specialists provide intense case management to consumers at highest risk for institutionalizations.</p> <p>16. Utilize Comprehensive Assessments to identify consumer community placement readiness.</p> <p>17. Continue to reduce DC placements by achieving and maintaining less than <u>15</u> <u>14</u> VMRC consumers in developmental centers.</p> <p>1. Provide family education and counseling through collaborative efforts with Family Resource Network, county Behavioral Health and Recovery Services, El Concilio, and</p>
B. Number and percent of minors residing with families	

PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>county SELPAs, Housing Authorities, and Managed Care Medi-Cal providers.</p> <p>2. Participation in county interagency meetings to address the needs of children in our service area.</p> <p>2-3. Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs.</p> <p>3-4. Meet and coordinate services with individual families and foster parents caring for minor consumers.</p> <p>4-5. Work with county CPS and community children's services agencies to support minor consumers living with families.</p> <p>6. Continue-to-Assess for respite, daycare, and behavioral needs, as well as other supports to maintain children in the family home. Review tools used for appropriateness on a regular basis.</p> <p>5-7. Encourage the use of Independent Living Services (ILS) in an effort to promote individual independence.</p> <p>6-8. Provide nursing care/respite to families with medically fragile children. VMRC will pursue EPSDT funding for these children.</p> <p>7-9. Co-sponsor annual Early Start Symposium.</p> <p>8-10. Refer siblings of consumers to Sib Shops offered by Family Resource Network. Promote expansion of program to include 14-18 year olds.</p> <p>9-11. Offer environmental assessments and appropriate mobility equipment to enable consumers to live in their family home.</p> <p>10-12. Offer child/adolescent psychiatric services for consumers not served by the mental health system.</p> <p>11-13. Offer group Parent Behavioral Training classes and Behavioral Instructional Services in English and Spanish to support parent education of positive behavioral interventions</p>

PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>to reduce maladaptive behaviors and increase independence.</p> <p><u>14.</u> Increase wrap-around services for children living with families, using Have used a combination of in-depth behavioral assessments, followed by^{and then} a combination of hands-on work with consumer and parent training in the home to reduce problem behaviors and address sexual boundary awareness for adolescents.</p> <p>12. Develop sexual awareness programming for adolescents.</p> <p><u>15.</u> 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.</p> <p><u>13,16.</u> Identify potential homelessness and provide necessary resources. Work collaboratively with other social service agencies to provide homeless VMRC consumers with ongoing service.</p> <p><u>17.</u> Continue to incorporate emergency preparedness into planning team discussion and resultant objectives.</p> <p><u>18.</u> Implement Everbridge Notification system for information and follow up, as needed.</p> <p><u>19.</u></p> <p><u>20.</u> Assist consumers and families when transitioning to the Self Determination Program.</p>

PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>1. Survey/case carrying staff to determine housing needs, followed by focus groups to discuss the survey findings in order to devise a plan for collaborative efforts with community partners in developing affordable and/or alternative housing options for consumers who choose to live on their own, e.g., congregate living situations per the VARC Strategic Plan.</p> <p>2. Offer Self-Advocacy support for better access to living arrangement of choice via educating consumers to assist in voicing their opinions.</p> <p>2.3. Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs.</p> <p>3.4. Continue to offer environmental assessments and appropriate mobility equipment to enable consumers to live independently.</p> <p>4.5. Offer psychiatric services that are not provided by mental health to adult consumers in need for stabilization purposes.</p> <p>5.6. Automated calling for emergency notification.</p> <p>6.7. -Maintain informational network to discuss best practices for ILS/SLS providers.</p> <p>7.8. Maintain quality services by ensuring ILS/SLS providers have objectives and expectations as reflected in the IPP.</p> <p>8.9. Ensure utilization of community generic resources such as CalFresh, CalAble, County IHSS and County Mental Health Services.</p> <p>9.10. Use of public transportation and mobility training where offered to optimize independence.</p> <p>11. Continue to incorporate emergency preparedness into planning team discussion and resultant objectives.</p> <p>12. Implement Everbridge Notification system for information</p>

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PERFORMANCE CONTRACT PROJECT

<i>Measure</i>	<i>Activities Regional Center will Employ to Achieve Outcome</i>
	<p><u>and follow up, as needed.</u></p> <p><u>13. Assist consumers and families if transitioning to the Self Determination Program.</u></p> <p><u>10.</u></p> <p style="text-align: right;">← → Formatted: Indent: Left: 0.5", No bullets or numbering</p> <p><u>1. Survey case carrying staff to determine housing needs, followed by focus groups to discuss the survey findings, in order to devise a plan for collaborative efforts with community partners in developing affordable and/or alternative housing options for consumers who choose to live in the community with supports.</u></p> <p><u>1-2. Continue regular Supported Living Network meetings.</u></p> <p><u>2-3. Provide orientation trainings to vendors and direct support staff with tools to better serve consumers receiving SLS.</u></p> <p><u>3-4. Continue involvement in annual informational</u></p> <p>D. Number and percent of adults residing in supported living</p>

PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>seminar to discuss current trends and best practices for SLS providers in an effort to better serve consumers.</p> <p><u>5.</u> Offer Self-Advocacy support to access living arrangement of choice.</p> <p><u>4-6.</u> Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs.</p> <p><u>5-7.</u> Maintain quality services by ensuring SLS providers have clear objectives and expectations as reflected in the IPP.</p> <p><u>6-8.</u> Develop plans to assist in roommate identification to increase affordability and attain positive profile matches.</p> <p><u>9.</u> Incorporate emergency preparedness into planning team discussion and resultant objectives.</p> <p><u>10.</u> Implement Everbridge Notification system for information and follow up, as needed.</p> <p><u>7-11.</u> Assist consumers and families if transitioning to the Self Determination Program.</p>
	<ol style="list-style-type: none"> 1. Work with Adult FHAs 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. 4. Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs. 5. Incorporate emergency preparedness into planning team discussion and resultant objectives. 6. Implement Everbridge Notification system for information and follow up, as needed. <p><u>3-7.</u> Assist consumers and families if transitioning to the Self Determination Program.</p>

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PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
F. Number and percent of adults residing in family homes (home of parent or guardian)	<p>1. Provide respite and other support services to families caring for adult family members <u>in the family's home</u>.</p> <p>2. Encourage the use of <u>Independent Living Services (ILS) in an effort to promote individual independence.</u></p> <p>2-3. <u>Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs.</u></p> <p>2-4. <u>Work with county agencies to support adult consumers living with families during times of crisis.</u></p> <p>3-5. <u>Develop/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.</u></p> <p>4-6. <u>Continue to develop wrap-around services for adult consumers residing in family homes which will include those with behavioral and medical concerns.</u></p> <p>7. <u>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.</u></p> <p>5-8. <u>Educate local hospitals of potential consumer behaviors and potential issues.</u></p> <p>6-9. <u>Provide current information to consumers and families about available generic/community resources.</u></p> <p>7-10. <u>Review and monitor support needs to include ILS in the family home to support independent living skills.</u></p> <p>8-11. <u>Self-Advocacy resources and pertinent community agency collaboration will be utilized to develop improved process for residential transition.</u></p> <p>9-12. <u>Continue to provide environmental assessments and modifications/equipment for consumers with mobility issues who reside in family homes.</u></p> <p>10-12. <u>VMRC clinical staff will develop procedures and work</u></p>

PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>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.</p> <p style="text-align: right;">← Formatted: Indent: Left: -0.25"</p> <p>13. Continue to provide VMRC will provide training to staff serving adult consumers on Supported Decision Making and Advanced Care Planning for End of Life transitions. From this training, VMRC will develop procedures and have resources available for Service Coordinators. VMRC will provide development, in collaboration with community partners, training on these topics for consumers, families and residential care providers in 2020.¹⁹.</p> <p>14. Incorporate emergency preparedness into planning team discussion and resultant objectives.</p> <p>15. Implement Everbridge Notification system for information and follow up, as needed.</p> <p>16. Assist consumers and families if transitioning to the Self Determination Program.</p> <p>14-17. Develop all services with cultural competence in mind.</p>

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Measure	Activities Regional Center will Employ to Achieve Outcome
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. Develop policy for new children's residential services to serve no more than four (4) persons. 2-3. Facilitate development of small residential options at ongoing provider orientations and other classes. 3-4. Develop housing model options per the agency Strategic Plan for minor consumers, as needed. 4-5. Continue to develop children's facilities. 5-6. Regularly scheduled joint meetings with parents, advocates, community service agencies, and residential providers to develop better mechanisms for smooth transitioning to different living situations. 6-7. Develop sexual awareness training opportunities for children's residential providers for programming for adolescents. 7-8. Continuation of the agency Residential Screening Committee to ensure appropriate placements.
H. Number and percent of adults living in facilities serving > 6	<ol style="list-style-type: none"> 1. Develop housing model options per the agency Strategic Plan for adult consumers, as needed. 2. Continue existing policy of vendoring residential facilities serving six or fewer persons. 3. Develop policy for all new adult residential development to be four (4) beds maximum. 3-4. Encourage development of small residential options at provider orientation and other classes. 4-5. Continue implementation of the agency Residential Screening Committee to ensure appropriate placements. 5-6. Promote the development of supported living situations for consumers as an alternative to licensed living arrangements.

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Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>6.7. Continue implementation of Resource Development plan using Needs Assessment process.</p> <p>7-8. Continue to monitor the approved large facilities to maintain "home-like environments".</p> <p>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.</p> <p>2. VMRC will seek methods to help better analyze POS expenditure data in an effort to better understand our underserved population's needs.</p> <p>3. Outreach efforts within community to overcome potential cultural barriers when identifying appropriate services.</p> <p>4. Work with community agencies to increase awareness of regional center services for minority populations served.</p> <p>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.</p> <p>6. Service Coordination staff will receive training related to IPP development that ensures meaningful consumer and family participation.</p> <p>7. Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs for individuals.</p> <p>8. Develop vendors who are culturally sensitive.</p> <p>9. Provide culturally diverse volunteer opportunities for community members.</p> <p>6.10. Additional respite will be offered to parents attending informational meetings.</p> <p>7.11. Provide informational trainings pertaining to cultural understanding.</p> <p>8.12. Case distribution will occur for bilingual staff to carry monolingual cases in an effort to further breakdown</p>

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PERFORMANCE CONTRACT PROJECT

<i>Measure</i>	<i>Activities Regional Center will Employ to Achieve Outcome</i>
	<p>communication barriers.</p> <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 <u>Parent and community organizations</u> such as (Catholic Charities, Apsara, Lao Family Community Empowerment, <u>SACAAAR</u>, <u>Southeast Asian Agency</u>, <u>LGBTQ+ ICC</u>, <u>Fuersaz Unidos</u>, <u>Modesto Collaborative</u>, <u>Families First</u>, and <u>Family Resource Network</u>) 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. 4. Work with community agencies to increase awareness of regional center services for minority populations served. 5. Ongoing <u>Parent Training</u>, orientation and informational sessions in participants' native language, when possible, and with interpretation at mutually agreed upon sites in the

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Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>community.</p> <p>5-6. Respite hours will be offered in order for parents to participate in informational meetings.</p> <p>6-7. Provide informational trainings to staff pertaining to cultural understanding.</p> <p>8. Ongoing internal review of the quality of documents translated by professional translation services.</p> <p>7-9. Cultural Specialist will reach out to those consumers with no POS to discuss integrated resources such as disparity grant options. Follow up will occur with Service Coordinator.</p> <p>8-10. Case distribution will occur for bilingual staff to carry monolingual cases in an effort to further breakdown communication barriers.</p>
K. Number and percentage of consumers, ages 16-64 with earned income.	<p>1. Utilize Employment Development Department (EDD) data provided by DDS. Review changes in number and percentage of consumers ages 16-64 with earned income as reported to EDD.</p> <p>2. Continue to collaborate with EDD, DOE, WorkNet, and DOR through our Local Partnership Agreements.</p> <p>3. Finalize and implement strategy to transition WAPs to viable employment skills training programs with CIE goals.</p>
L. Average annual wages for consumers ages 16-64.	<p>1. EDD data, provided by DDS, and VMRC data to review/analyze -average annual wages as reported to EDD for consumers ages 16-64.</p> <p>2. Continue to collaborate with EDD, DOE, WorkNet, and DOR through our Local Partnership Agreements.</p>

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PERFORMANCE CONTRACT PROJECT

<i>Measure</i>	<i>Activities Regional Center will Employ to Achieve Outcome</i>
M. Annual earnings of consumers ages 16-64 compared to people with all disabilities in CA.	<ul style="list-style-type: none"> 1. Utilize EDD data provided by DDS to analyze 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.	<ul style="list-style-type: none"> 1. Data collected manually from service providers by regional centers. 2. Collaborate with employers and vendors to develop new and additional internship programs with the goal of CIE Placement. Focus on employer/vendor partnerships to increase PIP development and promote the supports that VMRC and vendors can provide for an internship program to an employer. Additional trainings for vendors and staff on internship benefits and implementation. 3. Use incentive money to target jobs based on consumer interest.
O. Percentage of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program.	<ul style="list-style-type: none"> 1. Data collected manually from service providers by regional centers. 2. Collaborate with vendors to develop new, or enhance existing paths of employment opportunities to CIE from Internship placements with employers. 3. Facilitate employer-vendor partnerships to increase job

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<i>Measure</i>	<i>Activities Regional Center will Employ to Achieve Outcome</i>
	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.	<ul 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.	<ul style="list-style-type: none"> 1. Data collected manually from service providers by regional centers. 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 SANDIS and continue to update annually. 3. 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.
R. Total number of \$1000, \$1250 and \$1500 incentive payments made for the fiscal year.	<ul style="list-style-type: none"> 1. Data collected manually from service providers by regional centers. 2. Develop new, or enhance existing employment opportunities with employers for job placement and job coaching. Facilitate employer-vendor partnerships to increase CIE placements. 3. Develop additional Internship Programs with employers.

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Measure	Activities Regional Center will Employ to Achieve Outcome
	<ul style="list-style-type: none">4. Increase vendor participation with the goal of CIE Placement.5. Develop Local Partnership Agreement model and establish agreement.
S. Percentage of adults who reported having Competitive Integrated Employment as a goal in his/her IPP.	<ul 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.
Operates within OPS budget	Year two recommendations contained in July 17, 2001, ARCA Administrators' memo, agreement Number 8.
Certified to participate in Waiver	Yes — actual expenditures plus late bills do not exceed OPS budget.
Compliance with Vendor Audit Requirements per contract, Article III, Section 10	Yes/No — based on most recent waiver monitoring report
CDER/ESR Currency	Yes — based on documentation regional center forwards to DDS
Intake/assessment and IFSP time lines (0-2).	Status codes 1 and 2 on CMF with current CDER or ESR
Intake/assessment time lines for consumers ages 3 and above	Early Start Report
IPP Development (WIC requirements)	CMF—calculated by subtracting the status date from the CMF date Biennial DDS review per Welf. & Inst. Code section 4646.5(c)(3)

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Measure	Measurement Methodology
ISPP Development (Title 17 requirements)	Early Start Report

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Regional Center: Valley Mountain Regional Center

Calendar Year 2020

Public Policy Performance Measures

Measure	Activities Regional Center will Employ to Achieve Outcome
	<ol style="list-style-type: none">1. Continue development of the "Paulsen Community", a three pod, 5-bed each delayed-egress adult facility.2. Develop off-site programming for consumers residing in the "Paulsen Community".3. Monthly CPP meetings with Case Management and Resource Development to review progress of CPP activities.4. Maintain After-Hours Response System services and develop training for vendors and staff for utilization purposes5. Increase collaboration with San Joaquin County Mental Health and facilitate access to local mental health services as needed by dually diagnosed consumers by finalizing a Memo of Understanding.6. Collaborate with Stanislaus Behavioral Health Recovery Services, utilizing the finalized Memo of Understanding, and attending meetings held with mutual staff every 2 months to ensure access to local mental health services.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 forensic 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 settings.10. Continue collaborative work with local law enforcement and

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Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>protective oversight agencies. Creation of programming to involve police officers in care home visitation. Maintain Memoranda of Understanding, if applicable.</p> <p>11. Continue development of new residential facilities serving adults with significant behavioral and emotional challenges.</p> <p>12. Develop more psychiatric services as demand dictates, including the addition of contracted professionals and/or mobile crisis services. Refer consumers as appropriate to psychiatry clinics to secure appropriate diagnosis and follow-up treatment.</p> <p>13. Provide training to Service Coordinators in maintaining "high risk" consumers in the community, utilizing innovative, creative treatment related services/supports options.</p> <p>14. Orientation provided to law enforcement/court staff as requested related to consumer involvement in the criminal justice system.</p> <p>15. Case Management Specialists provide intense case management to consumers at highest risk for institutionalizations.</p> <p>16. Utilize Comprehensive Assessments to identify consumer community placement readiness.</p> <p>17. Continue to reduce DC placements by achieving and maintaining less than 14 VMRC consumers in developmental centers.</p>
B. Number and percent of minors residing with families	<ol style="list-style-type: none"> Provide family education and counseling through collaborative efforts with Family Resource Network, county Behavioral Health and Recovery Services, El Concilio, county SELPAs, Housing Authorities, and Managed Care Medi-Cal providers. Participation in county interagency meetings to address the needs of children in our service area. Participation in Person-Centered Planning sessions and

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Measure	Activities Regional Center will Employ to Achieve Outcome
	<ol style="list-style-type: none">4. Meet and coordinate services with individual families and foster parents caring for minor consumers.5. Work with county CPS and community children's service agencies to support minor consumers living with families.6. Assess for respite, daycare, and behavioral needs, as well as other supports to maintain children in the family home. Review tools used for appropriateness on a regular basis.7. Encourage the use of Independent Living Services (ILS) in an effort to promote individual independence.8. Provide nursing care/respite to families with medically fragile children. VMRC will pursue EPSDT funding for these children.9. Co-sponsor annual Early Start Symposium.10. Refer siblings of consumers to Sib Shops offered by Family Resource Network. Promote expansion of program to include 14-18 year olds.11. Offer environmental assessments and appropriate mobility equipment to enable consumers to live in their family home.12. Offer child/adolescent psychiatric services for consumers not served by the mental health system.13. 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.14. Increase wrap-around services for children living with families, using a combination of in-depth behavioral assessments, followed by a combination of work with consumer and parent training in the home to reduce problem behaviors and address sexual boundary awareness for adolescents.15. VMRC clinical staff will develop procedures and work with service coordinators to secure behavioral services that are

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<i>Measure</i>	<i>Activities Regional Center will Employ to Achieve Outcome</i>
	<p>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.</p> <p>16. Identify potential homelessness and provide necessary resources. Work collaboratively with other social service agencies to provide homeless VMRC consumers with ongoing service.</p> <p>17. Continue to incorporate emergency preparedness into planning team discussion and resultant objectives.</p> <p>18. Implement Everbridge Notification system for information and follow up, as needed.</p> <p>19. Assist consumers and families when transitioning to the Self Determination Program.</p>

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<i>Measure</i>	<i>Activities Regional Center will Employ to Achieve Outcome</i>
	<p>1. Survey case carrying staff to determine housing needs, followed by focus groups to discuss the survey findings in order to devise a plan for collaborative efforts with community partners in developing affordable and/or alternative housing options for consumers who choose to live on their own..</p> <p>2. Offer Self-Advocacy support for better access to living arrangement of choice via educating consumers to assist in voicing their opinions.</p> <p>3. Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs.</p> <p>4. Continue to offer environmental assessments and appropriate mobility equipment to enable consumers to live independently.</p> <p>5. Offer psychiatric services that are not provided by mental health to adult consumers in need for stabilization purposes.</p> <p>6. Automated calling for emergency notification.</p> <p>7. Maintain informational network to discuss best practices for ILS/SLS providers.</p> <p>8. Maintain quality services by ensuring ILS/SLS providers have objectives and expectations as reflected in the IPP.</p> <p>9. Ensure utilization of community generic resources such as CalFresh, CalAble, County IHSS and County Mental Health Services.</p> <p>10. Use of public transportation and mobility training where offered to optimize independence.</p> <p>11. Continue to incorporate emergency preparedness into planning team discussion and resultant objectives.</p> <p>12. Implement Everbridge Notification system for information and follow up, as needed.</p> <p>13. Assist consumers and families if transitioning to the Self Determination Program.</p>

PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>D. Number and percent of adults residing in supported living</p> <ol style="list-style-type: none">1. Survey case carrying staff to determine housing needs, followed by focus groups to discuss the survey findings in order to devise a plan for collaborative efforts with community partners in developing affordable and/or alternative housing options for consumers who choose to live in the community with supports.2. Continue regular Supported Living Network meetings.3. Provide orientation trainings to vendors and direct support staff with tools to better serve consumers receiving SLS.4. Continue involvement in annual informational seminar to discuss current trends and best practices for SLS providers in

PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome	E. Number and percent of adults residing in Adult Family Home Agency homes
	<p>5. Offer Self-Advocacy support to access living arrangement of choice.</p> <p>6. Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs.</p> <p>7. Maintain quality services by ensuring SLS providers have clear objectives and expectations as reflected in the IPP.</p> <p>8. Develop plans to assist in roommate identification to increase affordability and attain positive profile matches.</p> <p>9. Incorporate emergency preparedness into planning team discussion and resultant objectives.</p> <p>10. Implement Everbridge Notification system for information and follow up, as needed.</p> <p>11. Assist consumers and families if transitioning to the Self Determination Program.</p>	<p>1. Work with Adult FHAs to develop new family home options to serve adults with behavioral challenges.</p> <p>2. Develop new Adult Family Home Agency vendor option.</p> <p>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> <p>4. Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs.</p> <p>5. Incorporate emergency preparedness into planning team discussion and resultant objectives.</p> <p>6. Implement Everbridge Notification system for information and follow up, as needed.</p> <p>7. Assist consumers and families if transitioning to the Self Determination Program.</p>

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PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
F. Number and percent of adults residing in family homes (home of parent or guardian)	<ol style="list-style-type: none">1. Provide support services to families caring for adult family members in the family home.2. Encourage the use of Independent Living Services (ILS) in an effort to promote individual independence.3. Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs.4. Work with county agencies to support adult consumers living with families during times of crisis.5. Develop 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.6. Continue to develop wrap-around services for adult consumers residing in family homes which will include those with behavioral and medical concerns.7. 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.8. Educate local hospitals of potential consumer behaviors and potential issues.9. Provide current information to consumers and families about available generic/community resources.10. Review and monitor support needs to include ILS in the family home to support independent living skills.11. Self-Advocacy resources and pertinent community agency collaboration will be utilized to develop improved process for residential transition.12. Continue to provide environmental assessments and modifications/equipment for consumers with mobility issues who reside in family homes.13. VMRC clinical staff will develop procedures and work with Service Coordinators to secure behavioral services that are needed

PERFORMANCE CONTRACT PROJECT

<i>Measure</i>	<i>Activities Regional Center will Employ to Achieve Outcome</i>
	<p>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.</p> <p>14. Continue to provide training to staff on Supported Decision Making and Advanced Care Planning for End of Life transitions. From this training, VMRC will develop procedures and have resources available for Service Coordinators. VMRC will provide, in collaboration with community partners, training on these topics for consumers, families and residential care providers in 2020.</p> <p>15. Incorporate emergency preparedness into planning team discussion and resultant objectives.</p> <p>16. Implement Everbridge Notification system for information and follow up, as needed.</p> <p>17. Assist consumers and families if transitioning to the Self Determination Program.</p> <p>18. Develop all services with cultural competence in mind.</p>

PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
G. Number and percent of minors living in facilities serving > 6	<ol style="list-style-type: none"> 1. Continue existing policy of vending residential facilities serving six or fewer persons. 2. Develop policy for new children's residential services to serve no more than four (4) persons. 3. Facilitate development of small residential options at ongoing provider orientations and other classes. 4. Develop housing model options per the agency Strategic Plan for minor consumers, as needed. 5. Continue to develop children's facilities. 6. Regularly scheduled joint meetings with parents, advocates, community service agencies, and residential providers to develop better mechanisms for smooth transitioning to different living situations. 7. Develop sexual awareness training opportunities for children's residential providers. 8. Continuance of the agency Residential Screening Committee to ensure appropriate placements.
H. Number and percent of adults living in facilities serving > 6	<ol style="list-style-type: none"> 1. Develop housing model options for adult consumers, as needed. 2. Continue existing policy of vending residential facilities serving six or fewer persons. 3. Develop policy for all new adult residential development to be four (4) beds maximum. 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.

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Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>8. Continue to monitor the approved large facilities to maintain "home-like environments".</p> <p>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.</p> <p>2. VMRC will seek methods to help better analyze POS expenditure data in an effort to better understand our underserved population's needs.</p> <p>3. Outreach efforts within community to overcome potential cultural barriers when identifying appropriate services.</p> <p>4. Work with community agencies to increase awareness of regional center services for minority populations served.</p> <p>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.</p> <p>6. Service Coordination staff will receive training related to IPP development that ensures meaningful consumer and family participation.</p> <p>7. Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs for individuals.</p> <p>8. Develop vendors who are culturally sensitive.</p> <p>9. Provide culturally diverse volunteer opportunities for community members.</p> <p>10. Additional respite will be offered to parents attending informational meetings.</p> <p>11. Provide informational trainings pertaining to cultural understanding.</p> <p>12. Case distribution will occur for bilingual staff to carry monolingual cases in an effort to further breakdown communication barriers.</p>

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<i>Measure</i>	<i>Activities Regional Center will Employ to Achieve Outcome</i>
	<p>1. Prior FY Purchase of service data and regional, center caseload data</p> <p>2. VMRC will work in partnership with local parent and community organizations such as (Catholic Charities, Apsara, Lao Family Community Empowerment, SACAAR, Southeast Asian Agency, LGBTQ+, ICC, Fuersaz Unidas, Modesto Collaborative, Families First, and Family Resource Network) to develop and implement a series of information and training activities,</p> <p>3. Outreach efforts within community to overcome potential cultural barriers when identifying appropriate services.</p> <p>4. Work with community agencies to increase awareness of regional center services for minority populations served.</p> <p>5. Ongoing parent training, orientation and informational sessions in participants' native language, when possible, and with interpretation at mutually agreed upon sites in the</p> <p>J. Number and percent of individuals receiving only case management services by age and ethnicity</p>

PERFORMANCE CONTRACT PROJECT

<i>Measure</i>	<i>Activities Regional Center will Employ to Achieve Outcome</i>
	<p>community.</p> <p>6. Respite hours will be offered in order for parents to participate in informational meetings.</p> <p>7. Provide informational trainings to staff pertaining to cultural understanding.</p> <p>8. Ongoing internal review of the quality of documents translated by professional translation services.</p> <p>9. Cultural Specialist will reach out to those consumers with no POS to discuss integrated resources such as disparity grant options. Follow up will occur with Service Coordinator.</p> <p>10. Case distribution will occur for bilingual staff to carry monolingual cases in an effort to further breakdown communication barriers.</p>
K. Number and percentage of consumers, ages 16-64 with earned income.	<p>1. Utilize Employment Development Department (EDD) data provided by DDS. Review changes in number and percentage of consumers ages 16-64 with earned income as reported to EDD.</p> <p>2. Continue to collaborate with EDD, DOE, WorkNet, and DOR through our Local Partnership Agreements.</p> <p>3. Finalize and implement strategy to transition WAPs to viable employment skills training programs with CIE goals.</p>
L. Average annual wages for consumers ages 16-64.	<p>1. EDD data, provided by DDS, and VMRC data to review/analyze --average annual wages as reported to EDD for consumers ages 16-64.</p> <p>2. Continue to collaborate with EDD, DOE, WorkNet, and DOR through our Local Partnership Agreements.</p>

PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
M. Annual earnings of consumers ages 16-64 compared to people with all disabilities in CA.	<ul style="list-style-type: none"> 1. Utilize EDD data provided by DDS to analyze 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.	<ul style="list-style-type: none"> 1. Data collected manually from service providers by regional centers. 2. Collaborate with employers and vendors to develop new and additional internship programs with the goal of CIE Placement. Focus on employer/vendor partnerships to increase PIP development and promote the supports that VMRC and vendors can provide for an internship program to an employer. Additional trainings for vendors and staff on internship benefits and implementation. 3. Use incentive money to target jobs based on consumer interest.
O. Percentage of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program.	<ul style="list-style-type: none"> 1. Data collected manually from service providers by regional centers. 2. Collaborate with vendors to develop new, or enhance existing paths of employment opportunities to CIE from Internship placements with employers. 3. Facilitate employer-vendor partnerships to increase job

PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
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.	<ul 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.	<ul style="list-style-type: none"> 1. Data collected manually from service providers by regional centers. 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 SANDIS and continue to update annually. 3. Continue coordinated trainings for staff and vendors that pertain to Employment First and WIOA concepts and concerns with impact of income to SSI to encourage job exploration.
R. Total number of \$1000, \$1250 and \$1500 incentive payments made for the fiscal year.	<ul style="list-style-type: none"> 1. Data collected manually from service providers by regional centers. 2. Develop new, or enhance existing employment opportunities with employers for job placement and job coaching. Facilitate employer-vendor partnerships to increase CIE placements. 3. Develop additional Internship Programs with employers.

PERFORMANCE CONTRACT PROJECT

<i>Measure</i>	<i>Activities Regional Center will Employ to Achieve Outcome</i>
	<ul style="list-style-type: none">4. Increase vendor participation with the goal of CIE Placement.5. Develop Local Partnership Agreement model and establish agreement.
S. Percentage of adults who reported having Competitive Integrated Employment as a goal in his/her IPP.	<ul 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.

PERFORMANCE CONTRACT PROJECT

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
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)

PERFORMANCE CONTRACT PROJECT

<i>Measure</i>	<i>Measurement Methodology</i>
IFSP Development (Title 17 requirements)	Early Start Report

2018-2019 VMRC Recruiting Report

Position	New	Backfill	Backfill for whom	Interview	Background	Hired/Start Date	Internal or external	Candidate Name	Hiring Manager
Senior Accountant	x								
SSC	x	x				Started	x	Elizabeth Roque	Melissa
SC	x	x				Started	x	Sandy Du Puy	Linda Barr
Intake Coordinator	x					Started		Andi Pyatt	Tricia Simmons
Assist Director	x	x	Carmen Calder			Started		Stephanie Duval	Kazu Enoki
SOT- QA	x					Started		Brian Bennett	Cindy Mix
CSL- RD	x			x		Started		Kioti Fleming	Cindy Strawderman
Accounting Assist									QA
PM Children's Self Determination	x	x	Elizabeth Roque			Started		Tiombe White	Melissa Stiles
OT			Cindy Jimenez			Started		Tracy Vaughn	Cindy Mix
SC				x		X - TBD		David N/Tania C.	Liz Diaz
SC				x		Started		Jessica Posada	Wilma Murray
Community Svcs Mgr-RD				x		Started		Rodney Clemente	Mary Ann Gonzalez
SC				x		Started		Kimberlee Adina	Angie Shear
SOT- Clinical SC- Tran's				x		Started		Brian Bennett	Linda Barr
SC - Children's				x		Started		Chrissy Lopez	Neidra Clayton
SC- Children's				x		Started		Pam Kidroske	Pam Kidroske
SC- Children's				x		Started		Julie De Diego	Julie De Diego
Special Projects				x		Started		Liz Diaz	Liz Diaz
SC Adult Modesto				x		Started		Katina Richison	Katina Richison
Clinical Psychologist				x		Started		Shelli Margarite	Shelli Margarite
CSL QA				x		Started		Mary Sheehan	Mary Sheehan
SOT				x		Started		Patricia Green	Patricia Green
SOT - Clinical Program Manager				x		Started		Cindy Strawderman	Cindy Strawderman
Clinical Nurse Manager				x		Started		Chriissy Lopez	Chriissy Lopez
SC- Early Start				x		Started		Cindy Mix	Cindy Mix
SC- Adult Stk				x		Started		Mary Sheehan	Mary Sheehan
SC- Adult Stk				x		Started		Linda Barr	Linda Barr
SC- Adult- Mod				x		Started		Jamesha Boyd	Jamesha Boyd
SC- SA				x		Started		Monique Miranda	Monique Miranda
Case Mgt Splist				x		Started		Stephanie/Heather Graciela Catalan	Stephanie/Heather Graciela Catalan
SC- Adult Stk				x		Started		Elizabeth Diaz	Elizabeth Diaz
Program Manager				x		Started		Yessica Ruiz	Yessica Ruiz
SSC- Children's				x		Started		Amy Browning	Amy Browning
OT- Case Mgmt				x		Started		Prabjot Kaur	Prabjot Kaur
Special Asst. to the Director				x		Started		Olivia Held	Olivia Held
Clinical Director				x		Started		Jamesha Boyd	Jamesha Boyd
Asst. Clinical Director				x		Started		Tara Sisemore-Hester	Tara Sisemore-Hester
								Nicole Weiss	Nicole Weiss
								Karen Jensen	Karen Jensen
								Elizabeth Diaz	Elizabeth Diaz
								Julie De Diego	Julie De Diego
								Cindy Strawderman	Cindy Strawderman
								Tony Anderson	Tony Anderson
								Mary Sheehan	Mary Sheehan
								Mary Sheehan	Mary Sheehan

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Program Manager	X	Danielle Wells	Started	Kennitha Montgomery
SSC Children's Modesto	X	Amy Browning	Started	Amy Browning
SC Adult Stockton	X	Robert Powell	Started	Erin Goudreau
Office Tech	X	Jessica Posada	X	Wilma Murray
SC-Children's Modesto	X	Kenitha Montogomery	X	Amy Browning
SC-Children's Stockton	X	Kayla Vang	X	Liz Diaz
Intake Coordinator- Stk	X	Doug Bonnet	May	Sharyline Nomellini
Intake Coordinator- Mod	X	Noelia Canfara	May	Jordan Bettencourt
SC-ES Stockton	X	Jaclyn Perez	Started	Jose Vazquez
SC-Children's Stockton	X	X	Started	Noelia Canfara
AA for RD	X	Kathy Ward	Started	Margeret Smith
SC-Adult Stockton	X	Heaven Richardson	X	Corina Ramirez
SC Transition - Mod	X	Margeret Smith	X	Erin Goudreau
SC-Adult Stockton	X	Jamesha Boyd	X	Neidra Clayton
SOT- Clinical	X	Lenny Lem	X	Karen Jensen
SC- Transition - Mod	X	Kendall Elin	X	Christy Ganey
SC-Adult Modesto	X	Julie Campbell (retired)	X	Chrissy Lopez
PM SA	X	Tara Sismore Hester	X	Dave Vodden
Intake Manager	X	Sharlyne Nomellini	X	Jacinta Groves
SC- Children's	X	Ryan Lee	X	Tara Sisemore-Hester
SC- Mod ES	X	Beatrice Renteria	X	Tara Sisemore-Hester
SC- Adult -Stk (1)	X	Rodney Clemente/Olivia Held	X(1)	Julie De Diego
SC- SA	X	Jenna Settemoir	Started	Linda Barr
Community Svcs Liaision (2)- internal	X	Desiree Clifton/Josie Craig	Started	Mary Ann Gonzalez
Program Manager- internal	X	Shelli Margarite	Started	Rhonda Trout
SC -Adult	X	Joshua Richmond	Started	Patricia Green
Intake Coordinator (internal)	X	Lynda Macabales	Started	Cindy Mix
SC- STK ES	X	Mary Flores	Started	Erin Goudreau
SC- Children's Stockton	X	Taria Candelaria (SD)	Started	Lynda Macabales
SSC Adult - Modesto - internal	X	Lena Dobson	Started	Tricia Simmons
SC Children's Stockton	X	Albert Garcia	Started	Julie De Diego
SC Children's Stockton	X	Alondra Nunez	Started	Jacinta Groves
Office Tech Stockton	X	Margie Sauseda	Started	Danielle Wells
SC Adult Modesto	X	Christy Ganey	Started	Julie De Diego
Compliance Manager	X	Kim Holman	Started	Wilma Murray
		Anthony Hill	Started	Karen Jensen
			Started	Jacinta Groves
			Started	Christine Couch

Data Insights

WV 2018 - September 2019

Headcount (1)	331	Hired (1)	43
Termed (1)	35	Growth Rate (1)	2.5%
Turnover Rate (1)	10.6%	Average Tenure (1)	9.2 (Years)
As of September 2019			

