



# Valley Mountain Regional Center Board of Director Meeting

Monday, 10/19/20, 6:00 PM

Via Zoom Video Conference

<https://zoom.us/j/92230291851?pwd=MHBMMzdVTURhenVjUmJUQnIPVFNwQT09>

Webinar ID: 922 3029 1851 Password: 143639

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## Meeting Book - Board of Directors Meeting

### Board of Directors Meeting

#### A. Call to Order, Roll Call, Reading of the Mission Statement

Margaret Heinz

"The mission of Valley Mountain Regional Center (VMRC) is to support people with developmental disabilities as they enrich their lives through choices and inclusion. VMRC is committed to securing individualized services in collaboration with families and the community."

#### B. Review and Approval of the Meeting Agenda

Margaret Heinz

Action Item

#### C. Review and Approval of the Board of Directors Meeting Minutes of 08/17/20

Margaret Heinz

Action Item

Board Meeting Minutes 08 17 20.pdf

Page 5

#### D. Board Presentation - Performance Contract and National Core Indicators (NCI)

Draft Performance-Contract-Plan-2021 (003).pdf

Page 12

NCI.pdf

Page 30

#### E. Board Discussion and Public Comment on Performance Contract and National Core Indicators (NCI)

Margaret Heinz

Action Item

#### F. Public Comment

Margaret Heinz

Three minutes per person. Six minutes per person with interpreter.

#### G. Consent Calendar Items

Margaret Heinz

Action Item

##### 1. Finance Committee Meeting Minutes of 09/02/20 and 10/07/20

Fin Com Minutes 10 07 20.pdf

Page 144

##### 2. Executive Committee Meeting Minutes of 09/02/20 and 10/07/20

Exec Com Minutes 09 02 20.pdf

Page 146

Exec Com Minutes 10 07 20.pdf

Page 150

##### 3. Consumer Services Committee Meetings of 09/14/20 and 10/05/20

CSB Minutes Draft 9.14.2020.pdf

Page 154

## H. Committee Reports

1. VMRC Professional Advisory Committee, Coalition of Local Area Service Providers (CLASP)  
Liz Herrera Knapp, CLASP Appointee

2. Consumer Services Committee  
Dena Pfeifer, Committee Chair

a. Approval of Personal Assistance Service Standard Action Item

Personall Assistance.pdf

Page 170

3. Self-Determination Advisory Committee (SDAC)

4. Consumer Advisory Council, Self-Advocacy Council Area 6 (SAC6)  
Crystal Enyeart, SAC6 Appointee

5. Finance Committee  
Linda Collins, Treasurer and Claudia Reed, CFO

a. Approval of Contract Status Reports (CSR) for September and October 2020 Action Item

2020 - 2021 Financial Statements August for October Board Meeting.pdf

Page 172

b. Purchase of Service (POS) and Operations (OPS) Expenditures

c. Acceptance of Restricted Donations for September and October 2020 Action Item

Copy of Popplewell Fund FY 20-21 (003).pdf

Page 175

Copy of Popplewell Fund FY 20-21 October 2020.pdf

Page 176

d. Approval of Contracts over \$250,000 Action Item

Contract Summary Board Resolution Report October Board Meeting.pdf

Page 177

6. Legislative Committee  
Lynda Mendoza, Committee Chair

7. Nominating Committee  
Linda Collins, Committee Chair

8. Bylaws Committee  
Lynda Mendoza, Committee Chair

9. Special Events Committee  
Tina Vera, Committee Chair

I. Executive Director's Report  
Tony Anderson, Executive Director

1. Strategic Planning

J. Other Matters  
Margaret Heinz

K. Board Member Visits/Activities  
Margaret Heinz

L. President's Report  
Margaret Heinz

1. Executive Committee Action Item - Director of Community Services      Action Item

Director of Community Services 9-20 Job Description.pdf

Page 178

M. Next Meeting - Monday, December 21, 2020, 6:00 PM, via Zoom  
Video Conference  
Margaret Heinz

N. Adjournment  
Margaret Heinz



## **Board of Directors Meeting Minutes**

08/17/2020 | 06:00 PM - 08:00 PM - Pacific Time (US & Canada)

Via Zoom Video Conference

**Board Members Present:** Erria Kaalund, Linda Collins, Liz Herrera Knapp, Suzanne Devitt, Lynda Mendoza, Gabriela Castillo, Dena Pfeifer, Crystal Enyeart, Margaret Heinz, Alicia Schott, Anthony Owens, Yan Li, Steve Russell, Tom Toomey, Andrea Rueda,

**Board Members Not Present:** Mohammed Rashid (informed), Ken Britter, Emily Grunder (informed), Cherina Shaw, Tina Vera

**Staff Present:** Doug Bonnet, Christine Couch, Claudia Reed, Tara Sisemore-Hester, Nicole Weiss, Gabriela Lopez, Brian Bennett, Bud Mullanix, Cindy Mix, Danielle Wells, Claire Lazaro, Tony Anderson

**Public Present:** Carlos Hernandez (Interpreter for Gabriella Castillo), Irene Hernandez (Meeting Interpreter), Rachelle Munoz (Facilitator for Crystal Enyeart), Lori Smith (Facilitator for Dena Pfeifer), Dena Hernandez SCDD, Ami Sullivan, Lisa Culley FRN, Phil Perez DDS

**Margaret Heinz, Board President, called the meeting to order at 6:05pm**

**A. Call to Order, Roll Call, Reading of the Mission Statement**

Doug took roll call.

Everyone read the mission statement.

**B. Review and Approval of the Meeting Agenda –** No comments. Unanimous consent, motion passed.

**C. Review and Approval of the Board of Directors Meeting Minutes of 07/20/20 –** No comments. Unanimous consent, motion passed.

**D. Board Presentation –** Ami Sullivan of Kinetic Flow reviewed the 2020 Strategic Plan Outcomes Follow-Up Satisfaction Surveys and the 2020 Covid-19 Check-In Survey. See attached presentation slides.

#### **E. Board Discussion on Kinetic Flow Presentation**

- a. Excellent presentation and appreciated the next steps section of the presentation
- b. Trends are positive and the information is data driven
- c. This report was so informative. Will it continue over the years? Ami shared that it depends on what the RC decides. Questions depend on what is important to you as a board and to your leadership team.
- d. Senior Leadership is reading through it. If you haven't received a copy, let Tony know and he will forward it to you.

#### **F. Public Comment (three minutes per person, six minutes per person with interpreter)**

Dena Hernandez, SCDD, shout out about the PPE distribution! Especially to Wilma Murray who coordinated the Storer Buses. And another to Doug and EJ for loading up the busses! Positive note of collaboration to meet the needs of people. SAC6 did a Friday Zoom Chat on Self-Determination, hosted by Kerstin Williams – Tania, Liz and Angie did the presentation. There were 100 people who attended the Zoom Chat and it bumped people off. Our highest attendance!! Thank you.

Gaby Castillo thanked VMRC and SCDD because 22 families in her community received the PPE equipment. It's so rural and getting to San Andreas is difficult for the Tuolumne County families, so she is willing to explore meeting somewhere closer or arranging a pick up in Sonora. Doug will work with the distribution team and plan more mountain days.

#### **G. Consent Items –** Dena Pfeifer made a motion to approve the consent items as listed, Crystal Enyeart seconded the motion. No questions or comments. Motion passed with unanimous consent.

- 1. Finance Committee Meeting Minutes of 08/05/20
- 2. Executive Committee Meeting Minutes of 08/05/20

#### **H. Committee Reports**

1. VMRC Professional Advisory Committee, CLASP (Coalition of Local Area Service Providers)  
– Liz Herrera Knapp, CLASP Appointee shared

#### **CLASP Report for Board Meeting 8/17/20**

- Last meeting was held July 27<sup>th</sup> at 10am via Zoom
- As of July 27<sup>th</sup> we had 55 paid members. Membership for 2020-2021 Began on July 1<sup>st</sup> and runs through June 30<sup>th</sup>, 2021. Dues continued to be \$25 for the year
- \$9639.42 in the CLASP account.
- Provider Conference will be held Virtually this year. Will still be held on Nov 17<sup>th</sup>. We are working on identifying which speakers are willing to continue to do their presentation virtually and working out the IT details for running a 100-150 person conference via Zoom.
- RSPs currently have a workgroup to discuss and troubleshoot issues specific to providing services during COVID-19. They met 3 times during the month of July. For any providers who want to join the work group they can contact Marni Dick [marniid@sbcglobal.net](mailto:marniid@sbcglobal.net)
- Day Programs also continue to have a workgroup for the same reason and also invite VMRC to attend these meetings. Chris Martin [cmartin@ucpstan.org](mailto:cmartin@ucpstan.org) can be contacted if any DP provider would like to join the group.

#### **Next meeting: – August 24th @ 10 am via Zoom**

2. Consumer Services Committee – Dena Pfeifer, Committee Chair shared that there was no report since they didn't meet last month. The next meeting is September 14.
3. Self-Determination Advisory Committee (SDAC) – Tony Anderson shared the committee is moving forward with spending the funds to educate the committee and the community. We've got 24 people enrolled in Self-Determination, meaning they've got all of the steps done and are moving forward. The difficulty is the lack of independent facilitators in our region but case management has people specifically working on Self-Determination which leads to our success.
4. Consumer Advisory Council, SAC6 (Self Advocacy Council Area 6) - Crystal Enyeart, SAC6 Appointee

For the month of July, Sac 6 continues to have our Friday Zoom Chats:

We have found the CHATS are a great resource and help to support other advocates and committee members.

July 10<sup>th</sup>, we had our 11<sup>th</sup> Zoom Chat, the topic was Mental Health Awareness Part 2. Sac 6 officers and Dr. Dave Demetral shared useful tips that we can do at home to help lessen the stress during this time.

July 17<sup>th</sup>, Zoom topic was, Social Media Training by Doug Bonnet. Doug shared lots of helpful information.

July 24<sup>th</sup>, Zoom topic was VMRC Strategic Plan by Tony Anderson and Kinetic Flow Presentation. Here we learned about surveys and why they are important. We learned about the survey results on the VMRC survey. There were about 88 individuals on the this zoom call.

July 27<sup>th</sup>, we had our leadership meeting with Tony Anderson. We had our meeting via zoom.

July 31<sup>st</sup> Zoom topic was on Voting, How to do it, Why to do it, Where to do it... presented by Scott Baron from Disability Rights of CA and Nubyaan Scott- our Clients' Rights Advocate. Together they shared some powerful and important information about voting and the rights that we have when it comes to voting. There were about 51 individuals on this zoom call.

August 3<sup>rd</sup> we submitted our Chatter Article (summer) to be published on the VMRC website.

August 7<sup>th</sup>, we had our Area Meeting via zoom with The Self Determination Program- guest speaker Elizabeth Diaz- VMRC Self Determination Coordinator and SAC6 member Kerstin Williams who is a member of the VMRC Self Determination Advisory Committee.

August 14<sup>th</sup> Zoom Chat topic was Drail presented by Mohamad Rashid.

Upcoming meetings:

August 19<sup>th</sup> we are having our Sac 6 Finance Committee meeting via zoom.

August 21<sup>st</sup> Zoom Chat Topic will be VMRC (POS) Purchase of Services

August 27<sup>th</sup> Leadership meeting.

August 28<sup>th</sup> Zoom Chat topic will be Feeling Safe Being Safe by Nicole Paterson with DDS CAC and Sac 6 member Lisa Utsey.

Our next Sac 6 Board meeting is September 12, 2020 which will be done via zoom.

Sincerely,

Crystal Enyeart, SAC6 representative to the VMRC Board and Consumer Services.

5. Finance Committee – Linda Collins, Treasurer and Claudia Reed, CFO

- a. Approval of Contract Status Report (CSR) – Claudia Reed, CFO presented the CSR dated June 30, 2020. Anthony Owens made a motion to approve the CSRs, Erria Kaalund seconded the motion. Liz Herrera Knapp was not available for the vote. Dr. Russell was not available for the vote. No questions. Motion passes.
- b. Purchase of Service (POS) and Operations (OPS) Expenditures – Claudia Reed, CFO presented the POS and OPS expenditures.
- c. Acceptance of Restricted Donations – Claudia Reed, CFO presented the restricted donations. Lynda Mendoza made a motion to accept the restricted donations, Alicia



Schott seconded the motion. No questions. Dr. Russell was not available for the vote.

Tom Toomey was not available for the vote. Motion passes.

6. Legislative Committee has been postponed due to Covid. The next meeting will be on November 4 at 3pm and the next presentation is December 7 at 130pm on the outcome of legislative bills. On the committee's webpage they agreed to publish their calendar for the bill file.
7. Nominating Committee – Linda shared that they have filled the positions.
8. Bylaws Committee – Lynda shared that there's nothing to report.
9. Special Events Committee – Doug shared that they have not met as a committee since the last board ceremony in July. No meeting scheduled at this time.

**I. Executive Director's Report** – Tony Anderson shared that people should stay safe. Our exposures are up to 118 cases. We report to DDS daily from staff reports and SIR reporting. We know of 7 consumer deaths in our region. There are 116 consumer deaths statewide right now. Staff have had 9 confirmed cases, 1 volunteer, and 52 confirmed in our provider community. Sometimes we find out about things happening during our regular check-in phone calls. We want to know more and we want to be accurate.

Alternative services is the big new thing we are working on right now. The regulation came out on Friday, August 14. We have been paying day programs a retainer fee and we are concerned about losing a network of providers if we don't have something to pay them to support them and keep them going. This stops at the end of the month. It was allowable for an interim period of time because of the emergency. The new regulations say there are 12 different things you can do to provide supports and then bill a monthly rate for each consumer, it's based on what we spent on that consumer for the last 12 months. It's an average rate. This is a statewide effort. We will make sure that people have a voice in their own planning as we update the IPP's! We are welcoming this as good news because we have a rate to pay the providers to continue moving forward.

There will be a process and at some point some people will go back into the day program. Things will not be the same as they were. We are moving forward and learning. This is huge and impacts a lot of staff.

Cindy shared that a survey has started for all consumers who have attended a day program. Staff are calling all consumers and asking 10 questions (see the Friday, August 15 advisory). We will compare alternative plans of day programs against the consumers needs and wants. This is a lot of work! It involves contacts and a planning team within a month.

Nicole shared that the DDS directives are vague and there's not enough time to implement everything. There isn't clear information on QA and follow up.

Tara shared that Early Start is connecting with families. She asked DDS what mechanisms they want to use with ES. Tara will keep working with DDS and our staff to reach out to families.

This is coming out as a regulation, not a directive. Directive has to be reviewed every 30 days. A regulation is a change in the way the law is implemented.

The Cultural Linguistic Competence Committee is doing some tremendous work in-house. We are challenging each other and learning. We want to make our organization more culturally and linguistically competent. We are working with Georgetown University and SCDD and DRC and the UCEDDs and they are helping guide us through this. We are getting closer to being able to work without facilitation. We have identified the Hispanic community's access to services in the transition age and services that would be more helpful to them is something we need more information about. We are getting feedback from the community that they aren't interested in our "traditional" services. We are reaching out to get more information from the community. We are looking at all of the cultures of our staff and community in order to raise awareness internally.

The electrical emergencies notices went out. Wildfires are a major concern and information about cooling stations! We want to send out resources to help people.

The all-staff happened and thank you to Doug for coordinating 350 people on the Zoom. It was fun with activities to teach skills and tools. We had some teaching moments and team building. We also recognized staff for their longevity. There were 4 staff who have been with us for 30 years!

Bud shared that 2 of our 9 staff who tested positive were in the hospital. Staff are healing and we are thankful. We continue to recruit new staff to fill vacancies. Staff who are parents are concerned and stressed out about being parents/teachers. We are working on adjusted schedules to include Saturdays.

**J. Other Matters - none**

**K. Board Member Visits/Activities** – Margaret helped deliver food from Presentation Food Pantry on Saturday. If you'd like to help just let us know! It's safe and a wonderful experience.

**L. President's Report – Margaret Heinz**

1. Executive Committee Action Item – Special Assistant to the Director job change. Tony shared that the position has been amended – job duties have been added including grant writing responsibilities. This position is moving to the program manager salary scale. No questions. Dena Pfeifer seconded the motion. Motion passes.
2. Thank you for all of the health advisories. The presentation from Kinetic Flow was interesting. The changes in the ED's office is amazing. The senior leadership is amazing

and it trickles down, starting with Tony. Thank you for all that you do to make this work. These changes are challenging but she has complete faith in the leadership team.

**M. Next Meeting – Monday, October 19, 2020, 6:00 PM via Zoom Video Conference**

**N. Adjournment at 7:57pm**

## PERFORMANCE CONTRACT PROJECT

Regional Center: Valley Mountain Regional Center

Calendar Year 2021~~0~~

### Public Policy Performance Measures

Measure	Activities Regional Center will Employ to Achieve Outcome
A. Number and percent of RC caseload in DC	<ol style="list-style-type: none"><li>1. <del>Complete placements in the</del> <del>Continue</del> <del>development of the</del> "Paulsen Community", a three pod, 5-bed each delayed-egress adult facility.</li><li>2. Develop off-site programming for consumers residing in the "Paulsen Community".</li><li>3. <del>Ongoing Monthly</del> CPP meetings with Case Management and Resource Development to review progress of CPP activities.</li><li>4. Maintain After-Hours Response System services and <del>provide ongoing development</del> training for vendors and staff for utilization purposes</li><li>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.</li><li>6. Collaborate with Stanislaus Behavioral Health Recovery Services, utilizing the finalized Memo of Understanding- and <del>attending</del> meetings held with mutual staff every 2 months to ensure access to local mental health services.</li><li>7. Twice monthly and/or as needed Problem Solving Team meetings to address emerging issues with individual consumers.</li><li>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.</li><li>9. Perform psychotropic medication reviews for consumers exhibiting behaviors that put them at risk of placement in</li></ol>

## PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>more restrictive settings.</p> <ol style="list-style-type: none"> <li>10. Continue collaborative work with local law enforcement and protective oversight agencies. Creation of programming to involve police officers in care home visitation. Maintain Memoranda of Understanding, if applicable.</li> <li>11. Continue development of new residential facilities serving adults with significant behavioral and emotional challenges.</li> <li>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.</li> <li>13. Provide training to Service Coordinators in maintaining “high risk” consumers in the community, utilizing innovative, creative treatment related services/supports options.</li> <li>14. Orientation provided to law enforcement/court staff as requested related to consumer involvement in the criminal justice system.</li> <li>15. Case Management Specialists provide intense case management to consumers at highest risk for institutionalizations.</li> <li>16. <del>Continue to u</del>Utilize Comprehensive Assessments to identify consumer community placement readiness.</li> <li>17. Continue to reduce DC placements by achieving and maintaining less than <del>914</del> VMRC consumers in developmental centers.</li> </ol>
B. Number and percent of minors residing with families	<ol style="list-style-type: none"> <li>1. Provide family education and counseling through collaborative efforts with Family Resource Network, county Behavioral Health and Recovery Services, El Concilio, county SELPAs, Housing Authorities, and Managed Care Medi-Cal providers.</li> <li>2. Participation in county interagency meetings to address the</li> </ol>

## PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>needs of children in our service area.</p> <ol style="list-style-type: none"> <li>3. Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs.</li> <li>4. Meet and coordinate services with individual families and foster parents caring for minor consumers.</li> <li>5. Work with county CPS and community children's service agencies to support minor consumers living with families.</li> <li>6. Assess for respite, daycare, <u>personal assistance</u>, and behavioral needs, as well as other supports to maintain children in the family home. Review tools used for appropriateness on a regular basis.</li> <li><del>6-7.</del> <u>Develop ILS resources to provide service to minors (16 and 17 year olds)</u></li> <li><del>7-8.</del> <u>Encourage the use of Independent Living Services (ILS) in an effort to promote individual independence.</u></li> <li><del>8-9.</del> <u>Provide nursing care/respite to families with medically fragile children. VMRC will pursue EPSDT funding for these children.</u></li> <li><del>9-10.</del> <u>Co-sponsor annual Early Start Symposium.</u></li> <li><del>10-11.</del> <u>Refer siblings of consumers to Sib Shops offered by Family Resource Network. Promote expansion of program to include 14-18 year olds.</u></li> <li><del>11-12.</del> <u>Offer environmental assessments and appropriate mobility equipment to enable consumers to live in their family home.</u></li> <li><del>12-13.</del> <u>Offer child/adolescent psychiatric services for consumers not served by the mental health system.</u></li> <li><del>13-14.</del> <u>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.</u></li> </ol> <p><u>Offer remotely during COVID-19 Pandemic.</u></p>

## PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
	<p><del>14-15.</del> 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.</p> <p><del>15-16.</del> 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><del>16-17.</del> Identify potential homelessness and provide necessary resources. Work collaboratively with other social service agencies to provide homeless VMRC consumers with ongoing service.</p> <p><del>17-18.</del> Continue to incorporate emergency preparedness into planning team discussion and resultant objectives.</p> <p><del>18-19.</del> Implement Everbridge Notification system for information and follow up, as needed.</p> <p><del>19-20.</del> Assist consumers and families when transitioning to the Self Determination Program <u>by offering monthly orientations and continuing an awareness campaign-</u></p>

## PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
C.. Number and percent of adults residing in independent living	<ol style="list-style-type: none"> <li>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..</li> <li>2. Offer Self-Advocacy support for better access to living arrangement of choice via educating consumers to assist in voicing their opinions.</li> <li>3. Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs.</li> <li>4. Continue to offer environmental assessments and appropriate mobility equipment to enable consumers to live independently.</li> <li>5. Offer psychiatric services that are not provided by mental health to adult consumers in need for stabilization purposes.</li> <li>6. Automated calling for emergency notification.</li> <li><del>7.</del> <del>Maintain informational network to discuss best practices for ILS/SLS providers.</del></li> <li><del>8.</del> <del>7.</del> Maintain quality services by ensuring ILS/SLS providers have objectives and expectations as reflected in the IPP.</li> <li><del>9.</del> <del>8.</del> Ensure utilization of community generic resources such as CalFresh, CalAble, County IHSS and County Mental Health Services.</li> <li><del>10.</del> <del>9.</del> Use of public transportation and mobility training where offered to optimize independence.</li> <li><del>11.</del> <del>10.</del> Continue to incorporate emergency preparedness into planning team discussion and resultant objectives.</li> <li><del>12.</del> <del>11.</del> Implement Everbridge Notification system for information and follow up, as needed.</li> <li><del>13.</del> <del>12.</del> Assist consumers and families if transitioning to the Self</li> </ol>

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PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
	<del>Determination Program.</del> <u>Self Determination Program through an awareness campaign and monthly orientations offered.</u>
D. Number and percent of adults residing in supported living	<div>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.</div> <div><del>2. Continue regular Supported Living Network meetings.</del></div> <div><u>3.2.</u> Provide orientation trainings to vendors and direct support staff with tools to better serve consumers receiving SLS.</div> <div><u>4.3.</u> Continue involvement in annual informational</div>

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## 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><del>5.4.</del> Offer Self-Advocacy support to access living arrangement of choice.</p> <p><del>6.5.</del> Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs.</p> <p><del>7.6.</del> Maintain quality services by ensuring SLS providers have clear objectives and expectations as reflected in the IPP.</p> <p><del>8.7.</del> Develop plans to assist in roommate identification to increase affordability and attain positive profile matches.</p> <p><del>8.</del> Incorporate emergency preparedness into planning team discussion and resultant objectives.</p> <p>9. <u>Encourage completion of Health Passport information.</u></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 <u>through the awareness campaign and monthly orientations offered.</u></p>
E. Number and percent of adults residing in Adult Family Home Agency homes	<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><del>4.</del> Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs.</p> <p><del>4.5.</del> <u>Encourage completion of Health Passport information.</u></p> <p><del>5.6.</del> Incorporate emergency preparedness into planning team discussion and resultant objectives.</p> <p><del>6.7.</del> Implement Everbridge Notification system for</p>

Page 7 of 18

## PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>information and follow up, as needed.</p> <p><del>7-8.</del> Assist consumers and families if transitioning to the Self Determination Program <u>through the awareness campaign and monthly orientations offered.-</u></p>
<p>F. Number and percent of adults residing in family homes (home of parent or guardian)</p>	<ol style="list-style-type: none"> <li>1. Provide support services to families caring for adult family members in the family home.</li> <li>2. Encourage the use of Independent Living Services (ILS) in an effort to promote individual independence.</li> <li>3. Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs.</li> <li>4. Work with county agencies to support adult consumers living with families during times of crisis.</li> <li>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.</li> <li>6. Continue to develop wrap-around services for adult consumers residing in family homes which will include those with behavioral and medical concerns.</li> <li>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.</li> <li><del>8.</del> Educate local hospitals of potential consumer behaviors and potential issues.</li> <li><del>8-9.</del> <u>Encourage completion of Health Passport information.</u></li> <li><del>9-10.</del> Provide current information to consumers and families about available generic/community resources.</li> <li><del>10-11.</del> Review and monitor support needs to include ILS in the family home to support independent living skills.</li> <li><del>11-12.</del> Self-Advocacy resources and pertinent community agency collaboration will be utilized to develop improved</li> </ol>

## PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>process for residential transition.</p> <p><u>12-13.</u> Continue to provide environmental assessments and modifications/equipment for consumers with mobility issues who reside in family homes.</p> <p>- <u>143.</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>154.</u> 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><u>165.</u> Incorporate <u>Advanced Health Care/End of Life Planning in IPP goals, as well as</u> emergency preparedness into planning team discussion and resultant objectives.</p> <p><u>176.</u> Implement Everbridge Notification system for information and follow up, as needed.</p> <p><u>187.</u> Assist consumers and families if transitioning to the Self Determination Program <u>through the awareness campaign and monthly orientations offered.</u></p> <p><u>198.</u> Develop all services with cultural competence in mind.</p>

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

## PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
	<ol style="list-style-type: none"> <li>Continue implementation of Resource Development plan using Needs Assessment process.</li> <li>Continue to monitor the approved large facilities to maintain “home-like environments”.</li> </ol>
<p>I. Measures Related to Reducing Disparities and Improving Equity in Purchase of Services Expenditures</p> <ul style="list-style-type: none"> <li>Percent of total annual purchase of service expenditures by individual’s ethnicity and age: Birth to age two, inclusive.</li> <li>Age three to 21, inclusive.</li> <li>Twenty-two and older.</li> </ul>	<ol style="list-style-type: none"> <li>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.</li> <li>VMRC will seek methods to help better analyze POS expenditure data in an effort to better understand our underserved population’s needs.</li> <li><u>Continuation of the VMRC Cultural Specialist position and the Cultural and Linguistic Committee formed to address needs and to identify trends.</u></li> <li><u>Outreach efforts within community to overcome potential cultural barriers when identifying appropriate services.</u></li> <li><u>Work with community agencies to increase awareness of regional center services for minority populations served.</u></li> <li><u>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.</u></li> <li><u>Service Coordination staff will receive training related to IPP development that ensures meaningful consumer and family participation.</u></li> <li><u>Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs for individuals.</u></li> <li><u>Develop vendors who are culturally sensitive.</u></li> <li><u>Provide culturally diverse volunteer opportunities for community members.</u></li> <li><u>Additional respite will be offered to parents attending informational meetings.</u></li> </ol>

## PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
	<p><del>11.12.</del> Provide informational trainings pertaining to cultural understanding.</p> <p><del>12.13.</del> 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	<ol style="list-style-type: none"> <li>1. Prior FY Purchase of service data and regional, center caseload data</li> <li>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, <a href="#">Special Needs Connection</a>, <a href="#">LaFamilia Disparity Funds Program</a>, <a href="#">Fuerzas Unidas</a>, Modesto Collaborative, Families First, and Family Resource Network) to develop and implement a series of information and training activities,</li> <li>3. Outreach efforts within community to overcome potential cultural barriers when identifying appropriate services.</li> <li>4. Work with community agencies to increase awareness of regional center services for minority populations served.</li> <li>5. Ongoing parent training, orientation and informational sessions in participants' native language, when possible, and</li> </ol>

Page 12 of 18

## PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>with interpretation at mutually agreed upon sites in the community.</p> <ol style="list-style-type: none"> <li>6. Respite hours will be offered in order for parents to participate in informational meetings.</li> <li>7. Provide informational trainings to staff pertaining to cultural understanding.</li> <li>8. Ongoing internal review of the quality of documents translated by professional translation services.</li> <li>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.</li> <li>10. Case distribution will occur for bilingual staff to carry monolingual cases in an effort to further breakdown communication barriers.</li> </ol>
<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"> <li>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.</li> <li>2. Continue to collaborate with EDD, DOE, WorkNet, and DOR through our Local Partnership Agreements.</li> <li>3. Finalize and implement strategy to transition WAPs to viable employment skills training programs with CIE goals.</li> </ol>
<p>L. Average annual wages for consumers ages 16-64.</p>	<ol style="list-style-type: none"> <li>1. EDD data, provided by DDS, and VMRC data to review/analyze --average annual wages as reported to EDD for consumers ages 16-64.</li> <li>2. Continue to collaborate with EDD, DOE, WorkNet, and DOR through our Local Partnership Agreements.</li> </ol>

Page 13 of 18



## 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.	<ol style="list-style-type: none"> <li>1. Utilize EDD data provided by DDS to analyze consumer wage data compared to people with all disabilities as reported to EDD.</li> <li>2. Continue to collaborate with EDD and DOR through our Local Partnership Agreements.</li> </ol>
N. Number of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program.	<ol style="list-style-type: none"> <li>1. Data collected manually from service providers by regional centers.</li> <li>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.</li> <li>3. Use incentive money to target jobs based on consumer interest.</li> </ol>
O. Percentage of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program.	<ol style="list-style-type: none"> <li>1. Data collected manually from service providers by regional centers.</li> <li>2. Collaborate with vendors to develop new, or enhance exiting paths of employment opportunities to CIE from Internship placements with employers.</li> <li>3. Facilitate employer-vendor partnerships to increase job</li> </ol>

Page 14 of 18

## PERFORMANCE CONTRACT PROJECT

<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.	<ol style="list-style-type: none"> <li>1. Data collected manually from service providers by regional centers.</li> <li>2. Target development of Internship Programs that offer more than minimum wage rates.</li> </ol>
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"> <li>1. Data collected manually from service providers by regional centers.</li> <li>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.</li> <li>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.</li> </ol>
R. Total number of \$1000, \$1250 and \$1500 incentive payments made for the fiscal year.	<ol style="list-style-type: none"> <li>1. Data collected manually from service providers by regional centers.</li> <li>2. Develop new, or enhance existing employment opportunities with employers for job placement and job coaching. Facilitate employer-vendor partnerships to increase CIE placements.</li> <li>3. Develop additional Internship Programs with employers.</li> </ol>

PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
	<div>4. Increase vendor participation with the goal of CIE Placement.</div> <div>5. Develop Local Partnership Agreement model and establish agreement.</div>
S. Percentage of adults who reported having Competitive Integrated Employment as a goal in his/her IPP.	<div>1. National Core Indicators Survey data—3 year cycle.</div> <div>2. VMRC will encourage discussion at IPP meetings and ensure documentation.</div>

## 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

# NCI Adult In-Person Survey Regional Center Outcomes

Valley Mountain Regional Center (VMRC) Report

Fiscal Year 2017-18



## Table of Contents

<b>Quality Assessment Project and National Core Indicators™ .....</b>	<b>1</b>
<b>What is NCI? .....</b>	<b>1</b>
<b>What is the NCI In-Person Survey? .....</b>	<b>2</b>
<b>What topics are covered by the survey?.....</b>	<b>3</b>
<b>How were people selected to participate? .....</b>	<b>4</b>
<b>Proxy Respondents .....</b>	<b>4</b>
<b>Data Analysis .....</b>	<b>5</b>
<b>Weighting .....</b>	<b>5</b>
<b>Limitations of Data .....</b>	<b>6</b>
<b>What is contained in this report? .....</b>	<b>7</b>
<i>Demographics .....</i>	<i>8</i>
Table 1. Age .....	9
Table 2. Age Group .....	9
Table 3. Gender .....	9
Table 4. Marital Status .....	9
Table 5. Race and Ethnicity .....	10
Table 6. Race and Ethnicity (Continued) .....	10
Table 7. Residential Designation .....	10
Table 8. Type of Residence – ICFs, Skilled Nursing Facilities or Other Specialized Institutional Settings .....	11
Table 9. Type of Residence – CCF .....	11
Table 10. Type of Residence – Other Home Settings .....	11
Table 11. Length of Time at Current Residence .....	12
Table 12. Residence is Owned or Controlled by Provider Agency .....	12
Table 13. Person is Named on the Lease .....	12

Table 14. Person Owns Home.....	13
Table 15. Has ID Diagnosis.....	13
Table 16. Level of ID (If the Person Has an ID Diagnosis).....	13
Table 17. Mood, Anxiety, Behavior, Psychotic, and Other Mental Illness.....	14
Table 18. Other Disabilities.....	14
Table 19. Other Disabilities (Continued).....	15
Table 20. Health Conditions.....	15
Table 21. Health Conditions (Continued).....	15
Table 22. Preferred Means of Communication.....	16
Table 23. Preferred Language *.....	16
Table 24. Preferred Language (Continued) *.....	16
Table 25. Mobility.....	17
Table 26. Behavioral Support Needs.....	17
Table 27. Level of Guardian/Conservatorship.....	18
Table 28. Guardian/Conservator's Relationship to Person.....	18
<i>Choice and Decision-Making.....</i>	<i>19</i>
Table 29. Choice and Decision-Making.....	25
<i>Work.....</i>	<i>26</i>
Table 30. Has Paid Community Job **.....	33
Table 31. Type of Paid Community Employment.....	33
Table 32. Hours and Wages by Type of Paid Community Job.....	34
Table 33. Length of Employment at Current Job, in Months **.....	34
Table 34. Receives Paid Time Off at Paid Community Job **.....	34
Table 35. Most Common Types of Jobs Among Those With a Paid Community Job.....	35
Table 36. Employment Goals and Other Daily Activities.....	35
<i>Community Inclusion, Participation and Leisure.....</i>	<i>36</i>
Table 37. Community Inclusion, Participation, and Leisure.....	42
<i>Relationships.....</i>	<i>43</i>
Table 38. Friendships.....	49
Table 39. Reasons Cannot See Friends if Often Unable to ~.....	50
Table 40. Relationships.....	51
<i>Satisfaction.....</i>	<i>52</i>
Table 41. Satisfaction at Home and With Paid Community Job.....	57
Table 42. Attends a Day Program or Workshop and Wants to Go More, Less, or the Same Amount of Time.....	58
Table 43. Services and Supports Help Person Live a Good Life.....	58
<i>Service Coordination.....</i>	<i>59</i>
Table 44. Service Coordination.....	64



<i>Access</i> .....	65
Table 45. Transportation and Staff Training .....	70
Table 46. Additional Services Needed .....	71
Table 47. Additional Services Needed (Continued) .....	72
<i>Health</i> .....	73
Table 48. Regular and Preventive Screenings.....	79
Table 49. Last Colorectal Cancer Screening, People Age 50 and Older .....	80
Table 50. Vaccines .....	80
<i>Medications</i> .....	81
Table 51. Takes Medication .....	85
Table 52. Number of Medications Taken.....	85
Table 53. Behavior Plan and Medication .....	86
<i>Wellness</i> .....	87
Table 54. Exercise .....	91
Table 55. Body Mass Index (BMI) Category ** .....	91
Table 56. Uses Tobacco Products ** ^v .....	91
<i>Rights and Respect</i> .....	92
Table 57. Rights and Respect.....	98
Table 58. Rights and Respect (contiued) .....	99
<i>Safety</i> .....	100
Table 59. Safety .....	104
<i>Language and Cultural Competence</i> .....	105
Table 60. Language and Cultural Competence .....	110

## Quality Assessment Project and National Core Indicators™

This report contains regional center level results from California's statewide National Core Indicators™ (NCI™) Adult In-Person Survey<sup>1</sup> (IPS) data collection from fiscal year 2017-18 (FY 17/18) in accordance with Welfare and Institutions Code (WIC), Section 4571. WIC, Section 4571 directs the Department of Developmental Services (DDS) to collect accurate, reliable, and valid consumer and family satisfaction measures as well as individual outcome data. In California, data from this project will be used to review and benchmark statewide and regional center developmental disability service system performance.<sup>2</sup> This report shows this regional center compared to the California statewide and NCI averages. Regional centers can use this report to help guide strategic planning and monitor systemic changes.

### What is NCI?

The NCI program is a voluntary effort by state developmental disability agencies to track their performance using a standardized set of consumer and family/guardian surveys with nationally validated measures. The effort is coordinated by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI).

NCI has developed more than 100 standard performance measures (or 'indicators') that states use to assess the outcomes of services for individuals and families, including outcomes in the areas of employment, rights, service planning, community inclusion, choice, health, and safety. In 2017-18 a total of 46 states, the District of Columbia and 22 sub-state entities participated in NCI. Not all states participate in the Adult In-Person Survey every year. Thirty-five (35) states and the District of Columbia administered the In-Person Survey in 2017-18 and submitted valid samples for analysis.<sup>3</sup> Together, they collected survey responses and information from a total of 25,671 individuals.

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<sup>1</sup> Formerly the Adult Consumer Survey

<sup>2</sup> Refer to the California Statewide Adult In-Person Survey Report FY 17/18 for information about Quality Assessment Project implementation, NCI and California's statewide results.

<sup>3</sup> States that participated in the Adult In-Person Survey were: Alabama (AL), Arizona (AZ), Arkansas (AR), California (CA), Colorado (CO), Connecticut (CT), Delaware (DE), District of Columbia (DC), Florida (FL), Georgia (GA), Illinois (IL), Indiana (IN), Kansas (KS), Kentucky (KY), Louisiana (LA), Maine (ME), Massachusetts (MA), Michigan (MI), Minnesota (MN), Missouri (MO), North Carolina (NC), Nebraska (NE), Nevada (NV), New York (NY), Ohio (OH), Oklahoma (OK), Oregon (OR), Pennsylvania (PA), Rhode Island (RI), South Carolina (SC), Tennessee (TN), Utah (UT), Vermont (VT), Virginia (VA), Wisconsin (WI), and Wyoming (WY).

## What is the NCI In-Person Survey?

The NCI Adult In-Person Survey is a face-to-face meeting conducted with a person who is receiving services from the state; it is used to gather data on approximately 60 consumer outcomes, and it is regularly refined and tested to ensure that it is valid and reliable. Surveyors meet with individuals to ask questions about where they live and work, the kinds of choices they make, the activities they participate in within their communities, their relationships with friends and family, and their health and well-being.

Information contained in this report come from three distinct survey sections:

1. **Background Information.** This section consists of questions about demographics, residence, health, employment status, and services and supports. Data is generally collected from state records, case managers, or a combination of both.
2. **Section I.** This section attempts to determine the individual's level of satisfaction and opinions. It may only be completed through a direct meeting with the individual.
3. **Section II.** This section contains questions that are answered by a direct meeting with the individual when possible. If the person is unable to respond, a proxy who knows the person well may be used. Case managers or service coordinators are not allowed to respond to these questions on the individual's behalf.

## What topics are covered by the survey?

The National Core Indicators are organized by “domains” or topics. These domains are further broken down into sub-domains, each of which has a statement that indicates the concerns being measured. Each sub-domain includes one or more “indicators” of how the state performs in this area. The tables on the following page lists the domains, sub-domains, and concern statements addressed by the NCI Adult In-Person Survey indicators.

### Individual Outcomes Domain

Sub-domain	Concern Statement
Work	People have support to find and maintain community integrated employment.
Community Inclusion, Participation and Leisure	People have support to participate in everyday community activities.
Choice and Decision-Making	People make choices about their lives and are actively engaged in planning their services and supports.
Self Determination	People have authority and are supported to direct and manage their own services.
Relationships	People have friends and relationships.
Satisfaction	People are satisfied with the services and supports they receive.

### Health Welfare and Rights Domain

Sub-domain	Concern Statement
Safety	People are safe from abuse, neglect, and injury.
Health	People secure needed health services.
Medications	Medications are managed effectively and appropriately.
Wellness	People are supported to maintain healthy habits.
Respect/Rights	People receive the same respect and protections as others in the community.

### System Performance Domain

Sub-domain	Concern Statement
Service Coordination	Service coordinators are accessible, responsive, and support the person's participation in service planning.
Access	Publicly funded services are readily available to individuals who need and qualify for them.

## How were people selected to participate?

In California, based on the total number of adults (age 18 and over) who are receiving DDS services, it was determined that a target number of 400 surveys per regional center would provide a valid sample for this analysis.<sup>4</sup> People who were presently living in a developmental center were not part of the sample. An additional group of people who had moved from developmental centers to the community in the past five years was selected so that their results could be looked at separately.<sup>5</sup> Overall, the total number of surveys completed across the State of California was 8,280.

All states that comprise the NCI Average were instructed to attempt to complete a minimum of 400 surveys with a random sample of individuals age 18 or older who are receiving at least one publicly funded service besides case management. A sample size of 400 allows valid comparisons to be made across states with a 95% confidence level and a +/- 5% margin of error. States that do not complete a sample that reaches the 95% confidence level and 5% margin of error (based on the size of the total sample frame) are not included in NCI reporting. Both the confidence level (95%) and margin of error (5%) used are widely accepted for reviewing results, regardless of population size. Most states draw a sample greater than 400 to account for refusals and inaccurate contact information.

For more information on sampling, please see Appendix C of Part II of the NCI National In-Person Survey Outcomes Final Report, accessible at [https://www.nationalcoreindicators.org/upload/core-indicators/17-18\\_IPS\\_National\\_Report\\_PART\\_II.pdf](https://www.nationalcoreindicators.org/upload/core-indicators/17-18_IPS_National_Report_PART_II.pdf).

## Proxy Respondents

Proxy responses are allowed only for Section II (Community Inclusion, Choices, selected Respect/Rights items, and Access to Needed Services), which is based on objective measures. Proxy respondents are used only when the individual receiving services cannot complete the survey or chooses to have a proxy respondent. Only people who know the individual well – such as family, friends, or staff – are acceptable respondents. To avoid conflict of interest, service coordinators are not allowed to provide proxy responses for individuals on their caseloads.

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<sup>4</sup> A randomly selected group of 400 people meets the accepted standard for a representative sample with a +/-5% margin of error and a 95% confidence level. For additional details on sampling and administration methods, please see the California Statewide Adult In-Person Survey Report FY 17/18.

<sup>5</sup> A supplemental Movers report will be produced by UC Davis and made available on the DDS website.

## Data Analysis

All individuals selected in the survey sample are given an opportunity to participate in a face-to-face meeting. There are no prescreening procedures. Exclusion of responses occurs at the time of data analysis by HSRI, based on the criteria described below. There is no threshold number of answers to be given for a survey to be considered complete.

Surveys are excluded from analysis of questions occurring in Section I if:

1. The surveyor indicated that the individual receiving supports did not respond validly to questions in Section I.
2. All questions in Section I were missing or marked n/a or Don't Know.

Surveys are excluded from analysis of questions occurring in Section II if:

1. The individual receiving supports was marked as the respondent to all questions in Section II but Section I was deemed invalid (for one of the reasons above).
2. No questions were answered in Section II. Individual questions left blank or marked 'not applicable' are not included in analysis. For outcome data 'don't know' responses were excluded from analysis.

For all items shown, regional centers receive an 'n/a' designation in table presentations for a survey item if fewer than 20 people responded; however, their data are included in the CA Average.

## Weighting

Prior to 2016-17, the NCI average was calculated as the simple arithmetic mean of all state means (an approach known as "average of averages"). Beginning last year, the approach was enhanced to take into account the relative numbers of people receiving services through participating states' systems. **The NCI averages contained in this report are "weighted" means.** Applying statistical weights allows a state that provides services to a larger number of people (but is represented in the data by a sample of the same size as other states) to have a higher influence on the overall NCI average—that is, the state's contribution to

the NCI average is proportional to its service population. The weights used in calculations for this report were developed using each participating state's number of survey respondents and its total survey-eligible population.<sup>6</sup>

When a state's sampling strategy is to identify and interview survey participants using simple random sampling or proportional stratified random sampling, each completed survey in the state gets assigned the same weight. In some cases, when a state's sampling strategy departs markedly from simple random or proportional, it may be necessary for completed surveys in the state to be assigned different weights based on which sampling strata they correspond to. For example, if a state intentionally oversampled one or more of its sub-populations or geographical regions to be disproportionately represented in the survey sample, it may be necessary to develop and apply different weights for surveys completed in those sub-populations or regions. **The CA Average is weighted** because the state intentionally sampled by regional center. The procedure for calculating weights is similar but uses the number of completed surveys and service population sizes in each regional center separately.<sup>7</sup>

## Limitations of Data

The NCI Adult In-Person Survey tool is not intended to be used for monitoring individuals or providers; instead, it assesses system-wide performance. The NCI Average should not be interpreted as necessarily defining “acceptable” levels of performance or satisfaction. Instead, it describes average levels of performance or satisfaction across the states. It is up to public managers, policy-makers, and other stakeholders to decide what is an acceptable or unacceptable result (i.e., scale score or percentage of individuals achieving the indicated outcome).

**IMPORTANT NOTE ON ANALYSIS.** In examining the results that comprise the NCI Average, we found questions for which 25% or more of an individual state's sample were marked “don't know” or were missing data. NCI averages that include data from states with 25% or more “don't know” or missing data are noted throughout the report.

The quantity of missing data can be a result of several factors. We do not know whether the data are missing systematically or randomly; for example, for a specific state, are the data missing across the board for those in a specific waiver? If so, the resulting data are not representative of the entire sample or population. We advise caution when examining data that are indicated as having high rates of “missing” or “don't know” responses.

<sup>6</sup> For more information on weighting, see the Data Analysis section of the California Statewide Adult In-Person Survey Report FY 17/18.

<sup>7</sup> For more information on weighting, see the Data Analysis section of the California Statewide Adult In-Person Survey Report FY 17/18.

Also critical to note is that differences by state in requirements for eligibility for DD services may also be reflected in differences in the NCI data.

## What is contained in this report?

This report illustrates the 2017-18 NCI Adult In-Person Survey demographic and outcome regional center results compared to the California Statewide (CA) and NCI (NCI) averages. All results are shown first in charts and then in table form. For most items, the total number of respondents (N) from the regional center, state and across NCI states is displayed in charts and tables. Results from regional centers with fewer than 20 responses to a question are not displayed, however data are included in the NCI Average.

Individual break-outs by regional center can be found in the California Statewide Adult In-Person Survey Report FY 17/18.

Individual break-outs by state and national data results for this survey can be found online at [https://www.nationalcoreindicators.org/upload/core-indicators/17-18\\_IPS\\_National\\_Report\\_PART\\_I\\_3\\_20\\_19.pdf](https://www.nationalcoreindicators.org/upload/core-indicators/17-18_IPS_National_Report_PART_I_3_20_19.pdf)



## Demographics

*This section presents descriptive information of individuals surveyed.*

### **Important Note on Missing Data:**

For several states included in the NCI Average, survey items in the Background Information section (including certain items related to Demographics, Health, Medication, and Wellness) had a large amount of missing data or data recorded as “don’t know.” Detailed information by state can be found in the NCI National In-person Survey Report: <https://www.nationalcoreindicators.org/resources/reports/>

The quantity of missing data can be a result of several factors. We do not know whether the data are missing systematically or randomly; for example, are data missing across the board for those in a specific waiver population in a given state? If so, the resulting data are not representative of the entire sample or population. We advise caution when examining data that are indicated as having high rates of “missing” or “don’t know” responses. Please note that the NCI average reflects the average of data that were reported to NCI and may not be reflective of the service population across the country.

**All CA and NCI Averages are weighted.** For more information on weighting see the Data Analysis section of the California Statewide Adult In-Person Survey Report FY 17/18.

**Table 1. Age**

	Mean	Min	Max	Standard Deviation	Median	N
VMRC	42	19	86	16	40	408
CA	41	19	92	16	39	8,279
NCI	42	18	95	16	39	25,562

**Table 2. Age Group**

	18-22	23-34	35-54	55-74	75+	Unknown	N
VMRC	6%	33%	37%	23%	2%	0%	408
CA	9%	33%	34%	21%	2%	0%	8,280
NCI	9%	31%	34%	23%	2%	1%	25,671

**Table 3. Gender**

	Male	Female	Other	N
VMRC	58%	42%	0%	408
CA	59%	41%	0%	8,280
NCI	59%	41%	0%	25,568

**Table 4. Marital Status**

NCI Average includes data from states that had at least 25% “don’t knows” and missing data

	Single, Never Married	Married	Single, Married in the Past	Don't Know	N
VMRC	93%	3%	4%	0%	408
CA	95%	3%	2%	0%	8,280
NCI	94%	2%	2%	2%	25,459

**Table 5. Race and Ethnicity**

	American Indian or Alaska Native	Asian	Black or African American	Pacific Islander	White
VMRC	0%	5%	9%	0%	56%
CA	0%	7%	11%	0%	47%
NCI	1%	2%	16%	0%	67%

**Table 6. Race and Ethnicity (Continued)**

	Hispanic or Latino	Other	Two or More	Don't Know	N
VMRC	25%	2%	3%	0%	407
CA	31%	2%	2%	0%	8,277
NCI	10%	1%	1%	1%	25,553

**Table 7. Residential Designation**

Information based on residential designation defined by the USDA: <http://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx>; NCI Average includes data from states that had at least 25% “don’t knows” and missing data

	Metropolitan	Micropolitan	Rural	Small Town	N
VMRC	91%	4%	2%	3%	408
CA	95%	4%	1%	0%	8,252
NCI	80%	12%	6%	3%	24,168

**Table 8. Type of Residence – ICFs, Skilled Nursing Facilities or Other Specialized Institutional Settings <sup>8</sup>**

NCI Average includes data from states that had at least 25% “don’t knows” and missing data

	ICF, 4-6 Residents With Disabilities	ICF, 7-15 Residents With Disabilities	ICF, 16 or More Residents With Disabilities	SNF	Other Specialized Institutional Facility	N
VMRC	4%	0%	0%	1%	1%	408
CA	7%	0%	1%	1%	0%	8,279
NCI	2%	1%	1%	0%	0%	25,488

**Table 9. Type of Residence – CCF <sup>9</sup>**

NCI Average includes data from states that had at least 25% “don’t knows” and missing data

	CCF, 2-3 People With Disabilities	CCF, 4-6 People With Disabilities	CCF, 7-15 People With Disabilities	N
VMRC	1%	20%	7%	408
CA	1%	24%	2%	8,279
NCI	8%	18%	5%	25,488

**Table 10. Type of Residence – Other Home Settings <sup>10</sup>**

NCI Average includes data from states that had at least 25% “don’t knows” and missing data

	Own Home or Apartment (ILS/SLS)	Parent or Relative's Home	FHA, 2 or More People With a Disability	FHA, 1 Person With a Disability	Homeless	Other	Don't Know	N
VMRC	18%	45%	1%	0%	n/a	1%	0%	408
CA	17%	45%	1%	0%	n/a	1%	0%	8,279
NCI	18%	39%	3%	2%	0%	1%	1%	25,488

<sup>8</sup> Intermediate Care Facility (ICF) corresponds to NCI ICF/IID categories; Skilled Nursing Facility (SNF) corresponds to NCI nursing homes category

<sup>9</sup> Community Care Facility (CCF) corresponds to NCI group home settings

<sup>10</sup> Family Home Agency (FHA) corresponds to NCI foster care or host home category

**Table 11. Length of Time at Current Residence**

NCI Average includes data from states that had at least 25% “don’t knows” and missing data

	Less Than 1 Year	1-3 Years	3-5 Years	Over 5 Years	Don't Know	N
VMRC	13%	15%	12%	59%	0%	408
CA	8%	16%	10%	66%	0%	8,274
NCI	9%	18%	8%	60%	4%	25,303

**Table 12. Residence is Owned or Controlled by Provider Agency**

NCI Average includes data from states that had at least 25% “don’t knows” and missing data

	Yes	No	Don't Know	N
VMRC	28%	71%	1%	376
CA	31%	68%	1%	7,788
NCI	36%	58%	5%	24,901

**Table 13. Person is Named on the Lease**

NCI Average includes data from states that had at least 25% “don’t knows” and missing data

	Named on Lease or Deed	Named on Other Legally Enforceable Rental Agreement	No	Don't Know	N
VMRC	18%	7%	71%	4%	301
CA	17%	2%	79%	2%	6,697
NCI	18%	4%	68%	10%	22,404

**Table 14. Person Owns Home**

NCI Average includes data from states that had at least 25% “don’t knows” and missing data

	Yes	No	Don't Know	N
VMRC	3%	97%	0%	407
CA	2%	98%	0%	8,267
NCI	2%	96%	2%	23,992

**Table 15. Has ID Diagnosis**

	Yes	No	Don't Know	N
VMRC	87%	13%	0%	408
CA	85%	14%	0%	8,280
NCI	90%	9%	1%	25,465

**Table 16. Level of ID (If the Person Has an ID Diagnosis)**

	Mild	Moderate	Severe	Profound	Unspecified	Unknown	N
VMRC	49%	27%	16%	6%	2%	0%	354
CA	47%	25%	14%	9%	4%	1%	7,072
NCI	41%	29%	13%	8%	7%	1%	22,674

**Table 17. Mood, Anxiety, Behavior, Psychotic, and Other Mental Illness**

Categories are not mutually exclusive and N may differ by category; therefore, N is not shown; NCI Average includes data from states that had at least 25% “don’t knows” and missing data

	Mood Disorder	Anxiety Disorder	Behavior Challenges	Psychotic Disorder	Other Mental Illness or Psychiatric Diagnosis
VMRC ~	29%	32%	30%	10%	7%
CA ~	27%	30%	29%	10%	4%
NCI	30%	27%	28%	11%	12%

**Table 18. Other Disabilities**

Categories are not mutually exclusive and N may differ by category; therefore, N is not shown; NCI Average includes data from states that had at least 25% “don’t knows” and missing data

	Autism Spectrum Disorder	Cerebral Palsy	Brain Injury	Seizure Disorder	Chemical Dependency	Down Syndrome
VMRC ~	13%	21%	8%	28%	12%	0%
CA ~	18%	19%	6%	26%	2%	0%
NCI	20%	15%	5%	26%	2%	0%

~ CA collected other diagnoses and other health conditions data in the field; reported “Other Mental Illness or Psychiatric Diagnosis” as “Other Disabilities, Not Listed”

**Table 19. Other Disabilities (Continued)**

Categories are not mutually exclusive and N may differ by category; therefore, N is not shown; NCI Average includes data from states that had at least 25% “don’t knows” and missing data

	Prader-Willi	Fetal Alcohol Syndrome	Limited or No Vision	Severe or Profound Hearing Loss	Other Disabilities, Not Listed	No Other Disabilities
VMRC ~	10%	3%	2%	10%	6%	12%
CA ~	9%	1%	1%	10%	7%	10%
NCI	9%	1%	1%	10%	6%	17%

**Table 20. Health Conditions**

Categories are not mutually exclusive and N may differ by category; therefore, N is not shown; NCI Average includes data from states that had at least 25% “don’t knows” and missing data

	Cardiovascular Disease	Diabetes	Cancer	High Blood Pressure	High Cholesterol
VMRC ~	11%	8%	2%	23%	21%
CA ~	6%	10%	2%	19%	17%
NCI	7%	11%	2%	20%	18%

**Table 21. Health Conditions (Continued)**

Categories are not mutually exclusive and N may differ by category; therefore, N is not shown; NCI Average includes data from states that had at least 25% “don’t knows” and missing data

	Dysphagia	Pressure Ulcers	Alzheimer's	Oral Health or Dental Problems	Sleep Apnea	Other Health Conditions
VMRC ~	13%	4%	1%	15%	10%	34%
CA ~	8%	1%	2%	9%	7%	24%
NCI	7%	2%	3%	6%	6%	35%

~ CA collected other diagnoses and other health conditions data in the field; reported “Other Mental Illness or Psychiatric Diagnosis” as “Other Disabilities, Not Listed”



**Table 22. Preferred Means of Communication**

	Spoken	Gestures	Sign Language	Communication Device	Other	Don't Know	N
VMRC	75%	21%	0%	0%	3%	0%	408
CA	72%	26%	1%	0%	1%	0%	8,280
NCI	78%	17%	1%	1%	2%	0%	25,455

**Table 23. Preferred Language \***

	English	Spanish	Mandarin	Tagalog	Vietnamese	Korean	Arabic	N
VMRC	86%	12%	0%	0%	0%	0%	0%	408
CA	82%	15%	0%	1%	1%	0%	0%	8,280
NCI	94%	n/a	n/a	n/a	n/a	n/a	n/a	25,357

**Table 24. Preferred Language (Continued) \***

	Armenian	Farsi	Hmong	Khmer	Laos	Russian	ASL	Other	N
VMRC	0%	0%	0%	0%	0%	0%	0%	1%	408
CA	1%	0%	0%	0%	0%	0%	0%	1%	8,280
NCI	n/a	n/a	n/a	n/a	n/a	n/a	n/a	6%	25,357

\* The standard IPS tool used in states other than CA only includes “English” and “Other” categories

**Table 25. Mobility**

	Moves Self Without Aids	Moves Self With Aids or Uses Wheelchair Independently	Non-Ambulatory	Don't Know	N
VMRC	75%	15%	10%	0%	408
CA	77%	12%	11%	0%	8,279
NCI	77%	13%	9%	0%	25,471

**Table 26. Behavioral Support Needs**

		None	Some	Extensive	Don't Know	N
Support Needed to Manage Self-Injurious Behavior	VMRC	82%	16%	1%	0%	408
	CA	80%	16%	3%	0%	8,280
	NCI	78%	16%	5%	1%	25,399
Support Needed to Manage Disruptive Behavior*	VMRC	57%	32%	11%	0%	408
	CA	55%	31%	14%	0%	8,280
	NCI*	61%	28%	9%	1%	25,414
Support Needed to Manage Destructive Behavior*	VMRC	75%	21%	3%	0%	408
	CA	72%	22%	6%	0%	8,280
	NCI*	73%	20%	5%	2%	25,365

\*NCI Average includes data from states that had at least 25% “don’t knows” and missing data

**Table 27. Level of Guardian/Conservatorship**

	None	Limited Guardian/ Conservatorship	Full Guardian/ Conservator	Has Guardian/ Conservator, but Unable to Distinguish Level	Don't Know	N
VMRC	85%	15%	n/a	n/a	0%	408
CA	79%	21%	n/a	n/a	0%	8,275
NCI	54%	9%	28%	6%	2%	25,499

**Table 28. Guardian/Conservator's Relationship to Person**

NCI Average includes data from states that had at least 25% "don't knows" and missing data

	Family	Friend	Public Guardian/ Conservator or Public Administrator	Financial Institution	Non-profit Guardian/ Conservatorship Agency	For-profit Guardian/ Conservatorship Agency	Other	Don't Know	N
VMRC	95%	0%	2%	0%	0%	0%	0%	3%	60
CA	88%	2%	4%	0%	1%	0%	1%	4%	1,692
NCI	72%	3%	10%	0%	2%	0%	1%	12%	10,617

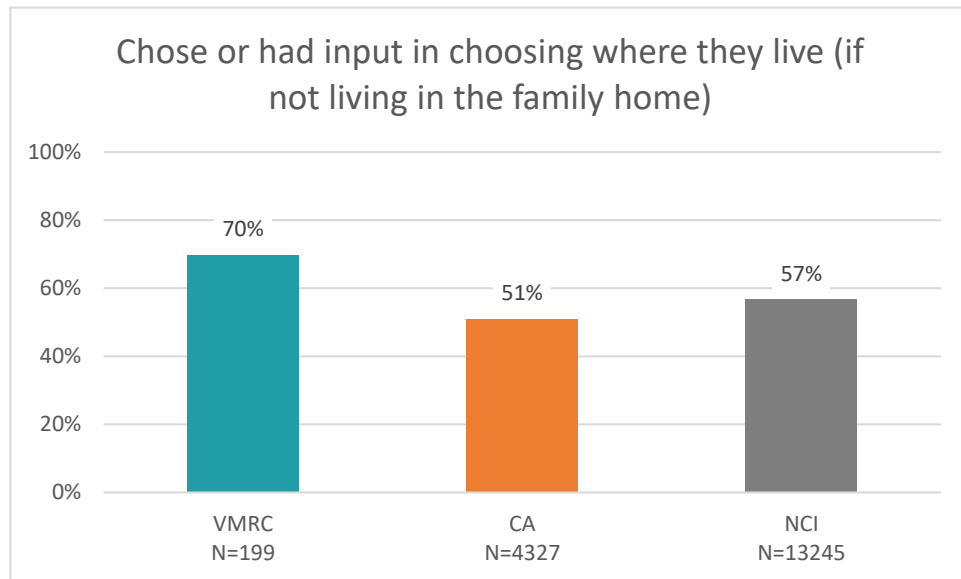
## *Choice and Decision-Making*

*People make choices about their lives and are actively engaged in planning their services and supports.*

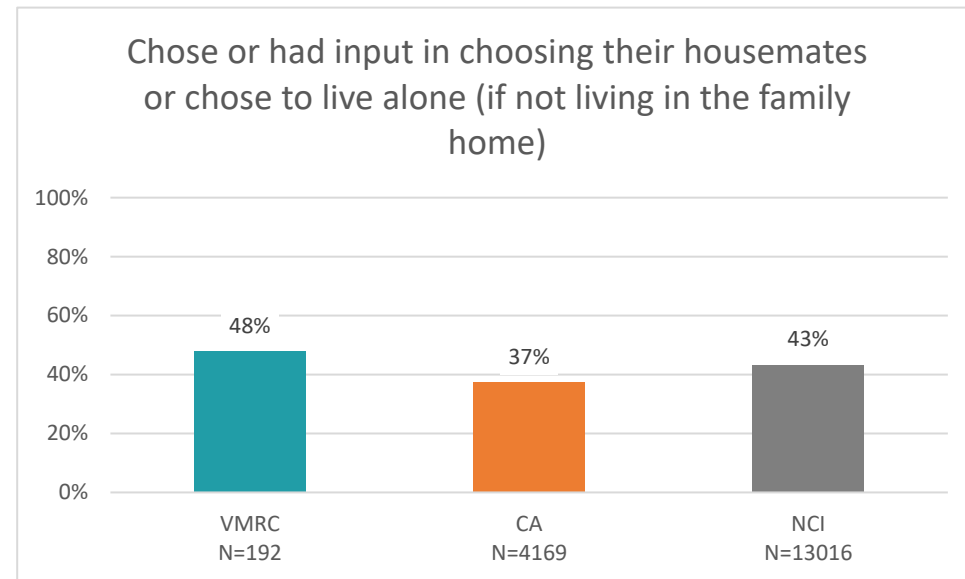
**All CA and NCI Averages are weighted.** For more information on weighting see the Data Analysis section of the California Statewide Adult In-Person Survey Report FY 17/18.

*Charts for Choice and Decision-Making*

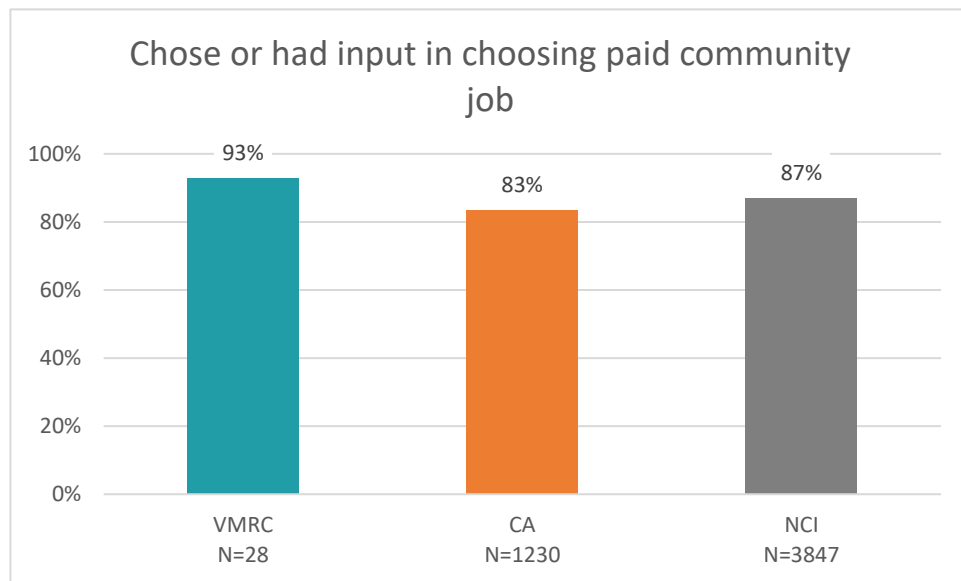
[Chart 1.](#) Chose or had input in choosing where they live (if not living in the family home; proxy respondents were allowed for this question)



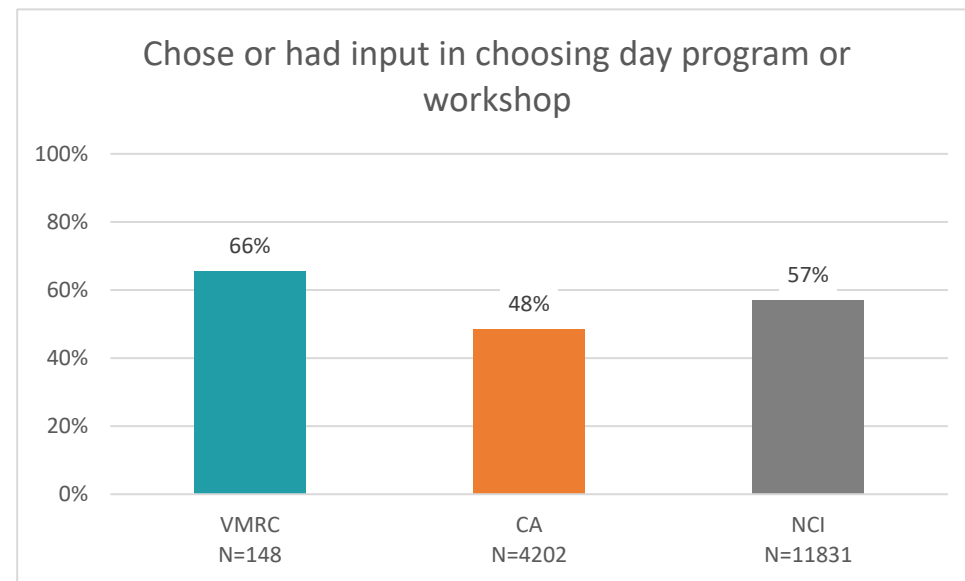
[Chart 2.](#) Chose or had input in choosing their housemates or chose to live alone (if not living in the family home; proxy respondents were allowed for this question)



[Chart 3.](#) Chose or had input in choosing paid community job (proxy respondents were allowed for this question)

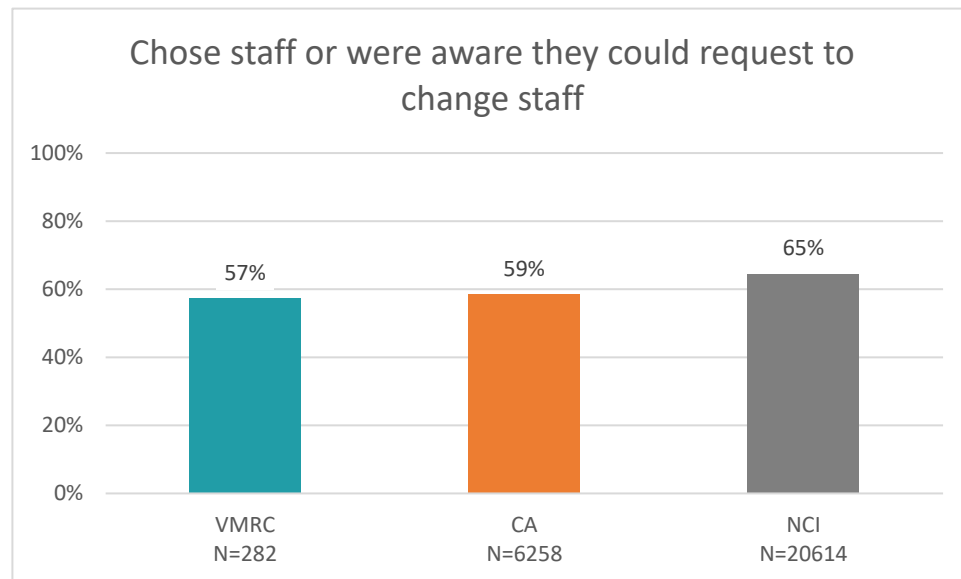


[Chart 4.](#) Chose or had input in choosing day program or workshop (proxy respondents were allowed for this question) <sup>a</sup>

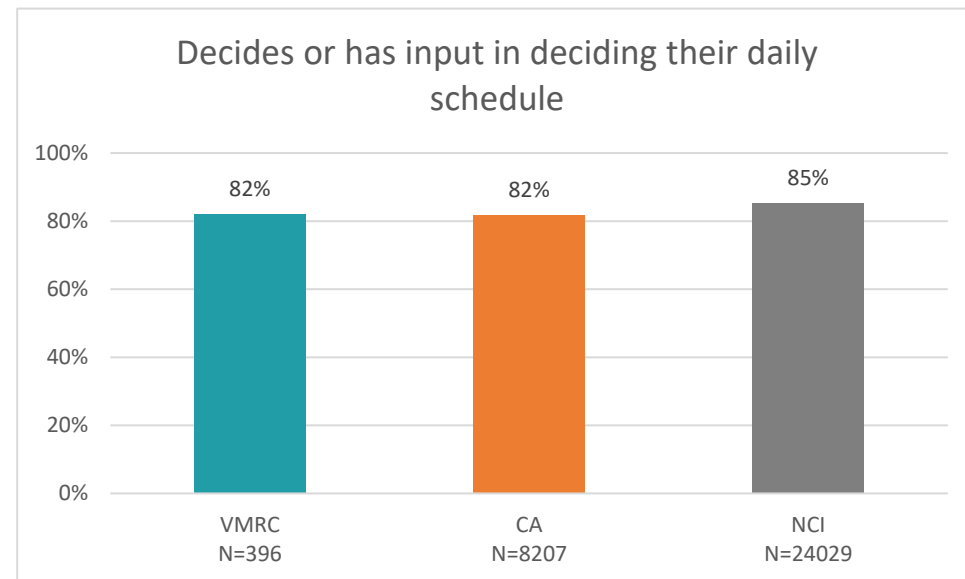


<sup>a</sup> Analysis of this question changed from previous years; now based on those determined in the Background Information to attend an unpaid community activity, unpaid paid facility activity, or paid facility activity

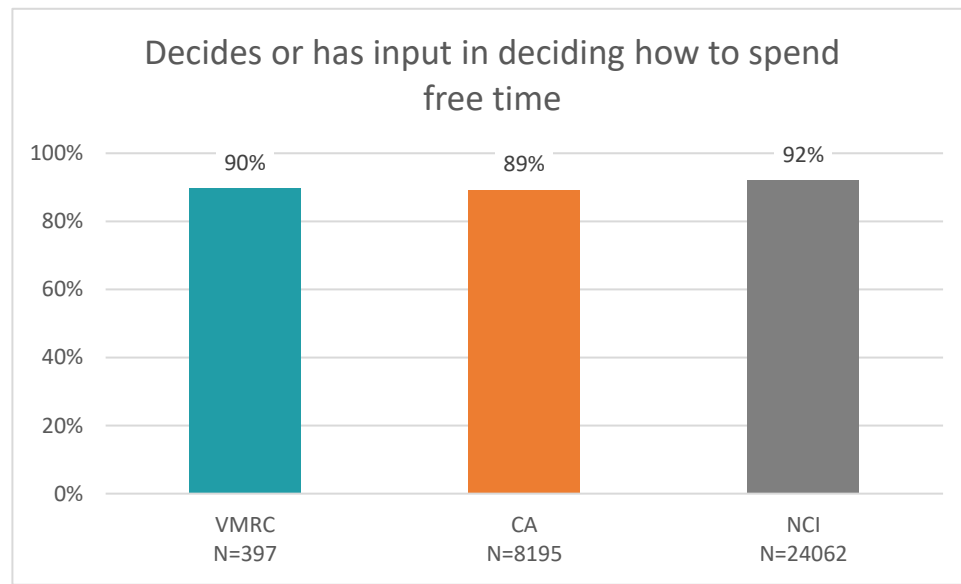
[Chart 5.](#) Chose staff or were aware they could request to change staff (proxy respondents were allowed for this question)



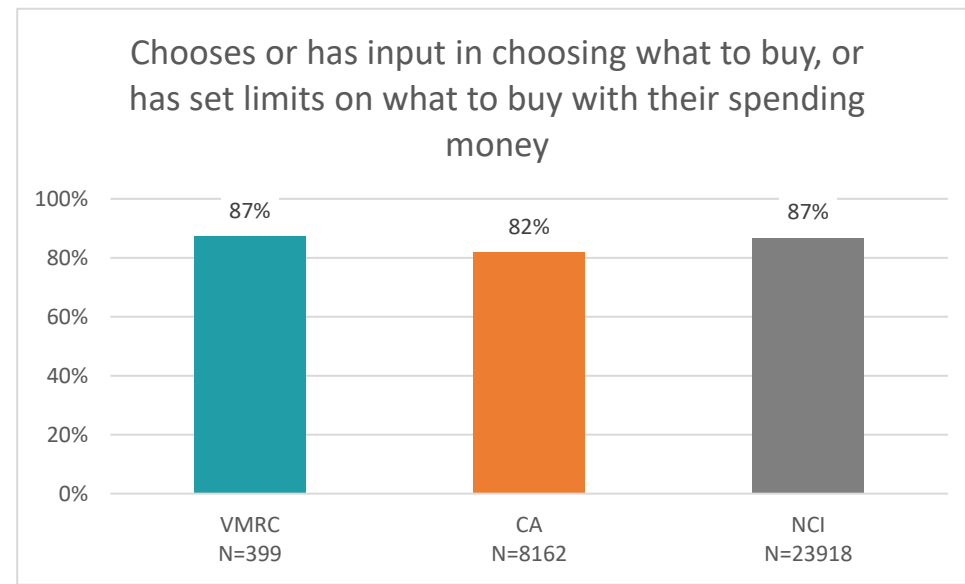
[Chart 6.](#) Decides or has input in deciding their daily schedule (proxy respondents were allowed for this question)



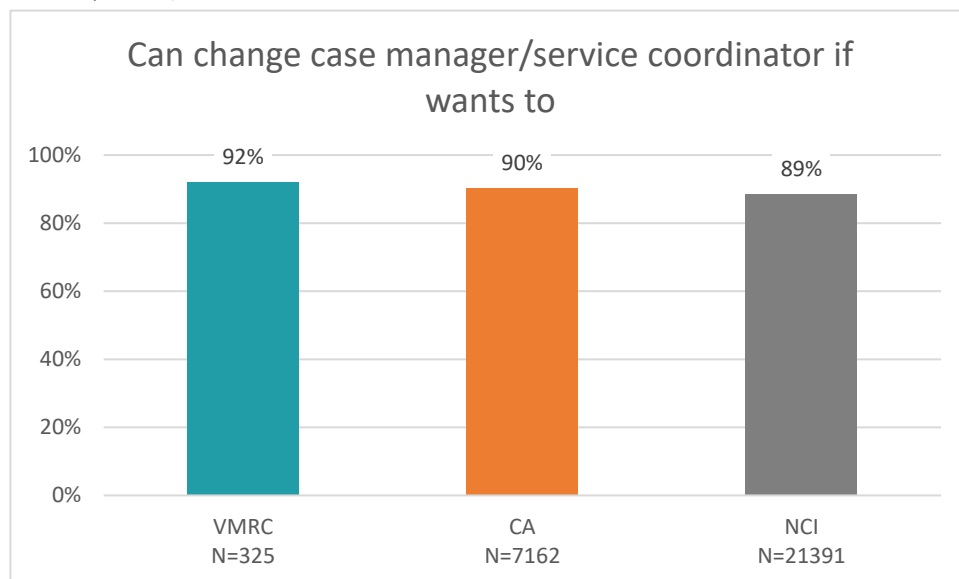
[Chart 7.](#) Decides or has input in deciding how to spend free time (proxy respondents were allowed for this question)



[Chart 8.](#) Chooses or has input in choosing what to buy, or has set limits on what to buy with their spending money (proxy respondents were allowed for this question)



[Chart 9](#). Can change case manager/service coordinator if wants to (proxy respondents were allowed for this question)





*Tables for Choice and Decision-Making*

**Table 29. Choice and Decision-Making**

		Yes	N
Chose or had input in choosing where they live <i>(if not living in the family home; proxy respondents were allowed for this question)</i>	VMRC	70%	199
	CA	51%	4,327
	NCI	57%	13,245
Chose or had input in choosing their housemates or chose to live alone <i>(if not living in the family home; proxy respondents were allowed for this question)</i>	VMRC	48%	192
	CA	37%	4,169
	NCI	43%	13,016
Chose staff or were aware they could request to change staff <i>(proxy respondents were allowed for this question)</i>	VMRC	57%	282
	CA	59%	6,258
	NCI	65%	20,614
Chose or had input in choosing day program or workshop <i>(proxy respondents were allowed for this question)<sup>a</sup></i>	VMRC	66%	148
	CA	48%	4,202
	NCI	57%	11,831
Chose or had input in choosing where paid community job <i>(proxy respondents were allowed for this question)</i>	VMRC	93%	28
	CA	83%	1,230
	NCI	87%	3,847
Decides or has input in deciding their daily schedule <i>(proxy respondents were allowed for this question)</i>	VMRC	82%	396
	CA	82%	8,207
	NCI	85%	24,029
Decides or has input in deciding how to spend free time <i>(proxy respondents were allowed for this question)</i>	VMRC	90%	397
	CA	89%	8,195
	NCI	92%	24,062
Chooses or had input in choosing what to buy, or has set limits on what to buy with their spending money <i>(proxy respondents were allowed for this question)</i>	VMRC	87%	399
	CA	82%	8,162
	NCI	87%	23,918
Can change case manager/service coordinator if wants to <i>(proxy respondents were allowed for this question)</i>	VMRC	92%	325
	CA	90%	7,162
	NCI	89%	21,391

<sup>a</sup> Analysis of this question changed from previous years; now based on those determined in the Background Information to attend an unpaid community activity, unpaid paid facility activity, or paid facility activity

## Work

*People have support to find and maintain community integrated employment.*

### **NCI reports on four types of community jobs:**

1. Individual job without publicly funded supports—an individual job in which the person does not receive state or other funded supports;
2. Individual job with publicly funded supports—an individual job in which the person receives state or other funded supports;
3. Group-supported—a job that takes part in an integrated setting but is done with a group of individuals with disabilities (e.g., work crew). Group-supported jobs may or may not receive publicly funded supports; and
4. *New in 2017-18:* Community job in a business that primarily hires people with disabilities—a job where the employees with disabilities interact with the non-disabled population; this job is not in a traditional sheltered workshop and is NOT an enclave.

### **Important Note on Missing Data:**

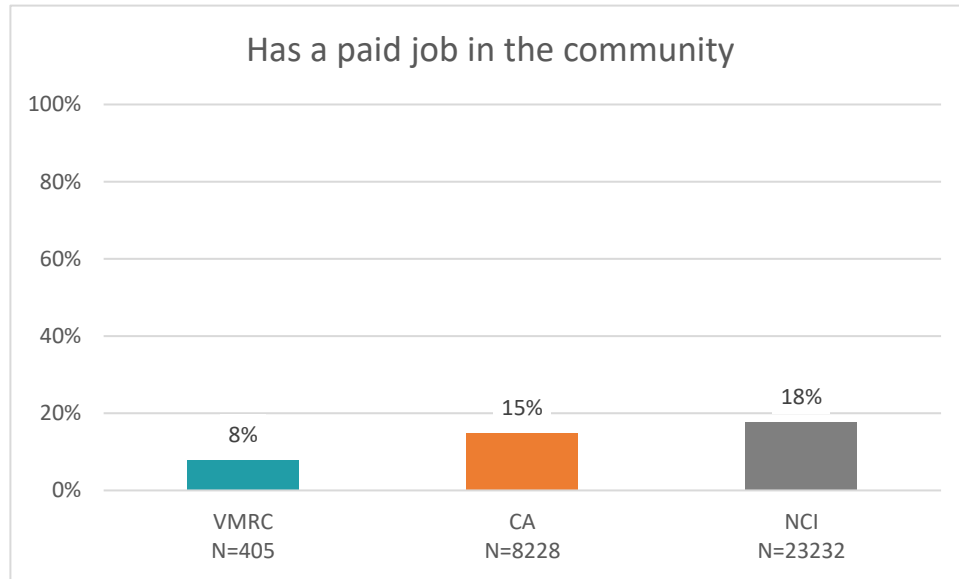
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The quantity of missing data can be a result of several factors. We do not know whether the data are missing systematically or randomly; for example, are data missing across the board for those in a specific waiver population in a given state? If so, the resulting data are not representative of the entire sample or population. We advise caution when examining data that are indicated as having high rates of “missing” or “don’t know” responses. Please note that the NCI average reflects the average of data that were reported to NCI and may not be reflective of the service population across the country.

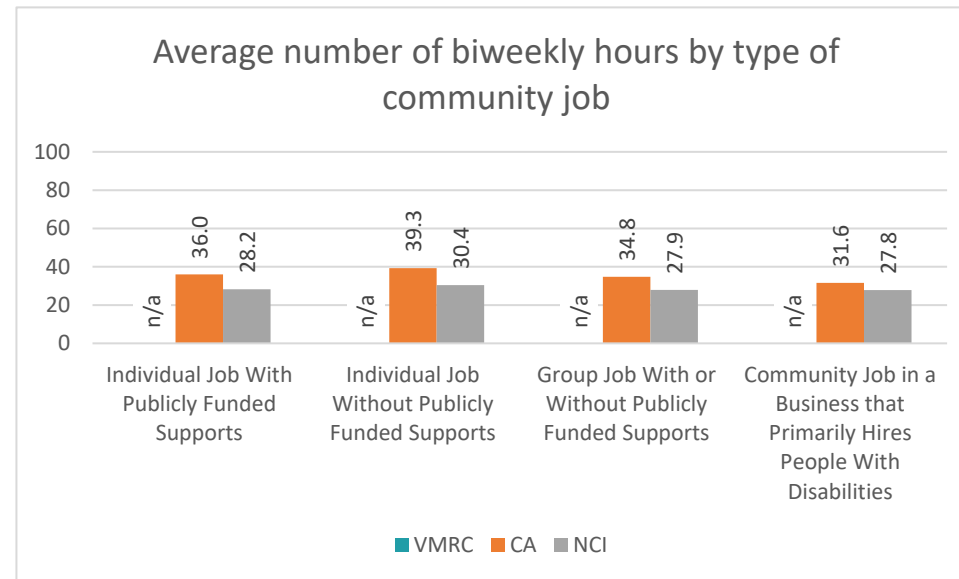
**All CA and NCI Averages are weighted.** For more information on weighting see the Data Analysis section of the California Statewide Adult In-Person Survey Report FY 17/18.

### *Charts for Work*

[Chart 10.](#) Has a paid job in the community (information may have been obtained through state records) \*\* 9



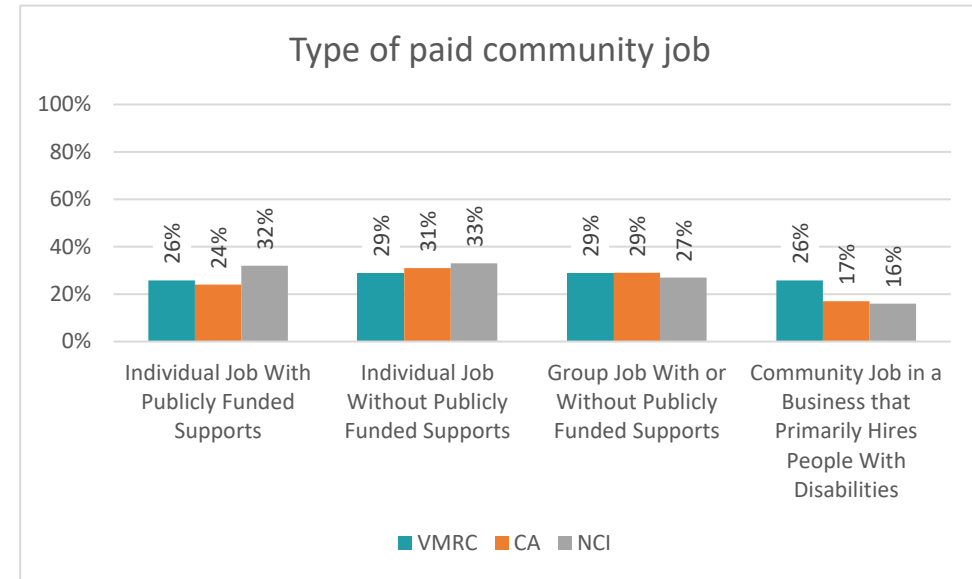
[Chart 12.](#) Average number of biweekly hours by type of community job (N's vary for each category and are shown in table 31; information may have been obtained through state records) \*\* 9



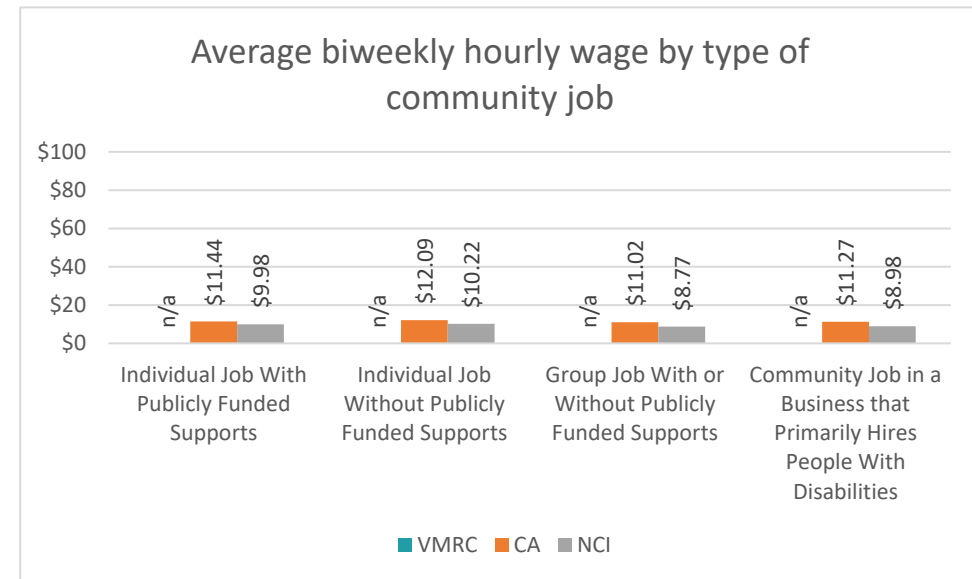
\*\* "Paid community job" includes people in community businesses that primarily hire people with disabilities. This may not adhere to standards expressed in the WIOA legislation.

9 Employment categories changed in 2017-18, therefore results should not be compared to previous years

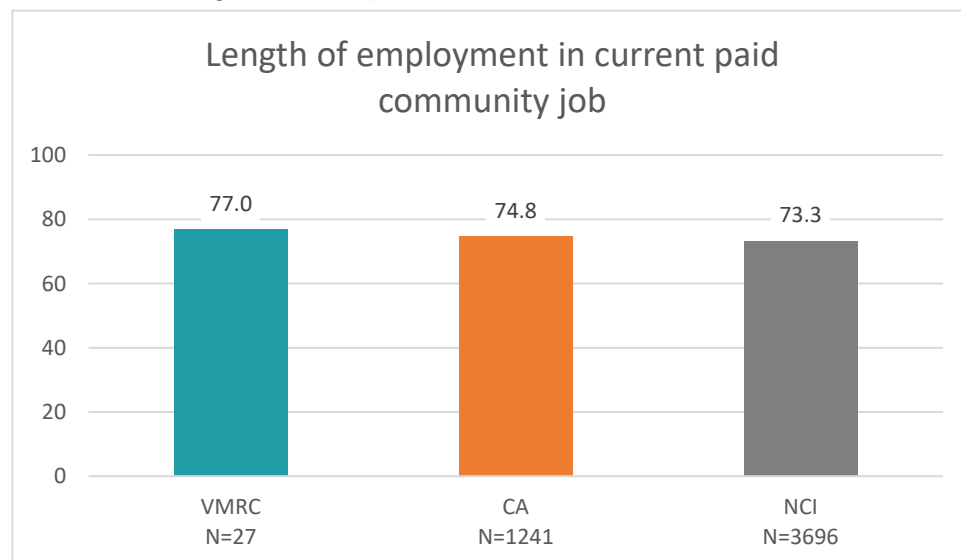
[Chart 11.](#) Type of paid community job (N's vary for each category and are shown in table 31; information may have been obtained through state records) 9



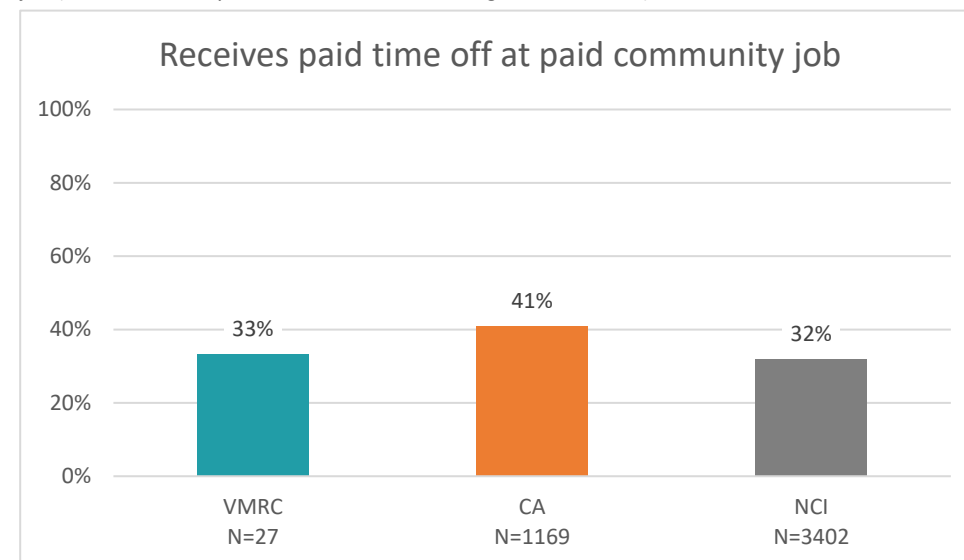
[Chart 13.](#) Average biweekly hourly wage by type of community job (N's vary for each category and are shown in table 31; information may have been obtained through state records) \*\* 9



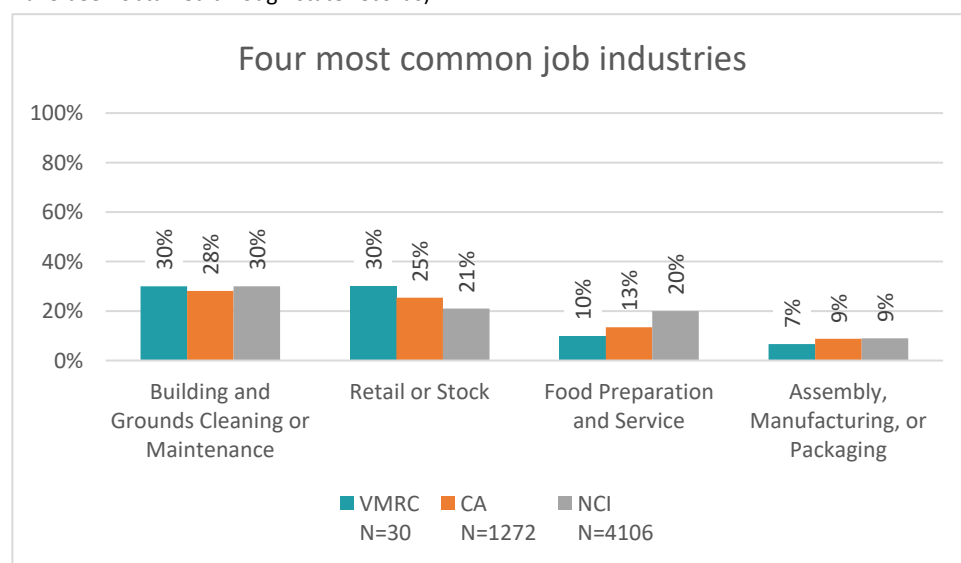
[Chart 14.](#) Length of employment in current paid community job (in months; information may have been obtained through state records) \*\* ∅



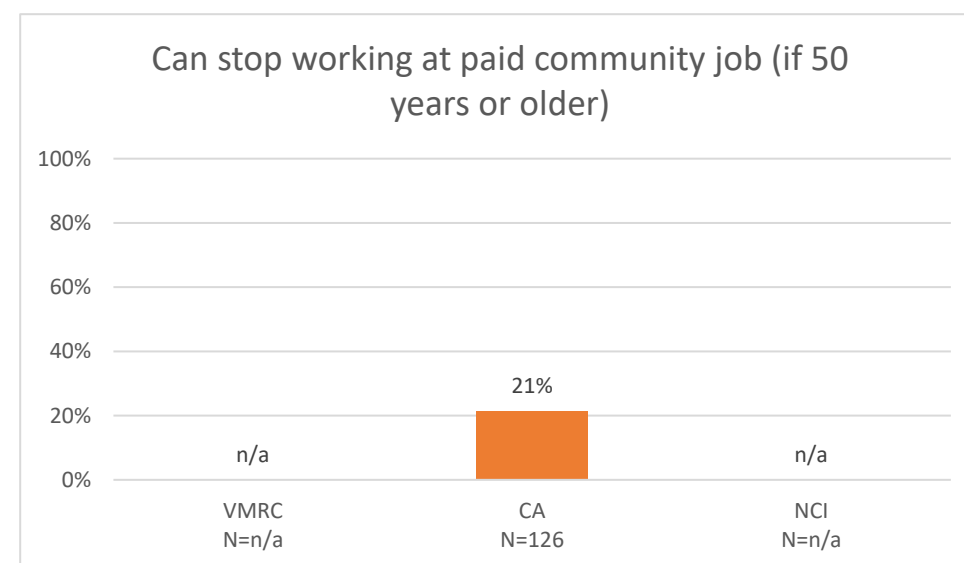
[Chart 15.](#) Receives paid time off (for example, paid vacation and/or sick time) at paid community job (information may have been obtained through state records) \*\* ∅



[Chart 16.](#) Four most common job industries of those with a paid community job (information may have been obtained through state records) ∅ ∞



[Chart 17.](#) Has a paid community job and can stop working if wants (people 50 and older)\*

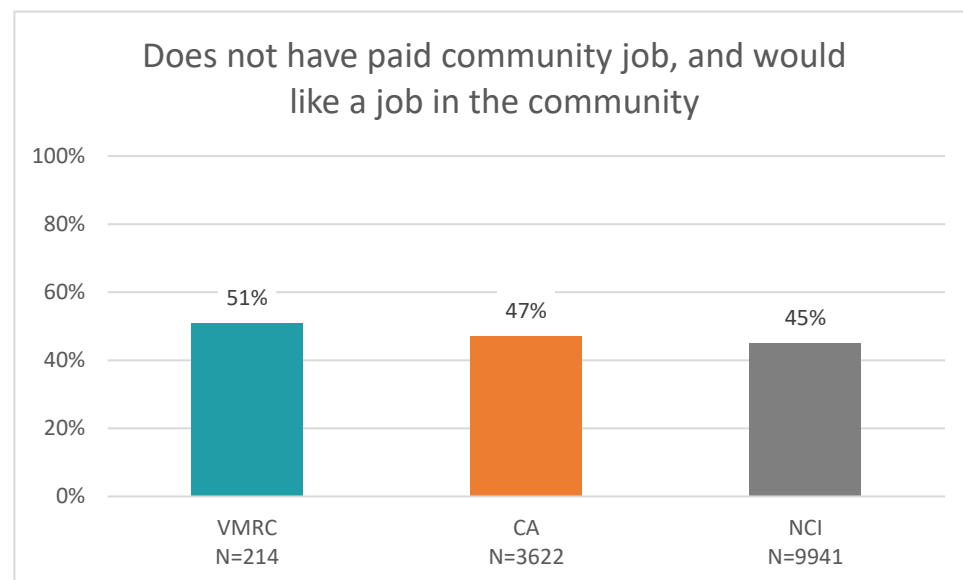
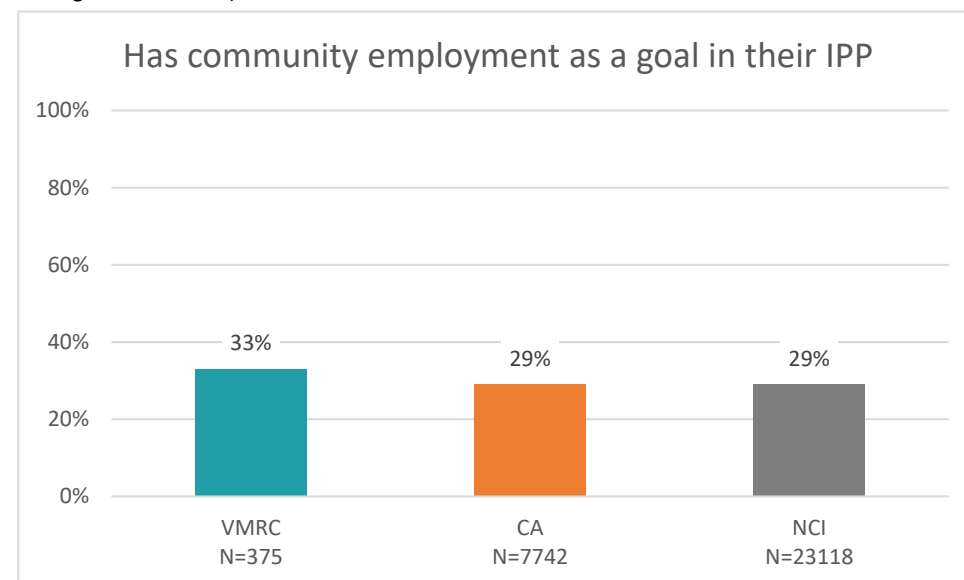
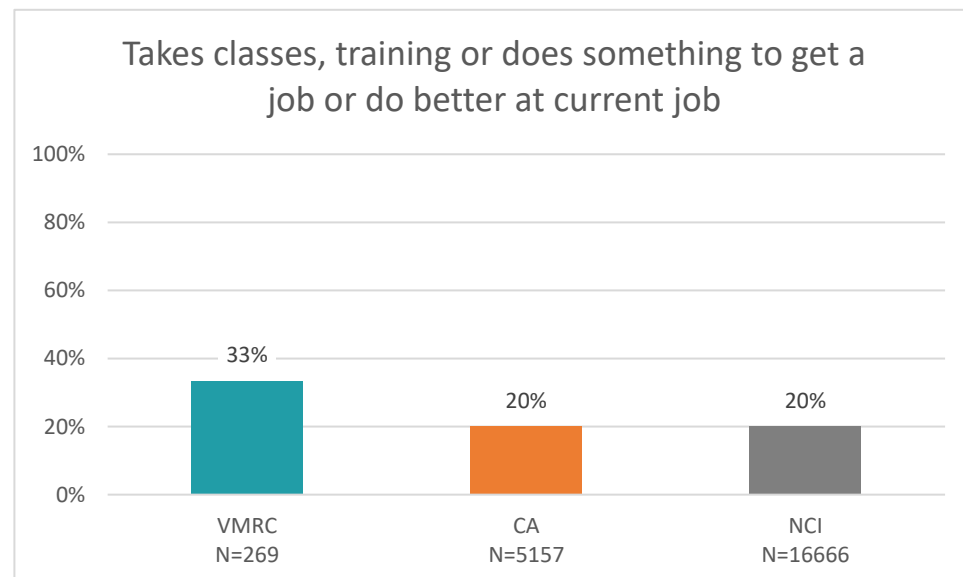
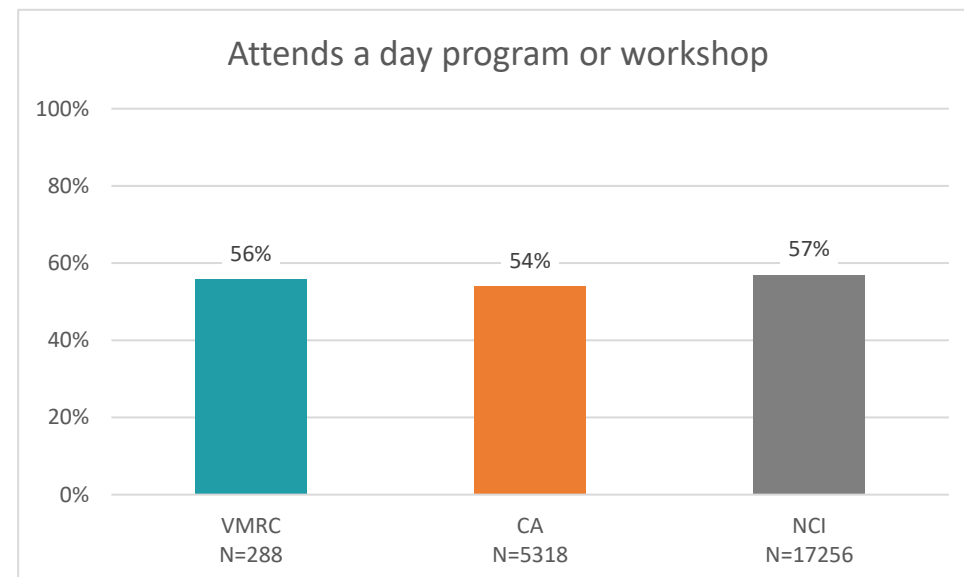


\*\* "Paid community job" includes people in community businesses that primarily hire people with disabilities. This may not adhere to standards expressed in the WIOA legislation.

∅ Employment categories changed in 2017-18, therefore results should not be compared to previous years

∞ Categories are not mutually exclusive

\*California specific question

[Chart 18.](#) Does not have paid community job, and would like a job in the community <sup>9</sup>[Chart 19.](#) Has community employment as a goal in their IPP (information may have been obtained through state records) <sup>9</sup>[Chart 20.](#) Takes classes, training or does something to get a job or do better at current job[Chart 21.](#) Attends a day program or workshop

<sup>9</sup> Employment categories changed in 2017-18, therefore results should not be compared to previous years

Chart 22. Volunteers

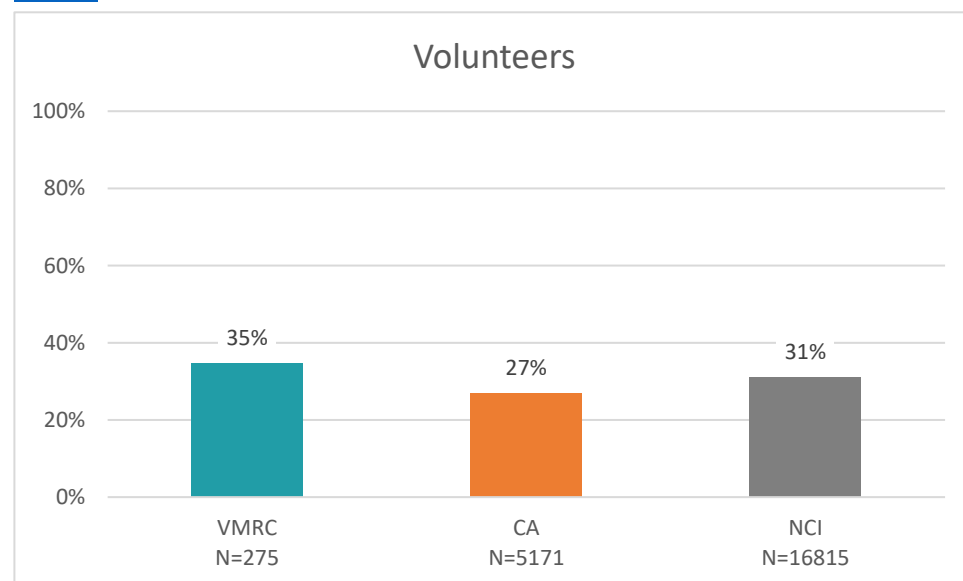
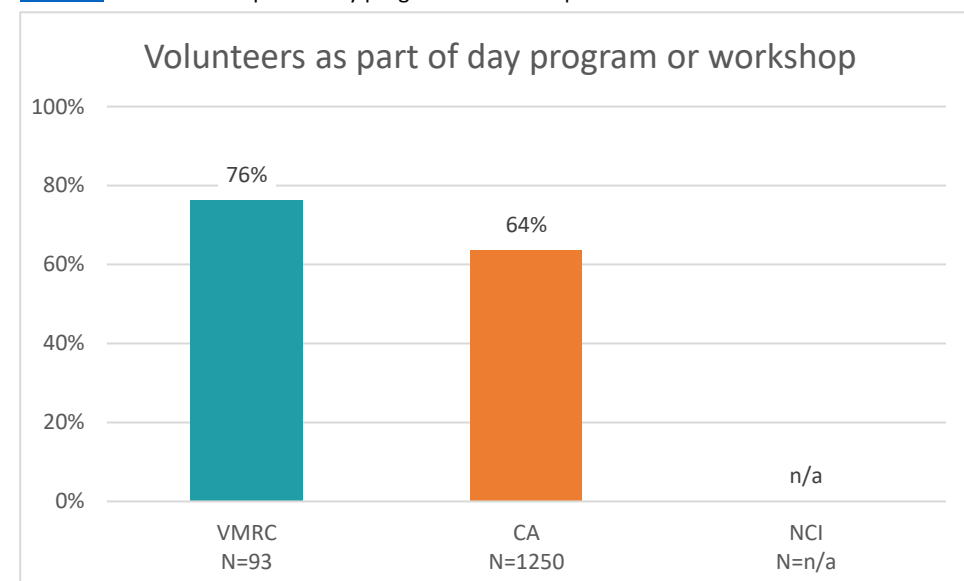


Chart 23. Volunteers as part of day program or workshop\*



\*California specific question



### *Tables for Work*

**Table 30. Has Paid Community Job \*\***

Employment categories changed in 2017-18, therefore results should not be compared to previous years; information may have been obtained through state records

	Yes	N
VMRC	8%	405
CA	15%	8,228
NCI	18%	23,232

**Table 31. Type of Paid Community Employment**

Employment categories changed in 2017-18, therefore results should not be compared to previous years; information may have been obtained through state records

	Individual Job With Publicly Funded Supports	Individual Job Without Publicly Funded Supports	Individual Job N	Group Job With or Without Publicly Funded Supports	Group Job N	Community Job in a Business that Primarily Hires People With Disabilities	Community Job in a Business N
VMRC	26%	29%	31	29%	31	26%	31
CA	24%	31%	1,224	29%	1,282	17%	1,277
NCI	32%	33%	3,887	27%	4,150	16%	4,097

\*\* "Paid community job" includes people in community businesses that primarily hire people with disabilities. This may not adhere to standards expressed in the WIOA legislation.

**Table 32. Hours and Wages by Type of Paid Community Job**

Employment categories changed in 2017-18, therefore results should not be compared to previous years; information may have been obtained through state records

		Individual Job With Publicly Funded Supports	Individual Job Without Publicly Funded Supports	Group Job With or Without Publicly Funded Supports	Community Job in a Business that Primarily Hires People With Disabilities
Average number of biweekly hours by type of community job **	VMRC	n/a	n/a	n/a	n/a
	CA	36.0	39.3	34.8	31.6
	NCI	28.2	30.4	27.9	27.8
Average biweekly hourly wage by type of community job **	VMRC	n/a	n/a	n/a	n/a
	CA	\$ 11.44	\$ 12.09	\$11.02	\$ 11.27
	NCI	\$9.98	\$ 10.22	\$8.77	\$8.98

**Table 33. Length of Employment at Current Job, in Months \*\***

Employment categories changed in 2017-18, therefore results should not be compared to previous years; information may have been obtained through state records

	Average Months	N
VMRC	77.0	27
CA	74.8	1,241
NCI*	73.3	3,696

**Table 34. Receives Paid Time Off at Paid Community Job \*\***

Employment categories changed in 2017-18, therefore results should not be compared to previous years; information may have been obtained through state records

	Yes	N
VMRC	33%	27
CA	41%	1,169
NCI*	32%	3,402

\*\* "Paid community job" includes people in community businesses that primarily hire people with disabilities. This may not adhere to standards expressed in the WIOA legislation.

\* NCI average includes data from states that had at least 25% don't know and missing

**Table 35. Most Common Types of Jobs Among Those With a Paid Community Job**

Employment categories changed in 2017-18, therefore results should not be compared to previous years; information may have been obtained through state records; categories are not mutually exclusive

	Building and Grounds Cleaning or Maintenance	Retail or Stock	Food Preparation and Service	Assembly, Manufacturing, or Packaging	N
VMRC	30%	30%	10%	7%	30
CA	28%	25%	13%	9%	1,272
NCI	30%	21%	20%	9%	4,106

**Table 36. Employment Goals and Other Daily Activities**

		Yes	N
Can stop working at paid community job (if 50 years or older)*	VMRC	n/a	n/a
	CA	21%	126
	NCI	n/a	n/a
Does not have paid community job, and would like a job in the community	VMRC	51%	214
	CA	47%	3,622
	NCI	45%	9,941
Has community employment as a goal in their IPP ( <i>information may have been obtained through state records</i> )	VMRC	33%	375
	CA	29%	7,742
	NCI	29%	23,118
Takes classes, training or does something to get a job or do better at current job	VMRC	33%	269
	CA	20%	5,157
	NCI	20%	16,666
Attends a day program or workshop	VMRC	56%	288
	CA	54%	5,318
	NCI	57%	17,256
Volunteers	VMRC	35%	275
	CA	27%	5,171
	NCI	31%	16,815
Volunteers as part of day program or workshop*	VMRC	76%	93
	CA	64%	1,250
	NCI	n/a	n/a

\*California specific question

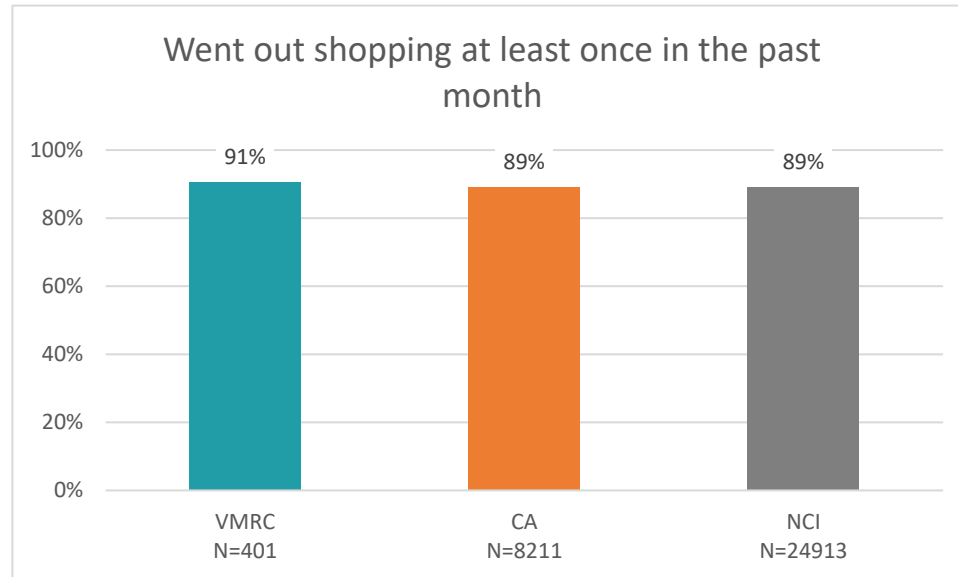
## *Community Inclusion, Participation and Leisure*

*People have support to participate in everyday community activities.*

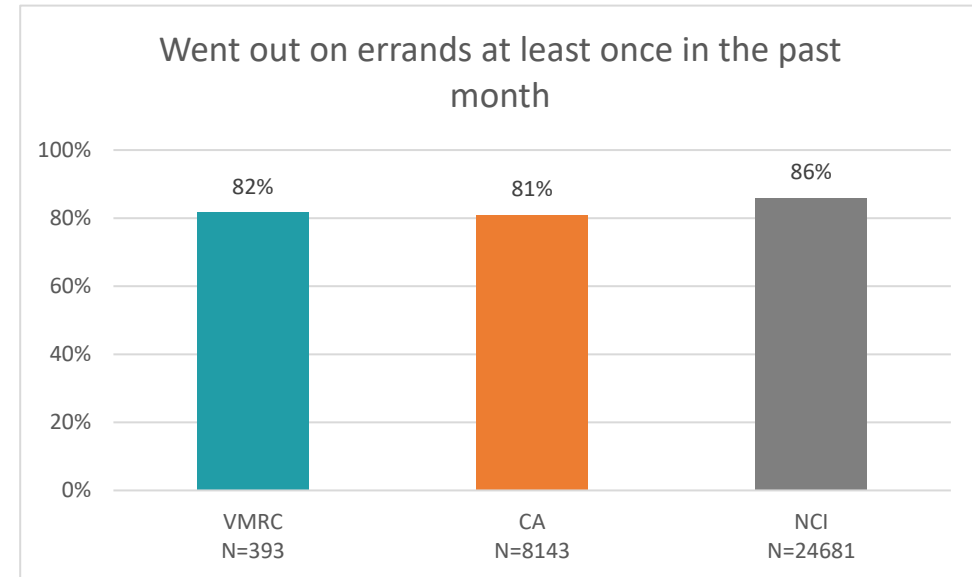
**All CA and NCI Averages are weighted.** For more information on weighting see the Data Analysis section of the California Statewide Adult In-Person Survey Report FY 17/18.

*Charts for Community Inclusion, Participation and Leisure*

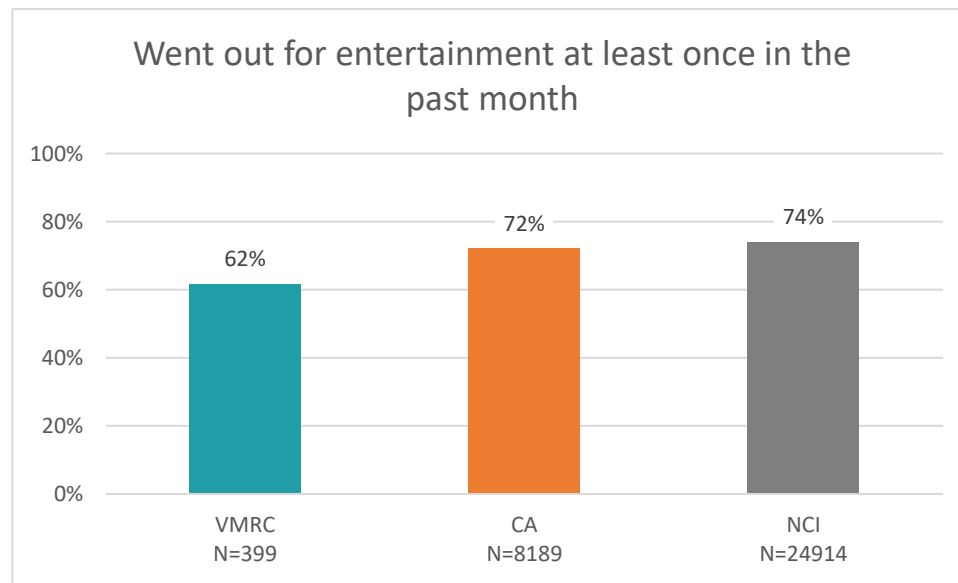
[Chart 24](#). Went out shopping at least once in the past month (proxy respondents were allowed for this question)



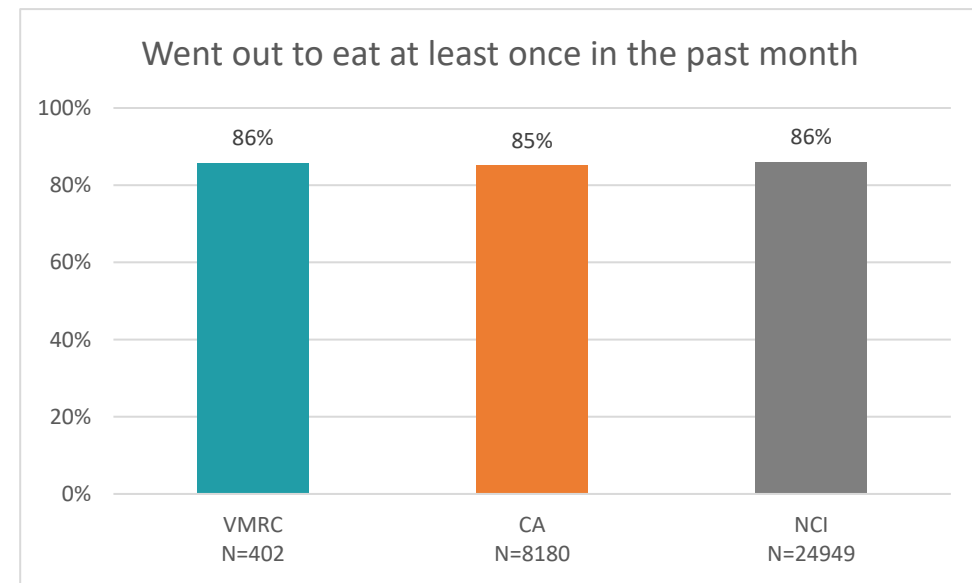
[Chart 25](#). Went out on errands at least once in the past month (proxy respondents were allowed for this question)



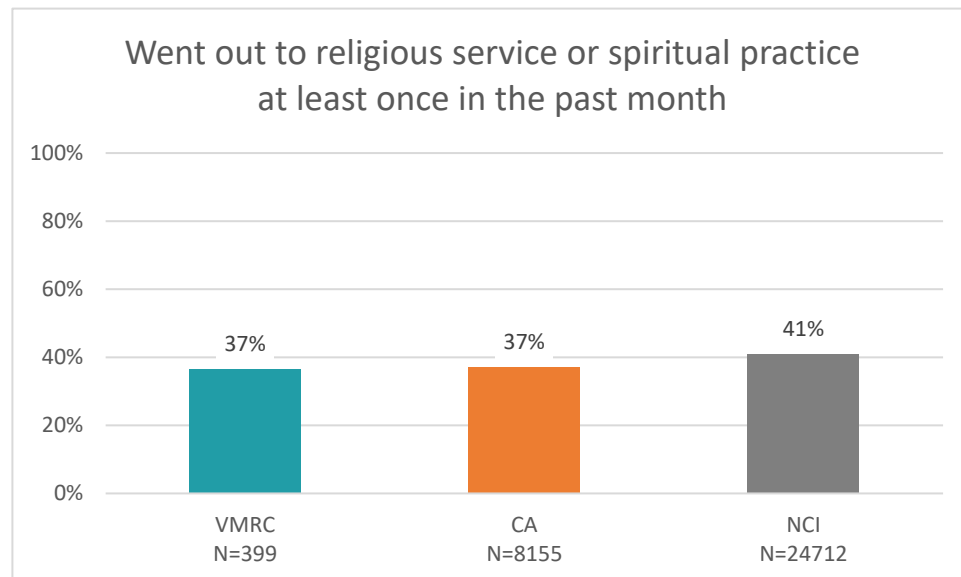
[Chart 26](#). Went out for entertainment at least once in the past month (proxy respondents were allowed for this question)



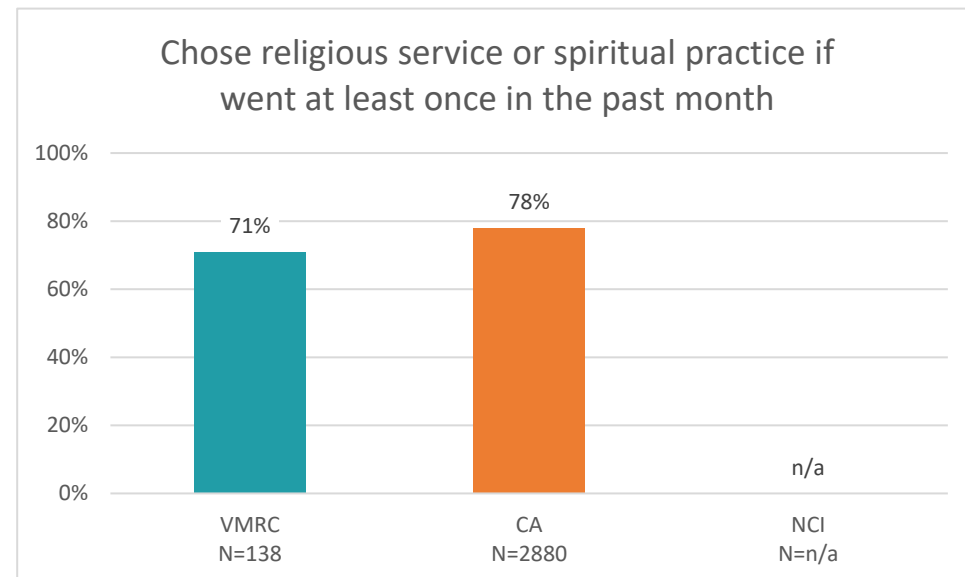
[Chart 27](#). Went out to eat at least once in the past month (proxy respondents were allowed for this question)



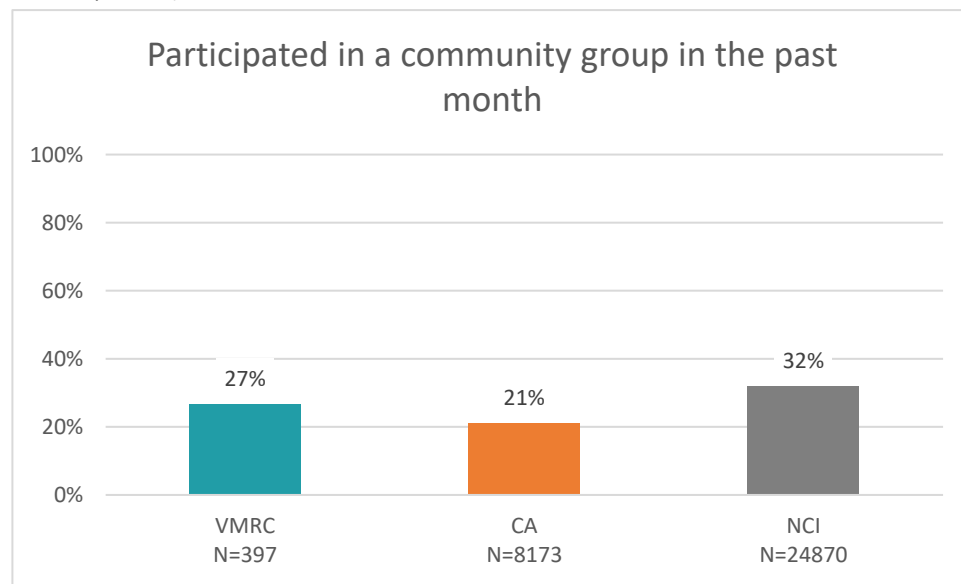
[Chart 28.](#) Went out to religious service or spiritual practice at least once in the past month (proxy respondents were allowed for this question)



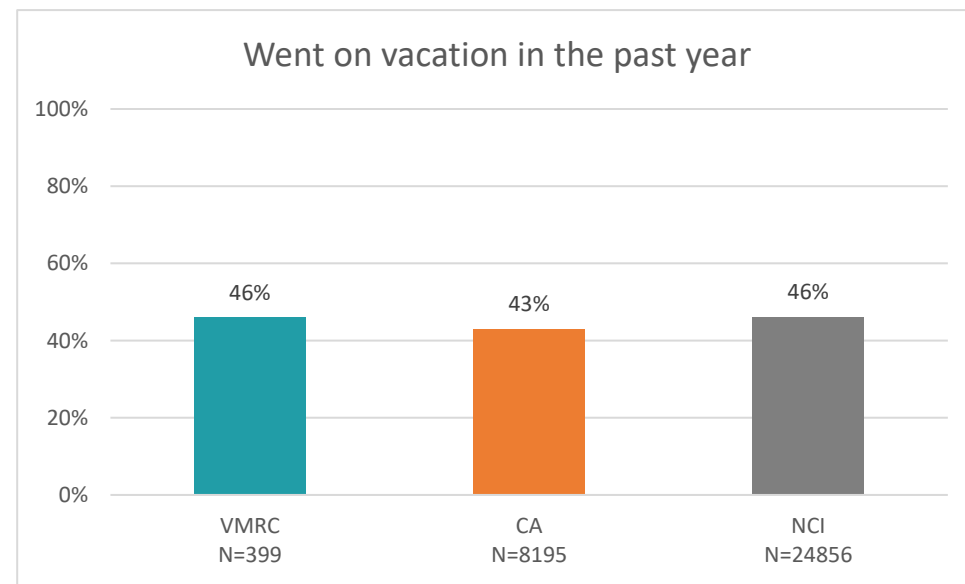
[Chart 29.](#) Chose religious service or spiritual practice if went at least once in the past month (proxy respondents were allowed for this question)\*



[Chart 30.](#) Participated in a community group in the past month (proxy respondents were allowed for this question)

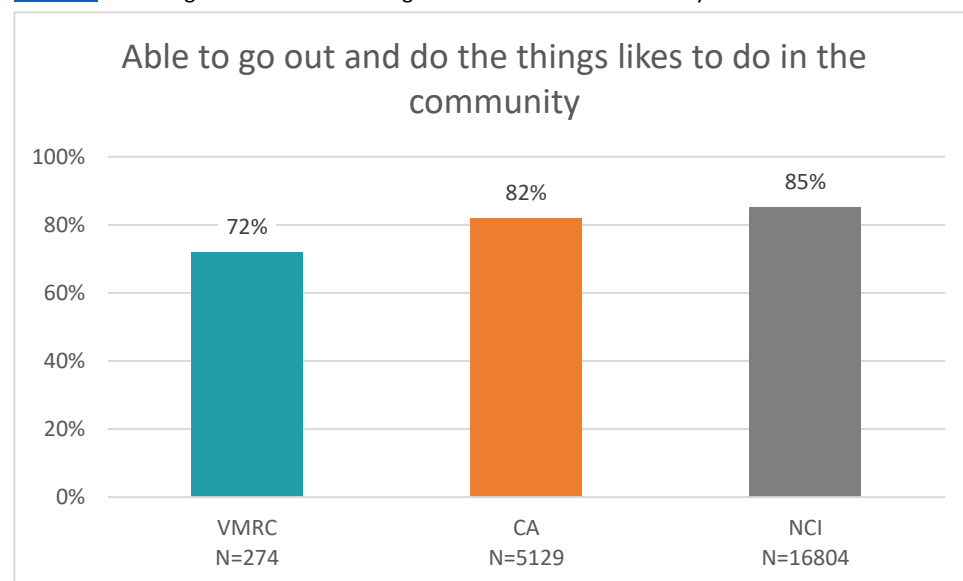
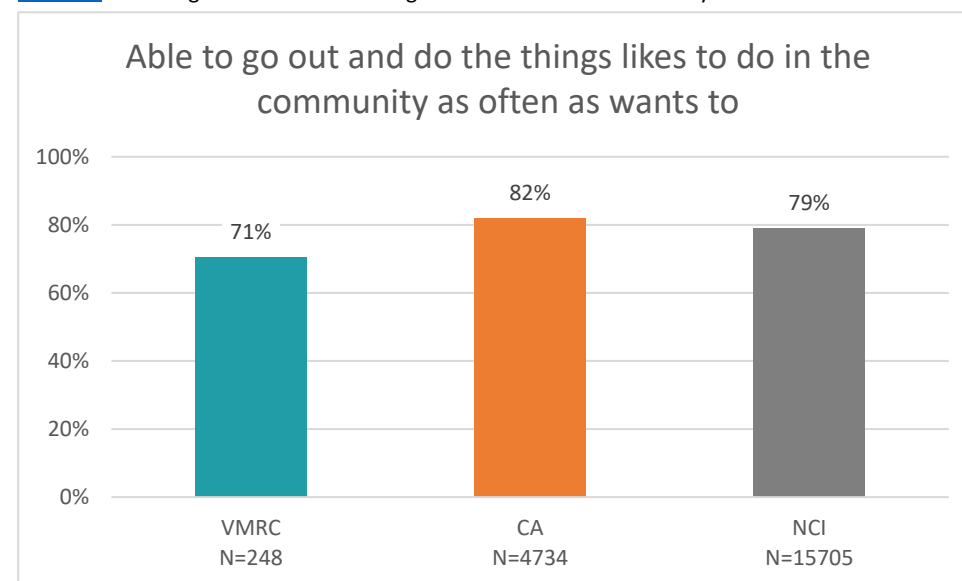
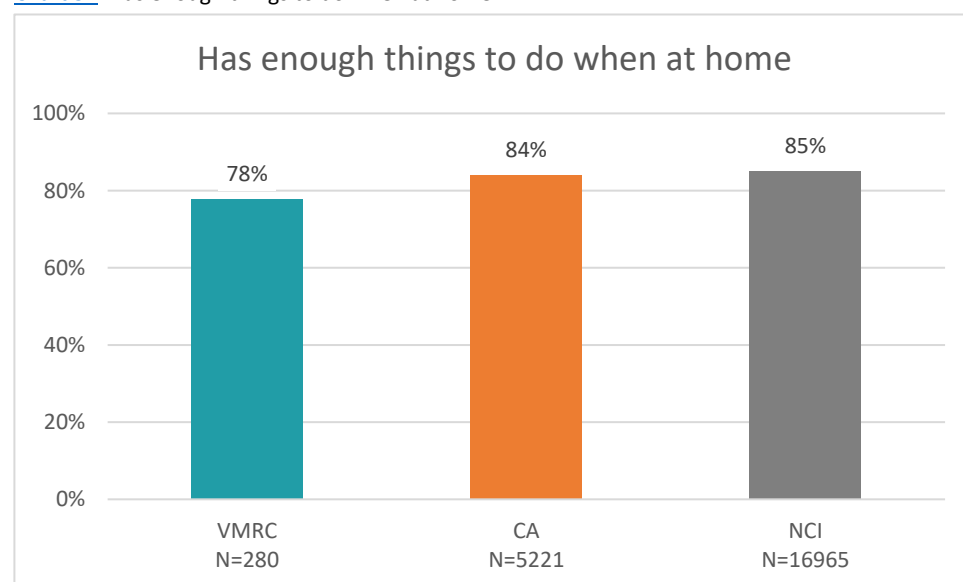


[Chart 31.](#) Went on vacation in the past year (proxy respondents were allowed for this question)



\*California specific question



[Chart 32.](#) Able to go out and do the things likes to do in the community[Chart 33.](#) Able to go out and do the things likes to do in the community as often as wants to[Chart 34.](#) Has enough things to do when at home

*Tables for Community Inclusion, Participation, and Leisure*

**Table 37. Community Inclusion, Participation, and Leisure**

		Yes	N
Went out shopping at least once in the past month ( <i>proxy respondents were allowed for this question</i> )	VMRC	91%	401
	CA	89%	8,211
	NCI	89%	24,913
Went out on errands at least once in the past month ( <i>proxy respondents were allowed for this question</i> )	VMRC	82%	393
	CA	81%	8,143
	NCI	86%	24,681
Went out for entertainment at least once in the past month ( <i>proxy respondents were allowed for this question</i> )	VMRC	62%	399
	CA	72%	8,189
	NCI	74%	24,914
Went out to eat at least once in the past month ( <i>proxy respondents were allowed for this question</i> )	VMRC	86%	402
	CA	85%	8,180
	NCI	86%	24,949
Went out to religious service or spiritual practice at least once in the past month ( <i>proxy respondents were allowed for this question</i> )	VMRC	37%	399
	CA	37%	8,155
	NCI	41%	24,712
Chose religious service or spiritual practice ( <i>proxy respondents were allowed for this question</i> )*	VMRC	71%	138
	CA	78%	2,880
	NCI	n/a	n/a
Participated in a community group in the past month ( <i>proxy respondents were allowed for this question</i> )	VMRC	27%	397
	CA	21%	8,173
	NCI	32%	24,870
Went on vacation in the past year ( <i>proxy respondents were allowed for this question</i> )	VMRC	46%	399
	CA	43%	8,195
	NCI	46%	24,856
Able to go out and do the things likes to do in the community	VMRC	72%	274
	CA	82%	5,129
	NCI	85%	16,804
Able to go out and do the things likes to do in the community as often as wants to	VMRC	71%	248
	CA	82%	4,734
	NCI	79%	15,705
Has enough things to do when at home	VMRC	78%	280
	CA	84%	5,221
	NCI	85%	16,965

\*California specific question

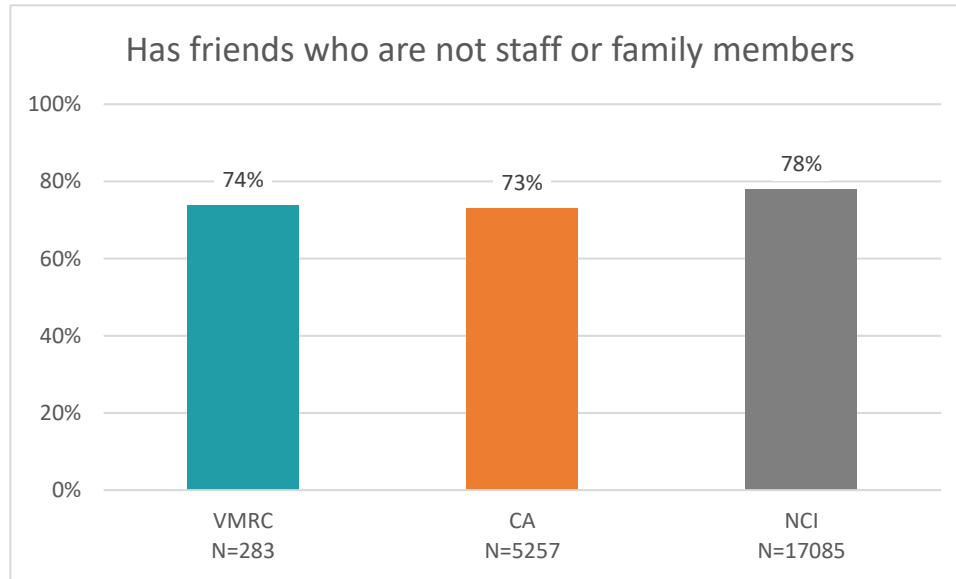
## *Relationships*

*People have friends and relationships.*

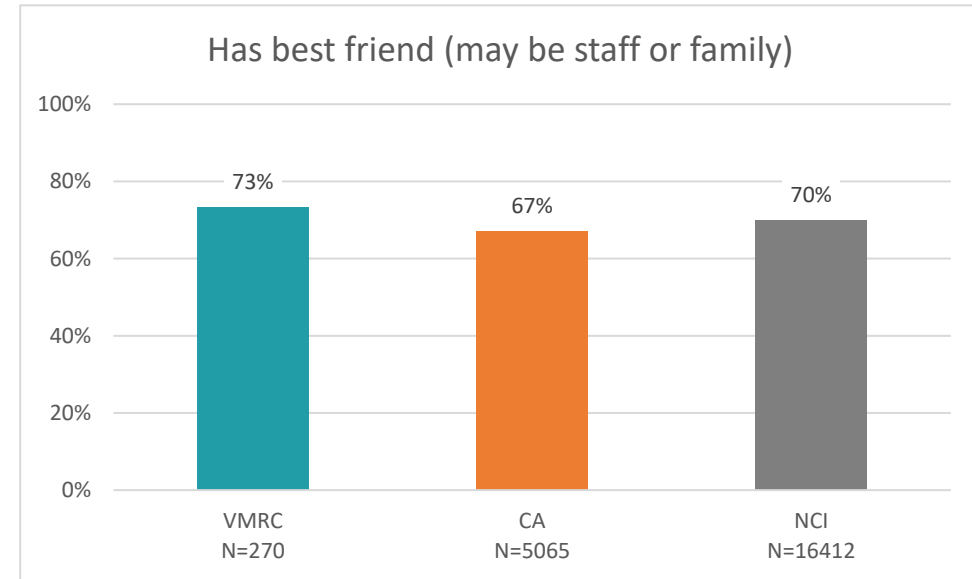
**All CA and NCI Averages are weighted.** For more information on weighting see the Data Analysis section of the California Statewide Adult In-Person Survey Report FY 17/18.

### *Charts for Relationships*

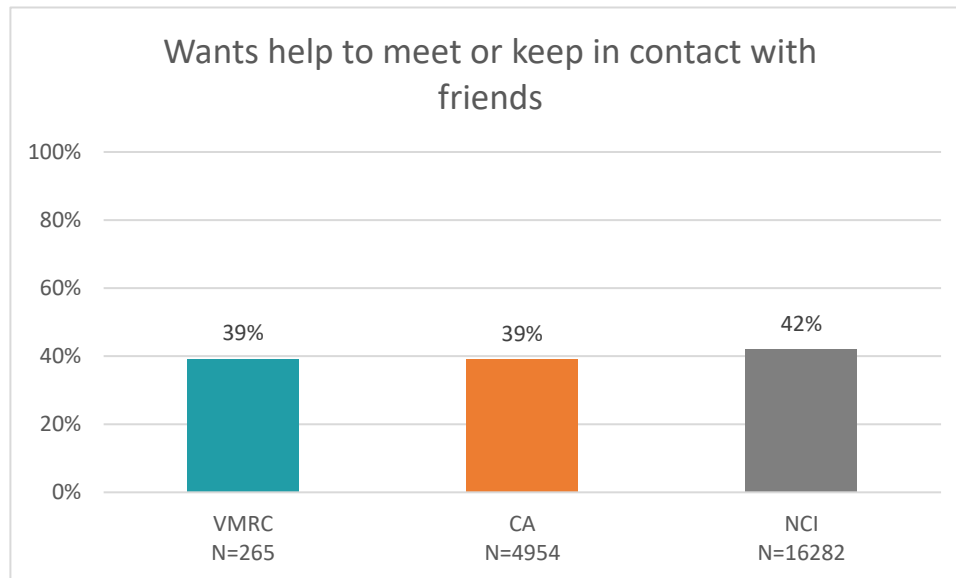
[Chart 35](#). Has friends who are not staff or family members



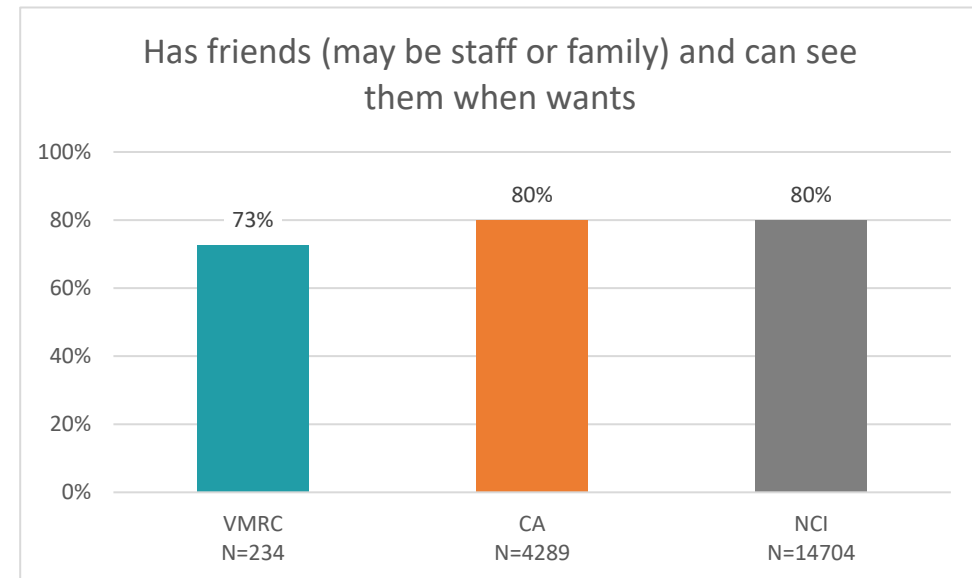
[Chart 36](#). Has best friend (may be staff or family)

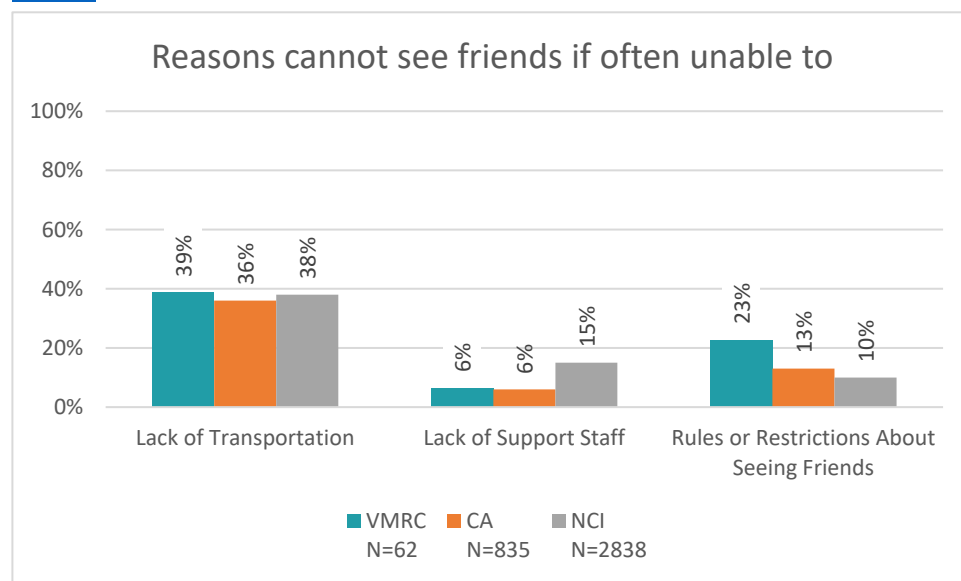
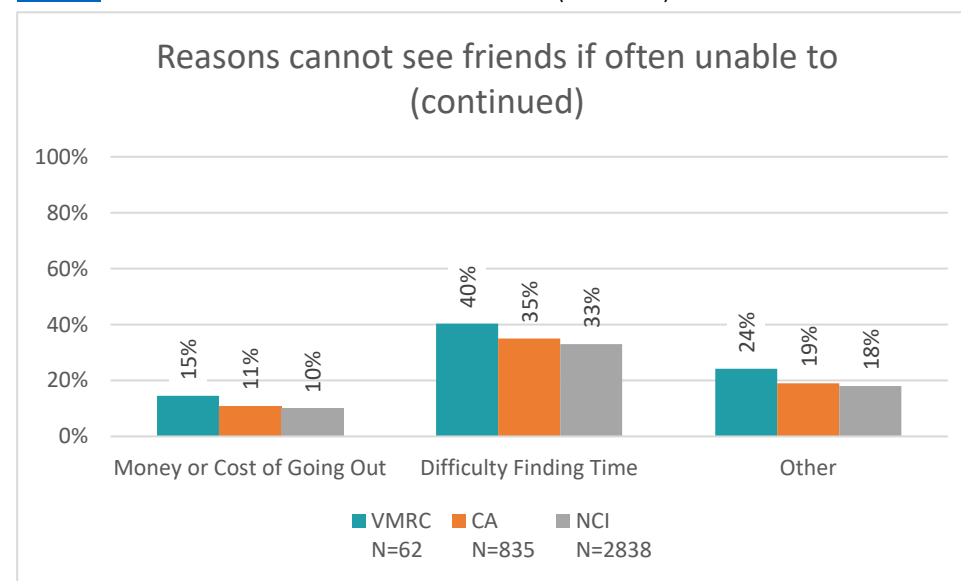
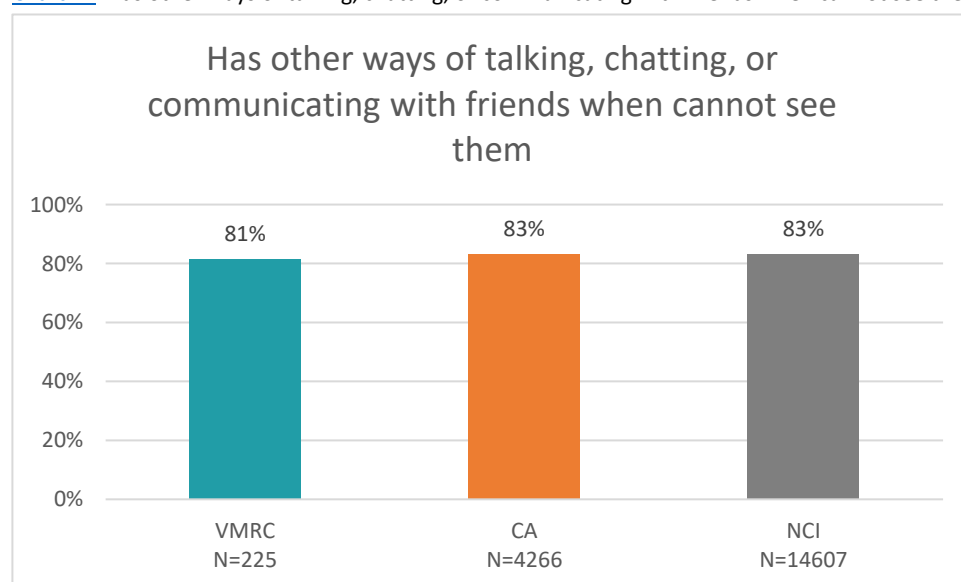
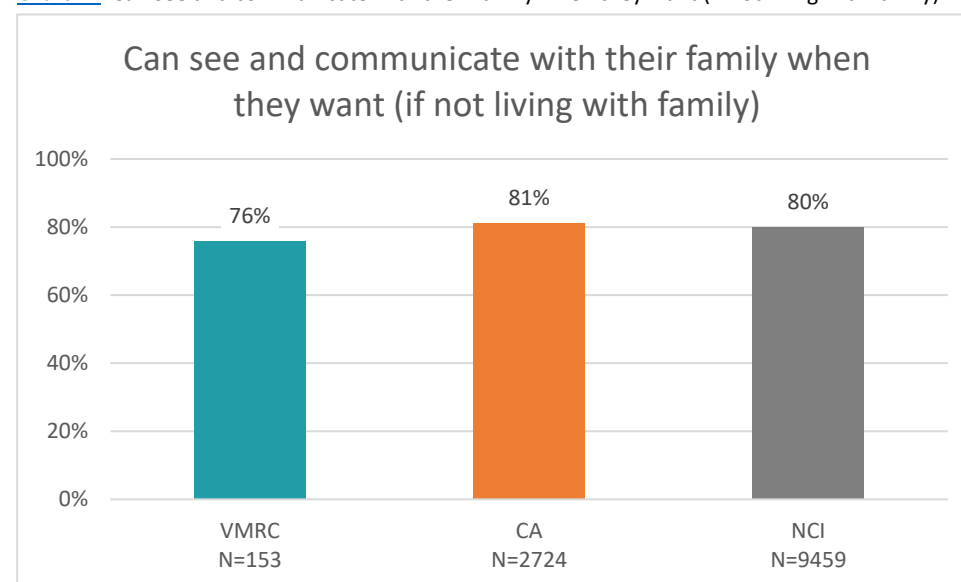


[Chart 37](#). Wants help to meet or keep in contact with friends



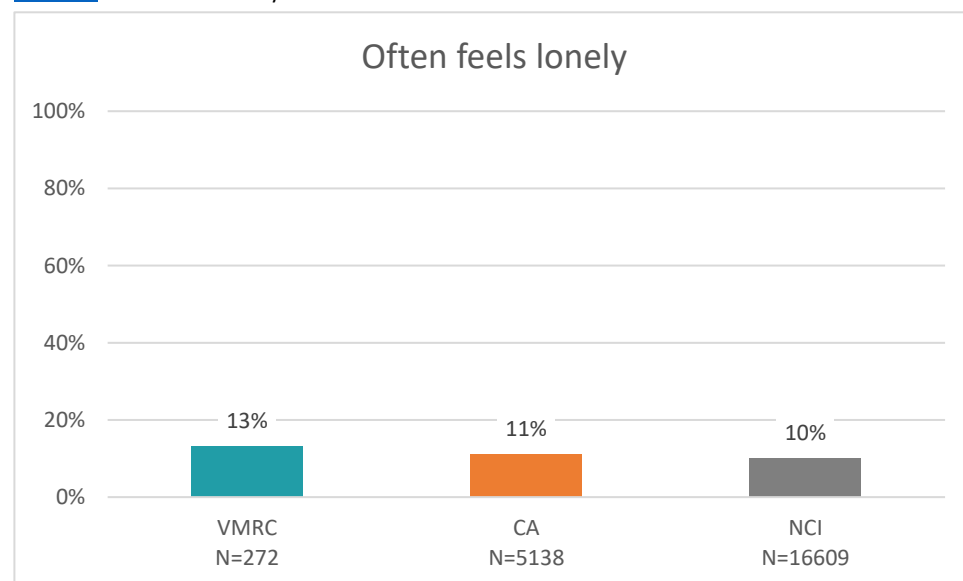
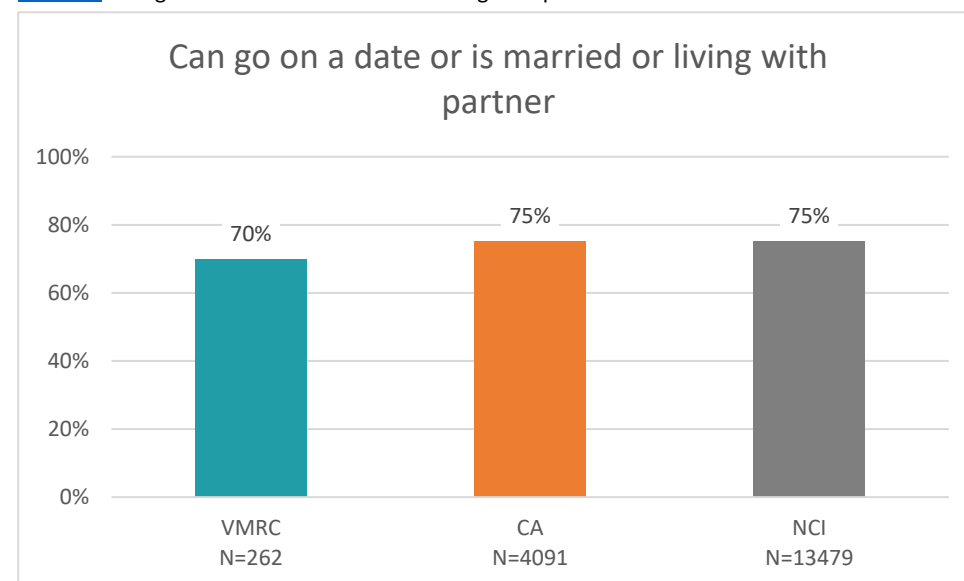
[Chart 38](#). Has friends (may be staff or family) and can see them when wants



[Chart 39.](#) Reasons cannot see friends if often unable to ∞ ~[Chart 40.](#) Reasons cannot see friends if often unable to (continued) ∞ ~[Chart 41.](#) Has other ways of talking, chatting, or communicating with friends when cannot see them[Chart 42.](#) Can see and communicate with their family when they want (if not living with family)

∞ Categories are not mutually exclusive

~ In 2017-18 only people who reported that they could not see their friends when wanted were included in this table

[Chart 43.](#) Often feels lonely<sup>^</sup>[Chart 44.](#) Can go on a date or is married or living with partner

<sup>^</sup> A lower percentage indicates that fewer people reported they often feel lonely



### *Tables for Relationships*

**Table 38. Friendships**

		Yes	N
Has friends who are not staff or family members	VMRC	74%	283
	CA	73%	5,257
	NCI	78%	17,085
Has best friend <i>(may be staff or family)</i>	VMRC	73%	270
	CA	67%	5,065
	NCI	70%	16,412
Wants more help to meet or keep in contact with friends	VMRC	39%	265
	CA	39%	4,954
	NCI	42%	16,282
Has friends (may be staff or family) and can see them when wants	VMRC	73%	234
	CA	80%	4,289
	NCI	80%	14,704

**Table 39. Reasons Cannot See Friends if Often Unable to ~**

Categories are not mutually exclusive

			N
Lack of Transportation	VMRC	39%	62
	CA	36%	835
	NCI	38%	2,838
Lack of Support Staff	VMRC	6%	62
	CA	6%	835
	NCI	15%	2,838
Rules or Restrictions About Seeing Friends	VMRC	23%	62
	CA	13%	835
	NCI	10%	2,838
Money or Cost of Going Out	VMRC	15%	62
	CA	11%	835
	NCI	10%	2,838
Difficulty Finding Time	VMRC	40%	62
	CA	35%	835
	NCI	33%	2,838
Other	VMRC	24%	62
	CA	19%	835
	NCI	18%	2,838

~ In 2017-18 only people who reported that they could not see their friends when wanted were included in this table

**Table 40. Relationships**

		Yes	N
Has other ways of talking, chatting, or communicating with friends when cannot see them	VMRC	81%	225
	CA	83%	4,266
	NCI	83%	14,607
Can see and communicate with their family when they want ( <i>if not living with family</i> )	VMRC	76%	153
	CA	81%	2,724
	NCI	80%	9,459
Often feels lonely <sup>^^</sup>	VMRC	13%	272
	CA	11%	5,138
	NCI	10%	16,609
Can go on a date or is married or living with partner	VMRC	70%	262
	CA	75%	4,091
	NCI	75%	13,479

<sup>^^</sup> A lower percentage indicates that fewer people reported they often feel lonely

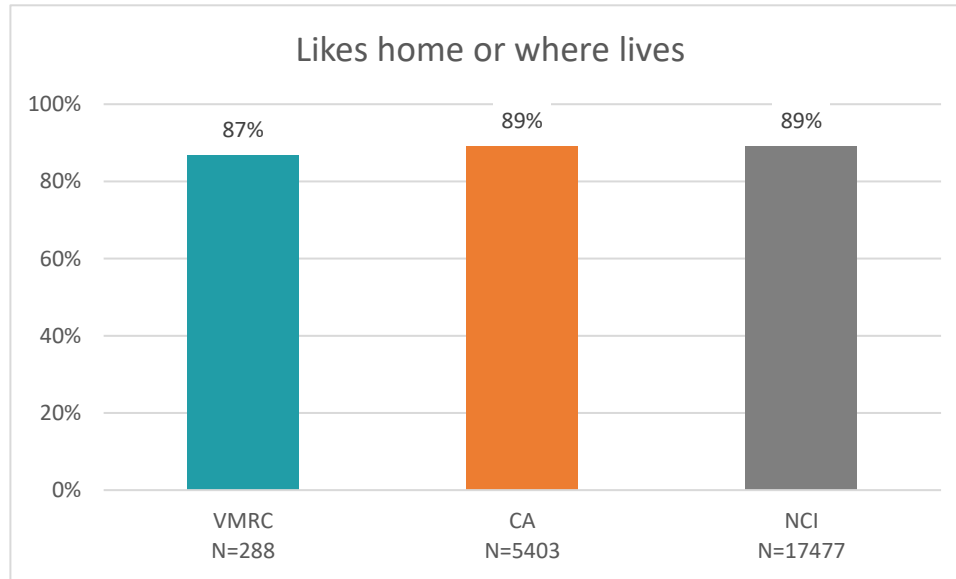
## *Satisfaction*

*People are satisfied with the services and supports they receive.*

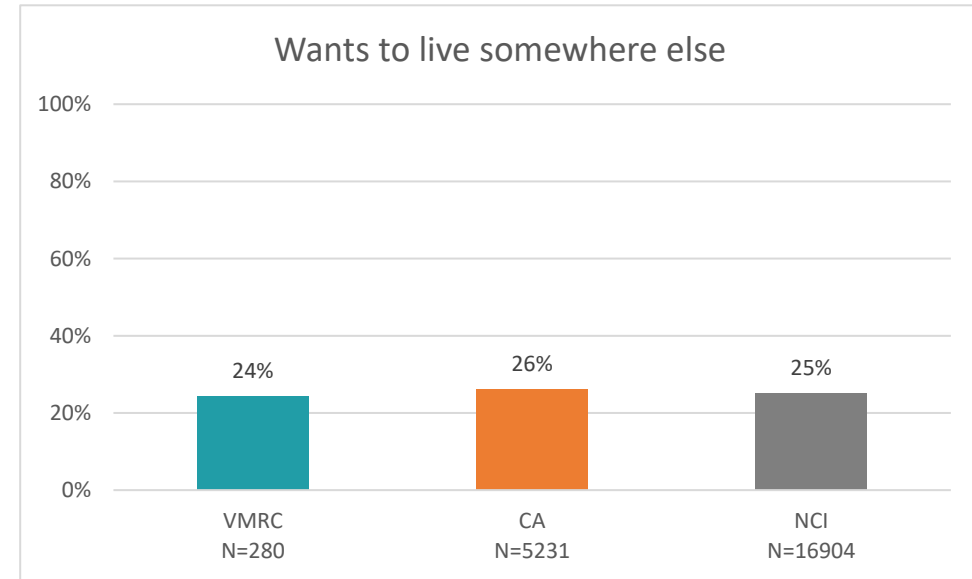
**All CA and NCI Averages are weighted.** For more information on weighting see the Data Analysis section of the California Statewide Adult In-Person Survey Report FY 17/18.

### *Charts for Satisfaction*

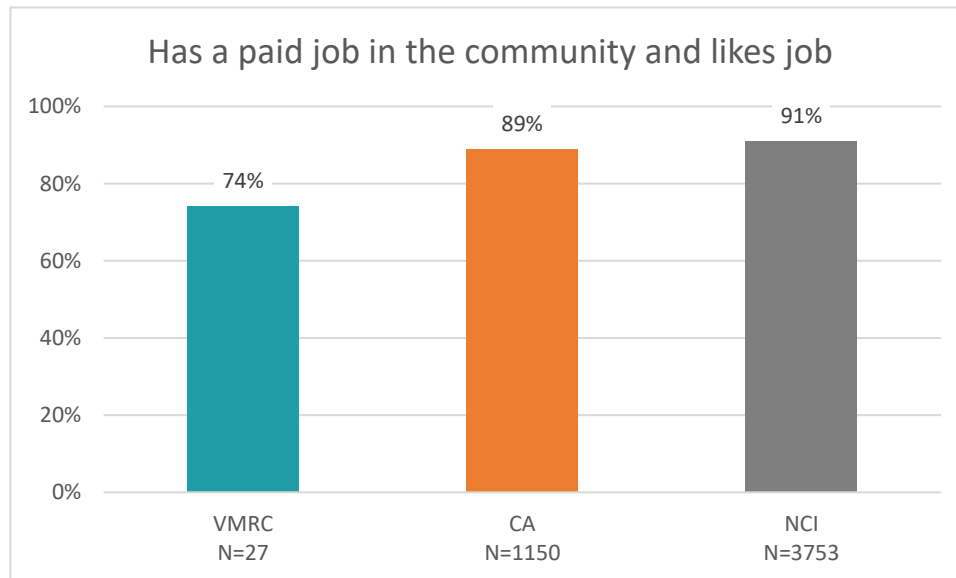
[Chart 45.](#) Likes home or where lives



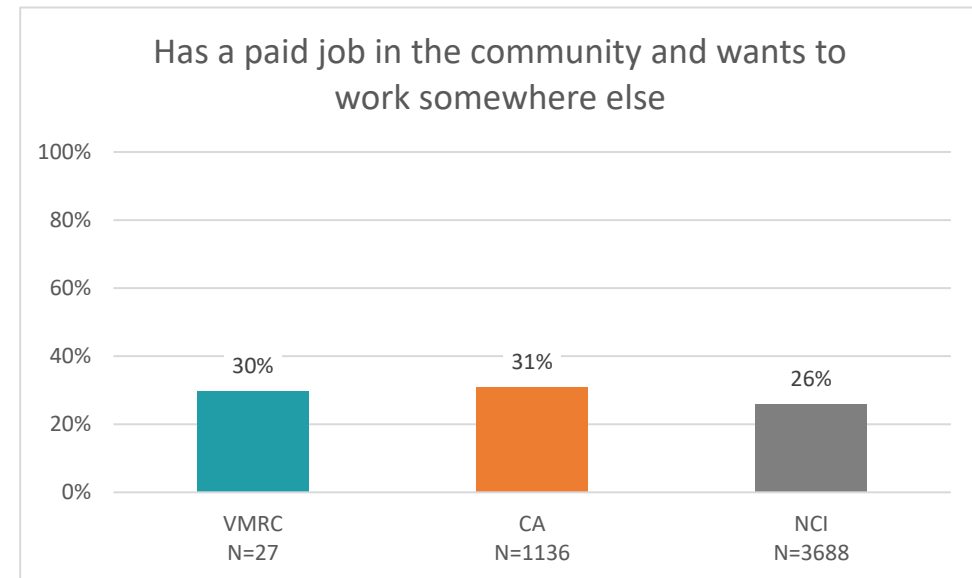
[Chart 46.](#) Wants to live somewhere else<sup>~</sup>



[Chart 47.](#) Has a paid job in the community and likes job



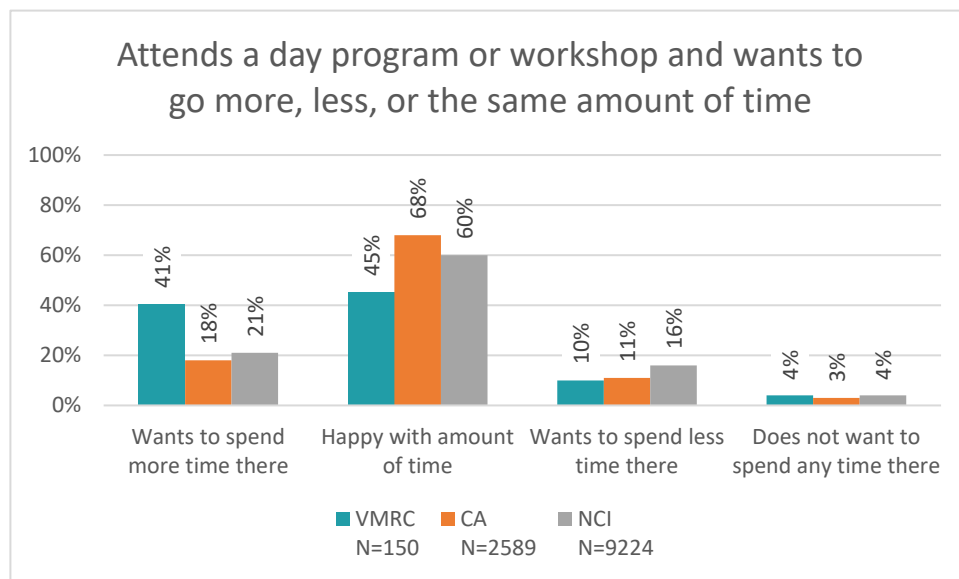
[Chart 48.](#) Has a paid job in the community and wants to work somewhere else<sup>~</sup>



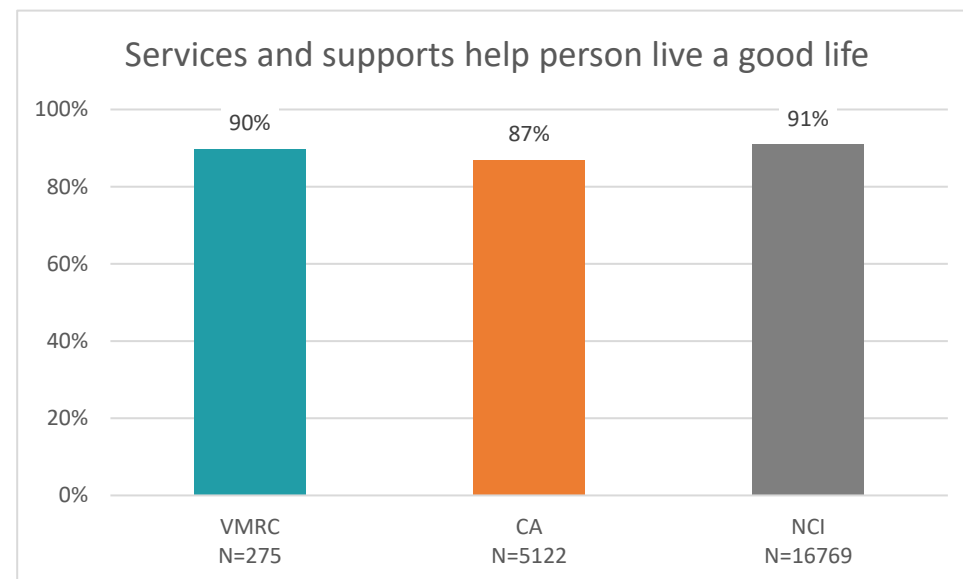
<sup>~</sup>A lower percentage indicates that fewer people reported they want to live somewhere else

<sup>^^</sup>A lower percentage indicates that fewer people reported they want to work somewhere else

[Chart 49](#). Attends a day program or workshop and wants to go more, less, or the same amount of time



[Chart 50](#). Services and supports help person live a good life





### *Tables for Satisfaction*

**Table 41. Satisfaction at Home and With Paid Community Job**

		Yes	N
Likes home or where lives	VMRC	87%	288
	CA	89%	5,403
	NCI	89%	17,477
Wants to live somewhere else ~	VMRC	24%	280
	CA	26%	5,231
	NCI	25%	16,904
Has a paid job in the community and likes job	VMRC	74%	27
	CA	89%	1,150
	NCI	91%	3,753
Has a paid job in the community and wants to work somewhere else ^^	VMRC	30%	27
	CA	31%	1,136
	NCI	26%	3,688

~ A lower percentage indicates that fewer people reported they want to live somewhere else

^^ A lower percentage indicates that fewer people reported they want to work somewhere

**Table 42. Attends a Day Program or Workshop and Wants to Go More, Less, or the Same Amount of Time**

	Wants to spend more time there	Happy with amount of time	Wants to spend less time there	Does not want to spend any time there	N
VMRC	41%	45%	10%	4%	150
CA	18%	68%	11%	3%	2,589
NCI	21%	60%	16%	4%	9,224

**Table 43. Services and Supports Help Person Live a Good Life**

	Yes	N
VMRC	90%	275
CA	87%	5,122
NCI	91%	16,769

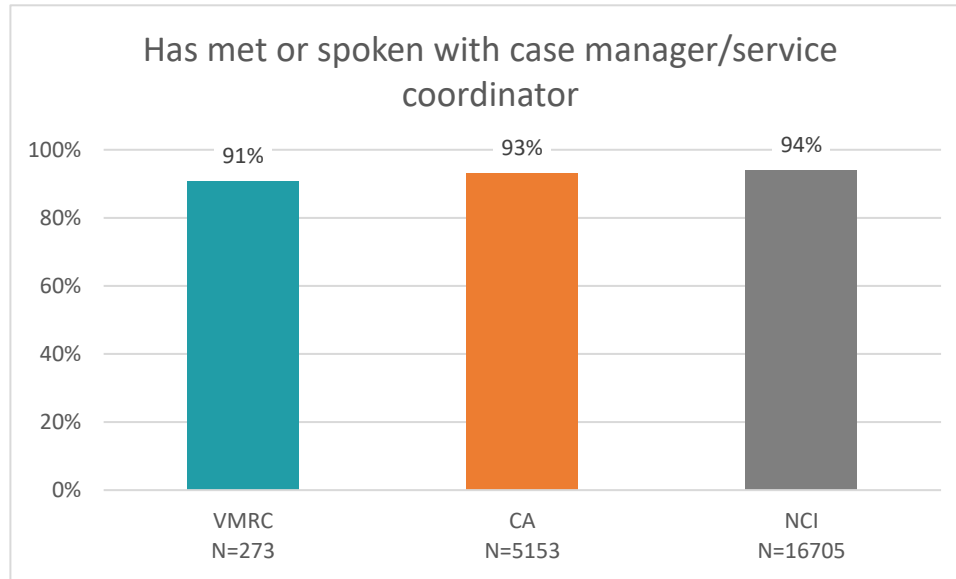
## Service Coordination

*Case managers/service coordinators are accessible, responsive, and support the person's participation in IPP planning.*

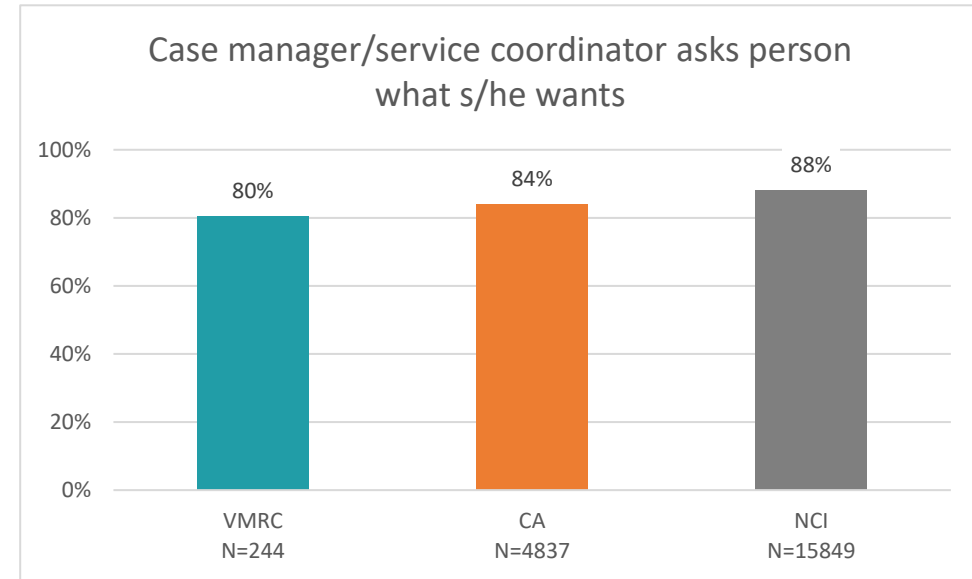
**All CA and NCI Averages are weighted.** For more information on weighting see the Data Analysis section of the California Statewide Adult In-Person Survey Report FY 17/18.

### *Charts for Service Coordination*

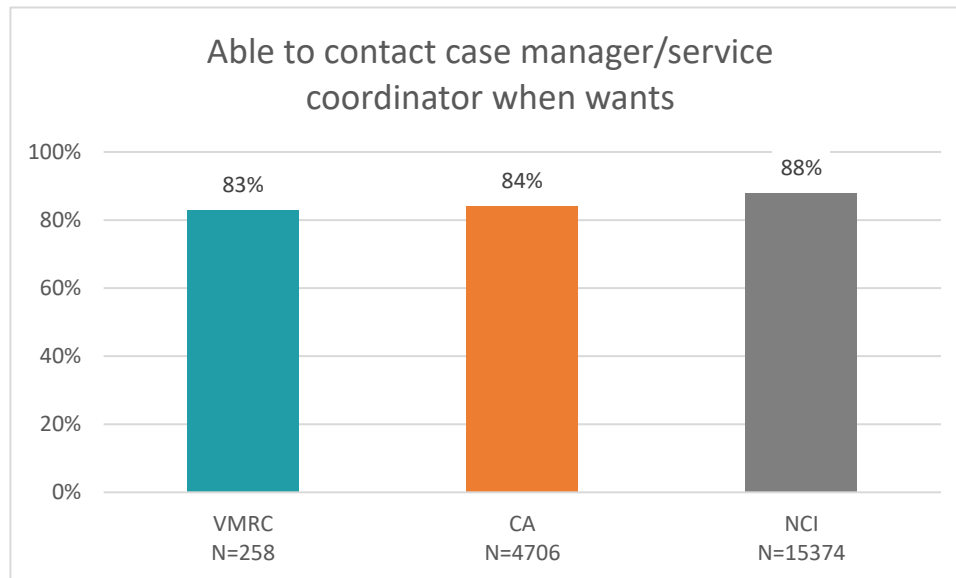
[Chart 51.](#) Has met or spoken with case manager/service coordinator



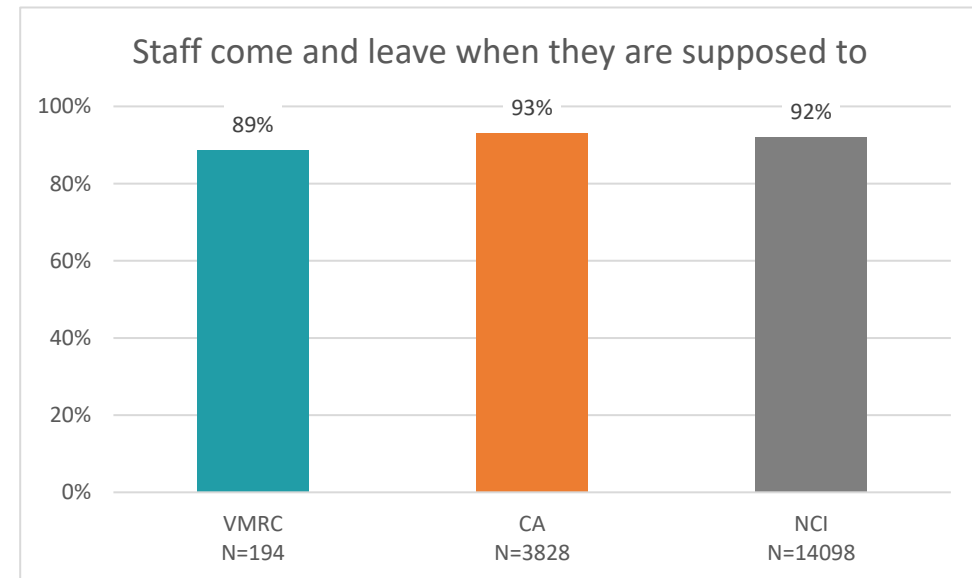
[Chart 52.](#) Case manager/service coordinator asks person what s/he wants

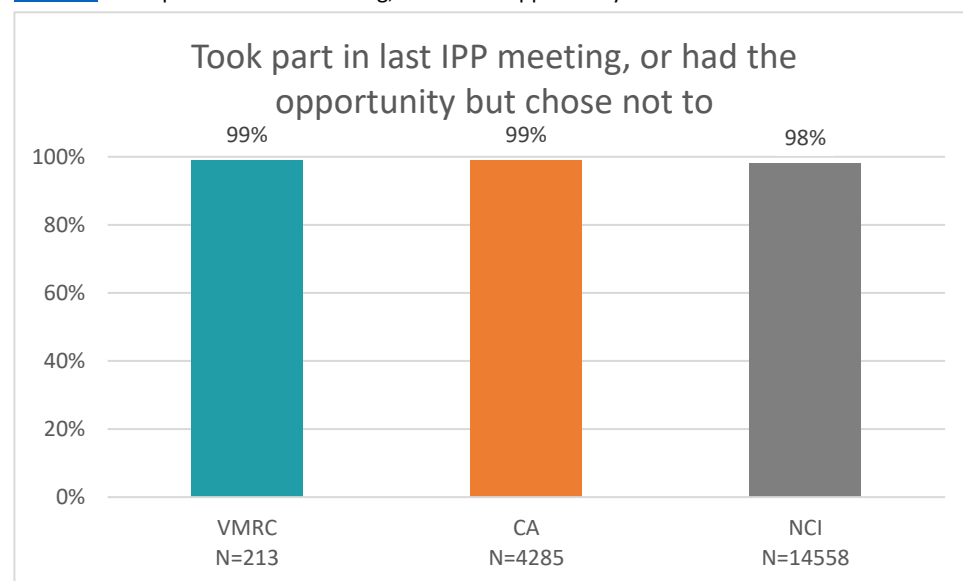
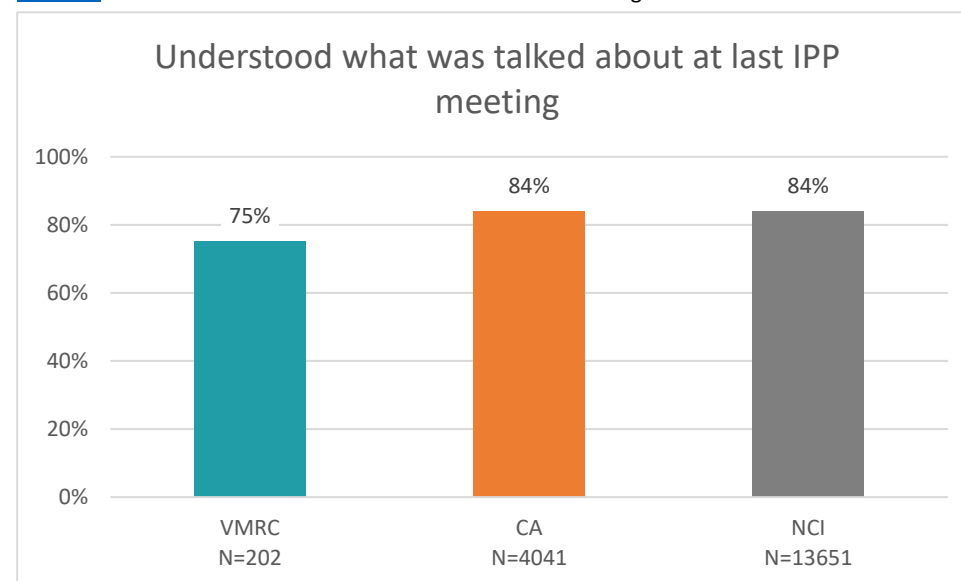
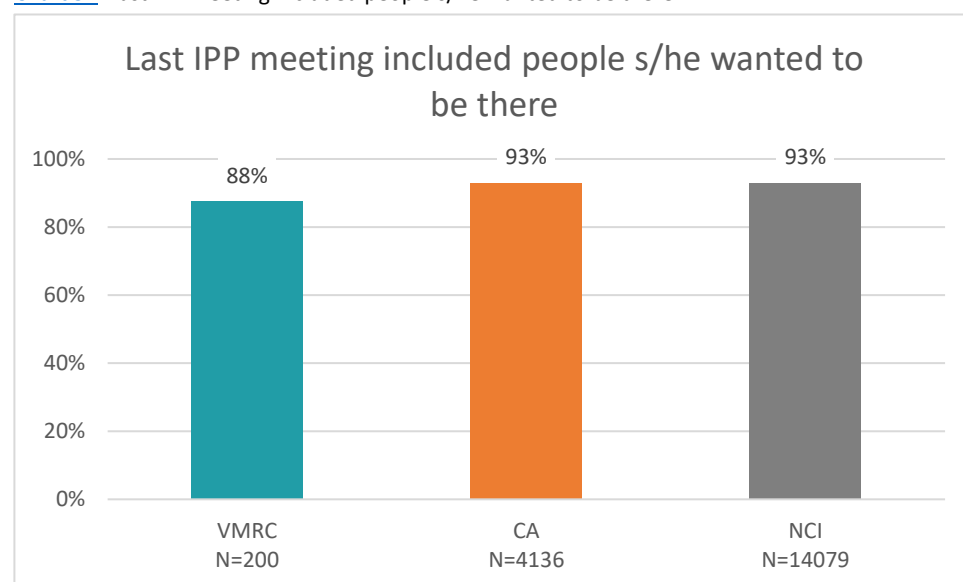
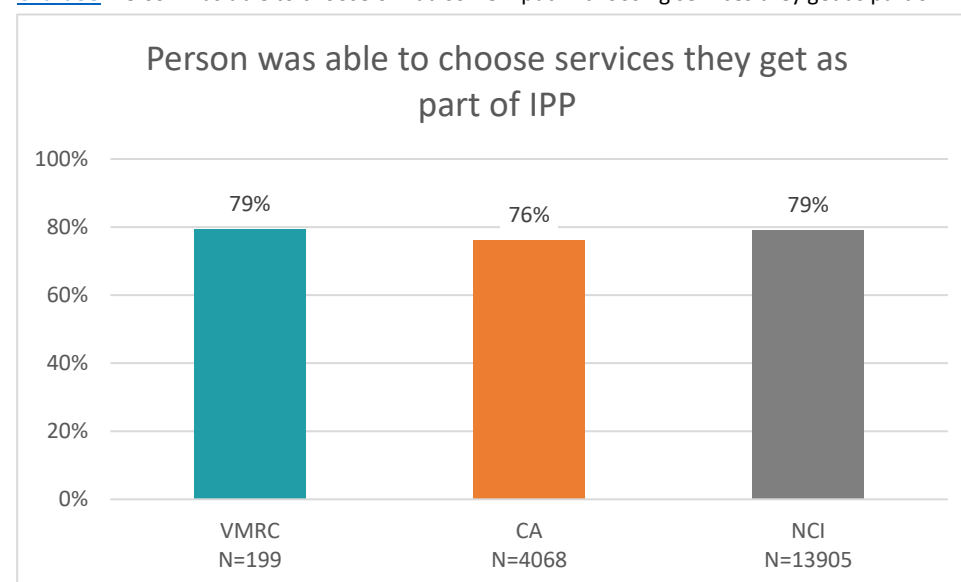


[Chart 53.](#) Able to contact case manager/service coordinator when wants



[Chart 54.](#) Staff come and leave when they are supposed to



[Chart 55.](#) Took part in last IPP meeting, or had the opportunity but chose not to[Chart 56.](#) Understood what was talked about at last IPP meeting[Chart 57.](#) Last IPP meeting included people s/he wanted to be there[Chart 58.](#) Person was able to choose or had some input in choosing services they get as part of IPP

*Tables for Service Coordination*



**Table 44. Service Coordination**

		Yes	N
Has met or spoken with case manager/service coordinator	VMRC	91%	273
	CA	93%	5,153
	NCI	94%	16,705
Case manager/service coordinator asks person what s/he wants	VMRC	80%	244
	CA	84%	4,837
	NCI	88%	15,849
Able to contact case manager/service coordinator when wants	VMRC	83%	258
	CA	84%	4,706
	NCI	88%	15,374
Staff come and leave when they are supposed to	VMRC	89%	194
	CA	93%	3,828
	NCI	92%	14,098
Took part in last IPP meeting, or had the opportunity but chose not to	VMRC	99%	213
	CA	99%	4,285
	NCI	98%	14,558
Understood what was talked about at last IPP meeting	VMRC	75%	202
	CA	84%	4,041
	NCI	84%	13,651
Last IPP meeting included people s/he wanted to be there	VMRC	88%	200
	CA	93%	4,136
	NCI	93%	14,079
Person was able to choose or had some input in choosing services they get as part of IPP	VMRC	79%	199
	CA	76%	4,068
	NCI	79%	13,905

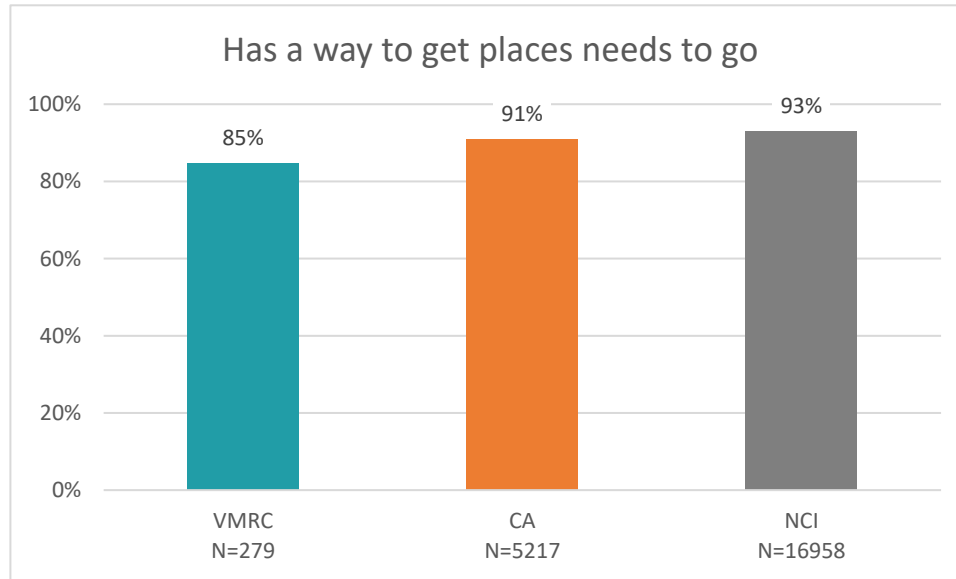
## Access

*Publicly funded services are readily available to individuals who need and qualify for them.*

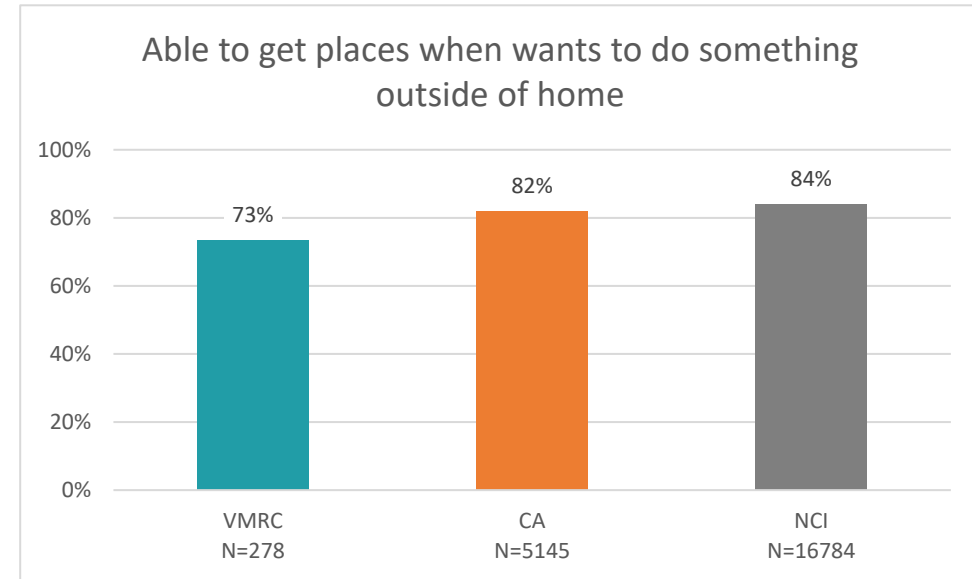
**All CA and NCI Averages are weighted.** For more information on weighting see the Data Analysis section of the California Statewide Adult In-Person Survey Report FY 17/18.

*Charts for Access*

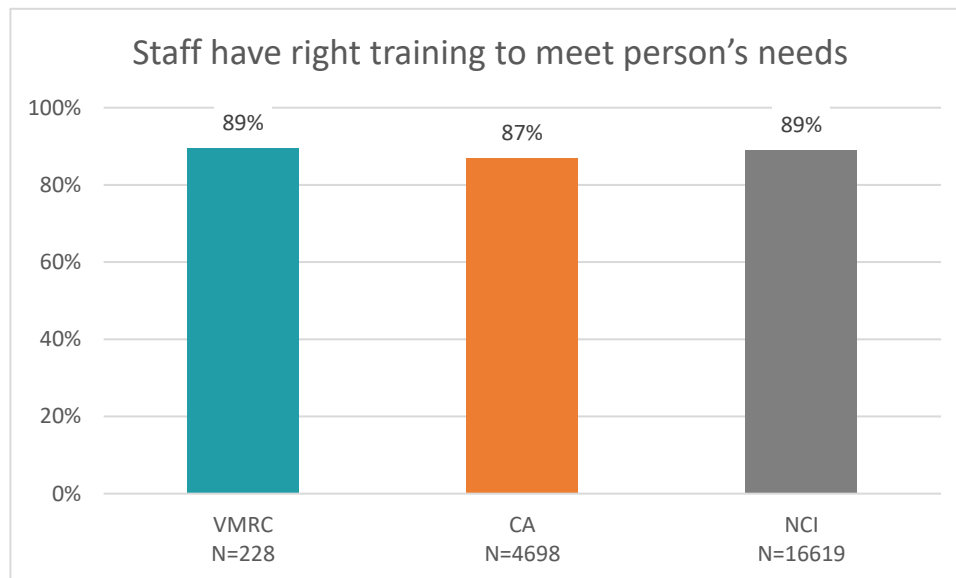
[Chart 59](#). Has a way to get places needs to go



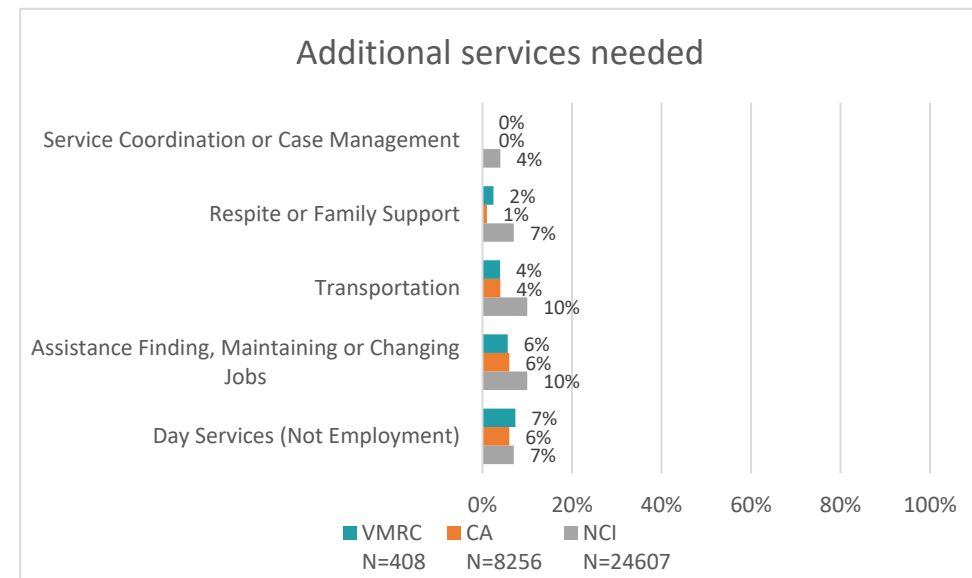
[Chart 60](#). Able to get places when wants to do something outside of home



[Chart 61](#). Staff have right training to meet person's needs (proxy respondents who were not staff were allowed for this question)

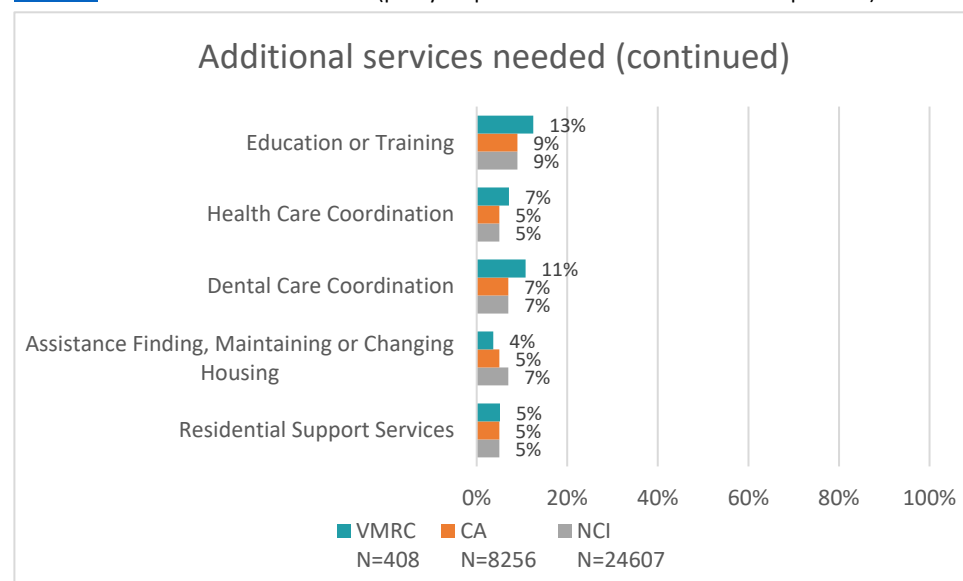


[Chart 62](#). Additional services needed (proxy respondents were allowed for this question) ∞

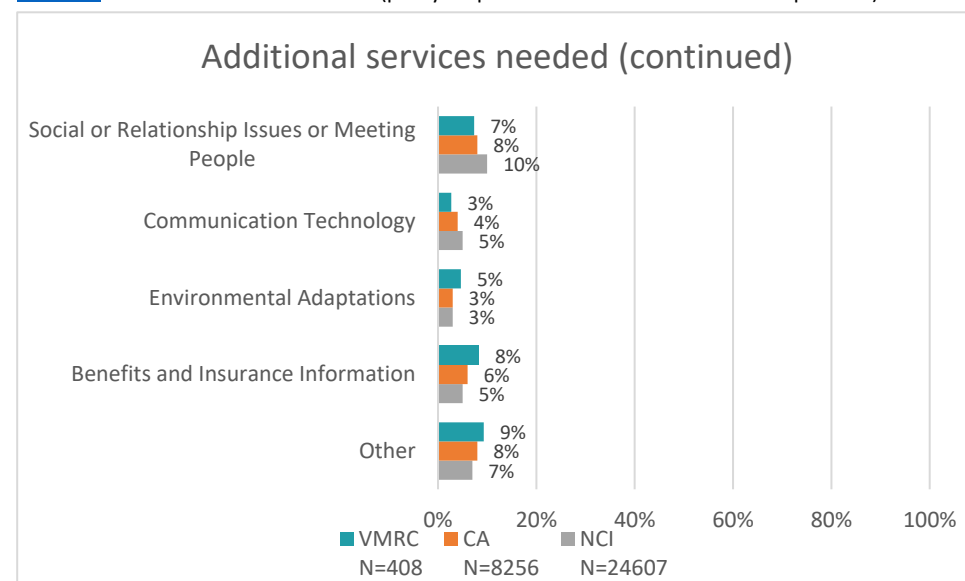


∞ Categories are not mutually exclusive

[Chart 63](#). Additional services needed (proxy respondents were allowed for this question) ∞



[Chart 64](#). Additional services needed (proxy respondents were allowed for this question) ∞



∞ Categories are not mutually exclusive

*Tables for Access*

**Table 45. Transportation and Staff Training**

		Yes	N
Has a way to get places needs to go	VMRC	85%	279
	CA	91%	5,217
	NCI	93%	16,958
Able to get places when wants to do something outside of home	VMRC	73%	278
	CA	82%	5,145
	NCI	84%	16,784
Staff have right training to meet person's needs <i>(proxy respondents who were not staff were allowed for this question)</i>	VMRC	89%	228
	CA	87%	4,698
	NCI	89%	16,619

**Table 46. Additional Services Needed**

Categories are not mutually exclusive

Service		
Service Coordination or Case Management	VMRC	0%
	CA	0%
	NCI	4%
Respite or Family Support	VMRC	2%
	CA	1%
	NCI	7%
Transportation	VMRC	4%
	CA	4%
	NCI	10%
Assistance Finding, Maintaining or Changing Jobs	VMRC	6%
	CA	6%
	NCI	10%
Day Services (Not Employment)	VMRC	7%
	CA	6%
	NCI	7%
Education or Training	VMRC	13%
	CA	9%
	NCI	9%
Health Care Coordination	VMRC	7%
	CA	5%
	NCI	5%
Dental Care Coordination	VMRC	11%
	CA	7%
	NCI	7%
N	VMRC	408
	CA	8,256
	NCI	24,607



**Table 47. Additional Services Needed (Continued)**

Categories are not mutually exclusive

Service		
Assistance Finding, Maintaining or Changing Housing	VMRC	4%
	CA	5%
	NCI	7%
Residential Support Services	VMRC	5%
	CA	5%
	NCI	5%
Social or Relationship Issues or Meeting People	VMRC	7%
	CA	8%
	NCI	10%
Communication Technology	VMRC	3%
	CA	4%
	NCI	5%
Environmental Adaptations	VMRC	5%
	CA	3%
	NCI	3%
Benefits and Insurance Information	VMRC	8%
	CA	6%
	NCI	5%
Other	VMRC	9%
	CA	8%
	NCI	7%
N	VMRC	408
	CA	8,256
	NCI	24,607

## Health

*People secure needed health services.*

### **Important Note on Missing Data:**

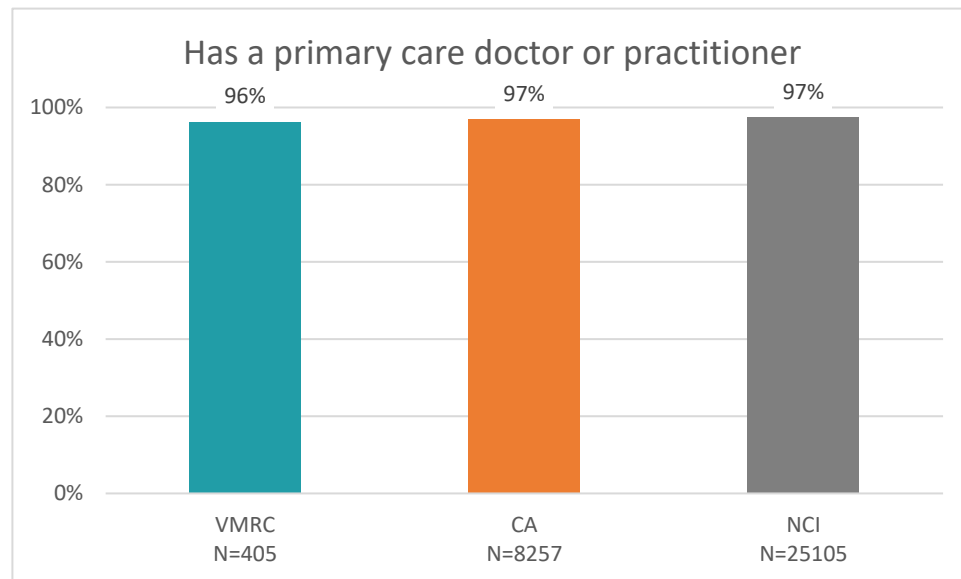
For several states included in the NCI Average, survey items in the Background Information section (including certain items related to Demographics, Health, Medication, and Wellness) had a large amount of missing data or data recorded as “don’t know.” Detailed information by state can be found in the NCI National In-person Survey Report: <https://www.nationalcoreindicators.org/resources/reports/>

The quantity of missing data can be a result of several factors. We do not know whether the data are missing systematically or randomly; for example, are data missing across the board for those in a specific waiver population in a given state? If so, the resulting data are not representative of the entire sample or population. We advise caution when examining data that are indicated as having high rates of “missing” or “don’t know” responses. Please note that the NCI average reflects the average of data that were reported to NCI and may not be reflective of the service population across the country.

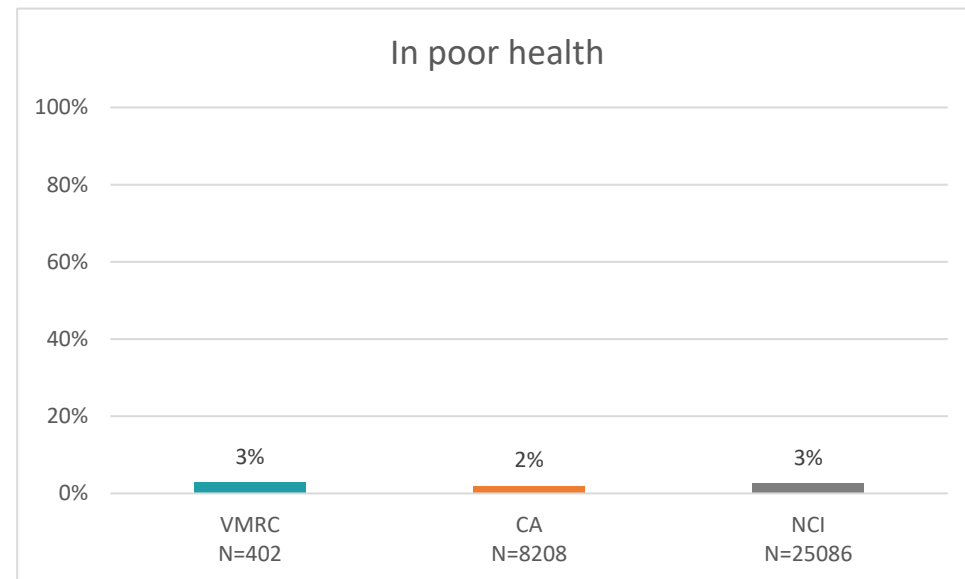
**All CA and NCI Averages are weighted.** For more information on weighting see the Data Analysis section of the California Statewide Adult In-Person Survey Report FY 17/18.

### *Charts for Health*

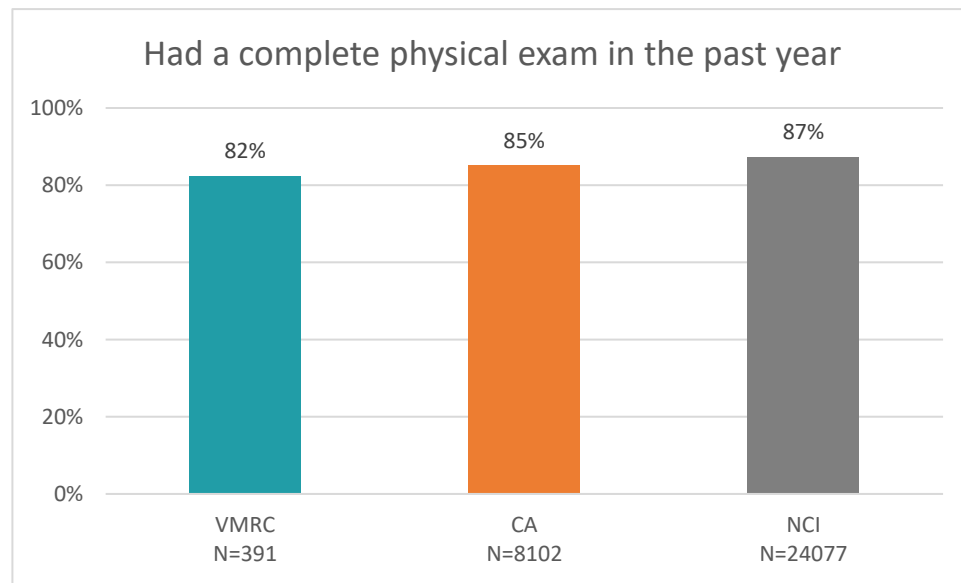
[Chart 65](#). Has a primary care doctor or practitioner (information may have been obtained through state records)\*\*



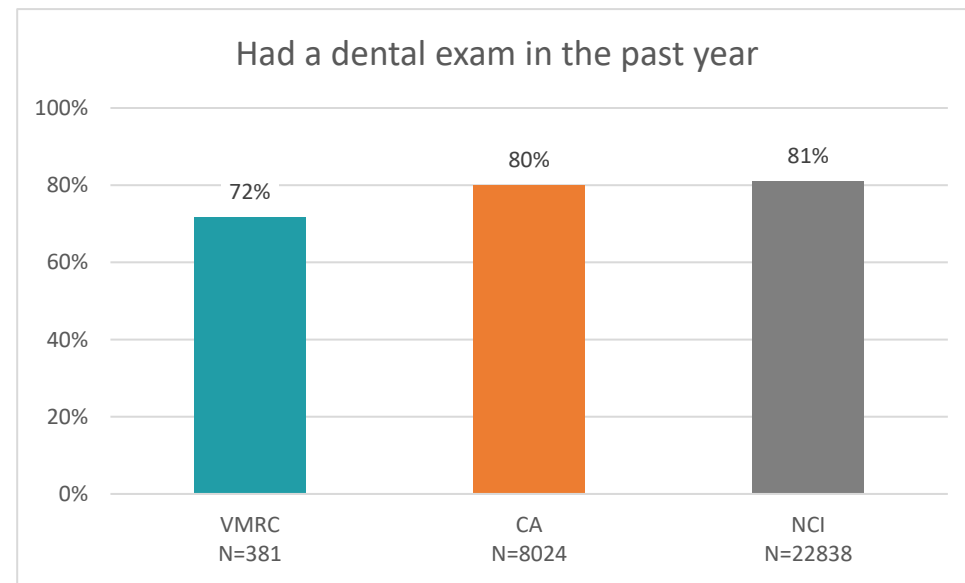
[Chart 66](#). In poor health (proxy respondents were allowed for this question) ^



[Chart 67](#). Had a complete physical exam in the past year (information may have been obtained through state records)\*\*



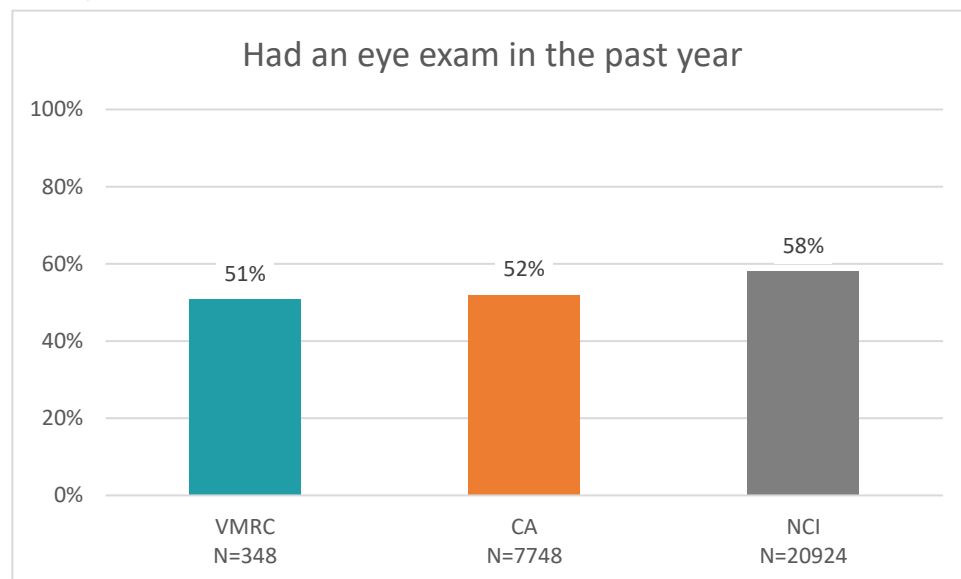
[Chart 68](#). Had a dental exam in the past year (information may have been obtained through state records)\*\*



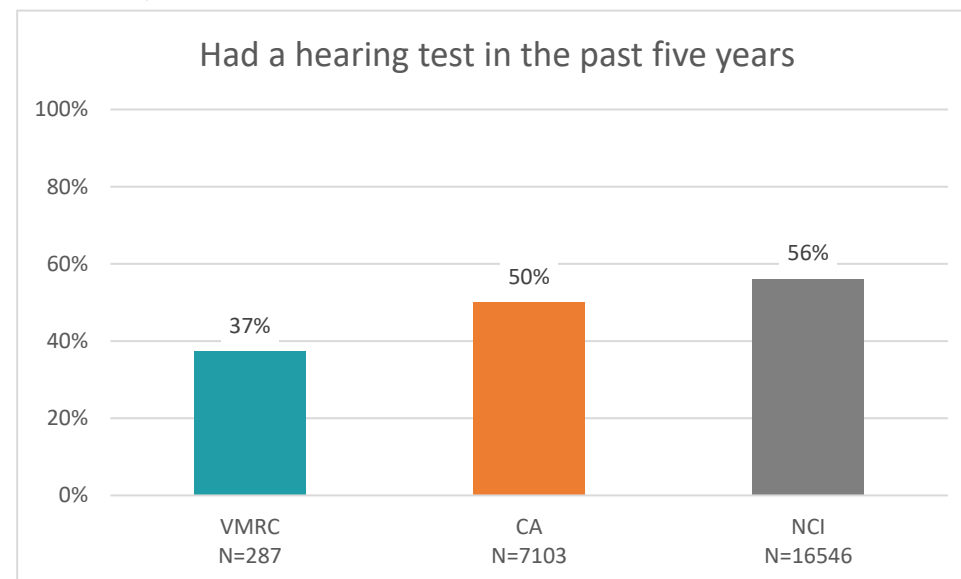
\*\*NCI Average includes data from a state or states that had a large number of "don't knows" and missing data (at least 25%)

^ A lower average indicates a lower percentage of people reported being in poor health

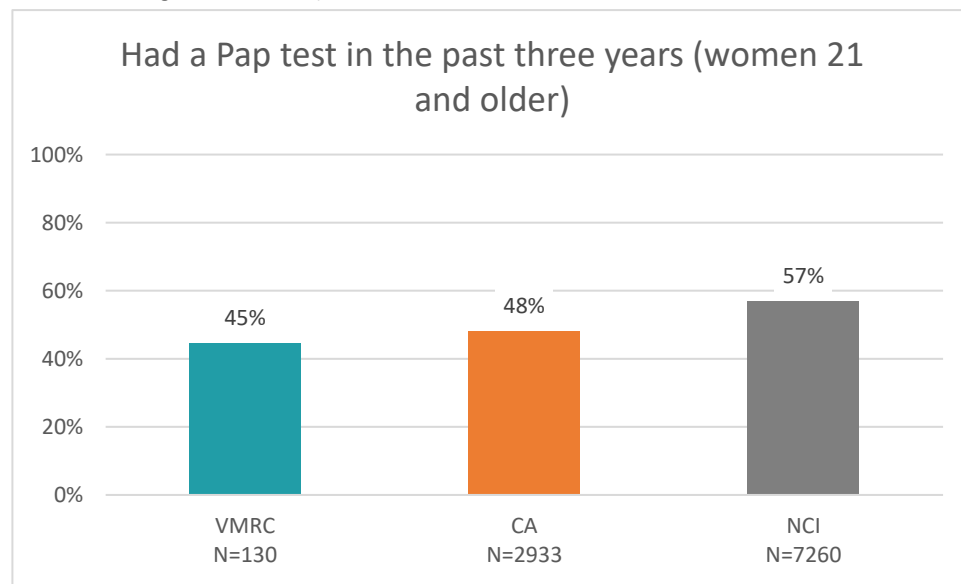
[Chart 69](#). Had an eye exam in the past year (information may have been obtained through state records)\*\*



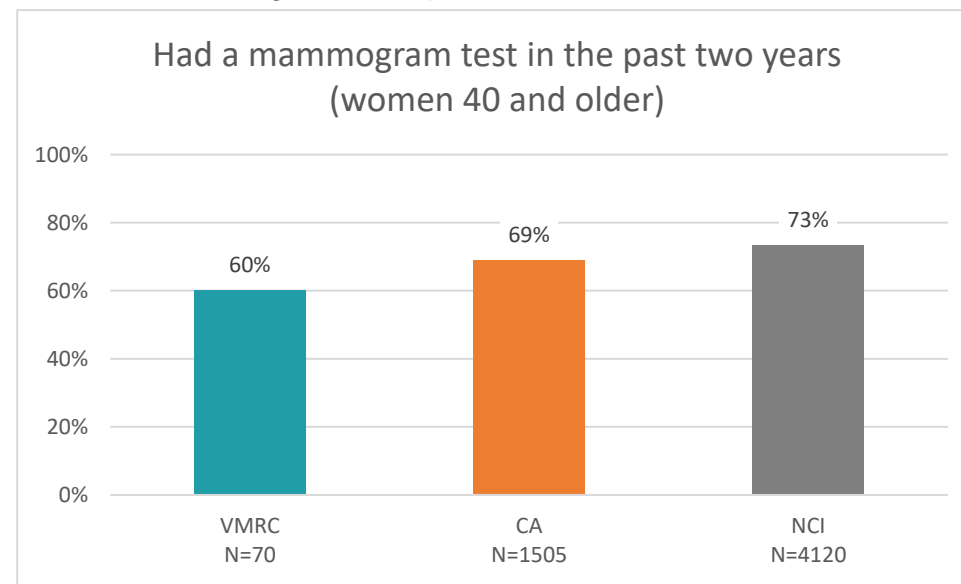
[Chart 70](#). Had a hearing test in the past five years (information may have been obtained through state records) \*\*



[Chart 71](#). Had a Pap test in the past three years (women 21 and older; information may have been obtained through state records)\*\*

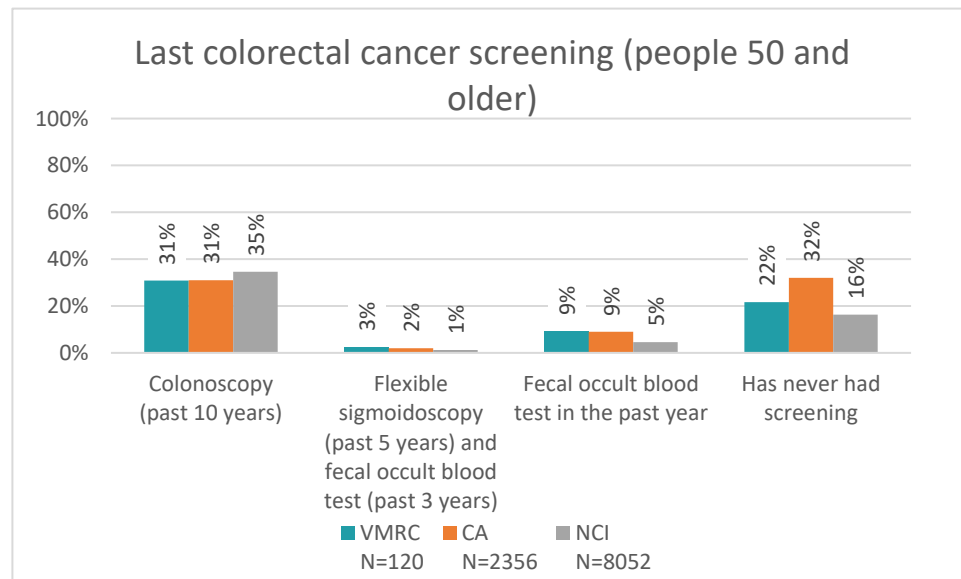


[Chart 72](#). Had a mammogram test in the past two years (women 40 and older; information may have been obtained through state records)

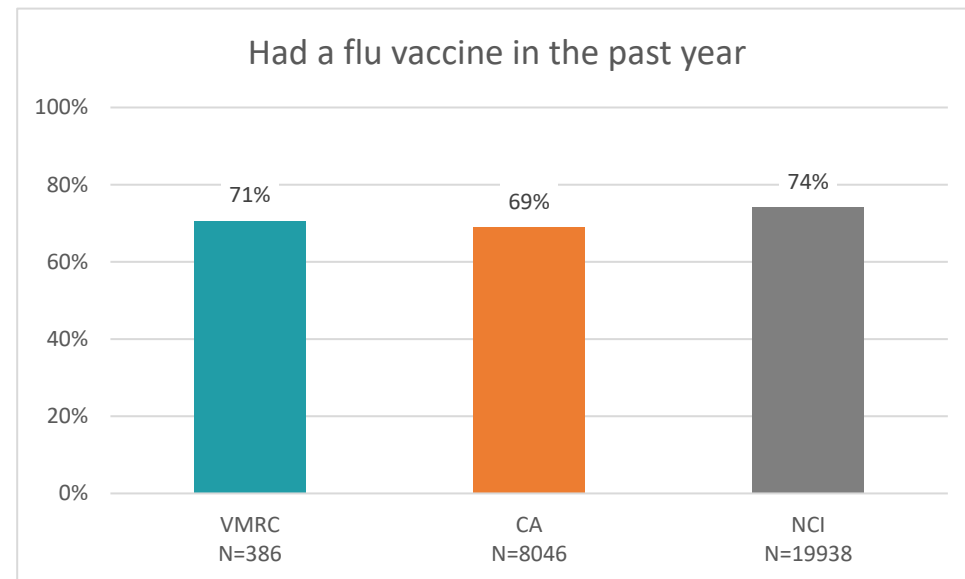


\*\*NCI Average includes data from a state or states that had a large number of "don't knows" and missing data (at least 25%)

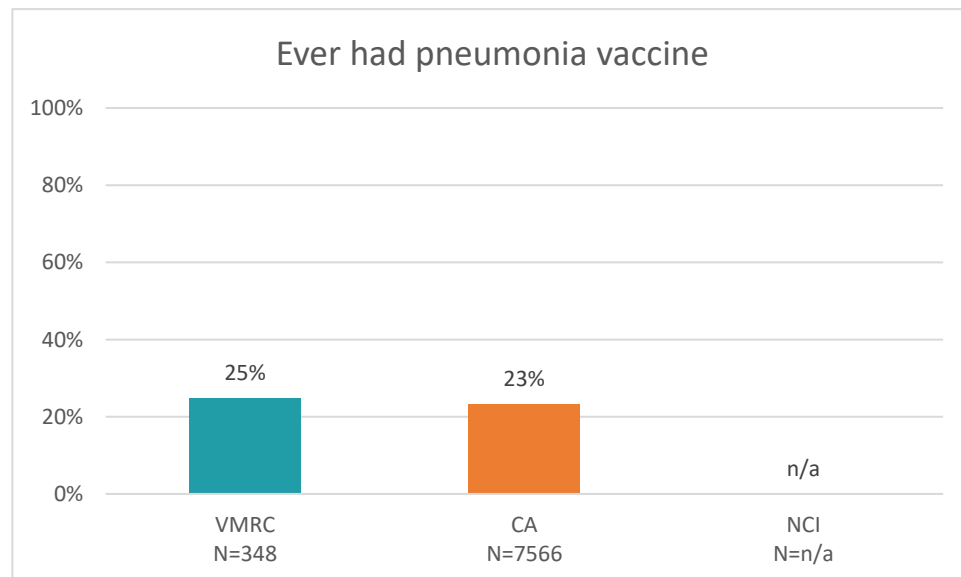
[Chart 73](#). Last colorectal cancer screening (people 50 and older; information may have been obtained through state records) ∞



[Chart 74](#). Had a flu vaccine in the past year (information may have been obtained through state records)\*\*



[Chart 75](#). Ever had a pneumonia vaccine\*



∞Categories are not mutually exclusive

\*\*NCI Average includes data from a state or states that had a large number of "don't knows" and missing data (at least 25%)

\*California specific question

### *Tables for Health*

**Table 48. Regular and Preventive Screenings**

		Yes	N
Has a primary care doctor or practitioner <i>(information may have been obtained through state records)</i> **	VMRC	96%	405
	CA	97%	8,257
	NCI	97%	25,105
In poor health <i>(proxy respondents were allowed for this question)</i> ~	VMRC	3%	402
	CA	2%	8,208
	NCI	3%	25,086
Had a complete physical exam in the past year <i>(information may have been obtained through state records)</i> **	VMRC	82%	391
	CA	85%	8,102
	NCI	87%	24,077
Had a dental exam in the past year <i>(information may have been obtained through state records)</i> **	VMRC	72%	381
	CA	80%	8,024
	NCI	81%	22,838
Had an eye exam in the past year <i>(information may have been obtained through state records)</i> **	VMRC	51%	348
	CA	52%	7,748
	NCI	58%	20,924
Had a hearing test in the past five years <i>(information may have been obtained through state records)</i> **	VMRC	37%	287
	CA	50%	7,103
	NCI	56%	16,546
Had a Pap test in the past three years <i>(women 21 and older; information may have been obtained through state records)</i> **	VMRC	45%	130
	CA	48%	2,933
	NCI	57%	7,260
Had a mammogram test in the past two years <i>(women 40 and older; information may have been obtained through state records)</i>	VMRC	60%	70
	CA	69%	1,505
	NCI	73%	4,120

\*\*NCI average includes data from a state or states that had a large number of “don’t knows” and missing data (at least 25%)

~ A lower average indicates a lower percentage of people reported being in poor health



**Table 49. Last Colorectal Cancer Screening, People Age 50 and Older**

Categories are not mutually exclusive; information may have been obtained through state records

	Colonoscopy in the Past 10 Years	Flexible Sigmoidoscopy in the past 5 years, and Fecal Occult Blood Test in the Past 3 Years	Fecal Occult Blood Test in the Past Year	Has Never Had Screening	N
VMRC	31%	3%	9%	22%	120
CA	31%	2%	9%	32%	2,356
NCI	35%	1%	5%	16%	8,052

**Table 50. Vaccines**

		Yes	N
Had a flu vaccine in the past year ( <i>information may have been obtained through state records</i> )**	VMRC	71%	386
	CA	69%	8,046
	NCI	74%	19,938
Ever had pneumonia vaccine*	VMRC	25%	348
	CA	23%	7,566
	NCI	n/a	n/a

\*\*NCI Average includes data from a state or states that had a large number of “don’t knows” and missing data (at least 25%)

\*California specific question

## Medications

*Medications are managed effectively and appropriately.*

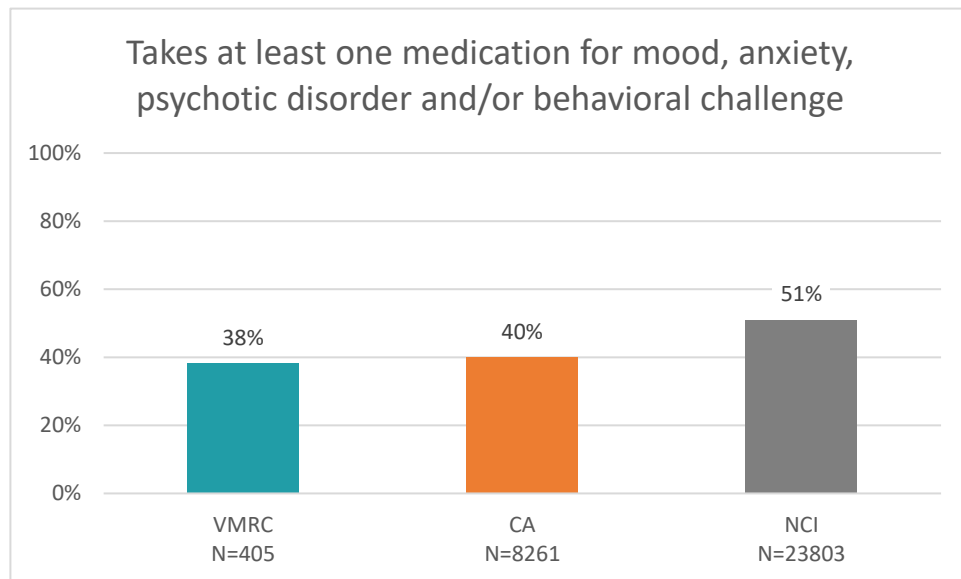
### **Important Note on Missing Data:**

For several states included in the NCI Average, survey items in the Background Information section (including certain items related to Demographics, Health, Medication, and Wellness) had a large amount of missing data or data recorded as “don’t know.” Detailed information by state can be found in the NCI National In-person Survey Report: <https://www.nationalcoreindicators.org/resources/reports/>

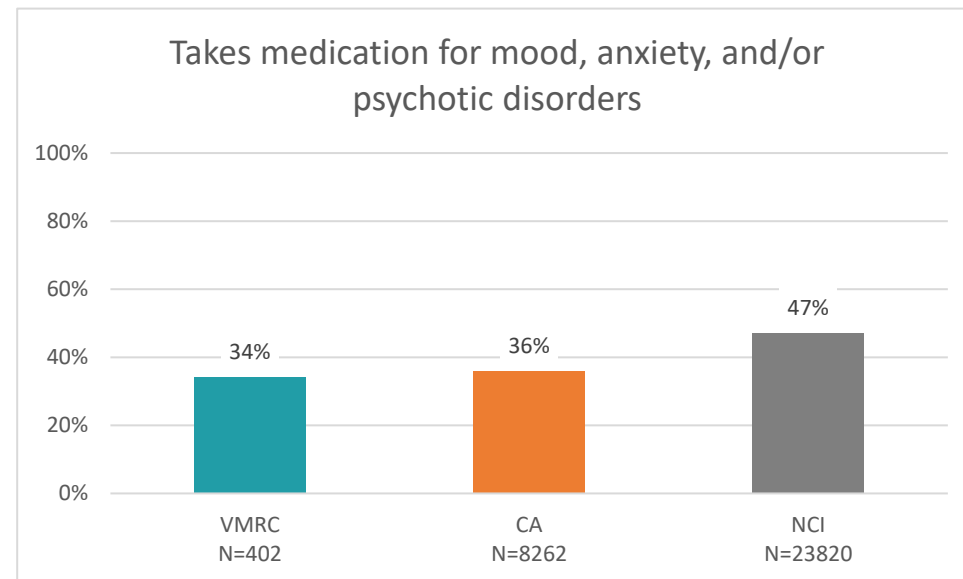
The quantity of missing data can be a result of several factors. We do not know whether the data are missing systematically or randomly; for example, are data missing across the board for those in a specific waiver population in a given state? If so, the resulting data are not representative of the entire sample or population. We advise caution when examining data that are indicated as having high rates of “missing” or “don’t know” responses. Please note that the NCI average reflects the average of data that were reported to NCI and may not be reflective of the service population across the country.

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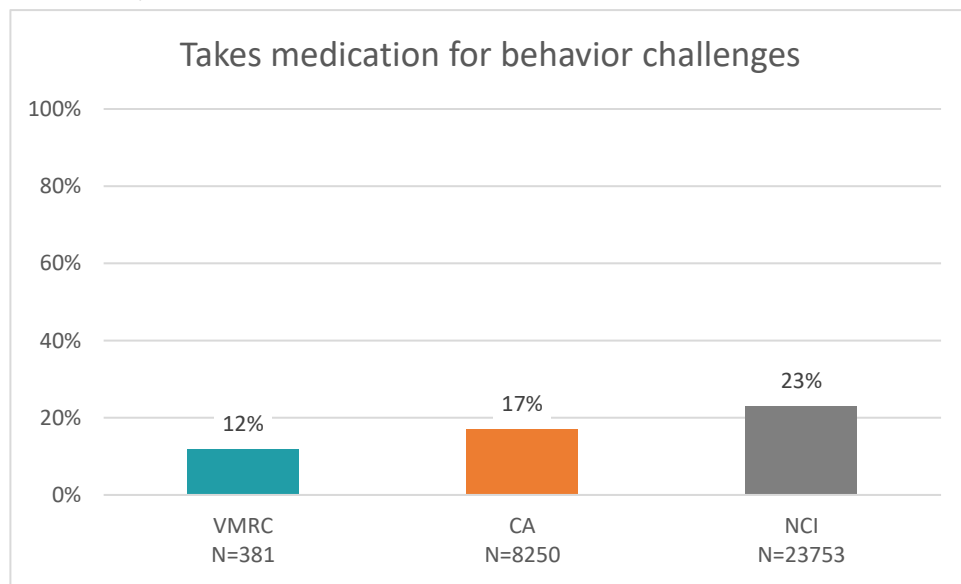
[Chart 76](#). Takes at least one medication for mood, anxiety, psychotic disorder and/or behavioral challenge (information may have been obtained through state records) \*\* ^



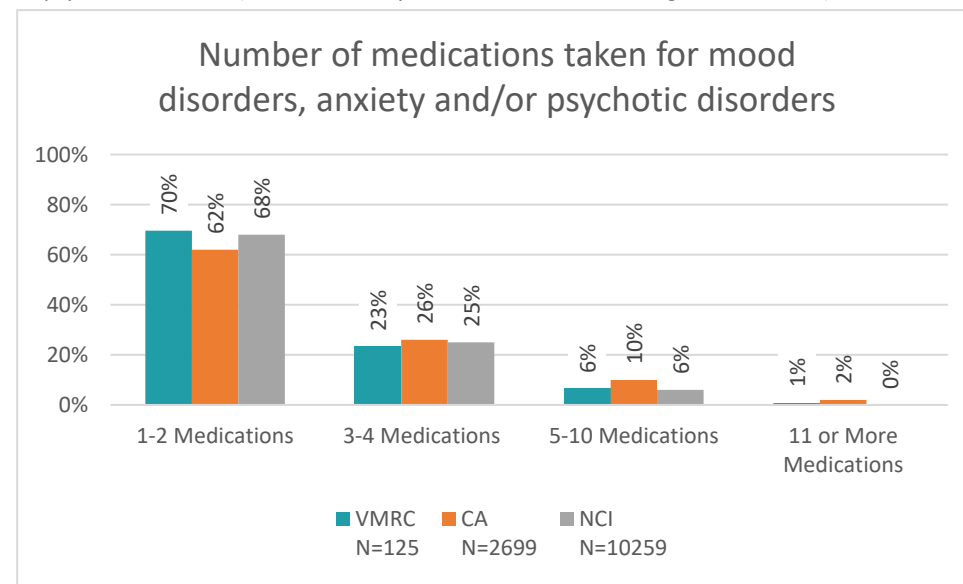
[Chart 77](#). Takes medication for mood, anxiety, and/or psychotic disorders (information may have been obtained through state records) \*\* ^



[Chart 78](#). Takes medication for behavior challenges (information may have been obtained through state records) \*\* ^



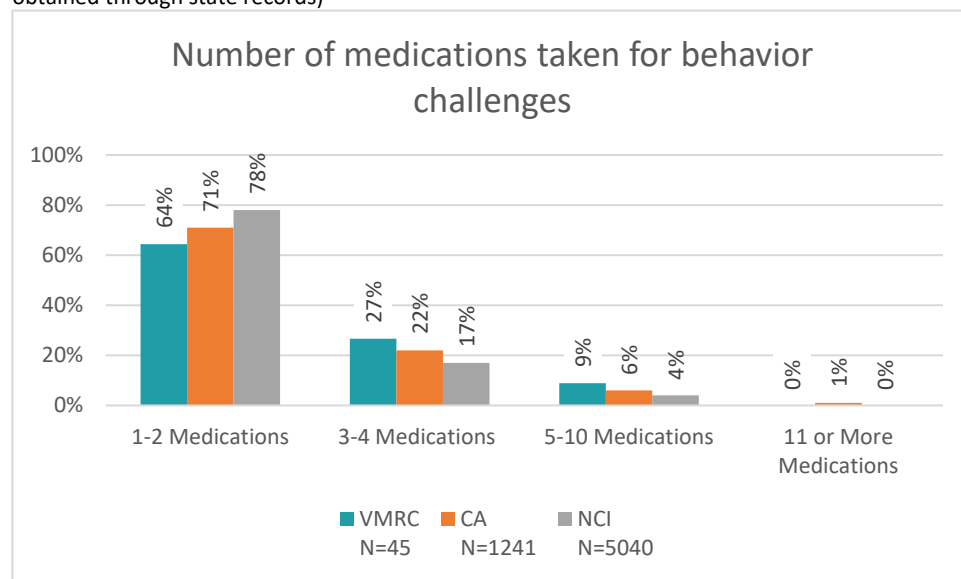
[Chart 79](#). Number of medications taken for at least one of the following: mood disorders, anxiety, or psychotic disorders (information may have been obtained through state records) \*\*



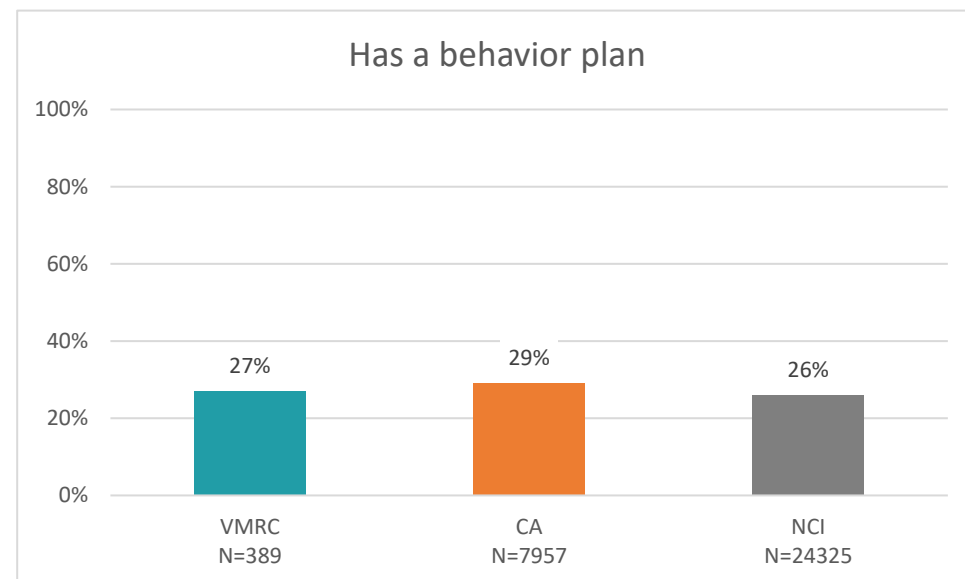
\*\*NCI Average includes data from a state or states that had a large number of “don’t knows” and missing data (at least 25%)

^ A lower percentage indicates fewer people were reported to be taking medication

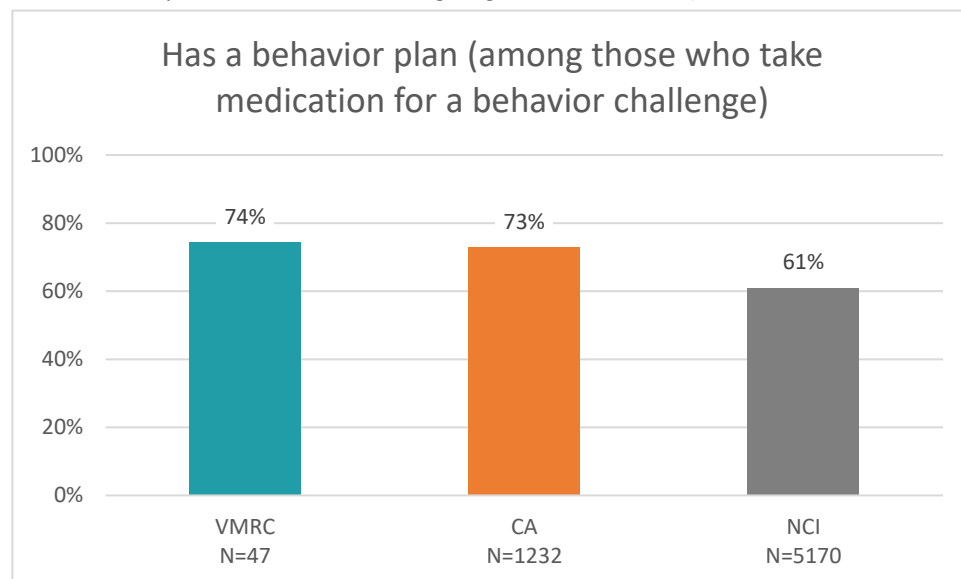
[Chart 80](#). Number of medications taken for behavior challenges (information may have been obtained through state records) \*\*



[Chart 81](#). Has a behavior plan (information may have been obtained through state records) \*\* ^^



[Chart 82](#). Has a behavior plan (among those who take medication for a behavior challenge; information may have been obtained through regional center records)



\*\* NCI Average includes data from a state or states that had a large number of "don't knows" and missing data (at least 25%)

^^ A lower percentage indicates fewer people were reported to have a behavior plan

### *Tables for Medication*

**Table 51. Takes Medication**

		Yes	N
Takes at least one medication for mood, anxiety, psychotic disorder and/or behavioral challenge ( <i>information may have been obtained through state records</i> )** ~	VMRC	38%	405
	CA	40%	8,261
	NCI	51%	23,803
Takes medication for mood, anxiety, and/or psychotic disorders ( <i>information may have been obtained through state records</i> ) ** ~	VMRC	34%	402
	CA	36%	8,262
	NCI	47%	23,820
Takes medication for behavior challenges ( <i>information may have been obtained through state records</i> ) ** ~	VMRC	12%	381
	CA	17%	8,250
	NCI	23%	23,753

**Table 52. Number of Medications Taken**

		1-2 Medications	3-4 Medications	5-10 Medications	11 or More Medications	N
Number of medications taken for at least one of the following: mood disorders, anxiety, or psychotic disorders ( <i>information may have been obtained through state records</i> ) **	VMRC	70%	23%	6%	1%	125
	CA	62%	26%	10%	2%	2,699
	NCI	68%	25%	6%	0%	10,259
Number of medications taken for behavior challenges ( <i>information may have been obtained through state records</i> )**	VMRC	64%	27%	9%	0%	45
	CA	71%	22%	6%	1%	1,241
	NCI	78%	17%	4%	0%	5,040

\*\*Includes data from a state or states that had a large number of “don’t knows” and missing data (at least 25%)

~A lower percentage indicates fewer people were reported to be taking medication

**Table 53. Behavior Plan and Medication**

		Yes	N
Has a behavior plan ( <i>information may have been obtained through state records</i> ) ** ^^	VMRC	27%	389
	CA	29%	7,957
	NCI	26%	24,325
Has a behavior plan ( <i>among those who take medication for a behavior challenge; information may have been obtained through regional center records</i> )	VMRC	74%	47
	CA	73%	1,232
	NCI	61%	5,170

\*\*Includes data from a state or states that had a large number of “don’t knows” and missing data (at least 25%)

^^A lower percentage indicates fewer people were reported to have a behavior plan

## Wellness

*People are supported to maintain healthy habits.*

### **Important Note on Missing Data:**

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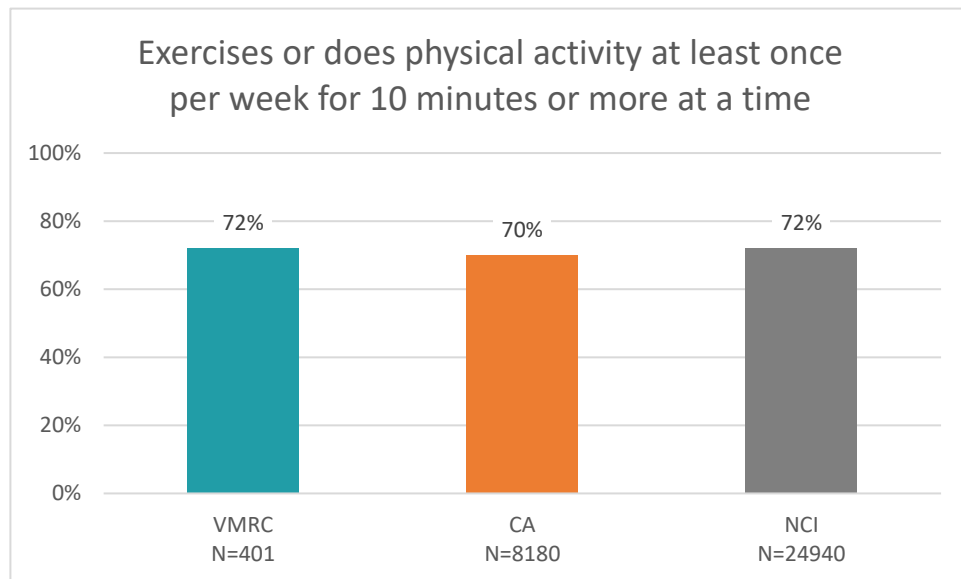
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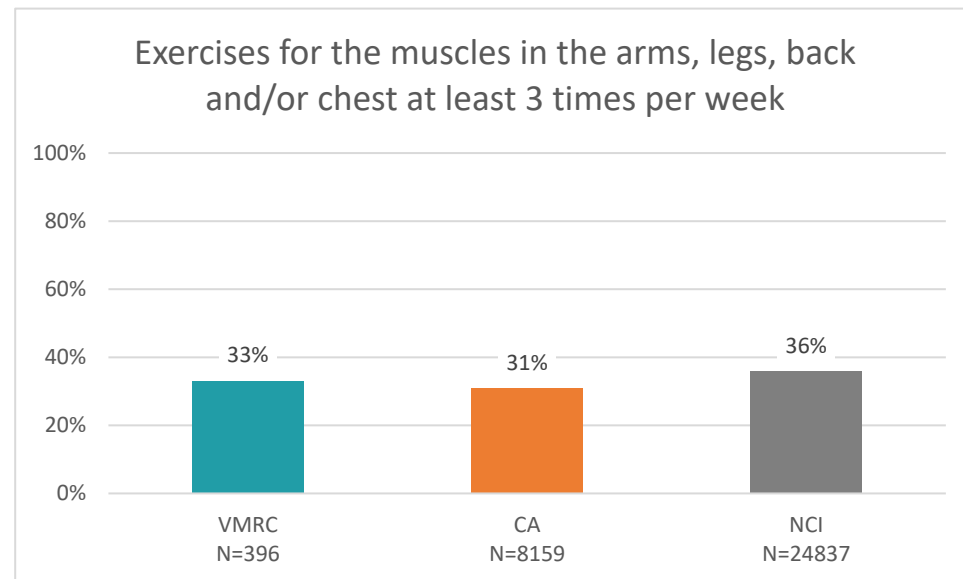


### *Charts for Wellness*

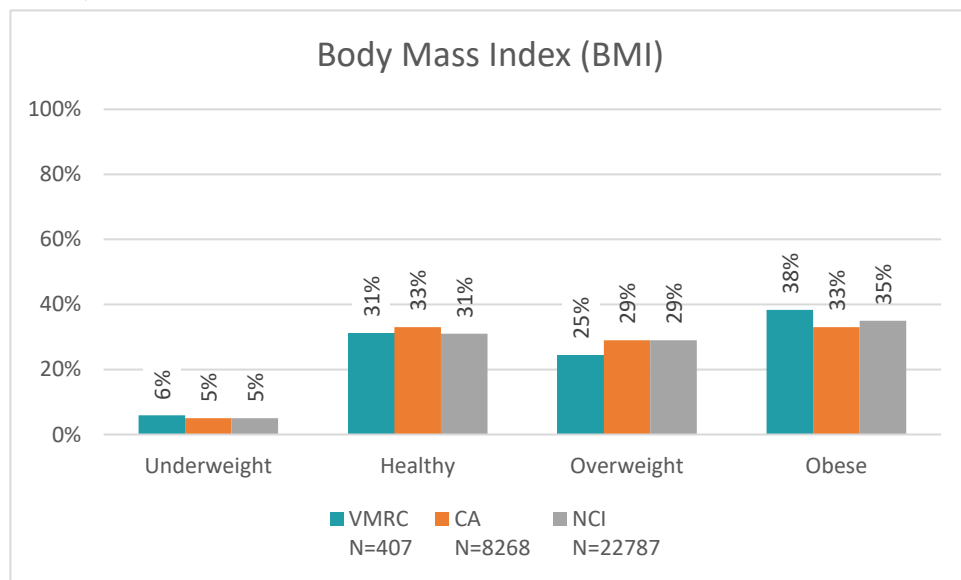
[Chart 83.](#) Exercises or does physical activity at least once per week for 10 minutes or more at a time (proxy respondents were allowed for this question)



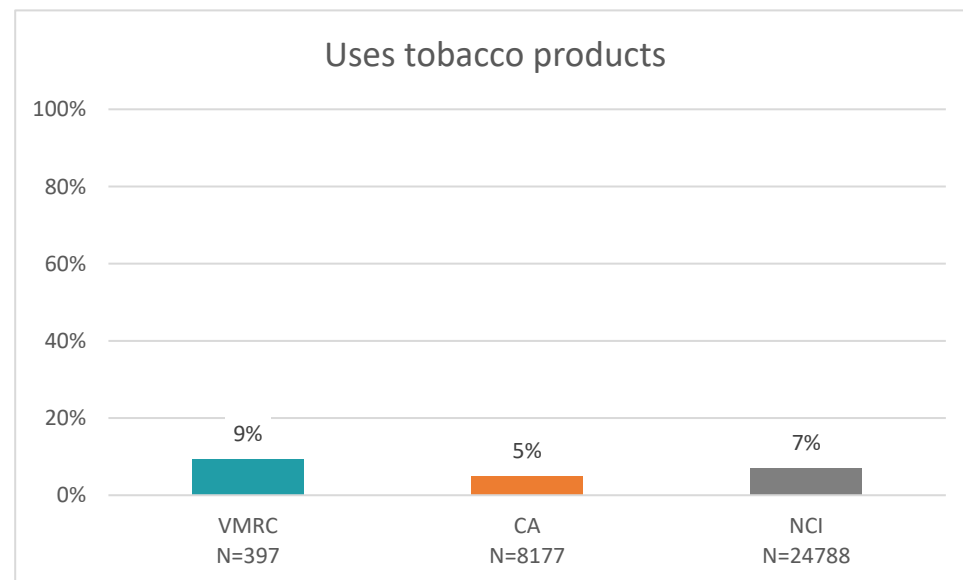
[Chart 84.](#) Exercises for the muscles in the arms, legs, back and/or chest at least 3 times per week (proxy respondents were allowed for this question) <sup>g</sup>



[Chart 85.](#) Body Mass Index (BMI) category (information may have been obtained through state records)\*\*



[Chart 86.](#) Uses tobacco products (information may have been obtained through state records) \*\* <sup>h</sup>



<sup>g</sup>New question in 2017-18

\*\*NCI Average includes data from a state or states that had a large number of “don’t knows” and missing data (at least 25%)

<sup>h</sup> A lower average indicates a lower percentage of people use tobacco products

### *Tables for Wellness*

**Table 54. Exercise**

		Yes	N
Exercises or does physical activity at least once a week for at least 10 minutes at a time ( <i>proxy respondents were allowed for this question</i> )	VMRC	72%	401
	CA	70%	8,180
	NCI	72%	24,940
Exercises for the muscles in the arms, legs, back and/or chest at least 3 times per week ( <i>proxy respondents were allowed for this question</i> ) <sup>a</sup>	VMRC	33%	396
	CA	31%	8,159
	NCI	36%	24,837

**Table 55. Body Mass Index (BMI) Category \*\***

Information may have been obtained through state records

	Underweight	Healthy	Overweight	Obese	N
VMRC	6%	31%	25%	38%	407
CA	5%	33%	29%	33%	8,268
NCI	5%	31%	29%	35%	22,787

**Table 56. Uses Tobacco Products \*\* ^^**

Information may have been obtained through state records

	Yes	N
VMRC	9%	397
CA	5%	8177
NCI	7%	24788

<sup>a</sup>New question in 2017-18

\*\*NCI Average includes data from a state or states that had a large number of “don’t knows” and missing data (at least 25%)

^^ A lower average indicates a lower percentage of people use tobacco products

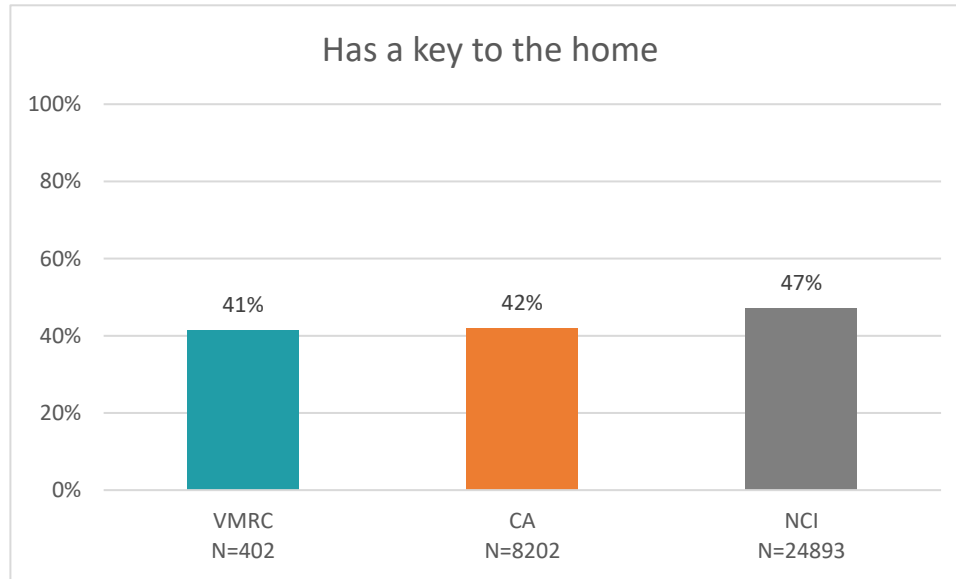
## *Rights and Respect*

*People receive the same respect and protections as others in the community.*

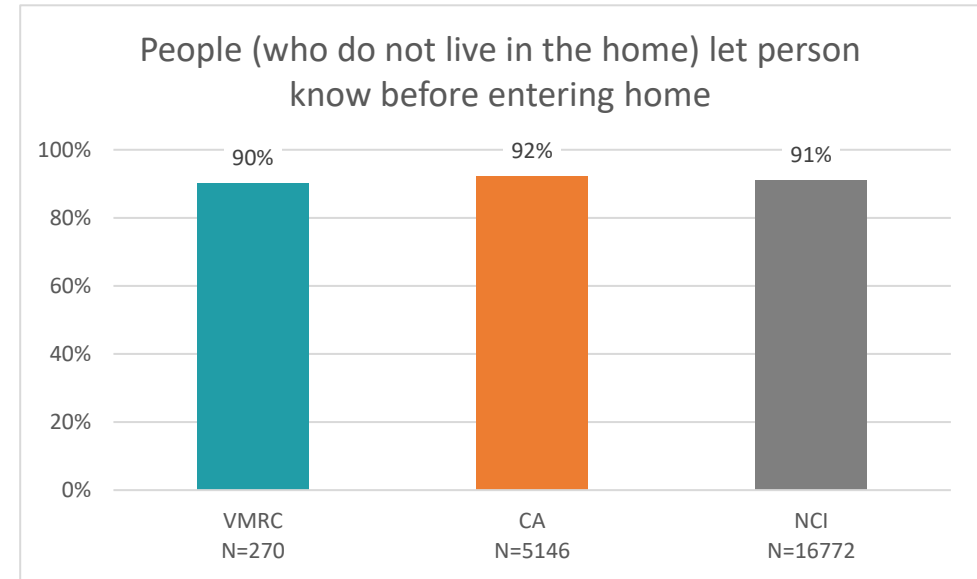
**All CA and NCI Averages are weighted.** For more information on weighting see the Data Analysis section of the California Statewide Adult In-Person Survey Report FY 17/18.

*Charts for Rights and Respect*

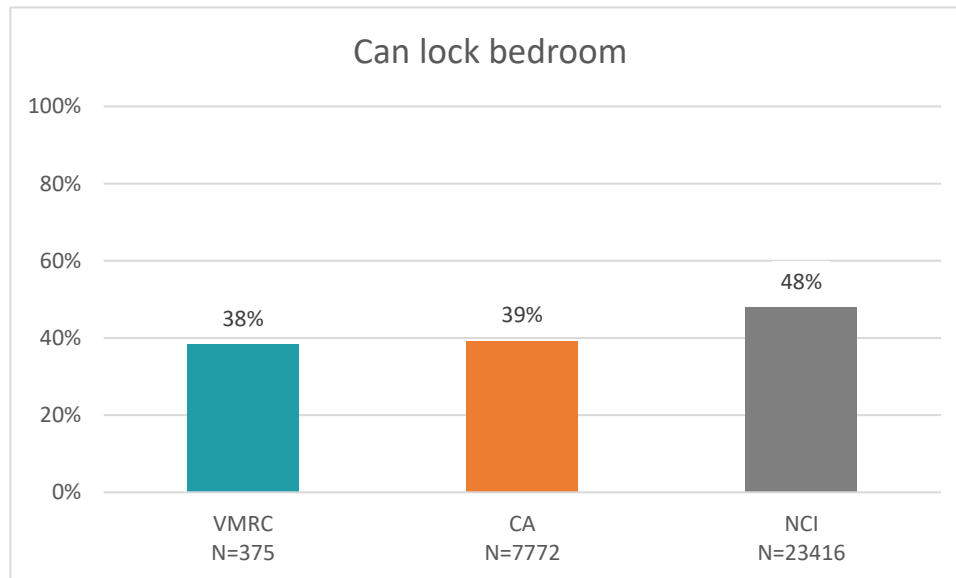
[Chart 87](#). Has a key to the home (proxy respondents were allowed for this question)



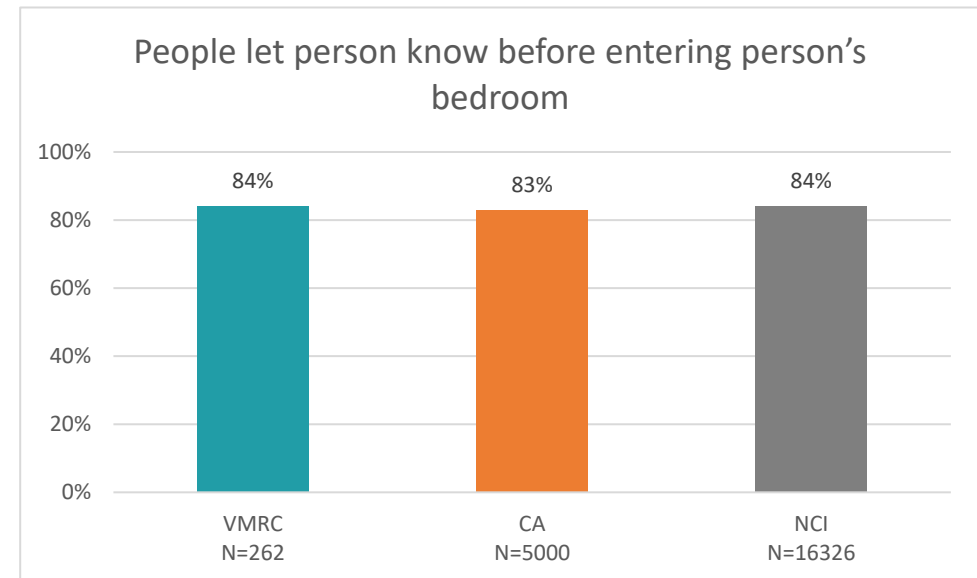
[Chart 88](#). People (who do not live in the home) let person know before entering home

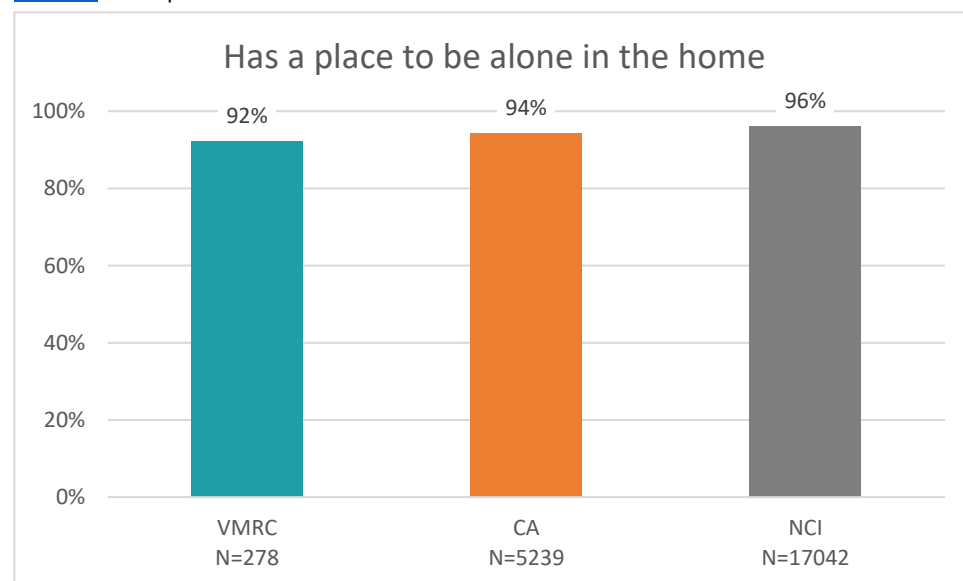
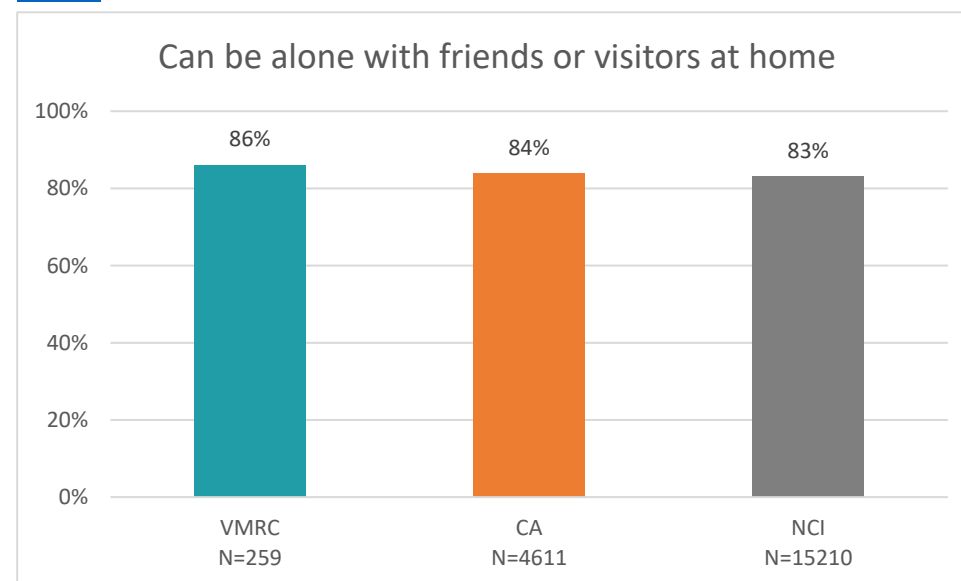
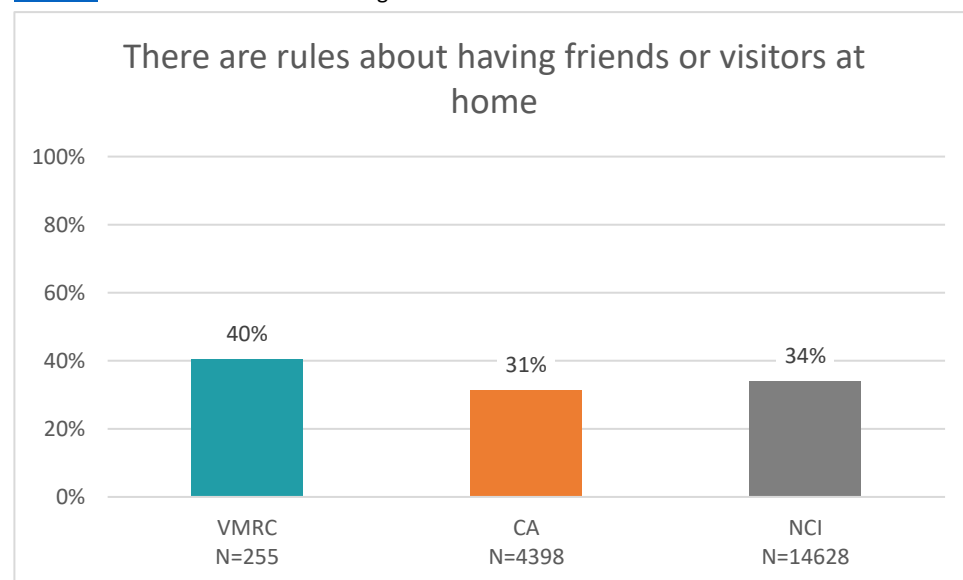
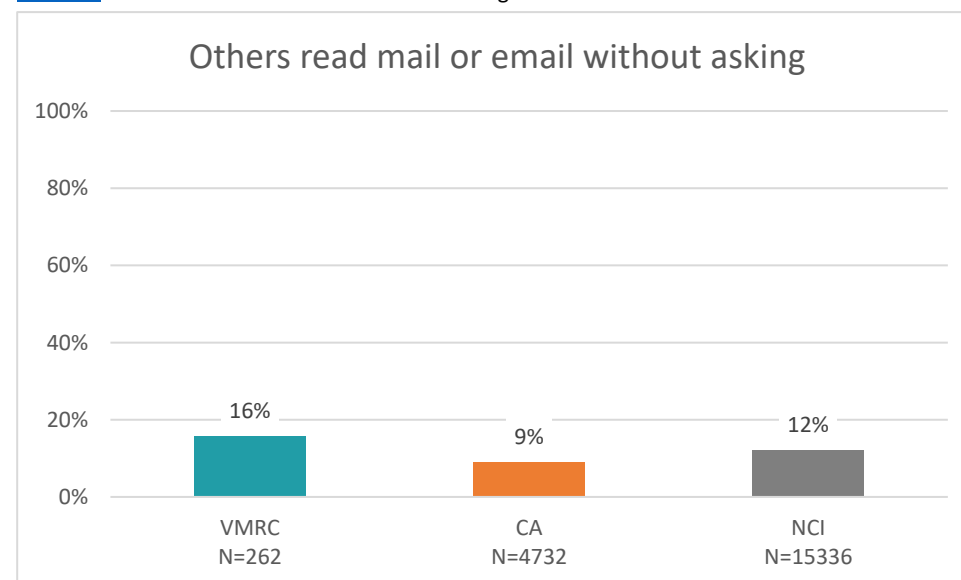


[Chart 89](#). Can lock bedroom (proxy respondents were allowed for this question)



[Chart 90](#). People let person know before entering person's bedroom

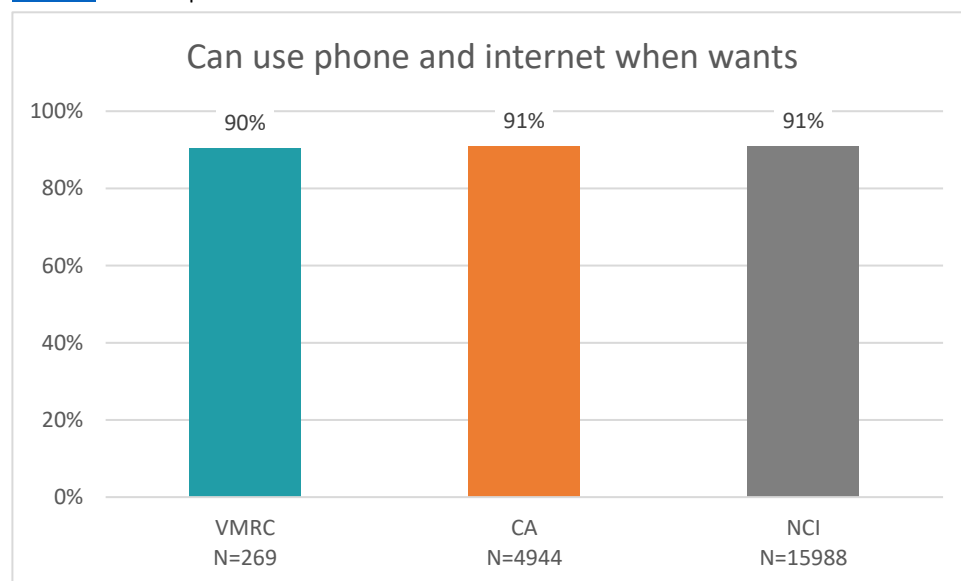
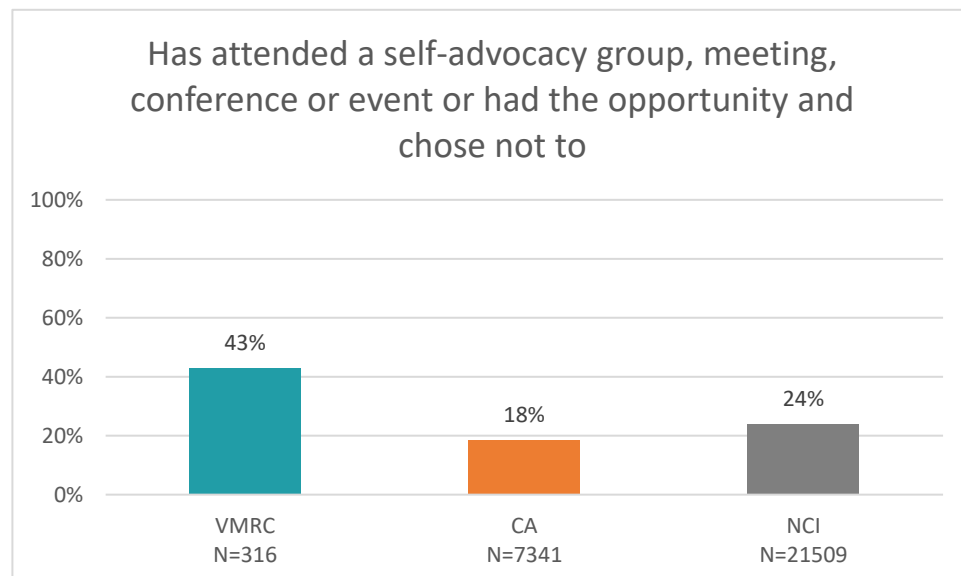
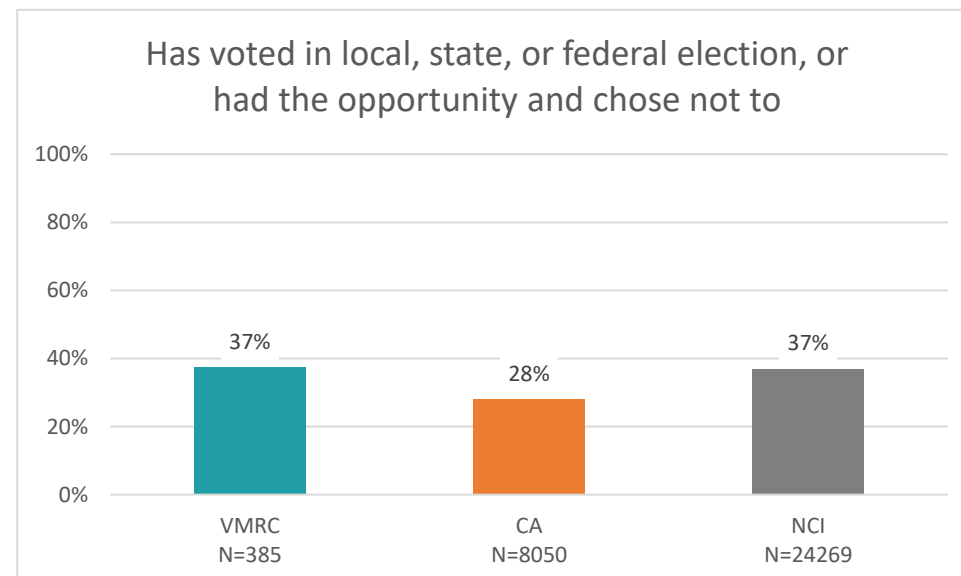


[Chart 91.](#) Has a place to be alone in the home[Chart 92.](#) Can be alone with friends or visitors at home[Chart 93.](#) There are rules about having friends or visitors at home ~[Chart 94.](#) Others read mail or email without asking ^^

~A lower average indicates a lower percentage of people report rules about having friends or visitors at home

^^A lower average indicates a lower percentage of people report others open mail or email without asking



[Chart 95.](#) Can use phone and internet when wants[Chart 96.](#) Staff treat person with respect[Chart 97.](#) Has attended a self-advocacy group, meeting, conference or event or had the opportunity and chose not to (proxy respondents were allowed for this question)[Chart 98.](#) Has voted in local, state, or federal election, or had the opportunity and chose not to (proxy respondents were allowed for this question)

*Tables for Rights and Respect*

**Table 57. Rights and Respect**

		Yes	N
Has a key to the home <i>(proxy respondents were allowed for this question)</i>	VMRC	41%	402
	CA	42%	8,202
	NCI	47%	24,893
People (who do not live in the home) let person know before entering home	VMRC	90%	270
	CA	92%	5,146
	NCI	91%	16,772
Can lock bedroom <i>(proxy respondents were allowed for this question)</i>	VMRC	38%	375
	CA	39%	7,772
	NCI	48%	23,416
People let person know before entering person's bedroom	VMRC	84%	262
	CA	83%	5,000
	NCI	84%	16,326
Has a place to be alone in the home	VMRC	92%	278
	CA	94%	5,239
	NCI	96%	17,042
Can be alone with friends or visitors at home	VMRC	86%	259
	CA	84%	4,611
	NCI	83%	15,210
There are rules about having friends or visitors at home ~	VMRC	40%	255
	CA	31%	4,398
	NCI	34%	14,628

~ A lower average indicates a lower percentage of people report rules about having friends or visitors at home

Table 58. Rights and Respect (contiued)

		Yes	N
Others read mail or email without asking ^^	VMRC	16%	262
	CA	9%	4,732
	NCI	12%	15,336
Can use phone and internet when wants	VMRC	90%	269
	CA	91%	4,944
	NCI	91%	15,988
Staff treat person with respect	VMRC	94%	207
	CA	94%	4,078
	NCI	93%	14,773
Has attended a self-advocacy group, meeting, conference or event or had the opportunity and chose not to ( <i>proxy respondents were allowed for this question</i> )	VMRC	43%	316
	CA	18%	7,341
	NCI	24%	21,509
Has voted in local, state, or federal election, or had the opportunity and chose not to ( <i>proxy respondents were allowed for this question</i> )	VMRC	37%	385
	CA	28%	8,050
	NCI	37%	24,269

^^A lower average indicates a lower percentage of people report others open mail or email without asking

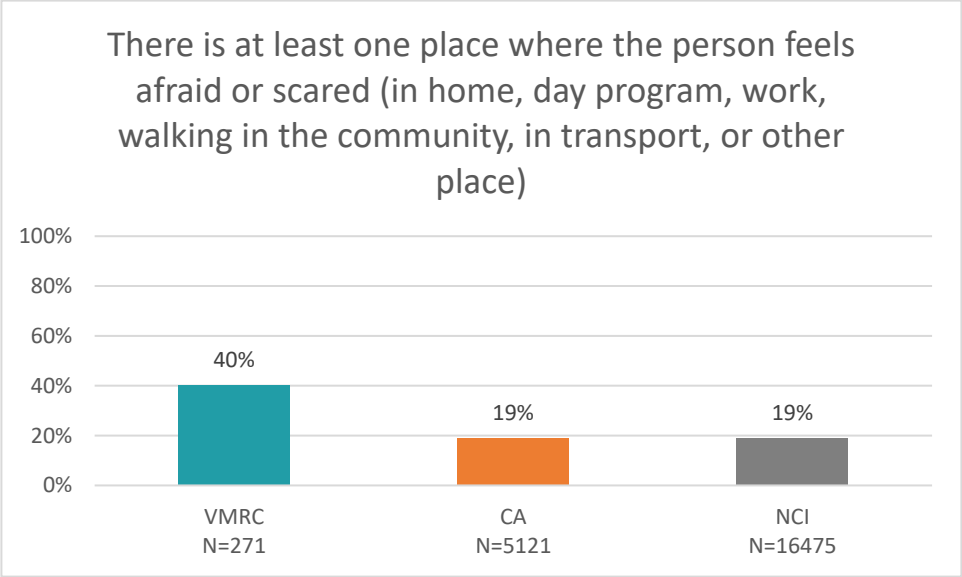
## Safety

*People are safe from abuse, neglect, and injury.*

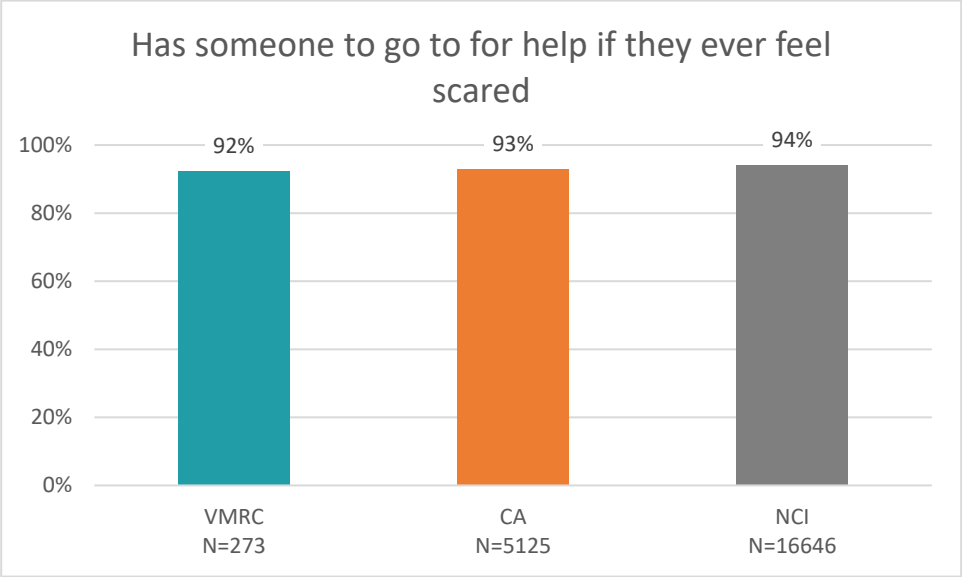
**All CA and NCI Averages are weighted.** For more information on weighting see the Data Analysis section of the California Statewide Adult In-Person Survey Report FY 17/18.

### *Charts for Safety*

[Chart 99](#). There is at least one place where the person feels afraid or scared (in home, day program, work, walking in the community, in transport, or other place) ~



[Chart 100](#). Has someone to go to for help if they ever feel scared



~A lower percentage indicates a lower proportion of people indicating that there is a place they feel afraid

### *Tables for Safety*



Table 59. Safety

		Yes	N
There is at least one place where the person feels afraid or scared ( <i>in home, day program, work, walking in the community, in transport, or other place</i> ) ~	VMRC	40%	271
	CA	19%	5,121
	NCI	19%	16,475
Has someone to go to for help if they ever feel scared	VMRC	92%	273
	CA	93%	5,125
	NCI	94%	16,646

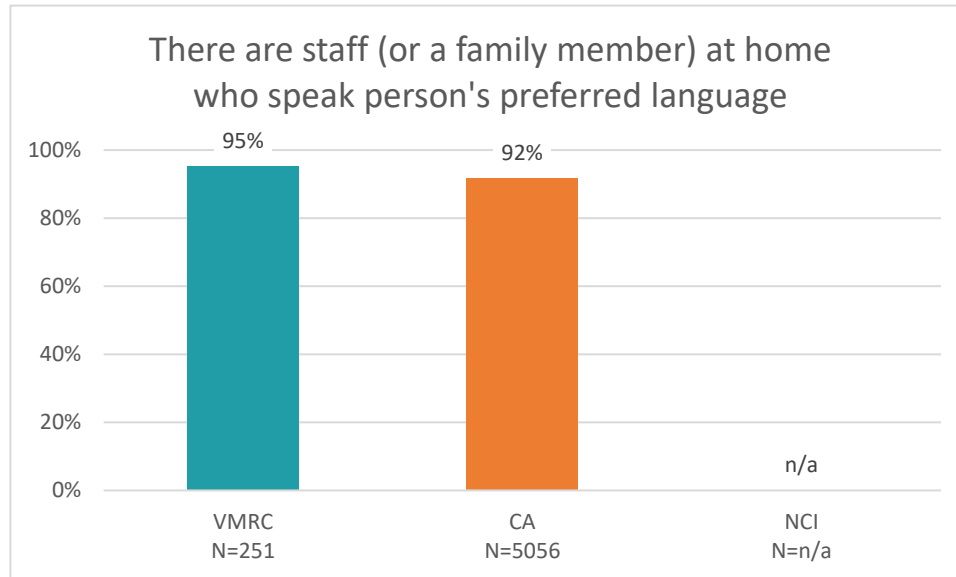
~A lower percentage indicates a lower proportion of people indicating that there is a place they feel afraid

## *Language and Cultural Competence*

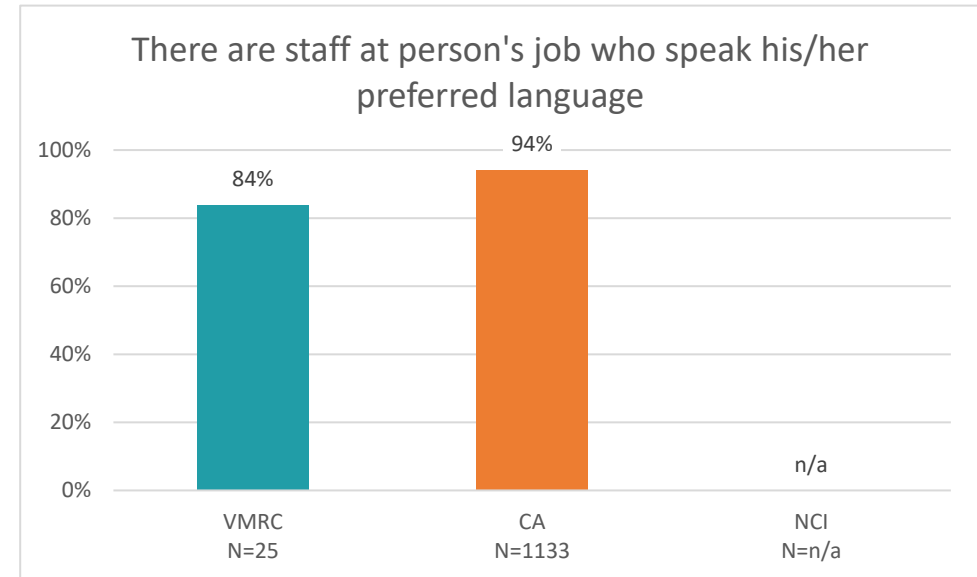
*California specific questions*

*Charts for Language and Cultural Competence*

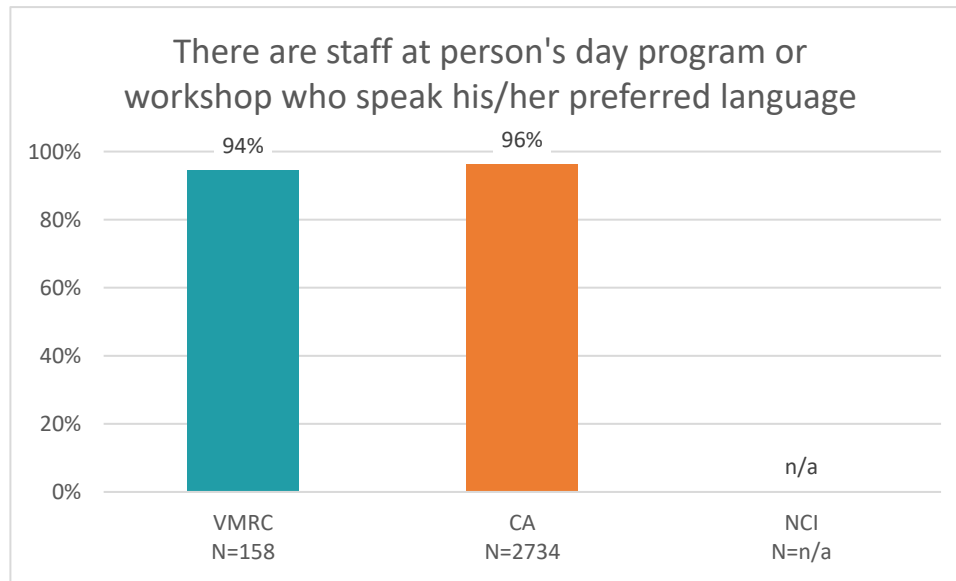
[Chart 101.](#) There are staff (or a family member) at person's home who speaks his/her preferred language\*



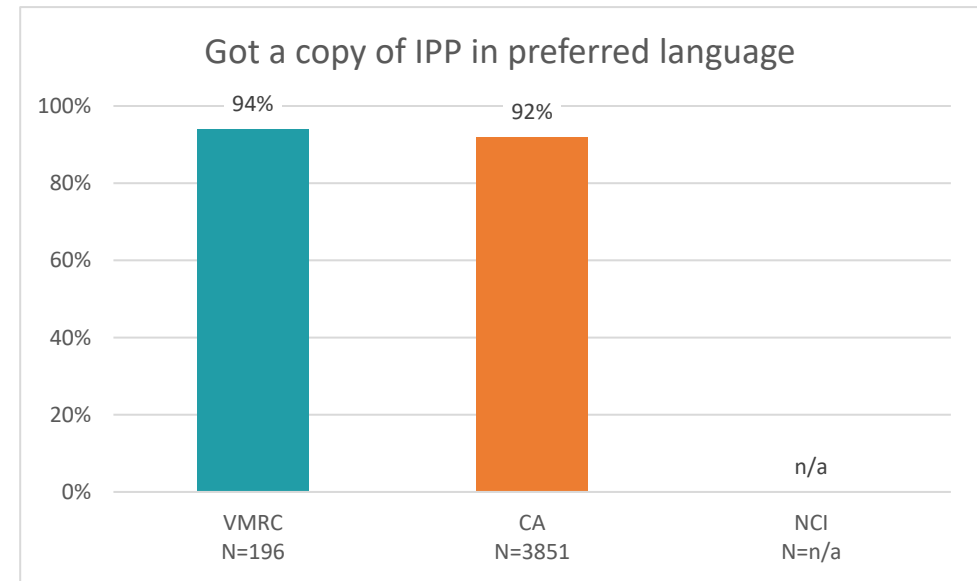
[Chart 102.](#) There are staff at person's job who speaks his/her preferred language\*



[Chart 103.](#) There are staff at person's day program or workshop who speak his/her preferred language\*

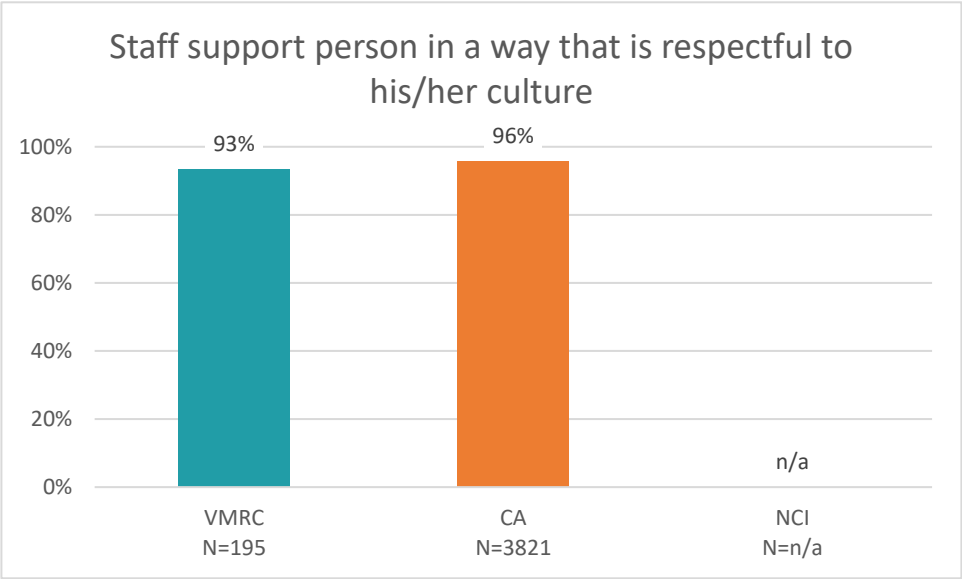


[Chart 104.](#) Got a copy of IPP in his/her preferred language\*



\*California specific questions

Chart 105. Staff support person in a way that is respectful to his/her culture\*



\*California specific questions

*Tables for Language and Cultural Competence*

**Table 60. Language and Cultural Competence**

		Yes	N
There are staff (or a family member) at home who speak person's preferred language*	VMRC	95%	251
	CA	92%	5,056
	NCI	n/a	n/a
There are staff at person's job who speak his/her preferred language*	VMRC	84%	25
	CA	94%	1,133
	NCI	n/a	n/a
There are staff at person's day program or workshop who speak his/her preferred language*	VMRC	94%	158
	CA	96%	2,734
	NCI	n/a	n/a
Got a copy of IPP in preferred language*	VMRC	94%	196
	CA	92%	3,851
	NCI	n/a	n/a
Staff support person in a way that is respectful to his/her culture*	VMRC	93%	195
	CA	96%	3,821
	NCI	n/a	n/a

\*California specific questions



## **Finance Committee Meeting Minutes**

10/07/2020 | 05:30 PM - 06:30 PM - Pacific Time (US & Canada)

**Committee Members Present:** Margaret Heinz, Lisa Utsey, Dena Pfeifer, Connie Uychutin, Jose Lara

**Committee Members Not Present:** Linda Collins, Alicia Schott

**Staff Members Present:** Tony Anderson, Doug Bonnet, Corina Ramirez, Claudia Reed

**Public Present:** Rachelle Munoz, Irene Hernandez (Interpreter), Lori Smith

### **Margaret Heinz called the meeting to order at 5:34 PM**

#### **A. Review and Approval of Meeting Agenda**

Approved by unanimous consent.

#### **B. Review and Approval of Meeting Agenda**

Approved by unanimous consent.

#### **C. Public Comment**

None.

#### **D. Approval of Contracts over \$250,000**

Corina Ramirez reviewed the contracts expiring in November 2020 and December 2020 as well as the full Paradise contract and the CBEM amendment.

Dena Pfeifer made a motion to approve the contracts over \$250,000 presented. Jose Lara seconded the motion. The contracts over \$250,000 that were presented were approved unanimously.

#### **E. Fiscal Department Update**

##### **1. Claudia Reed presented the Contract Status Report (CSR)**

No action item on the CSR tonight due to Claudia reporting that she doesn't think the reports are correct. Revised CSR will be presented at the Board Meeting and voted on at the Board



Meeting. The revised reports will be sent to the Finance Committee prior to the Board Meeting.

**2. Claudia Reed presented the POS and OPS reports**

**3. No Cash Flow Projection Report this Month**

**4. No PEP Report this month**

**5. Restricted Donations**

Approved unanimously.

**F. Next Meeting – Wednesday, November 4, 2020, 5:30 PM to 6:30 PM via Zoom Video Conference**



## **Executive Committee Meeting Minutes**

09/02/2020 | 06:30 PM - 07:30 PM - Pacific Time (US & Canada)

**Attendees:** Margaret Heinz, Linda Collins, Lynda Mendoza, Dena Pfeifer

**Informed Absence:** Mohamed Rashid

**Staff in Attendance:** Tony Anderson, Doug Bonnet

**Public Present:** Lori Willis, Irene Hernandez (Interpreter)

**Margaret Heinz called the meeting to order at 6:34 PM**

### **A. Review and Approval of Meeting Agenda**

Linda Collins made a motion to approve the Meeting Agenda. Dena Pfeifer seconded the motion. The Meeting Agenda was approved unanimously.

### **B. Review and Approval of Executive Committee Meeting Minutes of 08/05/20**

Linda Collins made a motion to approve the Executive Committee Meeting Minutes of 08/05/20. Dena Pfeifer seconded the motions. The Executive Committee Meeting Minutes of 08/05/20 were approved unanimously.

### **C. Public Comment**

None.

### **D. Items for Approval**

None.

### **E. Items for Discussion – Tony Anderson**

#### **1. Executive Director's Report**

##### **POS Expenditure Public Forums**

Throughout August we hosted several public forums to review our services expenditures for the past year. We compared our expenditures by age groups and ethnicity analyzing trends to see the differences by groups. We do see much less spent on younger consumers, Hispanic

consumers make up the large majority of the children, Caucasian make up a large majority of the adults, Hispanic utilize a large majority of children services and the Caucasian group uses the majority of the adult services. Our next step is to write up our report to DDS then we'll meet with some community groups to discuss our strategy to further understand the expenditure trends and needs of different ethnic groups.

During August Doug continued to organize the distribution of Personal Protective Equipment for our consumers, families, and providers. He held a joint event with SCDD and SAC6 in Stockton, Modesto, and San Andreas offices.

## **2. Notable Consumer Information**

The California wildfires are causing people with disabilities all over the state to be relocated and evacuated. Our resource development staff was in close contact with North Bay Regional Center in case they needed a local residential placement for people displaced due to the fires in their area. We also had fires in our area but luckily no one was permanently displaced. When checking in on consumers we found some had been evacuated but returned home, some were on watch but didn't need to go, staff drove out to some homes that could not be contacted, no homes destroyed in the SCU Fire near Patterson, we have had some assistance from local law enforcement to check on people in areas where we can't go. Our Quality Assurance Liaisons have made calls to all the vendors at risk and all reported they were being vigilant and were prepared to evacuate if necessary.

## **3. Vendor Information**

The biggest policy change that occurred in August was a new policy for Alternative Nonresidential Services. The department informed the community that they would no longer be able to make retainer payments anymore. The resolution is the new Alternative Nonresidential services which will eventually include a monthly rate pay for services which now include:

1. Supports related to COVID-19 risk management;
2. Completion of individual assessments and/or program plans;
3. Completion of a person-centered plan;
4. Remote services delivered via telephone or video communication;
5. Delivery of supplies and other items to the consumer's home;
6. Confirmed use of self-guided materials;
7. Skills training to individuals within the consumer's household who are specifically designated to support the consumer;
8. Services provided in-person at the consumer's home, modified to comply with the most restrictive state or local guidelines in effect at the time the service is to be delivered;

9. Services provided in-person in a community setting, modified to comply with the most restrictive state or local guidelines in effect at the time the service is to be delivered;
10. Services provided in-person at the vendor's facility, modified to comply with the most restrictive state or local guidelines in effect at the time the service is to be delivered;
11. Supports for transition to the Self-Determination Program; and
12. Training provided to vendor staff that is necessary for consumers to receive alternative delivery of no

#### **4. Self-Determination Update**

The Statewide Self-Determination Committee recently published a report called, "A Statewide Self-Determination Advisory Committee Report on the Barriers to Implementing the Self-Determination Program." After reviewing the report here are the points from the report I think are the most helpful for us in our region (some are things we're doing already):

1. VMRC Updates at LAC meeting: (1) number of SDP participants, (2) the pace of enrollment, (3) orientation, (4) development of person-centered plans and budgets.
2. VMRC can establish interim goals for going live.
3. Report success stories each meeting
4. Regional centers should provide opportunities for participants to meet and engage with independent facilitators.
5. Regional centers open forum for service providers about the SDP, and invite non-vendored providers to offer services to SDP

#### **5. Other Matters**

None.

#### **6. Personnel and Union Update**

We have one complaint and our team of Bud Mullanix and Cindy Mix have met with the union officials and describe it as very positive.

### **F. President's Report – Margaret Heinz**

Thank you Tony for the Annual Staff Meeting agenda...we've stolen those ideas and use it in my classroom.

Thank you for forwarding the ARCA academy survey out. It sounds like something good and cool. Last year was really well done. At least we can now do it online.

Thank you to Committee Chairs for agreeing to be chairs again this year.

Thank you Doug for the PPE Distribution. Keeping our consumers safe is why our numbers are looking good now.

A couple of instances with Board Members and COI forms but we will continue to work on it.

Thank you for the Health Advisories.

Reading some of the waiver extensions into October should help reduce some stress.

**G. Next Meeting - Wednesday, October 7, 2020, 6:30 PM via Zoom Video Conference**

**Meeting Adjourned at 7:30 PM**



## **Executive Committee Meeting Minutes**

10/07/2020 | 06:30 PM - 07:30 PM - Pacific Time (US & Canada)

**Committee Members Present:** Margaret Heinz, Dena Pfeifer, Mohamed Rashid

**Committee Members Not Present:** Lynda Mendoza, Linda Collins

**Staff Present:** Tony Anderson, Doug Bonnet, Bud Mullanix

**Public Present:** Lori Smith

**Margaret Heinz called the meeting to order at 637pm.**

### **A. Review and Approval of Meeting Agenda**

Approved by unanimous consent.

### **B. Review and Approval of Executive Committee Meeting Minutes of 09/02/20**

Approved by unanimous consent.

### **C. Public Comment**

None.

### **D. Items for Approval**

#### **Director of Community Services Position**

Tony discussed the need for the new position as the result of the retirement of Assistant Director Nicole Weiss. Since we wanted to reorganize some things, after lots of discussion, review and analysis...we wanted to bring the 2 departments of Resource Development and Quality Assurance together. Current Assistant Director Brian Bennett will fill this new position of Director of Community Services. Should be roughly \$127,000 savings for the agency.

Dena Pfeifer made a motion to approve the Director of Community Services position. Mohamed Rashid seconded the motion. The Director of Community Services Position was approved unanimously.

## **E. Items for Discussion – Tony Anderson**

### **1. Executive Director's Report**

#### **Strategic Planning**

We had a great turnout for our half day strategic planning board retreat last month and as a way to reduce the time commitment for the board members we have asked all involved to do some homework on their own that will be used to inform the planning process even more. Once we get all the information in from the participants we'll be gathering our senior leadership to meet one more time with Kinetic Flow before we begin organizing our work groups.

#### **Cultural and Linguistic Competence**

We have an internal group working on Cultural and Linguistic Competence and we are in the final phase of our work with Georgetown University. The group is working on the final report of our project that we'll present along with North Bay Regional Center to Georgetown professors and the DD Act partners (DRC, SCDD, UCEDs) plus we are participating in ongoing university training on Cultural and Linguistic Competence. Finally our committee is committed to the long term process for cultural competence and we have a plan internally to improve our work with the community and within our own organization.

#### **Onboarding**

We are currently organizing an onboard training for all 2020 New Hires via zoom - 40 new staff. This will be two half-day sessions featuring highlights from Senior Leaders, other discipline managers, topic specialists, and community partners. This will be a complicated effort including up to 70 people and several moving parts but hopefully the new hires will find it helpful in understanding VMRC and our purpose and community.

#### **Management**

We are organizing the biannual management training and meeting for the management staff at VMRC. We will review the IT updates and strategic direction with technology, update the managers on the Strategic Planning process, provide a management training, and answer questions from the managers.

#### **Job Promotion**

Developing a Job board on our website to promote jobs for consumers and DSPs.

## **2. Notable Consumer Incidents/Complaints**

Our COVID-19 exposures have been consistently decreasing in our reporting over the past 10 days however yesterday we just received a report that one of our consumers who tested positive in August last past away later in that month.

## **3. Vendor Information**

We got the directive from DDS and the pin from DSS that gives more guidance to day programs. We are doing lots of work helping the day programs figure out how they can deliver Alternative Services

## **4. Self-Determination Update**

The Department of Developmental Services has heard from advocates across the state that there is a concern about why people are dropping out of the selection for Self-Determination. The good news is that the most common reason given is that they are already satisfied with the services they are receiving. Here are a few of the findings:

The amount of money I can use is not enough for what I need – 11.94%

- Too much work to be in the program – 29.10%
- The services I want to use are not allowed in the program – 5.97%
- Too hard to find service providers for the program – 11.19%
- Too many appointments – 10.45%
- The services I am getting are fine for now – 39.55%
- I am still interested, but there are other things in my life that make it difficult right now – 14.93%

## **5. Other Matters**

On October 22nd the Supported Life Institute will be hosting a virtual conference and I am recording a video of a speech on why we are still striving during this global pandemic. As part of this speech I have asked people to "tell us something great that has changed for you in response to COVID-19 that you don't want to change back..." So far we have received over 80 responses.

## **6. Personnel and Union Update**

Tony - We are currently discussing the contract status as a regular check-in period each October.



As a result of the retirement of the person leading the QA section of Community Services and after significant and careful consideration I have decided to merge the sections back into one department that will be led by a Department Director. The position will be called the Director of Consumer Services and will be paid at the Director pay scale. Other adjustments will take place after the position is in place and in the end we anticipate a cost savings of about \$127,055 annually.

Bud – We are at 361 staff, turnover rate is low under 3%, only ones really leaving are retirements, doing a good job given the market of finding SCs and bringing them in. Working now to fill new teams. BCBA and Psychologist will be tough to fill. All RC HR directors are doing a compensation market comparison. Lots of training on the on boarding. Trying to talk to staff about self-care and staff well-being. Biggest issue with staff having performance issues and managers addressing it. Some are having a tough time working from home. Some of the folks who live by themselves are struggling.

#### **F. President's Report – Margaret Heinz**

Let's have compassion for the staff working from home and also helping distance learn.

Strategic Plan day ended up awesome. It exceeded all of my expectations and those who attended got a lot about it.

Great work on the upcoming on boarding. I plan on being there as much as I can.

Some concerns about a few COI forms from 2 board members.

ARCA Board delegates meeting that I'll be attending next week...I'll report on that.

Presentation Food Pantry is doing a great job and we appreciate everything that they are doing.

Dena our thoughts and prayers are with you. The son of Linda Collins, Mark Collins, and the boyfriend of Dena passed away and it has hit hard.

#### **G. Next Meeting – Wednesday, November 4, 2020, 6:30 PM, via Zoom Video Conference**

**VALLEY MOUNTAIN REGIONAL CENTER  
MINUTES OF CONSUMER SERVICES COMMITTEE MEETING  
Monday, September 14, 2020**

=====

**PRESENT:**

**Committee Members:** Margaret Heinz; Daime Hoornaert; Dena Pfeifer, Lori Smith her facilitator; Liz Herrera Knapp; Rachelle Munoz, Crystal Enyeart's facilitator

**VMRC Staff:** Brian Bennett; Christine Couch; Cindy Mix; Cindy Strawderman; Claire Lazaro; Douglas Bonnet; Nicole Weiss; Robert Fernandez; Tara-Sisemore Hester; Tony Anderson

**Visitors:** Dena Hernandez; Irene Hernandez; Lisa Culley; Ron Luis; 209-XXX-5904

**ABSENT:** Crystal Enyeart; Robert Balderama; Mohamad Rashid; Linda Collins; Nadia Robinson.

=====

Dena Pfeifer, Chairperson, called the meeting to order at 4:10 p.m.

**1.0 PUBLIC COMMENT**

- Dena Hernandez Regional Manager- SCDD North Valley Hills Office shared the following:
  - Thank you to VMRC for collaborating with SCDD & SAC6 again for the recent Personal Protection Equipment (PPE) drive throughs.
  - The State Council on Developmental Disabilities is holding its council meeting on zoom tomorrow Sept 15 from 10am-3pm. This statewide meeting is open to all. Details can be found on the SCDD website.
  - Next SCDD North Valley Hills Regional Advisory Committee (RAC) meeting will be held on Tuesday, September 22, 2020 and will be a zoom meeting. Guest Speaker is Tony Anderson to discuss the VMRC Strategic Plan. All are welcome to participate.
  - SCDD is working on a virtual training platform that will house many trainings on various topics that will be open and free to all. It is in the early stages and I will keep you posted as it unfolds!
  - Senator Jerry McNerney is hosting a virtual town hall on 2020 Voting and the US Census tomorrow from 2pm-3pm Featuring California Secretary of State Alex Padilla With Special Guest Stockton Mayor Michael Tubbs
  - The California Memorial Project is next Monday and will be virtual- must register to participate at this worthwhile event. Info to register was sent out in the VMRC Health Advisory.

## 2.0 REVIEW OF MINUTES

**There was no quorum for a vote to approve the minutes from June 1, 2020. Held over to next month's meeting.**

## 3.0 SAC6 UPDATE

➤ **Crystal Enyeart was not in attendance, however her facilitator Rachelle Munoz read Crystal's notes:**

- We are continuing to encourage self-advocates to be safe and stay healthy and follow CDC guidelines not only with the COVID-19 but also with the poor air quality.
- On August 7th we held our 15<sup>th</sup> Friday Zoom Chat, the topic was on Self Determination Program. Kerstin Williams from Sac 6 and Angie Shear- VMRC gave a wonderful presentation. This was one of our largest Zoom chats and we had over 100 individuals on this chat.
- On August 12<sup>th</sup> Sac 6 partnered with SCDD and VMRC to hand out PPE equipment in San Joaquin County at the VMRC office for a third round. We handed out PPE equipment to vendors and care providers in a contactless drive through style.
- On August 14<sup>th</sup> we had our 16<sup>th</sup> Friday Zoom Chat, the topic was on Disability Resources Agency for Independent Living (DRAIL). Mohammed Rashid & Kholoud Rashid from Community Organizers were our guest speakers. We had over 40 individuals on this Zoom Chat.
- Sac 6 had their quarterly Finance Committee meeting via zoom on August 19<sup>th</sup>.
- On August 21st we had our 17<sup>th</sup> Friday Zoom Chat, the topic was VMRC Purchase of Services (POS) info, who does VMRC spend the money for services on? How can it be open and fair to all? Our guest speaker was Gabriela Lopez- VMRC Cultural Specialist & Sac 6 members. We had over 45 individuals on this Zoom Chat.
- Sac 6 had their monthly Leadership Meeting with Tony on August 27th. We are continuing to get the word out about self-advocacy.
- On August 28th we had our 18<sup>th</sup> Friday Zoom Chat, the topic Feeling safe Being Safe Disaster Preparedness presented by Sac 6 Chairperson Lisa U. and Nicole Patterson from the Department of Developmental Services (DDS CAC). We were able to mail out red disaster packets to individuals. You can also find the material on the DDS website under consumer's corner.
- We will be having our Sac 6 Board meeting on September 12<sup>th</sup> via Zoom.

- We will also continue working with VMRC and SCDD to distribute PPE Equipment to the community as needed.
- Also, our Fall Chatter Letter was published and up on the VMRC website under Self Advocacy tab.
- A huge THANK YOU to Tony Anderson, Gabriela Lopez and Angie Shear for all your help during our August Friday Zoom Chats.

#### 4.0 **CLASP UPDATE**

➤ Daime Hoornaert shared the following:

- Vendors are celebrating Direct Support Professional Recognition week. Thanking DSP's for their hard work they are doing to support individuals during this time. They would like to thank the State Council – North Valley Hills Office for their giving DSP's decorative masks for their service.
- CLASP provider conference. There is ongoing planning for the virtual conference series. Instead of doing a 1-day conference, they are looking at 3 possible days to be held in November.
- The Vendors would like to thank the State Council, SAC6 and VMRC for the collaboration for the distribution of the PPE that they have been handing out to everyone.
- The Residential Service Provider group continues to meet ongoing to discuss issues and creative ideas to support residents and staff. Along with the Day Program network, the next meeting is September 23<sup>rd</sup> at 8:00 a.m. There is ongoing discussion for the August 31<sup>st</sup> DDS directive regarding policies & procedures for utilizing Alternative Non-Residential Services during COVID-19 state of emergency.
- Day Program Residential Group, which is a collaboration with VMRC, State Council, Licensing, Day program providers & residential service providers. The group has had two meetings to discuss and problem solve creative ways to support individuals in their living environment and alternative service delivery. We do not have a targeted next meeting.
- Next CLASP meeting is September 28<sup>th</sup> @ 10:00 a.m.

#### 5.0 **CONSUMER SERVICES PROJECTS OR PRESENTATIONS**

We have no presentations today, hopefully we can star them soon.

Dena Pfeifer brought up how often the Committee would like to meet. **It was agreed that the committee would meet monthly, on the First Monday of the month.**

#### 6.0 **CLINICAL**

**There was no quorum for a vote to approve the END OF CARE PLANNING DOCUMENT & IPP OBJECTIVE FOR END OF LIFE CARE. This will be held over for next months meeting.**

➤ Claire Lazaro discussed:

- the documents that were attached to the meeting packet: Guide to Consumer travel during COVID-19; Visitation with Families & Outdoor Exposure with highlights; DDS Expectation on Hospital Discharges and other placement; In-Person meeting procedure; & CDPH Visitor Guide all Facilities.

➤ Tara Sisemore-Hester shared:

- The intake statistics for August. We are down dramatically from last year for intakes. We have reached out to Physicians that make referrals to us, and they are not seeing many children in all of the counties. Some of the physicians have reached out to families, some were doing video meetings and some declined in office visit.

Office	# ES cases processed ALL	# ES cases processed	# made eligible	% eligible
Stockton	84	64	56	88%
Modesto	79	67	52	78%
San Andreas	10	6	6	100%
Total	173	137	114	83%

Office	# 3+ cases processed ALL	# 3+ cases processed	# made eligible	% eligible
Stockton	28	26	16	62%
Modesto	10	6	3	50%
San Andreas	3	2	2	100%
Total	41	34	21	62%

- DDS is working on putting together a media campaign to pull in more referrals that don't go into the Doctor's offices. We are trying to problem solve together. This has been an issue all through the state.
- The Education Webinar. If you look at the Health Advisory, there was a link included to the webinar our Education Specialist did with DRC, FRN, State Council, SELPA Directors and other entities. To talk about distance learning. If you want the link you can e-mail Tara and she will send for you.
- We have some Occupational Therapist Vendor interest right now. This is good news!
- We have a few Early Start Autism ABA providers on deck to provide services. We had been working with Resource Development to process Clinical Vendors. We really appreciate their work.

## 7.0 **RESOURCE DEVELOPMENT**

➤ Brian Bennett shared:

- Resource Development is continuing to develop homes and a possible SURGE. We are working with Licensing & DDS to develop our Residential Homes. We had been encouraging potential vendors for private rooms for safety.
- We had a call with Community Care Licensing and they provided some updates. There are changes and new PIN's that have come out. There is a heavy focus on relocation and disaster plans, since there have been wildfires in California. We have been paying close attention to our mountain counties to make sure our providers are better prepared.
- We are also continuing to work with our non residential service providers. To collect from them their updated Enclosure A's to show what services they are providing to consumers moving forward.

➤ Robert Fernandez shared:

- On August 12 & 13, we had our Residential Services Orientation. This was our first Zoom due to COVID. It went well, we had 19 attendees. As far as development of residential services, they continue even through COVID.
- HCBS on last Wednesday, Tumboura Hill provided information trainings for Home and Community Based Services providers whose homes are greater than 6 beds. He will continue to reach out and provide those trainings.
- As far as non residential services, Brian & Wilma will be doing an informational session on the 17<sup>th</sup> from 1-2 for those providers. This is specific for transportation providers. ON the 18<sup>th</sup> we are hosting an info session for any other non residential service providers.
- We have added the HCBS final rule compliance report, that every Regional Center is required to provide, to our website on August 31<sup>st</sup> and is available as a public disclosure.

## 8.0 **QUALITY ASSURANCE**

- 5.1 **Alerts:** Nicole Weiss shared that there were 65 alerts for the period of May 18, 2020 through August 11, 2020. 17 centered around Delivery of care; 16 for Recordkeeping; 11 for untimely SIR; 9 Violation of Rights; 6 Health related concerns; 3 environment; 2 staff qualifications & 1 for food service. The Alert findings found that 12 were unsubstantiated; 3 were N/A; & 17 were substantiated.

## 9.0 **CASE MANAGEMENT**

**9.1 Reports:**

- Caseload Ratios
- Transfer Status Report
- POS Exception Report
- SIR Report
- Fair Hearing Report. Christine Couch provided the following update:
  - The OAH, Office of Administrative Hearings, has scheduled all mediation and state level hearings as Microsoft TEAMS video meetings. We continue to hold informal meetings via zoom conference calls.
  - We have 5 open Lanterman eligibility cases. Two adults and three children.
  - We have 1 open service request case which is currently being heard in a State Level Hearing.

**There was no quorum for a vote to approve the PERSONAL ASSISTANCE POLICY. This will be held over for next month's meeting.**

**9.2: Case Management Update:**

- Cindy Mix shared:
  - New Adolescent Team--Cindy Jimenez returning. 14, 15, 16 year old's.
  - Consumer Contact --2nd mass campaign. W/monthly Everbridge
  - Additional Services Due to COVID--Extending all DP through Oct. All due to school closings through December 31st.
  - Day Services-Service Coordinators conducted surveys to obtain information about needs and preferences. Shared info with the programs who are completing their own surveys now by contacting consumers. Enclosure As will be completed by programs and it will be determined if Alternative Services are needed. If so, the regional center will be informed, and a confirmation letter will be sent out to the consumers. If it is decided that traditional services will continue but held remotely, there will be no need for an IPP Addendum.
  - VMRC staff are reminded that Health Passports and personal profiles being completed are a good way for those providing medical treatment to know our consumers and be able to better assist them.
  - Food Distribution has continued to occur on a monthly basis. Service Coordinators compile a list of needy consumers and families. The Presentation Pantry has donated at least 50 bags per month and our Cultural Specialist has a team of staff and volunteers delivering.
  - We are planning a Diaper Drive in the near future, hopefully in October. Donations are being secured now.
  - We are planning a Voter Registration Campaign--Next PPE distribution date;

we will assist in completing registrations.

- On Sept. 23rd, we will hold a public meeting re: our Performance Contract for the upcoming year and provide NCI to review how we are doing in various areas based on consumer input.
- Self-Determination--28 now on program.

## 10.0 **TRANSPORTATION**

### ➤ **Wilma Murray was not able to attend, however Cindy Strawderman read the following in her absence:**

- Free public bus service is still being provided by Tuolumne, Calaveras and Stanislaus Counties. Calaveras has also recently added a free grocery pick-up and drop-off service! Please see the attached flyer for more info.
- Modesto Max has introduced a new commuter bus line between the Modesto Transit Center and the Stockton downtown Transit Center which includes a stop at the Manteca Transit center. The service hours include mid-day trips so this service could easily be used for cross county needs such as doctor's appointments. See the attached flyer for more info.
- San Joaquin Regional Transit started charging their regular fares for all bus lines on August 30<sup>th</sup>. There are also significant changes to the Dial A Ride (DAR) and VanGo systems.
- DAR is now only available for trips within the Stockton city boundaries versus allowing trips between all cities – this cut back is due to budget/funding cuts. However, they are also offering a new program called My-Ride which allows ADA certified passengers (DAR riders) to find their own drivers, sign them up with RTD to drive them anywhere in the County for any purpose. RTD will reimburse the driver @ \$.50 cents per mile. See the attached for more info.
- The VanGo service has the biggest change. VanGo will no longer service trips that start and end in any city. At least one leg of the trip must be in the unincorporated/rural part of the County and the fare will be mileage based. A flat charge of \$4 for the first 5 miles and \$.50 per mile after that. They will no longer honor DAR tickets on VanGo and fare can only be paid as cash or credit card (thru a mobile app). Flyer is attached with information
- We are working with RTD on a solution to allow us to fund VanGo for consumers who need this service. More on that to follow. In meeting with RTD, they stressed that these changes are emergency measures and they will be making adjustments over the next few months based on feedback from stakeholders and their own analysis of service.



- The Tracy Tracer system has added weekend On-Demand service which is a great addition as they were running only limited service on Saturdays and there was no Sunday service. This will allow for more community access. Flyer is attached.
- Our contract transit providers are all developing potential service plans, in alignment with COVID-19 and DDS (draft) guidelines in anticipation of services that day programs might be able to offer. We are also seeing a slight increase in care homes who are expressing interest in transporting their own consumers – recognizing that transportation for our contract providers will be a challenge under the current operating environment. That has been much appreciated!

#### 11.0 **NEXT MEETING**

October 5, 2020, 4:00 p.m., Via Zoom. Dial in number: 669-900-6883. Meeting ID: 912 6700 7341; Passcode 108771.

Or by internet: <https://zoom.us/j/91267007341?pwd=MFIXckFnQ1hRbFF1VUk3b3ZrdTRIUT09>

The meeting was adjourned at 5:14 p.m.

Recorder: Cindy Strawderman

**VALLEY MOUNTAIN REGIONAL CENTER  
MINUTES OF CONSUMER SERVICES COMMITTEE MEETING  
Monday, October 5, 2020**

=====

**PRESENT:**    Committee Members: Dena Pfeifer, Lori Smith her facilitator; Crystal Enyeart, Rachelle Munoz her facilitator; Daime Hoornaert; Liz Herrera Kanpp, Mohamed Rashid  
VMRC: Christine Couch; Cindy Mix; Cindy Strawderman; Claire Lazaro; Douglas Bonnet; Nicole Weiss; Tony Anderson.  
Guests: Armando Carrazco; Dena Hernandez; Irene Hernandez; Lisa Culley; Ron Luis

**ABSENT:**    Linda Collins; Nadia Robinson

=====

Dena Pfeifer, Chairperson, called the meeting to order at 4:03 p.m.

**1.0    PUBLIC COMMENT**

Dena Hernandez Regional Manager- SCDD North Valley Hills Office shared the following:

- Thank you to VMRC for collaborating with SCDD & SAC6 again for this week and next Personal Protection Equipment (PPE) drive throughs and for “housing” the recent PPE orders we received from the Gov’s office of Emergency Services.
- The State Council on Developmental Disabilities is holding Public Comment online until November 9, 2020 on the DRAFT State Plan for 2022-2026. I would appreciate it if you would please look at the State Plan and give any feedback or comments. It is available in English and all the threshold languages and Plain Language. The link is <https://scdd.ca.gov/stateplan/>

**2.0    REVIEW OF MINUTES**

**M/S/C (Rashid/Enyeart): Approval of minutes of June 1, 2020 & September 14, 2020 with corrections.**

**3.0    SAC6 UPDATE**

Crystal Enyerat, Self-Advocacy Council 6 shared the following:

- On September 3rd Sac 6 partnered with SCDD and VMRC to hand out PPE equipment at the VMRC office in Stockton. We handed out PPE equipment to vendors and care providers in a contactless drive through style.

- On September 4th we held our Friday Zoom Chat, the topic was on Coping with Grief and Loss with Dr. Dave Demetral.
- Also, on September 4<sup>th</sup> Sac 6 partnered with SCDD and VMRC to hand out PPE equipment at VMRC office on Modesto, this was also a contactless drive through style.
- On September 11<sup>th</sup> we had our Friday Zoom Chat, the topic was on Person Centered Planning with Sac 6 members and Dena Hernandez from the SCDD North Valley Hills Office.
- On September 12, 2020 we held our Sac 6 Board meeting via zoom.
- On September 18<sup>th</sup> we had our Friday Zoom Chat, the topic was on Law Enforcement and YOU- How to be safe in our communities together with Sac 6. We had over 60 individuals on this zoom.
- Sac 6 had their monthly Leadership Meeting with Tony on September 24th. We are continuing to get the word out about self-advocacy. We also reviewed topics for upcoming topics for Friday Zoom Chats.
- On September 25th we had our (22<sup>nd</sup>) Friday Zoom Chat, the topic was on Disability Culture- What is important to you -What do you need to know with Sac 6 member Robert Balderama, Andrew Imparato from Disability Rights CA and Christina Mills Executive Director off CA Foundation for independent Living Centers (CFLIC).
- Upcoming events:
  - We are continuing to work with VMRC and SCDD to distribute PPE Equipment to the community as needed. We have days scheduled in October for Stanislaus County, San Joaquin County, and the Foothills.

#### 4.0 CLASP UPDATE

Daime Hoornaert, CLASP representative shared the following:

- Currently our clasp membership is at 70
- Clasp provider conference there is still ongoing planning the virtual conference series that will be held November 5<sup>th</sup>, 10<sup>th</sup> and 17<sup>th</sup>. This gives vendors the opportunity to collect 60 CEU's for attending all three series. The group basically divided the three series because vendors are so busy right now.
- The vendors continue to be thankful to the state Council, SAC6 & VMRC's collaboration with distribution of PPE and that we are looking forward to the next drive thru on October 7 at the Stockton VMRC office.

- We had a presentation from Ernest Supply where they presented the group about their PPE's that they have for sale
- The Residential Service Provider group continues to meet to discuss issues. Several RSPs are struggling with staff leaving they are hiring staff and pay for all of the requirements needed and then they may only stay for a month so that's an ongoing struggle
- The Day Program Network -vendors are thankful on getting direction on alternative service implementation timelines, alternative services reporting requirements, service rates for September and October, & service rates for November and ongoing. But we are concerned with the late notices we received requesting all nonresidential service providers to complete assessments on consumer needs prior to submitting billing for September 2020. We received notice on October 1, which was kind of a struggle and also they said there would be no extensions of billing if you hadn't had this completed. Our next meeting will be October 14 at 8 AM
- The Residential Service Workgroup has not met in the last month
- Our next CLASP meeting will be on October 26 at 10:00

#### **5.0 CONSUMER SERVICES PROJECTS AND PRESENTATIONS:**

Our 2020/2021 schedule is in the packet. Please remove "every other month" because we will be holding our meetings every 1<sup>st</sup> Monday of the month, and having meetings monthly. Cindy Strawderman will provide an updated schedule at the next meeting packet

#### **6.0 CLINICAL**

Claire Lazaro shared the following:

- We held the "Medication Basics" webinar from Dr. Kehoe. The link to that is in your packet, you can access that through VMRC's YouTube channel.  
([https://www.youtube.com/watch?v=bEn4\\_21cdQY](https://www.youtube.com/watch?v=bEn4_21cdQY)).
- Those that want CEU claimed on that just email Lorraine Rodriguez for the quiz, she will send you the quiz and you can send it back to her when it's completed. You will then receive your certificate

**M/S/C (Rashid/Enyeart): Approval of the "END OF CARE PLANNING DOCUMENT & IPP OBJECTIVE FOR END OF LIFE CARE".**

Claire also shared the intake numbers:

Office	# ES cases processed ALL	# ES cases processed	# made eligible	% eligible
Stockton	108	80	64	80%
Modesto	81	63	48	76%
San Andreas	9	6	6	100%
<b>Total</b>	<b>198</b>	<b>149</b>	<b>118</b>	<b>79%</b>
Office	# 3+ cases processed ALL	# 3+ cases processed	# made eligible	% eligible
Stockton	31	27	11	41%
Modesto	10	9	7	78%
San Andreas	6	4	3	75%
<b>Total</b>	<b>47</b>	<b>40</b>	<b>21</b>	<b>53%</b>

## 6.0 **RESOURCE DEVELOPMENT**

Nicole Weiss shared the following:

- some exciting news is that we have found a house for the location of the children's crisis home that we are in the process of developing this just happened last week. We had shared before that we were in the process of developing a children's crisis home and another enhanced behavior support home for adults. The newest one will be for individuals who have traumatic brain injuries or need treatment similar to people with traumatic brain injuries. This is exciting because right now we have consumers who are down in Southern California in Apple Valley receiving treatment because we have we don't have anything close for those with brain injuries. Later this month resource development is going to have a Zoom meeting for anyone who is interested in providing the service provision for those two homes. The RFPs were published late last month and hopefully we can sign some contracts by the end of the year
- Our EBSH home for children is being developed as you've heard that we are trying to bring back 4 children that are currently receiving treatment in other states or out of our catchment area so that we can bring them closer to our home community. We are excited about that and so are the parents
- Our EBSH home for adults with autism is coming along nicely we are anticipating consumers moving in hopefully early January. We are excited because one of our consumers who has been living in an Institute for mental disease is coming back to our area and will be able to see his family much more often than currently because College Hospital is way down south and takes many hours to get there.

## 7.0 **QUALITY ASSURANCE**

5.1 **Alerts:** Nicole Weiss shared the Alert Report. There were a total of 32 one alerts reported for the period of 8/16/2020 through 9/15/2020. Most of the alerts were centered around Untimely SIR, Delivery of Care, Violation of Rights & Health related concerns. 17 alerts were closed with 12 that were Substantiated, 2 Unsubstantiated and 3 unfound.

- In regards to the late SIR's, due to COVID we have not been giving untimely SIR's substantiated inadequacies for those, understanding that our providers are under additional stress due to COVID. A lot of our untimely SARs are dealt with basically calling the provider and reminding them of the timeline. I have not seen our report from DDS, we get a report of where we stand regarding untimely SIRs. It's my understanding a lot of other regional centers are dealing with them the same way.
- We started doing zoom trainings. Our first of a series of two trainings on clients rights the first one was on October 1<sup>st</sup>. We receive some very good reports on that. Christine Couch was on the call and did a great job of assisting. We are not charging vendors for the CEU's because we would like them to learn so we are giving them a test at the end of the training sessions. A couple of people have failed so they have been invited to attend one of the other sessions.

## 8.0 **CASE MANAGEMENT**

Cindy Mix shared the Case management Report Statics:

- Caseload Ratios: Total Lanterman Consumers—13,074 minus 168 (Deflection) =12,906; Team Caseload Ratio Total of 1,179 divided by 14 teams = **1:84**
- Transfer Status Report: as of September 30, 2020, there were 18 consumer files received for the month, with a year to date total of 281 received. There were 23 files transferred to other Regional Centers for the month, with a year to date total of 208. We are still running at about a full caseload of transfers received for the year to date.
- POS Exception Report: There were a total of 447 POS Exceptions for the month of August, with the majority being for Respite.
- The SIR Report: There were 80 Special Incident Reports received for the period of August 15, 2020 through September 15, 2020 impacting a total of 52 consumers. 14 of these were related to HOSPITAL/INTERNAL INFECTION-VENDOR CARE which represents 17% of the reports.

### **Fair Hearings:**

Christine Couch shared the following:

- We have 6 open Lanterman eligibility cases. Two adults and four children. The 4 children cases were from fiscal year 2019/2020 and the two adults this fiscal year.
- We have 1 open service request case which is currently being heard in a State Level Hearing.
- We received one 4731 complaint which is currently being reviewed and our proposed decision is due to the complainant by October 9. This one has been closed, but since my e-mail to Cindy Strawderman, we have received 3 more.

Cindy Mix shared the following information regarding Case Management:

- We are forming our new Adolescent Team—Cindy Jimenez is the Program Manager and Kalleann Sokbour is the SSC. We have a few staff transferring to the team and we are in the process of transferring all 14 year old's now.
- A public meeting was held on 9/23 to review NCI info from the 17-18 FY. Discussed last year's Performance Contract and revising the plan. Feedback accepted through today. Revised plan going to the Board of Dir on 10/19. Due to DDS by 12/1/20
- DDS is developing a Self-Advocate and Family Survey that will be sent out soon asking how people feel about their needs being met during COVID.
- We have received some funds through the CARES Act and a portion of those funds have been determined to be used on technology equipment and Wi-Fi needs. More info soon about criteria and distribution.
- Internally, we will be focusing on SANDIS error reports. Need good data in system for emergency needs.
- A board retreat was held on 9/26 to begin the Strategic Planning process. The plan will encompass 3 years once completed.
- Staff will be attending 2 separate conferences this month—The Help Group's Advances and Best Practice in Autism Spectrum Disorder on 10/16 and 10/17, and The Supported Life Conference on 10/22.
- An update on our Self-Determination Program—we have 29 in the program, 73 have completed orientations, orientations, and all PCP and IPP meetings continue, and we have over 1,000 on the interested list. Effective 7/1/21, all who are interested can participate. We are planning more trainings to educate staff and families.
- As most have heard, Nicole Weiss is retiring. Her last day is November 2<sup>nd</sup>. We will miss her tremendously. She has been a powerhouse employee for VMRC. We have posted the Deflection Program Manager position and will be interviewing next week. We will also be posting for an FHA Coordinator due to receiving grant money to develop the FHA concept.
- Re: Alternative Services pertaining to day programs—Alt Services requires an IPP Addendum. If Traditional services continue, that will not require an Addendum.

- Assessment Surveys will be completed per consumer by each program vendor by 10/9 and returned to Resource Development
- RD will review and ensure that the services they say will be provided are services that are included on the Enclosure A's that the vendor submitted.
- Survey information will be sorted by program/team/case management code.
- The lists will be sent to each team and the SC will review and compare the information with the information they obtained in the VMRC Day Program surveys done a few weeks ago, ensuring that needs and preferences have been honored.
- Confirmation letters (signed by the SC and PM) will then be sent to the consumers, noting the services they will receive and the fact that the program will complete an ISP for those services by the end of October.
- Rates for Alternative Services will be received from DDS.
- RD and Fiscal staff will ensure the rates are entered into SANDIS with correct service codes.
- Purchase of Services (POS) will be submitted by case management staff.
- Re: COVID—VMRC's numbers are: Consumers—178 cases/11 deaths; Staff—11 cases/no deaths; Providers—70 cases/1 death; Volunteers—1 case.

**M/S/C (Enyeart/Herrera Knapp): Approval of the "PERSONAL ASSISTANCE POLICY" and will be presented at the next board meeting.**

#### 9.0 **TRANSPORTATION**

Cindy Strawderman shared that that Calaveras and Tuolumne are providing free rides thru the end of 2020 and that Turlock Transit is discounting fares thru Jun 2021

#### 10.0 **NEXT MEETING**

Monday, November 2, 2020, 4:00 p.m., **Via Zoom - DIAL-IN NUMBER: 1-669-900-6833**  
Meeting ID: 912 6700 7341 – Passcode: 108771

The meeting was adjourned at 4:49 p.m.

Recorder: Cindy Strawderman



DRAFT

## Service Standard

### Personal Assistance

#### Draft

Personal Assistance is the coordination of support, care and supervision in the person's home and/or a variety of settings to enable or maintain integration in the community. Personal Assistance focuses on keeping individuals safe while providing direct support in a variety of settings, including work, appointments, community activities, and in their own home. The goal is to assist with the safety and supervision of individuals at home and in the community to encourage choice, inclusion, and independence.

Valley Mountain Regional Center (VMRC) recognizes that some consumers require additional support for medical and/or daily living skills in order to participate in age appropriate and community based activities. When natural supports and/or generic resources are insufficient to minimize the risks to the health and safety of a consumer, VMRC may provide personal assistance. Personal assistance is typically provided to individuals in order to help them perform tasks that someone could accomplish if he or she did not have a disability. This can include personal care, daily living skills, attending appointments, medication reminders, household activities, support, and supervision. The Planning Team, having utilized all available generic resources and current services and supports, including natural supports, determines the amount of personal assistance hours needed. Hours are based on the needs of the individual identified in the Individual Program Plan process, utilizing the Consumer Services Assessment Tool. These may be services provided in the home, post-secondary school, work and in community activities.

Personal Assistance service is normally geared toward individuals 12 years of age and older. If the Planning Team determines a need for an individual younger in age, and criteria is met through completion of the Checklist and Assessment, the request will be forwarded to the POS Exception Committee.

The person providing the service must be at least 18 years of age and cannot be the consumer's spouse or parent.

Consideration for Personal Assistance shall be based on the following:

- The need is identified and described by the Planning Team and identified as a combination of caregiving and support as opposed to training.
- Documentation exists pertaining to family/extended family availability to provide natural supports.
- Generic resources are identified and are in place (i.e. IHSS, Nursing Waivers, EPSDT, and Disability Student Services).
- The service is necessary to maintain residency in the community.
- The critical needs to be met by the assistance of attendants shall be clearly identified. VMRC places a high priority upon preserving the dignity of independence and promoting least restrictive alternatives. The concept of lowest level of care necessary shall guide the frequency, duration and intensity of the service provided.
- These services shall not duplicate those already being purchased by VMRC or other public entities.

- If parents are unable to provide care due to disability or illness.
- If parents are sleeping due to job responsibilities or they are caring for other family members who have significant needs.

As part of the IPP process, the Planning Team may make exceptions to VMRC's considerations/guidelines. Exceptions may include, but are not limited to:

- A family whose financial resources indicate that they are living at poverty level (e.g. Public Assistance programs – TANF and Food Stamps recipients).
- Situations that will result in maintaining a child in the family home and prevent either the CPS removal or voluntary placement of a child in out-of-home care.
- Situations involving the need for extended summer and other periods when school is not in session may be reviewed on an individual basis. This exception does not include typical family/federal holidays.
- Situations where parent's employment is inconsistent and/or does not lend itself to a routine setting which would meet a child's care needs (i.e. swing shifts requiring off hours, an unemployed parent seeking employment/job interviews).

## Valley Mountain Regional Center

### Contract Status

AS OF: August 31, 2020

	OPS	POS including Federal C	General Total	OPS CPP	POS CPP	CPP Total	FG/SC Total
<b>Current Fiscal Year 2020</b>							
<b>Contract Year B-1</b>	34,524,262	253,549,473	<b>288,073,735</b>	249,675	197,474	<b>447,149</b>	<b>484,702</b>
Spent to Date	6,248,230	38,858,969	45,107,199			-	
Unspent	28,276,032	214,690,504	<b>242,966,536</b>	249,675	197,474	<b>447,149</b>	<b>484,702</b>
<b>Last Fiscal Year 2019</b>							
<b>Contract Year A-6</b>	34,180,853	233,400,535	<b>267,581,388</b>	597,168	1,700,050	<b>2,297,218</b>	<b>458,422</b>
Spent to Date	30,454,386	203,554,146	<b>234,008,532</b>	412,097	766,571	<b>1,178,669</b>	<b>398,099</b>
Unspent	3,726,467	29,846,389	<b>33,572,856</b>	185,071	933,479	<b>1,118,549</b>	<b>60,323</b>
<b>Second Prior Fiscal Year</b>							
<b>2018 Contract Year E-4</b>	30,458,851	195,698,837	<b>226,157,688</b>	529,488	1,352,647	<b>1,882,135</b>	<b>451,782</b>
Spent to Date	30,113,912	193,992,261	<b>224,106,173</b>	529,488	1,106,639	<b>1,636,127</b>	<b>445,366</b>
Unspent	344,939	1,706,576	<b>2,051,515</b>	0	246,008	<b>246,008</b>	<b>6,416</b>

## POS EXPENDITURES

Aug 31, 2020

	Year to Date	Prior Year to Date	Changes to Budget	Budget	% of Total Budget
Community Care Facility	14,126,685	11,078,691		90,000,000	15.7%
ICF/SNF FACILITY	18,450	15,375		500,000	3.7%
Day Care	217,838	212,004		1,500,000	14.5%
Day Training	6,502,982	6,332,896		40,000,000	16.3%
Supported Employment	286,677	284,902		2,200,000	13.0%
Work Activity Program	95,447	91,150		700,000	13.6%
Non-Medical Services-Professional	71,645	68,341		600,000	11.9%
Non-Medical Services-Programs	4,131,526	3,849,800		22,000,000	18.8%
Home Care Services-Programs	141,542	193,905		1,500,000	9.4%
Transportation	297,062	476,458		3,500,000	8.5%
Transportation Contracts	2,995,745	2,830,972		20,367,025	14.7%
Prevention Services	2,363,768	2,503,800		15,000,000	15.8%
Other Authorized Services	3,761,984	3,328,887		25,000,000	15.0%
P&I Expense	6,204	6,504		65,000	9.5%
Hospital Care	77,500	77,500		550,000	14.1%
Medical Equipment	50,401	15,428		480,000	10.5%
Medical Care Professional Services	703,692	651,850		4,637,448	15.2%
Medical Care-Program Services	2,103	2,880		70,000	3.0%
Respite-in-Home	3,683,474	2,017,969		24,000,000	15.3%
Respite Out-of-Home	105,444	110,546		800,000	13.2%
Camps		28,538		80,000	0.0%
	39,640,169	34,178,393	-	253,549,473	15.6%
CPP				197,474	0.0%
<b>Total Purchase of Service</b>	<b>39,640,169</b>	<b>34,178,393</b>	<b>-</b>	<b>253,746,947</b>	<b>15.6%</b>

ICF SPA RECEIVABLES                      \$            3,136,177

## OPERATIONS EXPENDITURES

August 31, 2020

	Year to Date	Prior Year to Date	Changes to Budget	Budget	% of Total Budget
Salaries and Wages	4,087,846	3,005,447		22,000,000	18.6%
Temporary Help		2,159		20,000	0.0%
Fringe Benefits	1,121,550	1,059,748		6,000,000	18.7%
Contracted Employees	11,710	8,594		75,000	15.6%
<b>Salaries and Benefits Total</b>	<b>5,221,106</b>	<b>4,075,948</b>	<b>-</b>	<b>28,095,000</b>	<b>18.6%</b>

	Year to Date	Year to Date	Changes to Budget	Budget	% of Total Budget
Facilities Rent	454,348	453,513		2,380,461	19.1%
Facilities Maintenance	113,062	95,941		577,000	19.6%
Information Technology	120,089	277,695		1,250,000	9.6%
General Office Expense	41,067	33,811		261,250	15.7%
Operating Expenses	61,994	73,118		340,000	18.2%
Equipment	7,315	2,550		138,791	5.3%
Professional Expenses	194,196	166,318		1,000,000	19.4%
Office Expenses	8,749	27,888		131,760	6.6%
Travel and Training Expenses	20,462	81,621		350,000	5.8%
Foster Grandparent/Senior Companion Expenses	65,160	57,464		484,702	13.4%
CPP Expense	19,233	14,333		249,675	7.7%
<b>Total Operating Expenses</b>	<b>6,326,781</b>	<b>5,360,201</b>	<b>-</b>	<b>35,258,639</b>	<b>17.9%</b>

**Operating Expenses:** Telephone, Utilities

**Equipment:** Equipment Purchases, Equipment Contract Leases

**Professional Expenses:** Accounting Fees, Advertising, ARCA Dues, Bank Fees, Consultants, Insurance, Interest, Legal Fees, Fees, Licenses and Miscellaneous

**Office Expenses:** Consumer Medical Record Fees, Postage and Shipping, Printing

**Travel and Training Expenses:** Board of Director Expense, Travel Admin, Travel Consumer Services

Date	Donor	Amount
08/06/20	YourCause AT&T	15.00
	YourCause AT&T	10.00
	Frontstream Costco	525.00
08/13/20	Roy & Roxanne Childs Family Trust	25.00
08/26/20	World Institute on Disability	1,000.00
	The Blackbaud Giving Fund	60.00
	YourCause AT&T	20.00
Total Fund Balance		\$ 18,346.46

Date	Donor	Amount
09/10/20	Charities Aid Foundation	58.65
09/24/20	Network for Good	345.00

Total Fund Balance	\$ 18,750.11
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## Contract Summary and Board Resolution

Valley Mountain Regional Center's Board of Directors reviewed the contracts below in October 2020 and passed the following resolution:

**RESOLVED THAT** in compliance with VMRC's BOD Contract Policy, the contracts listed below between VMRC and stated vendors were reviewed and approved by the VMRC BOD in October 2020 and Board hereby authorized any Officer of the corporation to execute the Agreement without material changes but otherwise on such terms deemed satisfactory to such Officer.

1 Accredited Respite Services	\$ 1,440,000
2 AMVA Apique Behavioral Services	\$ 1,439,671
3 Applied Behavior Consultants Infant Development Program	\$ 1,515,322
4 Applied Behavior Consultants EIBT	\$ 836,701
5 ARC Amador/Calaveras SLS	\$ 416,739
6 ARC Amador/Calaveras ADC	\$ 876,000
7 ARC Amador/Calaveras CITP	\$ 780,000
8 B.E.S.T. ESAIP	\$ 3,766,530
9 B.E.S.T. IDP	\$ 900,000
10 B.E.S.T. EIBT	\$ 1,231,603
11 B.E.S.T. IT	\$ 608,412
12 Central Valley Autism Project IDP	\$ 529,070
13 Central Valley Autism Project ESAIP	\$ 2,844,000
14 Central Valley Autism Project IDP	\$ 396,000
15 Creating Behavioral & Educational Momentum	\$ 1,980,000
16 Genesis Behavior Center ESAIP	\$ 600,000
17 Genesis Behavior Center EIBT	\$ 287,700
18 Cole Vocational Services	\$ 2,037,567
19 Human Services Projects Encore Wrap-Around Service	\$ 674,296
20 Maxim Healthcare Services	\$ 300,000
21 Pacific Homecare Services	\$ 14,400,000
22 Premier Healthcare Services	\$ 2,280,000
23 The Paulson Community Sierra Home	\$ 1,393,539
24 The Paulson Community Stanislaus Home	\$ 1,507,809
25 The Paulson Community Yosemite Home	\$ 1,393,539
26 Therapeutic Pathways ESAIP	\$ 2,160,000
27 Therapeutic Pathways EIBT	\$ 2,615,703
28 United Access Transportation, LLC	\$ 693,919
29 Aim Higher, Inc	\$ 1,104,000
30 ARC San Joaquin Starting Out BMP	\$ 1,214,783
31 ARC San Joaquin Starting Out ADC	\$ 933,815
32 ARC San Joaquin Vocational	\$ 255,757
33 Butterfly Effects ESAIP	\$ 960,000
34 Delta Star Home Care	\$ 548,512
35 Inspired Behavioral Solutions, Inc ESAIP	\$ 1,500,000
36 Paradise Residential Care	\$ 405,268

VMRC Board of Directors hereby authorizes and designates any office of VMRC to finalize, execute and deliver the Contract on behalf of VMRC, in such form as VMRC's counsel may advise, and on such further terms and conditions as such Officer may approve. The final terms of the Contract shall be conclusively evidence by the execution of the Contract by such Officer. For purposes of this authorization, and "Officer" means VMRC's Executive Director, Chief Financial Officer and no one else.

**Certification by Secretary:** I certify that: (1) I am the Secretary of VMRC; (2) the foregoing Resolution is a complete and accurate copy of the Resolution duly adopted by VMRC's Board of Directors; (3) the Resolution is in full force and has not been revoked or changed in any way.

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Lynda Mendoza, Board Secretary

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Date

# VALLEY MOUNTAIN REGIONAL CENTER

## Job Description

**Title:** Director of Community Services

**Department:** Executive Office

**Salary:** 126,900 -170,064

This position reports to the Executive Director and is responsible for providing leadership for the successful delivery of community-based services for people with intellectual and developmental disabilities and their families. The position provides directions for oversight of resource development, quality assurance and improvement, training or other service provider relations activities pursuant to the Lanterman Act and applicable state and federal regulations as well as policies established by Valley Mountain Regional Center.

Other Detailed Essential Job Duties include:

- Maintain collaborative and cooperative working relationships with other directors, employees, other agencies and stakeholders.
- Maintains knowledge of the innovations in community services across the state and country and regularly studies and researches trends of services and regularly attend professional development seminars etc.
- Serve as a representative to DDS committees, other Regional Centers, community agencies, such as Community Care Licensing, the Board of Directors and certain board committees, such as the Vendor Advisory Committee, etc.
- Participate in approving expenditures of agency funds.
- Oversight and management support of the SIR processes and Federal Programs
- Prepare statistical/analytical reports, surveys, summaries, budgets, and plans as necessary.
- Participate on a number of internal committees, such as strategic planning committees, POS expenditure meeting (cultural outreach, service standards, Risk Mitigation, residential placement review, etc.)
- Participate as a member of Association of Regional Center Agencies (ARCA) Committees, as appointed.
- Oversee the development of Request for Proposals, contract development and implementation of start-up activities for resource development, including the management of state funds.
- Coordinates the development of new services and supports in general including the Community Placement Plan (CPP) and Community Resource Development Plan (CRDP) in collaboration with Director of Consumer Services and Deflection Unit, and senior leadership.
- Implement and/or develop special projects, such as mental health (MHSA) grant projects, etc.
- Assure the agency's proactive approach to developing quality services and the appropriate response to complaints and concerns regarding vendored services.
- Develop and implement guidelines and forms for providers of vendored services.
- Demonstrate effective leadership skills that will ensure proper alignment, selection, training, development, coaching and accountability of employees regarding the array of community services.
- Conduct Department meetings and meets regularly with department managers and direct reports.
- Supervise Special Projects Manager, offer guidance and assist with problem solving related to Federal Programs, Medicare Part D, and Special Incident Reporting and follow-up.
- Ensure training of agency staff on special incident reporting, and provide vendor(s) training on special incident reporting requirements. Oversee VMRC special incident reporting systems, work flow and SIR follow-up procedures.
- Oversee VMRC's risk mitigation plan and strategy, as well as mortality review procedure.
- Oversee Medicaid Waiver program and related federal programs, Nursing Home Reform, NF- waiver, and Institutional Deeming procedures to conform with federal program requirements.
- Oversee, Agency Medicare Part D systems and procedures to assure that consumers are assigned to "best fit" prescription drug plans.

- Other responsibilities may be assigned, as required.

Must have experience and knowledge of working with people of various cultures (race and ethnicities, disabilities, gender issues, etc.).

### **Minimum Qualifications and Knowledge:**

A Master's Degree in Social Work, Psychology, Sociology, Business Administration, or a closely related field and a minimum of three years experience in a management position that includes supervisory responsibilities. A Bachelor's Degree, and a minimum of five years experience in a management position that includes supervisory responsibilities, may be substituted for the Master's Degree requirement. Knowledge of regional center service systems, effective quality service delivery and leadership principles is required.

### **Competencies:**

- Effectively leads own team: proactively communicates and shares information, creates commitment to team goals, the Agency's mission and creates a positive climate for employees.
- Creates an environment where employees hold themselves and each other accountable for delivering results, addresses and resolves performance problems in a timely manner.
- Communicates respectfully with others: manages reactions, shows cultural awareness, is direct and honest in communication, and responds positively to feedback.
- Makes effective decisions, collaborates with others to gather input and effectively facilitating to ensure that all team members' views are heard; actively explores pros and cons of options and recommendations that will impact the Agency as a whole.
- Implements cultural, system or policy change within the Agency by establishing challenging goals and gaining support and enrollment from others.
- Demonstrates integrity and professionalism by maintaining confidentiality and boundaries as appropriate; stands by management decisions that benefit the Agency as a whole, even if controversial or unpopular.

### **Other Requirement**

Employees using a private vehicle for agency purposes must maintain a valid driver's license and minimum liability insurance coverage.