

PERFORMANCE CONTRACT PROJECT

**Regional Center: Valley Mountain Regional Center
Public Policy Performance Measures**

Calendar Year 2025

Measure	Activities Regional Center will Employ to Achieve Outcome
Performance Measures - Related to Residence	
<p>A. Number and percent of RC caseload in DC</p>	<ol style="list-style-type: none"> 1. Case Management Specialists to provide intense case management for people at highest risk for institutionalization. 2. Maintain After-Hours Response System services and provide ongoing training for vendors and staff. 3. Collaborate with local county Behavioral Health Review Services to increase access to mental health services. To limit gaps in service, VMRC will approve limited telepsychiatry services until individual insurance approves funding. 4. Provide regular psychotropic medication reviews for consumers exhibiting behaviors that put them at risk of placement in more restrictive settings. 5. The Problem-Solving Team meets at least once a month to address emerging consumer issues. 6. Legal Services Review Team meet at least once a month to address forensic consumer issues and consumers at-risk of re-arrest and/or developmental center placement. 7. Continue collaborating and attending monthly meetings with law enforcement and protective oversight agencies to consider challenges, provide education, and training to support people served in the criminal justice system. 8. Ongoing development of new residential facilities serving adults with complex behavioral needs. 9. Provide ongoing training for SCs to support individuals at “high risk” for higher level of care. 10. Continue to use Comprehensive Assessments to identify consumer community placement readiness. 11. Continue to reduce DC placements from the current number of 9 individuals in DCs. 12. Monitor Community Placement Program (CPP) activity progress with Resource Development and Case Management.
<p>B. Number and percent of minors residing with families</p>	<ol style="list-style-type: none"> 1. Provide family education and counseling through collaborative efforts with Family Resource Network, county Behavioral Health and Recovery Services, El Concilio, County SELPAs, Housing Authorities, and Managed Care Medi-Cal providers.

PERFORMANCE CONTRACT PROJECT

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	<ol style="list-style-type: none"> 2. Participate in San Joaquin County California Innovations in Services and Partnership for Inclusion, Resilience and Empowerment (Cal-InSPIRE) for Children and Youth with Special Health Care Needs Coalition. 3. VMRC provides family counseling for 0-21 through Family Wellness, funded by DHCS Children and Youth Behavioral Health Initiatives. 4. Participation in county interagency meetings to address needs of children in our service area. 5. Participation in Person-Centered Planning sessions to support developing meaningful IPPs. 6. Work with county CPS and children’s service agencies to support children living with their families. 7. Promote independence by encouraging the use of Independent Living Services (ILS). 8. Provide nursing care/respice to families with medically fragile children. VMRC will pursue EPSDT funding for children who need these services. 9. Continue to co-sponsor the annual Early Start Symposium and support VMRC staff attendance. 10. Refer siblings of consumers to Sib Shops and encourage families to access the Family Navigator services through Family Resource Network. 11. Ongoing efforts to increase vendors to provide environmental assessments and appropriate mobility equipment to enable consumers to live in their family home. 12. Offer child/adolescent psychiatric services for consumers not served by Behavioral Health. 13. Offer group multilingual Parent Behavioral Training and Behavioral Instructional Services. 14. Increase wrap-around services for children living with families, using a combination of behavioral assessments, consumer, and parent training in-person and virtual to reduce behaviors and address sexual boundary awareness for adolescents. 15. Clinical staff developed internal procedures for SCs to access behavioral services not covered by individual insurance. 16. VMRC will continue to provide crisis behavioral intervention as needed. 17. Identify consumers who may have housing insecurities to provide necessary resources and work collaboratively with county social service agencies. 18. Continue to incorporate emergency preparedness into planning team discussions. Implement the Everbridge Notification system for information and follow up. 19. Assist consumers and families to transition to the Self Determination Program by offering information about orientations provided by SCDD and continuing an awareness campaign.

PERFORMANCE CONTRACT PROJECT

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<p>C. Number and percent of adults residing in independent living</p>	<ol style="list-style-type: none"> 1. VMRC’s Housing Specialist conducts assessments, develops and supports affordable housing projects and opportunities for individuals served. 2. Offer Self-Advocacy support to assist people in voicing their choices and opinions. 3. Participation in Person-Centered Planning to develop meaningful IPPs. 4. Continue to offer environmental assessments and appropriate mobility equipment to enable consumers to live independently. 5. Offer automated calling for emergency notification through Everbridge. 6. Maintain quality services by ensuring ILS/SLS providers have expectations aligned with the individual’s IPP. 7. Ensure use of generic resources (e.g. CalFresh, CalAble, IHSS and Behavioral Health). 8. Use of public transportation and mobility training to optimize independence. 9. Continue to incorporate emergency preparedness into IPP discussions and objectives. 10. Implement the Everbridge Notification system for information and follow up, as needed. 11. Assist consumers and families when transitioning to the Self Determination Program through an awareness campaign and monthly orientations offered by SCDD.
<p>D. Number and percent of adults residing in supported living</p>	<ol style="list-style-type: none"> 1. Provide training for all direct support staff to better serve consumers receiving SLS. 2. Continue analyzing current trends and best practices for SLS providers. 3. Offer Self-Advocacy training and support to access living arrangement of choice. 4. Participate in Person-Centered Planning to assist in developing meaningful IPPs. 5. Maintain quality services by ensuring SLS providers have clear objectives and expectations as reflected in the IPP and Individual Service Plan (ISP). 6. Develop plans to assist in roommate identification to increase affordability and positive profile matches. 7. Survey SCs to determine housing needs, host focus groups to review survey result, and create a plan with community partners to develop affordable and/or alternative housing choices for people choosing to live independently. 8. Incorporate emergency preparedness into planning team discussion and resultant objectives. 9. Encourage completion of Health Passport information. 10. Implement the Everbridge Notification system for emergency information and follow up, as needed. 11. Assist consumers and families to transition to the Self Determination Program as they choose.

PERFORMANCE CONTRACT PROJECT

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<p>E. Number and percentage of adults residing in Adult Family Home Agency homes</p>	<ol style="list-style-type: none"> 1. Work with Adult FHAs to develop new family home options to serve adults with behavioral challenges. 2. Completed vendorization of new Adult Family Home Agency receiving referrals of January 2025. 3. Increase the percentage of consumer parents retaining parental rights by assisting in AFHA supported services (e.g. Utilize the 637 Waiver to allow adult consumers with children to be placed in Adult Foster Family Homes together). 4. Participation in Person-Centered Planning and assist in developing meaningful IPPs. 5. Encourage completion of Health Passport information. 6. Incorporate emergency preparedness into planning team discussions and objectives. 7. Implement the Everbridge Notification system for information and follow up, as needed. 8. Assist consumers and families when transitioning to the Self Determination Program through the awareness campaign and monthly orientations offered by SCDD
<p>F. Number and percent of adults residing in family homes (home of parent or guardian)</p>	<ol style="list-style-type: none"> 1. Provide support services to families caring for adult family members in the family home. 2. Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs. 3. Encourage the use of Coordinated Family Support Services to wrap around the family and support adults who live with their families. 4. Encourage the use of Independent Living Services (ILS) to promote individual independence and skills. 5. Work with county agencies to support adult consumers living with families during times of crisis. 6. Develop behavioral management program services in all five counties served to support individuals living in the home with their families. 7. Continue to develop wrap-around services for adult consumers residing in family homes which will include those with behavioral and medical concerns. 8. 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. 9. Encourage completion of Health Passport information. 10. Provide current information to consumers and families about available generic/community resources. 11. Self-Advocacy resources and pertinent community agency collaboration will be utilized to develop improved process for residential transition. 12. Continue to provide environmental assessments and modifications/equipment for consumers with mobility issues who reside in family homes. 13. Clinical staff developed internal processes for SCs to access behavioral services and generic resources to be utilized first. VMRC will continue to provide crisis behavioral intervention as needed.

PERFORMANCE CONTRACT PROJECT

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	<ol style="list-style-type: none"> 14. Continue to provide training to staff on Supported Decision Making and Advanced Care Planning for End-of-Life transitions. VMRC collaborated with Coalition for Compassionate Care of California to provide training for consumers, families, and residential care providers. 15. Incorporate Advanced Health Care/End of Life Planning in IPP goals, as well as emergency preparedness into planning team discussion and resultant objectives. VMRC has a DNR/DNI indicated in SANDIS for tracking care decisions accurately. 16. Implement Everbridge Notification system for emergency information and follow up, as needed. 17. Assist consumers and families when transitioning to the Self Determination Program through the awareness campaign and monthly orientations offered by SCDD Develop culturally competent services.
<p>G. Number and percent of adults residing in home settings</p>	<ol style="list-style-type: none"> 1. Provide support living services to individuals to live in their own home. 2. Encourage the use of Independent Living Services (ILS) in an effort to promote individual independence. 3. Participation in Person-Centered Planning sessions and assistance in developing meaningful IPPs. 4. Encourage completion of Health Passport information. 5. Provide current information to consumers about available generic/community resources. 6. Offer Self-Advocacy resources to support independence. 7. Continue to provide environmental assessments and modifications/equipment for consumers with mobility issues to reside safely in their own homes. 8. Implement Everbridge Notification system for emergency information and follow up, as needed. 9. Develop all services with cultural competence in mind.
<p>H. Number and percent of minors living in facilities serving > 6</p>	<ol style="list-style-type: none"> 1. Continue vending residential facilities serving six or fewer persons. 2. Continue policy for new children’s residential services to serve no more than four (4) persons. 3. Facilitate development of small residential options at ongoing provider orientations and other classes. 4. Develop housing model options per the VMRC Strategic Plan for children. 5. Continue to develop residential homes for children. 6. Schedule individualized meetings with parents, advocates, community service agencies, and residential providers to develop better mechanisms for smooth transitioning to different living situations. 7. Continue Residential Screening Committee as needed to ensure appropriate placements. 8. Continue use of start-up funding from the Community Resource Development Plan (CRDP) to promote new children's residential services based on unmet resource needs.

PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
<p>I. Number and percent of adults living in facilities serving > 6</p>	<ol style="list-style-type: none"> 1. Develop housing model options for adult consumers, as needed. 2. Continue existing policy of vendoring residential facilities serving six or fewer persons. 3. Develop policy for all new adult residential development to be four (4) beds maximum and advocate for VMRC Board approval. 4. Encourage development of small residential options at provider orientation and other classes. 5. Continue implementation of the agency Residential Screening Committee to ensure appropriate placements. 6. Promote the development of supported living situations for consumers as an alternative to licensed living arrangements. 7. Continue implementation of Resource Development plan using Needs Assessment process. 8. Continue to monitor the approved large facilities to maintain “home-like environments.”
<p>Performance Measures Related to Reducing Disparities and Improving Equity in Purchase of Services (POS) Expenditures</p>	
<p>J.</p> <ul style="list-style-type: none"> • Percent of total annual POS expenditures by individual’s ethnicity and age: Birth to age two, inclusive. • Age three to 21, inclusive. • Twenty-two and older. 	<ol style="list-style-type: none"> 1. VMRC reviews POS data and Client Master File to measure progress in reducing disparities and improving equity in POS expenditures. 2. VMRC will host public meetings to hear from the community and collaborate with community partners to better understand the needs of diverse communities. 3. VMRC supports the leadership of the Cultural Specialist Division Manager to focus on increasing equity efforts and culturally competent engagement with community-based organizations to reach marginalized and underserved populations. 4. Work with community-based agencies to increase awareness of regional center services for diverse populations served. 5. Work with service providers including those with ASL capabilities to identify support needs and develop bilingual resources and services to improve access to all cultural, ethnic, and language specific groups. 6. To support increased awareness and participation, VMRC will offer additional respite to parents attending informational meetings.

PERFORMANCE CONTRACT PROJECT

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	<ol style="list-style-type: none"> 7. Provide culturally and linguistically competent training(s) for the community, services, and staff to increase awareness and understanding. 8. VMRC will contract with Circle Up education to provide cultural competency training for staff. 9. VMRC will continue to support Enhanced Case Management for individuals with low and no POS expenditures, to increase knowledge of and access to services and supports. 10. VMRC will increase service access to the Deaf+ community by supporting the leadership of the Deaf and Hard of Hearing Specialist who provides case management, ASL training for families, Deaf+ resources, and information to increase service access and equity. 11. VMRC will increase service access to diverse communities with the leadership and support services from the Multicultural Access Specialist and the Multicultural Benefits Counselor. 12. VMRC will assign cases to bilingual staff in an effort to increase service access, cultural and linguistically competent communication with monolingual families.
<p>K. Number and percent of individuals receiving only case management services by age and ethnicity</p>	<ol style="list-style-type: none"> 1. VMRC review POS data and RC caseload data annually. 2. VMRC will work in partnership with local parent and community organizations such as Acorns to Oak Trees, Escuchen Mi Voz, Families United for Equity, Family Resource Network, Integrated Community Collaborative, LGBTQ+ San Joaquin County Pride Center and other to develop cultural and linguistically competent information and training. 3. Conduct outreach and engagement in a culturally competent manner and work with community agencies to increase awareness of regional center services for diverse populations served. 4. Ongoing parent training, orientation, and informational sessions in native languages when possible, and with interpretation at mutually agreed upon sites in the community. 5. Respite hours will be offered for parents to participate in informational meetings. 6. Provide quality assurance for documents translated by professional translation services. 7. Provide quality assurance for interpretation when resources are available. 8. Assign cases to bilingual staff when possible in an effort to increase service access, cultural and linguistically competent communication with monolingual families.
<p>Public Policy Performance Measures Related to Employment</p>	

PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
L. Number and percentage of consumers, ages 16-64 with earned income.	<ol style="list-style-type: none"> 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. 2. Continue to collaborate with EDD, DOE, WorkNet, and DOR through our Local Partnership Agreements. 3. Host monthly informational sessions for prospective vendors. 4. Promote paid employment by increasing opportunities for CIE with onboarding new community-based vendors. 5. Promote paid employment by increasing opportunities for CIE with onboarding existing community-based vendors.
M. Average annual wages for consumers ages 16-64.	<ol style="list-style-type: none"> 1. Review and analyze annual EDD data from DDS, and VMRC's data to ensure consumers ages 16-64 are receiving minimum wage. 2. Continue to collaborate with EDD, DOE, WorkNet, and DOR through our Local Partnership Agreements.
N. Annual earnings of consumers ages 16-64 compared to people with all disabilities in CA.	<ol style="list-style-type: none"> 1. Review and analyze annual EDD data from DDS, and VMRC's data to compare wages from people with all disabilities. 2. Continue to collaborate with EDD and DOR through our Local Partnership Agreements.
O. Number of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program.	<ol style="list-style-type: none"> 1. Review and analyze data from providers and other regional centers about PIP transitions to CIE. 2. Collaborate with employers and vendors to develop new and additional PIPS with a goal of CIE. 3. Provide ongoing CIE and PIP trainings for vendors and staff PIP internship benefits and implementation. 4. Use incentive money to target jobs based on consumer interest and choices.
P. Percentage of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program.	<ol style="list-style-type: none"> 1. Data collected from service providers indicate the number of people in CIE is <u>85 as of March 1, 2024</u>. 2. Collaborate with vendors to develop new or enhance existing paths of employment opportunities to CIE from Internship placements with employers. 3. Promote and support employer-vendor partnerships to increase job development and job coaching to facilitate CIE Placements.
Q. Average hourly or salaried wages and hours worked per week for adults who participated in a Paid Internship	<ol style="list-style-type: none"> 1. Review and analyze data from providers and other RCs about PIP transitions to CIE. 2. Target development of Internship Programs that offer more than minimum wage rates.

PERFORMANCE CONTRACT PROJECT

Measure	Activities Regional Center will Employ to Achieve Outcome
Program during the prior fiscal year.	
R. Average wages and hours worked for adults engaged in competitive, integrated employment, on behalf of whom incentive payments have been made.	<ol style="list-style-type: none"> 1. Review and analyze data from providers and other regional centers about PIP transitions to CIE. 2. Utilize CDER personal outcomes data and refine the definition of each Day Program Types (DAYP) in SANDIS and continue to update annually. 3. Increase the percentage of adults, age 22 and above, who are working in Supported Employment/Competitive Employment. 4. Provide ongoing CIE and PIP training for vendors and staff on PIP internship benefits to educate on the benefits of Employment First and WIOA impacting SSI.
S. Total number of \$1000, \$1250, and \$1500 incentive payments made for the fiscal year.	<ol style="list-style-type: none"> 1. Review and analyze data from providers and other regional centers about PIP transitions to CIE. 2. Develop new and enhance existing employment opportunities with employers for job placement and job coaching. Facilitate employer-vendor partnerships to increase CIE placements. 3. Develop additional Internship Programs with employers. 4. Increase vendor participation with the goal of CIE Placement.
T. Percentage of adults who reported having competitive integrated employment as a goal in their IPP	<ol style="list-style-type: none"> 1. VMRC data from case management indicates the number of people with CIE as an IPP objective is 1542 <u>as of May 21, 2025</u>. 2. Collaborate with vendors to develop new or enhance existing paths of employment opportunities to CIE from internship placements with employers. 3. Promote and support employer-vendor partnerships to increase job development and job coaching to facilitate CIE Placements.

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
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 timelines (0-2).	Early Start Report
Intake/assessment timelines for consumers ages 3 and above	CMF—calculated by subtracting the status date from the CMF date
IPP Development (WIC requirements)	Biennial DDS review per Welf. & Inst. Code section 4646.5(c)(3)
IFSP Development (Title 17 requirements)	Early Start Report