



EASTERN LOS ANGELES
REGIONAL CENTER

Performance Contract 2019

January 14, 2019

Public Policy Performance Measures

Public Policy Performance Measure	Activities Regional Center will Employ to Achieve Outcome
<p>Number and percent of RC (Regional Center) caseload in Developmental Centers</p>	<p>Statement: The Eastern Los Angeles Regional Center is committed to providing assistance to individuals and their families who choose to move from a state developmental center into a less restrictive environment within their home communities and are affected by the pending closures of Fairview Development Center and Porterville Developmental Center (general treatment area). Through these efforts the percentage of people living in a SDC will decrease. Through these efforts the percentage of people living in a SDC will decrease.</p> <p>Activities: Please refer to the Community Placement Plan for fiscal year 18/19. ELARC will continue focus on providing assistance to those individuals and their families who are affected by the closure of Fairview Developmental Center and Porterville Developmental Center in moving to a less restrictive environment within their home communities.</p>
<p>Number and percentage of minors residing with families</p>	<p>Statement: ELARC is committed to keeping children at home by providing the necessary supports and services.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Service Coordinators (SC) will continue to place the highest priority on keeping families informed about services and supports available through Regional Center as well as through generic agencies that would assist them to care for their children at home. • Continue to provide training for families in behavior management practices • Community Services and Consumer Services Departments will continue to collaborate on developing and expanding these in-home services and supports to assist families to maintain children at home. • Continue to collaborate with the Department of Children and Family Services (DCFS)

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	<ul style="list-style-type: none"> • Support the decision making authority of the family.
Number and percentage of adults residing in independent living	Please reference plan for “Number and percent of adults residing in home settings”
Number and percentage of adults residing in supported living	Please reference plan for “Number and percent of adults residing in home settings”
Number and percentage of adults residing in Adult Family Home Agency homes	Please reference plan for “Number and percent of adults residing in home settings”
Number and percentage of adults residing in family homes (home of parent of guardian)	Please reference plan for “Number and percent of adults residing in home settings”
Number and percent of adults residing in home settings	<p>Statement: ELARC will ensure consumers are encouraged to assert their rights to determine and control the living arrangement of their choice. This may include owning, renting, or leasing the home where the consumer resides. The availability of assistive technology services to maximize consumer participation will be explored annually at the IPP and as needed, and implemented and monitored on a case by case basis.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Work with existing Family Home Agency (FHA) vendors to increase developments of certified families within the catchment area. • Work with housing resources in order to be better informed and have access to affordable housing developments in Los Angeles County. Include and identify developments for special needs population such as the elderly, homeless, mental health and battered women in order to integrate consumers based on these needs. • The regional center will identify needs and coordinate developments related to independent living, supported living and supports for adults residing in home settings. • Work with Non Profit Housing Organization(s) to demonstrate affordable funding feasibility for new apartment units within the catchment area. • Housing Specialist to coordinate regular meetings with unit liaisons to provide information on alternate housing resources and funding streams

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	<p>to Service Coordination.</p> <ul style="list-style-type: none"> • IPP process already included discussion of the consumer living arrangement each time the IPP is reviewed. Over time as issues and concerns are raised, services are identified for the needs identified. • Consumer Trends and Risk Management committees meet regularly to make recommendations for consumers who are having difficulties in their present living arrangements.
<p>Number and percent of minors living in facilities serving > 6 individuals</p>	<p>Statement: Children served by ELARC and in need of residential services will be provided with the most appropriate level of care in the least restrictive and most home-like setting possible. It is our belief that through our efforts, the percentage of children residing in facilities with seven or more beds will be maintained or decreased from its currently low level throughout the next five years.</p> <p>Activities:</p> <ul style="list-style-type: none"> • On a quarterly basis, needs assessment will be conducted by Outcome Coordinator and any unmet needs will be relayed to Community Services Division for resource development activity. • Children residing in facilities with 7+ Beds will be assigned to the Intensive Services Liaison (ISL) caseload and diligent efforts will be made to assess appropriateness of placement, provide information on smaller, less restrictive living options to parents and assist in relocation efforts if agreed to by the planning team. • ELARC will provide information and explore training opportunities for Service Coordinators to increase their knowledge of medically fragile/high medical needs children, understand risk factors and identify services and supports that benefit the child. The same process will apply to children with high behavioral and/or psychiatric needs. • Service Coordinators will conduct ongoing evaluation of cases in order to identify medically fragile/high medical needs children as

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	<p>early as possible and collaborate with Healthcare Facilities and Medically Fragile Unit Supervisor and/or Placement Coordinator (PC) in the event more intensive medical or nursing supports are needed to maintain the child in the family home or if residential services are needed. This same process will apply for children with behavioral issues who may be in need of more specialized and intensive behavioral and psychiatric services.</p> <ul style="list-style-type: none"> • ELARC will continue to collaborate with the community in identifying resources (natural supports, generic and funded) available to assist families in mitigating stressors as a result of caring for a medically fragile/high medical need’s child and children with complex behavioral and psychiatric needs. • ISL and PC will participate with ELARC’s resource development staff and in community placement planning (CPP) meetings each month in an effort to assist in identifying unmet future needs for children. • Outcome Coordinator, ISL, and PC will reach out to DCFS in an effort to provide information regarding regional center resources for dually served consumers.
<p>Number and percent of adults living in facilities serving > 6 individuals</p>	<p>Statement: ELARC is committed to providing all adult consumers, who may need residential services, with appropriate living options which foster homelike living arrangements and opportunities for meaningful community integration and experiences.</p> <p>Activities:</p> <ul style="list-style-type: none"> • The Intensive Services Liaison and Service Coordinators will continue to provide information on the array of community living options, including certified FHA homes, Independent Living Services, Supported Living Services, and small group homes as alternatives to living in large group home settings, to all adult consumers and/or their families. • Current residential resources, available beds for adults in facilities of < 6 beds, appear sufficient to meet overall needs however in instances

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	<p>where a viable living option is not available, responsible ELARC staff will collaborate with Community Services staff in making known unavailable resources and promote development of such.</p> <ul style="list-style-type: none"> • ELARC will support development of small community care and intermediate care nursing facilities targeting consumers with medical/healthcare needs. • Continue to collaborate with Community Services and vendors regarding development of facilities 6 or less beds as well as other services and supports designed to maintain the consumer in less restrictive living arrangements. • Placement Coordinator will periodically attend unit meetings, participate in committees and review and disseminate information on less restrictive, more inclusive living options during living options staffing meetings at ELARC. • Consumer and Community Services will continue discussion of resources, grants, and other innovative living options for elderly (i.e., the Green House® Project) and alternatives to nursing facility placements in future.
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<p>Percent of total annual purchase of service expenditures by individual’s ethnicity and age:</p> <ul style="list-style-type: none"> • Birth to age two, inclusive • Age three to 21, inclusive <p>Twenty-two and older</p> <hr/> <p>Percentage and total annual expenditures by individual’s residence type and ethnicity</p>	<p>Statement: ELARC will continue to support that consumers and their families/authorized representatives determine and control the living arrangement of their choice. ELARC is committed to providing equitable access to and delivery of culturally and linguistically competent services and supports. ELARC will ensure consumers are encouraged to assert their rights to determine and control the living arrangement of their choice.</p> <p>Activities: Ongoing Service Coordination</p> <ul style="list-style-type: none"> • ELARC has identified 200 individuals currently served by ELARC with the lowest per capita expenditures and is piloting an intensive technical assistance/support approach to case management. • ELARC is targeting monolingual Spanish and monolingual Cantonese consumers and their families whose cases have been identified as having low per capita

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	<p>expenditures (<\$2000 annually)</p> <ul style="list-style-type: none"> • The enhanced caseload service coordinators will continue to find innovative ways to communicate information to individuals/families, facilitating visits to generic resources locations and assisting individuals/families navigating the complex generic resource systems. • ELARC developed two positions of Person Centered Practice coordinators, one who speaks Spanish and the other who speak Cantonese. The Peron Centered Coordinators are working with families using person centered techniques to identify personalized resources families need in order to control the living arrangement of their choice. They also work with newly eligible monolingual families to facilitate understanding of the diagnosis, the role of the Regional Center, the person centered approach to the IPP, and how to obtain services. <p>Parent Organizations to Provide Orientations to Families</p> <ul style="list-style-type: none"> • ELARC is partnering with parent run organizations that serve populations identified as underserved in our catchment area to provide a regularly scheduled orientation in languages other than English to families going through the intake and assessment process at ELARC. We will continue to support monolingual Spanish and monolingual Chinese families that are entering and new to the ELARC community to understand the basics about Regional Centers and services and to identify community supports. <p>Ongoing Training of Parents</p> <ul style="list-style-type: none"> • ELARC continues to provide ongoing training for parents in the role of the Regional Center, understanding services and supports available, understanding policies, and developing partnerships in languages other than English. • ELARC will target non English Speaking parents of children and adults already served by ELARC and provide them with information on services that can be of benefit when discussing the living arrangement of their choice. <p>Develop and Translate Materials for Families with Low English Literacy</p> <ul style="list-style-type: none"> • ELARC continues to develop and translate selected materials specific to the ELARC community, as well as work collaboratively with public information representatives of other Regional Centers, on the development of easy-to-understand, informative publications in multiple languages which can be used by clients/families of any regional center. This may include creation of new materials and/or translation into additional languages, of materials which have already been created. Topics for public information to be developed may include information on application for services, assessment and diagnosis, early

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	<p>start, services available by age, generic resources, and information about transitions.</p> <ul style="list-style-type: none"> • ELARC will target individuals/families with low English literacy with easier to understand materials in non-English languages, plain language, and through a variety of media • ELARC is working with partners to obtain input family friendly content for informative publications. <p>Outreach/Engagement</p> <ul style="list-style-type: none"> • ELARC identified both large and small key community partners and develop agreements regarding mutual outreach to underserved populations in their communities within mutual service areas. • ELARC has partnered with Proyecto Pastoral and Chinatown Service Center in order to increase awareness of Regional Center and its services. • ELARC is participating in community organization partnership meetings in order to obtain information on all generic resources available for different age groups and in different languages. • ELARC will continue to engage underserved populations in their communities in order to better understand their needs. • Six Community Based Organizations that were awarded funding from DDS for innovative approaches to reduce disparity are working in ELARC’s catchment area. ELARC is available to work with all and is working in partnership with most to support their efforts.
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<p>Number and percentage of consumers ages 16-64 with earned income.</p>	<p>Statement: Opportunities for integrated, competitive employment shall be given the highest priority for working age individuals with developmental disabilities regardless of the severity of their disabilities.(Employment First Policy: WIC Sect. 4869(a)[1])</p>

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<p>Average annual wages for consumers ages 16-64.</p>	<p>Activities:</p> <ul style="list-style-type: none"> • ELARC employment specialist will continue to work closely with and support service coordinators on their understanding of and implementation of employment strategies which will support the effort of consumers to find paid work. Additionally, the specialist will provide staff and community with ongoing information and training on employment concepts and resources and be the central point of contact for the LPA effort. ELARC’s Community Services Department continues to support efforts through the development and vendorization of work resources. • ELARC will continue to be actively involved in the development of local partnership agreements (LPA’s) as outlined in the California Blueprint. To date, ELARC has successfully partnered with two large LPA’s (LAUSD & San Gabriel Valley); The LAUSD LPA team submitted the completed LPA in June, 2018. The San Gabriel Valley LPA team will be submitting the completed LPA by July, 2018. Additionally, ELARC has developed two single-district LPA’s with the Alhambra and Montebello Unified School District’s. Both LPA’s are scheduled to be completed and submitted by August, 2018. • The ELARC Employment Committee, in coordination with the ELARC Information & Training Services unit, will oversee the development and production of consumer “Employment “success story videos. All videos will be uploaded to the employment section of the ELARC Webpage. The purpose of the videos is to promote employment opportunities and to generate interest in the numerous employment services offered by the regional center and partner agencies.
<p>Annual earnings of consumers ages 16-64 compared to all people with disabilities in CA.</p>	
<p>Number of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program.</p>	
<p>Percentage of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program.</p>	
<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.</p>	

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Average wages and hours worked for adults engaged in competitive, integrated employment, on behalf of whom incentive payments have been made.	
Total number of \$1000, \$1250 and \$1500 incentive payments made for the fiscal year.	
Percentage of adults who reported having competitive, integrated employment as a goal in their IPP.	

Compliance Performance Measures

Compliance Performance Measure
Unqualified independent audit with no material findings
Substantial compliance with DDS fiscal audit
Accuracy percent of POS fiscal projections (based on February Sufficiency of Allocation Report {SOAR})
Operates within OPS budget
Certified to participate in Waiver
Compliance with Vendor Audit Requirements per contract, Article III, Section 10

<i>Compliance Performance Measure</i>	<i>Activities Regional Center Will Employ to Achieve Outcome</i>
<p>Client Developmental Evaluation Report (CDER)/Early Start Report (ESR) Currency</p>	<p><u>Statement:</u> ELARC will ensure that ESR/CDER information is entered into SANDIS (RC Database) in a timely and accurate manner. ELARC will ensure that ESR information is entered into the ESR program in a timely and accurate manner.</p> <p><u>Activities:</u> <u>CDER</u> Service Coordinator will enter accurate and current CDER information for consumers during birth month.</p> <ul style="list-style-type: none"> ▪ Supervisors will monitor accuracy and accountability via the CDER error report. ▪ Utilize a tracking form to alert SCs of CDERs due the following month. <p><u>ESR</u></p> <ul style="list-style-type: none"> ▪ The service coordinator will enter accurate information and current ESR information for consumers upon a child’s entrance into the program, update the ESR at least annually, and at the time the child exits the program. ▪ Supervisors will monitor accuracy and accountability via the “Early Start Reports” and “Federal Reports” tabs of the ESR Program. ▪ ES Department to collaborate with Assessment and Special Services division to include in the psychological evaluations age equivalent development levels in all 5 developmental domains, especially in the areas of communication and cognition, (as instructed by Elise Parnes with the Department of Developmental Services.) ▪ Implementation of the State Systemic Improvement Plan.
<p>Intake/assessment and IFSP time lines (0-2)</p>	<p><u>Statement:</u> ELARC will ensure that the Early Start intake and assessment process, for applicants birth through age 2, are completed within 45 days of referral. This includes the development of the initial IFSP for Early Start consumers.</p> <p><u>Activities:</u></p> <ul style="list-style-type: none"> • Service coordinators will complete the initial IFSP and generate an ESR for all Early Start consumers within the required time lines (45 days

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	<p>from the date of referral).</p> <ul style="list-style-type: none"> • Additional vendors have been recruited for intake and assessment due to the increased volume of referrals. In order to be in compliance with the 45 day timeline • Implementation of the State Systemic Improvement Plan.
<p>Intake/assessment time lines for consumers ages 3 and above</p>	<p>Statement: ELARC will ensure that intake and assessment time lines for applicants ages three and above are met.</p> <p>Activities: Will continue to maintain timeline compliance throughout the year.</p>
<p>Individual Program Plan (IPP) Development (WIC requirements)</p>	<p>Statement: All active cases will have a current IPP which is reflective of a person- centered approach and adheres to all WIC requirements</p> <p>Activities</p> <ul style="list-style-type: none"> • Training in Person Centered Practices (PCP) will become a regular feature of Consumer Services meetings and on supervisors’ meeting agenda. • The agency will be participating in community outreach to enhance community understanding of services and supports and the value of the IPP process to meet service needs. • Continue required IPP/PCP training to new service coordination staff. • Continue organizational support of the PCP model. • Continue mandatory Medicaid Waiver training to all new service coordinators. • Supervisors are responsible to provide on the job training on IPP and support of PCP concepts. • Continue to support family/consumer participation in the IPP development.

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<p>Individual Family Services Plan (IFSP) Development (Title 17 Requirements)</p>	<p>Statement: All Early Start consumers will have a current IFSP which will reflect a family centered approach.</p> <p>Activities:</p> <ul style="list-style-type: none"> ▪ Initial IFSP to be completed within 45 days of referral. ▪ Early Start services will be initiated in a timely manner upon obtaining parental consent. ▪ Early Start services will be provided within the child’s natural environment or the IFSP will contain appropriate justification for the service not being provided in the natural environment. ▪ The service coordinator will update the ESR annually. • ELARC will provide timely notification, not fewer than 90 days before the child’s 3rd birthday, to Part B services for all children served in Early Start. • Implementation of new Individuals with Disabilities Act (IDEA) Part C regulations per updated policies and procedures. Interagency agreements with local school districts will be updated to reflect new Part C regulations. • Implementation of IFSP format includes a structured family assessment. • Continued training with staff in department meetings on child and family outcomes. • Cross training with Los Angeles County Department of Child & Family Services (DCFS)/RC on Child Abuse Prevention Treatment Act (CAPTA) requirements. • Working with the Department of Children and Family Services to ensure ELARC receives holder of educational rights to complete the IFSP within 45 days. • Implementation of the State Systemic Improvement Plan.