

Eastern Los Angeles Regional Center Performance Contract 2015

Approved by the Department of Developmental Services on December 1, 2014

Public Policy Performance Measures

<i>Public Policy Performance Measure</i>	<i>Activities Regional Center will Employ to Achieve Outcome</i>
<p>Number and percent of RC (Regional Center) caseload in Developmental Centers</p>	<p><u>Statement:</u> 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 in response to the Lanterman Developmental Center closure plan. Through these efforts the percentage of people living in a SDC will decrease.</p> <p><u>Activities:</u> (Continue with 2014 Activities) Please refer to the Community Placement Plan for fiscal years 13/14 and 14/15.</p>
<p>Number and percentage of minors residing with families</p>	<p><u>Statement:</u> ELARC is committed to keeping children at home by providing the necessary supports and services.</p> <p><u>Activities:</u></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 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 those in-home services and supports that have been identified as necessary to maintain children at home. • Community Services Department will continue to develop Foster Family Agencies to provide alternatives for children who cannot live with their families. These resources would also be utilized to provide respite options for parents. • Inform and assist outside agencies such as Department of Children and Family Services of ELARC's commitment to

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	<p>ensure, as much as possible, that children reside in safe and healthy home environments.</p> <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><u>Statement:</u> 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><u>Activities:</u></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

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	<p>catchment area.</p> <ul style="list-style-type: none"> • Housing Specialist to coordinate regular meetings with unit liaisons to provide information on alternate housing resources and funding streams to Service Coordination. • 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><u>Statement:</u> 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><u>Activities:</u></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,

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	<p>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.</p> <ul style="list-style-type: none"> • Service Coordinators will conduct ongoing evaluation of cases in order to identify medically fragile/high medical needs children as 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. • 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

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	<p>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.</p> <ul style="list-style-type: none"> • Current residential resources, available beds for adults in facilities of < 6 beds, appear sufficient to meet overall needs however in instances 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. • 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.

Locally Developed Public Policy Outcome

Locally Developed Policy Performance Measure	Activities Regional Center will Employ to Achieve Outcome
Number and percent of ELARC consumers with paid employment	<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</p>

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	<p>disabilities.(Employment First Policy: WIC Sect. 4869(a)[1])</p> <p>Activities:</p> <ul style="list-style-type: none"> • Gather, review, and analyze data from state (DDS, Employment Development Department {EDD}) and ELARC data sources to establish a baseline. • Partner with service providers who specialize in employment services to identify opportunities and obstacles to supporting adults to obtain paid employment. • ELARC Employment Committee will continue to plan and implement activities to support the development and implementation of resources and training for ELARC staff, service providers, and consumers and their families.

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

Compliance Performance Measure	Activities Regional Center Will Employ to Achieve Outcome
Client Developmental Evaluation Report (CDER)/Early Start Report (ESR) Currency	<p>Statement: 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</p>

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	<p>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.)
<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 from the date of referral). • 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

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Intake/assessment time lines for consumers ages 3 and above	<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>
Individual Program Plan (IPP) Development (WIC requirements)	<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"> • One Consumer Services meeting will be devoted in part to IPP/Person Centered Thinking (PCT.) • 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/PCT training to new service coordination staff. • Continue organizational support of the PCT 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 PCT concepts. • Continue to support family/consumer participation in the IPP development.
Individual Family Services Plan (IFSP) Development (Title 17 Requirements)	<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

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	<p>environment or the IFSP will contain appropriate justification for the service not being provided in the natural environment.</p> <ul style="list-style-type: none"> ▪ 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.