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EASTERN LOS ANGELES REGIONAL CENTER

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October 9, 2013

Brian Winfield, Chief
Department of Developmental Services
Regional Center Operations Section (MS 3-9)
P.O. Box 944202
Sacramento, CA 94244-2020



RE: Eastern Los Angeles Regional Center 2014 Performance Contract

Dear Brian:

Enclosed please find the 2014 Performance Contract Goals and Objectives for the Eastern Los Angeles Regional Center (ELARC). Additionally, the signed Statement of Assurances is attached.

The ELARC 2014 Performance Contract includes planned activities that were developed, with input from the community, for addressing each of the Public Policy and Compliance Measures.

This letter with the attached 2014 Performance Contract and the signed Statement of Assurances will serve the purpose of verifying that ELARC has met the guidelines for the development and submission of our 2014 Performance Contract. Should you need further clarification or additional information please contact Elizabeth Harrell, our liaison on this project at (626) 299-4862.

Sincerely,

Gloria Wong
Executive Director

cc: ELARC Board of Directors
Felipe Hernandez, ELARC Chief of Consumer Services
Frances Jacobs, ELARC Manager of Community Services
Elizabeth Harrell, ELARC Information and Training Unit Supervisor

STATEMENT OF ASSURANCES

This is to assure that Eastern Los Angeles Regional Center Year 2014 Performance Contract was developed in accordance with the requirements specified in Welfare and Institutions Code section 4629 and the Department of Developmental Services' (DDS) Year 2014 Performance Contract Guidelines.

The performance contract was developed through a public process which included:

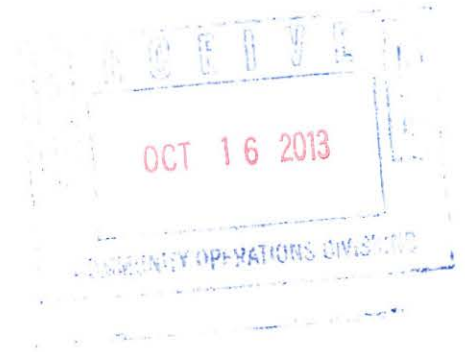
- Providing information, in an understandable form, to the community about regional center services and supports, including budget information and baseline data on services and supports and the regional center operations [WIC 4629 (c)(B)(i)];
- Holding at least one public meeting to solicit input on performance objectives and using focus groups or surveys to collect information from the community [WIC 4629 (c)(B)(ii)];
- Providing at least 10 calendar days advance public notice of the date(s) of the public meeting (DDS Guidelines);
- Circulating a draft to the community of the performance contract plan relative to the public policy and compliance outcomes identified in the DDS Performance Contract Guidelines, and any locally developed policy outcomes prior to presenting the contract to the regional center board for action [WIC 4629 (c)(B)(iii)];
- Providing an opportunity for additional public input and consideration of that input at the regional center board meeting prior to board action on the proposed performance contract [WIC 4629 (c)(B)(iii)].

Signature of RC Director:

Glucia Wang

Date:

10/9/13



Eastern Los Angeles Regional Center Performance Contract 2014

Approved by the Board of Directors

October 8, 2013

Public Policy Performance Measures

<i>Public Policy Performance Measure</i>	<i>Activities Regional Center will Employ to Achieve Outcome</i>
Number and percent of RC (Regional Center) caseload in Developmental Centers	<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 throughout the next three years.</p> <p><u>Activities:</u> (Continue with 2013 Activities) Activities are outlined in Community Placement Plan</p>
Number and percentage of minors residing with families	<p><u>Statement:</u> ELARC will ensure that children, whose health and safety will not be compromised, will reside with their families by providing the needed supports and services regardless of the severity of his/her disability.</p> <p><u>Activities:</u></p> <ul style="list-style-type: none"> • Placement Specialist (PS) will submit a monthly report to outcome coordinator on the number of children placed out of home and/or requests for out of home placement. By establishing closer communication with PS trends and patterns that lead to out of home placement may be better identified. • 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. Development of in home services will continue to take priority over the development of community care facilities for children. • Continue to expand alternative respite options such as Foster Family homes. These resources would complement in home services.

Public Policy Performance Measure	Activities Regional Center will Employ to Achieve Outcome
	<ul style="list-style-type: none"> • Work with case management staff to increase Person Centered Thinking skills. The utilization of these skills will promote partnerships with consumers, families and vendors as well as increase contributions to the Individual Program Plan. • Continue to coordinate and provide assistance for the continued operation of support groups for parents. • Service Coordinators (SCs,) as part of the New Staff Training curriculum, participate in the Living Options training module. This module will be expanded to include a thorough review of the steps that SCs need to take to prevent out-of-home placement. In the upcoming year, all relevant training modules will be expanded to include best practice guidelines for SCs to mitigate the risks that may lead to out-of-home placement for children. • Supervisors will closely monitor cases of consumers that have been identified to be at risk for out-of-home placement. They, through collaboration with the assigned SC, will ensure that adequate assistance has been offered to the family to enable them to keep the child at home when that is the preferred objective in the Individual Program Plan • Service Coordinators will continue to receive feedback and assistance in the currently established Special Incident (SIR) and Risk Mitigation committees.
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</p>

Public Policy Performance Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>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 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.
Number and percent of minors living in facilities serving > 6 individuals	<p>Statement:</p> <p>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</p>

Public Policy Performance Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>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, 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 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

Public Policy Performance Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>caring for a medically fragile/high medical need's child and children with complex behavioral and psychiatric needs.</p> <ul style="list-style-type: none"> • 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.
<p>Number and percent of adults living in facilities serving —> 6 individuals</p>	<p><u>Statement:</u> 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><u>Activities:</u></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 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

Public Policy Performance Measure	Activities Regional Center will Employ to Achieve Outcome
	<p>on less restrictive, more inclusive living options during living options staffing meetings at ELARC.</p> <ul style="list-style-type: none"> • 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.

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 accurate manner.</p> <p>Activities: CDER 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>ESR</p>

Compliance Performance Measure	Activities Regional Center Will Employ to Achieve Outcome
	<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.
Intake/assessment and IFSP time lines (0-2)	<p>Statement: 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>Activities: 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).</p>
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"> • Continue to offer and provide ongoing IPP training and Person Centered Thinking (PCT) training opportunities for all service coordinators • Continue to support organizational changes to implement PCT, piloting an automated PCT IPP, and continued collaboration with Tri Counties Regional Center on PCT learning opportunities. • Continue to implement Medicaid Waiver Training • Supervisors to provide on the job training and support regarding

<i>Compliance Performance Measure</i>	<i>Activities Regional Center Will Employ to Achieve Outcome</i>
	<p>Person Centered Planning and IPP management</p> <ul style="list-style-type: none"> • Continue to require new staffing training on IPP and Person Centered Thinking • Continue to incorporate families and other natural supports into the IPP process. • Conduct one Consumer Services Department meeting dedicated to the IPP and the Lanterman Act.
Individual Family Services Plan (IFSP) Development (Title 17 Requirements)	<p><u>Statement:</u> All Early Start consumers will have a current IFSP which will reflect a family centered approach.</p> <p><u>Activities:</u></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 new IFSP format to include 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.