






PERFORMANCE CONTRACT – 2016 Far Northern Regional Center


MEASURE	ACTIVITIES REGIONAL CENTER WILL EMPLOY TO ACHIEVE OUTCOME	FNRC OUTCOMES										
<p>1. People who live in developmental centers will live in the community.</p> 	<p><u>Statement:</u> <i>All people are valuable and have gifts and abilities. All people are best supported in an inclusive community.</i></p> <p><u>Activities:</u></p> <ul style="list-style-type: none"> • Implement the Community Placement Plan to assist developmental center residents to move into the community. Emphasis will be placed on individuals transitioning out of Sonoma Developmental Center under the State closure plan. • Continue development of new homes in FNRC area to meet the need of individuals with intensive health, mental health and behavioral needs. • Provide specialized training to community based service providers to increase the effectiveness of services for individuals with challenging needs. 	<p>Less individuals live in developmental centers:</p> <table border="0"> <tr> <td>2011</td> <td>0.51%</td> </tr> <tr> <td>2012</td> <td>0.41%</td> </tr> <tr> <td>2013</td> <td>0.37%</td> </tr> <tr> <td>2014</td> <td>0.35%</td> </tr> <tr> <td>2015</td> <td>0.33%</td> </tr> </table>	2011	0.51%	2012	0.41%	2013	0.37%	2014	0.35%	2015	0.33%
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<p>2. Whenever possible, children should live with families. Increase number of minors residing with families.</p> 	<p><u>Statement:</u> <i>Families will receive support services to prevent inappropriate out-of-home placements. Families will have access to information and education.</i></p> <p><u>Activities:</u></p> <ul style="list-style-type: none"> • Maximize the use of community resources that provide supports to families to assist them in maintaining their children at home. • Provide group parent training and supports to reduce behaviors that interfere with a child's ability to interact with their family and community. • Evaluate and provide accommodations and modifications to family homes and vehicles. • Identify and promote best practices in assessment and treatment of autism so families can access appropriate resources. • Provide families with the services and supports needed to assist them in providing home services, respite, hospice care, and crisis services. 	<p>Increase the number of minors living with families:</p> <table border="1" data-bbox="1703 609 2020 828"> <tbody> <tr> <td>2011</td> <td>98.90%</td> </tr> <tr> <td>2012</td> <td>99.04%</td> </tr> <tr> <td>2013</td> <td>99.03%</td> </tr> <tr> <td>2014</td> <td>99.96%</td> </tr> <tr> <td>2015</td> <td>99.08%</td> </tr> </tbody> </table>	2011	98.90%	2012	99.04%	2013	99.03%	2014	99.96%	2015	99.08%
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<p>3. Adults will live in home settings. Increase the number and percent of adults residing in home settings.</p> 	<p><u>Statement:</u> <i>Home can be defined in many different ways, but it is the place where a person wants to be.</i></p> <p><u>Activities:</u></p> <ul style="list-style-type: none"> • Develop a variety of services and supports that allow individuals to have choices about where they live in the community. • Develop residential and day activities that are integrated in, and support access to the greater community. • Monitor all living settings to ensure individuals have the right to privacy, dignity, respect and freedom from coercion and controls. • Monitor supported living environments to ensure safe supports and services. • Develop models of support for adults who desire to live in the family home. 	<p>More adults live in home settings:</p> <table border="1"> <tbody> <tr> <td>2011</td> <td>76.04%</td> </tr> <tr> <td>2012</td> <td>76.49%</td> </tr> <tr> <td>2013</td> <td>76.40%</td> </tr> <tr> <td>2014</td> <td>77.23%</td> </tr> <tr> <td>2015</td> <td>77.43%</td> </tr> </tbody> </table>	2011	76.04%	2012	76.49%	2013	76.40%	2014	77.23%	2015	77.43%
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<p>4. Children will live at home and not in placement. Keep our numbers at zero for children living in facilities over six residents.</p> 	<p><u>Statement:</u> <i>Far Northern believes children belong in loving inclusive homes.</i></p> <p>Activities:</p> <ul style="list-style-type: none"> When children are at risk, FNRC may utilize an intensive service residence for short-term stabilization. Services can be identified and provided to allow the child to successfully transition back to their home. If our efforts fail, we will place the child in a small home, with six or fewer children, and where each child has their own bedroom. 	<p>Fewer children will live in large facilities (more than six residents):</p> <table border="1" data-bbox="1642 610 1992 828"> <tr> <td>2011</td> <td>0.00%</td> </tr> <tr> <td>2012</td> <td>0.00%</td> </tr> <tr> <td>2013</td> <td>0.00%</td> </tr> <tr> <td>2014</td> <td>0.03%</td> </tr> <tr> <td>2015</td> <td>0.04%</td> </tr> </table>		2011	0.00%	2012	0.00%	2013	0.00%	2014	0.03%	2015	0.04%
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<p>5. Adults shall live in small homes. Decrease number of adults living in facilities over six.</p> 	<p><u>Statement:</u> <i>Far Northern supports living arrangements that are small. Our preference is that homes serve four or fewer people and provide adults with private bedrooms and baths.</i></p> <p>Activities:</p> <ul style="list-style-type: none"> • FNRC will identify all consumers living in large skilled nursing facilities and assess their needs to see if they can be appropriately served in a small home serving six or fewer people. • FNRC will share value-based preferences at Residential Provider orientation classes as well as Federal requirements under the Center for Medicaid Services (CMS) Final Rule: homes for four or fewer people with rooms of their own; individuals have a choice of roommates; residents have access to food and visitors at any time; they have privacy with keys to their home. 	<p>Fewer adults will live in large facilities (more than six residents):</p> <table border="1"> <tr> <td>2011</td> <td>2.33%</td> </tr> <tr> <td>2012</td> <td>2.34%</td> </tr> <tr> <td>2013</td> <td>2.01%</td> </tr> <tr> <td>2014</td> <td>1.92%</td> </tr> <tr> <td>2015</td> <td>1.93%</td> </tr> </table>	2011	2.33%	2012	2.34%	2013	2.01%	2014	1.92%	2015	1.93%
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<p data-bbox="235 334 1037 418">6. Client Development Evaluation Report (CDER) or Early Start Report (ERS) is current.</p> 	<p data-bbox="1104 334 1346 378"><u>Statement:</u></p> <p data-bbox="1104 383 1892 456"><i>FNRC will ensure that critical information is entered into SANDIS in a timely and accurate manner.</i></p> <p data-bbox="1104 508 1293 548"><u>Activities:</u></p> <ul data-bbox="1152 597 1990 1263" style="list-style-type: none"><li data-bbox="1152 597 1990 768">• SC will enter accurate and current CDER information for consumers during birth month or ERS information within 45 days of the initial referral.<li data-bbox="1152 821 1990 951">• Supervisors will monitor accuracy and accountability via quality assurance reviews of randomly selected records.<li data-bbox="1152 1005 1990 1086">• Supervisors review the monthly notification of delinquent CDERs/ERS.<li data-bbox="1152 1140 1990 1263">• CDERs are reviewed for accuracy whenever there is a request for out-of-home placement or respite, or for supported living services.

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<p>7. Intake and assessment will be provided within 45-days of referral and an Individual Family Service Plan (IFSP) shall be developed within 45 calendar days of the referral as required by the Lanterman Act Section 95020(b).</p> 	<p><u>Statement:</u> <i>Children aged birth to three years shall be evaluated and assessed for the purpose of determining eligibility and service planning within 45 days as required by Part C.</i></p> <p><u>Activities:</u></p> <ul style="list-style-type: none">• Children determined eligible shall have an initial IFSP completed with service identification within 45 days of the initial referral.• Supervisors review progress of intake/assessment timelines monthly.• New resources will be developed to assist in meeting intake/assessment timelines.• Continue collaborative Intake process with local SELPA's


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<p>8. Intake/assessment time lines for consumers age three and above are met.</p>	<p><u>Statement:</u> <i>FNRC will ensure that intake and assessment time lines for applicants three and older are met.</i></p> <p><u>Activities:</u></p> <ul style="list-style-type: none"> • Continue to assess and develop local resource needs related to intake/assessments. • Supervisors review progress of intake/assessment timelines monthly. •
<p>9. Individual program plans will be developed and required by the Lanterman Act Section</p>	<p><u>Statement:</u> <i>The individual planning process is conducted to determine the life goals, strengths, gifts and concerns of the person we serve.</i></p> <p><u>Activities:</u></p> <ul style="list-style-type: none"> • FNRC will develop individual plans in the spirit and to meet the requirements of WIC 4646.5

PUBLIC POLICY OUTCOMES FOR WHICH STATEWIDE DATA COLLECTION IS NOT YET AVAILABLE.

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<p>10. Number and percent of adults in supported and individual employment:</p>	<p><i>Statewide data collection methodology is under development</i></p> <p>Activities Already Started:</p> <ul style="list-style-type: none"> • Track quarterly reports on number of individuals in supported employment
<p>11. Number and percent of adults with earned income and average wage (aggregate):</p>	<p><i>Statewide data collection methodology is under development</i></p> <p>Activities Already Started:</p> <ul style="list-style-type: none"> • Develop community integration training programs that are businesses that create employment for adults, according to their skills and talents. • Require all new day activity resources to provide work opportunities for consumers. • Develop an “Employment First” policy for FNRC Board of Directors and implement the policy once it is approved.

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<p>12. Access to medical and dental services:</p>  <p>Wellness Training by Peer Advocates</p>	<p><i>Statewide data collection methodology is under development</i></p> <p>Activities Already Started:</p> <ul style="list-style-type: none">• In response to NCI feedback, develop and support a region wide wellness Initiative, including peer-to-peer trainings• Utilize teams of people with developmental disabilities to promote safe and healthy activities and wellness training to Far Northern Regional Center clients and providers.

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<p data-bbox="216 297 1014 378">13. Number of consumers per thousand who are victims of abuse:</p>  <p data-bbox="380 1284 846 1320">The Abuse Prevention Team</p>	<p data-bbox="1066 285 1927 321"><i>Statewide data collection methodology is under development</i></p> <p data-bbox="1066 363 1556 399">Activities Already Started:</p> <ul data-bbox="1115 456 1923 898" style="list-style-type: none"><li data-bbox="1115 456 1923 716">• Continue to provide training to consumers, families and service providers through the use of peer advocates in the Abuse Prevention Team, Consumer Abuse Awareness Team (CAAT), "Respect Yourself" for men and women and "You and Me".<li data-bbox="1115 768 1923 898">• Continue to provide Personal Care Guidelines to consumers who require help eating, bathing, dressing, and toileting.

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<p>14. Determine the number and percent of individuals; by ethnicity who are satisfied with the services and supports they received by the family and family member.</p> 	<p><i>Statewide data collection methodology is under development</i></p> <p>Activities:</p> <ul style="list-style-type: none"> • Work with local agencies (Family Resource Centers, Managed Care Plans, etc.) to increase awareness of regional center services for minority populations they serve. • Offer educational supports to consumers and families utilizing bi-lingual cross cultural communication mentors during the intake process and continuing until an IFSP or IPP is developed and implemented. • Work with service providers to develop creative bi-lingual resources and services to improve access to all ethnic groups. • Utilize National Core Indicator (NCI) data to improve Far Northern Regional Center outcomes, accountability and service delivery outcomes. • Develop orientation services for families entering the regional center system.

Did Far Northern Regional Center meet DDS Standards?

The following shows how well Far Northern Regional Center did in meeting DDS compliance standards:

Areas Measured	Last Year	Current Year
Successful independent audit with no major problems	Yes	Yes
Successful DDS audit	Yes	Yes
Stayed within operations budget	Yes	Yes
Certified to participate in the Federal Waiver	Yes	Yes
Successfully audits vendors	Yes	Partially Met
CDERs are updated as required (<i>CDER is the Client Development Evaluation Report with information about the consumer's diagnosis</i>) NOTE: *This was temporarily suspended during implementation of the revised CDER	N/A	98.02%
Intake/Assessment timelines for consumers age 3 or older are met ¹	100%	97.50%

¹ Persons 36 months of age and over are to be assessed within 120 calendar days following initial intake.