

# REGIONAL CENTER OF ORANGE COUNTY BOARD OF DIRECTORS' MEETING AGENDA

Date: Thursday, May 5, 2016
Time: 6:00 – 8:00 p.m.

Place: RCOC Board Room, 1525 North Tustin Avenue, Santa Ana, California 92705

I.	Clo	sed Session (Board Members Only)	
1.	A.	W&I Code §4663 and §4664	David Lester
II.	Rec	· · ·	David Lester
III.		neral Session	
111.	A.	Pledge of Allegiance/Reading of RCOC Mission Statement	Alan Martin
	B.	Budget and Finance Committee	Bob Costello
	C.	Consent Calendar*	Bob Costello
	C.	Approval of Minutes for March 3, 2016 Meeting**	Alan Martin
		2. Budget and Finance Committee**	Alan Marun
		a. Approval of Monthly Sufficiency of Allocation Report, February 2016**	
		b. Approval of Monthly Sufficiency of Allocation Report, Pediatry 2016**	
		c. Approval of Budget Amendment A-5, Fiscal Year 2014-15**	
		d. Approval of Audited Financial Statements for the Year Ended June 30, 2015**	
		e. Review Draft of Form 990, Return of Organization Exempt from Income Tax for	
		the Year Ended June 30, 2015**	
		f. Approval of Budget Amendment	
	D.	Executive Director's Report	Larry Landauer
	D.	1. Operations Report – February 2016**	Dairy Dandauci
		2. Operations Report – March 2016**	
		3. Performance Contract – March 2016**	
		4. Approval of Post-Retirement Employment for Mary Parpal, Ph.D.**	
		5. Reporting of Post-Retirement Employment**	
	E.	Community Forum***	Alan Martin
	F.	Policies and Outcomes Committee**	Cliff Amsden
		1. Approval of Revisions to the Transportation Mobility Policy**	
		2. Approval of Revisions to the Whistleblower Policy**	
		3. Board Governance Policies – Employment First Policy**	
		4. Board Governance Policies – Start-Up, Gap and Lag Policy**	
	G.	Vendor Advisory Committee**	Mark Antenucci
		1. Approval of Vendor Advisory Committee Members**	
	H.	Consumers' Advisory Committee**	Fernando Peña
	I.	Executive Committee	Alan Martin
		1. Approval of Renewal of Board Membership for Marcell Bassett for a Three-Year	
		Term Commencing July 1, 2016 and Ending June 30, 2019**	
		2. Approval of Renewal of Board Membership for Magnolia Guardamondo for a Three-	
		Year Term Commencing July 1, 2016 and Ending June 30, 2019**	
		3. Approval of Renewal of Board Membership for Robert Costello for a One-Year Term	
		Commencing June 3, 2016 and Ending June 2, 2017**	
		4. Approval of Renewal of Board Membership for Luke Franck for a One-Year Term	
		Commencing June 3, 2016 and Ending June 2, 2017**	
		5. Approval of Renewal of Board Membership for Tresa Oliveri for a One-Year Term	
		Commencing June 3, 2016 and Ending June 2, 2017**	
	T	6. Approval of RCOC Board of Directors' Meeting Schedule for Fiscal Year 2016-17**	A1 35 3
	J.	Recruitment and Training Committee	Alan Martin
	K.	Legislative and Community Awareness Committee	Tam Nguyen
	L.	ARCA Report	Tresa Oliveri
	M.	Chairperson's Report	Alan Martin

IV. Adjournment Alan Martin

\*All items on the Consent Calendar will be approved by one motion, and there will be no discussion on individual items unless a Board member or a member of the public requests that a specific item be pulled from the Consent Calendar for separate discussion and possible action.

<sup>\*\*</sup>Attachment for Board members in Board packet.

<sup>\*\*\*</sup>This is an opportunity for the public to comment on issues of interest. Speakers should complete the "Request to Speak" form located at the entrance to the meeting room and return the form to the Recording Secretary. Each person's presentation is limited to a maximum of five minutes.

# Regional Center of Orange County Board of Directors' Meeting March 3, 2016 Minutes

**Board Members Present:** Alan Martin, Chairperson

Cristina Alba Cliff Amsden Mark Antenucci Marcell Bassett Robert Costello Luke Franck

Magnolia Guardamondo

Peter Kuo

Steven Mesinas Tam Nguyen Tresa Oliveri Fernando Peña Stefanie Vitali

**Board Members Absent:** Meena Chockalingam

Hilda Mendez

**Corporate Counsel Present:** David Lester, Esq.

#### I. General Session

Mr. Alan Martin called the meeting to order at 6:00 p.m.

# A. Pledge of Allegiance/Reading of RCOC's Mission Statement

Ms. Stefanie Vitali led attendees in a recitation of the Pledge of Allegiance.

Mr. Fernando Peña then read RCOC's Mission Statement.

## **B. Budget and Finance Committee**

Mr. Robert Costello stated that the recently approved Managed Care Organization (MCO) tax will add \$300 million to the regional center system. Mr. Costello shared that RCOC's projected deficit is \$24.5 million, a decrease of \$2.4 million over November's projection. The decrease is due to lower expenditure growth. In addition, Mr. Costello shared that RCOC's caseload growth in fiscal year 2014-15 was 4.5%, and caseload growth to date in this fiscal year is 3.1%.

# RCOC Board of Directors' Meeting Minutes March 3, 2016

#### C. Consent Calendar

- 1. Approval of Minutes for January 7, 2016 Meeting
- 2. <u>Budget and Finance Committee</u>
  - a. Approval of Monthly Sufficiency of Allocation Report, December 2015
  - b. Approval of Monthly Sufficiency of Allocation Report, January 2016
  - c. Approval of Budget Amendment E-7, Fiscal Year 2013-14
  - d. Approval of Budget Amendment B-2, Fiscal Year 2015-16

M/S/C to approve the consent calendar as presented.

# D. Executive Director's Report

Mr. Larry Landauer gave his Executive Director's Report, which included the following highlights:

- A moment of silence for Kevin Bruce Guice, an RCOC consumer who recently passed away.
- Governor's Proposed Budget for Fiscal Year 2016-17. Governor Brown released his Proposed Budget on January 7, 2016. The proposed budget includes items that will help vendors.
- *Managed Care Organization (MCO) Tax*. The California legislature approved a new health care tax on Monday, February 29, 2016. The revamped MCO tax and the federal money Medi-Cal it is expected to bring in, includes \$300 million for services to help people with developmental disabilities.
- Employment First. Dr. Janis White stated that the number of consumers in sheltered workshops decreased from 517 in December 2015, to 500 in February 2016. The number of consumers in integrated competitive employment has increased from 1,790 in December 2015, to 1,847 in February 2016. Dr. White stated that RCOC will be partnering with Children's Hospital of Orange County (CHOC) and Kaiser Permanente to expand employment training opportunities through Project Search.
- Orange County Transportation Authority (OCTA). OCTA proposed a new schedule to reallocate resources to meet their demand. The initial proposal has been amended to include more service lines. RCOC is meeting with OCTA and Western Transportation to address the transportation needs of the 21 consumers currently receiving ACCESS services who would be affected by this change.

- Developmental Centers. The State Budget included plans to close Sonoma
  Developmental Center by 2018, as well as Fairview Developmental Center and
  the General Treatment Area of Porterville Developmental Center by 2021. RCOC
  has 76 consumers currently residing at Fairview Developmental Center (FDC).
  Those 76 consumers have community integration plans in place. Mr. Landauer
  reported that he and other regional center Executive Directors attended the
  Fairview Family and Friends meeting on January 10, 2016, to discuss the FDC
  closure.
- Board Recruitment. The Lanterman Act mandates the composition of regional centers' governing boards. Among other mandates, each board must reflect the geographic and ethnic characteristics of the regional center catchment area, and at least 25% of board members must be persons with developmental disabilities. Over the next 12 to 18 months, several Board members will be completing seven years of service and must go off the Board. As such, the Board is actively seeking applicants who will meet the composition requirements.
- National Core Indicators (NCI) and Health and Wellness Initiative.

  Dr. LeeAnn Christian shared that the Health, Wellness and Safety Initiative Ad Hoc Task Force was asked to continue their work through the end of 2016. They are currently developing the details of a pilot project that will be presented to the Policies and Outcomes Committee in March 2016. The NCI Advisory Council met in February and focused on the analysis of survey results by ethnicity. The Council will be meeting again when new survey data are released by the Department of Developmental Services (DDS).
- *RCOC Purchase of Service (POS) Expenditure*. Mr. Landauer stated that there was significant growth in POS during fiscal year 2014-15. RCOC's planning allocation in 2014-15 was \$247.8 million. This year, the planning allocation is \$285.1 million, an increase of \$37.3 million. The projected systemwide deficit is now at a low of approximately \$49.4 million (\$6 million increase), and a high of \$85 million (\$312,000 decrease).
- New Federal Rules. On February 11, 2016, the new federal rules related to Home and Community Based Services, also known as Medicaid Waiver, were discussed. These rules will take effect in March 2019.
- Self-Determination Program. The next Self-Determination Program Local Advisory Committee meeting is scheduled for April 4, 2016, at RCOC. This meeting is open to the public. The RCOC website has Advisory Committee member profiles, meeting minutes and information on the Self-Determination Program.
- Purchase of Service (POS) Expenditure Data Meeting. RCOC held its POS Expenditure Data meeting on February 25, 2016. Approximately 38 individuals

attended the meeting and provided valuable feedback regarding outreach to the diverse community served by RCOC.

- 2016 Spotlight Awards. The 2016 Spotlight Awards will be held on Friday, April 8, 2016, at Embassy Suites in Anaheim. Tickets are available for sale until April 1, 2016.
- 1. <u>Operations Report, December 2015</u>. This item was presented for information only. There were no questions about the report.
- 2. <u>Operations Report, January 2016</u>. This item was presented for information only. There were no questions about the report.
- 3. <u>Performance Contract</u>, <u>January 2016</u>. This item was presented for information only. There were no questions about the report.

# E. Community Forum

Mr. Jay Connor inquired about security changes at RCOC after the attack in San Bernardino. Mr. Landauer stated that staff will receive "The Active Shooter Response & Impact of Workplace Violence" training.

#### F. Policies and Outcomes Committee

Mr. Cliff Amsden stated that the Committee reviewed four policies.

1. Approval of Revisions to the Document Retention and Destruction Policy

# M/S/C to approve revisions to the Document Retention and Destruction Policy as presented.

2. Approval of Revisions to Contract Policy

## M/S/C to approve revisions to Contract Policy as presented.

- 3. <u>Board Governance Policy Policies on the Board-Executive Relationship.</u> This item was presented for information only.
- 4. <u>Board Governance Policy Policy on Notification to Consumers and Families of Significant Service Deficits.</u> This item was presented for information only.

# G. Vendor Advisory Committee

Mr. Mark Antenucci shared that the Vendor Advisory Committee (VAC) will be working with RCOC and vendors, especially those providing 24/7 care, about meeting their Department of Labor obligations. Mr. Antenucci stated that the Fairview Developmental

# RCOC Board of Directors' Meeting Minutes March 3, 2016

Center liaison position on the VAC continues to be vacant. He is hoping a liaison is identified soon. At the February VAC meeting, Dr. Christian presented on the National Core Indicators (NCI) survey results, with a focus on the differences in the results based on consumers' and families' ethnicity. Mr. Antenucci also shared that the implementation of the new rules from Centers for Medicare & Medicaid Services will require significant changes in service delivery for several vendor groups.

# H. Consumers' Advisory Committee

Mr. Peña stated that Ms. Debbie Meeker from the Community Development and Housing Section of the DDS, attended the meeting and spoke to the Committee about the closure plan for Fairview Developmental Center. She asked for their input regarding living arrangements, day activities, health, wellness and staying connected to friends and family. The next meeting will be held on March 16, 2016.

# I. Recruitment and Training Committee

Mr. Martin stated that the Committee had not met since the last Board of Directors' meeting. The next meeting has not yet been scheduled.

## J. Legislative and Community Awareness Committee

Dr. Tam Nguyen stated that the Committee had not met since the last Board of Directors' meeting. The next meeting has not yet been scheduled.

# **K. Executive Committee**

Mr. Martin reported on the Board of Directors' Retreat, which was held on February 6, 2016. He also shared that the Board had discussed Mr. Landauer's performance as Executive Director and had unanimously approved a 3% salary increase retroactive to January 1, 2016. He noted that Mr. Antenucci abstained from the vote.

#### L. Association of Regional Center Agencies (ARCA) Report

Ms. Tresa Oliveri shared that one of the major discussion items at the last ARCA meeting was board governance and the need for all regional centers to conduct adequate training for their boards to ensure that they were governing properly.

# M. Chairperson's Report

Mr. Martin thanked Keli Radford, West Area Manager, for hosting the Open House and Board Meeting at the West Area office.

# RCOC Board of Directors' Meeting Minutes March 3, 2016

# N. Regional Center Eligibility Presentation

Dr. Peter Himber gave a presentation related to eligibility for Lanterman services. He explained the eligibility requirements for Lanterman services and discussed RCOC's approach to eligibility review. He then shared what happens when an applicant is found eligible for services, as well as what happens when an applicant is found ineligible.

# II. Adjournment

The meeting was adjourned at 7:13 p.m.
Cristina Alba, Secretary
Recorder: Andre Wilson

# Regional Center of Orange County Budget and Finance Committee Minutes March 3, 2016

**Committee Members Present:** Robert Costello, Chair

Cliff Amsden Mark Antenucci Marcell Bassett Luke Franck Peter Kuo

Other Board Members Present: Fernando Peña

Steven Mesinas

**RCOC Staff Present:** Bette Baber, Chief Financial Officer

Larry Landauer, Executive Director Patrick Ruppe, Central Area Manager Janis White, Chief Operating Officer

The meeting was called to order at 4:13 p.m. in the Board Room of the West Area office in Cypress.

1. Monthly Sufficiency of Allocation Reports for December 2015 and January 2016

Ms. Baber reported on the \$2.4 million decrease in the projected deficiency. Rate increases and caseload growth were also discussed.

2. Budget Amendment E-7, Fiscal Year 2013-14

Ms. Baber reported that the Department of Developmental Services (DDS) decreased RCOC's Purchase of Service allocation by \$1 million.

3. Budget Amendment B-2, Fiscal Year 2015-16

Ms. Baber reported that RCOC had not yet received the numbers; but, DDS will allocate additional funds for Purchase of Service in the B-2 amendment.

# RCOC Budget and Finance Committee Minutes March 3, 2016

4. Regional Centers' CalPERS Employer Contribution Rates and Unfunded Liability for Fiscal Year 2016-17

Ms. Baber reported on the employer contribution rates and unfunded liability for each of the 14 regional centers that is a member of CalPERS. Two regional centers, Central Valley and North Los Angeles, are more than 100% funded and therefore have no unfunded liability. For the remaining 12 regional centers, the percentage funded ranges from a low of 73% for Redwood Coast to a high of 99% for Westside. RCOC's percentage funded is 92.7%.

The meeting was adjourned at 5:54 p.m.

#### **BOARD OF DIRECTORS**

# AGENDA ITEM DETAIL SHEET

ACTIONX_	
ACTION/CONSENT	
DISCUSSION	
INFO ONLY	

DATE: May 5, 2016

TO: RCOC Board of Directors

FROM: Budget and Finance Committee

SUBJECT: Approval of Monthly Sufficiency of Allocation Report, February 2016

# **BACKGROUND**:

Staff presents the monthly sufficiency of allocation report to the Budget and Finance Committee for review and approval. This committee then presents the statement to the Board.

# **REASON FOR CURRENT ITEM:**

The Board has a responsibility to monitor the Center's financial status.

## FISCAL IMPACT:

None.

#### RECOMMENDATION:

That the Board approve the monthly sufficiency of allocation report as presented.

#### MEMORANDUM

Date: April 27, 2016

To: Board of Directors

From: Budget and Finance Committee

Subject: Highlights – February 2016 Sufficiency of Allocation Report (SOAR)

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# Purchase of Service (POS)

RCOC's projected deficit is \$15 million, a decrease of \$9.5 million over January's projection. The decrease is due to an additional allocation of \$7.2 million in the B-2 amendment and a reduction of \$2.3 million in projected expenditure growth. The projected deficit will be \$6.4 million if all \$8.6 million of the State Plan Amendment receivables are paid.

As reported previously, higher rates are part of the projected deficit (in order by fiscal impact):

1. The increase in the California minimum wage from \$9 per hour to \$10 per hour on January 1, 2016, will raise some vendors' rates by approximately \$3.9 million; 2. DDS approved a 5.82% increase effective December 1, 2015, for Personal Assistance, Supported Living and In-Home Agency Respite services to implement new federal regulations related to the revised definition of "companionship services" under the Fair Labor Standards Act to include home care workers, also known as personal care assistants, in overtime compensation; rates will increase by approximately \$2.7 million; 3. A change in California law effective July 1, 2015, which requires paid sick leave for all employees, will increase some vendors' rates by approximately \$650,000.

In addition, RCOC has a large number of consumers who will graduate from school to regional center-funded adult day programs and caseload growth.

RCOC's caseload growth in fiscal year 2014-15 was 4.5%, an increase of 813 consumers. RCOC's caseload growth to date in this fiscal year is 405 consumers which is an annualized caseload growth of 2.9%. In the same period, the regional center system grew by 9,149 consumers which is an annualized caseload growth of 4.3%.

#### **Operations**

RCOC will be within budget for both Operating Expense and Personal Services.

# **Monthly Sufficiency of Allocation Report** As of February 29, 2016

		A	В	C	D	E	F	G	Н
		B-2	ACTUAL SPENT	PROJECTED EXPENDITURES	SOAR PROJECTED EXPENDITURES	(column A-D)/A) %	VARIANCE (column A-D) AMOUNT	CHANGE FROM PRIOR	SPENT
	PURCHASE OF SERVICE	ALLOCATION	YEAR TO DATE	AT "RUN RATE"	(4/10/2016)	YEAR T	O DATE	MO. REPORTED	PRIOR YEAR
(1)	Licensed Residential Care	\$57,647,124	\$39,797,108	\$59,760,191	\$60,790,700	-5%	(\$3,143,576	\$0	\$56,914,922
(2)	Day Care	3,128,891	1,806,720	2,790,052	3,128,891	0%	\$0	•	3,100,533
(3)	Day Training	52,892,798	32,487,828	48,731,742	52,892,798	0%	\$0	(\$5,791,934)	47,264,265
(4)	Habilitation	9,116,204	5,900,343	8,850,515	9,116,204	0%	\$0		9,163,776
(5)	Transportation	13,108,031	7,094,276	13,512,907	13,108,031	0%	\$0	(\$1,121,505)	12,677,804
(6)	Respite	14,670,160	10,257,908	16,048,949	18,436,954	-26%	(\$3,766,794	( , , , , ,	15,350,200
(7)	Supported Living	29,090,918	20,566,602	31,201,174	30,348,904	-4%	(\$1,257,986	•	29,121,230
(8)	Non-medical	41,648,597	26,163,960	42,428,043	44,357,490	-7%	(\$2,708,893		42,497,064
(9)	Medical	3,435,885	3,005,872	4,659,102	4,926,042	-43%	(\$1,490,157	•	3,462,657
(10)	Other	41,862,719	29,758,168	44,910,427	44,496,994	-6%	(\$2,634,275	•	39,583,831
(11)	Early Start (Age 0-3)	23,965,696	14,317,771	21,476,657	23,965,696	0%	\$0		23,199,520
(12)	•	1,707,881	34,025	51,038	1,707,881	0%	\$0		424,375
	-								·
(13)	Purchase of Service Total	292,274,904	191,190,581	294,420,794	307,276,585	-5%	(15,001,681	(9,546,309)	282,760,177
	OPERATIONS						(6,385,478	) ** If all SPA receiv	vables are paid.
(14)	Operating Expense (Gross)	7,100,000	4,449,447	6,674,171	7,100,000	0%	0	0	6,509,399
(15)	Less Interest Income	(100,000)	(65,188)	(97,782)	(100,000)	-0%	0	0	(87,109)
(16)	Operating Expense (Net)	7,000,000	4,384,259	6,576,389	7,000,000	0%	0	0	6,422,290
(17)	Personal Services	28,883,063	16,906,669	25,360,003	28,883,063	0%	0	0	23,502,213
(18)	Family Resource Center	140,397	55,964	83,946	140,397	0%	0	0	140,397
(19)	Clinical Team	1,167,142	821,355	1,232,032	1,167,142	0%	0	0	979,979
(20)	Early Start Plus*	0	39,361	59,041	0	0%	0	0	121,607
(21)	Operations Total	37,190,602	22,207,608	33,311,412	37,190,602	0%	0	0	31,166,487
(22)	Total	\$329,465,506	\$213,398,189	\$327,732,206	\$344,467,187	0%	(\$15,001,681	(\$9,546,309)	\$313,926,664

The Early Start Plus contract is with Family Resource Centers Network of California.

State Plan Amendment (SPA). Regional centers pay the Day Program and Transportation expenditures for consumers who live in Intermediate Care Facilities (ICFs); DDS pays ICFs; ICFs pay regional centers.

# STATEMENT OF ASSETS, LIABILITIES AND FUND BALANCES AS OF FEBRUARY 29, 2016

ASSETS	GENERAL FUND	CUSTODIAL FUND
CURRENT ASSETS		
Petty cash Checking Savings Money market Payroll Donations Unemployment Certificate of deposit	\$300.00 43,474,675.85 9,545.50 0.00 94,072.32 54,938.40 158,981.77 0.00	\$1,481,074.72
Total current assets	43,792,513.84	
RECEIVABLES		
State claim Client support revenue Due from State - prior years Due from ICF - ICF Supplemental Services	53,241,660.17 716,228.31 7,401,517.11 5,258,285.46	20,006.27
Total receivables	66,617,691.05	20,006.27
PREPAID ITEMS		
Deposits Prepaid expense	346,185.99 0.00	
Total prepaid items	346,185.99	0.00
OTHER ASSETS		
Tenant improvements Building acquisition	1,064,422.77 63,613.98	
Total other assets	1,128,036.75	
TOTAL ASSETS	\$111,884,427.63	\$1,501,080.99
LIABILITIES AND FUND BALANCES		
LIABILITIES		
Accounts payable Due to State - ICF Supplemental Services Loans payable Cash advance Unemployment insurance	\$15,780,350.64 14,612,792.93 0.00 81,277,363.89 158,981.77	\$716,228.31
Total liabilities	111,829,489.23	716,228.31
FUND BALANCES		
General Donations Custodial	0.00 54,938.40	784,852.68
TOTAL LIABILITIES AND FUND BALANCES	\$111,884,427.63	\$1,501,080.99
	=	=

# REGIONAL CENTER OF ORANGE COUNTY BRIAN'S FUND FEBRUARY 29, 2016

Beginning Balance	\$54,579.40	
Donations:		
AT&T Employee Giving Campaign	\$4.00	
Loan Payments	455.00	
Interest	0.00	
	0.00	
Disbursements:		
Personal Items	-100.00	
		•
Net Increase (Decrease)		355.00
		Φ54.024.40
Ending Balance		\$54,934.40

# """BOARD OF DIRECTORS

# AGENDA ITEM DETAIL SHEET

A CTI	ION X	
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ACTION/CONS	ENT	
DISCUSS	ION	
INFO ON	NLY	

DATE: May 5, 2016

TO: RCOC Board of Directors

FROM: Budget and Finance Committee

SUBJECT: Approval of Monthly Sufficiency of Allocation Report, March 2016

# **BACKGROUND**:

Staff presents the monthly sufficiency of allocation report to the Budget and Finance Committee for review and approval. This committee then presents the statement to the Board.

# **REASON FOR CURRENT ITEM:**

The Board has a responsibility to monitor the Center's financial status.

## FISCAL IMPACT:

None.

#### **RECOMMENDATION:**

That the Board approve the monthly sufficiency of allocation report as presented.

#### MEMORANDUM

Date: April 27, 2016

To: Board of Directors

From: Budget and Finance Committee

Subject: Highlights – March 2016 Sufficiency of Allocation Report (SOAR)

\_\_\_\_\_

# Purchase of Service (POS)

RCOC's projected deficit is \$15 million, a decrease of \$9.5 million over January's projection. The decrease is due to an additional allocation of \$7.2 million in the B-2 amendment and a reduction of \$2.3 million in projected expenditure growth. The projected deficit will be \$6.4 million if all \$8.6 million of the State Plan Amendment receivables are paid.

As reported previously, higher rates are part of the projected deficit (in order by fiscal impact):

1. The increase in the California minimum wage from \$9 per hour to \$10 per hour on January 1, 2016, will raise some vendors' rates by approximately \$3.9 million; 2. DDS approved a 5.82% increase effective December 1, 2015, for Personal Assistance, Supported Living and In-Home Agency Respite services to implement new federal regulations related to the revised definition of "companionship services" under the Fair Labor Standards Act to include home care workers, also known as personal care assistants, in overtime compensation; rates will increase by approximately \$2.7 million; 3. A change in California law effective July 1, 2015, which requires paid sick leave for all employees, will increase some vendors' rates by approximately \$650,000.

In addition, RCOC has a large number of consumers who will graduate from school to regional center-funded adult day programs and caseload growth.

RCOC's caseload growth in fiscal year 2014-15 was 4.5%, an increase of 813 consumers. RCOC's caseload growth to date in this fiscal year is 405 consumers which is an annualized caseload growth of 2.9%. In the same period, the regional center system grew by 9,149 consumers which is an annualized caseload growth of 4.3%.

#### **Operations**

RCOC will be within budget for both Operating Expense and Personal Services.

# **Monthly Sufficiency of Allocation Report** As of March 31, 2016

		A	В	С	D	E	F	G	Н
		B-2	ACTUAL SPENT	PROJECTED EXPENDITURES	SOAR PROJECTED EXPENDITURES	(column A-D)/A) %	VARIANCE (column A-D) AMOUNT	CHANGE FROM PRIOR	SPENT
	PURCHASE OF SERVICE	ALLOCATION	YEAR TO DATE	AT "RUN RATE"	(4/10/2016)	YEAR TO	O DATE	MO. REPORTED	PRIOR YEAR
(1)	Licensed Residential Care	\$57,647,124	\$44,485,104	\$59,920,844	\$60,790,700	-5%	(\$3,143,576)		\$56,914,922
(2)	Day Care	3,128,891	1,969,452	2,689,504	3,128,891	0% 0%	\$0	\$0	3,100,533
(3)	Day Training	52,892,798	36,153,756	48,643,927	52,892,798	0%	\$0	(\$5,791,934)	47,264,265
(4)	Habilitation Transportation	9,116,204 13,108,031	6,067,025 7,187,858	8,835,883 13,691,158	9,116,204 13,108,031	0%	\$0 \$0	\$0 (\$1,121,505)	9,163,776 12,677,804
(5) (6)	Respite	14,670,160	10,257,908	16,048,949	18,436,954	-26%	\$0 (\$3,766,794)		15,350,200
(7)	Supported Living	29,090,918	23,023,523	31,008,341	30,348,904	-20% -4%	(\$1,257,986)		29,121,230
(8)	Non-medical	41,648,597	26,469,577	42,923,638	44,357,490	-4 <i>%</i> -7%	(\$2,708,893)		42,497,064
(9)	Medical	3,435,885	3,165,553	4,748,330	4,926,042	-43%	(\$1,490,157)		3,462,657
(10)		41,862,719	29,836,975	44,755,463	44,496,994	-6%	(\$2,634,275)		39,583,831
(11)		23,965,696	15,714,609	21,326,593	23,965,696	0%	\$0	\$0	23,199,520
(12)	•	1,707,881	374,994	562,491	1,707,881	0%	\$0 \$0	\$0 \$0	424,375
(12)	Community Fracement Fran	1,707,001	3/4,224	302,471	1,707,001		ΨΟ	ΨΟ	727,373
(13)	Purchase of Service Total	292,274,904	204,706,334	295,155,121	307,276,585	-5%	(15,001,681)	(9,546,309)	282,760,177
	OPERATIONS						(6,385,478)	** If all SPA recei	vables are paid.
(14)	7	7,100,000	4,883,712	6,511,616	7,100,000	0%	0	0	6,509,399
(15)	Less Interest Income	(100,000)	(79,338)	(105,784)	(100,000)	-0%	0	0	(87,109)
(16)	Operating Expense (Net)	7,000,000	4,804,374	6,405,832	7,000,000	0%	0	0	6,422,290
(17)	Personal Services	28,883,063	18,971,136	25,294,847	28,883,063	0%	0	0	23,502,213
(18)	Family Resource Center	140,397	58,226	77,635	140,397	0%	0	0	140,397
(19)	Clinical Team	1,167,142	921,721	1,228,961	1,167,142	0%	0	0	979,979
(20)	Early Start Plus*	0	42,020	56,027	0	0%	0	0	121,607
(21)	Operations Total	37,190,602	24,797,477	33,063,303	37,190,602	0%	0	0	31,166,487
(22)	Total	\$329,465,506	\$229,503,811	\$328,218,424	\$344,467,187	0%	(\$15,001,681)	(\$9,546,309)	\$313,926,664

<sup>\*</sup> The Early Start Plus contract is with Family Resource Centers Network of California.

\*\* State Plan Amendment (SPA). Regional centers pay the Day Program and Transportation expenditures for consumers who live in Intermediate Care Facilities (ICFs); DDS pays ICFs; ICFs pay regional centers.

\*\* Due to later payment dates, the Spent Year to Date amount (column B) for line items 5 through 10 is approximately one month less than expenditures for Residential Care and Day Training.

# STATEMENT OF ASSETS, LIABILITIES AND FUND BALANCES AS OF MARCH 31, 2016

ASSETS	GENERAL FUND	CUSTODIAL FUND
CURRENT ASSETS		
Petty cash	\$300.00	
Checking	41,108,958.74	
Savings	25,833.24	\$1,426,732.29
Money market	0.00	Ψ1,120,732.23
Payroll	95,917.80	
Donations	53,794.10	
Unemployment	158,988.50	
± •	0.00	
Certificate of deposit		
Total current assets	41,443,792.38	1,426,732.29
RECEIVABLES		
State claim	55,194,787.42	
Client support revenue	750,152.20	19,007.39
Due from State - prior years	7,747,340.73	
Due from ICF - ICF Supplemental Services	5,277,138.83	
Total receivables	68,969,419.18	•
PREPAID ITEMS		
Deposits	346,185.99	
Prepaid expense	0.00	
1 topald enpense		
Total prepaid items	346,185.99	0.00
OTHER ASSETS		
Tenant improvements	1,065,775.77	
Building acquisition	63,613.98	
Total other assets	1,129,389.75	0.00
TOTAL ASSETS	\$111,888,787.30	\$1,445,739.68
LIABILITIES AND FUND BALANCES	=======================================	=======================================
LIABILITIES		
Accounts payable	\$15,785,847.88	\$750,152.20
Due to State - ICF Supplemental Services	14,612,792.93	4.00,000
Loans payable	0.00	
Cash advance	81,277,363.89	
Unemployment insurance	158,988.50	
Onemployment insurance		
Total liabilities	111,834,993.20	750,152.20
FUND BALANCES		
General	0.00	
Donations	53,794.10	
Custodial		695,587.48
TOTAL LIABILITIES AND FUND BALANCES	\$111,888,787.30	\$1,445,739.68
	=======================================	=======================================

# REGIONAL CENTER OF ORANGE COUNTY BRIAN'S FUND MARCH 31, 2016

Beginning Balance	\$54,938.40		
Donations:			
AT&T Employee Giving Campaign Saito, Lynne	\$4.00 200.00		
Subtotal Donations		\$204.00	
Loan Payments		395.00	
Interest		6.70	
Disbursements:			
Dental Work Loan	-950.00 -800.00		
Subtotal Disbursements		-1,750.00	
Net Increase (Decrease)			-1,144.30
Ending Balance			\$53,794.10

#### **BOARD OF DIRECTORS**

## AGENDA ITEM DETAIL SHEET

ACTIONX_	
ACTION/CONSENT	
DISCUSSION	
INFO ONLY	

DATE: May 5, 2016

TO: RCOC Board of Directors

FROM: Budget and Finance Committee

SUBJECT: Approval of Budget Amendment A-5, Fiscal Year 2014-15

# **BACKGROUND**:

Periodically, budget amendments are required to distribute and reallocate funds among regional centers or to change contract language. These amendments are numbered successively, e.g., A-1, A-2, etc.

# REASON FOR CURRENT ITEM:

The Department of Developmental Services has stated that the A-5 will be distributed early in May. Although the numbers are unknown at this time, RCOC would like to process the amendment as soon as it is received.

#### FISCAL IMPACT:

The amount is not known at this time.

# **RECOMMENDATION:**

That the Board authorize the Chairperson to execute the amendment upon receipt.

# **BOARD OF DIRECTORS**

# AGENDA ITEM DETAIL SHEET

ACTION_	_X_	
ACTION/CONSENT_		
DISCUSSION_		
INFO ONLY_		

DATE: May 5, 2016

TO: RCOC Board of Directors

FROM: Budget and Finance Committee

SUBJECT: Approval of Audited Financial Statements for the Year Ended June 30, 2015

# **BACKGROUND**:

Audited financial statements are required as follows:

<u>General Fund</u> - Article III, section 9 of RCOC's contract with the Department of Developmental Services.

# **REASON FOR CURRENT ITEM:**

Compliance with contractual requirements as stated above.

# FISCAL IMPACT:

None

# RECOMMENDATION:

That the Board approve the independent audit firm's financial statements as presented.

The Adobe portable document format (pdf) file of the audited financial statements is protected and cannot be added to the Board packet file. It is included as a separate attachment.

#### **BOARD OF DIRECTORS**

## AGENDA ITEM DETAIL SHEET

ACTION_		
ACTION/CONSENT_		
DISCUSSION		
INFO ONLY_	X	
_		

DATE: May 5, 2016

TO: RCOC Board of Directors

FROM: Budget and Finance Committee

SUBJECT: Review Draft of Form 990, Return of Organization Exempt from Income

Tax for the Year Ended June 30, 2015

## **BACKGROUND**:

Most organizations that are exempt from income tax are required to file Form 990 each year with the Internal Revenue Service.

# **REASON FOR CURRENT ITEM:**

Best practice is for the boards of tax exempt organizations to receive a draft of Form 990 prior to filing. Staff do not anticipate having a draft for the Board meeting on May 5<sup>th</sup>; but, it will be sent to the Board prior to the filing deadline on May 16, 2016.

#### **FISCAL IMPACT:**

None

# **RECOMMENDATION:**

That the Board review the draft of Form 990 when they receive it.



# **Summary of Consumer Information - February 2016**

NUMBER OF PERSONS SERVE	D 19,198	100%
Children - Birth to Age Three Receiving Early Start Services	2,771	14%
Children - Ages Three to 17 Receiving Lanterman Services	6,394	33%
Adults - Ages 18 and Older Receiving Lanterman Services	10,033	52%
Children - Birth to Age Three Receiving Prevention Resource and Referral Services	367	

Children and Adults - Ages Three and Older Receiving Lanterman Services with the Following Diagnoses:

Intellectual Disability	11,656	71%
Epilepsy	2,911	18%
Cerebral Palsy	2,666	16%
Autism	5,512	33%
Fifth Category*	1,105	7%

<sup>\*</sup> condition closely related to mental retardation and requiring similar treatment

Note: Many consumers have more than one diagnosis so the percentage equals more than 100%.

NUMBER OF PERSONS REQUESTING ELIGIBILITY DETERMINATION					
Early Start / Under Age Three / 45 days to complete determination	311	87%			
Lanterman / Over Age Three / 120 days to complete determination*	48	13%			

<sup>\* 22</sup> children who had received Early Start services were determined eligible for Lanterman services. Of these, 10 children had a diagnosis of autism.

NUMBER OF PERSONS DETERMINED ELIGIBLE	438
Children - Birth to Age Three Eligible for Early Start Services	359
Children and Adults - Ages Three and Older Eligible for Lanterman Services	73
Children - Birth to Age Three Eligible for Prevention Resource and Referral Services	6

NUMBER OF CHILDREN NO LONGER ELIGIBLE FOR EARLY START AND PREVENTION RESOURCE AND REFERRAL SERVICES					
	157				
Children - Age Three No Longer Eligible for Early Start Services	157				
Children - Age Three No Longer Eligible for Prevention Resource and Referral Services	2				



# OPERATIONS REPORT

**FEBRUARY 2016 ACTIVITY** 

#### **Mission Statement**

Regional Center of Orange County, within the spirit and mandate of the Lanterman Act, shall assist persons with developmental disabilities, and their families, in securing and coordinating those services and supports which maximize opportunities and choices for living, working, learning and recreating in the community and which result in consumer satisfaction and quality services which stress human dignity and openness to innovation.



#### - COMMUNITY LIFE

#### **Guiding Principle**

Corrective Action Plan

Special Incident Investigation\*

To live in the community is the preference of most individuals with developmental disabilities. However, inherent in this choice are risks. While affirming the dignity gained by the taking of risks, and the valuable learning provided by those opportunities, the Center is committed to the following:

- Consumers and their families have knowledge of their healthcare needs, access to qualified medical communities, and support necessary to utilize recommended health services.
- Consumers and their families have knowledge of, access to and opportunity for participation in any community activities and resources of their choosing.

#### Provider Monitoring, Technical Support and Special Incident Investigation Activities

28

Type and Number of Reviews	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.
Annual Review	23	28	29	33	45	37
Unannounced	40	43	53	47	36	29
Total Number of Reviews	63	71	82	80	81	66
Provider Trainings	20	0	0	0	0	0
Technical Support	100	91	99	62	66	54
Corrective Action Plan	15	8	3	4	2	3
Special Incident Investigation*	34	35	45	47	26	23

38

			Apr.	May	June	Total
34	44					273
46	56					350
80	100	0	0	0	0	623
					_	
0	0					20
72	85					629
	46 80	46 56 80 100	46     56       80     100     0       0     0	46     56       80     100     0       0     0	46     56       80     100     0     0       0     0	46     56       80     100       0     0

75

276

\* California Code of Regulations, Title 17, Division 2, Chapter 3 - Community Services SubChapter 2 - Vendorization Article 2 - Vendorization Process, Section 54327 requires all vendors, excluding parents and consumers, to report the following special incidents.

Type of Special Incidents (from California Code of Regulations, Title 17)

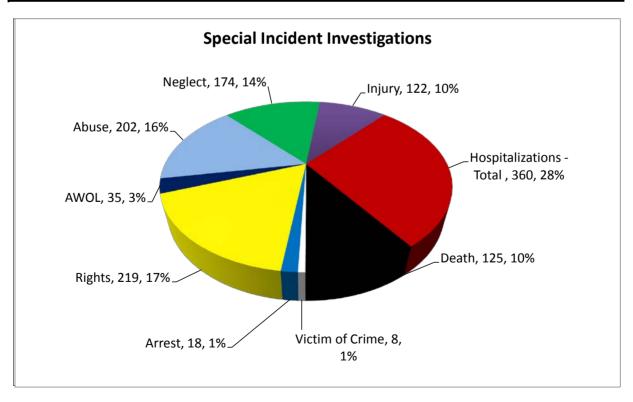
- (A) The consumer is missing and the vendor or long-term health care facility has filed a missing persons report with a law enforcement agency;
- (B) Reasonably suspected abuse/exploitation including:
- 1. Physical;
- 2. Sexual;
- 3. Fiduciary;
- 4. Emotional/mental; or
- 5. Physical and/or chemical restraint.
- (C) Reasonably suspected neglect including failure to:
- 1. Provide medical care for physical and mental health needs;
- 2. Prevent malnutrition or dehydration;
- 3. Protect from health and safety hazards;
- 4. Assist in personal hygiene or the provision of food, clothing or shelter or
- 5. Exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an elder or a dependent adult.
- (D) A serious injury/accident including:
- 1. Lacerations requiring sutures or staples;
- 2. Puncture wounds requiring medical treatment beyond first aid;
- 3. Fractures;
- 4. Dislocations;
- 5. Bites that break the skin and require medical treatment beyond first aid;
- 6. Internal bleeding requiring medical treatment beyond first aid;
- 7. Any medication errors;
- 8. Medication reactions that require medical treatment beyond first aid; or
- 9. Burns that require medical treatment beyond first aid.
- (E) Any unplanned or unscheduled hospitalization due to the following conditions:
- 1. Respiratory illness, including but not limited, to asthma; tuberculosis; and chronic obstructive pulmonary disease;
- 2. Seizure-related;
- 3. Cardiac-related, including but not limited to, congestive heart failure; hypertension; and angina;
- 4. Internal infections, including but not limited to, ear, nose and throat; gastrointestinal; kidney; dental; pelvic; or urinary tract
- 5. Diabetes, including diabetes-related complications;
- 6. Wound/skin care, including but not limited to, cellulitis and decubutus;
- 7. Nutritional deficiencies, including but not limited to, anemia and dehydration; or
- 8. Involuntary psychiatric admission;
- (2) The following special incidents regardless of when or where they occurred:
- (A) The death of any consumer, regardless of cause;
- (B) The consumer is the victim of a crime including the following:
- 1. Robbery, including theft using a firearm, knife, or cutting instrument or other dangerous weapons or methods which force or threaten a victim;
- 2. Aggravated assault, including a physical attack on a victim using hands, fist, feet or a firearm, knife or cutting instrument or other dangerous weapon;
- 3. Larceny, including the unlawful taking, carrying, leading, or riding away of property, except for motor vehicles, from the possession or constructive possession of another person;
- 4. Burglary, including forcible entry; unlawful non-forcible entry; and, attempted forcible entry of a structure to commit a felony or theft therein;
- 5. Rape, including rape and attempts to commit rape.

Title 17 does not require reporting on arrest or consumer rights violations; however, RCOC includes arrest and rights violations as reportable incidents.

# Type and Number of Special Incident Investigations Fiscal Year 2015-16

Type of Incident	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.
AWOL	9	6	4	4	1	4
Abuse	28	29	30	37	25	20
Neglect	16	32	33	18	21	25
Injury	21	6	16	15	12	22
Hospitalizations - Total	43	35	43	49	42	50
Psychiatric	8	9	9	11	11	4
Medical	35	26	34	38	31	46
Death	14	8	11	14	20	22
Victim of crime	1	1	3	1	1	0
Arrest	2	2	3	4	3	2
Rights	36	14	64	57	8	12
Total	170	133	207	199	133	157

Type of Incident	Jan.	Feb.	Mar.	Apr.	May	June	Total
AWOL	4	3					35
Abuse	14	19					202
Neglect	13	16					174
Injury	16	14					122
Hospitalizations - Total	40	58					360
Psychiatric	4	9					65
Medical	36	49					295
Death	22	14					125
Victim of Crime	1	0					8
Arrest	0	2					18
Rights	12	16					219
Total	122	142	0	0	0	0	1,263



# - COMMUNITY LIFE continued

# **Guiding Principle**

Provider Audits Fiscal Year 2015-16

# Number of Audits / Appeals / Recoveries

Trumber of Trumb, Trippedia, Trees, eres									
Type of Audit	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.			
Service Billing	4	0	0	0	0	1			
Staffing	1	0	0	0	0	2			
Level 4I Consultant	1	0	0	0	0	0			
P&I (consumer funds)	0	0	0	2	1	2			
Total Number of Audits	6	0	0	2	1	5			

Number of Appeals / Recoveries (Vendors may appeal after monthly data is reported)

State Appeal	0	0	0	0	0	0
Recovery	6	0	0	2	0	5

# **Audit Findings (Dollar Amount)**

Amount of Recovery \$267,197.7:	\$0.00	\$0.00	\$8,049.34	\$0.00	\$10,802.75
---------------------------------	--------	--------	------------	--------	-------------

Type of Audit	Jan.	Feb.	Mar.	Apr.	May	June	Total
Service Billing	4	2					11
Staffing	0	2					5
Level 4I Consultant	0	0					1
P&I (consumer funds)	0	0					5
Total Number of Audits	4	4	0	0	0	0	22

Number of Appeals / Recoveries

State Appeal	0	0			0
Recovery	0	4			17

# **Audit Findings (Dollar Amount)**

Amount of Recovery	\$0.00	\$10,109.90			\$296,159.74



#### - FAMILY SUPPORT

# **Guiding Principle**

Families are the decision makers for their minor children and, when appropriate, for their adult children.

Family support services are flexible and innovative in meeting needs as they evolve over time, are tailored to the preferences of the individual family, and are consistent with their cultural norms and customs.

Family members of adults are supported when their ongoing involvement is preferred by the consumer.

Vouchers - Families Procure Their Own Services Fiscal Year 2015-16

# Number of Authorizations for Voucher Services

July through December	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.
Day Care - Family Member	118	118	117	124	122	115
Diapers - Family Member	6	6	7	8	8	7
Nursing Service - Family Member	38	38	39	46	48	47
Respite Service - Family Member	283	281	284	287	287	287
Transportation - Family Member	202	199	189	189	187	190
Total Number of Voucher Authorizations	647	642	636	654	652	646

# Number of Authorizations for Voucher Services

January through June	Jan.	Feb.	Mar.	Apr.	May	June
Day Care - Family Member	119	114				
Diapers - Family Member	7	7				
Nursing Service - Family Member	42	39				
Respite Service - Family Member	290	291				
Transportation - Family Member	184	185				
Total Number of Voucher Authorizations	642	636	0	0	0	0



#### - EARLY INTERVENTION / PREVENTION

#### **Guiding Principle**

Prevention and early intervention services, supports and public awareness activities are designed to prevent the onset of a disability, or to minimize the impact of the disability.

Consumers are provided the services and supports in a family-focused and collaborative fashion.

#### **Developmental Screenings**

Number of Children Screened

<b>July through December</b>	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.
Referrals to:	-					
Regional Center of Orange County						
School District	e e	<u>o</u>	e	<u>o</u>	o	o e
Physician	vailable	No Data Available				
Mental Health	vail	vai	vai	vai]	vai]	vai]
Rescreen	A	a A	ı A	ı A	ı A	ı A
Dental	No Data	)ata	)ata	)ata	Oata	)ata
Optometrist	10]	0 [	10	10	101	10
Insurance	Z	Z	Z	Z	Z	Z
Other						
Total Number of Referrals	0	0	0	0	0	0

January through June	Jan.	Feb.	Mar.	Apr.	May	June	Total
Referrals to:	•	•	•		•		•
Regional Center of Orange County							0
School District	e	<u>e</u>					0
Physician	Available	Available					0
Mental Health	vail	vail					0
Rescreen	I A						0
Dental	No Data	No Data					0
Optometrist	0 0	0 [					0
Insurance	z	Z					0
Other							0
Total Number of Referrals	0	0	0	0	0	0	0
	ē	*			•	8	=
Number of Children Screened							0



#### - LIVING OPTIONS

#### **Guiding Principle**

Consumers have choices on where and with whom they live.

Services and supports are provided so that consumers have choices on where and with whom they live, including owning or renting their own homes.

Practices are driven in the system by culturally preferred choices.

We believe that we should support families in keeping their children, both minors and those adults who choose to remain at home, as a priority for the allocation of limited regional center resources.

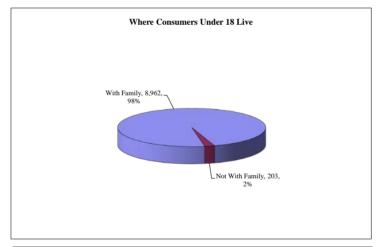
Consumers live in homes where they receive love and nurturing and where they can form relationships.

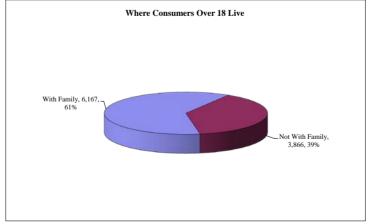
Families with children in out-of-home care receive the support necessary to remain involved in their children's lives.

As of February 29, 2016

	Consumers All	Consumers Under 18	Consumers Over 18
With Family	15,129	8,962	6,167
Not With Family	4,069	203	3,866

Total	19,198	9,165	10,033



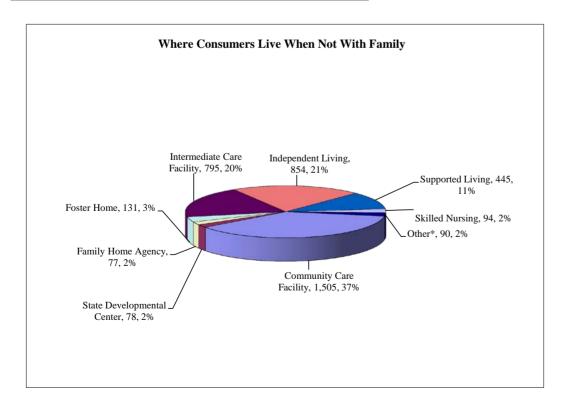


# LIVING OPTIONS continued

# As of February 29, 2016

	Consumers	Consumers	Consumers
	All	Under 18	Over 18
Family Home	15,129	8,962	6,167
Community Care Facility	1,505	41	1,464
State Developmental Center	78	0	78
Family Home Agency	77	0	77
Foster Home	131	124	7
Intermediate Care Facility	795	7	788
Independent Living	854	0	854
Supported Living	445	0	445
Skilled Nursing	94	0	94
Other*	90	31	59
Total	19,198	9,165	10,033

Other*			
Acute General Hospital	9	3	6
California Youth Authority	0	0	0
Community Treatment	2	0	2
Correctional Institution	0	0	0
County Jail	2	0	2
Other	0	0	0
Out of State	7	1	6
Psychiatric Treatment	2	0	2
Rehabilitation Center	6	0	6
SDC / State Hospital	1	0	1
Sub-Acute	55	27	28
Transient / Homeless	6	0	6
Total, Other*	90	31	59





#### LIVING OPTIONS continued

A. Total number and % of regional center caseload in developmental centers

#### **Other Living Options**

#### Family Home Agency

A Family Home Agency (FHA) is a private, not-for-profit agency that is vendored to recruit, approve, train, and monitor family home providers, provide services and supports to family home providers, and assist consumers in moving into or relocating from family homes.

#### Foster Family Agency

Under the California Department of Social Services, county placement agencies use licensed, private Foster Family Agencies (FFAs) for the placement of children. By statute, FFAs are organized and operated on a non-profit basis and are engaged in the following activities: recruiting, certifying, and training foster parents, providing professional support to foster parents, and finding homes or other temporary or permanent placements for children who require more intensive care.

#### Independent Living

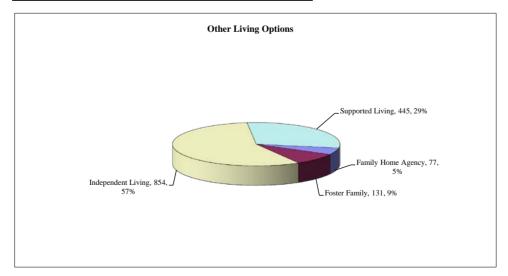
Independent Living services help adult consumers with the functional skills necessary to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills.

#### Supported Living

Supported Living Services (SLS) support consumers' efforts to live in their own homes.

As of February 29, 2016

Other Living Options	Total	Under 18	Over 18
Family Home Agency	77	0	77
Foster Family	131	124	7
Independent Living	854	0	854
Supported Living	445	0	445
Total	1,507	124	1,383





#### LIVING OPTIONS continued

# <u>Living Options, facilities licensed by the State of California, Departments of Community Care</u> <u>Licensing or Health Services</u>

#### Health Licensed Facilities

Health facilities are licensed by the State of California, Department of Health Services to provide 24-hour medical residential care. Health facilities are funded by Medi-Cal. Health licensed facilities include:

General Acute Care Hospitals,

Acute Psychiatric Hospitals,

Skilled Nursing Facilities,

Intermediate Care Facilities,

Intermediate Care Facility – Developmentally Disabled,

Intermediate Care Facility – Developmentally Disabled, – Habilitative,

Intermediate Care Facility – Developmentally Disabled, – Nursing,

Home Health Agencies and

Congregate Living Health Facilities.

## Community Care Licensed Facilities

Community Care Facilities (CCFs) are licensed by the State of California, Department of Social Services, Community Care Licensing Division to provide 24-hour non-medical residential care to children and adults with developmental disabilities who are in need of personal services, supervision, and/or assistance essential for self-protection or sustaining the activities of daily living. CCFs are funded by regional centers. Based upon the types of services provided and the persons served, each CCF vendored by a regional center is designated one of the following service levels:

SERVICE LEVEL 1: Limited care and supervision for persons with self-care skills and no behavior problems.

SERVICE LEVEL 2: Care, supervision, and incidental training for persons with some self-care skills and no major behavior problems.

SERVICE LEVEL 3: Care, supervision, and ongoing training for persons with significant deficits in self-help skills, and/or some limitations in physical coordination and mobility, and/or disruptive or self-injurious behavior.

SERVICE LEVEL 4: Care, supervision, and professionally supervised training for persons with deficits in self-help skills, and/or severe impairment in physical coordination and mobility, and/or severely disruptive or self-injurious behavior. Service Level 4 is subdivided into Levels 4A through 4I, in which staffing levels are increased to correspond to the escalating severity of disability levels.



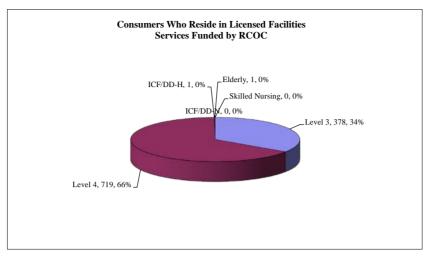
### LIVING OPTIONS continued

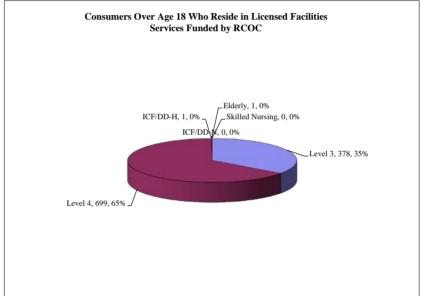
As of February 29, 2016

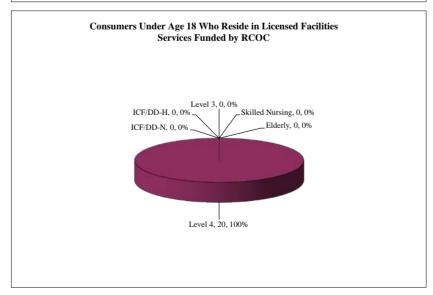
Consumers Who Reside in Licensed Facilities, Services Funded by RCOC

Licensed Facilities	Total	Over 18	Under 18
Level 2	433	433	0
Level 3	378	378	0
Level 4A	44	44	0
Level 4B	8	8	0
Level 4C	66	66	0
Level 4D	48	48	0
Level 4E	43	43	0
Level 4F	82	82	0
Level 4G	30	30	0
Level 4H	9	9	0
Level 4I	389	369	20
Elderly	1	1	0
ICF/DD-H	1	1	0
ICF/DD-N	0	0	0
ICF/DD	0	0	0
Skilled Nursing	0	0	0
Total	1,532	1,512	20

Licensed Facilities Summary	Total	Over 18	Under 18
Level 2	433	433	0
Level 3	378	378	0
Level 4	719	699	20
ICF/DD-H	1	1	0
ICF/DD-N	0	0	0
Elderly	1	1	0
Skilled Nursing	0	0	0
Total	1,532	1,512	20









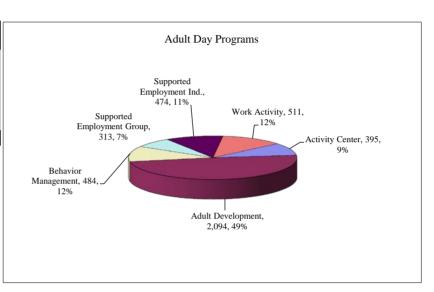
#### - WORK

#### **Guiding Principle**

Consumers have the opportunity and support to work in employment settings that are meaningful to them, that are valued by the community, and in which they are appropriately compensated.

As of February 29, 2016

	Consumers
	Over 18
Activity Center	395
Adult Development	2,094
Behavior Management	484
Supported Employment Group	313
Supported Employment Ind.	474
Work Activity	511
Total	4,271



#### Definitions:

Activity Center means a day program that serves adults who generally have acquired most basic self-care skills, have some ability to interact with others, are able to make their needs known, and respond to instructions. Activity center programs focus on the development and maintenance of the functional skills required for self-advocacy, community integration and employment.

Adult Development Center means a day program that serves adults who are in the process of acquiring self-help skills. Individuals who attend adult development centers generally need sustained support and direction in developing the ability to interact with others, to make their needs known, and to respond to instructions. Adult development center programs focus on the development and maintenance of the functional skills required for self-advocacy, community integration, employment, and self-care.

Behavior Management Program means a day program that serves adults with severe behavior disorders and/or dual diagnosis who, because of their behavior problems, are not eligible for or acceptable in any other community-based day program.

Supported Employment Program means a program that meets the requirements of the term supported employment, i.e. services that are provided by a job coach in order to support and maintain an individual with developmental disabilities in employment, and of the terms, integrated work, supported employment placement, allowable supported employment services, group and individualized services.

Work Activity Program includes, but is not limited to, Work Activity centers or settings that provide support to consumers engaged in paid work and have demonstrated that the program is in compliance with Department of Rehabilitation certification standards or are accredited by CARF.



#### - SERVICE PLANNING AND COORDINATION

#### **Guiding Principle**

Service Coordinators are caring and are knowledgeable and competent in service planning, coordination and resources.

Service planning and coordination is based on the understanding that consumers and families know what services and supports they need.

Person-centered planning is based upon choices and preferences and the identification of generic services and natural supports.

Services and supports assist consumers and their families to develop functional support networks, leading to reduced dependence on paid supports.

Services and supports are sensitive to the diverse religious, cultural, language, socioeconomic and ethnic characteristics of their community.

July through December	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Service Coordinators (SC)	258.0	257.0	253.0	253.0	253.0	253.0
Number of Case-carrying SCs	232.0	231.0	228.0	227.0	227.0	227.0
Number of Intake SCs	25.0	25.0	25.0	25.0	25.0	25.0
Number of State Developmental Center SCs	1.0	1.0	1.0	1.0	1.0	1.0
Number of Active Consumers	18,915	18,966	19,014	19,051	19,077	19,139
Caseload Ratio, Number of Active Consumers/SCs	81.5	82.1	83.4	83.9	84.0	84.3

January through June	Jan.	Feb.	Mar.	Apr.	May	June
Number of Service Coordinators (SC)	250.0	256.0				
Number of Case-carrying SCs	225.0	231.0				
Number of Intake SCs	24.0	24.0				
Number of State Developmental Center SCs	1.0	1.0				
Number of Active Consumers	19,186	19,180				
Caseload Ratio, Number of Active Consumers/SCs	85.3	83.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!



#### - SERVICE PLANNING AND COORDINATION continued

#### **Fair Hearing Monthly Summary**

	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	Total
Number of Unsettled Hearing Requests*	17	17	15	7	12	13	16	17	0	0	0	0	114
Eligibility - Lanternman	7	9	7	5	8	8	10	8					62
Behavioral services	6	3	3	1	2	3	2	3					23
Respite	0	0	0	0	0	0	0	0					0
Day Care	1	0	0	0	0	0	0	0					1
ILS/SLS	0	0	0	0	0	0	0	0					0
Personal Assistance	2	2	2	0	0	0	0	1					7
Other**	1	3	3	1	2	2	4	5					21

<sup>\*</sup> Hearing Requests may list more than one issue; so, the number of issues may equal more than the number of hearing requests.

<sup>\*\*</sup> Other issues include but are not limited to living options.

Number of New Hearing Requests Filed*	5	6	3	2	7	4	6	5	0	0	0	0	38
Eligibility - Lanternman	4	3	2	1	4	3	4	2					23
Eligibility - Early Start	0	0	0	0	0	0	0	0					0
Behavioral services	1	1	1	0	2	1	0	1					7
Respite	0	0	0	0	0	0	0	0					0
Day Care	0	0	0	0	0	0	0	0					0
Social/Recreational	0	0	0	0	0	0	0	0					0
Personal Assistance	0	0	0	0	0	0	0	0					0
Other**	0	2	0	1	1	0	2	2					8

<sup>\*</sup>Hearing Requests may list more than one issue; so, the number of issues may equal more than the number of hearing requests.

<sup>\*\*</sup> Other issues include but are not limited to

Number of All Meetings Held	5	5	4	2	4	5	5	6	0	0	0	0	36
Number of Informal Meetings Held	3	2	3	0	4	3	4	4					23
Number of Mediations Held	2	0	1	2	0	1	1	2					9
Number of SLFHs Held	0	3	0	0	0	1	0	0					4
Number of Requests in Scheduling*	6	6	6	3	4	5	5	1					

<sup>\*</sup> Meetings in process of being scheduled; meetings on schedule but not yet held; meetings scheduled but not held due to continuances.

Number of Requests Pending*	0	0	0	0	0	1	0	0			

<sup>\*</sup> State Level Fair Hearing (SLFH) held but awaiting decision.

Number of Requests Settled	6	6	5	2	4	3	6	10	0	0	0	0	42
Withdrawn by Consumer/Family	0	2	0	1	3	0	2	5					13
Settled in Informal	0	0	1	0	1	0	0	2					4
Settled after further follow-up by RCOC	4	3	0	1	0	2	2	2					14
Settled in Mediation	2	0	1	0	0	1	1	1					6
SLFH Decision	0	1	3	0	0	0	1	0					5

#### **State Level Fair Hearing Decisions**

P	revailing Party											
	Consumer/Family	0	0	0	0	0	0	0	0			0
	RCOC	0	1	3	0	0	0	1	0			5
	Split	0	0	0	0	0	0	0	0			0



#### - ADMINISTRATION AND GOVERNANCE

#### **Guiding Principle**

The Regional Center will maximize all alternative sources of funding for necessary services and supports, including federal and generic funding.

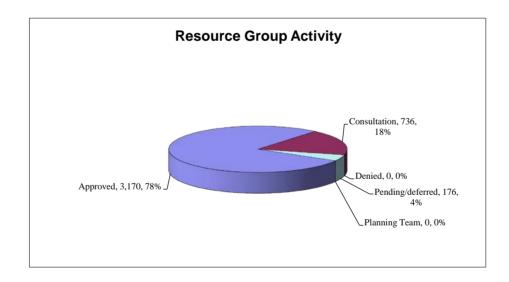
The public funds that support the service system are expended in a fashion that is cost-effective, consumer directed, consistent with good business practices, and that reflects careful stewardship.

The funding of services and supports to meet the needs of our consumers shall be based upon professional, qualified assessments conducted by the Regional Center or its designee(s).

Expenditures will reflect our principles.

#### Resource Group Activity for February 2016 and Fiscal Year to Date

Disposition	Adult Day	Behavioral	Education	Eligibility/ Health	Early Start	Living Options	Supported/ Ind. Living	All Others	Total	Fiscal Year 2015-16
Approved	454	486	0	262	938	191	222	617	3,170	23,143
Consultation	278	103	8	8	92	122	87	38	736	6,646
Denied	0	0	0	0	0	0	0	0	0	0
Pending/deferred	23	11	0	19	70	2	16	35	176	1,305
Planning Team	0	0	0	0	0	0	0	0	0	0
Total	755	600	8	289	1,100	315	325	690	4,082	31,094





# **Operations Report Summary - February 2016**

Consumer Information	Early Start	Medicaid Waiver	All Other	State Develop- mental Center	Total	Under 18	Over 18
Number of Persons Served	2,771	7,665	8,684	78	19,198	9,165	10,033
Percentage of Total	14%	40%	45%	0%	100%	48%	52%

Children served in Prevention Resource and Referral Services	367	

Consumers by Residence Status	All	Under 18	Over 18	Special Incident Investigations	Year to Date
Family Home	15,129	8,962	6,167	AWOL	35
Community Care Facility	1,505	41	1,464	Abuse	202
State Developmental Center	78	0	78	Neglect	174
Family Home Agency	77	0	77	Injury	122
Foster Home	131	124	7	Hospitalizations - Total	360
Intermediate Care Facility	795	7	788	Death	125
Independent Living	854	0	854	Victim of crime	8
Supported Living	445	0	445	Arrest	18
Skilled Nursing	94	0	94	Rights	219
Other	90	31	59		
Total	19,198	9,165	10,033	Total	1,263

Number of Licensed Facilities	Total	Under 18	Over 18	Licensed Facility Monitoring	Year to Date
Community Care Facilities				Annual Review	273
Level 2	83	0	83	Unannounced	350
Level 3	63	1	62	Total Number of Reviews	623
Level 4	144	17	127	Provider Trainings	20
Total Community Care Facilities	290	18	272	Technical Support	629
				Corrective Action Plan	75
Intermediate Care Facilities (ICF)				Number of Audits	22
ICF-DD	1				
ICF-DD/Habilitation	84			Amount of Recovery from Audits	\$296,160
ICF-DD/Nursing	38				
Total ICF Facilities	123				
		7			
Total Licensed Facilities	413				



## **Summary of Consumer Information - March 2016**

NUMBER OF PERSONS SERVED	19,389	100%
Children - Birth to Age Three Receiving Early Start Services	2,818	15%
Children - Ages Three to 17 Receiving Lanterman Services	6,422	33%
Adults - Ages 18 and Older Receiving Lanterman Services	10,149	52%
Children - Birth to Age Three Receiving Prevention Resource and Referral Services	355	

Children and Adults - Ages Three and Older Receiving Lanterman Services with the Following Diagnoses:

Intellectual Disability	11,666	71%
Epilepsy	2,910	18%
Cerebral Palsy	2,664	16%
Autism	5,562	34%
Fifth Category*	1,114	7%

<sup>\*</sup> condition closely related to mental retardation and requiring similar treatment

Note: Many consumers have more than one diagnosis so the percentage equals more than 100%.

NUMBER OF PERSONS REQUESTING ELIGIBILITY DETERMINATION				
Early Start / Under Age Three / 45 days to complete determination	385	84%		
Lanterman / Over Age Three / 120 days to complete determination*	71	16%		

<sup>\* 20</sup> children who had received Early Start services were determined eligible for Lanterman services. Of these, 11 children had a diagnosis of autism.

NUMBER OF PERSONS DETERMINED ELIGIBLE	333			
Children - Birth to Age Three Eligible for Early Start Services	274			
Children and Adults - Ages Three and Older Eligible for Lanterman Services				
Children - Birth to Age Three Eligible for Prevention Resource and Referral Services	2			

NUMBER OF CHILDREN NO LONGER ELIGIBLE FOR EARLY START AND PREVENTION RESOURCE AND REFERRAL SERVICES				
Children - Age Three No Longer Eligible for Early Start Services	143			
Children - Age Three No Longer Eligible for Prevention Resource and Referral Services  Children - Age Three No Longer Eligible for Prevention Resource and Referral Services	0			

# REGIONAL CENTER OF ORANGE COUNTY



# OPERATIONS REPORT MARCH 2016 ACTIVITY

#### **Mission Statement**

Regional Center of Orange County, within the spirit and mandate of the Lanterman Act, shall assist persons with developmental disabilities, and their families, in securing and coordinating those services and supports which maximize opportunities and choices for living, working, learning and recreating in the community and which result in consumer satisfaction and quality services which stress human dignity and openness to innovation.



#### - COMMUNITY LIFE

#### **Guiding Principle**

To live in the community is the preference of most individuals with developmental disabilities. However, inherent in this choice are risks. While affirming the dignity gained by the taking of risks, and the valuable learning provided by those opportunities, the Center is committed to the following:

- Consumers and their families have knowledge of their healthcare needs, access to qualified medical communities, and support necessary to utilize recommended health services.
- Consumers and their families have knowledge of, access to and opportunity for participation in any community activities and resources of their choosing.

#### Provider Monitoring, Technical Support and Special Incident Investigation Activities

Type and Number of Reviews	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.
Annual Review	23	28	29	33	45	37
Unannounced	40	43	53	47	36	29
Total Number of Reviews	63	71	82	80	81	66
Provider Trainings	20	0	0	0	0	0
Technical Support	100	91	99	62	66	54
Corrective Action Plan	15	8	3	4	2	3
Special Incident Investigation*	34	35	45	47	26	23

	Jan.	Feb.	Mar.	Apr.	May	June	Total
Annual Review	34	44	68				341
Unannounced	46	56	59				409
Total Number of Reviews	80	100	127	0	0	0	750

Provider Trainings	0	0	0		20
Technical Support	72	85	119		748
Corrective Action Plan	21	19	9		84
Special Incident Investigation*	28	38	49		325

\* California Code of Regulations, Title 17, Division 2, Chapter 3 - Community Services SubChapter 2 - Vendorization Article 2 - Vendorization Process, Section 54327 requires all vendors, excluding parents and consumers, to report the following special incidents.

Type of Special Incidents (from California Code of Regulations, Title 17)

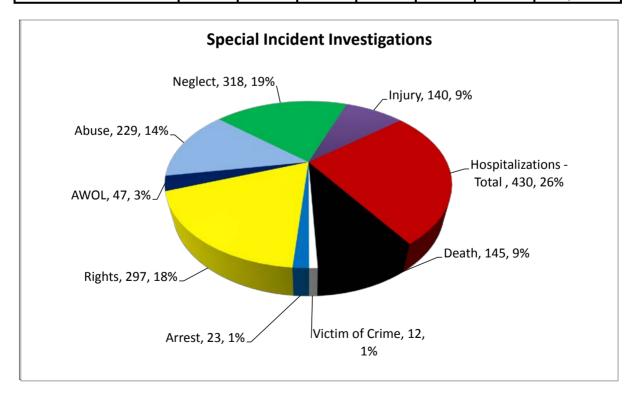
- (A) The consumer is missing and the vendor or long-term health care facility has filed a missing persons report with a law enforcement agency;
- (B) Reasonably suspected abuse/exploitation including:
- 1. Physical;
- 2. Sexual;
- 3. Fiduciary:
- 4. Emotional/mental; or
- 5. Physical and/or chemical restraint.
- (C) Reasonably suspected neglect including failure to:
- 1. Provide medical care for physical and mental health needs;
- 2. Prevent malnutrition or dehydration;
- 3. Protect from health and safety hazards;
- 4. Assist in personal hygiene or the provision of food, clothing or shelter or
- 5. Exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an elder or a dependent adult.
- (D) A serious injury/accident including:
- 1. Lacerations requiring sutures or staples;
- 2. Puncture wounds requiring medical treatment beyond first aid;
- 3. Fractures:
- 4. Dislocations:
- 5. Bites that break the skin and require medical treatment beyond first aid;
- 6. Internal bleeding requiring medical treatment beyond first aid;
- 7. Any medication errors;
- 8. Medication reactions that require medical treatment beyond first aid; or
- 9. Burns that require medical treatment beyond first aid.
- (E) Any unplanned or unscheduled hospitalization due to the following conditions:
- 1. Respiratory illness, including but not limited, to asthma; tuberculosis; and chronic obstructive pulmonary disease;
- 2. Seizure-related:
- 3. Cardiac-related, including but not limited to, congestive heart failure; hypertension; and angina;
- 4. Internal infections, including but not limited to, ear, nose and throat; gastrointestinal; kidney; dental; pelvic; or urinary tract
- 5. Diabetes, including diabetes-related complications;
- 6. Wound/skin care, including but not limited to, cellulitis and decubutus;
- 7. Nutritional deficiencies, including but not limited to, anemia and dehydration; or
- 8. Involuntary psychiatric admission;
- (2) The following special incidents regardless of when or where they occurred:
- (A) The death of any consumer, regardless of cause;
- (B) The consumer is the victim of a crime including the following:
- 1. Robbery, including theft using a firearm, knife, or cutting instrument or other dangerous weapons or methods which force or threaten a victim;
- 2. Aggravated assault, including a physical attack on a victim using hands, fist, feet or a firearm, knife or cutting instrument or other dangerous weapon;
- 3. Larceny, including the unlawful taking, carrying, leading, or riding away of property, except for motor vehicles, from the possession or constructive possession of another person;
- 4. Burglary, including forcible entry; unlawful non-forcible entry; and, attempted forcible entry of a structure to commit a felony or theft therein;
- 5. Rape, including rape and attempts to commit rape.

Title 17 does not require reporting on arrest or consumer rights violations; however, RCOC includes arrest and rights violations as reportable incidents.

# Type and Number of Special Incident Investigations Fiscal Year 2015-16

Type of Incident	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.
AWOL	9	6	4	4	1	4
Abuse	28	29	30	37	25	20
Neglect	16	32	33	18	21	25
Injury	21	6	16	15	12	22
Hospitalizations - Total	43	35	43	49	42	50
Psychiatric	8	9	9	11	11	4
Medical	35	26	34	38	31	46
Death	14	8	11	14	20	22
Victim of crime	1	1	3	1	1	0
Arrest	2	2	3	4	3	2
Rights	36	14	64	57	8	12
Total	170	133	207	199	133	157

Type of Incident	Jan.	Feb.	Mar.	Apr.	May	June	Total
AWOL	4	3	12			Ì	47
Abuse	14	19	27				229
Neglect	13	16	144				318
Injury	16	14	18				140
Hospitalizations - Total	40	58	70				430
Psychiatric	4	9	15				80
Medical	36	49	55				350
Death	22	14	20				145
Victim of Crime	1	0	4				12
Arrest	0	2	5				23
Rights	12	16	78				297
Total	122	142	378	0	0	0	1,641



#### - COMMUNITY LIFE continued

#### **Guiding Principle**

Provider Audits
Fiscal Year 2015-16

#### Number of Audits / Appeals / Recoveries

Type of Audit	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.
Service Billing	4	0	0	0	0	1
Staffing	1	0	0	0	0	2
Level 4I Consultant	1	0	0	0	0	0
P&I (consumer funds)	0	0	0	2	1	2
Total Number of Audits	6	0	0	2	1	5

#### Number of Appeals / Recoveries (Vendors may appeal after monthly data is reported)

State Appeal	0	0	0	0	0	1
Recovery	6	0	0	2	0	5

#### **Audit Findings (Dollar Amount)**

	Amount of Recovery	\$267,197,75	\$0.00	\$0.00	\$8,049.34	\$0.00	\$10,802,75
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Type of Audit	Jan.	Feb.	Mar.	Apr.	May	June	Total
Service Billing	4	2	0				11
Staffing	0	2	0				5
Level 4I Consultant	0	0	0				1
P&I (consumer funds)	0	0	3				8
Total Number of Audits	4	4	3	0	0	0	25

#### Number of Appeals / Recoveries

Trumber of Eppears / Economics									
State Appeal	0	0	0				1		
Recovery	0	4	0				17		

#### **Audit Findings (Dollar Amount)**

Amount of Recovery	\$0.00	\$10,109.90	\$0.00		\$296,159.7



#### - FAMILY SUPPORT

#### **Guiding Principle**

Families are the decision makers for their minor children and, when appropriate, for their adult children.

Family support services are flexible and innovative in meeting needs as they evolve over time, are tailored to the preferences of the individual family, and are consistent with their cultural norms and customs.

Family members of adults are supported when their ongoing involvement is preferred by the consumer.

Vouchers - Families Procure Their Own Services
Fiscal Year 2015-16

#### Number of Authorizations for Voucher Services

July through December	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.
Day Care - Family Member	118	118	117	124	122	115
Diapers - Family Member	6	6	7	8	8	7
Nursing Service - Family Member	38	38	39	46	48	47
Respite Service - Family Member	283	281	284	287	287	287
Transportation - Family Member	202	199	189	189	187	190
Total Number of Voucher Authorizations	647	642	636	654	652	646

#### Number of Authorizations for Voucher Services

January through June	Jan.	Feb.	Mar.	Apr.	May	June
Day Care - Family Member	119	114	123			
Diapers - Family Member	7	7	6			
Nursing Service - Family Member	42	39	38			
Respite Service - Family Member	290	291	303			
Transportation - Family Member	184	185	192			
Total Number of Voucher Authorizations	642	636	662	0	0	0



#### - EARLY INTERVENTION / PREVENTION

#### **Guiding Principle**

Prevention and early intervention services, supports and public awareness activities are designed to prevent the onset of a disability, or to minimize the impact of the disability.

Consumers are provided the services and supports in a family-focused and collaborative fashion.

#### **Developmental Screenings**

July through December	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.
Referrals to:	•	•	•	•	•	
Regional Center of Orange County						
School District	e	e	<u>e</u>	e	e	e
Physician	vailable	Available	[ab]	[ab]	[ab]	Available
Mental Health	vai	vail	vail	vail	vail	vail
Rescreen	∢		ı A	ı A	ı A	ı A
Dental	No Data	No Data	No Data Available	No Data Available	No Data Available	No Data
Optometrist	10	[o I	10	10	10	10
Insurance	Z	Z	Z	Z	Z	Z
Other						
Total Number of Referrals	0	0	0	0	0	0

Number of Children Screened			

January through June	Jan.	Feb.	Mar.	Apr.	May	June	Total
Referrals to:	-						
Regional Center of Orange County							0
School District	<u>e</u>	No Data Available	<u>e</u>				0
Physician	lab		lab				0
Mental Health	vai		vai				0
Rescreen	ı A		A I				0
Dental	)ata		ata				0
Optometrist	No Data Available		No Data Available				0
Insurance	Z	Z	Z				0
Other							0
Total Number of Referrals	0	0	0	0	0	0	0
Number of Children Screened							0



#### - LIVING OPTIONS

#### **Guiding Principle**

Consumers have choices on where and with whom they live.

Services and supports are provided so that consumers have choices on where and with whom they live, including owning or renting their own homes.

Practices are driven in the system by culturally preferred choices.

We believe that we should support families in keeping their children, both minors and those adults who choose to remain at home, as a priority for the allocation of limited regional center resources.

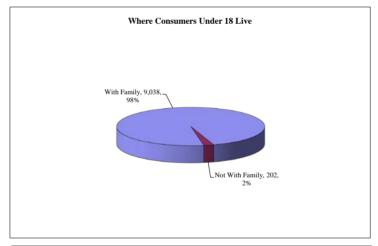
Consumers live in homes where they receive love and nurturing and where they can form relationships.

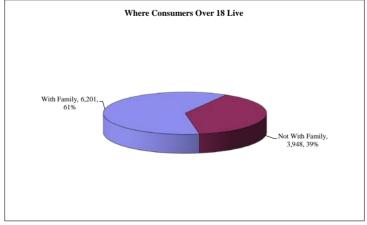
Families with children in out-of-home care receive the support necessary to remain involved in their children's lives.

As of March 31, 2016

	Consumers All	Consumers Under 18	
With Family	15,239	9,038	6,201
Not With Family	4,150	202	3,948

Total	19,389	9,240	10,149



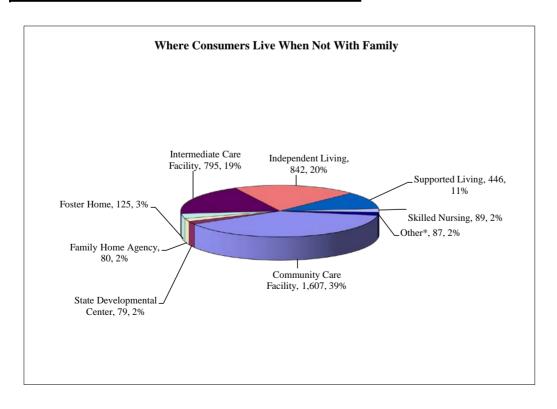


#### LIVING OPTIONS continued

#### As of March 31, 2016

	Consumers	Consumers	Consumers
	All	Under 18	Over 18
Family Home	15,239	9,038	6,201
Community Care Facility	1,607	43	1,564
State Developmental Center	79	0	79
Family Home Agency	80	0	80
Foster Home	125	119	6
Intermediate Care Facility	795	7	788
Independent Living	842	0	842
Supported Living	446	0	446
Skilled Nursing	89	0	89
Other*	87	33	54
Total	19,389	9,240	10,149

Other*			
Acute General Hospital	9	2	7
California Youth Authority	0	0	0
Community Treatment	0	0	0
Correctional Institution	0	0	0
County Jail	2	0	2
Other	0	0	0
Out of State	7	1	6
Psychiatric Treatment	2	0	2
Rehabilitation Center	6	0	6
SDC / State Hospital	1	0	1
Sub-Acute	55	30	25
Transient / Homeless	5	0	5
Total, Other*	87	33	54





#### LIVING OPTIONS continued

A. Total number and % of regional center caseload in developmental centers

#### **Other Living Options**

#### Family Home Agency

A Family Home Agency (FHA) is a private, not-for-profit agency that is vendored to recruit, approve, train, and monitor family home providers, provide services and supports to family home providers, and assist consumers in moving into or relocating from family homes.

#### Foster Family Agency

Under the California Department of Social Services, county placement agencies use licensed, private Foster Family Agencies (FFAs) for the placement of children. By statute, FFAs are organized and operated on a non-profit basis and are engaged in the following activities: recruiting, certifying, and training foster parents, providing professional support to foster parents, and finding homes or other temporary or permanent placements for children who require more intensive care.

#### Independent Living

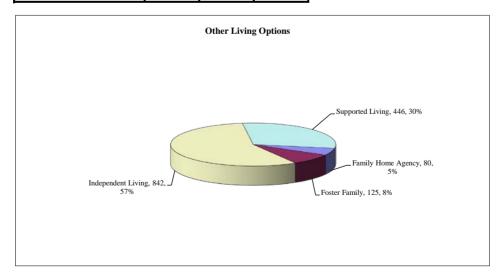
Independent Living services help adult consumers with the functional skills necessary to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills

#### Supported Living

Supported Living Services (SLS) support consumers' efforts to live in their own homes.

As of March 31, 2016

Other Living Options	Total	Under 18	Over 18
Family Home Agency	80	0	80
Foster Family	125	119	6
Independent Living	842	0	842
Supported Living	446	0	446
Total	1,493	119	1,374





#### LIVING OPTIONS continued

#### <u>Living Options, facilities licensed by the State of California, Departments of Community Care</u> <u>Licensing or Health Services</u>

#### Health Licensed Facilities

Health facilities are licensed by the State of California, Department of Health Services to provide 24-hour medical residential care. Health facilities are funded by Medi-Cal. Health licensed facilities include:

General Acute Care Hospitals,

Acute Psychiatric Hospitals,

Skilled Nursing Facilities,

Intermediate Care Facilities,

Intermediate Care Facility – Developmentally Disabled,

Intermediate Care Facility – Developmentally Disabled, – Habilitative,

Intermediate Care Facility – Developmentally Disabled, – Nursing,

Home Health Agencies and

Congregate Living Health Facilities.

#### Community Care Licensed Facilities

Community Care Facilities (CCFs) are licensed by the State of California, Department of Social Services, Community Care Licensing Division to provide 24-hour non-medical residential care to children and adults with developmental disabilities who are in need of personal services, supervision, and/or assistance essential for self-protection or sustaining the activities of daily living. CCFs are funded by regional centers. Based upon the types of services provided and the persons served, each CCF vendored by a regional center is designated one of the following service levels:

SERVICE LEVEL 1: Limited care and supervision for persons with self-care skills and no behavior problems.

SERVICE LEVEL 2: Care, supervision, and incidental training for persons with some self-care skills and no major behavior problems.

SERVICE LEVEL 3: Care, supervision, and ongoing training for persons with significant deficits in self-help skills, and/or some limitations in physical coordination and mobility, and/or disruptive or self-injurious behavior.

SERVICE LEVEL 4: Care, supervision, and professionally supervised training for persons with deficits in self-help skills, and/or severe impairment in physical coordination and mobility, and/or severely disruptive or self-injurious behavior. Service Level 4 is subdivided into Levels 4A through 4I, in which staffing levels are increased to correspond to the escalating severity of disability levels.



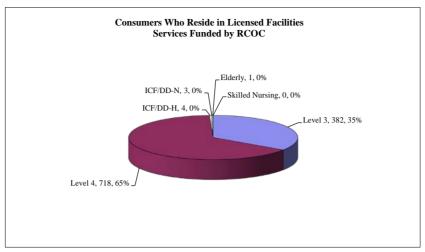
# LIVING OPTIONS continued

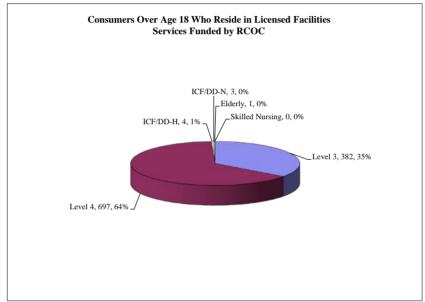
As of March 31, 2016

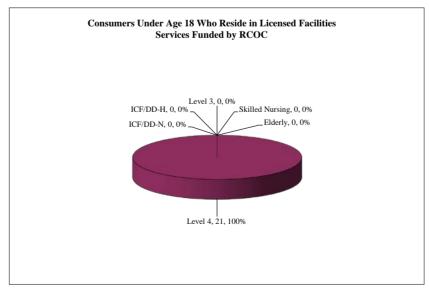
Consumers Who Reside in Licensed Facilities, Services Funded by RCOC

Licensed Facilities	Total	Over 18	Under 18
Level 2	425	425	0
Level 3	382	382	0
Level 4A	44	44	0
Level 4B	8	8	0
Level 4C	63	63	0
Level 4D	48	48	0
Level 4E	43	43	0
Level 4F	80	80	0
Level 4G	31	31	0
Level 4H	9	9	0
Level 4I	392	371	21
Elderly	1	1	0
ICF/DD-H	4	4	0
ICF/DD-N	3	3	0
ICF/DD	0	0	0
Skilled Nursing	0	0	0
Total	1,533	1,512	21

Licensed Facilities Summary	Total	Over 18	Under 18
Level 2	425	425	0
Level 3	382	382	0
Level 4	718	697	21
ICF/DD-H	4	4	0
ICF/DD-N	3	3	0
Elderly	1	1	0
Skilled Nursing	0	0	0
Total	1,533	1,512	21









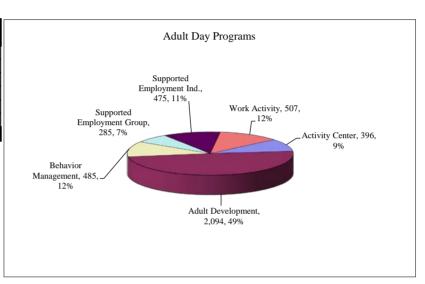
#### - WORK

#### **Guiding Principle**

Consumers have the opportunity and support to work in employment settings that are meaningful to them, that are valued by the community, and in which they are appropriately compensated.

As of March 31, 2016

	Consumers
	Over 18
Activity Center	396
Adult Development	2,094
Behavior Management	485
Supported Employment Group	285
Supported Employment Ind.	475
Work Activity	507
Total	4,242



#### Definitions:

Activity Center means a day program that serves adults who generally have acquired most basic self-care skills, have some ability to interact with others, are able to make their needs known, and respond to instructions. Activity center programs focus on the development and maintenance of the functional skills required for self-advocacy, community integration and employment.

Adult Development Center means a day program that serves adults who are in the process of acquiring self-help skills. Individuals who attend adult development centers generally need sustained support and direction in developing the ability to interact with others, to make their needs known, and to respond to instructions. Adult development center programs focus on the development and maintenance of the functional skills required for self-advocacy, community integration, employment, and self-care.

Behavior Management Program means a day program that serves adults with severe behavior disorders and/or dual diagnosis who, because of their behavior problems, are not eligible for or acceptable in any other community-based day program.

Supported Employment Program means a program that meets the requirements of the term supported employment, i.e. services that are provided by a job coach in order to support and maintain an individual with developmental disabilities in employment, and of the terms, integrated work, supported employment placement, allowable supported employment services, group and individualized services.

Work Activity Program includes, but is not limited to, Work Activity centers or settings that provide support to consumers engaged in paid work and have demonstrated that the program is in compliance with Department of Rehabilitation certification standards or are accredited by CARF.



#### - SERVICE PLANNING AND COORDINATION

#### **Guiding Principle**

Service Coordinators are caring and are knowledgeable and competent in service planning, coordination and resources.

Service planning and coordination is based on the understanding that consumers and families know what services and supports they need.

Person-centered planning is based upon choices and preferences and the identification of generic services and natural supports.

Services and supports assist consumers and their families to develop functional support networks, leading to reduced dependence on paid supports.

Services and supports are sensitive to the diverse religious, cultural, language, socioeconomic and ethnic characteristics of their community.

July through December	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Service Coordinators (SC)	258.0	257.0	253.0	253.0	253.0	253.0
Number of Case-carrying SCs	232.0	231.0	228.0	227.0	227.0	227.0
Number of Intake SCs	25.0	25.0	25.0	25.0	25.0	25.0
Number of State Developmental Center SCs	1.0	1.0	1.0	1.0	1.0	1.0
Number of Active Consumers	18,915	18,966	19,014	19,051	19,077	19,139
Caseload Ratio, Number of Active Consumers/SCs	81.5	82.1	83.4	83.9	84.0	84.3

January through June	Jan.	Feb.	Mar.	Apr.	May	June
Number of Service Coordinators (SC)	250.0	256.0	255.0			
Number of Case-carrying SCs	225.0	231.0	230.0			
Number of Intake SCs	24.0	24.0	24.0			
Number of State Developmental Center SCs	1.0	1.0	1.0			
Number of Active Consumers	19,186	19,180	19,265			
Caseload Ratio, Number of Active Consumers/SCs	85.3	83.0	83.8	#DIV/0!	#DIV/0!	#DIV/0!



#### - SERVICE PLANNING AND COORDINATION continued

#### **Fair Hearing Monthly Summary**

	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	Total
Number of Unsettled Hearing Requests*	17	17	15	7	12	13	16	17	13	0	0	0	127
Eligibility - Lanternman	7	9	7	5	8	8	10	8	7				69
Behavioral services	6	3	3	1	2	3	2	3	2				25
Respite	0	0	0	0	0	0	0	0	0				0
Day Care	1	0	0	0	0	0	0	0	0				1
ILS/SLS	0	0	0	0	0	0	0	0	0				0
Personal Assistance	2	2	2	0	0	0	0	1	1				8
Other**	1	3	3	1	2	2	4	5	3				24

<sup>\*</sup> Hearing Requests may list more than one issue; so, the number of issues may equal more than the number of hearing requests.

<sup>\*\*</sup> Other issues include but are not limited to living options.

Number of New Hearing Requests Filed*	5	6	3	2	7	4	6	5	6	0	0	0	44
Eligibility - Lanternman	4	3	2	1	4	3	4	2	2				25
Eligibility - Early Start	0	0	0	0	0	0	0	0	0				0
Behavioral services	1	1	1	0	2	1	0	1	1				8
Respite	0	0	0	0	0	0	0	0	0				0
Day Care	0	0	0	0	0	0	0	0	0				0
Social/Recreational	0	0	0	0	0	0	0	0	0				0
Personal Assistance	0	0	0	0	0	0	0	0	1				1
Other**	0	2	0	1	1	0	2	2	2		,		10

<sup>\*</sup> Hearing Requests may list more than one issue; so, the number of issues may equal more than the number of hearing requests.

<sup>\*\*</sup> Other issues include but are not limited to

Number of All Meetings Held	5	5	4	2	4	5	5	6	4	0	0	0	40
Number of Informal Meetings Held	3	2	3	0	4	3	4	4	4				27
Number of Mediations Held	2	0	1	2	0	1	1	2	0				9
Number of SLFHs Held	0	3	0	0	0	1	0	0	0				4
Number of Requests in Scheduling*	6	6	6	3	4	5	5	1	7				

<sup>\*</sup> Meetings in process of being scheduled; meetings on schedule but not yet held; meetings scheduled but not held due to continuances.

Number of Requests Pending*	0	0	0	0	0	1	0	0	0		

<sup>\*</sup> State Level Fair Hearing (SLFH) held but awaiting decision.

Number of Requests Settled	6	6	5	2	4	3	6	10	2	0	0	0	44
Withdrawn by Consumer/Family	0	2	0	1	3	0	2	5	1				14
Settled in Informal	0	0	1	0	1	0	0	2	1				5
Settled after further follow-up by RCOC	4	3	0	1	0	2	2	2	0				14
Settled in Mediation	2	0	1	0	0	1	1	1	0				6
SLFH Decision	0	1	3	0	0	0	1	0	0				5

#### **State Level Fair Hearing Decisions**

P	revailing Party											
	Consumer/Family	0	0	0	0	0	0	0	0	0		0
	RCOC	0	1	3	0	0	0	1	0	0		5
	Split	0	0	0	0	0	0	0	0	0		0



#### - ADMINISTRATION AND GOVERNANCE

#### **Guiding Principle**

The Regional Center will maximize all alternative sources of funding for necessary services and supports, including federal and generic funding.

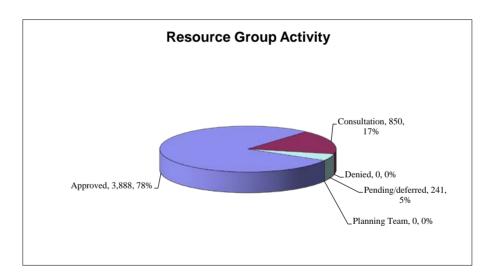
The public funds that support the service system are expended in a fashion that is cost-effective, consumer directed, consistent with good business practices, and that reflects careful stewardship.

The funding of services and supports to meet the needs of our consumers shall be based upon professional, qualified assessments conducted by the Regional Center or its designee(s).

Expenditures will reflect our principles.

#### Resource Group Activity for March 2016 and Fiscal Year to Date

Disposition	Adult Day	Behavioral	Education	Eligibility/ Health	Early Start	Living Options	Supported/ Ind. Living		Total	Fiscal Year 2015-16
Approved	548	469	0	287	1,139	238	297	910	3,888	30,365
Consultation	290	120	6	7	92	216	85	34	850	8,963
Denied	0	0	0	0	0	0	0	0	0	0
Pending/deferred	37	21	0	13	114	0	18	38	241	1,754
Planning Team	0	0	0	0	0	0	0	0	0	0
Total	875	610	6	307	1,345	454	400	982	4,979	41,082





# **Operations Report Summary - March 2016**

Consumer Information	Early Start	Medicaid Waiver	All Other	State Develop- mental Center	Total	Under 18	Over 18
Number of Persons Served	2,818	7,702	8,790	79	19,389	9,240	10,149
Percentage of Total	15%	40%	45%	0%	100%	48%	52%

Children served in Prevention Resource and Referral Services	355	

Consumers by Residence Status	All	Under 18	Over 18	Special Incident Investigations	Year to Date
Family Home	15,239	9,038	6,201	AWOL	47
Community Care Facility	1,607	43	1,564	Abuse	229
State Developmental Center	79	0	79	Neglect	318
Family Home Agency	80	0	80	Injury	140
Foster Home	125	119	6	Hospitalizations - Total	430
Intermediate Care Facility	795	7	788	Death	145
Independent Living	842	0	842	Victim of crime	12
Supported Living	446	0	446	Arrest	23
Skilled Nursing	89	0	89	Rights	297
Other	87	33	54		
Total	19,389	9,240	10,149	Total	1,641

Number of Licensed Facilities	Total	Under 18	Over 18	Licensed Facility Monitoring	Year to Date
Community Care Facilities				Annual Review	341
Level 2	83	0	83	Unannounced	409
Level 3	63	1	62	Total Number of Reviews	750
Level 4	144	17	127	Provider Trainings	20
Total Community Care Facilities	290	18	272	Technical Support	748
				Corrective Action Plan	84
Intermediate Care Facilities (ICF)				Number of Audits	25
ICF-DD	1				
ICF-DD/Habilitation	84			Amount of Recovery from Audits	\$296,160
ICF-DD/Nursing	38				
Total ICF Facilities	123				
Total Licensed Facilities	413				

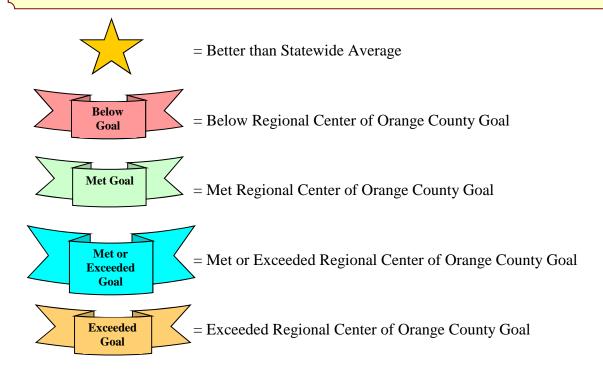


# Performance Contract Summary

RCOC 4/01/16	All	RCOC#	Goal	Percentage	# Attained
Developmental Center (DC)	19,376	80	65	0.41%	-15
Children in Foster Homes (FH)	9,237	119	135	1.29%	-16
Children Own Home Parent/Guardian	9,237	9,035	9050	97.81%	-15
Total # Children (FH,Parent/Guardian)	9,237	9,154	9,185	99.10%	-31
Adult FHA	10,059	80	86	0.80%	-6
Independent Living (IL)	10,059	840	830	8.35%	10
Adults Residing Own Home - Parent	10,059	6,202	5,975	61.66%	227
Supported Living (SL)	10,059	444	455	4.41%	-11
Total # Adults (FHA, IL, Parent/Guardian, SL)	10,059	7,566	7,538	75.22%	220
Children Residing in a CCF (7+ beds)	9,237	3	0	0.03%	-3
Children Residing in a ICF (7+ beds)	9,237	0	0	0.00%	0
Children Residing in a Nursing Facility (7+ beds)	9,237	0	0	0.00%	0
Total Children Residing in 7+ bed facilities	9,237	3	0	0.03%	-3
Adults Residing in a CCF (7+ beds)	10,059	152	148	1.51%	-4
Adults Residing in a ICF (7+ beds)	10,059	113	110	1.12%	-3
Adults Residing in a Nursing Facility (7+ beds)	10,059	88	85	0.87%	-3
Total Adults Residing in 7+ bed facilities	10,059	353	348	3.51%	-10
Total Individuals Over Age 3 with <=120 days	192	190	100.00%	98.96%	98.96%
Total Individuals Over Age 3 with 121-240 days	192	2	0.00%	1.04%	1.04%
Total Individuals Over Age 3 Over 240 days	192	0	0.00%	0.00%	0.00%
Adults with Paid Work in Community	10,045	18%	22%		TBD
Adults with Integrated Employment Goal	10,045	30%	38%		TBD
Adults Who Desire Paid Employment	10,045	46%	50%		TBD
Number of 16-64 Earned Income	10,045	1,754			
Percentage of 16-64 Earned Income	10,045	17.90%			
Annual Earnings of 16-64	10,045	\$6,086			
Total Annual Expenditures Residence/Ethnicity	19,287				
Number and Percent Race/Ethnicity Satisfied					
with Services	19,287				
Number and Percent Families by Race/Ethnicity					
IPP/IFSP Includes Needed Services	19,287				



# **Performance Contract 2016 Cover Sheet**



There will be a variance between consumer data in the Operations Report and the Performance Contract. Consumer data for the Operations Report and the Performance Contract are produced on different dates and from different databases. The Operations Report numbers are based on RCOC's local database as of the end of the month. The Performance Contract numbers are based on RCOC's information as submitted to DDS on a different date.



#### **Performance Contract 2016**

#### I. Developmental Center

#### A. Total number and % of regional center caseload in developmental centers

	Percentage	All consumers	Consumers in DC				
Statewide Average	0.38%	285,258	1,089				
RCOC Public Hearing 8/19/15	0.43%	18,923	81	Goal	%	# Attained	d
RCOC 4/01/16	0.41%	19,376	80	65	0.41%	- [	15
Analysis as of Public Hearing	RCOC % of	DD population	6.63%	RCOC % of D	C population	7.44%	

#### Planned Activities

**Statement:** The Regional Center of Orange County (RCOC) is committed to providing assistance to individuals and their families who choose to move from a state developmental center (SDC) into a less restrictive environment within their home communities.

**Objective:** RCOC will continue to seek new and innovative methods of utilizing available resources, developing non-existing resources, and creating and implementing transition plans that will allow individuals to establish themselves and participate successfully in their home community living arrangements.

• Implementation of Community Placement Plan for FYs 2014-2015 and 2015-2016.

**Progress:** In FY 2014/2015 RCOC has moved 12 consumers from the Developmental Centers into the community. During Public Meetings in August 2015, RCOC had 81 or 0.43% in Developmental Centers.

#### Number of Consumers Residing DCs

	Total Active				Number
	Caseload	Goal	DC	%	Attained
Jan-16	19,292	65	79	0.41%	-14
Feb-16	19,287	65	79	0.41%	-14
Mar-16	19,376	65	80	0.41%	-15
Apr-16		65			
May-16		65			
Jun-16		65			
Jul-16		65			
Aug-16		65			
Sep-16		65			
Oct-16		65			
Nov-16		65			
Dec-16		65			

Below Goal



#### **Performance Contract 2016**

# II. Children Residing with Families (Child is defined as under 18 years of age).

#### Planned Activities

**Statement:** The Regional Center of Orange County ensures that children will reside with their families by providing the needed supports and services regardless of the severity of the child's disability.

**Objectives**: Service Coordinators continue to identify, publicize and facilitate access to supports and services for children with developmental disabilities who are considered at risk for out-of-home placement. RCOC will hold an annual presentation on supports for consumers including residential and vocational (day services) and other generic resources.

- Continue to assess current supports and services.
- RCOC will work with the Orange County community in an effort to support programs, training and services that are designed to provide equal access to child care for children with special needs
- Continue to develop innovative resources for children 0-3 years old (i.e., respite placement).
- RCOC will ensure that consumers are provided opportunities for safety awareness training through schools and other similar programs available.
- Review and revise services, e.g. respite and family support.
- RCOC will assure that families receive full information about the developmental needs of the consumer and services available.
- RCOC will assure that consumers and their caregivers receive complete assessments and have opportunity to ask questions, advocate, and access services. To be evaluated and monitored by a NCI survey of consumers and their caregivers.



**Progress:** A. During public meetings, RCOC had 127, or 1.39%, children caseload in foster homes.

# A. Number and % of regional center children caseload in foster homes.

		All children	Consumers			
	Percentage	consumers	in FH			
Statewide Average	2.26%	128,774	2,905			
RCOC Public Hearing 8/19/15	1.39%	9,125	127	Goal	%	# Attained
RCOC 4/01/16	1.29%	9,237	119	135	1.29%	-16
Analysis as of Public Hearing	RCOC % of	DD population	7.09%	RCOC % of F	H population	4.37%



Children Status 1&2         Consumers in Foster Homes         Number Attained           Jan-16         9,196         135         121         1.32%         -14           Feb-16         9,163         135         124         1.35%         -11           Mar-16         9,237         135         119         1.29%         -16           Apr-16         135         135         135         135           Jun-16         135         135         135         135           Aug-16         135         135         135         135         135           Oct-16         135         1							Below	
Status 1&2         Goal         Foster Homes         %         Attained           Jan-16         9,196         135         121         1.32%         -14           Feb-16         9,163         135         124         1.35%         -11           Mar-16         9,237         135         119         1.29%         -16           Apr-16         135		Total		Child			Goal	
Jan-16     9,196     135     121     1.32%     -14       Feb-16     9,163     135     124     1.35%     -11       Mar-16     9,237     135     119     1.29%     -16       Apr-16     135         Jun-16     135         Jul-16     135         Aug-16     135         Sep-16     135         Oct-16     135         Nov-16     135		Children		Consumers in		Number		
Feb-16       9,163       135       124       1.35%       -11         Mar-16       9,237       135       119       1.29%       -16         Apr-16       135       -11       1.29%       -16         May-16       135       -11       -11       1.29%       -16         Jun-16       135       -11       -11       -12       -16		Status 1&2	Goal	Foster Homes	%	Attained		
Mar-16     9,237     135     119     1.29%     -16       Apr-16     135        May-16     135        Jun-16     135        Jul-16     135        Aug-16     135        Sep-16     135        Oct-16     135        Nov-16     135	Jan-16	9,196	135	121	1.32%	-14		
Apr-16     135       May-16     135       Jun-16     135       Jul-16     135       Aug-16     135       Sep-16     135       Oct-16     135       Nov-16     135	Feb-16	9,163	135	124	1.35%			
May-16 Jun-16 135 Jul-16 135 Aug-16 Sep-16 Oct-16 Nov-16	Mar-16	9,237	135	119	1.29%	-16		
Jun-16     135       Jul-16     135       Aug-16     135       Sep-16     135       Oct-16     135       Nov-16     135	Apr-16		135					
Jul-16     135       Aug-16     135       Sep-16     135       Oct-16     135       Nov-16     135	May-16		135					
Aug-16     135       Sep-16     135       Oct-16     135       Nov-16     135	Jun-16		135					
Sep-16         135           Oct-16         135           Nov-16         135	Jul-16		135					
Oct-16 135 Nov-16 135	Aug-16		135					
Nov-16 135	Sep-16		135					
	Oct-16		135					
Dec-16 135	Nov-16		135					
	Dec-16		135					



**Progress:** B. During public meetings, RCOC had 8,914, or 97.69%, of children caseload in own home-parent/guardian.

Number and % of regional center children caseload in own home-parent/guardian.

			Consumers			
			in own home			
		All children	Parent/			
	Percentage	consumers	Guardian			
Statewide Average	96.70%	135,925	131,439			
RCOC Public Hearing 8/19/15	97.69%	9,125	8,914	Goal	%	# Attained
RCOC 4/01/16	97.81%	9,237	9,035	9,050	97.81%	-15
Analysis as of Public Hearing	RCOC % of	DD population	6.71%	RCOC % of FI	H population	6.78%



	Total		own home			
	Children		Parent/		Number	
_	Status 1&2	Goal	Guardian	%	Attained	
Jan-16	9,196	9,050	8,996	97.83%	-54	
Feb-16	9,163	9,050	8,960	97.78%	-90	
Mar-16	9,237	9,050	9,035	97.81%	-15	
Apr-16		9,050				
May-16		9,050				
Jun-16		9,050				
Jul-16		9,050				
Aug-16		9,050				
Sep-16		9,050				
Oct-16		9,050				
Nov-16		9,050				
Dec-16		9,050				

Consumers in

Below Goal



**Progress:** C. During public meetings, RCOC had 8,635, or 98.98%, of children caseload in homes.

Total number and % of regional center children caseload in homes (This is a total of sections A and B above).

			Total Number Children			
		All children	Consumers			
	Percentage	consumers	in Homes			
Statewide Average	99.11%	135,925	134,716			
RCOC Public Hearing 8/19/15	99.08%	9,125	9,041	Goal	%	# Attained
RCOC 4/01/16	99.10%	9,237	9,154	9,185	99.10%	-31
Analysis as of Public Hearing	RCOC % of	DD population	6.71%	RCOC % of F	H population	6.71%



	Total		Children		
	Children		Consumers in		Number
	Status 1&2	Goal	Homes	%	Attained
Jan-16	9,196	9,185	9,117	99.14%	-68
Feb-16	9,163	9,185	9,084	99.14%	-101
Mar-16	9,237	9,185	9,154	99.10%	-31
Apr-16		9,185			
May-16		9,185			
Jun-16		9,185			
Jul-16		9,185			
Aug-16		9,185			
Sep-16		9,185			
Oct-16		9,185			
Nov-16		9,185			
Dec-16		9,185			

Total Number

Below Goal



#### **Performance Contract 2016**

# III. Adults Residing in Home Settings

#### Planned Activities

**Statement:** RCOC works with consumers and their caregivers and advocates to empower and enable them to assert the consumer's rights to determine and control the living arrangements of their choice. This may include owning, renting, or leasing the home where the consumer resides.

**Objective:** Using the Person Centered Individual Program Planning process, Service Coordinators will continue to identify regional center adult consumers who have the hopes and desires to live in a new living arrangement. Cases are reviewed at least annually for the least restrictive environment.

- RCOC will provide service coordinator training to assist families in establishing maintenance plans in the event of temporary caregiver illness/incapacity and for eventual transition plans.
- RCOC will request vendors to include successionary maintenance and transitional plans in the event of temporary illness/incapacity and transfer of ownership in their Program Design.
- RCOC will ensure that consumers are provided opportunities for safety awareness training on a regular and as needed basis.
- Review and revise services, e.g. respite and family support.
- RCOC will assure that consumers and their caregivers receive complete assessments and have opportunity to ask questions, advocate, and access services. To be evaluated and monitored by a NCI survey of consumers and their caregivers.



**Progress:** A. During public meetings, RCOC had 76, or 0.78%, of adult caseload residing in an Adult Family Home Agency.

A. Total number and % of regional center adult caseload residing in an Adult Family Home Agency.

	Percentage	Total Adult consumers status 2	Consumers in Adult FHA			
Statewide Average	0.95%	148,244	1,401			
RCOC Public Hearing 8/19/15	0.78%	9,717	76	Goal	%	# Attained
RCOC 4/01/16	0.80%	10,059	80	86	0.80%	-6
Analysis as of Public Hearing	RCOC % of l	DD population	6.55%	RCOC % of l	FH population	5.42%

Total Adults Status 2	Goal	Consumers in Adult FHA	%	Number Attained
				-9
				-9
	80	11	0.77%	
10,059	86	80	0.80%	-6
	86			
	86			
	86			
	86			
	86			
	86			
	86			
·	86			
	86			
	Total Adults Status 2  10,017  10,045  10,059	Status 2         Goal           10,017         86           10,045         86           10,059         86           86         86           86         86           86         86           86         86           86         86           86         86           86         86           86         86           86         86           86         86	Status 2         Goal         Adult FHA           10,017         86         77           10,045         86         80           10,059         86         80           86         86         86           86         86         86           86         86         86           86         86         86           86         86         86           86         86         86	Status 2         Goal         Adult FHA         %           10,017         86         77         0.77%           10,045         86         77         0.77%           10,059         86         80         0.80%           86         86         86           86         86         86           86         86         86           86         86         86           86         86         86           86         86         86           86         86         86           86         86         86

Below



**Progress:** B. During public meetings, RCOC had 809, or 8.33%, of adult caseload residing in independent living.

Total number and % of regional center adult caseload residing in independent living.

			Consumers			
		Total Adult	in			
		consumers	Independent			
	Percentage	status 2	Living			
Statewide Average	11.33%	148,244	16,793			
RCOC Public Hearing 8/19/15	8.33%	9,717	809	Goal	%	# Attained
RCOC 4/01/16	8.36%	10,045	840	830	8.36%	10
Analysis as of Public Hearing	RCOC % of l	DD population	6.55%	RCOC % of	FH population	4.82%

	Total Adults		Consumers in Independent		Number
	Status 2	Goal	Living	%	Attained
Jan-16	10,017	830	848	8.47%	18
Feb-16	10,045	830	852	8.48%	22
Mar-16	10,059	830	840	8.36%	10
Apr-16		830			
May-16		830			
Jun-16		830			
Jul-16		830			
Aug-16		830			
Sep-16		830			
Oct-16		830			
Nov-16		830			
Dec-16		830			

Exceeded Goal



**Progress:** C. During public meetings, RCOC had 5,875, or 60.46%, of adult caseload residing in own home-parent.

Total number and % of regional center adult caseload residing in own home-parent.

			Consumers			
		Total Adult	Residing			
		consumers	Own Home -			
	Percentage	status 2	Parent			
Statewide Average	59.81%	148,244	88,669			
RCOC Public Hearing 8/19/15	60.46%	9,717	5,875	Goal	%	# Attained
RCOC 4/01/16	61.66%	10,059	6,202	5,975	61.66%	227
Analysis as of Public Hearing	RCOC % of	DD population	6.55%	RCOC % of	FH population	6.63%



			Consumers		
	Total Adults		Residing Own		Number
	Status 2	Goal	Home - Parent	%	Attained
Jan-16	10,017	5,975	6,132	61.22%	157
Feb-16	10,045	5,975	6,166	61.38%	191
Mar-16	10,059	5,975	6,202	61.66%	227
Apr-16	·	5,975			
May-16	·	5,975		·	
Jun-16	·	5,975			
Jul-16	·	5,975			
Aug-16		5,975			
Sep-16	·	5,975			
Oct-16	·	5,975		·	
Nov-16	·	5,975			
Dec-16		5,975		·	

Consumers

Exceeded



**Progress:** D. During public meetings, RCOC had 443, or 4.56%, of adult caseload residing in supported living.

Total number and % of regional center adult caseload residing in supported living.

	Percentage	Total Adult consumers status 2	Consumers Residing Supported Living			
Statewide Average	5.43%	148,244	8,052			
RCOC Public Hearing 8/19/15	4.56%	9,717	443	Goal	%	# Attained
RCOC 4/01/16	4.41%	10,059	444	455	4.41%	-11
Analysis as of Public Hearing	RCOC % of	DD population	6.55%	RCOC % of	FH population	5.50%

			Consumers Residing			Below Goal
	Total Adults Status 2	Goal	Supported Living	%	Number Attained	
Jan-16	10,017	455	447	4.46%	-8	
Feb-16	10,045	455	443	4.41%	-12	
Mar-16	10,059	455	444	4.41%	-11	
Apr-16		455				
May-16		455				
Jun-16		455				
Jul-16		455				
Aug-16		455				
Sep-16		455				
Oct-16		455				
Nov-16		455				
Dec-16		455				



**Progress:** E. During public meetings, RCOC had 7,203, or 74.13%, of adult caseload residing in home-settings.

Total number and % of regional center adults in home settings (This is a total of sections A, B, C and D above).

		Total Adult	Total Number			
	_	consumers	Consumers			
	Percentage	status 2	Home Settings			
Statewide Average	77.69%	148,244	115,167			
RCOC Public Hearing 8/19/15	74.13%	9,717	7,203	Goal	%	# Attained
RCOC 4/01/16	75.22%	10,059	7,566	7,346	75.22%	220
Analysis as of Public Hearing	RCOC % of	DD population	6.55%	RCOC % of l	FH population	6.25%
					_	

			Total Number					
	Total Adults		Consumers	Number				
,	Status 2	Goal	Home Settings	%	Attained			
Jan-16	10,017	7,346	7,504	74.91%	158			
Feb-16	10,045	7,346	7,538	75.04%	192			
Mar-16	10,059	7,346	7,566	75.22%	220			
Apr-16		7,346						
May-16		7,346						
Jun-16		7,346						
Jul-16		7,346						
Aug-16		7,346						
Sep-16		7,346						
Oct-16		7,346						
Nov-16		7,346						
Dec-16		7,346		·				

Exceeded



### **Performance Contract 2016**

# IV. Children Residing in Facilities with Seven or More Beds (Excluding DCs)

### Planned Activities

**Statement:** RCOC provides for the needs of children with medical issues or challenging behaviors in seven or greater bed facilities for time limited periods when smaller facilities cannot meet needs.

**Objective:** RCOC will place only those children with medical issues or challenging behaviors in seven or greater bed facilities.

- RCOC will continue seeking appropriate placement in smaller facilities for these children and to support creative services and supports which would allow placement in existing small facilities, as well as development of new small facilities as needed, utilizing appropriate services and supports to ensure success for these consumers.
- RCOC will adhere to Trailer Bill Language relating to the use of larger facilities to insure the least restrictive environment is supported.



**Progress:** A. During public meetings, RCOC had 4, or 0.04%, of children caseload residing in a CCF (7+ beds). Placements to 7+ bed CCF facilities are at family request and/or due to specialized services.

# A. Total number and % of regional center children caseload residing in a CCF (7+ beds).

	Percentage	Total Children consumers status 1 & 2	Children Residing in a CCF (7+ beds)				
Statewide Average	0.02%	135,925	33				
RCOC Public Hearing 8/19/15	0.04%	9,125	4	Goal	%	# Attained	
RCOC 4/01/16	0.03%	9,237	3	0	0.03%	-3	
Analysis as of Public Hearing	RCOC % of	DD population	6.71%	RCOC % of l	FH population	12.12%	
	Total Children consumers status 1&2	Goal	Children Residing in a CCF (7+ beds)	%	Number Attained	Below Goal	
Jan-16		0	2	0.02%	-2		
Feb-16		0	2	0.02%	-2		
Mar-16		0	3	0.03%	-3		
Apr-16		0					
May-16		0					
Jun-16		0					
Jul-16		0					
Aug-16		0					
Sep-16		0					
Oct-16		0					
Nov-16		0					
Dec-16		0					



**Progress:** B. During public meetings, RCOC had no children residing in an ICF (7+ beds). Placements to 7+ bed ICF facilities are at family request and/or due to specialized services.

Total number and % of regional center children caseload residing in an ICF (7+ beds).

		Total Children consumers	Children Residing in a ICF (7+			
	Percentage	status 1 & 2	beds)			
Statewide Average	0.03%	135,925	37			
RCOC Public Hearing 8/19/15	0.00%	9,125	0	Goal	%	# Attained
RCOC 4/01/16	0.00%	9,163	0	0	0.00%	0
Analysis as of Public Hearing	RCOC % of	DD population	6.71%	RCOC % of	FH population	0.00%



-	Children		Children		
	consumers		Residing in a		Number
_	status 1&2	Goal	ICF (7+ beds)	%	Attained
Jan-16	9,196	0	0	0.00%	0
Feb-16	9,163	0	0	0.00%	0
Mar-16	9,237	0	0	0.00%	0
Apr-16		0			
May-16		0			
Jun-16		0			
Jul-16		0			
Aug-16		0			
Sep-16		0			
Oct-16		0			
Nov-16		0			
Dec-16		0			

Children

Met Goal



**Progress:** C. During public meetings, RCOC had no children residing in a nursing facility. Placements to nursing facilities are at family request and/or due to specialized services.

Total number and % of regional center children caseload residing in a nursing facility.

			Children			
		Total	Residing in a			
		Children	Nursing			
		consumers	Facility (7+			
	Percentage	status 1 & 2	beds)			
Statewide Average	0.01%	135,925	11			
RCOC Public Hearing 8/19/15	0.00%	9,125	0	Goal	%	# Attained
RCOC 4/01/16	0.00%	9,237	0	0	0.00%	0
Analysis as of Public Hearing	RCOC % of	DD population	6.71%	RCOC % of	FH population	0.00%



	Total		Residing in a			
	Children		Nursing			
	consumers		Facility (7+		Number	
	status 1&2	Goal	beds)	%	Attained	
Jan-16	9,196	0	0	0.00%	0	
Feb-16	9,163	0	0	0.00%	0	
Mar-16	9,237	0	0	0.00%	0	
Apr-16		0				
May-16		0				
Jun-16		0				
Jul-16		0				
Aug-16		0				
Sep-16		0				
Oct-16		0				
Nov-16		0				
Dec-16		0				

Children

Met Goal



**Progress:** D. During public meetings, RCOC had 4, or 0.04%, of children caseload residing in a facility with 7+ beds. Placements to 7+ bed facilities are at family request and/or due to specialized services.

Total number and % of regional center children caseload residing in a facility with 7+ beds (This is a total of sections A, B and C above).

			Total			
		Total	Children			
		Children	Residing in			
		consumers	7+ bed			
	Percentage	status 1 & 2	facilities			
Statewide Average	0.06%	135,925	81			
RCOC Public Hearing 8/19/15	0.04%	9,125	4	Goal	%	# Attained
RCOC 4/01/16	0.03%	9,237	3	0	0.03%	-3
Analysis as of Public Hearing	RCOC % of	DD population	6.71%	RCOC % of	FH population	4.94%

Total



•	Children consumers status 1&2	Goal	Total Children Residing in 7+ bed facilities	%	Number Attained
Jan-16	9,196	0	2	0.02%	-2
Feb-16	9,163	0	2	0.02%	-2
Mar-16	9,237	0	3	0.03%	-3
Apr-16		0			
May-16		0			
Jun-16		0			
Jul-16		0			
Aug-16		0			
Sep-16		0			
Oct-16		0			
Nov-16		0			
Dec-16		0			

Below

Goal



### **Performance Contract 2016**

### V. Adults Residing in Facilities with Seven or More Beds (Excluding DCs)

### Planned Activities

**Statement:** RCOC continues to ensure that individuals with developmental disabilities have more choices in living options regardless of the severity of their disability.

**Objective:** RCOC will place only those adults with medical issues or challenging behaviors in seven or greater bed facilities.

- RCOC will continue seeking appropriate placement in smaller facilities for these consumers and to support creative services and supports which would allow placement in existing small facilities, as well as development of new small facilities as needed, utilizing appropriate services and supports to ensure success for these consumers.
- RCOC will adhere to Trailer Bill Language relating to the use of larger residential facilities to insure the least restrictive environment is supported.



**Progress:** A. During public meetings, RCOC had 156, or 1.61%, of adult caseload residing in a CCF (7+ beds). Placements to 7+ bed facilities are at family request and/or due to specialized services. RCOC also has several long-term care providers with facilities in this category. RCOC will continue to work with these vendors to implement Trailer Bill Language regarding use of these programs.

# A. Total number and % of regional center adult caseload residing in a CCF (7+ beds).

			Adults			
		Total Adult	Residing in a			
		consumers	CCF (7+			
	Percentage	status 2	beds)			
Statewide Average	1.37%	148,244	2,030			
RCOC Public Hearing 8/19/15	1.61%	9,717	156	Goal	%	# Attained
RCOC 4/01/16	1.51%	10,059	152	148	1.51%	-4
Analysis as of Public Hearing	RCOC % of	DD population	6.55%	RCOC % of	FH population	7.68%

			Adults					
	Total Adults		Residing in a					
•	Status 2	Goal	CCF (7+ beds)	%	Attained			
Jan-16	10,017	148	155	1.55%	-7			
Feb-16	10,045	148	153	1.52%	-5			
Mar-16	10,059	148	152	1.51%	-4			
Apr-16		148						
May-16		148						
Jun-16		148						
Jul-16		148						
Aug-16		148						
Sep-16		148						
Oct-16		148						
Nov-16		148						
Dec-16		148						

Below Goal



**Progress:** B. During public meetings, RCOC had 119, or 1.22%, of adult caseload residing in an ICF (7+ beds). Placements to 7+ bed facilities are at family request and/or due to specialized services.

Total number and % of regional center adult caseload residing in an ICF (7+ beds).

			Adults			
		Total Adult	Residing in a			
		consumers	ICF (7+			
	Percentage	status 2	beds)			
Statewide Average	0.73%	148,244	1,081			
RCOC Public Hearing 8/19/15	1.22%	9,717	119	Goal	%	# Attained
RCOC 4/01/16	1.12%	10,059	113	110	1.12%	-3
Analysis as of Public Hearing	RCOC % of	DD population	6.55%	RCOC % of	FH population	11.01%

	Total Adults		Adults Residing in a		Number
	Status 2	Goal	ICF (7+ beds)	%	Attained
Jan-16	10,017	110	116	1.16%	-6
Feb-16	10,045	110	111	1.11%	-1
Mar-16	10,059	110	113	1.12%	-3
Apr-16		110			
May-16		110			
Jun-16		110			
Jul-16		110			
Aug-16		110			
Sep-16		110			
Oct-16		110			
Nov-16		110			
Dec-16	_	110			

Below



**Progress:** C. During public meetings, RCOC had 90, or .93%, of adult caseload residing in a nursing facility. Placements to nursing facilities are at family request and/or due to specialized services.

Total number and % of regional center adult caseload residing in a nursing facility.

		Total Adult consumers	Adults Residing in a Nursing Facility (7+			
	Percentage	status 2	beds)			
Statewide Average	0.75%	148,244	1,107			
RCOC Public Hearing 8/19/15	0.93%	9,717	90	Goal	%	# Attained
RCOC 4/01/16	0.87%	10,059	88	85	0.87%	-3
Analysis as of Public Hearing	RCOC % of l	DD population	6.55%	RCOC % of l	FH population	8.13%

			Adults Residing in a Nursing			Below Goal
	Total Adults Status 2	Goal	Facility (7+ beds)	%	Number Attained	
Jan-16	10,017	85	84	0.84%	Attailed 1	
Feb-16	10,045	85	93	0.93%	-8	
Mar-16	10,059	85	88	0.87%	-3	
Apr-16	,	85				
May-16		85				
Jun-16		85				
Jul-16		85				
Aug-16		85				
Sep-16		85				
Oct-16		85				
Nov-16		85				
Dec-16		85				



**Progress:** D. During public meetings, RCOC had 365, or 3.76%, of adult caseload residing in a facility with 7+ beds. Placements to 7+ bed facilities are at family request and/or due to specialized services.

Total number and % of regional center adult caseload residing in a facility with 7+ beds (This is a total of sections A, B and C above).

	Danaantaaa	Total Adult consumers status 2	Total Adults Residing in 7+ bed facilities			
	Percentage					
Statewide Average	2.85%	148,244	4,218			
RCOC Public Hearing 8/19/15	3.76%	9,717	365	Goal	%	# Attained
RCOC 4/01/16	3.51%	10,059	353	343	3.51%	-10
Analysis as of Public Hearing	RCOC % of	DD population	6.55%	RCOC % of	FH population	8.65%

			Total Adults			Below Goal	
	Total Adults		Residing in 7+		Number	Goal	
	Status 2	Goal	bed facilities	%	Attained		
Jan-16	10,017	343	355	3.54%	-12		
Feb-16	10,045	343	357	3.55%	-14		
Mar-16	10,059	343	343	3.51%	-10		
Apr-16		343					
May-16		343					
Jun-16		343					
Jul-16		343					
Aug-16		343					
Sep-16		343					
Oct-16		343					
Nov-16		343					
Dec-16		343					



# **Performance Contract 2016**

### VI. Intake Duration

### Planned Activities

**Statement:** Management and Service Coordinator staff receive a monthly report on the duration individuals ages 3 and over are in the intake process.

**Objective:** RCOC will continue to ensure that the duration of individuals ages 3 and over in the intake process is within mandated timeline.

• RCOC will provide consumers and their caregivers/advocates with initial information about developmental needs, and about the services and supports available, inside and outside of RCOC.

**Progress:** A. During public meetings, RCOC had 211, or 100%, of regional center individuals over age 3 with <=120 days.

A. Total number and % of regional center individuals over age 3 with <= 120 days.

				l .	
		Total #	Total # Over		
		Age 3 or	Age 3 with		
	Percentage	Over	<=120 days		
Statewide Average	98.01%	5,113	5,011		
RCOC Public Hearing 8/19/15	100.00%	211	211	Goal	% Attained
RCOC 4/01/16	98.96%	192	190	100.00%	98.96%
			Total Number Individuals		Below
	Total Number Individuals		Over Age 3 with <=120	%	Goal
	Age 3 or Over	Goal	days	Attained	-
Jan-16	183	100.00%	183	100.00%	
Feb-16	180	100.00%	180	100.00%	
Mar-16	192	100.00%	190	98.96%	
Apr-16		100.00%			
May-16		100.00%			]
Jun-16		100.00%			1
Jul-16		100.00%			]
Aug-16		100.00%			]
Sep-16		100.00%			
Oct-16		100.00%			
Nov-16		100.00%			

100.00%

Dec-16



**Progress:** B. During public meetings, RCOC had 0, or 0.00%, of regional center individuals over age 3 with 121-240 days.

B. Total number and % of regional center individuals over age 3 with 121-240 days.

		Total	Total Number		
		Number	Individuals		
		Individuals	Over Age 3		
		Age 3 or	with 121-240		
	Percentage	Over	days		
Statewide Average	1.70%	5,113	87		
RCOC Public Hearing 8/19/15	0.00%	211	0	Goal	% Attained
RCOC 4/01/16	1.04%	192	2	0.00%	1.04%

Total Number

Nov-16

Dec-16



with 121-240 Individuals Age 3 or Over Goal % days 0.00% 0.00% Jan-16 183 0 0 Feb-16 180 0.00%0.00%2 Mar-16 192 0.00% 1.04% Apr-16 0.00% 0.00% May-16 Jun-16 0.00%Jul-16 0.00% Aug-16 0.00%0.00% Sep-16 Oct-16 0.00%

0.00%

0.00%

Total Number

Individuals

Over Age 3

Below

Goal



**Progress:** C. During public meetings, RCOC had 0, or 0.00%, of regional center individuals over age 3 with over 240 days.

# C. Total number and % of regional center individuals over age 3 with over 240 days.

		Total			
		Number	Total Number		
		Individuals	Individuals		
		Age 3 or	Over Age 3		
	Percentage	Over	Over 240 days		
Statewide Average	0.29%	5,113	15		
RCOC Public Hearing 8/19/15	0.00%	211	0	Goal	%
RCOC 4/01/16	0.00%	192	0	0.00%	0.00%



	Total Number		Individuals	
	Individuals		Over Age 3	%
_	Age 3 or Over	Goal	Over 240 days	Attained
Jan-16	183	0.00%	0	0.00%
Feb-16	180	0.00%	0	0.00%
Mar-16	192	0.00%	0	0.00%
Apr-16		0.00%		
May-16		0.00%		
Jun-16		0.00%		
Jul-16		0.00%		
Aug-16		0.00%		
Sep-16		0.00%		
Oct-16		0.00%		
Nov-16	·	0.00%		·
Dec-16		0.00%		

Total Number

Met Goal



### **Performance Contract 2016**

### VII. National Core Indicators (NCI) Employment

### Planned Activities

**Statement:** RCOC has adopted an Employment First Policy making integrated competitive employment the first option considered by planning teams for every working adult served by RCOC.

**Objective:** RCOC will implement its Employment First Policy by providing consumers and family members with information regarding the opportunity and support to work in employment settings that are meaningful to them and by annually reviewing those opportunities with individuals to ensure they are engaged in activities of their choosing.

**Progress:** A. Results from the National Core Indicators Consumer Surveys conducted in FY 2010/2011 indicated that 10% of consumers interviewed reported having a paid job in the community. In FY 2011/2012, 18% of the consumers interviewed reported having a paid job in the community.

A. Percentage of adults who reported having a paid job in a community-based setting (e.g., competitive or supported employment, enclave, work crew).

	Percentage		
RCOC FY 10/11	10%		
RCOC FY 11/12	18%	Goal	
RCOC FY 14/15*	3 yr cycle		22%

\*NOTE: Consumer surveys are being conducted again in FY 14/15



**Progress: B.** Results from the National Core Indicators Consumer Surveys conducted in FY 2010/2011 indicated that 22% of the consumers interviewed reported having integrated employment as an goal in their IPP. In FY 2011/2012, 30% of the consumers interviewed reporting having integrated employment as a goal in their IPP.

B. Percentage of adults who reported having integrated employment as a goal in the IPP.

	Percentage	
RCOC FY 10/11	22%	
RCOC FY 11/12	30%	Goal
RCOC FY 14/15*	3 yr cycle	38%

\*NOTE: Consumer surveys are being conducted again in FY 14/15



**Progress: C.** Results from the National Core Indicators Consumer Surveys conducted in FY 2010/2011 indicated that 40% of the consumers interviewed who did not have a job in the community, reported wanting one. In FY 2011/2012, 46% of the consumers interviewed who did not have a job in the community, reported wanting one.

C. Percentage of adults without a job in the community who reported wanting one.

	Percentage	
RCOC FY 10/11	40%	
RCOC FY 11/12	46%	Goal
RCOC FY 14/15*	3 yr cycle	50%

\*NOTE: Consumer surveys are being conducted again in FY 14/15



### **Performance Contract 2016**

### VII. Employment Development Department (EDD) Employment

### Planned Activities

**Statement:** RCOC service coordinators and vendors are implementing RCOC's Employment First Policy of integrated competitive employment as the first option for people with intellectual disabilities.

**Objective:** RCOC service coordinators will implement the Employment First Policy by providing consumers and families information on job preparation and procurement at annual Individual Transition Meetings through the school and Individual Program Planning meetings through RCOC. RCOC will continue to work on development of new programs that will emphasize a focus on competitive employment as a primary outcome.

**Progress:** A. Results from the Employment Development Department (EDD) conducted in 2014 indicate that 1,754 consumers ages 16-64 had earned income. In 2013, 1,207 consumers ages 16-64 had earned income.

A. Number of consumers ages 16-64 with earned income.

		Statewide
	RCOC	Avg.
2013	1,207	839
2014	1,754	906
2015	yearly cycle	



**Progress: B.** Results from the Employment Development Department in 2014 indicate that 17.9% of consumers ages 16-64 reported having earned income. In 2013 the percentage of consumers ages 16-64 reporting earned income was 12.8%.

B. Percentage of consumers ages 16-64 reporting earned income.

		Statewide
	RCOC	Avg.
2013	12.80%	12%
2014	17.90%	13.10%
2015	yearly cycle	



**Progress: C.** Results from the Employment Development Department in 2014 indicate that average annual wages for consumers ages 16-64 were \$6,086. In 2013 the average annual wages for consumers ages 16-64 were \$6,691.

C. Annual earnings of age group 16-64.

		Statewide
	RCOC	Avg.
2013	\$6,691	\$6,697
2014	\$6,086	\$7,044
2015	yearly cycle	



### **Performance Contract 2016**

# IX. Improving equity in purchase of service expenditures.

**Statement:** RCOC works to insure that individual needs are being met within appropriate community settings and with sensitivity of the diverse cultural, language, and ethnic characteristics of consumers and families.

**Objective:** RCOC service coordinators will work with consumers and families to develop IPP goals and objectives to address their choice of living situations. RCOC will work to develop services in the community that meet the cultural and background preferences of consumers and family members to insure the availability of resources. RCOC will continue outreach efforts within our community to overcome potential cultural barriers when identifying appropriate services. RCOC will utilize data collected through NCI survey related to consumers' and families' satisfaction with services and supports to guide the development of new programs in the community. Services can be modified to address individual satisfaction as needed. RCOC will continue to develop community programs that allow for a range of options for consumers when selecting those services. RCOC service coordinators will receive initial and ongoing training related to IPP development that ensures meaningful consumer and family participation. Training includes topics such as Culture and Communication, Dimensions of Culture, and Understanding Culture. RCOC will review IPP goals at least annually to insure that services continue to meet individual needs.

- A. Percent of total annual expenditures by individual's residence type and ethnicity.
- B. Number and percent of individuals by race/ethnicity who are satisfied with the services and supports received by the family and family member.
- C. Number and percent of individuals by race/ethnicity whose IPP/IFSP includes all the services and supports needed.

# Regional Center of Orange County Policies and Outcomes Committee March 28, 2016 Minutes

### **Committee Members Present:**

Cliff Amsden, Chairperson Cristina Alba Noly Guardamondo

### **Committee Members Absent:**

Luke Franck

### **Other Board Members Present:**

Bob Costello Fernando Peña

### **RCOC Staff Members Present:**

Larry Landauer, Executive Director Bette Baber, Chief Financial Officer LeeAnn Christian, Chief Clinical Officer

Mr. Amsden called the meeting to order at 6:00 p.m.

### I. Governance Policies

### A. Review Input from Board Retreat Regarding the Ends Policies

The Committee briefly reviewed the redline version of the Ends Policies that included comments and suggested revisions from the Board's retreat in February 2016. Members then engaged in a lengthy discussion about the approach that should be taken to revise the Ends Policies. The Committee decided to ask the Executive Committee to create an Ad Hoc Task Force that would be tasked with revising the mission statement in the Ends Policies. The Policies and Outcomes Committee would wait until that work was completed before revising the Guiding Principles. Input from RCOC staff as well as review by Corporate Counsel was also mentioned as an important part of this process.

Action Item: Request that the Executive Committee consider creating an Ad Hoc Task Force to revise the mission statement in the Ends Policies.

# RCOC Policies and Outcomes Committee Minutes March 28, 2016

### B. <u>Biennial Review of the Employment First Policy</u>

The Committee reviewed the policy and no revisions were recommended.

### C. Annual Review of the Whistleblower Policy

The Committee reviewed the policy and minor revisions were recommended.

# M/S/C to recommend that the Board approve revisions to the Whistleblower Policy as presented.

### D. Biennial Review of the Transportation Mobility Policy

The Committee reviewed the policy and discussed suggested revisions, which will be recommended to the Board.

# M/S/C to recommend that the Board approve revisions to the Transportation Mobility Policy as presented.

### E. Biennial Review of the Start-Up, Gap and Lag Funding Policy

The Committee reviewed the policy and no revisions were recommended.

### F. Schedule for Review of Board Governance Policies for Fiscal Year 2016

The Committee received an updated schedule for review of Board Governance Policies in fiscal year 2016.

### II. Outcomes

### A. National Core Indicators (NCI) Update

Dr. LeeAnn Christian stated that there was nothing new to report regarding the NCI project.

### B. Health, Wellness and Safety Initiative Update

Dr. Christian provided a written report from the Health, Wellness and Safety Initiative (the Initiative) Ad Hoc Task Force, which has met several times over the past 6 months. As per their Charter, the Task Force developed implementation details and identified evaluation criteria for the Initiative. The Committee reacted positively to the recommendations of the Task Force to implement a pilot project. The Charter for the Task Force was then discussed and the Committee agreed that the scope of the Task Force should be expanded to include implementation of the pilot project.

# RCOC Policies and Outcomes Committee Minutes March 28, 2016

M/S/C to expand the authority and purpose of the Ad Hoc Task Force to include implementation of the Initiative's pilot project.

# **III.** Community Forum

No community members were present.

Mr. Amsden adjourned the meeting at 7:00 p.m.

Recorder: LeeAnn Christian

# REGIONAL CENTER OF ORANGE COUNTY **BOARD OF DIRECTORS** AGENDA ITEM DETAIL SHEET

DATE: May 5, 2016

TO:

FROM:

SUBJECT: Approval of Post-Retirement Employment for Mary Parpal, Ph.D.

	ACTION X	
RCOC Board of Directors	ACTION/CONSENT	
	DISCUSSION	
Larry Landauer, Executive Director	INFO ONLY	

### **BACKGROUND:**

On September 13, 2012, Governor Brown signed AB 340, the Public Employees' Pension Reform Act of 2013 (PEPRA). PEPRA amends various sections of the California Government Code, including but not limited to, components of the Public Employees Retirement System (PERS). The Regional Center of Orange County (RCOC) is a member of PERS. PERS dictates how retirees can be hired in retired annuitant positions. Retired annuitants can work up to a maximum of 960 hours per fiscal year without any other compensation or benefits.

PEPRA prohibits RCOC from employing a retired person for a period of 180 days following retirement unless, "employer certifies the nature of the employment and that the appointment is necessary to fill a critically needed position before 180 days has passed and the appointment has been approved by the governing body of the employer in a public meeting. The appointment may not be placed on a consent calendar."

### REASON FOR CURRENT ITEM:

Dr. Mary Parpal is a licensed psychologist who is retiring on May 20, 2016. Dr. Parpal has more than 30 years of experience in the field of psychology and developmental disabilities. For the past five (5) years, she has served as RCOC's Clinical Administrator/Psychologist. With the restructuring of RCOC's Health Resources Group in 2015, which included the addition of an Associate Clinical Director, RCOC decided not to fill Dr. Parpal's position upon her retirement.

In addition to her other duties as Clinical Administrator/Psychologist, she has been the lead person working with RCOC's consumers who are involved with the criminal justice system. Dr. Parpal has been training another RCOC Psychologist to take on her forensic duties; however, we need to ensure continuity with those consumers in the criminal justice system. Additionally, Dr. Parpal will assist with the development and/or revision of RCOC training and other materials related to consumers' involvement with the criminal justice system.

Agenda Item: III.D.4.

# FISCAL IMPACT:

Dr. Parpal's hours would be approximately 30 hours per pay period, or 37.5% of a full-time employee or 780 hours per year.

# **RECOMMENDATIONS**:

That the Board approve post-retirement employment for Mary Parpal, Ph.D.

Agenda Item: III.D.4.

# REGIONAL CENTER OF ORANGE COUNTY BOARD OF DIRECTORS AGENDA ITEM DETAIL SHEET

DATE: May 5, 2016

TO: RCOC Board of Directors

FROM: Larry Landauer, Executive Director

**SUBJECT:** Reporting of Post-Retirement Employment

ACTION	
ACTION/CONSENT	
DISCUSSION	
INFO ONLY	X

### **BACKGROUND:**

The Regional Center of Orange County is a member the California Public Employees Retirement System (PERS). PERS dictates how retirees can be hired in retired annuitant positions. Retired annuitants can work up to a maximum of 960 hours per fiscal year without any other compensation or benefits.

### REASON FOR CURRENT ITEM:

RCOC has three post-retirement employees: Sue LeMaster, IT Manager, Donald Greene, Senior Educational Analyst, and Suzanne Lowe, Board Certified Behavior Analyst.

Ms. LeMaster's post-retirement employment began in 2006; Mr. Greene and Ms. Lowe's post-retirement employment began in 2012. Ms. Lowe has announced that her post-retirement employment will end in June 2016.

### FISCAL IMPACT:

None.

### RECOMMENDATIONS:

None. This item is being submitted to the Board for information only.

# REGIONAL CENTER OF ORANGE COUNTY BOARD OF DIRECTORS AGENDA ITEM DETAIL SHEET

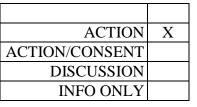
DATE: May 5, 2016

TO: RCOC Board of Directors

FROM: Clifford Amsden, Chair

Policies and Outcomes Committee

SUBJECT: Approval of Revisions to the Transportation Mobility Policy



### **BACKGROUND:**

The Policies and Outcomes Committee is charged with reviewing and/or drafting policies that are necessary to meet the organization's Mission. The Committee is also charged with annually or biennially reviewing policies for their continued usefulness and clarity. At its meeting on March 28, 2016, the Policies and Outcomes Committee reviewed the Transportation Mobility Policy.

### REASON FOR CURRENT ITEM:

After review, the Policies and Outcomes Committee recommends that the Board approve revisions to the Transportation Mobility Policy as indicated in the attachment.

### **FISCAL IMPACT:**

None.

### **RECOMMENDATIONS:**

That the Board approve the revisions to the Transportation Mobility Policy as presented.

### Attachment to Agenda Item III.F.1.

### TRANSPORTATION MOBILITY POLICY

### **BACKGROUND**

The Regional Center of Orange County (RCOC) is responsible for coordinating services for people with developmental disabilities who reside in Orange County. As established in the Lanterman Developmental Disabilities Services Act, RCOC is committed to assuring that the services and supports provided to those we serve maximize opportunities and choices, utilize all possible sources of funding, including generic resources, and result in the maximum developmental benefit possible.

### **POLICY**

RCOC will serve the mobility needs of its consumers with developmental disabilities by assuring an effective and efficient mix of accessible, safe, courteous, responsive, and customer—service oriented transportation services to and from an eligible consumer's primary day service/activityprogram. These services shall enhance opportunities for consumers to access supports, services, and other community resources.

In meeting the mobility needs of those we serve, RCOC will:

- Use generic resources before expending regional center funds.
- Advocate for the maximum access to and utilization of public transit services for people with developmental disabilities.
- Encourage measurable improvement in the efficiency and effectiveness of transportation services by reviewing data from specialized transportation contractors and gathering feedback from consumers who use public and specialized transportation services.
- Improve access to services by improving communication about and coordination of available transportation resources.
- Promote the efficient use of resources by eliminating duplication wherever possible.
- Promote the consideration of transportation issues and costs in all decisions.
- Establish joint purchasing arrangements where feasible and cost-effective.

#### SERVICE CRITERIA

The individual <u>transportation</u> needs of the consumer <u>for transportation</u> will be determined by the Multidisciplinary/Planning Team.

The following criteria will be applied when authorizing transportation service. Exceptions may be made on a case-by-case basis.

- 1. Whenever feasible, public transportation will be utilized first.
- 2. All adults requesting transportation will be assessed for mobility training.
- 3. RCOC may purchase transportation services to the closest appropriate primary program day service/activity identified in the Individual Program Plan/Person Centered Plan (IPP/PCP) that is able to meet the consumer's needs when the program day service/activity does not have a transportation component and public transportation is not available.
- 4. Vendored private transportation (e.g., Western Transit) will be funded when a person:
  - Has been assessed and found inappropriate for mobility training; or
  - Is awaiting mobility training; or
  - When there is no appropriate or viable public transportation available.
- 5. Transportation services are typically purchased for one primary program day service/activity (e.g., place of employment, day program). However, additional transportation may be purchased on an individual basis, but not as part of the primary program's transportation obligation (e.g., day program and/or college classes).
- 6. Those served by RCOC, parents of minor children and residential service providers are expected to provide routine transportation to medical, dental, or other appointments or functions. RCOC may fund incidental transportation on an exception basis in the following circumstances:
  - An individual is not financially capable of independently funding their own or their child's transportation.
  - The parent or surrogate has a disability which prevents them from transporting the person served by RCOC.
  - The individual's medical and/or physical condition requires the use of specialized transportation to accommodate transport.

### CHILDREN UNDER AGE THREE

To maximize safety and quality assurance, parents and residential service providers are expected to transport infants to <u>the primary</u> day <u>programsservice/activity</u>. Transportation for infants may be funded when there is documented exceptional need and the parent/residential service provider cannot accompany the child.

Authorized infant transportation will be reviewed every six months.

### CONTRACT TRANSPORTATION STANDARDS

It is the goal of RCOC <u>strives</u> to meet the following minimum standards in all modes of transportation:

**Travel Time:** RCOC-funded trips shall not exceed 90 minutes one-way. Exceptions to this time limit may occur only when the consumer, and, as appropriate, parents/conservator agree.

**Pick-up/Drop-off Times:** Those transported will not be dropped off more than 30 minutes prior to and 15 minutes after <u>program the day service/activity</u> start times. They will not be picked up prior to end of <u>program the day service/activity</u> and will be picked up within 30 minutes of the end of <u>program the day service/activity</u>.

**Transportation to Employment:** It is the expectation that those working competitively or in individual supported employment will get to their job site independently. Transportation implications should be considered in all day serviceprogram placement and employment decisions to assure that such settings can be successfully supported by cost-effective, reliable, safe, and timely transportation.

**Information and Communication Systems:** RCOC will implement an informational point of contact program for those receiving transportation services that need information regarding transportation options.

**Transportation Safety, Quality Assurance and Driver Training:** RCOC <u>strives for will</u> <u>assure</u> a safe, comfortable transportation system for all served. <u>To help assure this,</u> RCOC will:

- Require transportation service providers to adhere to Title 17 of the California Code of Regulations, §58520 with regard to standards for drivers and transportation aides.
- Require transportation service providers to maintain a minimum of \$1 million liability insurance and shall name RCOC as additional interested party.
- Require that contracts with transportation service providers outline, in the scope of work, details about the employment and training of drivers, aides, dispatchers and administrative personnel necessary to provide the required levels of services, including, but not limited to:
  - Full compliance with all applicable State and Federal laws and regulations, including those addressing driver and vehicle licensing

- Pre-employment screenings that include, but are not limited to, criminal background checks, drug testing, driving records, operator safety performance histories and motor vehicle records
- Attainment of at least annual DMV reports on all drivers.
- Require transportation service providers to assure that all drivers possess valid, legally required certificates, including a certificate for transportation of individuals with developmental disabilities (<u>i.e., Vehicles for Developmentally Disabled Persons</u> (VDDP)) issued by the DMV.
- Require transportation service providers' drivers to successfully complete regular training in sensitivity to the needs of people with developmental disabilities and emergency procedures.
- Require operating air conditioning and heat on all contracted vehicles used to transport RCOC consumers.
- Incorporate vehicle inspection requirements into all contracts.
- Establish monitoring measures for service standards.
- Implement a formal consumer transportation complaint procedure for contracted/vendored transportation.
- Improve overall transportation efficiency while providing safe, dignified service.

RCOC will periodically review transportation rates in an effort to support providers in maintaining the above standards and will make adjustments as funds permit.

# REGIONAL CENTER OF ORANGE COUNTY BOARD OF DIRECTORS AGENDA ITEM DETAIL SHEET

DATE: May 5, 2016

TO: RCOC Board of Directors

FROM: Clifford Amsden, Chair

Policies and Outcomes Committee

SUBJECT: Approval of Revisions to the Whistleblower Policy

ACTION	X	
ACTION/CONSENT		
DISCUSSION		
INFO ONLY		

### **BACKGROUND:**

The Policies and Outcomes Committee is charged with reviewing and/or drafting policies that are necessary to meet the organization's Mission. The Committee is also charged with annually or biennially reviewing policies for their continued usefulness and clarity. At its meeting on March 28, 2016, the Policies and Outcomes Committee reviewed the Whistleblower Policy.

### REASON FOR CURRENT ITEM:

After review, the Policies and Outcomes Committee recommends that the Board approve revisions to the Whistleblower Policy as indicated in the attachment.

### FISCAL IMPACT:

None.

### **RECOMMENDATIONS:**

That the Board approve the revisions to the Whistleblower Policy as presented.

### Attachment for Agenda Item III.F.2.

### WHISTLEBLOWER POLICY

### **POLICY**

It is the policy of the Regional Center of Orange County (RCOC) that employees, **B**board members, consumers/families, and the vendor community have notice of, and the opportunity to, report alleged improper RCOC and/or alleged improper vendor/contractor activity through a whistleblower complaint process.

Regional centers are contractually required to have a Board approved Whistleblower Policy, Article I, Section 18, of the Department of Developmental Services (DDS) contract with regional centers. Improper regional center activity and improper vendor/contractor activity is defined in the DDS' contract with regional centers as:

- An "improper regional center activity" means an activity by a regional center, or an employee, officer, or board member of a regional center, in the conduct of regional center business, that is a violation of a state or federal law or regulation; violation of contract provisions; fraud or fiscal malfeasance; misuse of government property; or constitutes gross misconduct, incompetency, or inefficiency.
- An "improper vendor/contractor activity" means an activity by a vendor/contractor, or an employee, officer, or board member of a vendor/contractor, in the provision of DDS funded services, that is a violation of a state or federal law or regulation; violation of contract provisions; fraud or fiscal malfeasance; misuse of government property; or constitutes gross misconduct, incompetency, or inefficiency.

RCOC and the Department of Developmental Services (DDS) have a variety of complaint and appeal processes available to vendor/contractors, agencies, facilities, parents, and consumers. These include: Consumer Rights Complaints, Early Start Complaints, Due Process Requests, Mediation Conference Requests, Lanterman Act, Fair Hearing Requests, Title 17 Complaints, Citizen Complaints and Comments and Vendor Appeals. Each of these complaint and appeal processes has separate and distinct procedures for resolution. This separate policy relates only to RCOC and Vendor/Contractor Whistleblower Complaints as described above.

Nothing in this policy shall dissuade or prohibit complaints of alleged improper activity to be made using the foregoing complaint or appeal processes or other less formal means to make such complaints known.

### **Confidentiality**

The investigating party will make every effort to maintain the confidentiality of a complainant making a whistleblower complaint if the complainant requests confidentiality. However, in the rare circumstances where the investigating party is unable to maintain confidentiality due to its

statutory responsibilities (including ensuring the health and safety of consumers and RCOC contract compliance and legally required disclosures), the investigating party will attempt to inform the complainant of its need to disclose certain information prior to releasing identifying information. Additionally, the identity of the complainant may be revealed to appropriate law enforcement agencies conducting a criminal investigation.

#### No Retaliation

This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns about alleged improper RCOC and/or vendor/contractor activities and to permit an investigating party the opportunity to investigate and take appropriate action.

No person who in good faith reports a violation of this policy shall suffer harassment, retaliation or adverse employment consequences from RCOC. RCOC's Executive Committee will investigate complaints of retaliation following an established process. An RCOC employee who harasses or retaliates against someone who has reported a violation in good faith is subject to discipline up to and including immediate termination of employment.

#### **Notification Requirements**

RCOC's Whistleblower Policy, along with the DDS Whistleblower Complaint Process are posted on RCOC's website. Notification of both RCOC's policy and DDS' Whistleblower Complaint Process will be provided annually to employees, **B**board members, consumers/families and the vendor community.

#### **PROCEDURE**

A Whistleblower Complaint about alleged improper RCOC <u>and/</u>or vendor/contractor activity may be filed by contacting any of the following:

- RCOC's Directors which includes: Executive Director, Chief Clinical Officer, Chief Financial Officer, and Chief Operating Officer.
- RCOC's Board of Directors\_ Executive Committee which includes: RCOC Board Chairperson, Vice Chair, Secretary, Treasurer and Corporate Counsel.
- Members of <u>RCOC'sthe</u> Board of Directors-of Regional Center of Orange County.
   Contact may be made may be contacted by phone call or e-mail through the RCOC Executive Assistant to the Board, or attendance at a Bboard meeting.
- Department of Developmental Services Community Operations Division or the Community Services and Supports Division (for Early Start program services)

However, to ensure proper and timely logging and investigation, it is recommended that whistleblower complaints be submitted to <a href="RCOC">RCOC's the</a> Custodian of Records.

RCOC will utilize an established process to investigate and take appropriate action on complaints, including complaints of retaliation. An initial review process will determine the appropriate venue for the complaint which could result in referral to another entity or process as described in the "Policy" section.

A Whistleblower Complaint shall contain a clear and concise statement of the alleged improper activity and any evidence to support the allegation. If a name, or other information (e.g., witness or document), is not provided that clearly identifies the person alleged to have acted improperly, and where that person works, the investigating party may not have sufficient information to investigate. Original documents should be provided when submitting written information. The submitting party should keep copies of all submitted documents for their records.

Although complaints may be filed anonymously, if insufficient information is provided and the investigating party has no means to contact the complainant, it may not be possible to investigate the allegation.

RCOC employees with questions about this policy should contact the Human Resources Manager or a member of the Executive Committee.

#### **GUIDING PRINCIPLES**

- The public funds that support the service system are expended in a fashion that is cost-effective, consumer-directed, consistent with good business practices, and that reflect careful stewardship.
- The governing Board of the Regional Center of Orange County is representative of and accountable to the community served by RCOC.
- RCOC Board of Directors will be actively involved in the organization (i.e., attendance and participation). The Board provides appropriate support to maximize effective participation by all its members.
- RCOC aspires to the highest standards of ethical conduct: doing what we say; reporting information with accuracy and transparency; and maintaining full compliance with the laws, rules and regulations that govern RCOC's business.

DATE: May 5, 2016

TO: RCOC Board of Directors

FROM: Clifford Amsden, Chair

Policies and Outcomes Committee

SUBJECT: **Board Governance Policies** – Employment First Policy

ACTION	
ACTION/CONSENT	
DISCUSSION	
INFO ONLY	X

#### **BACKGROUND:**

The Policies and Outcomes Committee is charged with reviewing and/or drafting policies that are necessary to meet the organization's Mission. The Committee is also charged with biennially reviewing certain policies for their continued usefulness and clarity. At its meeting on March 28, 2016, the Policies and Outcomes Committee reviewed the Employment Policy (see attachment).

After review, the Policies and Outcomes Committee determined that no changes are needed at this time and therefore, no revisions are recommended to the Employment First Policy.

#### REASON FOR CURRENT ITEM:

For information only.

#### **FISCAL IMPACT:**

None.

#### **RECOMMENDATIONS:**

None. This item is being submitted to the Board for information only.

#### Attachment for Agenda Item III.F.3.

#### **EMPLOYMENT FIRST POLICY**

#### **BACKGROUND**

The Regional Center of Orange County (RCOC) recognizes the importance of meaningful employment for the working age adults we serve. Assembly Bill 1041, also known as Employment First Policy, an act to amend Sections 4646.5 and 4868 of the Welfare and Institutions Code (WIC), and to add Section 4869 to WIC, was effective January 1, 2014. These statutory changes, in part, are as follows:

4646.5 (a) (4) When developing an individual program plan for a transition age youth or working age adult, the planning team shall consider the Employment First Policy...

4869. (a) (1) In furtherance of the purposes of this division to make services and supports available to enable persons with developmental disabilities to approximate the pattern of everyday living available to people without disabilities of the same age, to support the integration of persons with developmental disabilities into the mainstream life of the community, and to bring about more independent, productive, and normal lives for the persons served, it is the policy of the state that 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. This policy shall be known as the Employment First Policy.

- (3) <u>Integrated competitive employment is intended to be the first option</u> <u>considered by planning teams for working age individuals</u>, but individuals may choose goals other than integrated competitive employment.
- (c) Regional centers shall provide consumers 16 years of age or older, and, when appropriate, their parents, legal guardians, conservators, or authorized representative with information, in an understandable form, about the Employment First Policy, options for integrated competitive employment, and services and supports, including postsecondary education, that are available to enable the consumer to transition from school to work, and to achieve the outcomes of obtaining and maintaining integrated competitive employment.

  4868. (d)(1), "Competitive employment" means work in the competitive labor market that is performed on a full—time or part—time basis in an integrated setting and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.

  (2) "Integrated employment" means "integrated work" as defined in subdivision
- 4851. (o) "Integrated work" means the engagement of an employee with a disability in work in a setting typically found in the community in which individuals interact with individuals without disabilities other than those who are

(o) of Section 4851.

providing services to those individuals, to the same extent that individuals without disabilities in comparable positions interact with other persons.

#### **POLICY**

Integrated competitive employment will be the first option considered by planning teams for every working age adult we serve.

#### **GUIDING PRINCIPLES**

- Consumers have the opportunity and support to work in employment settings that are meaningful to them, that are valued by the community, and in which they are appropriately compensated.
- Consumers have the right to make decisions about all aspects of their lives.
- Consumers live, work, learn and recreate in settings which maximize opportunities to be with persons not paid to be with them.

DATE: May 5, 2016

TO: RCOC Board of Directors

FROM: Clifford Amsden, Chair

Policies and Outcomes Committee

SUBJECT: **Board Governance Policies** – Start-Up, Gap and Lag Policy

ACTION	
ACTION/CONSENT	
DISCUSSION	
INFO ONLY	X

#### BACKGROUND:

The Policies and Outcomes Committee is charged with reviewing and/or drafting policies that are necessary to meet the organization's Mission. The Committee is also charged with biennially reviewing certain policies for their continued usefulness and clarity. At its meeting on March 28, 2016, the Policies and Outcomes Committee reviewed the Start-Up, Gap and Lag Policy (see attachment).

After review, the Policies and Outcomes Committee determined that no changes are needed at this time and therefore, no revisions are recommended to the Start-Up, Gap and Lag Policy.

#### REASON FOR CURRENT ITEM:

For information only.

#### FISCAL IMPACT:

None.

#### **RECOMMENDATIONS:**

None. This item is being submitted to the Board for information only.

#### Attachment for Agenda Item III.F.4.

#### START-UP, GAP AND LAG FUNDING POLICY

#### **BACKGROUND**

The Regional Center of Orange County (RCOC) is responsible for coordinating services for its consumers who reside in Orange County. As established in the Lanterman Developmental Disabilities Services Act, RCOC is committed to assuring that the services and supports provided to those we serve utilize all possible sources of funding, including generic resources.

#### **POLICY**

#### Start-Up

The contract between regional centers (RC) and the Department of Developmental Services (DDS) requires regional centers to have a start-up policy approved by the Board of Directors. The RC/DDS contract states that the policy must ensure that the use of purchase of service funds is:

- 1) Necessary for establishing a new or additional program, project or resource for providing services and support to consumers.
- 2) Of direct benefit to consumers.
- 3) Supported by contracts with sufficient detail and measurable performance expectations and results.
- 4) Not used for routine maintenance of a provider's plant or facility or for the purchase, lease or maintenance of a provider's vehicle.
- 5) Not used for construction, renovation, alteration, improvement, or repair of real property that is not of direct medical or remedial benefit to the consumer.

The RCOC recognizes that, under certain circumstances, it may be in the best interest of RCOC consumers to fund start-up. RCOC is under no obligation to fund start-up and the developers of new or additional programs should include these costs as part of its business plan.

#### **Gap and Lag Funding**

The RCOC recognizes that, under certain circumstances, it may be in the best interest of RCOC consumers for RCOC to fund the period between licensing and Medi-Cal certification, which is known as Gap, for Department of Health licensed facilities, e.g., Intermediate Care Facility – Developmentally Disabled, Habilitative (ICF-DD/H). RCOC is under no obligation to fund Gap and the developer of a Health licensed facility should

include these costs as part of its business plan. RCOC does <u>not</u> fund the period between Medi-Cal certification and receipt of Medi-Cal payments which is known as Lag.

#### **GUIDING PRINCIPLES**

- Consumers are in safe settings.
- Consumers and their families have knowledge of their healthcare needs, access to qualified medical communities, and support necessary to utilize recommended health services.
- The Regional Center will maximize all alternative sources of funding for necessary services and supports including federal and generic funding.
- The public funds that support the service system are expended in a fashion that is cost-effective, consumer-directed, consistent with good business practices, and that reflect careful stewardship.

#### Regional Center of Orange County Vendor Advisory Committee March 8, 2016 Minutes

**Members:** Adult Behavior Management Programs

Chair, Nancy Cross, present Co-Chair, Member Pending

**Adult Day Programs** 

Chair, Hector Navarro, present Co-Chair, Member Pending

**Adult Family Home/Foster Family Agency** 

Chair, Mark Antenucci, present Co-Chair, Marie Aguilera, absent

**Behavior Services** 

Chair, Erin McNerney, absent Co-Chair, Kristin Prior, present

**Community Care Facilities** 

Chair, Rebekah Hayes, absent Co-Chair, Brandon Peñalosa, absent

**Early Intervention** 

Chair, Pam Alexander, absent Co-Chair, Tiffany Bauer, present

**Habilitation** 

Chair, Roland Fernandez, present Co-Chair, Chris Stoner, absent

**Independent/Supported Living** 

Chair, Janice Retz, present Co-Chair, Member Pending

**Intermediate Care Facilities** 

Member Pending

**Support Services/Allied Health** 

Chair, Gabriella Strauss, present Co-Chair, Masharne Townsend, absent

Liaisons: CalOptima

Michael German, present

**Fairview Developmental Center** 

Member Pending

**Orange County Transit Authority** 

Robert Gebo, present

#### Vendor Advisory Committee Minutes March 8, 2016

**RCOC Staff Present:** Arturo Cazares, Employment and Day Services Manager

Jyusse Corey, Consumer Advocate

Jack Stanton, Consumer and Community Resources Manager

Marta Vasquez, Controller

Sean Watson, Risk Manager, Quality Assurance

Janis White, Chief Operating Officer

Guests: Linda Callaghan, Westview Services

Lizette Ceja, 24Hr Homecare

Tim Chervenak, Project Independence

Cathy DeMello, Integrity House

Sherry Diamond, IRT/Encore Programs

Leticia Diaz, California Mentor Karen Errington, My Day Counts

Jaime Ganizero, Cole Vocational Services Mary Hicks, Mercedes Diaz Network Victor Lira, Premier Healthcare Justin Lovins, Maxim Healthcare

Joseph Nicario, IRI

Maria Quiroz, Maxim Healthcare Matthew Robins, California Mentor

Mervin Roxas, Easter Seals

Ron Rozen, Mercedes Diaz Network Mandy Speakman, Easter Seals

Yvette Staggs, UCP-OC

April Stewart, 24Hour Homecare Bob Tiezzi, My Day Counts Yvette Torres, Premier Healthcare Sam Velasquez, Maxim Healthcare Jennifer Ward, Maxim Healthcare

#### I. Call to Order

Mr. Mark Antenucci, VAC Chairperson, called the meeting to order at 2:05 p.m.

#### II. RCOC Update

Dr. Janis White reported that Marty Omoto, from the California Disability Community Action Network (CDCAN) will be the guest speaker at the Spotlight Awards on April 8, 2016.

Dr. White also reported that Nancy Bargmann is the newly appointed Director of the Department of Developmental Services (DDS).

Dr. White also reported that the California legislature approved a new health care tax on Monday, February 29, 2016. The revamped managed care tax and the federal money Medi-Cal

it is expected to bring in, includes \$300 million for services to help people with developmental disabilities.

The 2016 Spotlight Awards will take place on April 8, 2016, at the Embassy Suites in Anaheim. Ms. Cathy DeMello, from Integrity House, stated that tickets for the event can be purchased in person, over the phone or online through April 1, 2016.

#### III. Board Report

Mr. Antenucci reported that the Board of Directors' meeting was held on March 3, 2016, in RCOC's West Area Office in Cypress. An Open House for the Cypress office was also held that day. Mr. Antenucci reported that the Board approved a 3% salary increase for Mr. Larry Landauer retroactive to January 1, 2016. Mr. Antenucci abstained from the vote.

#### **IV.** Community Forum

No community members addressed the Committee during Community Forum.

#### V. Consumers' Advisory Committee Report

Mr. Jyusse Corey stated that the Consumers' Advisory Committee met on February 17, 2016. A representative from DDS attended the meeting to discuss the closure plan for Fairview Developmental Center and asked for the Committee's input. Mr. Corey also reported that the ABLE National Resource Center is now available online (http://www.ablenrc.org).

#### VI. Liaison Reports

#### A. CalOptima – Michael German

Mr. Michael German reported that CalOptima's Board of Directors will go from 11 to 9 members, and potential new members will be able to apply during the next fiscal year. Mr. German also reported on the transition of Behavioral Health Treatment (BHT) services from RCOC-funding to Medi-Cal funding. The majority of individuals who transitioned in February continued receiving services from the same provider.

#### B. Fairview Developmental Center (FDC) – Representation Pending

A representative has not yet been identified and no report was provided.

#### C. Orange County Transportation Authority (OCTA) – Robert Gebo

Mr. Robert Gebo stated that software is being developed to eliminate the use of coupons and cash when requesting transportation. The money will be deducted automatically from the rider's account when the ride is requested.

Mr. Gebo reported that OCTA is working on the Community Based Transit Circulators Program, known as Project V. Project V funds can be used to operate Community

Circulators/Shuttles to best serve local community transit needs and fill the service gaps in the areas not adequately served by regional transit.

#### VII. Member Reports

#### A. Adult Behavior Management – Nancy Cross

Ms. Nancy Cross reported that Adult Behavior Management vendors are working on developing resources to assist staff when consumers have unexpected challenging behaviors in the community.

#### B. Adult Day Programs - Hector Navarro

Mr. Hector Navarro stated that there are concerns about the number of consumers graduating from high school who have significant healthcare needs. Primarily, the concern is that the day program options for these consumers will not be sufficient.

#### C. Adult Family Home/Foster Family Agency (AFHA/FFA) – Mark Antenucci

Mr. Antenucci stated that DDS reviews a regional center's coordination of AFHA services and conducts quality assurance visits with each vendored AFHA every other year. The DDS audit of RCOC's AFHA services is scheduled from March 14, 2016 through March 18, 2016. Mr. Antenucci reported that the group reviewed the Memorandum of Understanding (MOU) for AFHA providers, which is an agreement between RCOC and vendored AFHA providers regarding the best way to provide AFHA services.

#### D. Behavior Services – Erin McNerney (absent)

In Dr. Erin McNerney's absence, Ms. Kristin Prior, co-chair, stated that the group discussed the transition of consumers from RCOC-funded to Medi-Cal funded behavioral services.

#### E. Community Care Facilities (CCF) – Rebekah Hayes (absent)

In Ms. Rebekah Hayes' and Mr. Brandon Peñalosa's absences, Mr. Sean Watson reported that DDS is offering a mandated statewide competency-based training for direct support professionals. Upcoming training sessions will take place at Buena Park Speech and Language and Fairview Developmental Center.

#### F. Early Intervention – Pam Alexander (absent)

In Ms. Pam Alexander's absence, Ms. Tiffany Bauer, co-chair, stated that the group did not meet last month.

#### G. Habilitation – Roland Fernandez

Mr. Roland Fernandez reported that Senate Bill (SB) 1024 would increase the hourly rate to \$40 for supported employment services provided to consumers receiving individualized services, and would increase this amount by 10% annually. This bill would also increase the program provider fee upon placement or retention of a consumer in a competitive, integrated job to \$1,000. The bill would also require DDS, in consultation with stakeholders, to develop a community-based rate model to provide ongoing, individual placement employment supports by June 30, 2018.

#### H. Independent Living/Supported Living (IL/SL) – Janice Retz

Ms. Janice Retz stated that the group discussed wage adjustments.

#### I. Intermediate Care Facilities (ICF) – Representation Pending

A representative has not yet been identified and no report was provided.

#### J. Support Services/Allied Health – Gabriella Strauss

Ms. Gabriella Strauss stated that the group did not meet last month.

#### VIII. VAC Elections

Mr. Antenucci stated that VAC elections will be taking place soon as the following Committee memberships will expire on May 30, 2016: Adult Day Program, Behavior Services, Early Intervention, Intermediate Care Facilities (ICF) and Support Services/Allied Health. In March, applications received will be distributed to the appropriate committee of each service category for which members' terms are ending. As per the VAC Commission Statement, those committees shall elect their VAC representatives, and alternate representatives, and present them at the April VAC meeting. At the April VAC meeting, the representatives elected from each vendor category shall be reviewed and recommendations for appointments to the VAC shall be made to the RCOC Board of Directors at their May Board meeting. Terms of newly appointment VAC members shall commence in June.

#### IX. Other

Ms. Marta Vasquez gave a presentation about the changes to the requirements for vendors to obtain independent reviews or audits. Ms. Vasquez stated that there has been a payment threshold increase. Reviews have increased from \$250,000 to \$500,000, and audits have increased from \$500,000 to \$2 million. Ms. Vasquez explained the conditions under which RCOC will grant exemptions as per Welfare and Institutions Code 4652.5.

#### X. Adjournment

Mr. Antenucci adjourned the meeting at 2:46 p.m.

The next VAC meeting is scheduled for Tuesday, April 12, 2016.

Recorder: Andre Wilson

#### **Regional Center of Orange County Vendor Advisory Committee April 12, 2016 Minutes**

Members: **Adult Behavior Management Programs** 

> Chair, Nancy Cross, present Co-Chair, Member Pending

**Adult Day Programs** 

Chair, Hector Navarro, absent Co-Chair, Member Pending

Adult Family Home/Foster Family Agency

Chair, Mark Antenucci, present

Co-Chair, Marie Sañudo (Aguilera), present

**Behavior Services** 

Chair, Erin McNerney, absent Co-Chair, Kristin Prior, present

**Community Care Facilities** 

Chair, Rebekah Hayes, absent

Co-Chair, Brandon Peñalosa, absent

**Early Intervention** 

Chair, Pam Alexander, absent Co-Chair, Tiffany Bauer, present

**Habilitation** 

Chair, Roland Fernandez, present Co-Chair, Chris Stoner, absent

**Independent/Supported Living** 

Chair, Janice Retz, present

Co-Chair, Member Pending

**Intermediate Care Facilities** 

Member Pending

**Support Services/Allied Health** 

Chair, Gabriella Strauss, present

Co-Chair, Masharne Townsend, absent

Liaisons: **CalOptima** 

Michael German, present

**Fairview Developmental Center** 

Member Pending

**Orange County Transit Authority** 

Robert Gebo, present

#### Vendor Advisory Committee Minutes April 12, 2016

**RCOC Staff Present:** Larry Landauer, Executive Director

Bette Baber, Chief Financial Officer

Arturo Cazares, Employment and Day Services Manager

Jyusse Corey, Consumer Advocate

Jack Stanton, Consumer and Community Resources Manager

Marta Vasquez, Controller

Sean Watson, Risk Manager, Quality Assurance

Janis White, Chief Operating Officer

**Guests:** Bryan Barba, Cambrian Homecare

Linda Callaghan, Westview Services

Lizette Ceja, 24Hr HomeCare

Tim Chervenak, Project Independence Sherry Diamond, IRT/Encore Programs Carrie Fitzpatrick, Alta Homecare

Carrie Fitzpatrick, Alta Homecai Kathleen Kolenda, Easter Seals Victor Lira, Premier Healthcare

Andrew Patterson, Autism Behavior Services

Miranda Pham, Maxim Healthcare Maria Quiroz, Maxim Healthcare Matthew Robins, California Mentor

Linda Seppala, IRI Denise Simpson, SCE

April Stewart, 24Hr HomeCare Bob Tiezzi, My Day Counts

Christine Tolbert, SCDD, Orange County Office

Yvette Staggs, UCP-OC

Scarlett VonThenen, SCDD, Orange County Office

Jennifer Ward, Maxim Healthcare Bob Watson, Project Independence

#### I. Call to Order

Mr. Mark Antenucci, VAC Chairperson, called the meeting to order at 2:04 p.m.

#### II. RCOC Update

Mr. Larry Landauer shared that RCOC's caseload growth is at 4%. Mr. Landauer also reported that the Department of Developmental Services (DDS) submitted the Fairview Developmental Center (FDC) closure plan to the California Legislature on April 1, 2016. RCOC has 77 consumers living at FDC, and resources to accommodate these consumers in the community are under development. Mr. Antenucci shared that the State's plan must say that consumers will have a place to live where they can lock their doors and have privacy.

#### III. Board Report

Mr. Antenucci reported that there was no Board of Directors' meeting in April.

#### **IV.** Community Forum

Ms. Kathleen Kolenda shared that the California Association for Adult Day Services will be holding their Spring Conference in San Francisco, May 11 - 13, 2016.

Ms. Scarlett VonThenen shared that a Self-Advocacy meeting will be held at Integrity House on April 27, 2016.

#### V. Consumers' Advisory Committee Report

Mr. Jyusse Corey stated that the Consumers' Advisory Committee met on March 16, 2016. Mr. Corey reported that personal safety was discussed during the meeting.

#### VI. Cross-Cultural Competence and Diversity – Ms. Sherry Diamond

Ms. Sherry Diamond presented on cultural competence and diversity. She explained that in order to have culture competence, people need to have awareness, knowledge, skills and humility. Ms. Diamond also explained the difference between ethnicity and culture.

#### VII. Liaison Reports

#### A. CalOptima – Michael German

Mr. Michael German reported that Ms. Ladan Khamseh has been appointed CalOptima Chief Operating Officer. Mr. German also reported that on March 25, 2016, a stakeholder meeting was held to the Whole Child Delivery Model, which will incorporate California Children's Services (CCS) into Medi-Cal managed care plans, specifically, CalOptima.

#### B. Fairview Developmental Center (FDC) – Representation Pending

A representative has not yet been identified and no report was provided.

#### C. Orange County Transportation Authority (OCTA) – Robert Gebo

Mr. Robert Gebo shared that he is leaving OCTA for a paratransit position in San Jose, and that this is his last Vendor Advisory Committee meeting. He did not know who will take his place.

#### VIII. Member Reports

#### A. Adult Behavior Management – Nancy Cross

Ms. Nancy Cross reported that the group discussed wage changes. Ms. Cross shared that they are having a difficult time recruiting staff.

#### **B.** Adult Day Programs – Hector Navarro (absent)

In Mr. Hector Navarro's absence, Ms. Cross reported on nomination for this committee.

#### C. Adult Family Home/Foster Family Agency (AFHA/FFA) – Mark Antenucci

Mr. Antenucci stated that the group did not meet last month.

#### **D.** Behavior Services – Erin McNerney (absent)

In Dr. Erin McNerney's absence, Ms. Kristin Prior, Co-Chair, stated that the group discussed the transition of consumers from RCOC-funded to CalOptima-funded behavioral health treatment and nominations.

#### E. Community Care Facilities (CCF) – Rebekah Hayes (absent)

In Ms. Rebekah Hayes' and Mr. Brandon Peñalosa's absences, Mr. Jack Stanton reported that the group discussed the proposed rate increase.

#### F. Early Intervention – Pam Alexander (absent)

In Ms. Pam Alexander's absence, Ms. Tiffany Bauer, Co-Chair, stated that the group did not meet last month.

#### G. Habilitation – Roland Fernandez

Mr. Roland Fernandez stated that the group did not meet last month.

#### H. Independent Living/Supported Living (IL/SL) – Janice Retz

Ms. Janice Retz reported that the group discussed wage adjustments, paid mileage and paid breaks. Ms. Retz shared that there was a discussion regarding what to do when a consumer causes damage to staff's property. Ms. Retz reported that it has become difficult to find acceptable affordable housing for consumers.

#### I. Intermediate Care Facilities (ICF) – Representation Pending

A representative has not yet been identified and no report was provided.

#### J. Support Services/Allied Health – Gabriella Strauss

Ms. Gabriella Strauss reported on nominations for Chair and Co-chair.

#### IX. VAC Elections

Mr. Antenucci reported the following membership nominations:

- A. Adult Day Programs: Mr. Rick Perez, from Goodwill Industries, as Chair, and Mr. Hector Navarro, from Progressive, as Co-Chair.
- B. Behavior Services: Ms. Kristin Prior, from Autism Spectrum Interventions as Chair, and Mr. Andrew Patterson, from Autism Behavior Services, as Co-Chair.
- C. Early Intervention: No nominations have been made.
- D. Intermediate Care Facilities: No nominations have been made.
- E. Support Services/Allied Health: Ms. April Stewart, 24Hr HomeCare, as Chair, and Ms. Yvette Staggs, from UCP-OC, as Co-Chair.

#### X. Adjournment

Mr. Antenucci adjourned the meeting at 3:22 p.m.

The next VAC meeting is scheduled for Tuesday, May 10, 2016.

Recorder: Andre Wilson

#### REGIONAL CENTER OF ORANGE COUNTY

#### **BOARD OF DIRECTORS**

#### AGENDA ITEM DETAIL SHEET

DATE: May 5, 2016

TO: RCOC Board of Directors

FROM: Mark Antenucci

Chair, Vendor Advisory Committee

ACTION X
ACTION/CONSENT
DISCUSSION
INFO ONLY

SUBJECT: Approval of Vendor Advisory Committee Members

#### **BACKGROUND:**

RCOC's Board of Directors appoints the members of the Vendor Advisory Committee, pursuant to Welfare and Institutions Code §4622(i), which states:

"The governing board shall appoint an advisory committee composed of a wide variety of persons representing the various categories of providers from which the regional center purchases client services. The advisory committee shall provide advice, guidance, recommendations, and technical assistance to the regional center board in order to assist the regional center in carrying out its mandated functions. The advisory committee shall designate one of its members to serve as a member of the regional center board."

#### REASON FOR CURRENT ITEM:

The following subcommittees of RCOC's Vendor Advisory Committee have met and submitted their nominations for committee membership (see attachment). Terms of membership are for two years as follows:

Membership Category	Term of Membership
Adult Day Programs	June 1, 2016 to May 30, 2018
Rick Perez, Chair	
Behavior Services	June 1, 2016 to May 30, 2018
Kristin Prior, Chair; Andrew Patterson, Co-Chair	
Early Intervention	June 1, 2016 to May 30, 2018
Tiffany Bauer, Chair; Tina Russi, Co-Chair	
Intermediate Care Facilities (ICF)	June 1, 2016 to May 30, 2018
Rich Mraule, Chair	
Support Services – Allied Health	June 1, 2016 to May 30, 2018
April Stewart, Chair; Yvette Staggs, Co-Chair	

AGENDA ITEM: III.G.1.

#### FISCAL IMPACT:

None.

#### **RECOMMENDATIONS**:

That the Board approve the Vendor Advisory Committee membership as presented.

AGENDA ITEM: III.G.1.

#### Attachment for Agenda Item III.G.1.

#### **VENDOR ADVISORY COMMITTEE**

#### NOMINATIONS FOR MEMBERSHIP

ADULT DAY PROGRAMS			
Rick Perez, Chair Abilities Unlimited	Mr. Perez has worked with individuals with intellectual disabilities for over 14 years. At the age of nine, his parents opened their residence to develop a residential group home. Sharing a small three bedroom home in Los Angeles, Mr. Perez was unknowingly shaped into a vital advocate for his newfound housemates. He has continued to work in the field as the Owner and Director for Abilities Unlimited day program for the past seven years. Mr. Perez holds a Masters' degree in counseling with an emphasis in Applied Behavior Analysis from CSULA and is also a Board Certified Behavior Analyst (BCBA).		

BEHAVIOR SERVICES		
Kristin Prior, Chair Autism Spectrum Interventions	Ms. Prior currently serves as the Chief Operations Officer of Autism Spectrum Interventions (ASI) and is also co-owner with her husband. ASI has been in business for the past seven years providing support to consumers living in their family homes. Her agency specializes in providing consultation and interventions to help address challenging behavior issues; and, she works to help each child grow and meet each milestone set forth to assist them. Ms. Prior's personal philosophy centers on the idea that every individual with special needs deserves quality intervention, and she works to insure that her program stands behind this belief at every level.	
Andrew Patterson, Co-Chair Autism Behavior Services, Inc.	Mr. Patterson has worked for Autism Behavior Services, Inc. as the Financial Director since 2010. Mr. Patterson understands the deep impact that regional center services have on a person's life by watching his 39-year-old cousin live independently for the past 15 years with support from regional center and their service providers. Mr. Patterson and his wife, Rosa, believe that every consumer deserves the highest quality of service and hard work every day to meet this goal.	

EARLY INTERVENTION			
<b>Tiffany Bauer, Chair</b> Coyne & Associates	Ms. Bauer is currently serving as the Orange County Regional Director of Coyne & Associates, a position she has held for the past nine years. Her agency is providing ABA services to children with Autism and other disabilities, and her focus has been in the area of early intervention services. Ms. Bauer currently manages staff in both clinical and administrative areas, and understands how to be organized and efficient when working with large groups of individuals to achieve results. She brings in a history of providing direct services with regards to teaching, training, supervising, report completion, and case management. Ms. Bauer		

	believes that there is nothing more rewarding that seeing someone learn new skills and ultimately leading an individual to a more independent and fulfilled life.
<b>Tina Russi, Co-Chair</b> Sunny Days of California, Inc.	Ms. Russi works as the Program Manager with Sunny Days of California, overseeing both the Orange County and Tri-Counties offices. She has been with this agency for the past three years, and previously coordinated the Early Start center-based program at Casa Colina in Pomona. Ms. Russi has a background in education, spending over 15 years as a teacher in K-2 <sup>nd</sup> classroom and in-home settings. She has a family member with special needs, and has spent her life volunteering and helping others, specifically within the visually impaired community. She strives to address each child's needs as well as embrace them for their individuality beyond their diagnosis.

# INTERMEDIATE CARE FACILITIES (ICF) Mr. Mraule and his wife adopted four children, one of whom is disabled. This became the motivation behind his business model. As their son became older, they explored various residential options but were unable to locate one that they felt met all of his individual needs and also matched their personal philosophy. Coming from a special education background himself, and with his wife being a nurse with over 30 years of experience, they decided that they would move forward and open their own home, which was aptly named David's House and opened in August of 2011. He looks forward to learning from others and being a positive influence to his peers while providing leadership to the ICF Vendor Group.

SUPPORT SERVICES/ALLIED HEALTH		
April Stewart, Chair 24HR HomeCare, LLC	Ms. Stewart's passion for working in the disability service field started in the 7 <sup>th</sup> grade with a close friend being diagnosed with a rare disorder that permanently affected her functioning. She went on to graduate with a degree in Psychology and Social Behavior from UC Irvine in order to further her knowledge in this area. She has gained extensive knowledge from that time as a vendor working with multiple regional centers. Ms. Stewart is currently serving as the Director of Respite Services, overseeing respite programs for both RCOC and Inland Regional Center. She is dedicated to using her personal and professional experience to be an advocate for the disability community to assure vendors provide the best services possible.	
Yvette Staggs, Co-Chair UCP	Ms. Staggs is currently employed as the Director of Respite and Childcare with UCP-OC, and has worked within this agency for the past eight years. Ms. Staggs is looking to continue to work as part of a collaborative effort to promote the value of the services provided as well as pushing the bar to enhance the overall quality of lives of those who are receiving the services. Ms. Staggs embraces the idea that all people, regardless of ability, should be offered the opportunity to live their life to their fullest potential, a life without limits.	

#### Regional Center of Orange County Consumers' Advisory Committee March 16, 2016 Minutes

#### **Committee Members Present:**

Jyusse Corey, RCOC Consumer Advocate Sam Durbin, Co-Chairperson Sylvia Delgado Stephen Gersten John Godlasky Steven Mesinas Palak Shah Sean Sullivan

#### **Committee Members Absent:**

Fernando Peña, Chairperson Peter Kuo

#### **Guests:**

Mark Antenucci, Independent Options, Inc. Minaya Wright, Integrity House Michelle Sieloff, Integrity House

#### **RCOC Staff Members Present:**

Andre Wilson, Systems Analyst

Mr. Sam Durbin and Mr. Andre Wilson called the meeting to order at 4:05 p.m.

#### I. Welcome

Mr. Durbin and Mr. Wilson welcomed all committee members and guests.

#### **II.** Personal Safety

Mr. Wilson gave a presentation related to personal safety. Mr. Wilson shared the importance of being safe at home and while on the streets. Committee members shared that it's also important to have an emergency contact, have a buddy to go out with, and to have an emergency kit available.

### RCOC Consumers' Advisory Committee Minutes March 16, 2016

#### III. 2016 Spotlight Awards

Ms. Minaya Wright shared that 12 sponsor tables have been purchased. Ms. Wright also shared that this year's Spotlight Awards theme is "Around the World."

#### IV. RCOC Consumer Advocate Report

Mr. Jyusse Corey reported that the ABLE National Resource Center is now available online (<a href="http://www.ablenrc.org">http://www.ablenrc.org</a>). Mr. Corey also shared that the Health Wellness Safety Initiative Task Force would like consumers to participate in the creation of the Initiative's logo. Mr. John Godlasky and Mr. Sean Sullivan shared some of their design ideas.

#### V. Community Forum

No one addressed the committee during Community Forum.

#### VI. Next Meeting

The next CAC meeting is scheduled for Wednesday, April 20, 2016, from 4:00 p.m. to 5:30 p.m.

Mr. Durbin adjourned the meeting at 5:13 p.m.

Recorder: Andre Wilson

#### Regional Center of Orange County Consumers' Advisory Committee April 20, 2016 Minutes

#### **Committee Members Present:**

Fernando Peña, Chairperson
Jyusse Corey, RCOC Consumer Advocate
Sylvia Delgado
Stephen Gersten
John Godlasky
Peter Kuo
Steven Mesinas
Palak Shah
Sean Sullivan

#### **Committee Members Absent:**

Sam Durbin, Co-Chairperson

#### **RCOC Staff Members Present:**

Larry Landauer, Executive Director Andre Wilson, Systems Analyst

Mr. Fernando Peña called the meeting to order at 4:00 p.m.

#### I. Welcome

Mr. Peña welcomed all committee members and guests.

#### II. Personal Safety

Mr. Jyusse Corey gave a presentation regarding the Self-Determination Program. Mr. Corey shared that the Self-Determination Program provides consumers and their families with more freedom, control and responsibility for choosing services and supports to help them meet objectives in their Individual Program Plan.

#### III. RCOC Consumer Advocate Report

Mr. Corey reported that the National Resource Center is hosting a webinar about the Achieving a Better Life Experience (ABLE) Act and how to open and manage ABLE

#### RCOC Consumers' Advisory Committee Minutes April 20, 2016

accounts (<a href="http://www.ablenrc.org/events/webinar-able-accounts-trusts-financial-and-benefits-planning">http://www.ablenrc.org/events/webinar-able-accounts-trusts-financial-and-benefits-planning</a>).

#### IV. Community Forum

Ms. Sylvia Delgado shared the Do Not Call Registry phone number with the group (888-382-1222).

#### V. Next Meeting

The next Consumers' Advisory Committee meeting is scheduled for Wednesday, May 18, 2016, from 4:00 p.m. to 5:30 p.m.

Mr. Peña adjourned the meeting at 4:45 p.m.

Recorder: Andre Wilson

DATE:	May 5, 2016	
		ACTION X
TO:	RCOC Board of Directors	ACTION/CONSENT
		DISCUSSION
FROM:	Alan Martin	INFO ONLY
	Chair, Executive Committee	

SUBJECT: Approval of Renewal of Board Membership for Marcell Bassett for a

Three-Year Term Commencing July 1, 2016 and Ending June 30, 2019

#### **BACKGROUND:**

The Board's policy on Board Membership and Application Process states that the composition of the Board shall comply with the provisions of the Lanterman Developmental Disabilities Services Act (Welfare and Institutions Code, §4622). In order to achieve balance and diversity, and comply with the mandates of the Lanterman Act, the RCOC Bylaws state that the Board shall consist of no more than nineteen (19) members and it is very desirable that the Board consist of no less than eight (8) members. In addition to the provisions of the Lanterman Act, the Board may also consider for membership persons whose skills include, but are not limited to, education, community service and public health.

The policy also states that when a Board member is eligible for and desires to be considered for Board approval for another term of office, the Executive Committee will make a decision regarding whether or not the Board member will be recommended for another term of office, and will discuss its decision with the Board member prior to expiration of his or her term of office.

#### REASON FOR CURRENT ITEM:

Mr. Marcell Bassett will complete his first, one-year term on June 30, 2016. The Executive Committee recommends that Mr. Bassett's Board membership be renewed for a new three-year term, commencing July 1, 2016 and ending June 30, 2019.

#### FISCAL IMPACT:

None.

#### **RECOMMENDATIONS:**

That the Board approve Marcell Bassett's Board membership for a three-year term, commencing July 1, 2016 and ending June 30, 2019.

AGENDA ITEM: III.I.1.

DATE:	May 5, 2016	
		ACTION X
TO:	RCOC Board of Directors	ACTION/CONSENT
		DISCUSSION
FROM:	Alan Martin	INFO ONLY
	Chair, Executive Committee	

SUBJECT: Approval of Renewal of Board Membership for Magnolia Guardamondo

for a Three-Year Term Commencing July 1, 2016 and Ending June 30, 2019

#### **BACKGROUND:**

The Board's policy on Board Membership and Application Process states that the composition of the Board shall comply with the provisions of the Lanterman Developmental Disabilities Services Act (Welfare and Institutions Code, §4622). In order to achieve balance and diversity, and comply with the mandates of the Lanterman Act, the RCOC Bylaws state that the Board shall consist of no more than nineteen (19) members and it is very desirable that the Board consist of no less than eight (8) members. In addition to the provisions of the Lanterman Act, the Board may also consider for membership persons whose skills include, but are not limited to, education, community service and public health.

The policy also states that when a Board member is eligible for and desires to be considered for Board approval for another term of office, the Executive Committee will make a decision regarding whether or not the Board member will be recommended for another term of office, and will discuss its decision with the Board member prior to expiration of his or her term of office.

#### REASON FOR CURRENT ITEM:

Ms. Magnolia Guardamondo will complete her first, one-year term on June 30, 2016. The Executive Committee recommends that Ms. Guardamondo's Board membership be renewed for a new three-year term, commencing July 1, 2016 and ending June 30, 2019.

#### FISCAL IMPACT:

None.

#### **RECOMMENDATIONS:**

That the Board approve Magnolia Guardamondo's Board membership for a three-year term, commencing July 1, 2016 and ending June 30, 2019.

AGENDA ITEM: III.I.2.

DATE:	May 5, 2016	
		ACTION X
TO:	RCOC Board of Directors	ACTION/CONSENT
		DISCUSSION
FROM:	Alan Martin	INFO ONLY
	Chair, Executive Committee	

SUBJECT: Approval of Renewal of Board Membership for Robert Costello for a One-

Year Term Commencing June 3, 2016 and Ending June 2, 2017

#### **BACKGROUND:**

The Board's policy on Board Membership and Application Process states that the composition of the Board shall comply with the provisions of the Lanterman Developmental Disabilities Services Act (Welfare and Institutions Code, §4622). In order to achieve balance and diversity, and comply with the mandates of the Lanterman Act, the RCOC Bylaws state that the Board shall consist of no more than nineteen (19) members and it is very desirable that the Board consist of no less than eight (8) members. In addition to the provisions of the Lanterman Act, the Board may also consider for membership persons whose skills include, but are not limited to, education, community service and public health.

The policy also states that when a Board member is eligible for and desires to be considered for Board approval for another term of office, the Executive Committee will make a decision regarding whether or not the Board member will be recommended for another term of office, and will discuss its decision with the Board member prior to expiration of his or her term of office.

#### REASON FOR CURRENT ITEM:

Mr. Robert Costello will complete his second, three-year term on June 2, 2016. The Executive Committee recommends that Mr. Costello's Board membership be renewed for a new one-year term, commencing June 3, 2016 and ending June 2, 2017.

#### **FISCAL IMPACT:**

None.

#### **RECOMMENDATIONS:**

That the Board approve Robert Costello's Board membership for a one-year term, commencing June 3, 2016 and ending June 2, 2017.

AGENDA ITEM: III.I.3.

DATE:	May 5, 2016	
		ACTION X
TO:	RCOC Board of Directors	ACTION/CONSENT
		DISCUSSION
FROM:	Alan Martin	INFO ONLY
	Chair, Executive Committee	

SUBJECT: Approval of Renewal of Board Membership for Luke Franck for a One-

Year Term Commencing June 3, 2016 and Ending June 2, 2017

#### **BACKGROUND:**

The Board's policy on Board Membership and Application Process states that the composition of the Board shall comply with the provisions of the Lanterman Developmental Disabilities Services Act (Welfare and Institutions Code, §4622). In order to achieve balance and diversity, and comply with the mandates of the Lanterman Act, the RCOC Bylaws state that the Board shall consist of no more than nineteen (19) members and it is very desirable that the Board consist of no less than eight (8) members. In addition to the provisions of the Lanterman Act, the Board may also consider for membership persons whose skills include, but are not limited to, education, community service and public health.

The policy also states that when a Board member is eligible for and desires to be considered for Board approval for another term of office, the Executive Committee will make a decision regarding whether or not the Board member will be recommended for another term of office, and will discuss its decision with the Board member prior to expiration of his or her term of office.

#### REASON FOR CURRENT ITEM:

Mr. Luke Franck will complete his second, three-year term on June 2, 2016. The Executive Committee recommends that Mr. Franck's Board membership be renewed for a new one-year term, commencing June 3, 2016 and ending June 2, 2017.

#### FISCAL IMPACT:

None.

#### **RECOMMENDATIONS:**

That the Board approve Luke Franck's Board membership for a one-year term, commencing June 3, 2016 and ending June 2, 2017.

AGENDA ITEM: III.I.4.

DATE:	May 5, 2016	
		ACTION X
TO:	RCOC Board of Directors	ACTION/CONSENT
		DISCUSSION
FROM:	Alan Martin	INFO ONLY
	Chair, Executive Committee	

SUBJECT: Approval of Renewal of Board Membership for Tresa Oliveri for a One-

Year Term Commencing June 3, 2016 and Ending June 2, 2017

#### **BACKGROUND:**

The Board's policy on Board Membership and Application Process states that the composition of the Board shall comply with the provisions of the Lanterman Developmental Disabilities Services Act (Welfare and Institutions Code, §4622). In order to achieve balance and diversity, and comply with the mandates of the Lanterman Act, the RCOC Bylaws state that the Board shall consist of no more than nineteen (19) members and it is very desirable that the Board consist of no less than eight (8) members. In addition to the provisions of the Lanterman Act, the Board may also consider for membership persons whose skills include, but are not limited to, education, community service and public health.

The policy also states that when a Board member is eligible for and desires to be considered for Board approval for another term of office, the Executive Committee will make a decision regarding whether or not the Board member will be recommended for another term of office, and will discuss its decision with the Board member prior to expiration of his or her term of office.

#### REASON FOR CURRENT ITEM:

Ms. Tresa Oliveri will complete her second, three-year term on June 2, 2016. The Executive Committee recommends that Ms. Oliveri's Board membership be renewed for a new one-year term, commencing June 3, 2016 and ending June 2, 2017.

#### **FISCAL IMPACT:**

None.

#### **RECOMMENDATIONS:**

That the Board approve Tresa Oliveri's Board membership for a one-year term, commencing June 3, 2016 and ending June 2, 2017.

AGENDA ITEM: III.I.5.

#### REGIONAL CENTER OF ORANGE COUNTY

#### **BOARD OF DIRECTORS**

#### AGENDA ITEM DETAIL SHEET

DATE: May 5, 2016

TO: RCOC Board of Directors

FROM: Alan Martin

Chair, Executive Committee

SUBJECT: Approval of RCOC Board of Directors' Meeting Schedule for

Fiscal Year 2016-17

#### **BACKGROUND:**

The RCOC Board of Directors approves its meeting schedule annually. The Board meets at 5:00 p.m. for its Executive (closed) session, followed at 6:00 p.m. by its General (open) session.

#### **REASON FOR CURRENT ITEM:**

The Board needs to approve its meeting schedule for fiscal year 2016-17. Please see attachment of the proposed meeting schedule.

#### **FISCAL IMPACT:**

None.

#### **RECOMMENDATIONS:**

That the Board approve the RCOC Board of Directors' meeting schedule for fiscal year 2016-17 as presented.

AGENDA ITEM: III.I.6.

**ACTION** 

DISCUSSION INFO ONLY

ACTION/CONSENT

X

#### Attachment for Agenda Item III.I.6.

## Regional Center of Orange County Board of Directors' Proposed Meeting Schedule\* Fiscal Year 2016-17

DARK in July 2016

DARK in August 2016

September 1, 2016

DARK in October 2016

November 3, 2016

DARK in December 2016

January 5, 2017

DARK in February 2017

March 2, 2017

DARK in April 2017

May 4, 2017

June 1, 2017

<sup>\*</sup>As per Section 2.08(A) of RCOC's Bylaws, "the Board shall hold at least six (6) regular meetings each year. Meetings of the Board shall be open and public. The Secretary of the corporation shall deliver notice of the time and place of regular meetings, as well as an agenda thereof, to each Director personally or by first class mail at least seven (7) days prior to any such meeting)." Additional Board meetings may be scheduled if needed, with appropriate notice, during dark months.