



# Tri-Counties Regional Center

SAN LUIS OBISPO • SANTA BARBARA • VENTURA

## Strategic Performance Plan

2010 - 2012

End of Year Report 2010



## 1 Healthcare

### Defined As:

- TCRC facilitates preventative, primary, and specialized medical, dental and psychiatric services for persons who receive services.

### Strategic Issues:

- Health maintenance matters are often deferred when budgets or financial means are reduced.
- Maintaining wellness is a lifetime issue.
- Access to services and the responsibility to utilize services is essential.

### Desired Outcome: What does TCRC want to achieve?

- People will have and be encouraged to use information about available healthcare services.



How will we know we are making progress? Outcome Measures	Baseline	2010 Desired Outcome	2010 End of Year	2010 State Average	2010 Desired Direction	Target Met
a. Presentations are made to stakeholders that address preventative, medical, dental and psychiatric services.	3	Current efforts continue with concurrent development of Outreach Plan for 2011, 2012	12	N/A	TBD	Met
b. <b>Information about generic healthcare resources is available to all stakeholders on-line (TCRC web site).</b>		Phase 1 Content focus topics regarding generic healthcare resources identified and methodology for uploading and tracking information on web site piloted	Resources have been posted by County on the TCRC web site	N/A	N/A	Met
c. <b>Resource materials about healthcare for families are available to service coordinators on-line with printing capabilities.</b>		Phase 1 Healthcare Resource Packet available on-line or in print on demand utilized by Service Coordinators	Healthcare Resource Workbooks available on-line	N/A	N/A	Met
d. Persons served visit a physician annually.	89 % (2008)	maintain 89 % and analyze new CDER data	88% YES (CDER: 93.4%)	N/A	Maintain Baseline	Not Met
e. Persons served visit a dentist annually.	64 % (2008)	maintain 64 % and analyze new CDER data	63% YES (CDER: 75.88%)	N/A	Maintain Baseline	Not Met

Note: Outcome measures in **bold** denote alignment with implementation of Trailer Bill Language. (P) = DDS Performance Contract Measure. Goal for (P) measure is met when current TCRC # 1) meets or exceeds state average; 2) is better than TCRC baseline; 3) meets DDS Standard. ▲ Indicates that a higher value is better and ▼ indicates a lower value is better.



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### Strategic Actions: Where are we now?

Topic	Description	Current Progress
1. Service Coordinator Education	Increase availability of accurate information about generic resources for preventive healthcare over the lifespan for service coordinators.	Local and national information on preventative and routine screening, general health, early detection, treatment and follow-up on health care concerns and generic resources have been collected and posted on TCRC's web site; updates are ongoing.  Training modules have been identified for specified health care topics to include fact sheets about diabetes, epilepsy, g-tube care, osteoporosis, staph infections, weight management, aspiration, and bowel impaction. A Health History Information form and Health Screening wall chart is in development for posting on TCRC's web site for staff and community use.
2. Initial Contact and Outreach for Families and Individuals Served	Develop Healthcare Resource Packet to support consistent practices used to initially inform families and persons served about accessing and receiving healthcare information and services, including preventative as well as treatment options.	A Health History Form, a Workbook for transition from pediatric to adult healthcare, and a Health Care Notebook with recommended health screenings, along with multiple health information topics, links to generic services, and healthcare issues in the news have been uploaded to TCRC's web site.
3. Web Site and Publication Access to Healthcare Information	In collaboration with Focus Area #4 activities, utilize the TriLine or existing publications to direct persons served and their families to available generic healthcare resources. Utilize links to resources on TCRC web site such as Cen Cal Health (Regional Health Authority, MediCal HMO Managed Care Provider).	Links have been posted and additional content is being uploaded regarding prevention, early detection and health promotion activities.



## 2 Autism & Behavioral Support

### Defined As:

- TCRC facilitates diagnoses of autism, provision of evidence-based practices and supports interagency collaboration using a person centered approach.

### Strategic Issues:

- Autism is the fastest growing area of life-long disability among people served, which places substantial and growing demands on resources for services and supports funded by Tri-Counties Regional Center.

- Funding is being reduced for behavioral support services that are often needed for the entire spectrum of people served, including persons with autism.
- Services are intensive, expensive and many not evidence-based. Services through TCRC are available only if beyond those provided by generic resources.



### Desired Outcome: What does TCRC want to achieve?

- TCRC is responsive to families in facilitating the availability of services, including diagnoses, behavioral support and evidence-based practices.

How will we know we are making progress? Outcome Measures	Baseline	2010 Desired Outcome	2010 End of Year	2010 State Average	2010 Desired Direction	Target Met
a. Timelines for intake and eligibility assessment for children ages 3 and over are met according to requirements of the DDS Performance Contract. (This measure also exists in the Compliance section of this Plan)	100.00 % (2008)	98.00%	100.00% 0.00%	98.66% 1.24% 0.10%	▲ ▼ ▼	Met
b. <b>Families are informed of the behavioral services available through orientation classes for all pertinent diagnoses. (Satisfaction surveys administered by trainers for internal QI).</b>	Orientation is ready to be launched in 2010	Need met 100%	Yes See Strategic Action 1.	N/A	N/A	Met
c. <b>Families are offered training about behavioral services for implementation of home intervention as measured by group trainings held.</b>	Group training Request for Proposal distributed and vendors contracted	Need met 100%	Yes See Strategic Action 2.	N/A	N/A	Met

Note: Outcome measures in **bold** denote alignment with implementation of Trailer Bill Language. (P) = DDS Performance Contract Measure. Goal for (P) measure is met when current TCRC # 1) meets or exceeds state average; 2) is better than TCRC baseline; 3) meets DDS Standard. ▲ Indicates that a higher value is better and ▼ indicates a lower value is better.



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Topic	Description	Current Progress
1. <b>Orientation Class</b>	Deliver regularly scheduled Orientation to Behavior Services for families with pertinent diagnoses.	Behavioral Services Orientations (BSO) are available to all families referred for Behavioral Services; orientations began May 11, 2010, with standing monthly sessions in two offices. In October, 2010, the TCRC Autism Coordinator began to conduct orientations in every office. Individual appointments are available as well. To date, two hundred sixteen (216) families have received orientation. Fifty-one (51) families received orientation in Spanish.
2. <b>Group Parent Training</b>	Create and deliver regularly scheduled group parent training on behavior intervention techniques, including applied behavior analysis (ABA).	Six (6) providers are contracted to deliver Group Parent Training in Applied Behavioral Analysis (ABA), a sixteen (16) hour training in multiple locations in English and Spanish in both online and classroom formats. One hundred thirty-five (135) families have completed training. Forty-three (43) families completed an online course and the remainder completed classroom training of 15 hours and a one hour home visit/consultation.
3. <b>Semi-Annual Review</b>	Develop a monitoring protocol for Intensive Behavioral Intervention.	Semi-Annual Behavioral Services review meetings began in March in Ventura County; quarterly review meetings continue in Santa Barbara & San Luis Obispo Counties.



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## 3 Family Services

### Defined As:

TCRC facilitates and arranges for family support services for children or transition-age young adults residing with family.

### Strategic Issues:

- Respite, among other services, for family support will remain an important resource since these services are integral to the lives of people served and their community.
- Parent education and other services reflect our intent to deliver behavioral services not only directly to people served, but also indirectly through family support services.
- Information for parents about home programs as well as parent-to-parent mentoring can carry-over the training initially provided by professionals.

- We recognize that the need and importance of behavioral support services are not limited to those with autism.
- Continued collaboration between the regional center and its housing corporation (Tri-Counties Community Housing Corporation) is important to support funding and cost-effective property acquisition opportunities.



### Desired Outcome: What does TCRC want to achieve?

- Families care for their child/children or transition-age young adults in the family home. TCRC provides supports to persons served and their families experiencing age appropriate transitions with a person centered approach to meet individual needs.

### How will we know we are making progress?

#### Outcome Measures

	Baseline	2010 Desired Outcome	2010 End of Year	2010 State Average	2010 Desired Direction	Target Met
a. Children live at home, either in the family home or if needed, foster care. (According to Performance Contract Measure (P): Number and percent of minors living at home - in foster and family homes)	98.61% (EOY 08) (5,329)	98.00% (5,399)	98.82% (5,444)	98.6%	▲	Met
b. If children live outside of the home, they are in a facility serving six children or less. (According to Performance Contract Measure (P): Number and percent of minors living in facilities serving >6)	0.17% (EOY 08) (9)	0.17 % (12 or less)	0.15% (8)	0.13%	▼	Met
c. <b>Parents are informed about community supports related to age appropriate transitions through TCRC web site content.</b>	Current information on web site	Phase 1 Subject Matter Experts (SME) post enhanced content; FRC staff receive training for new architecture of web site.	Parents are informed about community supports related to age appropriate transitions through posting of enhanced contact.	N/A	N/A	Met
d. Training is provided to families about person centered thinking practices through collaboration with Special Education Local Plan Area (SELPA), Family Resource Centers (FRC) and school districts.		Phase 1 Provide one PCT training in collaboration with SELPA and Family Resource Center for family members in Ventura County	Training held in Ventura County in November 2010 with 15 families in attendance.	N/A	N/A	Met

Note: Outcome measures in **bold** denote alignment with implementation of Trailer Bill Language. (P) = DDS Performance Contract Measure. Goal for (P) measure is met when current TCRC # 1) meets or exceeds state average; 2) is better than TCRC baseline; 3) meets DDS Standard. ▲ Indicates that a higher value is better and ▼ indicates a lower value is better.



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## Strategic Actions: Where are we now?

Topic	Description	Current Progress
1. Strengthen Behavioral Supports through Parent Education	Develop orientation to services as well as education about how parents need and/or can be involved to maximize opportunities for their child.	See Focus Area #2. Parent orientation to behavioral services and a 16 hour course on behavioral services is now offered to parents of children who might benefit from behavioral services. During the orientation, the critical role of a parent in implementing behavioral supports is discussed.
2. Content for Web Site Postings	Develop content for web site related to community-based supports around age-appropriate transitions.	During June, 2010, facilitated discussions were held to determine what information regarding transitions would be useful for families to access through the TCRC Web site. Staff have posted information on the web site.
3. Support Age-aligned Transitions through Collaboration with Special Education Local Plan Areas (SELPA), Service Providers, Family Resource Centers (FRC) and Tri-Counties Community Housing Corporation (TCCHC)	Draft master plan and implement according to phases for protocols, emphasizing TCRC's roles and responsibilities to collaborate with SELPAS and Service Providers for age-aligned transitions.	PCT training was provided to families in Ventura County in November, 2010. Training was well-received by all attendees. A similar training will be held in San Luis Obispo County in 2011.
4. Guidelines for Respite	Clarify guidelines for utilization of respite.	Guidelines for respite have been modified to be consistent with the TBL and have been posted on the TCRC Intranet.
5. Neighborhood Preschool Model Reported in Yr 2	Research models of Neighborhood Preschool utilization for Early Start Services.	Work on this action will begin in 2011.



## 4 Community Collaboration & Information Sharing

### Defined As:

- TCRC collaborates with the community in providing services, information and training so that stakeholders can make informed decisions.

### Strategic Issues:

- It is important that Tri-Counties Regional Center continue to develop collaborative relationships with partner agencies, to improve efficiencies of delivery of service.
- Access to information by all stakeholders enhances the quality and work of important relationships.
- Methods for all stakeholders to learn about the services and supports available and stay informed about TCRC and the regional center system can be created through technology and other communication venues.
- Stakeholders desire information regarding contingency planning as well as opportunity for input.

### Desired Outcome: What does TCRC want to achieve?

- Stakeholders are provided with information are publicly available through multiple venues including Town Hall meetings, the TriLine newsletter, the Annual Report, and enhanced web site resources and are given the opportunity to collaborate with the regional center regarding issues that impact our system and services provided.



<p>How will we know we are making progress?</p> <p><b>Outcome Measures</b></p>	Baseline	2010 Desired Outcome	2010 End of Year	2010 State Average	2010 Desired Direction	Target Met
a. Renovation of the current web environment supports new and relevant content creation.		Phase 1 Current web site content placed in new architecture	Completed	N/A	N/A	Met
b. <b>Evergreen informational materials are available electronically including listing of services and service providers.</b>		A List of Services and Providers is posted on the web site	Completed	N/A	N/A	Met
c. <b>Informational materials with special focus on healthcare, autism and behavioral supports, generic resources, and age-related transitions are available electronically.</b>	Convene a Technology Content Advisory Group, define scope of work and purpose, roles and responsibilities; Develop model for selection of Subject Matter Experts	Phase 1 Subject Matter Experts (SME) training is complete, processes are defined and existing content posted	Framework in place; initial information has been loaded. See Strategic Action 1	N/A	N/A	Met

Note: Outcome measures in **bold** denote alignment with implementation of Trailer Bill Language. (P) = DDS Performance Contract Measure. Goal for (P) measure is met when current TCRC # 1) meets or exceeds state average; 2) is better than TCRC baseline; 3) meets DDS Standard. ▲ Indicates that a higher value is better and ▼ indicates a lower value is better.





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### Strategic Actions: Where are we now?

Topic	Description	Current Progress
1. Agency Wide Communications	Implement an agency wide communications effort supporting Town Hall meetings, agency publications, web site posting.	Included in the Dec 31 2010 v2.0 web site is a subscription feature that will manage both the collection, creation and distribution of information in various formats which include, for example, newsletters, e-mail and press releases.  The design and creation of this task is complete. Collection of additional information will be ongoing.
2. List of Services Funded by TCRC	Create list of services along with service providers for each type.	The service provider directory is developed and allows for two types of lists. The Alpha directory is an alphabetical listing of service providers similar to the white pages. A more refined search/filter supports searches by fields such as city, zip code, county, category of service. All results also include a link to display the provider's location on a Google map with directions from a specified location.
3. Renovate Web Environment	Create web architecture to support new resources which will enhance communication.	New server platform & software support content, navigation and administration is complete. The software and tools created allow for a diverse roster of content editors, currently up to thirteen (13). These Subject Matter Experts (SME) have the knowledge and expertise to consider and enter information. The technology also collects feedback in the form of exit polls and ratings of the content.
4. Collect, Manage and Disseminate Information Important to our Stakeholders	Convene Advisory Group to define editorial processes and criteria for content creation regarding healthcare, autism behavioral supports, age related transitions and generic resources.	Information and topics are peer reviewed by management and other experts before being published to the web site.



## 5 Changes in Statute

### Defined As:

- TCRC will implement the changes in all categories of services as required by the Trailer Bill Language adopted by the California Legislature and signed by the Governor on July 28, 2009.

### Strategic Issues:

- TCRC must ensure that all changes required by law are implemented.
- TCRC will strive to utilize a person centered approach whenever possible.

### Desired Outcome: What does TCRC want to achieve?

- TCRC will implement the changes and adhere to the law with the least negative impact on persons served.

<p><b>How will we know we are making progress?</b></p> <p><b>Outcome Measures</b></p>	Baseline	2010 Desired Outcome	2010 End of Year	2010 State Average	2010 Desired Direction	Target Met
a. Travel assessments are provided for the purpose of access to public transportation. SBCAG funds to be utilized.	# of assessments in 2009	Increase # of assessments over baseline (targets TBD)	Grant funding was not received. See Strategic Action 1	N/A	▲	N/A (reliant on grant funding)
b. The Prevention Program case management model for providing access to generic resources for infants formerly served in Early Start is implemented.	Program implemented, serving 115 children 10/09	Message developed and distributed to all potential referral sources	Completed See Strategic Action 2 324 Children served in 2010.	N/A	N/A	Met
c. Service Coordinator Training around information about program designs and availability of services for Senior Programs and Custom Endeavor Options is implemented.		Module for Adult Service Coordinators by Q4	DDS did not require these programs to be in place. See Strategic Action 3	N/A	N/A	N/A
d. Service Providers are trained regarding "Presence to Contribution", moving persons from paid support to bridging to the community with friends.	Determine fiscal resources for consulting time	Training provided as possible with fiscal resources	Training provided. See Strategic Action 4	N/A	N/A	Met
e. TCADD Board Policies and TCRC Procedures are revised to reflect all changes in the law.	Current Policies and Guidelines	All revisions completed	Seven (7) policies have been brought to TCADD Committees	N/A	N/A	Met
f. Capacity is developed for housing for those persons formerly living in large facilities affected by changes in the law.	Audit by DDS August 09	No action required	No action required See Strategic Action 6	N/A	N/A	N/A
g. The Individual Choice Budget is implemented when approved by DDS with attention to availability of resources and accounting procedures.		Pending direction from DDS	Pending direction from DDS	N/A	N/A	N/A



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## Strategic Actions: Where are we now?

Topic	TBL	Current Progress
1. Travel Assessments	<p><b>Least Costly Vendor</b> TBL Section 10: Welfare and Institutions Code Section 4648 (a) (6) (D) was amended</p> <p><b>Transportation Reform</b> TBL Section 12: Section 4648.35 was added to the Welfare and Institutions Code</p>	TCRC was notified 6/15/2010 of potential of JARC grant of \$49,466 Year 1 and \$44,456 Year 2. When funding received additional travel assessments were to be implemented. In early fall, 2010, it was determined that TCRC could not be a partnering agency with Mobility Management. Funding was no longer pursued through this grant.
2. Prevention Program	<p><b>Prevention Program</b> TBL Section 6: Section 4435 was added to the Welfare and Institutions Code</p>	Prevention Program brochure developed to inform referral sources and parents about programs available in all three counties. Distributed to physicians, public health, hospital neonatal units and other referral sources. The Regional Center offers intake and assessment services, developmental monitoring, case management, and educational classes through the Family Resource Centers.
3. Service Coordinator Training	<p><b>Implementation of Senior Programs and Custom Endeavor Options</b> TBL Section 21: Section 4688.1 and Section 22: Section 4688.2 were added to the Welfare and Institutions Code</p>	Providers were required to submit program designs for Custom Endeavor and Senior Program options. However, utilization did not occur secondary to DDS' guidance around implementation.
4. Service Provider Training	<p><b>Supported Living Services (SLS)</b> TBL Section 24: Welfare and Institutions Section 4689 was amended</p>	"Getting Started with Community Connecting" was presented by Amanda George, Helen Sanderson Associates, Spring, 2010, for staff and service providers to support providers helping people bridge to the community.
5. Revise TCADD Board Policies and TCRC Procedures	<p><b>TBL language adopted July 28, 2009</b></p>	Policies and Procedures affected by TBL have been identified; revisions are being made by staff for procedures and by TCADD Services and Supports Committee for policies.



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Topic	TBL	Current Progress
6. Explore and Develop Capacity for Housing for those Persons Formerly Living in Large Facilities Affected by Changes in the Law	<b>Large Facilities</b> TBL Section 10: Welfare and Institutions Code 4648 (a)(3)(E) was amended	On August 25th and 26th, 2009, representatives from the Department of Developmental Services and Department of Health Care Services conducted an evaluation of La Siesta Guest Home, Cottonwood and Lincoln Place adult residential facilities to determine if they met the requirement to be an approved Home and Community-based Services Waiver (HCBS) provider. During the review, it was noted that living arrangements included bedrooms occupied by no more than two people that reflect individual preferences, areas for individual privacy, and common areas for personal interaction. Interviews with those served by TCRC and staff of the facilities indicated residents have the opportunity to make decisions about their day-to-day activities. Staff were familiar with the residents' Individual Program Plans and their responsibilities for providing services addressed in the IPPs. Additionally, DDS and DHCS representatives observed that interactions between those served by TCRC and staff of the facilities were positive and respectful. All three facilities were approved to participate in the HCBS Waiver program. Residents of the facilities who were eligible for the HCBS Waiver program were enrolled in September, 2009.
7. Implement Individual Choice Budget	<b>Individual Choice Budget</b> TBL Section 14: Section 4648.6 was added to the Welfare and Institutions Code	The Individual Choice Budget has not been implemented, pending direction from DDS.



## Compliance (Performance Contract with the Department of Developmental Services)

**Compliance Measures:** How will we know we are making progress?

**Desired Outcome:** What does TCRC want to achieve?

- Audits, Budget, Client Development Evaluation Report (CDER)/Early Start Report (ESR) and Intake.

- Compliance with outcomes expected from DDS.

How will we know we are making progress? Outcome Measures	2008 Baseline	2010 Desired Outcome	2010 End of Year	2010 State Average	2010 Desired Direction	Target Met
a. Unqualified independent audit with no material finding(s) (P)	Yes	Yes	Yes	N/A	N/A	Met
b. Substantial compliance with DDS fiscal audit (conducted within the prior 12 months) (P)	Yes	Yes	Yes (FY 07/08) (FY 08/09)	N/A	N/A	Met
c. Accuracy of POS fiscal projections (P)	Yes	Yes	Yes	N/A	N/A	Met
d. Operates within OPS budget (P)	Yes	Yes	Yes	N/A	N/A	Met
e. Certified to participate in the Medicaid Home and Community-Based Services (HCBS) Waiver (P)	Yes	Yes	Yes	N/A	N/A	Met
f. Compliance with Vendor Audit Requirements per contract, Article III, Section 10 (within prior 12 months) (P)	Yes	Yes	Yes	N/A	N/A	Met
g. Client Development Evaluation Report (CDER)/ Early Start Report (ESR) currency (P)	N/A	Yes	98.86%	96.26%	▲	Met
h. Intake Status (P) (ages 3 and above)	< 142 days 143-240 days over 240 days	98%	100.00% 0.00% 0.00%	98.66% 1.24% 0.10%	▲ ▼ ▼	Met
i. Individual Program Plan (IPP) Development (P)	99.41% (2008)	99%	100%	N/A	N/A	N/A
j. Individualized Family Services Plan (IFSP) Development (P)	84.9% (2008)	90%	92% (2010 DDS review)	N/A	N/A	Met

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Note: The duration in intake (status 0) is calculated by subtracting the status date from the Client Master File date. As of 9/20/02, persons 3 and over are to be assessed within 120 calendar days following initial intake. Initial intake shall be performed within 15 working days following the request for assistance. The duration of 142 days or less reflected in the table above approximates the calendar days that are allowed for an intake and assessment (calculated as 15 intake working days + 6 associated weekend days + 1 potential weekday holiday + 120 assessment days). The data are recorded according to the 142 day time-line as a result of the information received by the RC from DDS.



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## Strategic Actions: Where are we now?

Topic	Current Progress
1. Develop and implement corrective action plan from prior CPA audit. Prepare for upcoming audit. Meet with Audit Committee after completion. (DOFA)	Final audit report for FY 09/10 and financial statements will be presented to the TCADD Audit Committee in January, 2011, and to the TCADD Board in March, 2011. No material findings were reported.
2. Develop and implement corrective action plan from prior DDS audit. Prepare for upcoming DDS audit. Meet with Audit Committee after completion. (DOFA)	Final Report for FY 07/08 and FY 08/09 has not yet been received. DDS will finalize after their review of Bureau of State Audit findings. No significant findings were reported during the audit. TCADD Audit Committee to meet with TCRC CFO, Controller and DDS Auditors after final audit report is received.
3. Submit monthly POS projections to DDS in accordance with instructions and current data. (DOFA)	The December, 2010 projection for FY 09/10 shows a variance of approximately 1% in projected expenditures compared to the original SOAR projection. The projections were submitted monthly and in accordance with procedures, as requested by DDS.
4. Monthly monitoring. Continue cost savings measures. Contribute to PERS at year end the minimum to maintain employer rate, the board-approved amount to reduce the unfunded liability, and, if funds available, contribute to post-retirement health trust. (DOFA)	Approximately \$800,000 was contributed to PERS by June 30, 2010. \$200,000 was applied to the unfunded liability. \$50,000 was contributed to the post-retirement health trust. Cost savings plans were implemented in FY 09/10 and achieved savings.
5. Complete DDS required vendor audits per contract. Establish and implement audit plan and monitor performance against plan. (DOFA)	Eight (8) vendor audits were performed in FY 09/10, eight (8) were required by DDS. One (1) staffing ratio audit, two (2) cost verification audits, one (1) P&I audit and four (4) billing audits, one (1) of which was also an Early Start audit, were completed. Programs audited included residential, medical services, specialized therapy, supported living and one (1) Early Start, as required. FY 10/11 audit plan is being implemented.
6. Federal Programs team sends reports of coming due CDER/ESR to the Service Coordinators (SCs). SCs complete these as IPP or IFSP meetings are held. Managers monitor compliance. (SS)	Federal Programs continues to send reports to all Services and Supports staff reflecting CDER/ESR reports that are overdue or due within the next 30 days. Currency of CDER/ES has been suspended by DDS as a Performance Contract indicator through 2010 to implement the revised CDER. DDS is now tracking this measure since the revised CDER has been fully implemented in year three.
7. A tracking system is used in each office to "cue" SCs and clinicians regarding intake timelines. (SS)	Clinical support staff continue to monitor intake time lines through a report in SANDIS. This report reflects the number of days each case has left in the intake status; staff work with the intake coordinator in their area to ensure time lines are met. In addition, a report reflecting all cases that have been in intake (Status 0) is automatically generated through SANDIS and monitored by Federal Programs weekly. This report is forwarded to Early Start SCs and their managers. A review of intake coordinators' time lines is also completed and forwarded to them, if needed, to follow-up on cases.

### Additional Performance Contract Measures

	2008 Baseline	2010 Desired Outcome	2010 End of Year	2010 State Average	2010 Desired Direction	Target Met
a. Percent of Individuals Residing in Developmental Centers (P)	0.49% (51)	0.45%	0.46% (50)	0.83%	▼	Met
b. Percent of Adults Residing in Facilities Serving >6 (P)	5.74% (286)	5.00%	4.99% (267)	3.80%	▼	Met
c. Percent of Adults Residing in Home Settings (P)	76.10% (3,789)	75.00%	77.50% (4,148)	73.99%	▲	Met

Note: (P) = DDS Performance Contract Measure. Goal for (P) measure is met when current TCRC # 1) meets or exceeds state average; 2) is better than TCRC baseline; 3) meets DDS Standard. ▲ Indicates that a higher value is better and ▼ indicates a lower value is better.

Note: The 2010 Desired Outcome values are 2009 End of Year results.