



# Tri-Counties Regional Center

SAN LUIS OBISPO • SANTA BARBARA • VENTURA

## Strategic Performance Plan

2010 - 2012

End of Year Report 2012



## 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	2012 Desired Outcome	2012 End of Year	2012 State Average	2012 Desired Direction	Target Met
a. Presentations are made to stakeholders that address preventative, medical, dental and psychiatric services.	3	# and Target Audience TBD by Outreach Plan	Outreach Plan created Target = 25 Actual = 36	N/A	N/A	Met
b. <b>Information about generic healthcare resources is available to all stakeholders on-line (TCRC web site).</b>		Phase 3 Content areas evaluated with web site exit polls; changes implemented	Content areas were evaluated using live polls by webinar. Poll data shows that stakeholder agreement target was met.	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 3 Implement changes based on stakeholder input	Resource materials have been posted on the TCRC web site that are easy to print, several may be customized. SC training on these resources is ongoing.	N/A	N/A	Met
d. Persons served visit a physician annually.	90 % (2008)	maintain 89 % and analyze new CDER data	91%	N/A	Maintain Baseline	Met
e. Persons served visit a dentist annually.	72 % (2008)	maintain 64 % and analyze new CDER data	72%	N/A	Maintain Baseline	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.	TCRC identified and posted generic services available to those residing in San Luis Obispo, Santa Barbara and Ventura counties such as information on free to low-cost health clinics and provider directories for both medical and dental needs which are updated annually. Service Coordinators have access to these resources and provide them to individuals when requested.
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.	The Healthcare Resource Packet includes the Health Passport, TCRC Pre-Admission Health History Form and Create Your Own Health Care Notebook, with thirty-six (36) individual documents that may be used based upon individual need. The Health History Form article has received 1097 hits, the Create Your Own Health Care Notebook article has received 781 hits since posting.
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, Medi-Cal HMO Managed Care Provider).	Sixteen (16) links to resources have been posted on the Health/Medical Links page of the TCRC web site. The "More Articles" and "Related Articles" web features help viewers find information related to their original search.  A webinar was held in January, 2013, to review web content. Live polling was used during the webinar. Stakeholders generally agreed that TCRC met the strategic objective of enhancing web content on Healthcare.



## 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	2012 Desired Outcome	2012 End of Year	2012 State Average	2012 Desired Direction	Target Met
a. Timelines for intake and eligibility assessment for children ages 3 and over <b>(P)</b> are met according to requirements of the DDS Performance Contract. (This measure also exists in the Compliance section of this Plan)	100.00 % <142 days 143–240 days over 240 days (2008)	98.00%	100%	100% 0% 0%	▲ ▼ ▼	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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**Strategic Actions:** Where are we now?

Topic	Description	Current Progress
1. <b>Orientation Class</b>	Deliver regularly scheduled Orientation to Behavior Services for families with pertinent diagnoses.	The TCRC Autism Coordinator conducted Behavioral Services Orientations each month in all six TCRC offices. Behavioral Services Orientations were attended by three hundred forty-two (342) families in 2012; eighty-one (81) families received the training in Spanish. All requests for Orientation were met.
2. <b>Group Parent Training</b>	Create and deliver regularly scheduled group parent training on behavior intervention techniques, including applied behavior analysis (ABA).	Group Parent Training was provided in English and Spanish to all families referred for more than five (5) hours per week of behavioral intervention services. Two hundred thirty-two (232) families have completed Group Parent Training in 2012; seventy-seven (77) families received the training in Spanish.
3. <b>Semi-Annual Review</b>	Develop a monitoring protocol for Intensive Behavioral Intervention.	All offices conducted 6 month review sessions with families receiving behavioral services. Some offices conducted quarterly reviews for intensive behavioral services. Services are discontinued when IPP goals are met, or if services were not established or no progress is made.



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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	2012 Desired Outcome	2012 End of Year	2012 State Average	2012 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)	99.02% (5,845)	98.87% (120,715)	▲	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% (9)	0.08% (92)	▼	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 3 Content revisions made. SMEs update information monthly.	Revisions created based on input of Focus Groups. (See Strategic Action #2.) SMEs updating regularly.	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 3 Provide one PCT training in collaboration with SELPA and Family Resource Center for family members in Santa Barbara County	A Personal Profile/Person Centered Practices training was held for families November, 2012, in Santa Barbara. (See Strategic Action #3)	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 sixteen (16) hour course on behavioral services is 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.	Content has been updated in the "Transition to Adult Services" and "Turning Age Three" sections under Services & Supports. In June, 2012, Service Coordinators across counties developed and shared ideas for implementing person centered practices to support transition to adult services. Content was also updated based on Focus Group input June, 2011.
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.	Memorandums of Understanding (MOUs) with SELPA define the role of each agency regarding transitions. These MOUs have been completed in Santa Barbara and San Luis Obispo Counties; Ventura County is in final stages of completion. Local SELPAs (Santa Barbara and Ventura counties) have partnered with TCRC to update MOUs.  In collaboration with Alpha Resource Center, a Personal Profile/Person Centered Practices training was held for families November, 2012, in Santa Barbara. The training was presented by TCRC.
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.	Neighborhood Schools for ES is not a feasible model at this time.



## 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 made 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.

How will we know we are making progress? Outcome Measures	Baseline	2012 Desired Outcome	2012 End of Year	2012 State Average	2012 Desired Direction	Target Met
a. Renovation of the current web environment supports new and relevant content creation.		Phase 3 Analyze exit poll data and begin design process for version 3	Content areas were evaluated using live polls by webinar. Version 3 of the web site was launched in January, 2013, with several enhanced features. The site continues to support multiple editors.	N/A	N/A	Met
b. <b>Evergreen informational materials are available electronically including listing of services and service providers.</b>		A listing of services and providers is updated monthly	A listing of services and providers is updated as needed.	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 3 SMEs are posting or updating monthly. Focus Group convened for feedback.	In January, 2013, an open invitation was extended to all stakeholders to join a webinar to review and comment on web content. Poll data shows general agreement that content was enhanced in these areas. See Strategic Action #4.	N/A	N/A	Met

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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.	<p>Information about TCRC content is provided at Town Hall meetings. Opportunities to “opt-in” to TCRC content are available on the TCRC web site. Additional agency publications are in development.</p> <p>A video format for conveying information to families new to TCRC is in development. Filming of the TCRC Overview Video took place in March, 2012. TCRC staff, individuals served, family members and FRC staff participated. Once complete, this resource will be made publicly available on the internet and used in orientations for staff and Service Providers. The video will provide an informative overview of the regional center and services provided for families new to the system.</p>
2. List of Services Funded by TCRC	Create list of services along with service providers for each type.	The service provider directory is in place and updated as needed.
3. Renovate Web Environment	Create web architecture to support new resources which will enhance communication.	Twenty-eight (28) new articles were added to the web site in the last half of 2012. There have been 18,029 absolute unique visitors from July to December, 2012.
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.	In January, 2013, an open invitation was extended to all stakeholders to join a one hour webinar to review and comment on web content in subject areas targeted for enhancement. Forty-four (44) attendees registered for the event. Attendees were led to topic specific areas on our website, and then polled to determine if TCRC had met the strategic objective of enhanced content for that subject. All five (5) polls showed that the majority of the attendees either “Strongly Agreed” or “Agreed” that content had been enhanced. Disagreement existed for two subjects. Seventeen (17) percent of attendees “Disagreed” that Age-Related Transitions content had been enhanced. Eight (8) percent of those polled “Strongly Disagreed” that content had been improved for Generic Resources. These two subjects will be considered, among others, in Strategic Focus Area 3, Information and Communication, of the 2013–2015 TCRC Strategic Performance Plan. Attendees had the opportunity to provide additional input in an exit survey. Four(4) surveys were completed.



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## 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.

<b>How will we know we are making progress?</b> <b>Outcome Measures</b>	Baseline	2012 Desired Outcome	2012 End of Year	2012 State Average	2012 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 Strat. 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	Chart audits to ensure 100% regulation compliance	Percent compliance not available from DDS audit (DDS transitioned new Prevention Resource & Referral Services (PRRP) to FRCs as of July 1, 2011)	N/A	N/A	N/A
c. Service Coordinator Training around information about program designs and availability of services for Senior Programs and Custom Endeavor Options is implemented.			DDS did not require these programs to be in place. They were eliminated by TBL 2011. 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	(16) Service Policies were sent to Board for Final Approval in 2012	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	Ensure reimbursement continues for 3 (three) Ventura County facilities	No action required See Strategic Action 6	N/A	N/A	Met
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>	<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.</p>
2. Prevention Program	<p><b>Prevention Program</b> TBL Section 6: Section 4435 was added to the Welfare and Institutions Code</p>	<p>Prevention Program brochure developed to inform referral sources and parents about programs available in all three counties and distributed to physicians, public health, hospital neonatal units and other referral sources.</p> <p>Family Resource Centers were the recipient of funding to deliver parent training and support through the Prevention Program as of July, 2011, with implementation of Trailer Bill Language of Assembly Bill 104. Infants and toddlers, 0 through 2 years of age, who are not eligible for Early Start services are referred to Family Resource Centers for services. Infants and toddlers who formerly were receiving services in the Prevention Resource and Referral Services Program (PRRP) administered by the regional center did not receive case management services after June, 2012.</p>
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>	<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.</p> <p>DDS ended both options as of June, 2011, per TBL AB 104.</p>
4. Service Provider Training	<p><b>Supported Living Services (SLS)</b> TBL Section 24: Welfare and Institutions Code Section 4689 was amended</p>	<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.</p>
5. Revise TCADD Board Policies and TCRC Procedures	<p><b>TBL language adopted July 28, 2009</b></p>	<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. Sixteen (16) service policies were sent to the TCADD Board for approval in 2012, completing 2009 TBL revisions.</p>



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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. Two additional facilities were approved in Fall, 2011.
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	2012 Desired Outcome	2012 End of Year	2012 State Average	2012 Desired Direction	Target Met
a. Unqualified independent audit with no material finding(s) <b>(P)</b>	Yes	Yes	Yes	N/A	N/A	Met
b. Substantial compliance with DDS fiscal audit (conducted within the prior 12 months) <b>(P)</b>	Yes	Yes	Yes (FY 09/10) (FY 10/11)	N/A	N/A	Met
c. Accuracy of POS fiscal projections <b>(P)</b>	Yes	Yes	Yes	N/A	N/A	Met
d. Operates within OPS budget <b>(P)</b>	Yes	Yes	Yes	N/A	N/A	Met
e. Certified to participate in the Medicaid Home and Community-Based Services (HCBS) Waiver <b>(P)</b>	Yes	Yes	Yes	N/A	N/A	Met
f. Compliance with Vendor Audit Requirements per contract, Article III, Section 10 (within prior 12 months) <b>(P)</b>	Yes	Yes	Yes	N/A	N/A	Met
g. Client Development Evaluation Report (CDER)/ Early Start Report (ESR) currency <b>(P)</b>	N/A	Yes	Data unavailable, DDS revising measurement methodology	Data unavailable, DDS revising measurement methodology	▲	N/A
h. Intake Status <b>(P)</b> (ages 3 and above)	<142 days 143–240 days over 240 days	100% 98%	100%	100% 0% 0%	▲ ▼ ▼	Met
i. Individual Program Plan (IPP) Development <b>(P)</b>	99.41% (2008)	99%	100%	N/A	N/A	Met
j. Individualized Family Services Plan (IFSP) Development <b>(P)</b>	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 10/11 and financial statements were presented to the TCADD Audit Committee in January, 2012, and to the TCADD Board in March, 2012. No material findings. FY 11/12 audit occurred in for September/October of 2012.
2. Develop and implement corrective action plan from prior DDS audit. Prepare for upcoming DDS audit. Meet with Audit Committee after completion. (DOFA)	Audit for FY 09/10 and FY 10/11 was conducted in March, 2012. TCRC in substantial compliance per draft audit report. TCADD Audit Committee will meet with TCRC CFO, Controller and DDS Auditors after final audit report is issued. TCRC appealed two findings from the FYs 07/08 and 08/09 audit.
3. Submit monthly POS projections to DDS in accordance with instructions and current data. (DOFA)	The January, 2013, projection for FY 11/12 shows a variance of 1.72% 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 \$523,530 was contributed to PERS by June 30, 2012, and \$105,000 was contributed towards the unfunded liability. Cost savings measures were successful in FY 11/12.
5. Certification for participation in the HCBS Waiver.	As of April 2012, a DDS Waiver review resulted in re-certification.
6. 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 FY11/12, eight (8) were required by DDS. Two (2) staffing ratio audits and six (6) billing audits, one (1) of which was also an Early Start audit, were completed. Programs audited included residential, independent living, day program, supported living and one (1) Early Start, as required. FY 12/13 audit plan is being implemented.
7. 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/ESR had been suspended by DDS as a Performance Contract indicator through 2012 to provide time for regional centers to review all ICD-9 diagnostic coding currently on the CDER and update as needed with ICD-10 codes. DDS initiated an electronic ESR in June, 2011, and is developing a tracking process to monitor completeness. Until this is provided to all regional centers, this too has been suspended as a performance contract indicator.
8. 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	2012 Desired Outcome	2012 End of Year	2012 State Average	2012 Desired Direction	Target Met
a. Percent of Individuals Residing in Developmental Centers (P)	0.49% (51)	0.45%	0.32% (37)	0.63%	▼	Met
b. Percent of Adults Residing in Facilities Serving >6 (P)	5.74% (286)	5.00%	4.56% (258)	3.31%	▼	Met
c. Percent of Adults Residing in Home Settings (P)	76.10% (3,789)	75.00%	78.20% (4,426)	75.68%	▲	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.