



BOARD OF DIRECTORS MEETING

Wednesday, October 27, 2021 - 6:00 PM

Register in advance for this meeting/webinar:

https://us02web.zoom.us/webinar/register/WN_oNdqbKXMSTiQtAveNgeFzA

After registering, you will receive a confirmation email containing information about joining the webinar.

ACTION ITEM	ORDER	GENERAL SESSION AGENDA	
	1	CALL TO ORDER	Gloria Leiva
	2	PUBLIC INPUT/ANNOUNCEMENTS	Gloria Leiva
ACTION	3	APPROVAL OF MINUTES <ul style="list-style-type: none"> • September 22, 2021 	Gloria Leiva
ACTION ACTION	4	EXECUTIVE DIRECTOR'S REPORT <ul style="list-style-type: none"> • Alternative Staffing Model • Conflict of Interest Review – New Board Member • Board Training Plan for 2022 • Good Hope Medical Foundation Donation • November Board Meeting Date – 11/17/21 	Melinda Sullivan
	5	ARCA REPORT	Larry DeBoer
ACTION	6	ADMINISTRATIVE AFFAIRS COMMITTEE <ul style="list-style-type: none"> • Operations Budget & Staffing Plan for FY 2021-22 • New Language – RC/DDS Contract • C-1 Amendment for FY 2021-22 • Review of Financial Statements 	Larry DeBoer Kaye Quintero Melinda Sullivan
ACTION	7	PROGRAMS AND SERVICES COMMITTEE <ul style="list-style-type: none"> • Approval of the 2022 Performance Contract • Home and Community-Based Services Waiver Monitoring Review Report 	Melinda Sullivan
	8	NOMINATING COMMITTEE <ul style="list-style-type: none"> • Board Recruitment Fair 	Melinda Sullivan
CLOSED SESSION	9 ACTION	EXECUTIVE SESSION <ul style="list-style-type: none"> • Approval of Minutes • Litigation • Personnel 	Gloria Leiva Melinda Sullivan
	10	ADJOURNMENT	Gloria Leiva

APPROVAL OF MINUTES

LOS ANGELES COUNTY DEVELOPMENTAL SERVICES FOUNDATION

Board of Directors

September 22, 2021

MINUTES

PRESENT

Gloria Leiva, Chair
Anthony Brouwer
Dr. Anila Guruji
Mark Higgins
Kim Isaac
Dr. Alex Li
Louis Mitchell
Jae Rhee
Dina Richman
Yudy Mazariegos
Brigitte Sroujeh
Ana Villasenor

NOT PRESENT

Larry DeBoer
Elizabeth Beltran
Danielle Dejean

ADVISOR TO THE BOARD - PRESENT

Al Marsella

STAFF

Pablo Ibanez
Carmine Manicone
Kaye Quintero
Melinda Sullivan

GUESTS

Kimberly Bermudez
Michelle Cheng
Nikisia Simmons– DDS

CALL TO ORDER

Ms. Leiva called the meeting to order at 6:10 PM. The meeting was conducted via Zoom.

PUBLIC INPUT

No public input was given.

ANNOUNCEMENTS

No announcements were made.

NOMINATING COMMITTEE

Election of New Director

Mr. Marsella presented Anthony Brouwer for election. Mr. Brouwer’s application was in the packet for review.

Ms. Villasenor moved to elect Mr. Brouwer to the Board of Directors, Ms. Sroujeh seconded the motion, and it passed unanimously.

Service Provider Advisory Committee (SPAC) Nominations

Mr. Marsella advised the Board that the Nominating Committee received confirmation from 4 service providers who wish to be re-elected and 3 service providers to be elected as SPAC members. A memo with background information on the applicants was provided to the Board in the packet. The Nominating Committee is recommending the following for re-election and election as follows:

Re-election:

<u>Name</u>	<u>Agency</u>	<u>Type of service(s)</u>
• Dee Prescott	Easter Seals	Adult Day Programs
• Nicole Hajjar	Smile + Wonder	Early Intervention and Specialist
• Gregorio Sanchez	Home Instead	Homemaker Services
• Kelly White	Villa Esperanza	Adult Day Programs, Residential, Work & Children’s Programs

Ms. Isaac moved to re-elect the applicants as presented, Ms. Villasenor seconded the motion, and it passed unanimously.

Election:

<u>Name</u>	<u>Agency</u>	<u>Type of service(s)</u>
• Michaelann Gabriele	Center for Developing Kids	Early Intervention
• Nancy Niebrugge	The Campbell Center	Adult Day Programs, Residential
• Andrew Day	PCS Lanterman	Adult Day Program, Supported Living

Ms. Mazariegos moved to elect the applicants as presented, Ms. Villasenor seconded the motion, and it passed unanimously.

APPROVAL OF MINUTES

Ms. Mazariegos moved to approve the minutes of August 25, 2021, Ms. Sroujeh seconded the motion, and it was approved by consensus.

EXECUTIVE DIRECTOR'S REPORT

Contracts over \$250,000.

Ms. Sullivan and Mr. Ibanez reviewed with the Board the following contract in accordance with the Board approved policy for approval of contracts:

Provider/Organization: ***University of New Hampshire, Institute on Disability***

Year: ***2021-2022***

Amount of contract: ***\$835,020.*** (over a 4 year term)

DDS has selected The Center for START Services – Institute on Disability/UCED, University of New Hampshire to facilitate the development of Systemic, Therapeutic, Assessment, Resources, and Treatment (START) programs in California. START is an evidence based model of cross system crisis prevention and intervention services for individuals ages 6 years and older with developmental disabilities and mental health needs. The START mode includes comprehensive clinical assessment consultation, outreach, training, cross system linkages and 24-hour mobile crises response.

Lanterman received these funds to develop a local START program. The Center for START Services will train and certify a provider to be determined at a later date. The amount of the award for this project covers the cost of maintaining the local START team that will provide training and certification to the selected provider for a four-year term.

Mr. Higgins moved to approve the contract with the University of New Hampshire, Institute on Disability as presented, Ms. Sroujeh seconded the motion, and it passed unanimously.

Caseload Ratio Plan of Correction

Ms. Sullivan advised the Board that the Center submitted its caseload ratios to DDS in March 2021. The Center did not meet the caseload ratios and is out of compliance with the W&I code 4640.6(c). The Center is required to develop a plan of correction and solicit input from its community, including families, adults served by the regional center, service providers, the State Council, organized labor unions, and other interested parties. A copy of the plan that was sent to DDS was in the packet for information only.

Satisfaction Survey

Ms. Sullivan reported that approximately ½ of all 11,000 clients/families have been sent a satisfaction survey as of today. The remainder are being processed and will be out by the middle of next week. This year the survey can be completed online or by paper. An announcement has been made on Facebook, the E-Bulletin, and posted on the Lanterman website.

COVID Update

Ms. Sullivan advised the Board that due to the recent surge in COVID-19 cases as a result of the Delta variant that the Los Angeles community is experiencing, and to comply with the County of Los Angeles Department of Public Health order, the Center will be requiring all employees to be vaccinated by September 30, 2021. To date, 86% have submitted COVID vaccination verification.

Alternative Staffing Model

Ms. Sullivan advised the Board that a public meeting will be held on October 19, 2021 to present the Alternative Staffing Model and take input. The Center will be informing its community about the Alternative Staffing Model meeting by way of E-bulletin, as well as posting on the Center's Facebook page and website. A report will be given to the Board at its October meeting.

ARCA REPORT

ARCA Academy

Ms. Mazariegos advised the Board that she attended the most recent academy, which featured three speakers on Early Start. They, and the material they covered, were excellent and all in attendance came away with a better understanding of how this important service works.

Ms. Mazariegos strongly encourage all board members to participate in future Academy events. The live Zoom sessions are on a Tuesday evening and then the session is rebroadcast the next day, in the evening. These learning sessions are specifically designed for board members to enhance their knowledge and make them more effective advocates for those with disabilities.

EXECUTIVE COMMITTEE

Board Training Plan

Ms. Sullivan reminded the Board that submission of a 2022 Board of Directors Training Plan is due to DDS on December 15, 2021. In preparing the draft plan, Ms. Sullivan is surveying the Board via Survey Monkey with various training topics of interest to choose. The top results will be incorporated into the plan.

ADMINISTRATIVE AFFAIRS COMMITTEE

Ms. Quintero reviewed the financial statements through July 2021 as follows:

2021-2022

- Cash Flow

All advances have been received to date and the Center is in good shape.

- *Operations*

OPS expenditures for July were in line with historical activity. There were no material variances to report.

- *Purchase of Services*

There were 22 service days in July and 22 service days in June. Our active caseload increased by 50 clients, bringing our total caseload at the end of our fiscal year to 11,079.

2020-2021 (B-3)

This month we recorded \$58,669 in OPS and \$3,816,381 in POS. To date, we have spent 95% of our OPS and 97% of our POS allocations.

OPS and POS expenditures were primarily comprised of invoices received for supplies and services provided in June 2021 (aka late bills). There were no material variances to report.

2019-2020 (A-8)

This month we recorded a credit of \$<171,983> in OPS and \$83,371 in POS. To date, we have spent 96% of our OPS and 98% of our POS allocations.

State of Emergency POS Funding

Ms. Quintero reported that the Center continues to see a substantial need in supports for clients and families due to the pandemic. Ms. Quintero provided an update on POS spending related to the state of emergency.

ADJOURNMENT FOR EXECUTIVE SESSION

Ms. Isaac moved to suspend the General Session meeting at 7:00 PM for Executive Session to conduct business on Approval of Minutes, Litigation, Personnel, and Executive Director's Goals for FY 2021-22, Ms. Villasenor seconded the motion, and it passed unanimously.

RECONVENE FOR GENERAL SESSION

The Board discussed in Executive Session the Approval of Minutes, Litigation, Personnel, and Executive Director's Goals for FY 2021-22.

ADJOURNMENT

The meeting was adjourned at 7:20 PM.

Mark Higgins, Secretary

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BOARD OF DIRECTORS

ACTION LOG

September 22, 2021

	DESCRIPTION	ACTION	STATUS
	Approval of Minutes – August 25, 2021	<ul style="list-style-type: none">• Approved	
	Election of Director – <ul style="list-style-type: none">• Anthony Brouwer	<ul style="list-style-type: none">• Approved	
	Service Provider Advisory Committee (SPAC) Nominations	<ul style="list-style-type: none">• Approved	
	Contacts Over \$250,000 – <ul style="list-style-type: none">• <i>University of New Hampshire, Institute on Disability</i>	<ul style="list-style-type: none">• Approved	

EXECUTIVE DIRECTOR'S REPORT

**ALTERNATIVE STAFFING MODEL
SERVICE COORDINATOR-TO-CLIENT RATIO WAIVER REQUEST**

November 1, 2021

Lanterman Regional Center is requesting a renewal of its Alternative Staffing Model that allows two (2) Quality Assurance and two (2) Koch-Young Resource Center positions be included in the service coordination ratio. All four of these positions either complete aspects of the service coordinator position or directly support our service coordination employees.

1. Specific Changes to the Required Staffing Arrangement

Lanterman Regional Center's Alternative Staffing Model proposes to include the following positions:

- 2 FTE Quality Assurance Specialists
- 2 FTE Family Support Specialists

2. Proposed Caseload Ratios

The Center-wide caseload ratio in March 2021 was 78:1. Using these numbers, and with the addition of the four positions described in this proposal, the estimated ratio is 76:1.

3. Rationale for the Changes

The philosophy guiding the delivery of services for people with intellectual/developmental disabilities has evolved from one of institutional reform to de-institutionalization to community support. Our service delivery system continues to evolve towards one of empowerment and self-determination. This emphasis is seen in the services themselves as well as in the ways they are delivered and financed.

To gain maximum benefit from an empowerment model, individuals who receive services have been asked to assume a new role – as an active participant in partnership with service providers. It is a model requiring that clients and their families have the information necessary to make informed decisions and choices as well as the skills and support necessary to partner with service providers.

Quality Assurance

Lanterman Regional Center (LRC) utilizes specialized Quality Assurance staff to conduct residential monitoring including one (1) unannounced Semi-Annual Visit and one (1) unannounced Annual Review per licensed residential home per year. Through years of experience, our Center has concluded that utilizing staff with specialized training results in the most effective and efficient means of reviewing and monitoring the quality of services, housing and care provided to clients living in licensed residential homes. Our Quality Assurance staff receive special training, and remain current in Title 17 and Title 22 regulations and requirements, as well as learning best practices for residential care. These individuals also provide technical assistance to residential service providers, and complete corrective action plans as needed. Additionally the Quality Assurance (QA) staff research and respond to complaints, provide technical assistance to residential service providers, and collaborate with Service Coordinators on all allegations of abuse involving regional center service providers.

In 1999, as part of our original request for an Alternative Staffing Model, we utilized the Citygate Survey formula to determine the number of QA work hours necessary for monitoring each home per year. As monitoring requirements have changed, we have updated our “workload detail” in order to calculate annual work hours required for completion of our Semi-Annual Residential Visits.

Annual Hours per Task/per Facility:

QA Activities at Residential Facilities	Unannounced Annual Review	Unannounced Semi-Annual Visit	QA Hours Per Facility Per Year
Preparation	1	.5	1.5
On-Site Visit	8	2	10
Write-up	3	.75	3.75
Exit Interview w/Vendor	1	.5	1.5
CAP Review	2	1	3
Technical Assistance	3	2	5
TOTAL	18	6.75	24.75

To calculate the annual QA work hours necessary for LRC to complete all residential monitoring, we multiplied the total number of QA monitoring hours necessary for each facility per year (24.75) by the total number of residential facilities monitored (135).

Annual QA hours per facility	x	Number of residential facilities	=	Annual work hours necessary to complete monitoring.
24.75	x	135	=	3,316.50 hours

We calculated the annual available work hours of one (1) QA staff person for completion of QA monitoring to equal:

Annual Work Hours	12 Sick Days 12 Holidays 21 Vacation Days 8 Educ/Training Days	Adjusted Annual Work Hours	% of Workday Available for QA	Annual Available Hours for QA Monitoring
2,080	- 424 hours	= 1,656	x 80%	= 1,325 hours

Please note that our original proposal in 1999 determined two Quality Assurance positions were necessary to complete these tasks for 117 residential homes. The Center now has 87 CCFs, 10 ICFs and 38 Specialized

(service 113) for a total of 135 residential homes. Mathematically, the formula requires 2.5 FTE. Lanterman is proposing to include two FTE Quality Assurance positions in our Alternative Staffing Model to relieve our residential service coordinators of the responsibility of residential monitoring.

Family Support and Resource and Information

Since 1993, the Koch-Young Resource Center (KYRC) at Lanterman Regional Center has functioned as a focal point for the development of family-professional partnerships within the Lanterman community, including the support of service coordination activities.

The Center's commitment to the KYRC as a tool for educating, empowering, and supporting clients and families has grown stronger over the years. Consistently our clients and families communicate the importance of accurate and timely information and the KYRC is the natural vehicle for responding to the need for information. Consequently, an "information-enhanced" Family Resource Center became an essential part of Lanterman Regional Center.

For information to be useful, it must be timely and accurate. It must be readily available to the "end users" (in this case, families and clients) as well as to those people who would recommend its use (in this case, service coordinators and other regional center staff). Finally, it must be offered in a variety of formats and settings appropriate to the individual learning styles and preferences of people who consume it. For example, while some people may be comfortable learning in a classroom setting with other learners, some may prefer to learn individually using other audio-visual formats or computer-based electronic technologies. During the COVID pandemic, the KYRC met the information needs of our families by quickly pivoting and providing its 13 support groups virtually and by transforming in-person trainings to virtual trainings and online recordings.

Maintaining a system that satisfies the criteria for useful information requires substantial human and financial resources. The Early Start Family Resource Center contract that originally supported Lanterman's FRC was intended to serve only families with children under the age of three, and it was funded accordingly. The Regional Center's commitment to provide these services to individuals with developmental disabilities and their families throughout the life span has necessitated that the resources devoted to the FRC be increased. The increase in human resources is addressed in this waiver request.

The KYRC, housed within Lanterman Regional Center and supporting its service coordination and clinical functions, serves as a cost-effective vehicle for the distribution of a wide range of informational, educational, and family support services. The work of the KYRC staff complements the work of service coordinators and clinical staff by providing direct assistance, support, and access to a vast array of information and resources that address the needs of families and clients, particularly at times of critical life decisions. During the COVID pandemic, it was the KYRC staff that distributed PPE and food boxes to more than 2,500 Lanterman families.

In addition to being cost-effective, the approach used by the KYRC capitalizes on the existing strengths of families, mobilizing and empowering them to take increased responsibility for themselves and their children with disabilities. The approach is flexible and allows creative responses to the unique, individual needs of families as these needs change over time. It also recognizes and supports the decision-making authority of the family and the client. It subsumes activities that would otherwise be done by service coordinators as time allows.

The Family Support Specialist. We are requesting the inclusion of two Family Support Specialists (FSS): one is Spanish speaking and the other is Korean speaking. The FSS supports families directly through one-

to-one contacts as well as through formal educational and training activities. A critical task is coordination of the family orientation program that introduces families to the regional center and its resources, including the Family Resource Center, as well as our Service Coordination and Advocacy Training (SCAT) which is aimed at giving clients and families the necessary skills to be active participants in the service system and more effective advocates for themselves with agencies and service providers. This past year the FSS conducted four SCAT trainings (Two in English, one in Spanish and one in Korean) with a total of 182 completing the SCAT classes and 13 family support groups continued to meet on a regular basis; using Zoom, the attendance at many of the support groups increased significantly. .

Another crucial function of the FSS is coordination of the Regional Center's Peer Support Program. Through this program new families are matched with Peer Support Partners (experienced trained volunteer parents) whose first responsibility is to personally welcome the new families to the Center via welcome phone calls. Partners may also provide one-to-one emotional support and information at critical times such as when the client is first diagnosed or at any of the major life transition points. Peer Support Partners are matched on factors such as language, ethnic and cultural background, disability, and primary issues being dealt with by the family. In this way, the program recognizes the variety of cultural preferences, values, and lifestyles of our families. During the pandemic, a total of 578 welcomes calls were completed and 63 families were matched to a Peer Support Partner.

An additional component of the Peer Support Program is Parent Support Groups. These groups are tailored to a variety of disability types, cultural groups, developmental stages, and other issues of concern to families. The Family Support Specialist, in cooperation with service coordination staff, offers technical assistance and ensures the availability of human and other resources necessary for these groups to thrive. Currently the FSS supports a total of 13 active support groups.

Finally, the KYRC coordinates an Information and Referral Help Desk where clients and families can use a toll free telephone number to obtain individualized assistance. Help-Desk staff research questions on any topic relevant to services and supports for people with developmental disabilities. Information requests are answered within 24 hours. Clients and families may also access Information and Referral services through their service coordinators who, in turn, may seek assistance from the KYRC.

4. How proposed staffing arrangements will benefit clients and families

The Quality Assurance component of our proposal allows specialized staff to conduct the monitoring and provide technical assistance as needed, which helps to assure clients are referred to quality services. This model also allows service coordinators to focus their efforts on their clients and families and not be distracted by the additional responsibilities of monitoring the licensed residential homes.

The KYRC component of our proposal ensures direct and timely access to information and supports required by families and clients, particularly at times of critical life decisions. It also provides LRC service coordinators and other staff with up-to-date information that enables them to be more responsive to and more effective advocates for their families. Finally, it enables families and clients themselves to directly obtain training, information, and support that, absent the KYRC, would be available only from service coordinators.

As the Self-Determination Program becomes available to all interested clients and families, this model will prove to be an effective empowerment tool, giving clients and families the information, support, and skills

they need to exercise self-advocacy and increase their sense of control over their own lives. The result is greater self-determination and greater self-reliance.

More specific benefits to families include:

- Accurate and timely information on a wide variety of topics through an automated library collection of over 8,000 catalogued items that can be accessed anytime through the Internet or onsite at the FRC.
- Direct access to the Network of Care (NoC), an on-line data base of vendored and generic/community resources.
- Response to requests for information (including information in the NoC) through the Referral Help-Desk within 24 hours.
- Individualized, disability-specific resource packets for all new eligible clients and other clients/families upon request.
- Guide to the Regional Center: "Your Partners in Life-Long Support."
- One-to-one support for families provided by trained volunteer parents (Peer Support Partners).
- Technical assistance and support for the development and maintenance of support groups in the Lanterman community.
- Formal education and training activities that teach skills, inform and empower families, and help create leaders for the Lanterman community.

Families and clients also benefit indirectly as a result of support provided by the KYRC to service coordinators. Support includes:

- Research support aimed at identifying and locating specific generic and community resources for families and clients.
- Research support focused on specific disabilities and associated services.
- Technical assistance and support to service coordination teams for the production of printed and audiovisual materials for the use of families and clients.
- Technical assistance and support to service coordination teams in providing the initial orientation to new eligible clients and their families.

Conclusion

The alternative model described in this document reflects Lanterman's philosophy of service coordination, away from the original model under which the service coordinator was virtually the sole provider of information, education, and support, providing these services one "case" at a time. The quality of services delivered under this model was subject to variation due to factors such as the service coordinator's workload and priorities at the time of the request for assistance, and his or her background, knowledge, and expertise.

Under the alternative model, much of the responsibility for the provision of quality monitoring, information, education, and support is shifted to regional center staff who are specialists in these areas. The QA staff are experts in residential monitoring and the provision of technical assistance to residential service providers; gathering information and evaluating it to ensure its accuracy, relevance, and timeliness, and maintaining it in ways that facilitate easy access by users. The KYRC staff are experts in the development of educational and training activities and in their delivery. They not only improve the quality of content, but they also reduce variation across clients and families in the delivery of the focus services.

These QA and KYRC positions are a critical link for service coordinators, working very closely with these professionals who may call upon them for information and support. They increase service coordinators'

efficiency and productivity, and they make them more expert by ensuring that the information they use is current and accurate.

The addition of these four positions to the service coordination function is a very powerful intervention. It enhances the quality of the information, education, and support services provided. More importantly, it will guarantee consistent and reliable delivery of services that otherwise might only occur on a “catch-as-catch-can” basis in the hands of even the most conscientious service coordinator.

The personal empowerment paradigm for service coordination increases the opportunities for clients and families to exercise decision-making skills in their day-to-day living and increase their capacity to determine their own futures. This shift is very much in concert with legislative policy, as demonstrated in the Self Determination Program as well as expressed in the Welfare and Institutions Code, that calls for the service system to “meet the needs and honor the choices” of persons with disabilities and their families through the use of “information, skills, coordination, and collaboration.”

DRAFT

[Reset Form](#)**CONFLICT OF INTEREST REPORTING STATEMENT
DS 6016 (Rev. 08/2013)**

The duties and responsibilities of your position with the regional center require you to file this Conflict of Interest Reporting Statement. The purpose of this statement is to assist you, the regional center and the Department of Developmental Services (DDS) to identify any relationships, positions or circumstances involving you which may create a conflict of interest between your regional center duties and obligations, and any other financial interests and/or relationships that you may have. In order to be comprehensive, this reporting statement requires you to provide information with respect to your financial interests.

A “conflict of interest” generally exists if you have one or more personal, business, or financial interests, or relationships that would cause a reasonable person with knowledge of the relevant facts to question your impartiality with respect to your regional center duties. The specific circumstances and relationships which create a conflict of interest are set forth in the California Code of Regulations, title 17, sections 54500 through 54530. You should review these provisions to understand the specific financial interests and relationships that can create a conflict of interest.

Please answer the following questions to the best of your knowledge. If you find a question requires further explanation and/or there is not enough space to thoroughly answer the question, please attach as many additional sheets as necessary, and refer to the question number next to your answer. If the regional center identifies a conflict involving you, it will be required to prepare a conflict resolution plan. Some relevant definitions have been provided in the footnotes to assist you in responding to this statement.

You are required to file this Reporting Statement within 30 days of beginning your employment with the regional center or from the date that you are appointed to the regional center board or advisory committee board. You are then required to file an annual Reporting Statement by August 1st of every year while you remain employed with the regional center or while you are a member of the regional center board or advisory committee board. You must also file a Reporting Statement within 30 days of any change in your status that could result in a conflict of interest. Circumstances that can constitute a change in your status that can require you to file an updated Reporting Statement are described below in footnote one.

A. INFORMATION OF REPORTING INDIVIDUAL

Name: Anthony Brouwer Regional Center: Frank Lanterman

Regional Center Position/Title: Governing Board Member Executive Director
 Vendor Advisory Committee sitting on Board Employee
 Contractor Agent Consultant

Reporting Status: Annual New Appointment (date): September 22, 2021
 Change of Status¹

If a change in status, date and circumstance of change in status:

1. Please list your job title and describe your job duties at the regional center.
Board Member

¹ Change of status includes a previously unreported activity that should have been reported, change in the circumstance of a previously reported activity, change in financial interest, familial relationship, legal commitment, change in regional center position or duties, change in regional center, or change to outside position or duties. See California Code of Regulations, title 17, sections 54531(d) and 54532(d).

<input checked="" type="checkbox"/>	Governing Board Member
<input type="checkbox"/>	Vendor Advisory on Board
<input type="checkbox"/>	Executive Director
<input type="checkbox"/>	Employee/Other

2. Do you or a family member² work for any entity or organization that is a regional center provider or contractor? yes no -- If yes, provide the name of the entity or organization and describe what services it provides for the regional center or regional center consumers. If the provider or contractor is a state or local governmental entity, provide the specific name of the state or local governmental entity and describe your job duties at the state or local governmental entity.
3. Do you or a family member own or hold a position³ in an entity or organization that is a regional center provider or contractor? yes no -- If yes, provide the name of the entity or organization, describe what services it provides for the regional center or regional center consumers, and describe your or your family member's financial interest.
4. Are you a regional center advisory committee board member? yes no -- If yes, are you a member of the governing board or owner or employee of an entity or organization that provides services to the regional center or regional center consumers? yes no -- If yes, provide the name of the entity or organization and describe what services it provides for the regional center or regional center consumers.
5. If you are a regional center advisory committee board member and answered yes to all the questions in Question 4 above, do any of the following apply to you: (a) are you an officer of the regional center board; (b) do you vote on purchasing services from a regional center provider; or (c) do you vote on matters where you might have a financial interest? yes no -- If yes, please explain.

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² Family member includes your spouse, domestic partner, parents, stepparents, grandparents, siblings, stepsiblings, children, stepchildren, grandchildren, parent-in-laws, brother-in-laws, sister-in-laws, son-in-laws and daughter-in-laws. See California Code of Regulations, title 17, sections 54505(f).

³ For purposes of this question, hold a position generally means that you or a family member is a director, officer, owner, partner, employee, or shareholder of an entity or organization that is a regional center provider or contractor. For a specific description of positions that create a conflict of interest in a regional center provider or contractor see the California Code of Regulations, title 17, sections 54520 and 54526.

<input checked="" type="checkbox"/> Governing Board Member
<input type="checkbox"/> Vendor Advisory on Board
<input type="checkbox"/> Executive Director
<input type="checkbox"/> Employee/Other

6. Do any of the decisions you make when performing your job duties with the regional center have the potential to financially benefit you or a family member⁴? [Note: Governing board members do not have to answer “yes” to this question if the financial benefit would be available to regional center consumers or their families generally].
 yes no -- If yes, please explain.

7. Are you responsible for negotiating, making,⁵ executing or approving contracts on behalf of the regional center? yes no -- If yes, please explain.

My only involvement in the approval of regional center contracts relates to contracts of \$250,000 or more, for which Welfare and Institutions Codes section 4625.5 requires regional center Board approval.

8. Do you have a financial interest in any contract⁶ with the regional center? yes no -- If yes, did you negotiate, make, execute or approve the contract on behalf of the regional center? yes no -- If yes, please explain.

9. Do any of your family members have a financial interest in any contract with the regional center? yes no
 If yes, did you negotiate, make, execute or approve the contract on behalf of the regional center? yes no
 If yes, please explain.

⁴ Generally, a decision can financially benefit you or a family member if the decision can either directly or indirectly cause you or a family member to receive a financial gain or avoid a financial loss. For a specific description of the types of decisions that can result in a financial benefit to you or a family member see the California Code of Regulations, title 17, sections 54522 and 54527.

⁵ California Code of Regulations, title 17, sections 54523(b)(2) and 54528(b)(2) describes the types of conduct which constitute involvement in the making of a contract.

⁶ For purposes of questions 8 and 9, a financial interest in a contract generally means any direct or indirect interest in a contract that can cause you or a family member to receive any sort of financial gain or avoid any sort of financial loss irrespective of the dollar amount. California Code of Regulations, title 17, sections 54523 and 54528 define when financial interests in a contract will occur.

<input checked="" type="checkbox"/>	Governing Board Member
<input type="checkbox"/>	Vendor Advisory on Board
<input type="checkbox"/>	Executive Director
<input type="checkbox"/>	Employee/Other

10. Do you evaluate employment applications or contract bids that are submitted by your family member(s)?
 yes no -- If yes, please explain.

11. Your job duties require you to act in the best interests of the regional center and regional center consumers. Do you have any circumstances or other financial interests not already discussed above that would prevent you from acting in the best interests of the regional center or its consumers? yes no -- If yes, please explain.

B. ATTESTATION

Anthony Brouwer

I _____ (print name) HEREBY CONFIRM that I have read and understand the regional center's Conflict of Interest Policy and that my responses to the questions in this Conflict of Interest Reporting Statement are complete, true, and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this statement is not accurate or that I have not complied with the regional center's Conflict of Interest Policy or the applicable conflict of interest laws, I will notify the regional center's designated individual immediately. I understand that knowingly providing false information on this Conflict of Interest Reporting Statement shall subject me to a civil penalty in an amount up to fifty thousand dollars (\$50,000) pursuant to Welfare and Institutions Code section 4626.

eSigned via SeamlessDocs.com
Anthony Brouwer
Key: 5f65a8878bd413d700a460740560c2d

Signature _____ Date 09/22/2021

INTERNAL USE ONLY

Date this Statement was received by Reviewer: _____

The reporting individual does does not have a present potential conflict of interest

Signature of Designated Reviewer

eSigned via SeamlessDocs.com
Melinda Sullivan
Key: e9c8ed9d84064e552240be804f2220ae

Date Review Completed

09/23/2021

Board Training Survey Results for 2022

Eight (8) board members completed the survey and identified topics of interests for consideration for the proposed 2022 Training Plan. Topics are listed in order of the total rating score out of a five point scale:

- Transparency – Review of what is required and how it is shared 3.25
- Resource Development 3.00
- Quality Assurance – Responsibilities and implementation 2.88
- Abuse Awareness and Reporting – Training and responsibilities 2.75
- How to read the financials 2.75
- Vendorization – Overview of the process 2.75
- Eligibility Determination – Diagnosis and criteria for eligibility 2.63

ADMINISTRATIVE AFFAIRS COMMITTEE

Frank D. Lanterman Regional Center

Administrative Affairs Committee

October 12, 2021

MINUTES

PRESENT

Larry DeBoer, Chair
Allison Fuller
Al Marsella
Greg Schaffer

NOT PRESENT

Jack Gilbertson
Marjorie Heller
Dr. Tony Stein

STAFF

Kaye Quintero
Melinda Sullivan
David Romer

CALL TO ORDER

The meeting was called to order at 12:03 PM. The meeting was held via Zoom.

REVIEW OF MINUTES

The minutes of September 14, 2021 were reviewed and approved by consensus.

CHAIRPERSON'S REPORT

No report was given.

C-1 AMENDMENT FOR FY 2021-22

Ms. Quintero reported that we received the C-1 allocation from DDS and it gives us the majority of the expected Operations funding, including many of the new policy items. Our annual Operations budget is developed based on the funding in this allocation.

OPERATIONS BUDGET AND STAFFING PLAN FY 2021-22

Ms. Quintero reviewed the operations budget, which details last fiscal years' actuals and compares this against our projections for this year. The committee did not have any questions.

Ms. Quintero reported that this year's staffing plan includes proposals to add 12 positions – a Participant Choice Coordinator, a Service Coordinator for the Foothill and Diverse Living Options team, a Deaf Access Specialist, Enhanced Caseload Unit (4 Service Coordinator position and 1 supervisor), a Community Navigator, an Emergency Services Manager, and a Purchase of Service Coordinator.

Since the plan was drafted, it was determined that there was still sufficient funding to proceed with the addition of a new team in the School Age Unit, which would include funding for a Regional Manager, four Service Coordinators, and one team Secretary. In addition, Ms. Sullivan informed the Committee the Assistant Director for the Ongoing Unit recently gave notice of her intent to retire in February. Ms. Sullivan proposed to the Committee to eliminate this position upon the Assistant Director's retirement and subsequently add a second Associate Director position and Executive Assistant position. In January 2022, we will evaluate the budget and make a determination about adding additional Service Coordinator positions as the budget allows to continue to bring down caseload ratios.

Mr. Schaffer pointed out an error of inconsistency regarding the caseload ratios at the top of page 8 and Ms. Quintero will correct that.

Mr. Marsella moved to recommend that the board approve the operations budget and the staffing plan for 2021-22 with the above noted changes. Mr. Schaffer seconded the motion and it passed unanimously.

REVIEW OF FINANCIAL STATEMENTS

CASH FLOW

Mr. Romer stated that we are projected to have \$33,880,192 available at the end of December 31, 2021.

Mr. Romer reviewed the financial statements through August 31, 2021.

Fiscal Year to date 2021-2022

In Operations (main contract) we have spent \$3,957,550 (14.4% of budget). In Purchase of services (main contract) we have spent \$40,216,271 before we add late bills. Including projected late bills, we will have spent \$44,239,571 (15.0% of budget).

Fiscal Year 2020-2021 (B-3)

This month we recorded \$40,022 in OPS and \$1,782,591 in POS. To date, we have spent 95% of our OPS and 97% of our POS allocations.

Fiscal Year 2019 - 2020 (A-8)

This month we recorded \$33,579 in OPS and \$39,185 in POS. To date, we have spent 99% of our OPS and 98% of our POS allocations.

NEXT MEETING

The next meeting is scheduled on November 9, 2021.

ADJOURNMENT

The meeting was adjourned at 1:10P.M.

/gs

DRAFT