

# MEMORANDUM

**TO:** BOARD OF DIRECTORS  
**FROM:** MELINDA SULLIVAN  
**RE:** Board Meeting  
**DATE:** April 24, 2024

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I'm so looking forward to our in-person meeting at our Brand Blvd. KYRC site. We will be serving a light dinner at 5:30 p.m.

## **BOARD EDUCATION**

We have three distinct educational presentations this month. Maureen Wilson, Director of Training & Development and Kaye Quintero, Associate Director of Administrative Services have provided their administrative report for 2023 in the board packet. Maureen and Kaye will be available to answer questions you may have from their administrative reports.

In addition, they will provide a focused review for their respective areas; Maureen Wilson will present on the many training efforts related to DDS Initiatives and Shaikh Shamim of Administrative Services will present the Center's efforts related to completing fiscal reviews as per the DDS contract.

## **EXECUTIVE DIRECTOR'S REPORT**

In your packet you will find correspondence from the Department related to the Center's 2023 Training Plan and the recent March 2024 Caseload Ratio Survey.

## **PROGRAMS AND SERVICES REPORT – ACTION ITEM**

The Programs & Services Committee is submitting an updated Employment and Adult Day Services service standard for the Board's consideration.



## BOARD OF DIRECTORS MEETING

Wednesday, April 24, 2024

6:00 PM – Board Business Promptly

**In-Person Meeting**

**611 N. Brand Blvd, Suite 200**

**Glendale, CA 91203**

or Register in advance for this Zoom meeting/webinar:

[https://us02web.zoom.us/webinar/register/WN\\_jZJoERT7RVCxK0EYgdpMFg](https://us02web.zoom.us/webinar/register/WN_jZJoERT7RVCxK0EYgdpMFg)

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

ACTION ITEM	ORDER	GENERAL SESSION AGENDA	
	1	<b>CALL TO ORDER</b>	Louis Mitchell
	2	<b>PUBLIC INPUT/ANNOUNCEMENTS</b>	Louis Mitchell
<b>ACTION</b>	3	<b>APPROVAL OF MINUTES</b> • <b>March 27, 2024</b>	Louis Mitchell
	4	<b>BOARD EDUCATION</b> • 2023 Administrative Report - Training & Development – <b>(DDS Initiatives)</b> • 2023 Administrative Report - Administrative Services – <b>(Fiscal Reviews)</b> • Special Incident Reporting	Melinda Sullivan Maureen Wilson Srbui Ovsepyan Kaye Quintero Shaikh Shamim
	5	<b>EXECUTIVE DIRECTOR’S REPORT</b> • Board Training Acknowledgement Letter • Caseload Ratio Survey Acknowledgement Letter	Melinda Sullivan
	6	<b>ADMINISTRATIVE AFFAIRS COMMITTEE</b> • Review of Financial Statements	Lili Romero Kaye Quintero
	7	<b>CLIENT ADVISORY COMMITTEE REPORT</b>	Bradley Smith
<b>ACTION</b>	8	<b>PROGRAMS AND SERVICES COMMITTEE</b> • <b>Service Standard - Employment Adult Day Services</b>	Srbui Ovsepyan
<b>CLOSED SESSION</b>	<b>ACTION</b> 9	<b>EXECUTIVE SESSION</b> • <b>Approval of Minutes</b> • Litigation • Personnel • Real Estate • Timeline for Executive Director’s Performance Evaluation FY 2023-2024	Louis Mitchell Melinda Sullivan
	10	<b>ADJOURNMENT</b>	Louis Mitchell

# APPROVAL OF MINUTES

**LOS ANGELES COUNTY DEVELOPMENTAL SERVICES FOUNDATION**

**Board of Directors**

**March 27, 2024**

**MINUTES**

**PRESENT**

Louis Mitchell, Chair  
Anthony Brouwer  
Larry DeBoer  
Natalia Lewis  
Dr. Alex Li  
Dee Prescott  
Lili Romero  
Brigitte Sroujeh  
Bradley Smith  
Simon Yang

**NOT PRESENT**

Michael Cooney  
Tina Daley  
Mayra Cervantes  
Weller Killebrew  
Minh Khoa Tran  
Ana Villasenor

**ADVISOR TO THE BOARD - NOT PRESENT**

Al Marsella

**STAFF**

Karem Chacana  
Rose Chacana  
Pablo Ibanez  
Srbui Ovsepyan  
Kaye Quintero  
Melinda Sullivan

**GUESTS**

Taleen Khatchadourian  
Andrew McElhinney  
Joon Song  
Marie Zimmerle

## **CALL TO ORDER**

Mr. Mitchell called the meeting to order at 6:00 p.m. The meeting was conducted in-person and via Zoom.

## **PUBLIC INPUT/ANNOUNCEMENTS**

No public input was given.

## **APPROVAL OF MINUTES**

**The minutes of February 28, 2024 were approved by consensus.**

## **BOARD EDUCATION**

As part of Board Education and Training, Ms. Chacana, Director of Human Resources, gave a focused presentation on Succession Planning and Leadership Development Activities. Board members were given the opportunity to ask questions and discuss the content.

As part of Board Education and Training, Mr. Ibanez, Director of Community Services, gave a focused presentation on Housing. Board members were given the opportunity to ask questions and discuss the content.

## **EXECUTIVE DIRECTOR'S REPORT**

### New Client Advisory Committee Chairperson

Ms. Sullivan advised the Board that Bradley Smith is the new chairperson for the Client Advisory Committee.

### Governor's 2024-25 Proposed Budget to Delay Rate Implementation for Developmental Services

This agenda item was covered under the ARCA Report Highlights.

### April Board Meeting

Ms. Sullivan advised the Board that the April Board meeting will be an in-person meeting at the 611 Brand site.

## **ARCA REPORT**

Mr. DeBoer advised the Board that he and Ms. Sullivan attended the ARCA meeting on March 21-22, 2024 and that the highlights from the meeting were emailed as part of the packet.

Discussion followed.

## **ADMINISTRATIVE AFFAIRS COMMITTEE**

### **Review of Financial Statements**

#### *Cash Flow*

Ms. Romero reported that the Center is projected to have \$60,963,613 available at the end of May 31, 2024.

Ms. Romero reviewed the financial statement summary through January 31, 2024.

#### *Fiscal Year to date 2023-2024 (E-1)*

In Operations (main contract) we have spent \$18,750,302 (47.4% of budget). In Purchase of services (main contract) we have spent \$174,759,620 before we add late bills. Including projected late bills, we will have spent \$185,917,103 (53.5% of budget).

#### *Fiscal Year 2022-2023 (D-3)*

This month we recorded \$115,204 in OPS and \$124,711 in POS. To date, we have spent 96.8% of our OPS and 71.4% of our POS allocations.

#### *Fiscal Year 2021-22 (C-4)*

This month we recorded \$30,379 in OPS and \$208,950 in POS. To date, we have spent 99.5% of our OPS and 90.0% of our POS allocations.

## **PROGRAMS AND SERVICE COMMITTEE**

### **Behavioral Services Service Standard**

Ms. Ovsepyan reported that the Behavioral Services Service Standard was last approved in 2010 and there have been many changes in the provision of services, best practices, and most recently through the Trailer Bill Language of 2023.

Ms. Ovsepyan reviewed the updated version of the standard and highlighted the changes. The document has been reviewed by the Lanterman Clinical Team, Legal Counsel, and the Programs and Services Committee. The Programs and Services Committee is recommending that the Board approve the Behavioral Services Service Standard as presented.

After discussion, the Board was in agreement with the changes.

**Ms. Sroujeh moved to approve the Behavioral Services Service Standard as presented, Ms. Romero seconded the motion, and it passed unanimously.**

**ADJOURNMENT FOR EXECUTIVE SESSION**

The Board agreed by consensus to suspend the General Session meeting at 7:35 p.m. for Executive Session to conduct business on Approval of Minutes, Litigation, Personnel, and Real Estate.

**RECONVENE FOR GENERAL SESSION**

The Board discussed in Executive Session the Approval of Minutes, Litigation, Personnel, and Real Estate.

**ADJOURNMENT**

The meeting was adjourned by consensus at 8:00 p.m.

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Tina Daley, Secretary

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**BOARD OF DIRECTORS**

**ACTION LOG**

**March 27, 2024**

	<b>DESCRIPTION</b>	<b>ACTION</b>	<b>STATUS</b>
	Approval of Minutes – February 28, 2024	<ul style="list-style-type: none"><li>• Approved</li></ul>	
	Behavioral Services Service Standard	<ul style="list-style-type: none"><li>• Approved</li></ul>	



# BOARD EDUCATION

# **Annual Administrative Report Training and Development 2023**

## **INTRODUCTION:**

The Training and Development Unit of Frank D. Lanterman Regional Center is responsible for the administration of the Center's training functions including training program design, curriculum development and implementation, needs assessment and evaluation, and the facilitation of professional and personal development of individuals affiliated with the Center. Those individual stakeholders include Lanterman Regional Center clients, family members, volunteers, board members, service providers, and staff members. The Training and Development Unit consists of a director, a training coordinator, and LMS coordinator and a part-time client advocate during 2023. This unit also shares the special Project Coordinator Position with Client and Families Services for the SC orientation training. This report is a summary of the 2023 work plan and performance contract accomplishments. Several key projects have been highlighted in the report.

## **TRAINING GOALS-2023**

The accomplishments towards the goals identified in the 2023 Performance Contract and Training and Development work plan are as follows:

### **Learning Community:**

The Director of Training and Development coordinated the scheduling of speakers and related planning and logistics for the monthly Programs and Services and Service Provider in-service training sessions, as well as special topic training for stakeholders in the Lanterman Community. Guidelines and procedures for training and conference attendance are in place and implemented for parents, clients, service providers, and staff.

Training and Development staff continue tracking stakeholder internal and external training attendance via the ARCALearn Learning Management System (LMS). The Lanterman Learning Center for self-service training and online learning launched for staff in August 2010 and is utilized as the Regional Center Learning Management System Statewide for staff, providers, clients, and families. During the pandemic, Zoom was integrated in the LMS that automates the attendance tracking of virtual instructor-led training sessions. This was the sole method of training delivery over the past 3 + years.

The Training Coordinator was responsible for the scheduling of soft skills training speakers and LMS training for staff and Spanish speaking parents.

## **Leadership/Partnership Development**

Scheduled Emerging Leaders Program 1 and 2 for SC specialist and manager succession planning.

## **Internal and External Training**

The following internal training activities were conducted during 2023 (all training conducted live virtually unless indicated eLearning online\*):

### **Staff Training**

#### **All Staff**

- New Staff Orientation\*
- Privacy and Security\*
- Outlook
- Excel (Beginning and Advanced)
- Business Writing and Grammar

#### **Illness and Injury Prevention Program**

- Anti-Harassment in the Workplace\*
- Ergonomics\*
- Covid-19 and Stress Management\*

#### **Leadership**

- Anti-Harassment Training for Managers\*
- Everbridge

#### **Client and Family Services**

- National Voter Registration Act\*
- Title 19 ID Notes
- Fathers as Partners: EI and EC
- Grief and Loss: EI and EC
- SDP Lessons Learned
- Federal Revenue Programs Training (EI and School Age)
- Updates Participant Directed Services
- PCP Documentation
- Division Updates Alternative Services
- Supported Decision Making-Alternatives to Conservatorship
- Policy Updates and Performance Measures
- Investigative Interviewing (SIR)
- HCBS Compliance and the Role of the SC

### **Service Provider Training**

- Promoting and Monitoring Health Status\*
- Supplemental Staffing
- Legal/Advocacy – Resources SELC, IHSS, SSI, Immigration
- SIR, Abuse and Mandated Reporting
- Residential Service Provider Orientation
- Clients' Rights
- PCT Dignity of Risk
- Supported Decision Making: Alternatives to Conservatorship Programs
- Provider's Role in Client Dental Health
- Special Incident Reporting

### **Parent Training**

- Behavioral Services Orientation\*
- Person Centered Planning\*
- Self-determination Orientation - English, Spanish, Korean, ASL\*
- HCBS – English, Spanish, Korean

### **Client Training**

- Abilities-Reducing the Risk of Sexual Abuse\*
- Women's Reproductive Health-Self Advocacy Training\*
- Disaster Training\*
- Self-determination Orientation - English, Spanish, Korean, ASL\*

### **External Training (Including Workshops and Conferences)**

- Service Provider Total External Training = 0 Attendees (decrease from 2022)
- Parents Total External Training = 32 Attendees (decrease from 2022)
- Clients Total External Training = 36 Attendees (increase from 2022)

### **Service Coordination Orientation (SCOT)**

A total of twenty (55) new Service Coordinators completed the thirty-two (32) hour instructor-led SCOT Series in 2023. A few of these completions were due to make-up sessions from fall of 2022. All components of SCOT are available on ARCALearn for online delivery including Supported Living Services, Person

Centered Planning IPP development, Title 19 ID Notes, Special Incident Reporting, Risk Management, Cultural Competency, Facility Liaison, Employment First, and Introduction to the KYRC. Person Centered Thinking and Dental Services have been added for 2024.

### **Management Functions:**

The Director of Training and Development developed the annual unit work plan, and prepared quarterly progress reports. The director also prepared, reviewed, and monitored contracts with speakers; developed and maintained policies and procedures for the unit; and participated on the Risk Management, Quality Management, ARCA Statewide Training and Information Committees and is transitioning emergency management responsibilities to the new Emergency Coordinator.

The Training and Development Unit conducted a survey for special topic training events for Staff and Providers. Results from the 2023 survey played a role in the development of the 2024 training plan, as they reflect the respondents' feedback, interests, and self-identified needs. The next survey is scheduled for 2024. Other current regional center factors such as client and family satisfaction surveys, special incident reporting trends, regulatory compliance audits, committee recommendations, performance evaluation recommendations, targeted focus group responses, training feedback evaluations, and changes in regulations, policies and procedures influence the plan development process.

The ARCALearn feature called "How To" was introduced in 2022 as a way of providing on demand task oriented short tutorials on tasks that require step by step instruction and access to forms required to complete the task. The special work group continues to meet monthly and a total of 70 videos are now posted on ARCALearn and viewed an average of 15 times per video (457 total views). The work group meets monthly to determine what new videos are needed.

### **HEALTH AND WELLNESS:**

#### **Women's Reproductive Health Self-Advocacy Training**

Reproductive Health and Self-Advocacy (RHSA) training conducted virtually by a peer advocate, consists of three 3 sessions that are two (2) hours each. Two (2) Women's RHSA training was conducted in 2023 for a total of twenty (20) completing the series. In addition, a Healthy Living Training series was developed and conducted for seven (7) clients.

### **Sexual Abuse Risk Reduction Training**

Two (2) Abilities Sexual Abuse Risk Reduction training series for clients were conducted by the Peer Advocate and attended by nine (9) clients.

### **Community Options**

The Training and Development Unit responsibilities included coordinating service provider training activities that addressed disaster preparedness, illness identification, dental issues, behavioral issues, crisis prevention, clients' rights, aging, medication administration, residential service provider orientation, HIPAA, quality enhancement and monitoring issues, personal and incidental management, documentation, person centered thinking, HCBS compliance and special incident reporting.

This unit assisted the Community Services Unit by identifying, scheduling, and contracting speakers for the monthly service provider in-service and special topic training with input from the Director and the Service Provider Advisory Committee. The Training and Development Unit training coordinator assisted with the facilitation of the registration process, including the management of Zoom virtual training, for all CDS in-service and special topic training. The Training Director was the point person for the four (4) HCBS training contracts.

### **Public Awareness and Interagency Collaboration**

Outside organizations frequently contact the Training and Development Unit to coordinate speakers for community presentations about Regional Center services. Due to limited staff resources, these interagency training are only conducted when there is mutual benefit. During 2023, there were two requests for 2024 presentations.

At the request of DDS, the Director coordinated the maintenance and implementation of an ARCA-DDS Training domain for providers. This required coordination with the Community Care Licensing Director so that CEUs certificates could be issued to providers needing to recertify their Adult Resident Facility Certificate. As of this reporting there are 42,766 active provider users. The major increase in users was due to the DSP Stipend program of which 32,053 DSPs have completed the incentive program statewide.

## **Disaster Preparedness**

The Training and Development Unit worked with the Administrative Service director and Operations Manager to revise and enhance the Center's emergency plan.

One disaster class was conducted and attended by twenty-four (24) clients, and each received a disaster kit.

The Director oversees and maintains the Everbridge Emergency Notification System and was responsible for training staff and routine tests. Two (2) tests were conducted in 2023.

## **Special Events**

The Training and Development unit working with Early Intervention Unit hosted the Social Emotional Development Early Intervention training, Fathers as Partners attended by 66 Early Intervention and Early Childhood staff and 62 providers.

The Training and Development Director coordinated the Person Thinking Training initiative and a total of currently 198 of the 208 currently employed staff required to take the training completed PCT in 2023.

The Director also coordinated the two special topic HCBS training initiatives: HCBS - Achieving the Right of Adult Status attended by 89 and HCBS – Assuring Individual Rights: The Price of Liberty attended by 90 providers.

The Training and Development unit staff coordinated the planning for the SPAC breakfast event was held in person and attended by 208 providers and staff.

## **Responsibilities across the Agency**

The Training and Development Unit functions and activities impact all stakeholders in the Lanterman community. The Director currently serves on the Southern California DSP Advisory Board and the Southern California Regional Center Directors' Training and Information Group collaborative.

Individuals across the agency, as well as the community, consult with this unit daily regarding a multitude of projects. The unit supports staff, board members, service providers, clients, and families, by centralizing and streamlining the process of coordinating internal and external training opportunities and attendance. This process has a positive fiscal impact on the Center by eliminating the time spent and the duplication of efforts by other individuals.

### **Key Initiatives – 2024**

- Continue the closed captioning of existing and newly developed training and interpreting content for virtual and online delivery in languages of need.
- Continue to update Service Coordination Orientation Manual in coordination with updates to the Programs and Service Manual
- Training of the new LMS Coordinator.
- Person Centered Thinking and Planning Training Directive
- Cultural Humility Training Directive
- Implicit Bias Training Directive

### **Challenges – 2024**

The following impacts staff time:

- Increase/turnover in the number of staff to be trained.
- Increase in the number of DDS Training initiatives.



# **ADMINISTRATIVE SERVICES DIVISION**

## **ANNUAL ADMINISTRATIVE REPORT**

**2023**

The Administrative Services Division of the Center consists of five distinct units - Accounting, Client Revenue Coordination, Information Systems, Contracts and Audits, and Operations Management. Each of these units has a manager. There were 30 staff positions in the Division during 2023, which reflects no changes from 2022.

What follows are the highlights of the specific accomplishments in each of the areas of the division, by unit.

### **ACCOUNTING**

This unit consists of two managers (the Controller and the Accounting Supervisor), one Accountant, one Accounting Associate II, one Accounting Associate Specialist, five Accounting Associates, and one Purchase of Service (POS) Coordinator. In 2023, the Accounting Unit underwent significant transition, with many staff assuming new roles within the department. The unit began the year with four vacancies: the Accounting Supervisor and three Accounting Associate positions. Temporary staff were employed to support the unit while recruiting. All positions were hired by the third quarter, and the unit ended the year fully staffed.

### **BUDGETING AND TRACKING EXPENDITURES**

In the first quarter of each fiscal year, Purchase of Services (POS) expenditures are projected and an Operations budget is developed based upon the allocation received from DDS. These were developed and submitted to the Administrative Affairs Committee and the Board.

POS expenditure projections accounted for both caseload growth and rate study implementation. February 2023 marked the end of the COVID-19 State of Emergency and the remaining Pandemic-related supplemental supports. However, the suspension of cost participation programs continued in 2023. Our projections were submitted to the Board and DDS beginning in the late fall, reflecting an increase from the prior year of approximately 15%. We also continued to account for expenditures related to the Community Placement Plan (CPP)/Community Resource Development Plan (CRDP) and the Family Resource Center (FRC) portion of our main contract, as well as those related to new funding streams such as funding to reduce service disparities (Service Access and Equity Grant Program) and funding to better support language needs (Language Access and Cultural Competency Program).

Financial statements were prepared and distributed monthly, including detail for CPP/CRDP expenditures and financial activity relative to the Koch-Young FRC as differentiated from the main contract. In addition, expenditures for initiatives funded by the American Rescue Plan Act of 2021 (ARPA) were included on the monthly financial statements. Actual expenditures tracked well within 10% of projections for fiscal year 2022-23 and for fiscal year 2023-24 to date.

As part of the Operations budget, salary and benefit projections were prepared and updated during the fiscal year. In 2023, these projections included the estimated cost of scheduled salary increases outlined in the collective bargaining agreement and the addition of 24 positions. Increases in facility rent, general office expenses, additional technology, and other costs related to opening the Koch-Young Resource Center - Brand location in Glendale were also factored into the budget. These projections reflected an increase of 15% from the prior fiscal year.

The Center continued to monitor its POS funding process in line with current law and regulation through its Funding Committee. Internal audits of POS authorizations and payments continue to be conducted periodically by accounting staff and no systemic problems have been noted.

The Center's insurance program was reviewed with our brokers and was presented by our brokers to the Administrative Affairs Committee. All the Center's insurance coverages were renewed on schedule, and policy term dates have been shifted to align with the fiscal year. There were slight increases in coverage costs this year, which were in line with the current market. Claims remained minimal.

## **ACCOUNTING PROCESSES**

The Accounting Associate Specialist and the five Accounting Associates maintain all POS service authorizations and process all payments to service providers. The POS Coordinator carries the responsibility of coordinating the daily authorization, invoice, payment, and rate table maintenance processes. The accounting staff processed an average of 1,750 payments each month. The volume of new service authorization requests and requests to update existing service authorizations averaged approximately 7,000 per month (over 85,000 per year). Service coordination continues to submit these service requests electronically through the SANDIS case management program, which minimizes the amount of data entry needed from the accounting staff. Service providers also continue to bill for services electronically.

Electronic Fund Transfer (EFT) is the method of payment used for most POS service providers, for many of the Operations vendors, and almost all employee payroll, travel and other expense payments. The published payment schedule includes three regular POS check runs per month, one Financial Management Service (FMS) provider check run per week (which is mandated by DDS to better support the Self Determination Program) and one Operations check run per week. In addition, the accounting unit can initiate an on-demand check run at any time, virtually eliminating the need for off-cycle (manual) checks.

Payroll continued to be processed on a bi-weekly basis utilizing Paylocity. This product allows employees to manage their personal and benefits information on their own online or via the Paylocity device application. Employees also use the Paylocity system for timekeeping and to access pay statements and tax documents.

All expenditures related to POS and Operations are claimed monthly to DDS, and contract advance requests are submitted timely where warranted.

In 2023, participation in the Self Determination Program (SDP) increased by 33%, and participation in Participant Directed Services (PDS) increased by 54%. The Accounting Associate Specialist maintains all authorizations and processes all payments for SDP and PDS services, which are only billed by the Financial Management Service (FMS) providers.

## **CASH MANAGEMENT**

The Controller prepared regular projections of the Center's cash flow and reported to management and the Administrative Affairs committee monthly. The Center secured a line of credit with City National Bank again this year. The terms and credit line remained unchanged at \$28 million. For the second consecutive year, the Center had no need to draw on the line of credit, as the cash balance was sufficient to cover expenditures until the new fiscal year advance funds were received. The Center last took a draw on the line of credit in 2021 for \$5.8 million. Interest earnings amounted to \$140,000, a significant increase from \$4,200 earned in the fiscal year prior. The increased earnings were a result of a positive change to the earnings structure offered by the Center's bank as well as returns on new investments in short term government backed securities.

Cash flow continues to be impacted by the ICF SPA process, wherein the Center is reimbursed by ICF providers for POS day program and transportation services expenditures vs. by DDS through the regular state claiming process. Reimbursement for these service expenditures usually takes about three to four months, whereas the regular state reimbursement process takes approximately one month. Reimbursements through the ICF SPA process totaled just about \$1.1 million for fiscal year 2022-23, which is up from the prior year of just over \$1.0 million.

## **AUDITS**

The Center's independent auditors, Windes, Inc., issued an unmodified opinion for the 2021-22 fiscal year, with no specific audit findings or items of concern noted. The auditors conducted their work on the 2022-23 report in the fall, which was delivered to the Administrative Affairs Committee in February 2024 with similar results. This marked the completion of the third audit report issued by Windes, Inc. since the Center was required to switch firms (DDS requires the Center not employ a firm more than five years in any ten-year period). Windes, Inc. is scheduled to conduct the audit for the fiscal year 2023-24 as well.

DDS completed their last biennial audit of the Center in the summer of 2023. A draft report from DDS on their findings was received in November 2023. The report reflected minor findings related to POS payments and the Center's request for proposal (RFP) process. All findings were immediately addressed by the Center, and the recommendations from DDS have been implemented.

## **BANKING AND OTHER ACTIVITIES**

The Center's banking relationship with City National Bank continues in a positive vein and bank services such as online banking services, automated fraud detection services, and account reconciliation services continue to serve us well. This year, the Center opted to restructure the City National Bank business checking accounts to a "hybrid solution" that yields increased earnings compared to what the Center earned under the previous account structure. The change

was presented to the Administrative Affairs Committee and approved by the Board in March 2023. The switch has resulted in an average monthly increase in earnings of about \$40,000.

The Accounting unit also monitors the results of endowment fund investment activity with the California Community Foundation. Separate accounts continue to be used at the Foundation for donor restricted and unrestricted contributions. The Administrative Affairs Committee continues to review the performance and management of the fund, and this year reviewed historical data related to the performance of the fund. The fund performed well in the first two quarters, endured a slight loss in the third quarter but recovered in the fourth quarter, ending calendar year 2023 with a net gain.

## **AUDITS AND CONTRACTS**

This unit coordinates the development of all Operations and Purchase of Services contracts, completes all service provider fiscal reviews, provides service provider trainings, supports budget development for participants in the Self-Determination Program (SDP), and administers all Family Cost Participation Programs (FCPP). This unit consists of one manager and one Fiscal Monitor Associate.

The unit coordinated the development and tracked the status of 120 contracts in 2023, down from 132 in 2022. Some of the types of contracts include those for clinical services supports, Purchase of Service Supported Living Services agreements, and commitments for projects funded in the Center's contract (such as Community Placement Planning (CPP), projects to reduce disparities in service delivery, Home and Community-Based Services (HCBS) waiver compliance, and the development of Crisis Support Services (CSS) programs. Payment activity on these contracts is monitored by the manager.

DDS required the Center to complete nine (9) service provider fiscal reviews in fiscal year 2022-23. The types of providers reviewed in fiscal year 2022-23 included early start therapeutic services (Ages 0-36 months), licensed residential facility, independent living service, and supported living service. The Center officially completed sixteen (16) reviews, exceeding the nine (9) required and is five (5) more than in fiscal year 2021-22. No appeals were filed relative to any of the reviews. The Center is on track to complete the required nine (9) fiscal reviews for the 2023-24 fiscal year.

The Center continued transitioning individuals into the Self Determination Program (SDP) in 2023. The Audit and Contracts unit is responsible for providing expenditure reports, calculating budgets used to develop individual SDP spending plans, and amending budgets as necessary. The Fiscal Monitor Associate, Manager of Audits and Contracts, Assistant Director of Client and Family Services, Participant Choice Specialist, and the SDP Specialist are the members of the Center's SDP planning team. During this period, the unit supported the completion of 187 budgets that ultimately were transitioned into the SDP. At the end of 2023, there were 262 individuals enrolled in the program.

The unit continued to defer coordination of the Family Cost Participation Program (FCPP) and Annual Family Program Fee (AFPF) program, following direction in the California Welfare and Institutions Code (WIC) to suspend assessments of any cost participation through June 30, 2024.

## REVENUE COORDINATION

This unit manages \$10 million in trust for a little less than 750 individuals, and coordinates benefit applications and benefit eligibility redeterminations for these clients. Management of benefits includes receiving monthly Supplemental Security Income (SSI) and other benefit payments, making regular disbursements to pay for rent and other living expenses, and keeping the status of their eligibility current. This unit consists of a manager and three Revenue Coordinators.

There were 41 SSI and Social Security benefit applications submitted this year, which is up from 2022 (21 in the prior year). Benefit redeterminations were down to 256 from 438 in 2022. The Social Security Administration (SSA) continues giving specific focus on validating the benefit status of SSI recipients. The number of accounts managed by the unit was 715 at the end of the reporting period, down 17 from the prior year. Twenty-seven (27) applications (down from 46 in the prior year) and 170 redeterminations (down from 189 in the prior year) were processed for Medi-Cal benefits. In addition, the unit completed an additional 843 (down from 902) forms in response to requests for written information from the Social Security Administration and other entities.

<b>Activity</b>	<b>2022</b>	<b>2023</b>	<b>% Change</b>
Active Accounts	732	715	-2.3%
SSI/SS Benefit Applications	21	41	95.2%
SSI/SS Benefit Redeterminations	438	256	-41.6%
Medi-Cal Benefit Applications	46	27	-41.3%
Medi-Cal Benefit Redeterminations	189	170	-10.1%

The portion of the cost of placement in a licensed residential home paid out of an individual's benefits is sometimes paid by the Center as a loan during the benefit application process. These loans are to be paid back when the benefits are awarded. In 2023, loans totaling approximately \$173,000 were authorized and later reimbursed from individual benefits. The total loan balance at the end of 2023 was \$152,058, a 3.1% increase over 2022. This is due to increased delays in the awarding of benefits from Social Security.

In addition to managing benefits received for our representative payee clients, the Revenue unit is responsible for coordinating the disbursement of some Purchase of Services funds for clients deemed ineligible for SSI benefits and those receiving SSI that live independently. In 2023, the Center funded the full cost of out-of-home placement for 79 individuals who are ineligible for SSI benefits. Purchase of Services funds were also used to supplement SSI benefits for over 200 individuals living independently in 2023. The Revenue unit distributes these supplemental payments monthly.

## **INFORMATION TECHNOLOGY**

The IT unit consists of six individuals who manage and support all the Center's computer-related activities. This unit's responsibilities include all facets of the midrange computer system, including client and financial data collection processes and various other system processes, as well as the Center's network and personal computers that the Center uses in the conduct of its business.

The IT department has achieved significant milestones in infrastructure development, functionality enhancement, data security, contingency planning, technical support, and staff development throughout the past year. Notable achievements in infrastructure include the implementation of network monitoring software, upgrade of server operating software, replacement of end-of-life network switches, and investigating implementation of a Zero Trust Network Access system. Additionally, the department has made progress in developing an equipment replacement plan, supporting workstation upgrades (upgrading to Windows 11 and changing our encryption software to Microsoft BitLocker), and opening a new office space in Glendale that is integrated with the Wilshire network.

In terms of functionality, efforts have been made to ensure end user systems are up to date, support the Laserfiche electronic document management system, maintain and enhance the KEA case management system (developing a new IPP and Annual Review document), and support the use of UFS and SANDIS programs. Data security measures include changing encryption software to MS 365 BitLocker, implementing data backup programs for Microsoft 365 data, conducting system penetration testing (external access to the network) and internal network security testing. Technical support has been enhanced through the implementation of new IT help desk and patch management software, while staff training and resource materials have been updated and provided as appropriate. Furthermore, IT staff have received training to adequately support all hardware and software systems, including Laserfiche, MS 365, and converting printouts to PDF or Excel automatically.

These accomplishments underscore the IT department's commitment to ensuring robust digital capabilities, supporting organizational growth, and safeguarding data integrity and security. Continued efforts in these areas will further strengthen the organization's IT infrastructure and support its mission.

## **OPERATIONS MANAGEMENT**

This unit has six full-time staff responsible for managing the Center's reception, mailroom, asset inventory, security card system, and telephone systems. In addition, this unit supports the Center's expansion projects and maintains the Center's facilities, supplies, and some computer equipment inventory such as mobile phones and tablets. The position of Operations Supervisor was created in the fiscal year 2021-22 staffing plan and was filled in February 2023. The Operations Supervisor oversees the day-to-day operations of the unit, allowing the Operations Manager to take on the role of the Center's Emergency Services Manager. There was staff turnover in the Operations Assistant I position which was filled in March. In December, the Operations Assistant II position became vacant and is projected to be filled in early 2024.

## **FACILITY MANAGEMENT**

Plans for expansion to our first satellite office in Glendale were approved. Upon the lease being signed in April, tenant improvements began and were completed in early June. This space was designed to become an additional Koch Young Family Resource Center to facilitate appointments and access to resources for clients that reside in the Glendale/Pasadena/Foothill areas. The approximately 5,000 square foot suite hosts a smaller version of the Wilshire KYRC library and helpdesk, as well as a private office, conference room, staff hoteling stations, meeting rooms and open auditorium space. All furniture and security installations were coordinated by Operations in collaboration with IT. This location was opened to the public in November. The Operations unit will continue to manage security system, facilities, and supplies maintenance remotely for this location, collaborating with vendors and building management on-site as needed.

Small enhancements were made in efforts to accommodate the continued staff growth at our Wilshire location. Plans to convert one of the conference rooms on the 3<sup>rd</sup> floor into an additional lunchroom were approved and construction was completed by the end of the year.

Regular quarterly facility cleaning resumed this year as staff returned to work in-office full-time in the first quarter. The Operations unit also continued to work with building management to maintain common area maintenance.

## **RECEPTION AND TELEPHONE SYSTEM**

The Center reopened to the public in the month of March, resuming all regular business activity including walk-in appointments. The Center transitioned to a new phone system that allows improved communication among staff and with the community. In addition, the Center deployed over 100 cell phones to service coordinators and remote administrative staff in order to improve the community's ability to contact them when working outside of the office.

Reference guides were created for staff to facilitate the telephone transition to help them set up their profile, utilize the new application and desk/cell phone. The transition to the new phone system was completed in October. The Center monitored the new phone system's performance in the last quarter, and no issues with connectivity were reported during this time. The Center will continue to monitor performance and call volume to ensure minimal connectivity and accessibility issues.

## **OFFICE SUPPLIES AND EQUIPMENT**

The Center acquired a new asset inventory system to improve and enhance the overall management of equipment inventory. The new system will facilitate the mandatory physical inventory process required every two years by the state, and its full implementation is projected to be completed in 2024. The Center remained well equipped with office, cleaning, and sanitation supplies for both locations. Supply purchases steadily increased this year due to staff growth and the return to in-office work. Outdated refrigerators and kitchen appliances were replaced accordingly. iPhones were distributed to service coordination and remote staff. In collaboration with the Center's mobile device manager, all mobile devices were successfully migrated to Apple Business Manager, allowing the activation of restrictions to protect the Center's security and sensitive information across devices.

## **MAILROOM**

Though the Center continues to focus on digitizing communications with clients, families, and the service provider community where appropriate, communication via regular mail remains significant. The Operations unit facilitates incoming mail distribution for staff and ensures timely processing of outgoing mail. This department also manages the offsite storage of archived records. The need to access those records has decreased as the Center continued its transition to its electronic records management system. The Center is no longer sending any additional printed records offsite. Archived records that are dated beyond the retention policy are being destroyed upon approval.

## **OFFICE FURNITURE AND ERGONOMICS**

Electronic access to client records continues to allow the Center the option to repurpose office space with disposal of filing cabinets, excess storage cabinets and outdated furniture as needed. Two meeting rooms on the 7<sup>th</sup> floor were converted into private offices and both resting rooms on the 7<sup>th</sup> floor were upgraded with new furniture. Workstations for the Wilshire KYRC staff were evaluated by Operations and plans to replace outdated furniture were approved. New furniture for this unit is projected to be installed in 2024. The Operations unit coordinated the completion of ergonomic assessments when concerns were reported. Office chairs and other equipment were issued as recommended in these assessments, including standing desks, dual monitor systems, and headsets. We continue to prioritize these efforts to ensure the comfort and safety of staff.

## **EMERGENCY SERVICES MANAGEMENT**

Last year's office space expansion project included moving the Center's reception area from the 7<sup>th</sup> floor to the 1<sup>st</sup> floor. This relocation prompted the need to move the internal public announcement (PA) system, which is primarily used for emergency announcements. The PA system was successfully installed and tested in the month of January. Fire and Life Safety Inspections were completed for the office space expansion on floors 1, 3, and 7. The annual testing required by the Los Angeles Fire Department to ensure that fire safety, fire suppression, and fire detection systems are in good working order was successfully completed by building management in the month of September.

In October, there was a nationwide test of the Emergency Alert System (EAS) and Wireless Emergency Alerts (WEA). Staff were informed of the event and reference sheets on the type of different alerts were also provided. The Center participated in the Great Shake-Out Drill on October 19. Several reference sheets and fact sheets on earthquake safety were provided to staff. Staff were also requested to update their emergency contact information. The Emergency Services Manager confirmed all staff were supplied with a 3-day survival kit at the office.

A full review of the Center's Emergency Operations Plan (EOP) was initiated this year. Weekly meetings were held starting in the month of November and will continue in 2024. The EOP revisions are scheduled to be completed in the first quarter of 2024 and will be distributed to leadership staff. Emergency resource materials provided at all emergency exits are also being reviewed and will be revised accordingly based on the EOP revisions. Various emergency



preparedness trainings will be conducted subsequent to the completion of the EOP revisions as well.

The Emergency Services Manager participated in regular bi-weekly and monthly meetings coordinated by DDS, ARCA, and the statewide group of Emergency Services Coordinators (ESC). These meetings allow collaboration on various DDS emergency programs and initiatives, such as emergency kit distribution, medical equipment backup battery distribution, emergency communication cards, and the statewide used emergency notification system. DDS provided numerous trainings, including an introduction to emergency management concepts, multiple emergency systems and emergency planning such as the National Management System (NMS), National Response Framework System (NRFS), Incident Command System (ICS), and Emergency Operations Center (EOC).

Effective communication tools were provided to the Center's Deaf and Hard of Hearing (DHoH) Specialist to facilitate communication with other staff and the community not only on a daily basis but in the event of an emergency. The Center requested additional signage be placed by building management on all the emergency exit doors throughout the Wilshire office space. The Center also worked closely with building management and security staff to ensure clear protocols were in place for visitors and for any safety incidents.