

MEMORANDUM

TO: BOARD OF DIRECTORS
FROM: MELINDA SULLIVAN
RE: Board Meeting
DATE: March 23, 2022

This is a very full agenda. I greatly appreciate the time you give to the Center as a board member. Key items are summarized below.

BOARD EDUCATION

You will find the administrative reports for both Human Resources and Clinical Services. Karem Chacana, Director of Human Resources, and Gwen Jordan, Director of Clinical Services, will each provide a focused presentation on one aspect of their departments.

PROGRAMS AND SERVICES COMMITTEE – ACTION ITEM

The committee has reviewed three service standards and is bringing them forward for your consideration. These standards do not have any significant changes, but have been updated to reflect current practice. Carmine will present and answer any questions you may have.

SERVICE PROVIDER ADVISORY COMMITTEE – ACTION ITEM

On behalf of the committee, Pablo will be presenting a letter of support for the board's consideration. The Lanterman Coalition, of which ARCA is a member, is advocating for the acceleration of the rate model implementation in the Governor's proposed budget.



BOARD OF DIRECTORS MEETING

DATE: Wednesday, March 23, 2022
TIME: 6:00 PM – Board Business Promptly

Register in advance for this webinar:

https://us02web.zoom.us/webinar/register/WN_rucO7VRjSwO911QWdXghsA

After registering, you will receive a confirmation email containing information about joining the meeting/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"> February 23, 2022 	Gloria Leiva
	4	BOARD EDUCATION <ul style="list-style-type: none"> 2020 Administrative Report – Human Resources 2020 Administrative Report – Clinical Services – (Eligibility) 	Melinda Sullivan Karem Chacana Gwen Jordan
	5	EXECUTIVE DIRECTOR’S REPORT <ul style="list-style-type: none"> Grassroots Day Community Meeting – Purchase of Services Differences 2022 Lanterman Leadership Institute 2022 Board Training Plan Amendment 2022 Performance Contract Amendment 	Melinda Sullivan
	6	ARCA REPORT	Larry DeBoer Melinda Sullivan
	7	ADMINISTRATIVE AFFAIRS COMMITTEE <ul style="list-style-type: none"> Review of Financial Statements 	Larry DeBoer Kaye Quintero
ACTION ACTION ACTION	8	PROGRAMS AND SERVICES COMMITTEE <ul style="list-style-type: none"> Service Standard – <i>Typical Pre-Schools as Early Intervention</i> Service Standard – <i>Durable Medical Equipment, Supplies and Services</i> Service Standard – <i>Center-Based Early Intervention Services</i> 	Carmine Manicone



ACTION	9	SERVICE PROVIDER ADVISTOY COMMITTEE <ul style="list-style-type: none"> • Letter - DDS Rate Study Implementation Rate Acceleration 	Kim Isaac Pablo Ibanez
CLOSED SESSION	10 ACTION	EXECUTIVE SESSION <ul style="list-style-type: none"> • Approval of Minutes • Litigation • Contract • Timeline – Assessment of the Executive Director for June 2021-22 	Gloria Leiva Melinda Sullivan
	11	ADJOURNMENT	Gloria Leiva

APPROVAL OF MINUTES

LOS ANGELES COUNTY DEVELOPMENTAL SERVICES FOUNDATION

Board of Directors

February 23, 2022

MINUTES

PRESENT

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

NOT PRESENT

Danielle Dejean
Ana Villasenor

ADVISOR TO THE BOARD - PRESENT

Al Marsella

STAFF

Rose Chacana
Carmine Manicone
Syuzanna Mejlumyan
Srbui Ovsepyan
Kaye Quintero
Melinda Sullivan

GUESTS

Kimberly Bermudez
Michael Cooney
Tina Daley
Lia Cervantes Lerma – SCDD
Weller Killerbrew
Lili Romero-Riddell
Diana Sandoval – DDS

CALL TO ORDER

Ms. Leiva called the meeting to order at 6:00 PM. The meeting was conducted via Zoom.

PUBLIC INPUT

Ms. Lia Cervantes Lerma, SCDD, announced that the State Council on Developmental Disabilities will be conducting Statewide Virtual Trainings in English and Spanish for the calendar year 2022. Flyers were distributed to the Board.

APPROVAL OF MINUTES

Mr. DeBoer moved to approve the minutes of January 26, 2022, Ms. Beltran seconded the motion, and it passed.

BOARD EDUCATION

2020 Administrative Report – Koch-Young Resource Center

As part of Board Education and Training, Ms. Chacana and Ms. Mejlumyan gave a focused presentation on enhanced caseload service coordination for low/no purchase of services (POS). Board members were given the opportunity to ask questions and discuss the content.

Ms. Mazariegos expressed that Koch-Young Resource Center (KYRC) plays a very important role within the Center and wanted to acknowledge Rose Chacana and Joe Perales for the work and support they provide to the KYRC.

EXECUTIVE DIRECTOR'S REPORT

ARCA Comments on the Governor's Budget FY 2022-23

Ms. Sullivan advised the Board that the Assembly budget hearing for the Governor's 2022-23 proposed budget was held last week. Included in the packet was ARCA's input to the legislature. Ms. Sullivan reported that as part of this proposed budget, it focuses on reinvesting in the service system with funding for direct support professional training, rate model implementation, advancing service coordination as a direct service, reduced caseload ratio for young children, and stabilizing funding for regional center operations.

Discussion followed.

Satisfaction Survey Update

Ms. Sullivan gave a focused presentation on the 2021 Satisfaction Survey and reported on the following:

- A total of 11,137 surveys were mailed to clients in five different languages, including English, Spanish, Armenian, Korean, and Chinese.
- 2,138 (19.2%) of the surveys were completed and returned.
- Clients were given the choice to complete the survey online in their own language. Only 118 (5.5%) of respondents chose this option.
- Eleven different aspects of service and support were asked in the survey and clients rated their level of satisfaction with the service and support that FDLRC provides overall. The responses were given along a 5-point scale:
 - Completely Agree
 - Somewhat Agree
 - Not sure
 - Somewhat Disagree
 - Completely Disagree

91% of the clients reported that they agreed or completely agreed with the statement: “Overall, I am satisfied with the service and support that FDLRC provides.”

Ms. Sullivan reviewed the graph charts individually for the eleven different aspects of service and support. Board members were given the opportunity to ask questions and discuss the content.

The presentation will be emailed to the Board and posted on the website.

EXECUTIVE COMMITTEE

Board Committee Charges

Ms. Sullivan advised the Board that they could find in their packet the updated board committee charges that are found in the Board Handbook portal. The committee charges were updated to conform with the latest revisions to the Bylaws.

Conflict Of Interest Review

Ms. Sullivan shared five DDS Approved Conflict of Interest Resolution Plans as of February 1, 2022. Ms. Sullivan advised the Board that all DDS approved plans require that Lanterman’s board members, management staff, and involved employees be informed of the expectations to ensure that the employee has no involvement in any action or business involving the parties.

- 1) **Gwen Jordan** has a potential conflict with Wendi Jordan, who is vendored by Westside Regional Center to conduct psycho-social evaluations. Lanterman has not used Wendi to conduct psycho-social evaluations and, as per the approved plan, we will not use her for this function.
- 2) **Monica Mauriz** has a potential conflict with California Mentor, an Early Start vendor in the SGPRC and IRC areas. As such, she will not referred clients to California Mentor or promote its services and will have no involvement whatsoever in any action or business involving or affecting Inclusion Services.
- 3) **Anita Arcilla-Gutierrez** has a potential conflict with the Haynes Balcome Home, a residential service provider in NLACRC's area. As such, she will not refer clients to the Haynes Balcome Homes or promote its services and will have no involvement whatsoever in any action or business involving or affecting Haynes Balcome Homes and Lanterman clients.
- 4) **Karina Fuentes** has a potential conflict with Accredited Nursing. As such, she will not refer clients to this provider, whether for respite or nursing services. She will not promote the services of Accredited and will have no involvement whatsoever in any action involving Accredited.
- 5) **Victoria Lopez** has a potential conflict with Accredited Nursing. As such, she will not refer clients to this provider, whether for respite or nursing services. She will not promote the services of Accredited and will have no involvement whatsoever in any action involving Accredited.

Ms. Sullivan noted that these plans have not changed from the prior year.

ADMINISTRATIVE AFFAIRS COMMITTEE

Review of Financial Statements

Mr. DeBoer reviewed the financial statement summary through December 31, 2021.

Cash Flow

The Center is projected to have \$41,241,300 available at the end of April 30, 2022.

Fiscal Year to date 2021-2022 (C-2)

In Operations (main contract) the Center has spent \$12,379,454 (41.9% of budget). In Purchase of services (main contract) the Center has spent \$128,327,565 before we add late bills. Including projected late bills, the Center will have spent \$133,709,565 (45.2% of budget).

Fiscal Year 2020-2021 (B-3)

This month the Center has recorded \$16,143 in OPS and \$191,229 in POS. To date, the Center has spent 96% of its OPS and 98% of its POS allocations.

Fiscal Year 2019 - 2020 (A-8)

This month the Center did not make any OPS payments. The Center recorded \$81,493 in POS. To date, the Center has spent 96% of its POS allocations.

ADJOURNMENT FOR EXECUTIVE SESSION

Mr. Mitchell moved to suspend the General Session meeting at 7:25 PM for Executive Session to conduct business on Approval of Minutes and Litigation, Mr. DeBoer seconded the motion, and it passed.

RECONVENE FOR GENERAL SESSION

The Board discussed in Executive Session the Approval of Minutes and Litigation.

ADJOURNMENT

Mr. DeBoer moved to adjourn the meeting, Mr. Mitchell seconded the motion, and it passed.

The meeting was adjourned at 7:35 PM.

Mark Higgins, Secretary

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BOARD OF DIRECTORS

ACTION LOG

February 23, 2022

	DESCRIPTION	ACTION	STATUS
	Approval of Minutes – January 26, 2022	<ul style="list-style-type: none">• Approved	

BOARD EDUCATION

ANNUAL ADMINISTRATIVE REPORT

HUMAN RESOURCES

2021

This annual report represents a summary of the activities and accomplishments of the Human Resources unit in accordance with the 2021 work plan. The information is shown within categories that describe the major functions of the unit. More detail of activities can be found in the quarterly reports that follow work plan objectives.

I. SALARY ADMINISTRATION - Performance Evaluation Program

This year the Director of Human Resources continued to work with various units in revising and creating job descriptions. A total of 3 job descriptions were updated and 10 were created.

II. RECRUITMENT

In 2021, the Center recruited a total of 31 positions, which was up from the 16 positions in 2020. All 31 positions were full-time status. Human Resources also processed 11 internal transfers and 10 promotions

Sixteen of these 31 positions were new positions approved by the Board; 2 Regional Managers, 9 Service Coordinators, 1 Service Coordinator Specialist, 2 Secretaries, 1 Enhanced Caseload Supervisor, and 1 Human Resources Coordinator.

In addition, the Center received specialized money from the Department of Developmental Services (DDS) for a total of 9 positions; 1 Deaf Access Specialist, 4 Enhanced Caseload Services Coordinators, 1 Participant Choice Coordinator, 1 Emergency Services Manager, 1 Purchase of Service Coordinator, and 1 Family Home Agency Service Coordinator.

Human Resources faced various challenges this year related to the recruitment process. These challenges included but were not limited to finding candidates who were open to in-office work, higher pay expectations (than the range offered) as a result of the changing job market, and the challenge of conducting all of the recruitment and onboarding processes virtually.

In addition, the Center received an Order from the County of Los Angeles Public Health Department noting a vaccination requirement for all Health Care Workers, which we confirmed was a criteria the Center met. As such, we are informing all candidates at the time of the interview that due to a mandate, all employees are required to be fully vaccinated and provide proof of vaccination prior to confirmation of the start date.

The Center also continued to experience difficulty in recruiting Service Coordinators with bilingual skills for Armenian, Chinese, and Korean languages.

Turnover

There were 23 terminations in 2021; which is a decrease of 11% from 2020. A total of 24 Service Coordinator positions were filled in 2021 compared to 11 in 2020.

To meet the recruiting needs of the Center in 2021, Human Resources made some changes related to the recruiting process. For example, in consideration of the workload for Regional Manager, Human Resources screened all of the incoming resumes. A three-person panel was coordinated to conduct all Center interviews relieving Regional Managers from this additional responsibility. The recruitment process involves writing and placing advertisements, screening of applications, fielding telephone calls from applicants, scheduling zoom interviews, preparing written questionnaires for selected candidates, and preparing interview packets. The Center continues to extend a contingent employment offer before beginning the pre-employment screening process. The pre-employment screening process includes reference checks, social security number and degree verification, background check, drug testing, and a DMV check for all positions that require driving. All service coordination and community services candidates complete a writing sample on the same day of their interview.

Affirmative Action

Because of the Center's richly diverse catchment area and its commitment to employing staff that is reflective of the communities we serve, Affirmative Action statistics continue being tracked. There are 11 different languages spoken in the Center.

In 4th Qtr. 2021, the Center employed a total of 254 employees.

<u>Female Employees</u>	<u>Male Employees</u>
210	44
<u>Ethnicity</u>	<u>Total</u>
White	17
Hispanic or Latino	171
Black or African American	19
Asian	22
Armenian	23
Native Hawaiian or Pacific Islander	1

Other	1
<u>Languages Spoken</u>	
English	Korean 13
Spanish 171	Chinese 1
Tagalog 3	Russian 2
Swahili 1	Armenian 23
Thai 1	Arabic 3
Farsi 3	

III. BENEFITS

The Center continues working with Republic Indemnity as its worker's compensation carrier. The Center had 1 claim in 2021, which remains open. The Center's current Xmod is 116, which is down from 2020 when it was 124%.

The Center continues to work with health insurance broker firm Marsh & McLennan Agency (MMA). Employees utilize an employee portal that allows 24/7 access to information such as summary plan descriptions and election summaries as well as for online enrollments. Employees are also provided access to a dedicated phone center. In addition, MMA also supports compliance initiatives for Human Resources such as auditing & reporting capabilities, assistance with legal compliance such as Cobra, HIPPA, and ACA.

The Center continues to utilize a Web-time and Web-Benefits feature with Paylocity, the Center's HR/Payroll database. The new Web-Benefits feature allows for online enrollment, terminations, and changes. This online program is linked to Kaiser, MetLife, and IGOE so all changes are communicated electronically.

We continue to offer medical coverage through Kaiser. Plans offered are a lower-tier HMO option and a traditional HMO option. The Center continues with MetLife as the dental provider offering both HMO and PPO dental plan options. The Center experienced a 4.8% increase to both Kaiser medical plans and continues to cover 100% of the monthly employee cost. There was no rate increase for the MetLife dental plans, VSP vision plans, the Basic Life/AD&D plans, as well as the employer-paid Short-Term and Long Term Disability plans.

The Center continues to offer various voluntary benefits to employees. Voluntary benefits are benefits offered to employees by the Center at a discounted group rate, which are paid in full by the employee. MetLife continues to administer our Voluntary Accident and Critical Illness policies and UNUM continues to administer the Long Term Care plan. IGOE continues to administer both the Flex Spending and Cobra programs and the Center continues to work with United Pet Care and LegalShield. The Center also continues to offer two additional deferral options for the retirement plans offered through TIAA. Employees have the option to defer to a 403 (b) or a 457 (b) Retirement Plan.

IV. POLICIES AND PROCEDURES

In an effort to better communicate the policies and standard procedures to all staff, the Policies and Procedures Manual is available via the Center's Intranet. A hard copy is also available at the Secretary's desk of each unit.

The Center continues to follow the Collective Bargaining Agreement, which was approved by employees on June 6, 2019.

V. FUNDRAISING

Human Resources kicked off the 2021 holiday season by coordinating efforts with KYRC to assist Clients and families with a Thanksgiving meal. This year, with the support of The Karsh Center, LA Food Bank, and Alpha Kappa Alpha Sorority, a total of 145 families received a donation of a food box consisting of a turkey and fixings. It should be noted that the Karsh Center and LA Food Bank partnerships are a result of KYRC outreach activities.

In 2021, the Center raised a total of \$83,317 from the annual Holidays Are For Sharing Campaign and provided a total of 505 Clients and families with Ralph or Target food cards for the Christmas holiday. In addition, and due to the ongoing pandemic, food continued to be a priority for many of our clients and families. With the support of the KYRC unit, the Center was able to provide 100 food boxes on a weekly basis to an average of 60-75 families per week. In 2021, KYRC coordinated the distribution of 4,247 food boxes and 1,190 food cards.

VII. EMPLOYEE SAFETY AND SECURITY

The safety and well-being of employees is of prime importance to the Center. It is the responsibility of the Center to maintain a safe working environment insofar as it is possible to do so and operate a business. With the assistance of the Operations Manager, we continued to provide virtual ergonomic evaluations and trainings to employees requiring support as they transition to a full-time work-at-home setting.

VIII. ANNUAL PERFORMANCE EVALUATIONS

Human Resources continued to track the status of all employee performance evaluations. The purpose of the report is to track the timelessness of employee performance evaluations. Human Resources processed a total of 212 merit increases in 2021.

IX. COLLECTIVE BARGAINING

We continue to honor the contract and follow the Collective Bargaining Agreement.

X. SUCCESSION PLANNING

The Center's Emerging Leaders Program (ELP), which is facilitated by NonProfit Management Solutions, transitioned to an online format allowing for Center employees to attend the ELP series virtually. As such, two cohorts were coordinated in 2021. The first included 10 employees and the second included the participation of 11 employees.

ANNUAL ADMINISTRATIVE REPORT

CLINICAL SERVICES

2021

This report summarizes major activities and significant accomplishments of the Clinical Services Unit for the period of January 1st through December 31st, 2021.

Overview

The overall goal of Clinical Services is to assist clients and families in the Lanterman Community to achieve and maintain their optimum health and wellbeing, both in the areas of physical as well as behavioral health; achieving health and wellbeing paves the way for individuals to become active participants in their communities. To accomplish this goal, members of the clinical team assist clients, their families and other care givers to access quality health care in physical as well as behavioral health. Additionally, members assist in referring clients to community based resources as well as monitor complex health concerns.

Designated team members provide educational presentations and technical assistance to service coordination staff, direct care service provider staff in community based living options as well as to family members. The purpose of such educational information and technical assistance is to enhance the skill set and increase the knowledgebase of direct care givers, lay care givers as well as staff who coordinate services for clients. Information/education sessions are also offered to community based clinical professionals to provide information and updates concerning individuals served concerning individuals served and to extend to them the opportunity to provide the often specialized care for clients through establishing a working relationship with the Center.

Achievements of 2021 Work Plan

Goal 1: Administration and Management:

Clinical Services is comprised of six full time positions as described below:

- Clinical Services Director, who is a registered nurse
- Executive Assistant
- Two Federal Revenues Coordinators (also referred to as QIDP, Qualified Intellectual Disabilities Professional)
- Two nurse consultants

Additionally, within the unit are sixteen contract clinical consultants:

- Two clinical psychologists
- Two medical doctors

- Three nurse consultants. One of which is a trained psychiatric nurse. One nurse consultant primarily monitors clients with Diabetes Mellitus Type II and one nurse consultant with experience in the LACDPH
- One Registered Dental Hygienist who functions as the Center's Dental Coordinator
- Part-time consultants include a dentist who provides consultations on complex treatment plans, a speech pathologist, an occupational therapist, and a pharmacist.

The Intake and Assessment Unit and Autism Team continue to be a part of the clinical department.

During 2021, Clinical Services team continued to provide coordination and oversight of various activities and/or projects. Included are:

- (1) The Center continued its relationship with Eisner Pediatric and Family Medical Center (EPFMC) a Federally Qualified Health Center (FQHC), where children and adults are able to receive health assessments and ongoing health care. Typically, clients referred to Eisner Medical Center are those individuals that are without medical insurance and/or a primary care provider. The Center also continued its work with Clinica Romero an FQHC located near in the Westlake area of Los Angeles. Clinical and Community Services staff worked collaboratively with Clinica Romero, with a focus on establishing a medical home for members of the Lanterman community in need of such.
- (2) Psychiatric evaluation, planning, treatment, medication and follow up monitoring for persons with diagnosed psychiatric diagnoses and/or severe behavioral challenges are being provided by two experienced psychiatrists both of which provided services via a tele-psychiatry program that is HIPPA compliant.
- (3) The promotion of oral health among persons with developmental disabilities continues to be an ongoing focus and includes activities such as screenings, educational sessions and trainings, remote technical assistance and consultations were also provided by the Center's dental coordinator. Educational trainings on best techniques for providing proper oral care and the promotion good oral health practices were presented to clients, their family members and direct care givers.

Goal 2: Improve health outcomes for children and adults with developmental disabilities

During 2021, accomplishments towards promoting preventative oral care include:

- Completed 182 screenings for children and adults during the year, with the majority of them being via zoom, an increase of 34 from the previous year.
- Dental coordinator along with Dr. Banner, DDS held a dental clinic during the year at a large ICF-DD facility and examined 35 clients.
- Again in 2021, as was during the beginning of the pandemic, the dental coordinator worked collaboratively with KYRC and other key departments to coordinate with community dental offices to pick up PPE's for their in office use.
- Dental coordinator conducted 2 trainings on oral health for parents, one in English, 16 participants and one in Spanish with 12 participants. In addition she conducted an oral health training for staff at one of our specialized home providers, Mercedes Diaz Homes with 35 staff attending and she also conducted educational sessions of 16 other licensed residential homes.

- In addition the dental coordinator conducted 43 virtual follow up consultations with residential providers and individual families to discuss any questions or concerns as well as to ascertain the need for referrals for urgent dental care and then locate a community based dentist that was seeing individuals in their offices. There were 3 consultations for second opinions specific to proposed dental treatment.
- The dental coordinator assisted with Center staff to have PPE's donated to local dental offices. She also collected dental supplies requested by a number of residential facilities and delivered them to those homes observing the 'no contact' method.
- Dental coordinator worked with the KYRC to provide educational sessions for 2 parents support groups during the year; one in English with 16 parents and the other in Spanish with 12 participants.

Autism Team

The Autism Team, (AT) is comprised of 3 individuals with experience in various behavioral treatment modalities and provide consultation to service coordination staff regarding complex client cases. This team consists of a BCBA who functions as the coordinator for the team's activities such as scheduling Behavioral Treatment Planning meetings, a BCBA-D and a clinical psychologists. These individuals continued to participate in the CAPTAIN program. CAPTAIN is a multiagency network that includes the regional center system and local school districts. This network was developed to support the understanding and use of evidence based practices for individuals identified as being affected by ASD. During the year the collaboration with Southern California Regional Centers and other entities continued. In these meetings, among other issues, discussions relative to updates on Self Determination, Alternative Services and increased requests for behavior services. Additionally, So. Cal Regional center goals for the upcoming year were discussed.

The AT facilitated behavioral treatment planning meetings with service coordination staff regarding with clients with challenging behavioral concerns. Typically, these multidisciplinary meetings are convened at the request of the service coordinator and provide an opportunity for discussion of individual client cases. At the end of such meetings, the SC is provided a signed copy of identified issues discussed as well as recommendations of appropriate therapies/treatments for those individuals discussed. In 2021, 150 such meetings were held, an increase of 31 from the previous year. The need increased such that an additional day was added weekly to accommodate the demand.

Individual consultations by way of client record reviews were also provided; a total of 311 individual consultations were completed in 2021, which is an increase of 177 consultations. AT provided trainings both for staff as well as family members and met with an afterschool provider, Woodcraft Rangers regarding training needs of their staff specific to understanding developmental disabilities.

Members of the AT provided clinical feedback to the Community Services Unit as it process an application for a new ABA.

The AT continues to collaborate with the Dental Coordinator relative to planning events focused on oral hygiene. A dental fair is planned for the spring of the upcoming year with a community based dental office that has long served members of the Lanterman community.

During the year ongoing dialogue continued with key members of the Department of Mental Health (DMH), SPA IV with regard to referrals for Regional Center clients needing mental health services. AT continued its work with DMH, Service IV on a series of educational sessions on the need for mental health services for regional center clients: two successful sessions were held during the year.

Intake and Assessment

While the pandemic significantly impacted the number of applicants in 2020, applications began to return to normal in 2021.

Early Start

For children between 0-3 years of age infants and toddlers are eligible for Early Start services based on the presence of a developmental delay, or those who are at risk for a delay or those who have an established risk.

There were 1727 referrals for Early Start services were received and processed; this is an increase of 416 from 2020. The Center completed 98% of the referrals well within the federally mandated timeframe.

Lanterman Act Eligibility

For individuals over 3 years of age, there were 480 referrals received and processed for applicants, which is an increase of 147 from 2020.

For the over 3 cases, the Center completed 90% of the referrals within the mandated 120 day timeline.

Goal 3: Improve access to medical, dental and mental health services

A number of strategies were implemented to improve access to health services and to positively affect the health status of clients. These included:

- 1) Renewal of contracts for clinical consultants to the Center in the fields of medicine, nursing, clinical psychology, dental hygiene, speech pathology, occupational therapy and pharmacology.
- 2) In 2021 nurse consultants conducted 1426 visits with 817 of them being face-to-face encounters and 609 were held virtually; the majority of the virtual encounters were conducted via Zoom which enabled the nurses to visualize the individual clients and thereby assess their physical status.

- 3) Multidisciplinary clinical review meetings continued to be held as the needed. Disciplines represented in these meetings are: clinical psychology, Board Certified Behavior Analyst (BCBA), nursing, medicine and dental consultation as needed. This review process provides a forum where service coordinators may discuss concerns/service needs for clients with complex health, both physical and behavioral challenges. In 2021, there were 21 cases presented and discussed with the service coordinator being provided written recommendations on which to follow up on. These reviews are in addition to the reviews conducted by the Autism Team for behavioral health concerns and challenges.
- 4) During 2021, 941 consents for medical, dental procedures, surgeries as well as for the use of psychotropic medications were processed, representing an increase of 462 over the previous year.
- 5) Referrals of clients with diagnosed mental disorders and or behavioral challenges continue to be followed by two psychiatrists with experience and expertise in treating special needs individuals. In 2021 there were 9 new clients referred and 210 follow up visits were conducted
- 6) In 2021 the clinical team continued to meet as needed to discuss and review the in-patient hospital course as well as the health status of clients known to be hospitalized. During these meetings, nurse and medical consultants presented updates on each client's condition as well as the necessary follow up by team members to insure that clients receive appropriate medical care and treatment to maximize their recovery. During the year, a total of 608 client hospital admissions were reported. 412 were for physical health and 196 for behavioral health. T

The clinical team provides educational sessions for direct providers of care as well as service coordination staff as appropriate, with the focus being on enhancing their observation and reporting skills to intervene at the appropriate time to mitigate hospital admissions.

- 7) One nurse consultant has the primary responsibility to monitor the health care needs of individuals who have transitioned to an ARFSHN (Adult Residential Facility for persons with Special Health Needs) homes as well as those transitioning from locked facilities. This year, the nurse consultant conducted 145 visits of which 21 were in-person visits and 34 were held remotely, primarily via Zoom. This is a dramatic increase in the number of in-person visits over the previous year as staff were able to return to conducting in person visits.

Goal 4: Increase the number of qualified health professionals willing to provide primary health care for adults and children with developmental disabilities.

- (1) In 2021 key members of the clinical team continued to network with key persons from DMH service area IV to discuss ways in which the Center can work more collaboratively

with DMH and DMH providers to increase their knowledge base of individuals served by regional centers as well as Center staff. During the year 2 members of SPA IV DMH provided an in service for service coordination staff.

- (2) Clinical Director continued with participation in quarterly meetings of Southern California Clinical Directors Group and the semiannual meetings of the statewide clinical Directors. She also attended quarterly meetings of Regional Centers Health Net meetings as well as the meetings of the LA Care Community Children's Health Advisory Committee.

Goal 5: Evaluate the quality of health care provided to people with developmental disabilities:

- 1) As a matter of routine, Clinical Services staff members participate on communities to provide clinical input as appropriate. Committees included: Community Living Options Review Committee and Bio-Ethics Committee meetings. Bio-Ethics meetings are typically held for clients whose treating physician or a family member initiates a DNR (Do Not Resuscitate) order when an individual's health status is determined to be irreversible, terminal and that further treatment would be futile. During 2021 there was one formal Bio Ethics Committee meeting held, however, clinical team members along with service coordination consulted with family members, at their request, on end of life care for their family member.
- 2) The Community Living Options Review Committee is a multidisciplinary committee that reviews referrals and makes recommendations for appropriate community placement. A nurse consultant participated in 47 of these meetings in 2021.
- 3) One nurse consultant follows the Center's clients who are known to carry the diagnosis of Diabetes Mellitus Type II. In 2021, 60 clients reported to have Diabetes had visits by the nurse consultant with the majority of them being virtual visits. During such visits, in addition to discussing with the care giver, the client's health status relative to Diabetes and other health concerns, there is also discussion/reminders provided regarding necessity scheduling preventative health medical visits. At times, the nurse has personally scheduled such appointments.

Goal 6: Maintain Eligibility for Participation in the Home and Community Based Waiver Services (HCBWS) and other Federal Revenue Programs:

- (1) Members of the clinical team are responsible for continued evaluation of clients for initial as well as continued eligibility for participation in the HCBS Program. Both Qualified Intellectual Disability Professional (QIDP's) are also responsible for working with the HCBS coordinator and the Clinical Director to insure that the Center reaches and maintains an enrollment of at least 3600 waiver participants. In 2021 the Center continued to maintain an active enrollment of at least 3600 participants in the HCBS.

- (2) During the year 297 clients were added to the waiver including 78 through the Institutionally Deeming process. A total of 3,736 cases were recertified for continued eligibility. In 2022 the Center is expected to participate in a formal audit by the Department of Health Care Services and the Department of Developmental Services.

Goal 7: Expand knowledge among clients, family members, service providers and regional center staff about health-related issues.

Clinical Team members provided educational sessions to service coordination staff on specialists continue to provide educational and training sessions on health-related issues for service providers, parents and clients who represent the Lanterman Community. In 2021 there was continued focus on providing information on COVID-19 to families as well as service providers, as well as educational sessions for staff and families on addressing the observed stress and anxiety associated with the pandemic. Further nurses were called upon to provide guidance, in accordance to CDPH and CDC standards, to direct care staff at CCF's.

During the year nurse consultants as well as the dental coordinator began to re-enter residential facilities conducting face to face visits and technical assistance. Nurse consultants also participated in trainings for residential providers with the focus being on sharpening observation skills to detect changes in residents baseline conditions.

Goal 8: Advocate with health care providers and policy makers for quality of health care for people with developmental disabilities.

- (1) The Center continues to develop and maintain relationships with key generic and community health care agencies such as Child Health Community Advisory Committee facilitated by LA Care staff, SPA 4 of the Department of Mental Health. In house clinical meetings/reviews are held regarding hospital admissions, review of special incident reports as well as mortality meetings to determine if there are possible trends to conduct a closer review.
- (2) Clinical Services team members provide periodic updates, as requested, to the Programs and Services Committee and participation on the Center's Quality Management Committee.

EXECUTIVE DIRECTOR'S REPORT

Public Meetings to be Held in March Regarding Purchase of Services Differences

Reuniones públicas en marzo sobre diferencias en compra de servicios

Lanterman Regional Center will be hosting two live video conference public meetings on:

El Centro Regional De Lanterman organizará dos reuniones públicas de videoconferencia en vivo sobre:

Fecha - March 8, 2022

Hora - 06:00 PM

Lenguaje - Spanish/Español

Regístrese con anticipación para esta reunión/webinar:

<https://us02web.zoom.us/meeting/register/tZUqdOuhrjoiHNX9JMTmfZrtGyuen2NeGlvR>

Durante las reuniones vamos a repasar los datos sobre las diferencias en los servicios comprados para clientes de Lanterman relacionados con la edad, raza, y idioma primario.

Estas reuniones se llevan a cabo para cumplir con (Código De Bienestar & Instituciones, Sección 4519.5) que pide el Departamento de Servicios del Desarrollo (DDS) y centros regionales para recopilar anualmente datos relacionados con la compra de servicios autorizados, utilización y gastos, e informar con respecto a varios indicadores como la edad, raza, idioma y discapacidad. Cada año, esta información será compilada y publicada por el centro regional antes del 31 de diciembre para el año fiscal anterior con reuniones públicas conducidas antes del siguiente 31 de marzo.

Date - March 24, 2022

Time - 04:00 PM

Language - English

Join Zoom Meeting

<https://us02web.zoom.us/j/83205480130>

Meeting ID: 832 0548 0130

Passcode: 104069

During the meetings we will be reviewing data on the differences in purchased services for Lanterman clients related to age, race, and primary language.

These meetings are held to comply with (Welfare & Institutions Code Section, 4519.5) that calls for the Department of Developmental Services (DDS) and regional centers to annually compile data relating to purchase of service authorization, utilization and expenditures, and report with respect to several indicators including age, race, language and disability. Each year, this data is to be compiled and posted by the regional center by December 31st for the prior fiscal year with public meetings to be held by the following March 31st.

DEPARTMENT OF DEVELOPMENTAL SERVICES

1215 O Street, MS 8-30
Sacramento, CA 95814
TTY: 711
(833) 421-0061



March 8, 2022

Gloria Leiva, Board President
Melinda Sullivan, Executive Director
Frank D. Lanterman Regional Center
3303 Wilshire Boulevard, Suite 700
Los Angeles, CA 90010-1710

Dear Gloria Leiva and Melinda Sullivan:

Thank you for submitting the Frank D. Lanterman Regional Center (FDLRC) Board Training Report and Plan pursuant to the 2021-2022 Regional Center Contract Article VII, Section 11. The Department of Developmental Services reviewed your report and plan, which were received on November 19, 2021.

FDLRC's plan does not contain the required elements noted in the contract. At minimum, it shall include a review of board governance (e.g., board members' role and responsibilities), conflict of interest and whistleblower policies, and linguistic and cultural competency.

Specifically, FDLRC's plan does not include linguistic and cultural competency. Please submit a revised Board Training Plan to the Department within 30 days from the date of this letter to:

oco@dds.ca.gov

If you have any questions regarding this correspondence, please contact Nikisia Simmons, Primary Regional Center Liaison, Office of Community Operations, at (951) 554-0955, or by email, at nikisia.simmons@dds.ca.gov.

Sincerely,

Original signed by:

ERNIE CRUZ
Deputy Director
Community Services Division

cc: Amy Westling, Association of Regional Center Agencies
Brian Winfield, Department of Developmental Services
Aaron Christian, Department of Developmental Services
Uvence Martinez, Department of Developmental Services
Nikisia Simmons, Department of Developmental Services

"Building Partnerships, Supporting Choices"

March 9, 2022

Ernie Cruz
Deputy Director, Community Services Division
Department of Developmental Services
1215 O Street, M-S 8-30
Sacramento, CA 95814

Re: FDLRC Board Training Plan

Dear Mr. Cruz,

This letter is in response to the letter from DDS dated March 8, 2022 in which the Department requested a revised Board Training Plan. In this letter the Department stated that our plan did not contain all of the required elements noted in the contract. Specifically, our plan did not include linguistic and cultural competency.

Included with this letter is an amended Board Training Plan for calendar year 2022; the Board will receive linguistic and cultural competency training as part of its annual board training in July of this year. This letter and plan have also been emailed to oco@dds.ca.gov. Please don't hesitate to reach out if there are questions.

Best Regards,

Melinda Sullivan

DEPARTMENT OF DEVELOPMENTAL SERVICES

1215 O Street, MS 8-30
Sacramento, CA 95814
TTY: 711
(833) 421-0061



March 8, 2022

Melinda Sullivan, Executive Director
Frank D. Lanterman Regional Center
3303 Wilshire Boulevard, Suite 700
Los Angeles, CA 90010

Dear Melinda Sullivan:

Thank you for submitting Frank D. Lanterman Regional Center's (FDLRC) year 2022 Performance Contract, which was adopted by the Board of Directors on October 27, 2021. Staff reviewed the performance contract for compliance with applicable statutory provisions and the Department of Developmental Services' (Department) performance contract guidelines dated September 3, 2021. FDLRC's 2022 Performance Contract is approved as submitted. Any revisions to the approved plan must be submitted to the Department in writing.

In reviewing FDLRC's 2022 Performance Contract, incorrect incentive payment amounts (refer to Welfare & Institutions Code §4870) are referenced rather than using time intervals as indicated for this employment measure, in the performance contract guidelines. The Department requests that FDLRC corrects this error so that the FDLRC 2022 Performance Contract is consistent with the guidelines.

For fiscal year 2021-2022, the enacted Developmental Services Budget Trailer Bill, AB 136, added Welfare & Institutions Code §4620.5, which requires the Department to implement a quality incentive program. The Department is required to convene a stakeholder workgroup that will make recommendations on the development of standard performance improvement indicators and benchmarks to incentivize high-quality regional center operations.

We appreciate the efforts of your staff and the community's participation in the development of your plan. If you have any questions regarding this letter, please contact Diana Sandoval, Secondary Regional Center Liaison, Office of Community Operations, at (916) 405-1358, or by email, at diana.sandoval@dds.ca.gov.

“Building Partnerships, Supporting Choices”

Melinda Sullivan, Executive Director
March 8, 2022
Page two

Thank you for your continued cooperation.

Sincerely,

Original signed by:

ERNIE CRUZ
Deputy Director
Community Services Division

cc: Gloria Leiva, Frank D. Lanterman Regional Center
Aaron Carruthers, State Council on Developmental Disabilities
Brian Weisel, State Council on Developmental Disabilities
Brian Winfield, Department of Developmental Services
Aaron Christian, Department of Developmental Services
Uvence Martinez, Department of Developmental Services
Nikisia Simmons, Department of Developmental Services
Diana Sandoval, Department of Developmental Services