



BOARD OF DIRECTORS MEETING

Wednesday, April 28, 2021
6:00 PM –Board Business Promptly

Register in advance for this meeting/webinar:

https://us02web.zoom.us/webinar/register/WN_s6eF6qSwTGCR-2ilAlia6w

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	Dina Richman
	2	PUBLIC INPUT/ANNOUNCEMENTS	Dina Richman
ACTION	3	APPROVAL OF MINUTES <ul style="list-style-type: none"> • March 24, 2021 • 	Dina Richman
	4	BOARD EDUCATION <ul style="list-style-type: none"> • 2020 Administrative Report – Client and Family Services (Complaints and Appeals) 	Carmine Manicone
	5	EXECUTIVE DIRECTOR'S REPORT <ul style="list-style-type: none"> • ARCA Update • Vaccination Clinics at Lanterman 	Melinda Sullivan
	6	ADMINISTRATIVE AFFAIRS COMMITTEE <ul style="list-style-type: none"> • Reduction in Line of Credit • Statewide State of Emergency Expenditure Report • Review of Financial Statements 	Mark Higgins Kaye Quintero
CLOSED SESSION	7 ACTION	EXECUTIVE SESSION <ul style="list-style-type: none"> • Approval of Minutes • Litigation • Timeline for Executive Director's Performance Evaluation 2020-21 	Dina Richman
	8	ADJOURNMENT	Dina Richman

APPROVAL OF MINUTES

LOS ANGELES COUNTY DEVELOPMENTAL SERVICES FOUNDATION

Board of Directors

March 24, 2021

MINUTES

PRESENT

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

NOT PRESENT

Rachelle Cabrera
Danielle Dejean
Ana Villasenor

ADVISOR TO THE BOARD - PRESENT

Al Marsella

STAFF

Pablo Ibanez
Carmine Manicone
Kaye Quintero
Melinda Sullivan

GUESTS

Aurora Ramos
Brigitte Sroujeh
Kimberly Bermudez
Maricela Zacarias
Marua Magdalena Zesati
Nanor Kabakian
Nikisia Simmons – DDS
Rosa Villeda

Taleen Khatchadourian
Trudy Robinson
Zulma Mena

CALL TO ORDER

Ms. Richman called the meeting to order at 6:05 PM. The meeting was conducted via Zoom.

PUBLIC INPUT

No public input was given.

ANNOUNCEMENTS

- Ms. Mazariegos and Ms. Leiva wanted to acknowledge all the wonderful support given to families and support groups by the KYRC staff during the pandemic. A special commendation was made to Joe Perales.
- Ms. Kabakian suggested that support groups have the option to continue meeting via Zoom after the pandemic if needed.

APPROVAL OF MINUTES

Dr. Stein moved to approve the minutes of February 24, 2021, Mr. DeBoer seconded the motion, and it passed unanimously.

BOARD EDUCATION

As part of Board Education and Training, Ms. Rose Chacana, Director of the Koch-Young Family Resource Center, gave a focused presentation on the many support efforts the Center has done during the State of Emergency (SOE). Board members were given the opportunity to ask questions and discuss the content.

EXECUTIVE DIRECTOR'S REPORT

Early Start Program Monitoring Review

For Information Only -

Ms. Sullivan advised the Board that they could find a copy of the letter from DDS confirming the audit/review of the Center's Early Start Program the week of May 10-14, 2021.

EXECUTIVE COMMITTEE

Technology Project

Ms. Sullivan advised the Board that the Center has distributed 38 of 40 laptops with hotspots to clients receiving adult day services. The laptops are cataloged and checked out through the Family Resource Center. As a point of reference, the laptops were distributed among the following ethnic groups:

- 14 - Hispanic
- 3 - Filipino
- 5 - Armenian
- 1 - Russian
- 5 - White
- 4 - African American
- 1 - Korean
- 2 - Chinese
- 3 - Other Asian

Ms. Sullivan also reported that other regional centers are applying for CPP grants to replicate our Technology Project at their respective Centers.

COVID Update

Ms. Sullivan advised the Board that it has been very quiet at the Center as related to COVID-19 cases this week. The Center has been reporting a decline in positive cases.

The Center continues to work diligently on immunizations as they are rolling out by the City of Pasadena and LA County. The Center has worked hard to keep up with all of the news & updates related to the COVID-19 vaccine and this information is shared with clients, families, and staff.

People with developmental and other disabilities ages 16-64 have been given vaccine eligibility beginning March 15, 2021. The Center will be sending out personalized letters to approximately 5,000 clients/families that certifies that they meet one or more of the criteria, and therefore is eligible for vaccination beginning March 15, 2021 as vaccine supply is available.

Satisfaction Survey

For Information Only -

Ms. Sullivan advised the Board that in the Fall, approximately 11,000 satisfaction surveys had been sent out in English, Spanish, Korean, and Chinese. The Center received a 20% return rate of completed surveys and they have been tabulated. Ms. Sullivan present an over of the survey results.

ADMINISTRATIVE AFFAIRS COMMITTEE

B-2 Amendment for FY 2020-21

Ms. Quintero reported that the Center received its second allocation to the current fiscal year contract this month, which included CPP funding for both Operations and Purchase of Services (POS). A copy was in the board packet for information only.

Review of Financial Statements

Mr. Higgins reviewed the financial statement summary through January 31, 2021.

Fiscal Year to date 2020-2021 (B-2)

In Operations (main contract) we have spent \$13,458,704 (53.1% of budget). In Purchase of services (main contract) we have spent \$138,075,246 before we add late bills. Including projected late bills, we will have spent \$142,108,921 (61.5% of budget).

Fiscal Year 2019-2020 (A-7)

This month we recorded \$101,763 in OPS and \$195,217 in POS. To date, we have spent 96.1% of our OPS and 98.3% of our POS allocations. We are currently projecting surpluses in both OPS and POS.

Fiscal Year 2018-2019 (E-4)

This month we recorded \$9,412 in POS. To date, we have spent 99.9% of our OPS and 98.5% of our POS allocations. We have a very small surplus in OPS and a surplus as well in POS.

ADJOURNMENT FOR EXECUTIVE SESSION

Dr. Stein moved to suspend the General Session meeting at 7:38 PM for Executive Session to conduct business on Approval of Minutes, Litigation, Real Estate, and Timeline for Executive Director's Performance Evaluation. Ms. Leiva seconded the motion, and it passed unanimously.

RECONVENE FOR GENERAL SESSION

The Board discussed in Executive Session the Approval of Minutes, Litigation, Real Estate, and Timeline for Executive Director's Performance Evaluation.

ADJOURNMENT

The meeting was adjourned at 7:45 PM.

Elizabeth Beltran, Secretary

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DRAFT

BOARD OF DIRECTORS

ACTION LOG

March 24, 2021

	DESCRIPTION	ACTION	STATUS
	Approval of Minutes – <i>February 24, 2021</i>	<ul style="list-style-type: none">• Approved	

DRAFT

BOARD EDUCATION

ANNUAL ADMINISTRATIVE REPORT CLIENT AND FAMILY SERVICES

ONGOING SERVICE COORDINATION EARLY INTERVENTION

2020

The following report represents a summary of significant accomplishments and activities of the Client and Family Services Division for calendar year 2020. The Client and Family Services Division includes service coordination teams representing the Los Angeles basin, the Foothill/Pasadena region, Early Intervention, and enhanced case management for individuals who have moved out of a state developmental center or reside in an Institution for Mental Disease. The Division's primary function is case management, service planning and coordination. The Division collaborates with the Clinical Services Department as it relates to client health and with the Community Services Unit in service monitoring and evaluation of living options services. The division also collaborates with the Koch-Young Resource Center (KYRC) with the facilitation of support groups and in the provision of accurate and timely information to clients and families. This collaboration assists the KYRC and service coordination staff in achieving a close working relationship to better serve Lanterman's families and community.

The Client and Family Services Division generates hundreds of thousands of dollars in federal funding through the targeted case management program, various Medicaid Waivers, and the Early Start program. This division is the cornerstone of the regional center. Its front-line staff represents the regional center to over 10,800 clients and families in the diverse communities of the Lanterman catchment area.

During the past year, the Department of Developmental Services (DDS) focused much of its energy responding to the needs of the community impacted by the ongoing pandemic. As a result, DDS issued a number of Directives to the regional centers in an attempt to guide regional centers to meet the needs of the communities we serve. Some of the Directives were issued to ease restrictions and allow for new and creative ways to serve clients and families but many directives also required staff to adapt to changes and often added new tasks to their ongoing responsibilities. The following list represents an examples of directives issued in 2020:

- Required regional centers to complete a special incident report (SIR) for any of the following events: Any individual who tests positive for COVID-19; • Any individual who receives medical attention at a hospital, emergency room, or urgent care clinic due to COVID-19 symptoms; or • Any individual whose death is related to COVID-19, either by confirmed COVID-19 positive testing or by medical diagnosis unconfirmed by testing.
- Implemented the new option of "Alternative Services" for non-residential services to meet a client's service needs. This Directive encouraged providers to be creative, resourceful and make modifications to how existing services are delivered in order to be responsive to each client's individualized needs, while being mindful of safety protocols during COVID-19.
- Issued a directive to add "Additional Participant-Directed Services" to provide clients, regional centers and vendors greater flexibility to support clients and their families. DDS modified requirements in the Lanterman Act and allowed families and clients to make decisions about hiring support people who they were comfortable with to provide services during the pandemic. In addition to the services currently available through participant direction, the following services were also added: • Personal assistance • Independent living skills • Supported employment

- On two (2) separate occasions, DDS issued directives that required service coordinators to contact every individual and family on their caseloads to complete Wellness checks and offer additional services to meet the needs of clients during the pandemic. At Lanterman, SC's have been asked to continue the calls even beyond the direction from the Directive. SC's are also required to document all contacts.
- Issued a Directive allowing the extension of Early Start services beyond a child's 3rd birthday when transition to special education services for children at age three is delayed due to a lack of public school services and the inability to schedule the transition IEP meeting.
- Allowed regional centers to conduct intake meetings, evaluations and assessment activities by remote electronic communications, provided that the regional center determines the integrity of the intake process will not be compromised. Also issued directives that allowed regional centers to remotely conduct Individual Program Plans (IPP's), Annual Reviews, and Quarterly Reviews.

SELF-DETERMINATION

The Center continues its efforts towards the implementation of the Self-Determination Program (SDP). In late 2018, the Department of Developmental Services selected 73 SDP participants from FDLRC for the initial, 3-year soft-rollout. As of December 2020, the center has 52 active participants in the program and eighteen (18) participants have fully transitioned into the program and are purchasing services under the Self Determination program.

With the ongoing state of emergency, the Center has converted the mandatory orientation to a virtual presentation for interested participants to access through the Center's training platform, ARCA Learn. The PowerPoint Orientation presentation is available in both English and Spanish and fulfills the requirement of clients who desire to transition to the Self Determination program. The Self Determination Specialist is also holding monthly staff trainings on different topics, principles and moving parts of the program in preparation for the statewide rollout in June 2021. Lanterman is also collaborating with other local regional centers to provide trainings geared towards current and interested participants. The Center made a strategic decision to maintain SDP cases on the current SC Caseload instead of creating specialized caseloads in order to have all staff better prepared for the statewide rollout.

REGIONAL SERVICE COORDINATION

Service coordination teams are organized by both age and, to the best of our ability, geography. Within the School Age Unit there are four teams: the LA School Age Team which serves the Central and Hollywood health districts, the Foothill School Age Team which serves the Pasadena and greater Glendale/Burbank areas, the School Age Transition Team which serves children in Los Angeles, as well as Glendale, Burbank, Pasadena, and La Canada, and the New School Age team, which serves clients residing in Los Angeles, as well as Glendale, Burbank, Pasadena, and La Canada.

The Ongoing Unit serves older adolescents and adults via five service coordination teams organized by geography, language and living arrangement: the LA/Hollywood Team, the LA Wilshire Team (which includes three specialized caseloads comprised of individuals that have health and service needs associated with aging), the Glendale/Foothill Team, the Pasadena team, and last, the Residential team, which is focused on serving individuals residing in licensed residential homes. Monitoring requirements for residential homes are different than for those who live in the family home and also have a quality assurance component, which is why this specialized team was developed.

Additionally, the Residential team includes the Community Living Options (CLO) team, which serves people who have moved out of developmental centers, individuals with intensive care needs, and those individuals who reside in Institutions for Mental Disease (IMD).

Service coordination for infants and toddlers continued to be provided by the Early Intervention Unit and will be discussed later in this report.

Nine (9) service coordination teams provide service coordination and monitoring for approximately 9,219 clients as of December 31, 2020, which was an increase of 305 clients from 2019.

The School Age Unit is comprised of four service coordination teams: Los Angeles School Age Team, Foothill School Age Team, the School Age/ Transition Team, and the New School Age team. These four teams served 4,248 clients, which is an increase of 186 clients from 2019; as a result of the increase in the number of clients served within the School Age Unit, the Unit experienced an increase in caseload ratio (86:1 in 2019 compared to 90:1 in 2020). Below is a breakdown of caseload ratios as of December 31, 2020 by team:

- LA School Age – 970, an increase of 37 (Caseload ratio of 88:1, compared to 85:1 in 2019)
- Foothill School Age – 1070, an increase of 27 (Caseload ratio of 89:1, compared to 87:1 in 2019)
- School Age Transition – 1110, an increase of 78 (Caseload ratio of 92:1 compared to 86:1 in 2019)
- New School Age– 1098, an increase of 44 (Caseload ratio of 91:1 compared to 88:1 in 2019)

The Ongoing Unit serving adolescents and adults is comprised of the Glendale/Foothill team, Pasadena team, LA Hollywood team, LA Wilshire team, and the Residential team and served 4,908 clients, which is an increase of 56 from 2019. For the most part, the increase in cases can be attributed to transfers from the School Age Unit, however, the Unit continues to receive cases from other regional centers (as transfers) and via the Center's Intake department. Below is a breakdown of caseload ratios by team:

- Pasadena – 1058, This represents a decrease of 83 individuals, primarily due to a transfer of one of the caseloads from the Pasadena team to the Glendale team to even the number of Service Coordinators to 12 reporting to each Regional Manager. (Caseload ratio of 88:1, which is the same as 2019 – the transfer of one SC did not impact the caseload ratio for the team.)
- Glendale– 1071, an increase of 102, primarily due to the transfer in of a caseload from the Pasadena team. (Caseload ratio of 89:1 compared to 88:1 in 2019 – note that the increase in clients did not significantly impact the caseload ratio because of the addition of one SC)
- LA Hollywood– 1061, an increase of 27 (Caseload ratio of 88:1, compared to 86:1 in 2019)
- LA Wilshire–812, an increase of 23 (Caseload ratio of 90:1 compared to 88:1 in 2019)
- Residential – 643, a decrease of 23 (Caseload ratio of 64:1, compared to 67:1 in 2019)

SPECIALIZED SERVICE COORDINATION

In-home caseloads are organized by age and language need. Specialization in school age caseloads has been a successful strategy for this regional center. The School Age Unit has developed expertise and competency in order to assist families during the important school years of their children. Residential service caseloads continue to be specialized because of the significant differences in the service coordination and monitoring requirements.

Other specialized teams include the Community Living Options and Aging Transition Teams. The Community Living Options (CLO) team provides specialized service coordination to 63 clients who moved to the community from a state developmental center since 1994 and clients who may have complex service needs and require an enhanced case management level. The specialized service coordination is mandated at a 1:45 ratio and is staffed by two Community Living Specialists (CLS). This enhanced level of service coordination includes monthly visits for

the first six months after community placement, quarterly progress reviews, annual IPP development, court reports, and special resource development and re-direction efforts to assist and maintain community placement.

The CLS staff also provides liaison responsibilities for two (2) clients currently residing in state developmental centers, and redirection efforts for other clients in the Lanterman community who are at risk of being committed to a locked facility. The team partners with Community Services in developing new resources to assist clients in moving out of developmental centers and Institutions for Mental Disease (IMD). For fiscal year 19-20, this specialized team assisted one (1) person to move out of a state developmental center and seven (7) out of an IMD. This is a challenging process due to the need for specialized resources, the political environment at the developmental centers and, at times, family opposition.

By close of 2020, the Center had two (2) individuals residing at State Developmental Centers. Through the Center's Community Placement Plan, our CLO team will now focus its efforts on assisting these individuals, as well as six (6) individuals total residing in an IMD to move into a less restrictive environment. While these efforts continue to be a significant challenge for the regional center in the current fiscal and political environment, the CLO team works with individual clients and their families to find and secure appropriate community placement.

The Aging Team serves individuals that have complicated health and service needs associated with the aging process and have planning needs for future living based on their own health issues as well as those of their family members. This team of three service coordinators provided service coordination to 263 clients (88:1), which is an increase of 10 clients from 2019. These service coordinators have a close working relationship with Clinical Services, often working in partnership with the nurses to provide proper follow-up activities related to the associated health issues.

COORDINATION AND PLANNING ACTIVITIES

Service Coordinators completed Individual Program Plans (IPP); Annual Reviews and Quarterly Reviews (for people living independently or in residential facilities). They attended Individual Education or Transition Plan meetings at the request of parents to provide assistance in advocating for appropriate programs. Additionally, with the adoption of the Lanterman Regional Center Employment Policy, and the implementation of recent federal and State legislation, service coordinators explored employment opportunities for our clients before making referrals to specialized/segregated programs.

Placement activities for people considering out-of-home placement and for individuals needing to move to a new living arrangement continued during 2020, but was severely impacted by the COVID-19 pandemic. In addition to the standard internal planning meetings and submitting referral packets to prospective service providers, Service Coordinators also needed to plan for implementing a 14-day quarantine plan and securing a negative COVID test before proceeding with a new placement. Additionally, one of the early DDS Directives (issued March 20, 2020) required that all new placements be reviewed and receive approval from a DDS Clinical team. While this restriction has since been lifted, SC's continue to submit quarantine plan and COVID protocols for all new placements for review and approval from the Executive Director.

Note: At close of 2020, 19.13% of all adult clients served by FDLRC lived in a licensed setting, while 80.87% lived in home settings. For children, 99.81% resided in a family home and only .19% lived in out of home settings. For the Center in 2020, 91.5% of all clients (children and adults) resided in a home like setting.

Service coordinators also facilitated support groups and engaged in liaison activities to residential facilities as well as a number of major programs including those under the auspices of the Department of Children and Family Services and Department of Mental Health.

Service coordinators completed 1,466 special incident reports including abuse investigations; medical and psychiatric hospitalizations; lost or missing individuals; injuries and acts of aggression: this represents an overall increase of 216 cases from 2019, which can largely be attributed to the COVID reporting requirements. During 2020, a total of 496 SIR's were submitted related to COVID cases, with a majority of the incidents (262) being reported during the 4th quarter when COVID cases were spiking in the LA County area. In 2020, 62 Death SIR's were submitted with 12 of these associated to COVID related causes. Special incident reports by living arrangement are as follows:

- 36% for licensed settings, which are mandated reporters; while this represented an increase in total numbers reported, it represents a 2% decrease from the total percentage reported.
- 37% for individuals living in their family home. There was a 4% decrease from 2019.
- 13% for adults living independently or with supports; which was an increase of 1% from 2019.

EARLY INTERVENTION

The Early Intervention Unit provided coordination of services for infants and toddlers with and at risk for having substantial developmental delays. The Center created a new service coordination team within the Early Intervention unit during the 2019 calendar year. The addition of this new regional manager/team allowed the E.I. unit to operate with a regional manager to staff ratio of 1:10 during 2020, instead of 1:13 in the previous year.

A monthly average of 1,702 infants and toddlers received coordination of services, for a caseload ratio of 56:1. For 2020, this represented a decrease of 16 cases from the monthly average and as anticipated, caseload ratios within the EI team were reduced to below the mandated ratio of 62:1. As mandated, toddlers received transition services at 2 1/2 years of age, and were reviewed for eligibility determination for ongoing services at 3 years of age.

During the year, 812 children turned three years old. Of the 812 children, 216 (26%) toddlers were determined to have a substantially handicapping developmental disability and continued to receive ongoing services and 596 (73%) infants and toddlers were determined to have made substantial developmental gains and were no longer eligible for regional center services under the Lanterman Act. Statistically, these figures are consistent with percentages from previous years, but represent a decrease of 193 total children from 2020. This decrease is attributed to families with infants and toddlers reluctance to complete assessments during the pandemic.

State and federal regulations for provision of E.I. services require that service coordinators and management staff complete multiple and complex responsibilities within a very specific and brief timeframe. E.I. Service Coordinators must complete the client's initial Individualized Family Service Plan (IFSP) within 45 days of the initial referral call. A new IFSP must be completed annually for each client, and IFSPs must be reviewed with the family semi-annually. Service coordinators begin a process of reassessing and transitioning all clients at 2.6 years-of-age, to ensure that the child is prepared to exit the federal Early Start program or be transferred for regular regional center services by 3 years-of-age. This transition process requires close coordination with the local school districts, is often difficult for families, and frequently requires advocacy from the Service Coordinator to ensure a smooth and successful transition for the child and family.

Historically, early intervention staff have coordinated genetic and prenatal diagnostic services for persons at risk of having a child with a developmental disability, however the community standard for health care plans typically include genetic and prenatal services and the regional center has not experienced these types of requests. However, the regional center would coordinate these diagnostic services if needed. The regional center continues to coordinate early identification and prenatal services for pregnant women with developmental disabilities in the Lanterman catchment area.

Early intervention service coordinators collaborated with six local Neonatal Intensive Care Units (NICUs) to identify high-risk infants and facilitate referrals. The E.I. staff also participated on interagency committees and task forces, and provided community presentations and training on prevention and early intervention services this past year outreach activities were conducted with agencies such as the Department of Children and Family Services and First Connection Early Identification & Intervention Task Force.

ADMINISTRATIVE

The Client and Family Services Division is responsible for coordinating administrative projects and initiatives under the general contract with the Department of Developmental Services. Some of these administrative projects include the Home and Community Based Services (HCBS) Waiver Program, which generates federal funding for the State of California; the coordination of appeals as defined by the Lanterman Act (usually associated with eligibility determination and the purchase of services); and the investigation of complaints as described in section 4731 of the Lanterman Act, and Risk Mitigation activities.

HUMAN RESOURCES

Turnover of service coordination staff in 2020 increased slightly from 2019, 11 service coordinators left the Center in 2020, as compared to nine (9) in 2019. For the year, the Center hired 16 total staff in 2020, of which 10 were Service Coordination positions compared to 15 SC's hired in 2019. Lanterman continues to use temporary service coordinators to provide coverage in instances where an interim vacancy exists or a service coordinator is on leave to provide coverage in order to meet the needs of clients and their families.

The Division consulted with the Training and Development Unit (T&D) to modify the New Service Coordinator Orientation Training (SCOT) to an on-line format, for some of the training modules. T&D took the modules that represented lessons in the live training and transferred them to a Learning Path (curriculum) for new service coordinators. As new modules were developed, such as SDP Orientation, they were added to the Learning Path.

Additional Staff development activities continued in 2020, but were impacted by the COVID pandemic – two special topic in-service training events were postponed due to COVID until the Center adjusted and converted to on-line and webinar type training. In-service topics conducted in 2020 included Special Incident Reporting, Dental Care for Children and Families, Security and Privacy Awareness to provide information on handling protected health information, Best Practices for conducting an IEP during Covid -19, Conservatorship 101 and in-service trainings on Participant Directed Services, and Alternative Services specifically to address DDS directives that were issued in response to the pandemic. The Training Department also conducted a Virtual Person Centered Planning (PCP) for 17 staff online in July of 2020.

The Division also continued to provide training opportunities outside of the Center for ongoing professional development. The Regional Managers maintained open communication with representatives of the Department of Children and Family Services via periodic meetings and the Assistant Directors participated in regular meetings with representatives from LA County Departments of Mental Health, Children and Family Services and Probation. Regional Managers and Service Coordinators participated in meetings with service providers, community agencies and advocacy groups to enhance communications, provide mutual training and to further advocacy efforts.

HOME AND COMMUNITY-BASED WAIVER

As regional center budgets rely on federal funds, Lanterman continued to participate in the Home and Community Based Services (HCBS) Waiver Program. Clients who receive Medi-Cal benefits, reside in their own homes or community care facilities, and demonstrate substantial behavioral, medical or self-help deficits are eligible for participation in the HCBS Waiver Program. Client charts were reviewed and certified by two Qualified Intellectual Disability Professionals (QIDP), with the assistance of two nurse consultants as the need arose, for continued participation in the Waiver program. While the HCBS Waiver is a source of purchase of services (POS) funding for the regional center, the strict eligibility and documentation requirements are a challenge for the service coordination teams as caseloads continue to grow within the Center.

The Center maintains its HCBS Waiver Certification and completed its most recent HCBS audit in February of 2020. We received the preliminary written findings from DDS in December 2020. The overall 2020 HCBS audit was a significant improvement from the previous audit conducted in 2018. The Center received 100% to 90% compliance in the following areas: Title 19 ID notes, CDERs, HCBS documents, Nursing Home Reform and SIRs. The Center received 80%-87% in IPP's, due to findings such as: IPP not signed by appropriate individual, missing qualifying deficits, and incomplete documentation as to the amount of all services/supports purchased by the Center. DDS auditors will complete a follow-up audit in February 2021 to review Final 10 SIR's and 10 case records. The Center continues to maintain certification to participate in the Medicaid Waiver program. As of 12/31/2020, the Center has 3681 clients enrolled in the Medicaid Waiver Program, which is an increase of 40 individuals from 2019.

FAMILY COST PARTICIPATION PROGRAM

This requirement, which was passed into law in January of 2005, requires parents to share in the cost of certain services (respite, camp and day care) purchased by the regional center for their children. It initially only applied to families who have a child 3 through 17 years old living in the family home, however as part of the 2009-10 budget, trailer bill language expanded this program to include children from birth to three years of age.

During the COVID-19 pandemic, DDS issued a Directive waiving the requirements of both the Family Cost Participation Program (FCPP) and Annual Family Program Fee (AFPF).

Any requirements related to the FCPP pursuant to Welfare and Institutions (W&I) Code section 4783, and the AFPF pursuant to W&I Code section 4785, are waived. Retroactive to March 12, 2020, regional centers are not required to conduct assessments and families shall not be required to pay costs or fees associated with FCPP or AFPF. Per the Directive, "The Department finds that the effects of COVID-19 may result in negative economic impacts to families. This waiver is necessary to lessen the economic burden on families and to allow regional centers to prioritize work associated with COVID-19 response".

ANNUAL FAMILY PROGRAM FEE

As was noted above, the requirement for calculating AFPF fees was suspended during COVID-19. This law, which was passed by the State of California in July of 2011, requires parents to share in the cost of services purchased by the regional (beyond those for which a copay is being assessed under the Family Cost Participation Program) for children (17 years of age and younger). The law applies to children living in the family home, not eligible for MediCal, and family income must exceed 400 percent of the federal poverty level.

COORDINATION OF APPEALS

The responsibility of appeals coordination, including both informal appeals at the regional center and state level hearings with the Office of Administrative Hearings, is coordinated in the Client and Family Services Division.

A total of 16 requests for Fair Hearing were filed in 2020, a decrease of 12 appeals from the prior year. The 16 appeals break out into the following categories:

- 5 Respite
- 3 Eligibility
- 1 Rent Subsidy
- 3 Requests for Reimbursements
- 3 Service Requests
- 1 Educational Items

Requests for fair hearings may be resolved in a variety of ways. The Center began 2020 with four (4) appeals that carried over from 2019. During the year, 15 appeals were resolved. Below are the results of the appeals resolved in 2020:

- 11 (69%) were settled before a hearing
 - 3 (19%) were dismissed prior to hearing
 - 8 (50%) were settled in an informal meeting
- 3 (19%) went to hearing
 - 2 decisions were in favor of the Regional Center
 - 1 eligibility decision, also in favor of the Center
- 1 (6%) family withdrew the request for appeal

As of December 31, 2020, one (1) appeal remained unresolved and is pending a hearing in the coming month.

COMPLAINT INVESTIGATION

Separate from a service appeal discussed in the preceding section, the Lanterman Act, under section 4731, affords each client or family member the opportunity to pursue a complaint if it is believed that the rights of the individual have been denied. The division coordinates the investigation and resolution of such complaints. In 2020 there were 10 service complaints, compared to 9 in 2019. Examples of complaints range from dissatisfaction with individual regional center staff, failure to provide services or address concerns in a timely manner, and dissatisfaction or concern with a regional center provider.

A total of 10 complaints were filed in 2020, with the following results:

- 5 – Timeliness in response or in the provision of service (50%): 3 of the 5 complaints were resolved by providing the agreed upon services. The other 2 complaints were on behalf of siblings where the family alleged that the Center did not convene a timely transition meeting from Early Intervention service and that a service coordinator was not assigned to their children in a prompt manner. The Center addressed the complaint by adjusting the process of notifying families due to an employee departure and assigning a new SC. The Early Start teams were trained to the new protocols.
- 2 – Dissatisfaction with service coordination (20%): Complaints in this area centered on staff being unresponsive or unprepared to participate in developing an IPP that considered the client's goals and objectives. These complaints were resolved in one instance by assigning a new SC and in the second by developing a new IPP.

- 3 – Dissatisfaction with a service provider (30%). In one complaint, a parent felt that he and his family had been knowingly exposed to COVID-19 from a provider. This allegation was unsubstantiated. A second complaint revolved around a failure to provide proper medical care and a violation of rights. Parts of the complaint were substantiated, while other parts of the complaint were unsubstantiated. A third complaint involved an allegation of potential abuse, which was unsubstantiated.

It should be noted that some complaints may have more than one topic of concern; in these case parts of the complaint may be substantiated while other aspects of the complaint may be unsubstantiated or inconclusive. This formal response to complaints allows the regional center to investigate concerns, reach a determination of the complaint and make recommendations for potential policy and procedural changes as appropriate. The ten complaints described above were broken down into 23 topics of concern:

- 14 (61%) were found unsubstantiated
- 7 (31%) were substantiated and the issues were resolved
- 1 (4%) is being investigated
- 1 (4%) was referred for a fair hearing request

RISK MITIGATION

The Department of Developmental Services initiated a Risk Assessment and Mitigation Program, requiring each regional center to form a Risk Management Committee comprised of quality assurance, clinical, training and service coordination staff. Lanterman's Quality Management Committee monitors its Risk Assessment and Mitigation Program; it met quarterly to review the regional center's performance related to mortality reviews, trends and patterns in special incident reporting and to develop training and technical assistance for staff and service providers related to health care and safety issues.

EXECUTIVE DIRECTOR'S REPORT



HISTORY IN THE SYSTEM

Frank D. Lanterman Regional Center (FDLRC) is one of 21 regional centers in the state of California that together serve over 329,000 individuals with, or at risk for, developmental disabilities and their families. Established in 1966 as a pilot regional center, the Center was named after Assembly Member Frank D. Lanterman, who helped pass landmark legislation for individuals with developmental disabilities in California. The Center serves approximately 10,300 children and adults of all ages in an area that includes Hollywood-Wilshire, Central Los Angeles, Glendale, Burbank, La Cañada-Flintridge, La Crescenta and Pasadena.

STATE OF EMERGENCY EFFORTS

This year, FDLRC received an unprecedented number of requests for help with food assistance from families experiencing financial hardship due to layoffs and furloughs. In response, the Center used funds available from its Help Fund to purchase food gift cards for families.

FDLRC's Koch Young Resource Center (KYRC) provided resources and coordinated food and PPE distribution for families. The KYRC became the hub for delivery and pick up arrangements between FDLRC and community partners such as

211/Door Dash, three service provider agencies- Villa Esperanza, Vital Care, Easter Seals and the LA Food Bank as well as FDLRC staff.

FDLRC has partnered with a local home health agency in conducting two COVID-19 vaccination clinics and provided 500 vaccines to clients and families.

The KYRC typically provides information, education and support for people with developmental disabilities, families of individuals with special needs, Lanterman staff, professionals and the general community. This year, the family support programs such as support groups and trainings changed from in person to virtual sessions via Zoom. Participation increased dramatically. This chart is a [sample](#) of the individual trainings held throughout the year.

FOOD DISTRIBUTION	
Average # of families served per week	80-100
Total value of food cards distributed	\$55,425
Number of food card distributed	2217
Number of food boxes	1,755
Number of clients and family members	6,538

PPE	QUANTITY DISTRIBUTED
Surgical masks	187,600
N95 masks	1,320
Face shields	2,305
Hand sanitizers	3,268
Gloves	125,000
Cloth masks	5,000
TOTAL	324,483

TOPIC	SPANISH	ENGLISH	ADDITIONAL
IPP/Person Centered Planning	98	104	Korean (16)
IEP Strategies during COVID	68	45	
CalABLE	78	50	
Conservatorship & Estate Planning	99	97	Archived on FDLRC website
Special Needs Trust	111	202	Archived on FDLRC website
Transition to Adulthood Conference	60	80	
Strategies for Child's behaviors during COVID	60	57	
Preventative Strategies & What to do if you have COVID	45	21	Archived on FDLRC website
Coping with Difficult Times	50	100	



ACCESS & EQUITY

Since 2013, FDLRC has partnered with Esperanza Community Housing Corporation and Korean Youth Community Center (KYCC) to provide the Promotora/Community Health Worker (CHW) programs. The goal of these programs is to increase access and utilization of services that are offered by the regional center as well as generic resources in the community. The Promotoras/CHW work closely with families, one-on-one, to improve utilization of services for hard-to-reach clients, increase their knowledge and understanding of services, as well as strengthen their relationship between Lanterman and the community it serves.

Lanterman's Multi-Media Outreach project involved a multi-media approach to sharing information with the community. The project included the development and implementation of basic technology classes for Spanish speaking parents as well as 12 videos on 6 topics related to regional center purchased services developed in English and Spanish. The six topics include: Respite, Inclusion, Employment, Living Options, Early Intervention and Behavior Intervention. All videos are posted on the LRC website. Here is the link to our service videos:



<https://lanterman.org/service-standards-videos#.YHTTrM0hKg2x>



STRONG BEGINNINGS

The Strong Beginnings program provides support through a variety of modalities for parents and children(0-5yrs) to learn and experience success in a supportive environment. The children must be at risk for delays or presenting with delays. The program provides education, information and playgroups for parents and their child. Parents and children learn basic skills and strategies to enhance their child's development. The Strong Beginnings program is funded by community partnership grant with the Fred and June MacMurray Foundation.

COMMUNITY OUTREACH

Due to the Safe at Home orders, FDLRC provided virtual regional center orientation sessions for pediatric residents at CHLA and Kaiser Hospitals. Early on in the pandemic, letters were sent to pediatricians in Lanterman's catchment area to advise that the regional center was still open and actively receiving new referrals. In an effort to increase child find and increase awareness, FDLRC secured an ad in the LA Parent magazine. The magazine is a bi-monthly publication with 10,000 printed copies, deployed to 150,000 parents, as well as a digital circulation. Here's a link to the digital issue (page 32):



<http://www.mirabelsmagazinecentral.com/digitaledition/index.html?id=db4bc5e5-3970-45ff-9752-c9c8bd4a4665>



April 2, 2021

Senator Susan Talamantes Eggman
Chair, Senate Budget Subcommittee #3 on Health and Human Services

Assemblymember Joaquin Arambula
Chair, Assembly Committee on Budget, Subcommittee #1 on Health and Human Services

RE: Department of Developmental Services (4300) – Response to 2021-22 Preliminary Budget Hearings

Honorable Senator Talamantes Eggman and Assemblymember Arambula:

The Association of Regional Center Agencies (ARCA) represents the network of 21 regional centers, community-based organizations that serve more than 350,000 Californian children and adults with developmental disabilities. We thank you for this opportunity to comment on the Governor's proposed Budget for FY 2021-22 for the Department of Developmental Services (DDS).

We would like to acknowledge the work of members and staff for both your committees to highlight the key challenges facing the developmental services system during your recent hearings. This is always challenging, but is even more so in an environment where necessary restrictions in response to the pandemic condense the amount of time available during a hearing for full exploration of critical issues facing this population. As such, ARCA submits these comments as a follow-up to the discussions that were sparked during the formal hearings.

Regional Center Pandemic Response

Over the last year, regional centers have been committed to ensuring ongoing and new needs can be met during the pandemic. This includes outreach to people served, increased respite authorizations to meet family needs, distribution of over 25 million pieces of personal protective equipment, collaboration with local public health agencies, and support in finding financial, food, housing, internet, and other community resources. Life as we knew it changed rapidly, and in response, regional centers worked with those they support to modify their services. Fact sheets are available in [English](#) and [Spanish](#) that highlight many of these activities. ARCA was heartened to see that in a recent survey by the Department of Developmental Services, the vast majority of respondents found the support of regional centers to be helpful in navigating the challenges created by the pandemic. Regional centers remain committed to continuing their efforts to meet their communities' outstanding support needs.

Population Trends

As noted in the Governor's Proposed Budget, regional centers are serving less people than we would have expected this year, in large part because referrals for service in the Early Start program have declined, which is a direct result of fewer well-child pediatric visits and lower utilization of daycare settings. Medical and childcare providers are often the richest sources of referrals into the Early Start program. ARCA appreciates the Administration's proposal to keep regional center operations funds intact to allow the staff to carry out new duties in response to the pandemic as well as to be ready for an increase in referrals as daily life returns children to medical and daycare settings.

ARCA commends the Administration and the Legislature for its dedication to Early Start. The Early Start program benefits tens of thousands of children annually by providing services such as speech therapy, audiology services, family training, service coordination, nutrition services, and occupational therapy to assist them to make significant developmental gains. The decrease in the Early Start population is very concerning as regional centers strongly believe in the "child find" program, which includes outreach efforts to locate children and families in need. ARCA is in full support of the core goal to provide services to all eligible children statewide and will work in close collaboration with DDS, Family Resource Centers (FRCs), school districts, and other entities to achieve full program recovery.

Vaccine Prioritization, Access, and Equity

ARCA is appreciative of California's decision to prioritize COVID-19 vaccine access for all people served by regional centers. Regional centers appreciate the strong community partnerships (e.g., with service providers, local public health agencies, pharmacy chains) that will move people who choose to receive the vaccine from prioritization to inoculation. ARCA commends the focus on equity through this process to ensure no area of the state is left behind in these efforts. Attention being paid to various factors that may limit COVID-19 vaccine access such as lack of transportation and making vaccination sites more accessible for those with disabilities will allow community life, including critical school and daytime routines, to return soon.

The Value of DDS Directives

Throughout the pandemic, ARCA has appreciated the state's commitment to flexible service delivery to meet new and emerging needs. While understanding the directives and guidance issued by DDS during the last year was in direct response to the public health emergency, these efforts have given the opportunity to learn what flexibilities may make sense long-term, including some that would work better with modifications in the long-term. ARCA suggests the following be considered long-term:

- Continue Early Start and Lanterman remote service coordination with planning team agreement to strike the balance between family schedule flexibility and the protective role service coordinators play;
- Allow for remote intake procedures for Early Start and Lanterman if clinically appropriate;
- Permit regional center directors to provisionally approve health and safety waivers, including for DDS-set rate facilities, to allow for quicker initial decisions and state-level oversight of spending;

- Continue the allowance for payment for supplemental residential support in Intermediate Care Facilities to support needs beyond the set staffing levels;
- Eliminate the Annual Family Program Fee and Family Cost Participation Program as they are an artificial barrier between families and needed services.
- Refine models, such as Participant-Directed Services, which began many years ago and offer individuals and families the opportunity to select staff known to them, and permanently expand the program to include personal assistance, Independent Living Skills training, and supported employment, while ensuring the latter two continue to be outcome-driven services; and,
- Work with schools to return to timely transitions of children from Early Start to education.

In short, the pandemic has reinforced the lesson of the value of supporting a wider array of more person-centered, flexible service delivery options to better meet individual needs.

Service to Diverse Communities

Over the last few years, California has become more systemic in its collection and analysis of data related to spending in the developmental services system along demographic lines, including racial/ethnic identification, age, and residential setting.

While the simplest measure is what is spent on the average person of each racial or ethnic group, the information below taken from the Fiscal Year 2019-2020 regional center expenditure data tells a more complex story. Each chart below illustrates how much money is spent per capita for members of various racial and ethnic groups for every \$1.00 spent per capita for a white individual.

When the data is analyzed only by age, there is much less difference in spending on the average person in each age group than the overall average would initially lead us to believe. Interestingly, this demonstrates close to equal spending between those classified as white and Hispanic from birth through age two, with more spending on Asian children in the same age band who are enrolled in the Early Start program. The major reason controlling for age makes such a significant difference is because as people age out of the school system, their expenses rise dramatically. Various racial and ethnic groups have different proportions of people in each age band, whether served by regional centers or in the general population.

All Consumers with POS All Services	All Ages	0-2	3-21	over 21
American Indian	\$0.82	\$0.90	\$1.15	\$0.85
Asian	\$0.57	\$1.14	\$0.82	\$0.71
Black/African-American	\$0.83	\$0.87	\$1.02	\$0.83
Hispanic	\$0.43	\$1.01	\$0.68	\$0.61
Native Hawaiian/Pacific Islander	\$0.68	\$0.87	\$0.55	\$0.83
Other Ethnicity or Race	\$0.36	\$0.80	\$0.68	\$0.79
White	\$1.00	\$1.00	\$1.00	\$1.00
Total	\$0.63	\$0.96	\$0.79	\$0.82

Another factor that has a major impact on the cost of services is what setting people served by regional centers live in. The vast majority of individuals supported by regional centers live in family homes. Below is information for those living in the family home broken out by age that is intended to provide as close to an “apples to apples” comparison if possible.

All Consumers Living with Family	All Ages	0-2	3-21	over 21
American Indian	\$1.26	\$1.04	\$1.56	\$1.43
Asian	\$0.90	\$1.13	\$0.94	\$0.93
Black/African-American	\$1.01	\$0.88	\$1.06	\$0.97
Hispanic	\$0.74	\$1.03	\$0.82	\$0.82
Native Hawaiian/Pacific Islander	\$1.00	\$1.05	\$0.96	\$1.09
Other Ethnicity or Race	\$0.57	\$0.81	\$0.74	\$0.88
White	\$1.00	\$1.00	\$1.00	\$1.00
Total	\$0.82	\$0.97	\$0.89	\$0.91

ARCA remains committed to ensuring equity in access to needed services for people regardless of racial or ethnic background. This closer examination of the available data provides insight into areas of strength as well as where there is still needed work to do, including some areas that should be prioritized for future Disparity Funds Grant Program awards.

Self-Determination Program Implementation

The Self-Determination Program (SDP) was approved for federal funding in June 2018, which began a three-year limited rollout process that was open to up to 2,500 individuals statewide before broader implementation. As that three-year period draws to a close, now is a good time to reflect on how to best support and advance the program going forward. ARCA suggests the following steps be taken:

- Clear authorization to purchase Person-Centered Plans for individuals interested in SDP ahead of the expansion of the program to streamline participants’ entry into the program following their completion of program orientation
- Lower caseload ratios during at least each participant’s transition and initial two years of program enrollment to support the increased individualized service coordination needed to smoothly move each person from the traditional system into SDP, as data from one regional center shows those individuals transitioning into and enrolled in SDP required three times the service coordination time as the average person supported by the regional center in the traditional program
- Complete accounting infrastructure improvements, including streamlining of processes and, in the meantime, funding for additional accounting staff to manage and frequently modify complex purchase authorizations
- Individual budget methodology revisions to improve its equitability, transparency, and ease of use for planning teams
- Additional clarity on program rules and expectations to enhance statewide consistency

As noted in a 2020 [DDS survey](#) of those who were selected for SDP and opted not to enroll, common reasons given for this choice included the complexity of the program and satisfaction with current services and supports.

SDP provides an opportunity for individually tailoring services to meet unique needs through the selection of individual providers and control over one's individual budget. Director Bargmann noted during the Senate Budget Subcommittee #3 hearing that nationwide 10-15% of people offered the choice to self-direct developmental services choose to. With the expansion of SDP, we must address the above issues to streamline its implementation and adequately invest in it to ensure the program doesn't divert resources away from those served in the traditional service delivery system.

Planning for Rate Reform

California must continue to invest needed resources to stabilize the state's developmental services system and enable it to meet the challenge of serving all individuals in inclusive communities. In recent years, the state completed a service provider rate study. Implementing its recommendations is an essential step to stabilizing California's community-based service system for individuals with developmental disabilities and their families. In particular, payment rates that support the Direct Support Professionals who work with people to enable community life must be adjusted to reflect the value of their work and its centrality in supporting the promise of the Lanterman Act. ARCA supports implementation of provider rate reforms that will support professionalization of the workforce and better outcomes as well as continued movement towards a rate structure that is reflective of actual costs and provides a living wage for Direct Support Professionals. As the state emerges from the pandemic, new rate structures should correct for historical inequities in median rate limits between regional centers, be reflective of higher service costs in some geographic areas, and allow providers to support individuals' person-centered decisions about how they flexibly structure their day.

Response to Proposed Trailer Bill Language (TBL)

Below, please find ARCA's response to the draft TBL proposals advanced by the Administration that align with several of its policy initiatives related to service to diverse communities, crisis support, funding of provider services, and supporting those with complex medical needs in community settings:

1. [Community Navigators](#)

ARCA continues to support funding for the Community Navigator program as proposed in the Governor's Budget and agrees with the need to establish standardized metrics for measuring its success, as these are good tools to use in setting goals and tracking progress towards achieving them. Metrics support accountability and transparency and play a key role in assessing the impact of a program and replicating its success. Ultimately, standardized metrics would assist the Community Navigator program continuously adapt and improve.

ARCA is in support of the proposed TBL that would require the department to contract for an independent evaluation of the previously funded efforts to promote equity and reduce disparities. ARCA believes that evaluating efforts in this area would be beneficial in both

identifying strategies that are impactful and expanding on promising practices. ARCA values equity in access to critical developmental services for diverse communities and would welcome the critical evaluation of projects that seek to make measurable differences in this area.

2. [Acute Crisis Clarification and Admission Extension](#)

State-operated homes are used when an individual is in acute crisis and there are no other community options available for treatment and stabilization. Unfortunately, until the advent of Stabilization, Training, Assistance and Reintegration (STAR) and Community Crisis Homes (CCH), people with developmental disabilities had to rely too heavily on hospital emergency departments and psychiatric settings for stabilization. These environments are not often ideal for people with developmental disabilities as these services are not specialized. However, the STAR and CCH facilities provide a specialized environment proven to be effective in diverting people from a higher level of care and addressing behavioral health crises of people with developmental disabilities. ARCA supports the proposal to retain this option until increased community capacity to address this longstanding systemic gap is developed.

3. [Provider Rate Adjustment and Uniform Holiday Schedule Suspension Extension](#)

ARCA applauds the extension of the timeline for the Supplemental Provider Rate Increases and the Uniform Holiday Schedule suspension for at least an additional 12 months. These initiatives help people with developmental disabilities access the support they need when they need it. However, those needs have no end date. As the Legislative Analyst's Office noted in its analysis, these are fundamentally ongoing needs. Since these proposed sunsets create additional uncertainty for providers and people served, ARCA continues to urge these suspensions be made permanent.

4. [Residential Facilities for Special Health Care Needs](#)

One of the great innovations to come out of the closure of the state's developmental centers was greater capacity to support people with enduring medical needs in community homes. ARCA supports this TBL, which would allow for greater expansion of these specialized facilities for adults and the initial development of them for children.

Increasing Access to Generic Services

Individuals with developmental disabilities receive significant support from sources other than regional centers. Special education, county-specific programs, and health insurance are the most common examples. Referred to as "generic services," these options provide ways to meet individual needs outside of direct funding through the developmental disabilities services system. However, a number of barriers prevent access to these options – options that both state law and best practices require regional centers and families pursue. ARCA agrees that barriers to access should be removed, and we commit to working with the Legislature and Administration to address this challenge.

ARCA appreciates the opportunity to offer the above comments in response to the preliminary hearings in your committees focused on the needs of people with developmental disabilities. We look forward to continuing important conversations about working with the Legislature, Administration, and community partners to identify how to best serve this critical population in the coming year and beyond. If you have any questions regarding ARCA's positions on these or other issues, please feel free to reach me at awestling@arcanet.org or by phone at (916) 446-7961.

Sincerely,

/s/

Amy Westling

Executive Director

Cc: Renita Polk, Consultant, Senate Budget Subcommittee #3 on Health and Human Services
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