

# MEMORANDUM

**TO:** Board of Directors  
**FROM:** Melinda Sullivan  
**RE:** Board Meeting  
**DATE:** April 27, 2022

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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 report Client and Family Services. Carmine Manicone, Associate Director, will provide a focused presentation regarding abuse and neglect investigations. Lanterman utilizes a team approach for investigations, which is supported by activities from the Training and Development and Community Services Units.

Meredith Goetz is the director of Lanterman's Special Education Law Clinic. She will be sharing an overview of the accomplishments from 2021.

## **EXECUTIVE COMMITTEE – ACTION ITEM**

In your packet, you will find a draft amendment to the Board's Bylaws. The executive committee is recommending the Board approve this amendment in accordance with the Center's contract with the Department of Developmental Services.

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

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



## BOARD OF DIRECTORS MEETING

**DATE:** Wednesday, April 27, 2022  
**TIME:** 6:00 PM – Board Business Promptly

Register in advance for this webinar:

[https://us02web.zoom.us/webinar/register/WN\\_8VGiC4R0SKOremr61f82bA](https://us02web.zoom.us/webinar/register/WN_8VGiC4R0SKOremr61f82bA)

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

<b>ACTION ITEM</b>	<b>ORDER</b>	<b>GENERAL SESSION AGENDA</b>	
	1	<b>CALL TO ORDER</b>	Gloria Leiva
	2	<b>PUBLIC INPUT/ANNOUNCEMENTS</b>	Gloria Leiva
<b>ACTION</b>	3	<b>APPROVAL OF MINUTES</b> • <b>March 23, 2022</b>	Gloria Leiva
	4	<b>BOARD EDUCATION</b> • 2020 Administrative Report – Client and Family Services	Melinda Sullivan Carmine Manicone
	5	<b>EXECUTIVE DIRECTOR'S REPORT</b> • Annual Law Clinical Report • Caseload Ratios • 2022-23 Budget Act Request • Space Planning	Melinda Sullivan Meredith Goetz
<b>ACTION</b>	6	<b>EXECUTIVE COMMITTEE</b> • <b>Bylaw Amendment</b> • In-Person Meetings	Melinda Sullivan Louis Mitchell
	7	<b>ADMINISTRATIVE AFFAIRS COMMITTEE</b> • Review of Insurance Coverages • Review of Financial Statements	Larry DeBoer Kaye Quintero
<b>ACTION ACTION</b>	8	<b>PROGRAMS AND SERVICES COMMITTEE</b> • <b>Service Standard – Therapies</b> • <b>Service Standard – Extended Day</b>	Carmine Manicone
<b>CLOSED SESSION</b>	9 <b>ACTION</b>  <b>ACTION</b>	<b>EXECUTIVE SESSION</b> • <b>Approval of Minutes</b> • Litigation • Contract • <b>Personnel</b>	Gloria Leiva Melinda Sullivan
	10	<b>ADJOURNMENT</b>	Gloria Leiva

# APPROVAL OF MINUTES

**LOS ANGELES COUNTY DEVELOPMENTAL SERVICES FOUNDATION**

**Board of Directors**

**March 23, 2022**

**MINUTES**

**PRESENT**

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

**NOT PRESENT**

Danielle Dejean  
Dr. Alex Li

**ADVISOR TO THE BOARD - PRESENT**

Al Marsella

**STAFF**

Karem Chacana  
Gwen Jordan  
Pablo Ibanez  
Carmine Manicone  
Srbui Ovsepyan  
Kaye Quintero  
Melinda Sullivan

**GUESTS**

Kimberly Bermudez  
Michael Cooney  
Tina Daley  
Lia Cervantes Lerma – SCDD  
Kristianna Moralls  
Diana Sandoval – DDS  
Joon Soon

## **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, State Council on Developmental Disabilities (SCDD), announced that SCDD will be hosting Regional Offices Community Conversations on Zoom throughout the month of March and April. A flyer with dates was distributed to the Board.

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

## **APPROVAL OF MINUTES**

**Ms. Beltan moved to approve the minutes of February 23, 2022, Ms. Mazariegos seconded the motion, and it passed.**

## **BOARD EDUCATION**

### **2021 Administrative Report – Human Resources**

As part of Board Education and Training, Ms. Chacana, Director of Human Resources, gave a focused overview of the Human Resources Unit. Board members were given the opportunity to ask questions and discuss the content.

### **2021 Administrative Report – Clinical Services**

As part of Board Education and Training, Ms. Jordan, Director of Clinical Services, gave an overview on Clinical Services with a focus presentation on Eligibility. Board members were given the opportunity to ask questions and discuss the content.

## **EXECUTIVE DIRECTOR'S REPORT**

### **Grassroots Day 2022**

Ms. Sullivan advised the Board that ARCA is coordinating Grassroots Day 2022 on April 5, 2022. This year it will be held via Zoom. The Center is in the process of coordinating a team consisting of a parent, a client, a service provider, and staff to participate on the day of the event. The key talking points will focus on:

- Modernizing Core Staffing Formula

- Repeal of fees on families for the Annual Family Program Fee and Family Cost Participation Program
- SB 882 (Eggman)
- AB 2378 (Irwin)
- Provider Rate Reform Acceleration

#### Community Meeting – Purchase of Services Differences

Ms. Sullivan advised the Board that the Center is holding a community meeting on Purchase of Services Differences this month. The Center will be reviewing data on the differences in purchased services for Lanterman clients related to age, race, and primary language. The first was held on March 8 in Spanish and the second will be held on March 24 in English. A flyer was in the packet for information only.

#### 2022 Lanterman Leadership Institute

Ms. Sullivan updated the Board on the number of participants participating in the upcoming Lanterman Leadership Institute Training in April 2022. There will be 7 parents, 3 adult clients, 3 staff, and 1 service provider. Ms. Sullivan reminded the Board that this is the first step in training and recruitment for potential board and committee members as well as peer support group leaders.

#### 2022 Board Training Plan Amendment

Ms. Sullivan advised the Board that she received a letter from DDS dated March 8, 2022 informing the Center that “Linguistic and Cultural Competency” was not include in the 2022 Board Training Plan that was submitted on November 19, 2021. Ms. Sullivan reported that it is a required component in the Contract with DDS.

Ms. Sullivan shared a response draft letter in which it states that the Center will include linguistic and cultural competency training as part of its annual board training in July of 2022.

**The Board was in agreement with the proposed amendment.**

#### 2022 Performance Contract Amendment

Ms. Sullivan advised the Board that she received a letter from DDS dated March 8, 2022 informing the Center that Center’s 2022 Performance Contract, which was adopted by the Board of Directors on October 27, 2021, is approved as submitted. It was noted by DDS that in reviewing the 2022 Performance Contract, incorrect incentive payment amounts are referenced rather than using time intervals as indicated for employment measure.

Ms. Sullivan reported that the measure has been corrected.

## Letter of Gratitude

Ms. Sullivan read a letter of gratitude from a service provider, Ann Hamilton, thanking the Center for what they have done and continue to do to help providers navigate the challenging times created by the COVID-19 pandemic.

## **ARCA REPORT**

### ARCA Highlights

Mr. DeBoer advised the Board that he and Ms. Sullivan attended the ARCA meeting on March 17-18 via Zoom and that the highlights from the meeting were in the packet for review. Discussion followed.

## **ADMINISTRATIVE AFFAIRS COMMITTEE**

### Cash Flow

Ms. Quintero reported that Center is projecting to have \$31,935,000 available at the end of May 31, 2022.

### Review of Financial Statements

Mr. DeBoer reviewed the financial statement summary through January 31, 2022.

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

In Operations (main contract) we have spent \$14,390,419 (48.7% of budget). In Purchase of services (main contract) we have spent \$150,585,842 before we add late bills. Including projected late bills, we will have spent \$155,534,642 (52.6% of budget).

#### *Fiscal Year 2020-2021 (B-3)*

This month we recorded \$80,918 in OPS and \$289,902 in POS. To date, we have spent 96% of our OPS and 98% of our POS allocations.

#### *Fiscal Year 2019 - 2020 (A-8)*

This month we did not make any OPS payments. We recorded \$67,060 in POS. To date, we have spent 99% of our POS allocations.

## **PROGRAMS AND SERVICES COMMITTEE**

### **Typical Pre-Schools as Early Intervention**

Mr. Manicone advised the Board that they could find in their packet a copy of the draft service standard for Typical Pre-Schools as Early Intervention. Mr. Manicone reported that the Programs and Services Committee reviewed the service standard and is recommending that the Board approve the document as presented. Discussion and questions followed.

**Mr. DeBoer moved to approve the Typical Pre-Schools as Early Intervention Service Standard as presented, Ms. Villasenor seconded the motion, and it passed unanimously.**

### **Durable Medical Equipment, Supplies and Services**

Mr. Manicone advised the Board that they could find in their packet a copy of the draft service standard for Durable Medical Equipment, Supplies and Services. Mr. Manicone reported that the Programs and Services Committee reviewed the service standard and is recommending that the Board approve the document as presented. Discussion and questions followed.

**Ms. Villasenor moved to approve the Durable Medical Equipment, Supplies and Services Service Standard as presented, Mr. DeBoer seconded the motion, and it passed unanimously.**

### **Center-Based Early Intervention Services**

Mr. Manicone advised the Board that they could find in their packet a copy of the draft service standard for Center-Based Early Intervention Services. Mr. Manicone reported that the Programs and Services Committee reviewed the service standard and is recommending that the Board approve the document as presented. Discussion and questions followed.

**Ms. Villasenor moved to approve the Center-Based Early Intervention Services Service Standard as presented, Ms. Sroujeh seconded the motion, and it passed unanimously**

## **SERVICE PROVIDER ADVISORY COMMITTEE**

### **Letter – DDS Rate Study Implementation Rate Acceleration**

Mr. Ibanez and Ms. Isaac advised the Board that DDS released a study on regional center service provider rates in early 2019, which identified the need for improved rates to promote long-term sustainability and service capacity. California's FY 2021-22 Budget included an agreement on a four-year phased-in implementation of changes recommended by this study with the first investment taking place this April 2022.

Mr. Ibanez reported that the current phased-in implementation plan does not sufficiently address the issues providers are experiencing now. The service provider network utilized by regional centers is in a workforce crisis and staffing shortage which is impacting the service providers' ability to deliver critical services to the individuals we serve and support. Other business costs such as insurance, equipment and fuel have risen significantly. Service providers are unable to fill vacant positions and some service providers are at risk of reducing capacity and/or closing their businesses. This will have a devastating effect on Lanterman clients and families.

Mr. Ibanez and Ms. Isaac are recommending that the Board support the Lanterman Coalition's recommendation to accelerate the timeline by one year; specifically changing the anticipated date of the second phase of rate increases from July 1, 2023 to July 1, 2022.

**Mr. DeBoer moved to send the drafted letter to the legislature as written, Ms. Beltran seconded the motion, and it passed unanimously.**

#### **ADJOURNMENT FOR EXECUTIVE SESSION**

**Ms. Beltran moved to suspend the General Session meeting at 7:20 PM for Executive Session to conduct business on Approval of Minutes, Litigation, Contract, and Timeline – Assessment of the Executive Director for June 2021-22, Mr. DeBoer seconded the motion, and it passed.**

#### **RECONVENE FOR GENERAL SESSION**

The Board discussed in Executive Session the Approval of Minutes, Litigation, Contract, and Timeline for Assessment of the Executive Director for June 2021-22,.

#### **ADJOURNMENT**

**Mr. Mitchell moved to adjourn the meeting at 7:30 p.m., Mr. DeBoer seconded the motion, and it passed.**

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Mark Higgins, Secretary

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## BOARD OF DIRECTORS

### ACTION LOG

March 23, 2022

	DESCRIPTION	ACTION	STATUS
	Approval of Minutes – February 23, 2022	<ul style="list-style-type: none"><li>• Approved</li></ul>	
	Service Standard – <i>Typical Pre-Schools as Early Intervention</i>	<ul style="list-style-type: none"><li>• Approved</li></ul>	
	Service Standard – <i>Durable Medical Equipment, Supplies and Services</i>	<ul style="list-style-type: none"><li>• Approved</li></ul>	
	Service Standard – <i>Center-Based Early Intervention Services</i>	<ul style="list-style-type: none"><li>• Approved</li></ul>	
	Letter - DDS Rate Study Implementation Rate Acceleration	<ul style="list-style-type: none"><li>• Approved</li></ul>	

# BOARD EDUCATION

## **ANNUAL ADMINISTRATIVE REPORT CLIENT AND FAMILY SERVICES**

### **ONGOING SERVICE COORDINATION EARLY INTERVENTION**

**2021**

The following report represents a summary of significant accomplishments and activities of the Client and Family Services Division for calendar year 2021. 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 11,000 clients and families in the diverse communities of the Lanterman catchment area.

Beginning in 2020 and continuing throughout 2021, the Department of Developmental Services (DDS) focused much of its energy responding to the needs of the community impacted by the ongoing pandemic. In 2021, DDS continued to issue a number of Directives to the regional centers in an attempt to guide regional centers to meet the needs of the communities we serve. During the year, the State also issued Trailer Bill Language (TBL) to initiate changes affecting the regional center system. While many of the Directives were issued to ease restrictions and allow new and creative ways to serve clients and families, the directives, along with implementing the TBL, required staff to adapt to changes and often added new tasks to their ongoing responsibilities. The following list represents examples of directives and TBL issued in 2021:

- DDS required that each regional center develop a plan for COVID-19 testing and vaccinations. The directive required that Centers outline how they will work with individuals, families, service providers and local entities in the efforts to track COVID cases and offer vaccinations.
- The Department required that regional centers contact each individual served and family to obtain information in order to track testing and vaccinations.
- Issued TBL that restored regional centers ability to fund social recreation and camp, nonmedical therapies, and education services for children 3-17 years of age.
- TBL established No and Low POS caseloads at Regional Centers to address disparity. Caseloads would target Monolingual Spanish, Korean & Armenian speaking clients at Lanterman.
- TBL established Provisional Eligibility for 3 and 4 year olds that allowed regional centers to provide services on a provisional basis for children ages 3 and 4 without a formal diagnosis of a developmental disability.

- Created Participant Choice Specialists for each regional center. These positions are intended to be subject matter experts in regional center service options that increase consumer choice and control in participant-directed services and the Self-Determination Program (SDP).
- Created Deaf and Hard of Hearing Specialist as a non-case carrying position to develop resources and provide support for the regional center to serve people who are deaf and hard of hearing.

## **SELF-DETERMINATION**

The Center continued to implement the Self-Determination Program (SDP). . As of December 2021, the center had 52 active participants who fully transitioned into the program and are purchasing services through SDP and 33 additional participants in various stages of progressing into SDP.

At the onset of the COVID pandemic, the Center 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 now available in English, Spanish, Korean, and Armenian. This on-line training fulfills the requirement of clients who desire to transition to the Self Determination program. During 2021, we also updated the Self-Determination webpage on the Lanterman web site and completed a series of five (5) informational videos on the various areas of the Self-Determination program. The videos are available in English and Spanish, and are currently in the process of being translated into Korean.

Throughout 2021, the Self Determination Specialist conducted monthly staff trainings on different topics, principles and moving parts of the SDP program in preparation for the statewide rollout in June 2021. Lanterman also continued to collaborate with other local regional centers to provide trainings geared towards current and interested participants. The Center initially made a strategic decision to maintain SDP cases on the current SC Caseload instead of creating specialized caseloads; this choice seemed to work well in preparing our staff for the statewide rollout.

## **REGIONAL SERVICE COORDINATION**

Service coordination teams are organized by both age and, to the best of our ability, geography. In 2021, the School Age Unit housed 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 six service coordination teams organized by geography, language and living arrangement: the LA/Hollywood Team, the LA Wilshire Team (which historically has included three (3) specialized caseloads comprised of individuals that have health and service needs associated with aging), the Glendale/Foothill Team, the Pasadena team, and the Residential team, which is focused on serving individuals residing in licensed residential homes and the newly developed Diverse Living Options (DLO) team which was created to manage overall caseload growth, consolidate specialty caseloads and reduce the service coordinator to manager ratio.

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

Ten (10) service coordination teams provide service coordination and monitoring for approximately 9,465 clients as of December 31, 2021, which was an increase of 246 clients from 2020.

During calendar year 2021, the School Age Unit was 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 4,406 clients, which is an increase of 158 clients from 2020. In response to a new eligibility category, a new Provisional Caseload was developed to serve 3 to 5 year-olds who are not determined eligible for ongoing Lanterman services, but qualify for the newly created provisional diagnosis based on having significant functional limitations in at least two areas of major life activities. This group of children will continue to receive traditional regional center services and will be reassessed for ongoing services prior to their 5<sup>th</sup> birthday. Below is a breakdown of caseload ratios as of December 31, 2021 by team:

- LA School Age – 976, an increase of 6 (Caseload ratio of 81:1, compared to 88:1 in 2020)
- Foothill School Age – 1102, an increase of 32 (Caseload ratio of 84:1, compared to 89:1 in 2019)
- School Age Transition – 1170, an increase of 60 (Caseload ratio of 97:1 compared to 92:1 in 2020)
- New School Age – 1158, an increase of 60 (Caseload ratio of 96:1 compared to 91:1 in 2020)

The Ongoing Unit serving adolescents and adults is comprised of the Glendale/Foothill team, Pasadena team, LA Hollywood team, LA Wilshire team, the Residential team and the newly formed Diverse Living Options team. The Ongoing Unit served 5,059 clients, which is an increase of 151 from 2020. 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 – 963, this represents a decrease of 95 individuals, primarily due to the realignment of caseloads when forming the new DLO team. This shift reduced the number of SC's from 12 to 11 reporting to the Regional Manager. (The caseload ratio for the team remained at 88:1, same as the previous year)
- Glendale – 972, this represents a decrease of 99 individuals, again due to the transfer of one caseload for the realignment of caseloads when forming the new DLO team. (The caseload ratio of 88:1 was also the same as the previous year.)
- LA Hollywood – 1001, this represents a decrease of 60 individuals, again due to the realignment of caseloads when forming the DLO team. (The caseload ratio for this team increased slightly from 88:1, to 91:1 in 2021.)
- LA Wilshire – 984, an increase of 172 individuals. Again, the realignment of caseloads in the Adult teams saw the total numbers increase for this team. (The team's caseload ratio decreased slightly from 90:1 in 2020, to 89:1 in 2021.)
- Residential – 629, a decrease of 14 individuals. (Caseload ratio of 63:1, compared to 64:1 in 2020.)
- Diverse Living Options – 509 (Caseload ratio of 51:1 – this lower ratio is primarily due to the special nature of the caseloads.)

## **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.

As was previously reported, several specialized teams have been moved to the new Diverse Living Options team; these Service Coordinators continue to maintain their unique focus. Two (2) Community Living Options (CLO) SC's provide specialized service coordination to 63 clients who moved to the community from a state

developmental center since 1994 and/or 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.

During 2021, this specialized team assisted one (1) person to move out of a state developmental center and four (4) individuals to move 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 2021, the Center had no (0) individuals residing at State Developmental Centers. Through the Center's Community Placement Plan, our CLO team will now focus its efforts on assisting nine individuals total residing in an IMD to move into a less restrictive environment. (Six of the nine individuals are funded by the Center, while three are funded from outside sources such as school districts or DCFS.) 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.

Three (3) Aging specialty caseloads continue to serve 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. These three service coordinators provided service coordination for up to 251 individuals, which is a slight decrease from 2020 but was also the result of some cases shifting during the formation of the DLO team. 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 2021, but continued to be impacted by the COVID-19 pandemic. In addition to the standard internal planning meetings and submitting referral packets to prospective service providers, Service Coordinators had to consider planning for a 14-day quarantine plan and securing a negative COVID test before proceeding with a new placement. One of the initial DDS pandemic Directives required that all new placements be reviewed and receive approval from a DDS Clinical team. This approval requirement was removed late in 2020, but because of continuing surges in cases during 2021, Lanterman continued to require that SC's submit quarantine plans and COVID protocols for all new placements for review and approval from the Executive Director through the majority of 2021.

Note: At close of 2021, 17.78% of all adult clients served by FDLRC lived in a licensed setting, while 82.19% lived in home settings. For children, 99.84% resided in a family home and only .14% lived in out of home settings. For the Center in 2021, 93% of all clients (children and adults) resided in a home like setting.

Service coordinators also assisted with 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 1,406 special incident reports including abuse investigations; medical and psychiatric hospitalizations; lost or missing individuals; injuries and acts of aggression: this represents an overall decrease of 60 cases from the previous year, which is attributed primarily to a reduction of COVID cases after vaccinations became available early in 2021.

During 2021, 360 SIR's were submitted related to COVID cases, with a majority of the incidents (243) being reported during the 1<sup>st</sup> quarter when COVID cases were spiking in the LA County area. Increases in Q3 and Q4 are likely related to COVID Variants Delta and Omicron. Total Categories of Special incident reports by living arrangement are as follows:

- 624 (44%) for licensed settings, which are mandated reporters; it represents an 8% increase from the total percentage reported in 2020.
- 579 (42%) for individuals living in their family home. There was a 5% increase from 2020.
- 203 (14%) for adults living independently or with supports; which was an increase of 1% from 2020.

## **EARLY INTERVENTION**

The Early Intervention Unit (E.I.) provided coordination of services for infants and toddlers with and at risk for having substantial developmental delays. In 2021, the Center saw the numbers of children receiving E.I. services increase from 1626 in January to 1941 by year's end. This represents an increase of 315 infants and toddlers receiving E.I. case management services, which resulted in a caseload ratio increase from 56:1 in 2020 to 64.7:1 by December 2021 for an average increase of 8 cases per SC.

This rapid growth can be partially attributed to families who were hesitant to schedule assessments during the initial months of the pandemic and were anxious to receive services as vaccines became more accessible and services more available. This growth also meant the Center was above the mandated E.I. ratio of 62:1 for the first time in several years. We anticipate that with this continued growth and an expected influx of funding for the 2022-2023 fiscal year, that the Center will expand and add an additional E.I. team during the next fiscal year. 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, 801 children turned three years old. Of the 801 children, 276 (34%) toddlers were determined to have a substantially handicapping developmental disability and continued to receive ongoing services and 525 (65%) 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 indicate a slight increase in the percentage of children determined to be status 2 and eligible for ongoing services from previous years, but the overall number of children turning three decreased by 11 from 2020.

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.

## **PROVISIONAL ELIGIBILITY**

The Developmental Services Budget Trailer Bill in July 2021 amended the W&I Code section 4512 and expanded eligibility by allowing a child who is three or four years of age to be “provisionally eligible”. If the child has a disability that is not solely physical in nature and has significant functional limitations in at least two areas of major life activity they remain eligible for services until age 5. Determination for Provisional Eligibility is based on two significant deficits in areas including self-care, receptive and expressive language, learning, mobility, and self-direction. A child who is found provisionally eligible shall be reassessed at least 90 days before turning five years of age to determine eligibility for ongoing Lanterman services. At year-end 2021, Lanterman had 35 children receiving services under Provisional Eligibility.

Because of the special needs of this population, Lanterman made the decision to create a specialty caseload for all children who are found provisionally eligible. This Service Coordinator will also be responsible for tracking these children and ensuring that re-assessments are scheduled beginning at 4.6 years of age to determine ongoing eligibility prior to a child’s 5<sup>th</sup> birthday. In 2021, this caseload was maintained on the Foothill School Age team but is transitioning to a new Early Childhood team serving 3 to 5 year olds that is being formed at the beginning of 2022.

## **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/TRAINING AND DEVELOPMENT**

For the year, the Center recruited for 31 positions total, with 24 Service Coordinator positions filled in 2021 compared to 11 in 2020. 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.

Because of the COVID pandemic, the Division consulted with the Training and Development Unit (T&D) in 2020 to modify the New Service Coordinator Orientation Training (SCOT) to on-line and virtual formats., 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. In 2021, SCOT training was conducted for a total of 29 Service Coordinators.

In-service topics conducted in 2021 included Assisting Forensic Clients, Aging with an Intellectual/Developmental Disability, Overview of Disability Rights CA, Notification Rights of Placements for Adult Served, FMS and Participant Directed Services, Assistive Technology at FDLRC, Medi-Cal and Health Care Plans, SSI Benefits Overview, Reimaging Client-Centric Services in the COVID-19 Era, and Special Incident Reporting and SC Role in follow-up. The Training Department also offered Virtual Person Centered Planning (PCP) on-line in 2021.

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 a full HCBS audit in February of 2020. As a follow-up to the full audit, DDS conducted a secondary audit in February 2021 to review 10 Special Incident Reports (SIR's) and 10 case records. Based on that audit the Center was 100% on Vendor SIR reporting, 90% on Center reporting, and conducted appropriate follow up activities for all 10 incidents. The Center remains in good standing and maintains certification to participate in the Medicaid Waiver program. As of 12/31/2021, the Center has 3685 clients enrolled in the Medicaid Waiver Program, which is a slight increase of (4) four individuals from 2020.

## **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 in 2020 waiving the requirements of both the Family Cost Participation Program (FCPP) and Annual Family Program Fee (AFPP). This waiver remains in place.

Any requirements related to the FCPP pursuant to Welfare and Institutions (W&I) Code section 4783, and the AFPP pursuant to W&I Code section 4785, continue to be 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 AFPP. 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 AFPP fees was also suspended by DDS Directive during the COVID-19 pandemic. 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 30 new requests for Fair Hearing were filed in 2021, an increase of 14 appeals from the prior year. The 30 appeals break out into the following categories:

- 11 Service Requests
- 5 Eligibility
- 3 Requests for Retro Reimbursements
- 2 Continuation of EI Services
- 2 Therapy Services
- 1 Clinical Service Request
- 1 Medical Services
- 1 Education Attorney
- 1 Rent Subsidy under SDP
- 1 Out of State Placement
- 1 Early Start Service Request
- 1 Hotel and Meals

Requests for fair hearings may be resolved in a variety of ways. The Center began 2021 with two (2) appeals that carried over from 2020. Below are the results of the appeals resolved in 2021:

- 18 were settled before going to hearing
  - 5 were dismissed prior to hearing
  - 1 was settled in an informal meeting
- 5 went to hearing
  - All 5 decisions were in favor of the Regional Center
  - 1 was an eligibility decision in favor of the Center
- 4 requests were withdrawn prior to hearing

As of December 31, 2021, four (4) appeals remained unresolved and are pending a hearing in 2022.

## **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 2021, there were nine (9) service complaints, compared to ten (10) in 2020. 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 9 complaints were filed in 2021, with the following results:

- Three of the complaints were regarding dissatisfaction with Service Providers or with lack of placement options.
- Five of the complaints were centered on staff not responding in a timely manner to initiate service or a lack of responsiveness to families.
- One complaint was regarding the eligibility process and the mother feeling that the Center failed to recognize her son's diagnosis resulting in delays in receiving necessary services.

It should be noted that oftentimes complaints might have more than one topic of concern; in these cases, 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 nine complaints listed above contained multiple areas (14) of concern with the following outcomes:

- Seven (7) were found unsubstantiated
- Five (5) were substantiated and the issues were resolved
- Two (2) were inconclusive and the family has filed an appeal

## **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

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COMMITTEES  
VICE CHAIR: AGRICULTURE  
BUDGET  
ENVIRONMENTAL SAFETY AND TOXIC  
MATERIALS  
GOVERNMENTAL ORGANIZATION  
MILITARY AND VETERANS AFFAIRS  
NATURAL RESOURCES  
RULES

March 31, 2022

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

2022-2023 Budget Act Request: Modernizing the Regional Center Core Staffing Formula

Dear Chair Arambula:

On behalf of myself as well as co-sponsors Assemblymembers Rubio, Wood, Patterson, and Grayson, I respectfully request the inclusion of \$21.6M General Fund (\$32.2M Total Fund) to reform the regional center "Core Staffing Formula," (CSF) as proposed by the Association of Regional Center Agencies and Service Employees International Union California.

The CSF is an outdated budgeting tool that funds regional center operations, including the critical functions of service coordination, intake, community services, and other key policy positions. The formula was intended to be updated in tandem with state salaries. The budgeted salary for service coordinators was last updated in 2001 and has remained frozen at approximately \$34,000, while the equivalent state salary has increased to nearly \$67,000. As a result, the formula underfunds current needs, and is the primary driver for regional center caseload ratios increasing over time above statutory limits. Modernizing the CSF would:

- Set budgeted regional center service coordination and supervision salaries at the same level as for equivalent state positions;
- Provide predictable funding for other positions needed for intake, resource development, accounting, and other functions;
- Update benefits and operating expenses and establish technology allowances; and,
- Make a renewed commitment to keep the formula current.

These changes would enhance the ability of regional centers to meet the needs of their communities. Regional centers' most important work is coordinating services for people with developmental disabilities. To do so most effectively, a service coordinator needs to have a long-term relationship with the individual they are serving – and their family. This proposal will stabilize caseload ratios, letting regional centers give people and their families the time and attention they need - and have been promised in law. That assurance is also made to the federal government to secure more than \$4B annually for California's developmental services system.

I respectfully request the Subcommittee adopt the attached budget trailer bill language and sufficient appropriation to support implementation of this critical policy. This augmentation will help the regional center system to better serve the nearly 400,000 people and their families that rely upon it for support.

Thank you for your consideration of this budget request.

Sincerely,



Devon J. Mathis,  
Assemblyman, 26th District



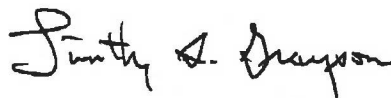
Blanca E. Rubio  
Assemblywoman, 48th District



Dr. Jim Wood  
Assemblyman, 2nd District



Jim Patterson,  
Assemblyman, 23rd District



Timothy Grayson  
Assemblyman, 14th District

cc:

Assemblymember Ting, Assembly Budget Committee Chair  
Assemblymember Fong, Assembly Budget Committee Vice Chair  
Nicole Vazquez, Assembly Budget Committee  
Eric Dietz, Assembly Republican Caucus  
Suzanne Sutton, Assembly Republican Caucus Director  
Joe Shinstock, Assembly Republican Caucus Fiscal Director  
Nancy Bargmann, Department of Developmental Services  
Liz Snow, Assemblymember Wood  
Taylor Woolfork, Assemblymember Rubio  
Sarah Boudreau, Assemblymember Patterson  
Samantha Yturalde, Assemblymember Grayson

# EXECUTIVE COMMITTEE

## **EXECUTIVE COMMITTEE**

**April 13, 2022**

### **MINUTES**

#### **PRESENT**

Louis Mitchell, Chair  
Elizabeth Beltran  
Larry DeBoer  
Mark Higgins

#### **NOT PRESENT**

Gloria Leiva  
Dina Richman

#### **STAFF**

Melinda Sullivan

#### **CALL TO ORDER**

Mr. Mitchell called the meeting to order at 12:04 p.m. The meeting was held via Zoom.

#### **APPROVAL OF MINUTES**

**The minutes of March 9, 2022 were approved by consensus.**

#### **BYLAW AMENDMENT**

Ms. Sullivan advised the Committee that there is language in the DDS Contract with the Regional Center that requires training and monitoring of facilitators who support board members to ensure maximum understanding and participation in carrying out their roles and responsibilities. This provision can be either in a regional center policy or as part of the bylaws.

Ms. Sullivan reported that she has consulted with legal counsel, Enright & Ocheltree, and they recommend that it be incorporated into the bylaws. Ms. Sullivan presented a draft amendment for review and discussion.

**Mr. DeBoer moved to recommend that the Board adopt the proposed amendment to the bylaws as presented, Mr. Higgins seconded the motion, and it passed unanimously.**

#### **BOARD SURVEY / IN-PERSON MEETINGS**

Ms. Sullivan engaged in an open discussion with the Committee on retuning to in-person meetings or hybrid meetings in the future. Committee members shared their thoughts. An open discussion will be held with the Board as well.

### **ADJOURNMENT FOR EXECUTIVE SESSION**

**The Committee agreed by consensus to suspend the General Session meeting at 12:25 p.m. for Executive Session to conduct business on Approval of Minutes, Litigation, and Personnel.**

### **RECONVENE FOR GENERAL SESSION**

**The Committee conducted business in Executive Session on Approval of Minutes, Litigation, and Personnel.**

### **ADJOURNMENT**

The meeting was adjourned at 12:55 p.m.

/fl

## FIRST AMENDMENT TO THE NINTH RESTATEMENT OF BYLAWS

WHEREAS, the Department of Developmental Services' (DDS) contract with the Frank D. Lanterman Regional Center (FDLRC) requires a board-approved policy or board-approved bylaws to describe the selection, training and monitoring of facilitators who will support board members to ensure maximum understanding and participation in carrying out their roles and responsibilities under Welfare and Institutions Code section 4622, subdivision (g)(1) and (2); and

WHEREAS, FDLRC wishes to provide this assurance through an amendment to its Bylaws,

NOW THEREFORE, the Board resolves to amend section 5.1 of its Ninth Restatement of Bylaws to add section 5.1, subdivisions (b)(9) and (10) to state as follows:

(9) The Corporation shall provide necessary facilitation to its Board members to ensure maximum understanding and participation in carrying out their roles and responsibilities in accordance with Welfare and Institutions Code section 4622, subdivisions (g)(1) and (2). Such facilitation shall be provided by other Board members to the extent that it can be. In circumstances in which Board members require training for appropriate facilitation, the Board shall retain a qualified individual/s to provide that training. In circumstances in which Board members require support beyond the abilities of then current Board members, even with additional training, appropriate facilitation shall be retained by the Board to supply the individual Board member with support necessary to ensure maximum understanding and participation and the proper functioning of the Board of Directors.

(10) Facilitation may require seating individuals needing support next to Board members who can facilitate their understanding and participation, or otherwise accommodating communication with the facilitator and person served, or meeting in advance of regular board meetings to review Board materials.