

MEMORANDUM

TO: BOARD OF DIRECTORS

FROM: MELINDA SULLIVAN

RE: Board Meeting

DATE: April 26, 2023

This meeting reflects the first opportunity in three years to have an in-person board meeting. Our meeting has a very full agenda and after the board meeting we will be offering a tour of our new reception area. I hope you are able to join us.

BOARD EDUCATION

In your packet, you will find the Administrative Report for the Client Services Division. I have asked Carmine Manicone to focus on the Center's efforts related to the Self-Determination and Participant Choice Services programs. He and Srbiu Ovsepyan will be available to answer any questions you may have.

EXECUTIVE DIRECTOR'S REPORT

As part of my report, I will be reviewing the recent Little Hoover Commission report. I will also be sharing exciting news about a second Koch-Young Resource Center for our Lanterman Community.

PROGRAMS AND SERVICES COMMITTEE – Action Item

We are bringing forward two Purchase of Services (POS) for the board's consideration: 1) the review and update of the Transportation Services policy and 2) a new policy on Rental Subsidies for adults served.

NOMINATING COMMITTEE – Action Item

The committee is bringing forward a nomination to fill a vacancy on the Service Provider Advisory Committee.



BOARD OF DIRECTORS MEETING

DATE: Wednesday, April 26, 2023
TIME: 6:00 PM – Board Business Promptly

Register in advance for this webinar:

https://us02web.zoom.us/webinar/register/WN_eS_1s3nFRH2tNc6aMxmptQ

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

ACTION ITEM	ORDER	GENERAL SESSION AGENDA	
	1	CALL TO ORDER	Gloria Leiva
	2	PUBLIC INPUT/ANNOUNCEMENTS	Gloria Leiva
ACTION	3	APPROVAL OF MINUTES • March 22, 2023	Gloria Leiva
	4	BOARD EDUCATION • 2022 Administrative Report – Client and Family Services (Self-Determination and Participant Choice Services)	Melinda Sullivan Carmine Manicone
	5	EXECUTIVE DIRECTOR'S REPORT • Report on Grassroots Day • DDS Regional Center Core Staffing Formula – Letter of Support (FYI) • Little Hoover Commission Report on DDS Services • New Space at 611 Brand	Melinda Sullivan
	6	ADMINISTRATIVE AFFAIRS COMMITTEE • Review of Financial Statements	Larry DeBoer Kaye Quintero
ACTION ACTION	7	PROGRAMS AND SERVICES COMMITTEE • Transportation Service Standard • Rental Subsidy Service Standard	Carmine Manicone
ACTION	8	NOMINATING COMMITTEE • Service Provider Advisory Committee (SPAC) Nomination	Al Marsella Melinda Sullivan
CLOSED SESSION	9 ACTION	EXECUTIVE SESSION • Approval of Minutes • Litigation • Personnel • Executive Director's Performance Evaluation for FY 2022-23	Gloria Leiva Melinda Sullivan
	10	ADJOURNMENT	Gloria Leiva

APPROVAL OF MINUTES

LOS ANGELES COUNTY DEVELOPMENTAL SERVICES FOUNDATION

Board of Directors

March 22, 2023

MINUTES

PRESENT

Gloria Leiva, Chair
Elizabeth Beltran
Anthony Brouwer
Michael Cooney
Tina Daley
Larry DeBoer
Danielle Dejean
Weller Killebrew
Dr. Alex Li
Louis Mitchell
Dee Prescott
Jae Rhee
Lili Romero
Brigitte Sroujeh

NOT PRESENT

Ana Villasenor

ADVISOR TO THE BOARD - PRESENT

Al Marsella

STAFF

Pablo Ibanez
Carmine Manicone
Srbui Ovsepyan
Kaye Quintero
Melinda Sullivan

GUESTS

Louise Bell
Mayra Cervantes
Paola Coronado
Evie Kim
Margarita Paccarelli
Diana Sandoval – DDS
Simon Yang

CALL TO ORDER

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

PUBLIC INPUT/ANNOUNCEMENTS

No public input was given.

APPROVAL OF MINUTES

Ms. Beltran moved to approve the minutes of February 22, 2023, Ms. Prescott seconded the motion, and it passed unanimously.

BOARD EDUCATION

2022 Administrative Report – Koch-Young Resource Center

As part of Board Education and Training, Ms. Chacana, Director of the Koch-Young Resource Center, gave a focused overview of a new initiative, the Language Access and Cultural Competency Plan. Board members were given the opportunity to ask questions and discuss the content.

EXECUTIVE DIRECTOR'S REPORT

Regional Center Linguistic Report

Ms. Sullivan presented information from a report submitted to DDS reflecting the current linguistic abilities of service coordination, intake and manager staff. Board members were given the opportunity to ask questions and discuss the content.

Alternative Staffing Report

Ms. Sullivan advised the Board that the Department of Developmental Services approved Lanterman's alternative staffing model proposal that was submitted in November 2022. The proposal includes four positions: two full-time Quality Assurance Specialists and two full time Koch-Young Resource Center (KYRC) Family Support Specialists. The approved positions can be included in the calculations and reporting of service coordinator-to-consumer ratios.

No POS Survey Results

Ms. Sullivan provided an update on several activities, including the Center's efforts to learn from families that did not receive POS services in fiscal year 2020-21. Ms. Sullivan reminded the Board of the report produced by Disability Voices United (DVU) entitled "A Matter of Race and Place". Its intent was to inform/influence the DDS Disparity Grant process. The report was based on the following criteria:

- Used Fiscal Year 20-21 data, exclusively for adults 22 and older
- Looked at disparity based on race and ethnicity
- Looked at differences between regional centers
- Identified geography and race impacts spending of RC's

Based on that report the Center produced a survey using the Fiscal Year 2020-21 data, exclusively for adults 22 and older. The Center identified 1216 individuals (10%) with no regional center funded POS. The survey was used to determine if there were unmet needs and to determine regional center satisfaction.

Board members were given the opportunity to ask questions and discuss the content.

ARCA REPORT

Mr. DeBoer advised the Board that he and Ms. Sullivan attended the ARCA meeting on March 16-17, 2023 and that the highlights from the meeting were in the packet for review.

Modernizing the Core Staffing Formula (CSF)

Mr. DeBoer reported that Assemblymember Joaquin Arambula is championing the update of the CSF, first used by DDS in FY 1979-80 as a budgeting and allocation tool for developing the regional center-operating budget. If successful, the CSF formula would be tied to state salaries, support three key functions of regional centers (service coordination, intake and community services) and provide a transparent budgeting methodology based on the number of individuals served by each center. Mr. DeBoer stressed that this is an important effort and that the Board should consider supporting it. Discussion followed.

Mr. DeBoer moved to send a letter of support to the Senate Budget and Fiscal Review Committee on Modernizing the Core Staffing Formula, Mr. Mitchell seconded the motion, and it passed unanimously.

ARCA Academy

Mr. DeBoer encouraged the Board to attend the upcoming ARCA Academy. This year it will be a hybrid event; however, board members are strongly encouraged to attend in person. The Southern California training will be at San Gabriel/Pomona Regional Center on Saturday May 6, 2023.

EXECUTIVE COMMITTEE

Contact Over \$250,000.

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

Provider/Organization: Woodcraft Rangers

Year: 2023

Amount of contract: \$490,000.

Mr. Ibanez advised the Board that the American Rescue Plan Act of 2021 (ARPA) provided supplemental funding for qualifying states to implement a variety of innovative activities to increase the capacity of Home and Community-Based Services (HCBS) to meet the needs of individuals with developmental disabilities. The Department of Developmental Services (DDS) received \$12.5 million for grants to enhance community integration for children and adolescents. Out of the total funds received by the state, Lanterman Regional Center was allocated a total of \$490,000.

Per DDS instructions, the Lanterman Regional Center notified the community of the available grants through a Request for Funds Proposal (RFP) process. The Center received a total 13 RFPs which were reviewed by the Lanterman team and forwarded to DDS,

Based on our review and recommendation, DDS awarded Woodcraft Rangers \$490,000. to make physical modifications and train staff to make their camp and afterschool program sites more inclusive. We received DDS notification of this award on March 1, 2023. Contract milestones are being dictated by DDS and are based on an executed contract and provider expenditure of funds paired with successful deliverables.

Discussion followed on the background of Woodcraft Rangers.

Mr. DeBoer moved to approve the contact with Woodcraft Rangers for \$490,000. Ms. Sroujeh seconded the motion, and it passed unanimously.

ADMINISTRATIVE AFFAIRS COMMITTEE

Cash Flow

Ms. Quintero reported that the Center is projected to have \$47,168,925 available at the end of May 31, 2023.

Mr. DeBoer reviewed the financial statements through January 31, 2022:

Fiscal Year to date 2022-2023 (D-1)

In Operations (main contract) we have spent \$16,988,796 (50.2% of budget). In Purchase of services (main contract) we have spent \$143,364,348 before we add late bills. Including projected late bills, we will have spent \$149,297,503 (42.9% of budget).

Fiscal Year 2021-2022 (C-4)

This month we recorded \$1,307,162 in OPS and \$178,731 in POS. To date we have spent 82.6% of our OPS and 89.3% of our POS allocations.

Fiscal Year 2020-21 (B-5)

This month we recorded \$0 in OPS and \$176,933 in POS. To date, we have spent 100% of our OPS and 99.2% of our POS allocations.

ADJOURNMENT FOR EXECUTIVE SESSION

Ms. Daley moved to suspend the General Session meeting at 7:10 p.m. for Executive Session to conduct business on Approval of Minutes, Litigation, Board Protocol, Personnel, and Real Estate. Dr. Li seconded the motion, and it passed unanimously.

RECONVENE FOR GENERAL SESSION

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

ADJOURNMENT

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

Brigitte Sroujeh, Secretary

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BOARD OF DIRECTORS

ACTION LOG

March 22, 2023

	DESCRIPTION	ACTION	STATUS
	Approval of Minutes – February 22, 2023	<ul style="list-style-type: none">• Approved	
	Contract over \$250,000. <ul style="list-style-type: none">• Woodcraft Rangers	<ul style="list-style-type: none">• Approved	

BOARD EDUCATION

ANNUAL ADMINISTRATIVE REPORT CLIENT AND FAMILY SERVICES

ONGOING SERVICE COORDINATION EARLY INTERVENTION

2022

The following report represents a summary of significant accomplishments and activities of the Client and Family Services Division for calendar year 2022. 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 a substantial amount of federal funding through the targeted case management program, various Medicaid Waivers, and the Early Start program (Federal funds make up approximately 40% of the regional center system's total funding). This division is the cornerstone of the regional center. Its front-line staff represents the regional center to nearly 12,000 clients and families in the diverse communities of the Lanterman catchment area.

In 2022, the Department of Developmental Services (DDS) continued to provide additional guidance and amendments to the extension of waivers that were originally issued in 2020 in response to the COVID-19 pandemic. While certain exceptions were continued, such as the ability for Individual Program Plan (IPP) and Individual Family Service Plan (IFSP) meetings to be conducted remotely, if requested by the client or parent/conservator, other exceptions were slowly eliminated. For example, in December 2022 DDS issued a directive to eliminate the provision of Alternative Services effective December 31, 2022. While Alternative Services were no longer available after the end of the year, the Department continued to expand other service options in order to allow new and creative ways to serve clients and families, including the expansion of Tailored Day Services and continuation of some remote services. While these new directives and service options were effective in responding to the needs of the community, it required staff to adapt to the changes and added new requirements to their ongoing responsibilities.

Regional Center Performance Measures

While the impact of the pandemic continued to play out through different directives, the biggest changes initiated in 2022 were the Department's focus on addressing improvements in the Regional Center service delivery system, including improved language and cultural access, reducing racial and ethnic disparities, enhancing equity and client's rights and improving the quality of services. These efforts were seen through a number of new initiatives and Directives including the Performance Incentive Measures, Quality Incentive Program, Language and Cultural Accessibility Plan, and changes to the appeals process. The following list represents examples of the directives and Trailer Bill Language (TBL) issued in 2022:

- DDS, with input from client and stakeholder communities, defined a vision and six measurement priorities for Regional Centers to guide the development of measures for FYs 2022-2025, called the Regional Center Performance Measures. The six areas of focus included:
 - Early Start - Child Find and Identification; Timely Access to Early Start Services

- Employment - Participation in Competitive Integrated Employment; Data Points and Reporting for CIE
 - Equity and Cultural Competency – Linguistic Diversity; Language Access (IPP translation); Service Coordinator Competency in Cultural & Ethnic Diversity
 - Individual & Family Experience and Satisfaction – Consumer/Family Satisfaction with Regional Center Services
 - Person-Centered Services Planning – Service Plans Demonstrate Person-Centered Criteria; Service Coordination Facilitation Skills
 - Service Coordination and Regional Center Operations – Choice of Services within Regional Centers; Timely Service Authorizations; SC Competency; Intake Process
- The Department began to roll out Phase One of the Performance Measures beginning in August 2022 through Directives that required different reporting requirements and timelines. For example, for Early Start – Child Find and Identification, Regional Centers were instructed to submit a Child Find Plan to DDS to report on a structure for outreach activities to identify and report number of children identified by April 1, 2023. Other directives followed that gave guidelines in reporting requirements for the other focus areas in the Performance Measures.
 - In October 2022, changes to the appeals process were implemented, beginning with limiting the use of Regional Center attorneys unless the family is utilizing an attorney (or the client or authorized representative is an attorney). Additional changes include standardized appeals information packet and extending timelines to file an appeal and receive Aid Paid Pending. These additional changes went into effect as of March 1, 2023. As a result of these changes, FDLRC began to recruit for a new Appeals Coordinator position.
 - Developmental Services Trailer Bill, SB 188 effective June 30, 2022, expanded eligibility for early intervention services under the California Early Intervention Services Act by reducing the eligibility requirements as follows: from 33-percent delay to a 25-percent delay in one or more areas of development, separating expressive communication development and receptive communication development into two individual categories, and highlighted fetal alcohol syndrome as one of the risk factors.
 - DDS also mandated that caseloads for children ages 0 – 5 will be maintained at a 1:40 caseload, and will require quarterly contact regardless of their living arrangement.

SELF-DETERMINATION

The Center continued to implement the Self-Determination Program (SDP). As of December 31, 2022, the center had 128 active participants who had fully transitioned into the program and were purchasing services through SDP. While 50 clients had transitioned in 2020-2021, 78 additional participants completed the transition to SDP during 2022.

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. In 2022, complete Self-Determination webpages were developed in Spanish and Korean, and the SDP video series was translated into Korean and is now available in English, Spanish, and Korean languages.

By the start of 2022, the Self-Determination Specialist had completed a series of monthly staff trainings on the various topics, principles and moving parts of the SDP program. In 2022, the SDP Specialist continued to provide ongoing training, as needed, on specific elements of the program. He also presented at three community Public Forums and

visited the various KYRC Support Groups to provide ongoing outreach and awareness to the Lanterman community. Additionally, we added a bi-monthly live remote Q&A session for parents and perspective participants who had already completed the on-line orientation as an opportunity to ask specific questions that addressed in the orientation.

The Center 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 and continues to be Lanterman's preferred approach to administering the program. The SDP Specialist and Participant Choice Specialist provide support to the SC's and Managers by participating in budget planning meetings and offering ongoing consultation for individuals in the process of moving to the Self-Determination program.

REGIONAL SERVICE COORDINATION

Service coordination teams are organized by both age and, to the best of our ability, geography. In 2022, the School Age Unit grew from four to six 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.
- Two new Early Childhood teams, which serve children ages 3 to 6 years old, including managing cases with Provisional Diagnosis, were added in 2022.

The Early Childhood teams were implemented to both help the Center meet the mandate of a lower caseload ratio of 1:40 for this age population, and to provide the needed targeted case management for the Provisional cases.

The Ongoing Unit serves older adolescents and adults via six service coordination teams organized by geography, language and living arrangement:

- The LA/Hollywood Team, which serves individuals in the Hollywood and surrounding LA area
- 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, which serves individuals in the Burbank, Glendale and surrounding foothills
- The Pasadena team, which serves individuals in the Pasadena, Altadena, and surrounding foothills, 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.

Twelve (12) service coordination teams provide service coordination and monitoring for approximately 10,028 clients as of December 31, 2022, which was an increase of 563 individuals served from 2021.

During calendar year 2022, the School Age Unit was comprised of six service coordination teams: Los Angeles School Age Team, Foothill School Age Team, the School Age/ Transition Team, the New School Age team, and the two new Early Childhood teams. These six teams served 4,753 clients, which is an increase of 347 clients from 2021. Below is a breakdown of caseload ratios as of December 31, 2022 by team:

- LA School Age – 884, a decrease of 92 (Caseload ratio of 80:1, compared to 81:1 in 2021)

- Foothill School Age – 1016, a decrease of 14 (Caseload ratio of 92:1, compared to 84:1 in 2021)
- School Age Transition – 1103, a decrease of 67 (Caseload ratio of 100:1 compared to 92:1 in 2021)
- New School Age– 978, a decrease of 180 (Caseload ratio of 89:1 compared to 96:1 in 2021)

The two Early Childhood were incrementally phased in during 2022, with the formation of Early Childhood I initiated in January of 2022 and the Early Childhood II team developed in September of 2022. As these two teams were both implemented in 2022, there are no previous baseline numbers to compare. By end of year 2022, the data for these two new teams were as follows:

- Early Childhood I – 542 with 10 Service Coordinators for a ratio of 54:1
- Early Childhood II – 230 with 8 Service Coordinators for a ratio of 29:1

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 Diverse Living Options team. The Ongoing Unit served 5,069 clients, which is an increase of 10 from 2021. In previous years, the growth for the Ongoing Unit has been larger due to the transfers from the School Age Unit. However, during the 2022 year, school age case transfers were slowed down to address high caseload sizes and allow for additional growth positions to be added. In addition, 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 – 944, this represents a decrease of 19 individuals, primarily due to case transfers out to other regional centers. (The caseload ratio for the team was 86:1, a reduction from the previous year's ratio of 88:1).
- Glendale– 980, this represents an increase of 8 individuals. (The caseload ratio increased to 89:1, a slight increase from the ratio of 88:1 noted the previous year).
- LA Hollywood– 989, this represents a decrease of 12 individuals, again likely due to case transfers. (The caseload ratio for this team decreased slightly from 91:1, to 90:1 in 2022).
- LA Wilshire– 989, an increase of 5 individuals. (The team's caseload ratio went back up to 90:1, from 89:1 in 2021).
- Residential – 600, a decrease of 29 individuals. (Caseload ratio decreased to 60:1, as compared to 63:1 in 2021).
- Diverse Living Options – 566, an increase of 57 individuals, likely as a result of new intake cases and school age transfers (Caseload ratio of 57:1 – 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.

The Diverse Living Options team continued to serve several specialized caseloads, allowing these Service Coordinators to continue to maintain their unique focus. Two (2) Community Living Options (CLO) SC's provide specialized service coordination to 51 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 level of case management.. The specialized service coordination is mandated at a 1:25 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 2022, this specialized team assisted four (4) individuals to move out of an Institution for Mental Diseases (IMD). Additionally, the team assisted with transitioning one (1) individual who was residing out-of-state back to

the State of California. These types of transitions are an extremely time-consuming and challenging process due to the need for specialized resources, legal and forensic involvement and, at times, family involvement.

By close of 2022, the Center had no one residing at State Developmental Centers and one (1) individual residing Out-of-State. Through the Center's 2023 Community Placement Plan, our CLO team will focus its efforts on assisting five individuals total residing in an IMD to move into a less restrictive, more homelike setting.

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 220 individuals, which is a slight decrease from 2021 (decrease of 31). 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, in coordination with being an Employment First Center, and the implementation of federal and State legislation including the HCBS Settings Rule, 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 2022. While the COVID-19 restrictions were relaxed, clients were still required to either be vaccinated or have a negative COVID test 72 hours prior to any placement activities. New residents were also encouraged to follow a 14-day quarantine plan if there were other at risk individuals in the home. While the Center relaxed the need for all placement plans to be reviewed and approved by the Executive Director in 2022, all placement recommendations and planning continued to be thoroughly reviewed by the Regional Managers and Associate Director's, as needed.

Note: At close of 2022, 16.72% of all adult clients served by FDLRC lived in a licensed setting, while 83.25% lived in home settings. For children, 99.87% resided in a family home and only .11% lived in out of home settings. For the Center in 2022, 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 2,167 special incident reports including abuse investigations; medical and psychiatric hospitalizations; lost or missing individuals; injuries and acts of aggression and mortality: this represents a significant increase of 761 special incident reports as compared to the 1,406 reported in 2021. This increase is largely attributed to individuals returning to in person programming in special incident reports.

During 2022, 1066 SIR's continued to be submitted related to COVID cases, with a majority of the incidents (459) being reported during the 1st quarter when COVID cases were once again spiking in the LA County area. Increases in Q3 and Q4 are likely related to COVID Variants Delta and Omicron. Total Categories of COVID Special incident reports by living arrangement are as follows:

- 277 (28%) for licensed settings, which are mandated reporters; it represents a 16% decrease from the percentage reported in 2021.
- 620 (63%) for individuals living in their family home. There was a 21% increase from 2021.
- 94 (9%) for adults living independently or with supports; which was a decrease of 5% from 2021.

Overall, this represents a decrease from 1,406 COVID incidents reported in 2021 to 1,066 incidents reported in 2022.

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 2022, the Center saw the numbers of children receiving E.I. services increase from 1,941 in January to 2,026 by year's end. This represents only a slight increase of 85 infants and toddlers receiving E.I. case management services, which essentially resulted in the caseload ratio for SC's in the Early Intervention Unit remaining at 64:1 for the 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.

In 2022, DDS issued a directive to reduce caseload sizes for children from birth through 5-years of age. In order to come into compliance with this directive FDLRC began planning late in 2022 to add a new E.I. team in the first quarter of 2023. As such, recruitment began in the last two months of 2022 to hire an additional Regional Manager and Secretary for the anticipated new E.I. team, as well as plans to hire an additional 10 Service Coordinators for the team.

During the year, 896 children in the E.I. team were assessed for ongoing eligibility prior to their third birthday. Of those 896 children, 382 (43%) toddlers were determined to have a substantially handicapping developmental disability and continued to receive ongoing services and 403 (45%) infants and toddlers were determined to have made substantial developmental gains and were no longer eligible for regional center services under the Lanterman Act. Additionally, 111 (12%) children were found provisionally eligible and will continue to receive services until re-assessment prior to their fifth birthday.

Statistically, these figures indicate an increase of 9% in the number of children determined to be status 2 and eligible for ongoing services from previous years, and an increase in the overall number of children turning three by 95 from 2021. The addition of the provisional eligibility category also saw the number of children exited from the Center reduce by 20%, which means that more children will continue to benefit from services available through the system during a key period of their development.

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 is 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 continued to collaborate 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. During the 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 found provisionally eligible shall be reassessed before turning five years of age to determine eligibility for ongoing Lanterman services. At year-end 2022, Lanterman had 159 children receiving services under Provisional Eligibility compared to 35 with a Provisional diagnosis, an increase of 124 children from 2021.

Lanterman initially made the decision to create one specialty caseload for children found provisionally eligible. In 2021, this caseload was maintained on the Foothill School Age team. With the formation of the Early Childhood teams in 2022, each Early Childhood team has a specialized caseload responsible for the provisionally eligible children. Service Coordinators for Provisional cases are responsible for tracking these children and ensuring that re-assessments are scheduled beginning at 4.6 years of age.

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 44 Service Coordinator positions total, which was a 56% increase from the 24 Service Coordinator positions filled in 2021. Lanterman continues to use temporary service coordinators to provide coverage in instances where 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 New Service Coordinator Orientation Training (SCOT) series was modified to on-line and virtual formats made available through ArcaLearn. In 2022, SCOT training was conducted for a total of 29 Service Coordinators.

In addition to the SCOT trainings, in early 2022, the Division, in collaboration with the Training and Development Unit created and implemented the Brown Bag Training Series – a weekly, informal training session for all new service coordinators on topics such as Person-Centered Planning and IPP development, assessment of service needs, generic and vendored service options; SIRs and risk management, SDP and more. During the second half of the year, the Brown Bag trainings brought in subject matter experts to provide additional training on topics such as School Districts and transitional services, Employment, Housing, Medi-Cal, and Clinical Services. Additionally, in collaboration with the Special Projects Coordinator, T&D created over 31 How-To instructional videos on how to complete documents, purchase of service requests, special incident reports, and more. These videos were made available through the ArcaLearn portal and available to all staff.

In-service topics conducted in 2022 included Autism Evidence Based and Emerging Therapies; Compassionate Communication and Customer Service; Federal Revenue Programs, SDP – Lessons Learned; Title 19 ID notes, Grief and Loss – EI; Grief and Loss – School Age Transition; Epilepsy Update; Person Centered Thinking, Person Centered Practices, Supported Decision Making; Alternatives to Conservatorship; and Alternative Services Updates.

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 Associate 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 records 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 2022. DDS conducted a review of HCBS Waiver clients, Community Care Facility (CCF) consumer records, Targeted Case Management, Nursing Home Reform and HCBS 1915(i) SPA program clients. Based on the audit, the Center was 99% in compliance for the consumer record review, 100% in the CCF record review, and 99% in compliance for the HCBS 1915(i) SPA. The Center is in substantial compliance and maintains certification to participate in the Medicaid Waiver program. As of 12/31/2022, the Center has 3,613 clients enrolled in the Medicaid Waiver Program, which is a decrease of 72 clients. This decrease is likely due to clients passing away and case transfers. In addition to the HCBS Medicaid Waiver program, there were 101 clients enrolled in the SDP Waiver Program as of 12/31/2022.

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 (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, continue to be waived.

ANNUAL FAMILY PROGRAM FEE

As was noted above, the requirement for calculating AFPF 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 23 new requests for Fair Hearing were filed in 2022, a decrease of 7 appeals from the prior year. The 23 appeals break out into the following categories:

- 9 Service Requests
- 3 Eligibility
- 2 Requests for Delay in Services
- 1 Request due to untimely IPP
- 1 Retro Reimbursement
- 1 Speech Therapy Service
- 1 Tuition
- 1 1:1 school aide
- 1 Out of State Program/placement
- 1 Out of State travel supports
- 1 Early Start Denver Model (ESDM) in the Self Determination Program (SDP)
- 1 Hotel Reimbursement

Requests for fair hearings may be resolved in a variety of ways. Below are the results of the appeals resolved in 2022:

- 19 were settled before going to hearing
 - 2 were dismissed prior to hearing
 - 2 were settled in an informal meeting
 - 1 was settled in mediation
 - 1 request was withdrawn prior to hearing
- 3 went to hearing
 - All 3 decisions were in favor of the Regional Center

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 2022, there were twenty (20) service complaints, compared to nine (9) in 2021. 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 20 complaints were filed in 2022, with the following results:

- Four of the complaints were regarding dissatisfaction with Service Providers or with lack of placement options.
- Four of the complaints were regarding the Self-Determination Process, either a delay in the budget development, or complaints against the FMS in handling of the budget.
- Five of the complaints were centered on staff not responding in a timely manner to initiate service or a lack of responsiveness to families.
- Two complaints were centered on the failure to implement clients IPP
- Two complaints centered on an accounting related issue (TAP card was not filled, SSP restoration checks were late).
- One complaint was related to the Regional Center's communication to the Department of Developmental Services specific to that individual
- Two complaints centered on the Regional Center's failure to secure independent living for a client

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

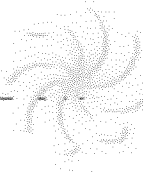
complaint and make recommendations for potential policy and procedural changes as appropriate. The twenty complaints listed above contained multiple areas (35) of concern with the following outcomes:

- Twenty (20) were found unsubstantiated
- Twelve (12) were substantiated and the issues were resolved
- One (1) was inconclusive
- One (1) complaint was out of the scope of a 4731 complaint and one (1) complaint was resolved outside of the complaint process.

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



March 30, 2023

The Honorable Phil Ting, Chair
Assembly Budget Committee
1021 O Street, Suite 8230
Sacramento, CA 95814

The Honorable Nancy Skinner, Chair
Senate Budget and Fiscal Review Committee
1021 O Street, Suite 8630
Sacramento, CA 95814

RE: Modernizing the DDS Regional Center Core Staffing Formula

Dear Chairs Ting and Skinner,

As president of Frank D. Lanterman Regional Center's (FDLRC's) Board of Directors I am writing this letter to communicate the board's full support of Assembly Member Arambula's Letter of February 28, 2023 on the issue of regional center Operations Funding. Lanterman Regional Center serves almost 12,000 individuals with intellectual and developmental disabilities (and their families) in the Wilshire and Hollywood areas within the City of Los Angeles, as well as Pasadena, Glendale, Burbank, La Crescenta, and La Canada. Our Board of Directors represents the broad diversity and identity of our catchment area, including people of Hispanic, African-American, Korean, other Asian, Middle Eastern, and Caucasian ethnicities.

In order to fulfill the promise of the Lanterman Act and Early Start programs it is necessary to update the core staffing formula so that it aligns with actual regional center staffing costs. The regional center cannot appropriately respond to individuals and families unless service coordinators have a reasonable caseload size, as well as other regional center staff able to support the infrastructure and efforts of our service coordinators. Simply, the Core Staffing Formula must be updated so regional centers receive adequate funding allowing them to meet the promise of the Lanterman Act

We support Assembly Member Arambula's proposal for the following reasons:

- The Core Staffing Formula is a budget methodology which used dollar amounts per position largely established in the early 1990s.
- This budget methodology has not kept up with inflation, local economic realities or the "market" for human service professionals.
- As state salaries have risen, regional center staff salaries have fallen further behind, resulting in regional center's simply hiring fewer staff than needed to respond to individuals and their families.
- Long overdue service provider rate increases are on track to be updated responsive to

local costs by mid-2024, but those efforts will prove fruitless if regional centers cannot hire, train, and retain quality staff to connect individuals with those services.

- Modernizing the Core Staffing Formula will stabilize turnover and reduce caseloads which will lead to an improved relationship between the individuals we serve and the regional center staff.

The Lanterman Act entitlement relies on three parts of the service delivery system for people with intellectual and developmental disabilities: the Department of Developmental Services (DDS), Service Providers, and Regional Centers. If only two of the three parts (DDS and Service Providers) are adequately funded, the system of supports cannot be effective. On behalf of the Lanterman's Board of Directors, I thank you for the investments already made into the developmental disabilities service system, however I urge you to consider Modernizing the Core Staffing Formula of the regional centers as the necessary third part of meeting the needs of the 400,000 Californians served by the developmental disabilities system.

Thank you for your consideration,



Gloria Levia
Board President

CC: Mark Ghaly, Secretary, Health and Human Services Agency
Nancy Bargmann, Director, Department of Developmental Services
Mareva Brown, Office of the Senate President Pro Tempore
Nichole Vasquez, Assembly Budget Committee
Ryan Anderson, Legislative Analyst Office

■ Executive Summary

California's system for providing services to individuals with intellectual and developmental disabilities needs reform.

The system is coordinated by a network of 21 nonprofit agencies called regional centers, with oversight from the California Department of Developmental Services. The regional center structure was created in 1969 to help individuals and families access available health, public health, and education systems and provide guidance on how to navigate these systems to meet their unique needs.

Decades of research has identified persistent and ongoing disparities in the availability and quality of services among racial and ethnic groups and among geographic localities. The Commission found inconsistencies in data reporting, technologies, vendorization processes, support for regional center governing boards, and availability of client support.

This report includes seven recommendations to reduce geographic and ethnic disparities so that all who are entitled to services receive similar access.

RECOMMENDATION 1: INCREASE CONSISTENCY IN CLIENT EXPERIENCES ACROSS REGIONAL CENTERS

Each of the state's 21 regional centers currently has discretion to establish its own processes to assess individuals for services, to determine the array of services offered, and to craft policies for providing information to those seeking help. This means the level of care can vary significantly for different individuals – even if they have similar needs.

Strategies for Change:

- a. The Department of Developmental Services should create a consistent intake process to be used by all regional centers.
- b. The Department and regional centers should use technology to make it easier for people to find out what services are available.

- c. The Legislature should require the Department to identify a standard set of core services that should be delivered by every regional center by 2025.

RECOMMENDATION 2: TARGET AND REDUCE RACIAL AND ETHNIC DISPARITIES

Numerous research studies, as well as anecdotal evidence gathered through our investigation, show that there are pervasive disparities in the quality and availability of services among different racial and ethnic groups. The Department of Developmental Services could better use data to identify disparities in spending and service access.

Strategies for Change:

- a. Lawmakers should require the Department to create standard categories to measure the racial and ethnic characteristics of clients receiving services.
- b. The Department should conduct robust analyses using existing data to better understand disparities.
- c. The Department should require regional centers to consistently report on additional metrics by various demographic characteristics.

RECOMMENDATION 3: STRENGTHEN STATE OVERSIGHT OF THE DEVELOPMENTAL DISABILITIES SYSTEM

The system's emphasis on local control makes it difficult for the state to provide oversight and address regional disparities. The Department of Developmental Services has an obligation to understand what is and is not working across the 21 regional centers and to step in and address systemwide problems when necessary.

Strategies for Change:

- a. Lawmakers should amend statute to grant the Director of the Department the authority to issue general directives over the system of regional centers.

- b. The Department should issue detailed guidance to assist regional centers and others to understand the regulations regarding service codes and how they may be used.
- c. Lawmakers should conduct an evaluation of the regional center system to identify policy and procedural differences among the 21 regional centers, assess effectiveness in achieving client outcomes, and identify opportunities for additional standardization.

RECOMMENDATION 4: MODERNIZE TECHNOLOGY

The current data systems used by the Department of Developmental Services were developed in the 1980s and lack the functionality to provide real-time financial and client data, making it difficult for the department to provide effective oversight of the regional center system. Further, regional centers use six different case management systems, none of which interfaces with the others.

Strategies for Change:

- a. Lawmakers should amend statutory language to require all regional centers to also use a single system to track service delivery.
- b. The Department should articulate a project scope, plan, budget, and timeframe for the development of unified accounting and case management systems, as well as describe their intended functionality and how the new systems will solve existing technology problems.

RECOMMENDATION 5: STANDARDIZE THE VENDORIZATION PROCESS

The licensing process service providers must undergo to become vendors is inconsistent across regional centers. Challenges for service providers to enter the system can impact the availability of services.

Strategies for Change:

- a. Lawmakers should require the Department to standardize the vendorization process to make it easier for service providers to participate in the system.

RECOMMENDATION 6: STRENGTHEN AND ENHANCE SUPPORT FOR REGIONAL CENTER GOVERNING BOARDS

Regional governing boards make critical decisions about services provided in their communities. More should be done to ensure board decisions are independent and board members are fully equipped to participate in board decisions.

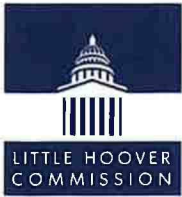
Strategies for Change:

- a. Lawmakers should add Gubernatorial board appointees, restrict regional center executive staff from involvement in board selection, and enhance board protections from retaliatory action.
- b. Lawmakers should require the Department to increase facilitation services to improve consumer participation on boards and enhance board training opportunities.

RECOMMENDATION 7: IMPROVE SERVICE COORDINATION

State law includes a requirement for individuals and families to access all “generic” resources before receiving services through the regional center. While some families have access to help to navigate these programs, many do not. Limited resources are available to provide additional needed support.

- a. The Department should convene a taskforce with relevant state and county agencies to streamline the process of accessing generic services.
- b. The Department should develop, and the Legislature should fund, a competitive grant program to enhance navigation services for regional center clients.



Fact Sheet: Caring for Californians with Developmental Disabilities

Contact: LittleHoover@lhc.ca.gov

California's system for providing services to individuals with intellectual and developmental disabilities needs reform.

The system is coordinated by a network of 21 nonprofit agencies called regional centers, with oversight from the state Department of Developmental Services. Decades of research has identified persistent and ongoing disparities in the availability and quality of services among racial and ethnic groups and among geographic localities. In addition to these challenges, the Commission's review of this system uncovered inconsistencies in data reporting, technologies, vendorization processes, support for regional center governing boards, and availability of client support.

In its 2023 report, [*A System in Distress: Caring for Californians with Developmental Disabilities*](#), the Commission urgently calls on California to:

- **Increase consistency in client experiences** by creating a standard set of core services and intake process to be used by all regional centers, and using technology to make it easier for people to identify available services.
- **Target and reduce racial and ethnic disparities** by developing standard categories to measure the racial and ethnic characteristics of clients receiving services, conduct robust analyses of existing data, and require consistent reporting.
- **Bolster state oversight** by authorizing the Department to issue general directives over the system of regional centers and conducting an evaluation the system.

- **Modernize technology** used to track financial and client data.
- **Standardize the vendorization process** that service providers undergo to become licensed vendors.
- **Strengthen and enhance support for regional center governing boards** by ensuring that board decisions are independent and made without fear of retaliation, and that board members are equipped to participate fully in board decisions with appropriate training.
- **Improve service coordination** by convening a taskforce to streamline the process of accessing generic services and enhance navigation services for regional center clients through a state-funded competitive grant.

The Commission's recommendations will help state leaders improve the governance and accountability of California's system of services and supports for individuals with intellectual and developmental disabilities and address longstanding inequities that have made it easier for some to access needed services than others.

Last updated: April 2023

EXECUTIVE COMMITTEE

EXECUTIVE COMMITTEE

April 12, 2023

MINUTES

PRESENT

Louis Mitchell, Chair
Elizabeth Beltran
Larry DeBoer
Brigitte Sroujeh

NOT PRESENT

Gloria Leiva

STAFF

Melinda Sullivan

CALL TO ORDER

Mr. Mitchell called the meeting to order at 12:02 p.m. The meeting was held via Zoom.

APPROVAL OF MINUTES

The minutes of March 8, 2023 were approved by consensus.

GRASSROOTS DAY

Ms. Sullivan reminded the Committee that Grassroots Day was held on Wednesday, March 29, 2023 and it was a successful event. The event was held virtually and coordinated by ARCA. The talking points for the day were:

- Stabilizing Regional Center Service Coordination
- Legislation for Support and/or Co-Authoring - AB 649 (Wilson)
- Provider rate reform
- Repeal of fees on families – The Annual Family Program Fee and Family Cost Participation Program

Lanterman's team consisted of:

- 2 - Parents (board members)
- 1 - Client
- 1 - Service Provider (board member)
- 2 - Regional Center staff

DDS REGIONAL CENTER CORE STAFFING FORMULA

Ms. Sullivan reminded the Committee that at the last board meeting, they approved sending a letter of support to the Senate Budget and Fiscal Review Committee on Modernizing the Core Staffing Formula. A copy of that letter was in the packet for information only.

NEW RECEPTION AREA

Ms. Sullivan advised the Committee that construction of the new lobby/reception area is now complete and open for business.

Now that the Center is open, the committee discussed returning to in-person board meetings. The Committee agreed to resume in-person board meetings starting on April 26th. Board members will be given a tour of the lobby after the board meeting.

NEW SPACE – 611 BRAND

For Information Only –

Ms. Sullivan reported that the Center has leased space at 611 Brand Avenue in Glendale. The space is for a satellite Koch-Young Resource Center (KYRC) in the Glendale area. It is immediately off the 134 freeway with easy access to public transportation. This space will support the Center's Language Access and Cultural Competency (LACC) plan and make KYRC services more convenient to families in the Foothill regions.

It is anticipated that the site will be open at the end of June.

ADJOURNMENT FOR EXECUTIVE SESSION

The Committee agreed by consensus to suspend the General Session meeting at 12:30 p.m. for Executive Session to conduct business on Approval of Minutes, Litigation, and Executive Director's Performance Evaluation for FY 2022-23.

RECONVENE FOR GENERAL SESSION

The Committee conducted business in executive session on Approval of Minutes, Litigation, and Executive Director's Performance Evaluation for FY 2022-23.

ADJOURNMENT

The Committee agreed by consensus to adjourn the meeting at 12:50 p.m.

/fl

DRAFT