

MEMORANDUM

TO: BOARD OF DIRECTORS

FROM: MELINDA SULLIVAN

RE: Board Meeting

DATE: June 28, 2023

We continue to offer a hybrid meeting however I'm hoping that members will make the effort to attend in person as I do believe it adds to the quality of the meeting. Larry De Boer and I will be attending the ARCA board meeting this week. I will forward the summary notes for your information before our Board meeting. We will be recognizing three members, Danielle Dejean, Jae Rae and Elizabeth Beltran, who are terming off of the Board after volunteering for 6 years.

BOARD EDUCATION

In your packet, you will find the Administrative Report for the Community Services Unit. I have asked Pablo Ibanez to focus on the efforts surrounding the Deaf and Hard of Hearing initiative. He will be available to answer any questions you may have as it relates to the report as well.

EXECUTIVE DIRECTOR'S REPORT

As a reminder, we will have a full in-person board training in July. I will review the details at this month's meeting.

NOMINATING COMMITTEE – Action Item

Last month the committee brought forward its nominations for the 23-24 Board of Directors, including officers. This month the Board will vote.



BOARD OF DIRECTORS MEETING

Wednesday, June 28, 2023
6:00 PM – Board Business Promptly

Register in advance for this meeting/webinar:

https://us02web.zoom.us/webinar/register/WN_mMy8j7AbTUyK_rxycAaRsw

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

ACTION ITEM	ORDER	GENERAL SESSION AGENDA	
	1	CALL TO ORDER	Gloria Leiva
	2	PUBLIC INPUT/ANNOUNCEMENTS	Gloria Leiva
ACTION	3	APPROVAL OF MINUTES <ul style="list-style-type: none"> • May 24, 2023 	Gloria Leiva
	4	BOARD EDUCATION <ul style="list-style-type: none"> • 2022 Administrative Report – Community Services (Deaf Access and HoH) 	Melinda Sullivan Pablo Ibanez
ACTION	5	EXECUTIVE DIRECTOR'S REPORT <ul style="list-style-type: none"> • Contracts over \$250,000. • July Board Training 	Melinda Sullivan
	6	ARCA REPORT	Larry DeBoer Melinda Sullivan
ACTION	7	ADMINISTRATIVE AFFAIRS COMMITTEE <ul style="list-style-type: none"> • Line of Credit Renewal • Review of Financial Statements 	Larry DeBoer Kaye Quintero
ACTION	8	NOMINATING COMMITTEE <ul style="list-style-type: none"> • Election of Officers and Directors 	Al Marsella
	9	RECOGNITION OF OUTGOING BOARD MEMBERS	Gloria Leiva
CLOSED SESSION	10 ACTION	EXECUTIVE SESSION <ul style="list-style-type: none"> • Approval of Minutes • Litigation • Executive Directors Performance Evaluation - June 2022-23 	Gloria Leiva Louis Mitchell Melinda Sullivan
	11	ADJOURNMENT	Gloria Leiva

APPROVAL OF MINUTES

LOS ANGELES COUNTY DEVELOPMENTAL SERVICES FOUNDATION

Board of Directors

May 24, 2023

MINUTES

PRESENT

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

NOT PRESENT

Danielle Dejean

ADVISOR TO THE BOARD - PRESENT

Al Marsella

STAFF

Rose Chacana
Pablo Ibanez
Carmine Manicone
Srbui Ovsepyan
Melinda Sullivan

GUESTS

Louise Bell
Lia Cervantes Lerma
Mayra Cervantes
Meredith Goetz
Taleen Khatchadourian
Kristianna Moralls
Dennis Moreno
Mark Moreno

Nikisia Simmons – DDS

CALL TO ORDER

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

PUBLIC INPUT/ANNOUNCEMENTS

No public input or announcements were given.

APPROVAL OF MINUTES

The minutes of April 26, 2023 were approved by consensus.

BOARD EDUCATION

2022 Administrative Report – Training & Development

As part of Board Education and Training, Mr. Manicone, Associate Director of Client and Family Services and Ms. Wilson, Director of Training & Development, gave a focused overview on Person Centered Thinking. Board members were given the opportunity to ask questions and discuss the content.

EXECUTIVE DIRECTOR'S REPORT

Special Education Law Clinic Report

Ms. Meredith Goetz, Esq. & Director of the Lanterman Special Education Law Clinic, advised the Board that the law clinic was founded over 26 years ago at Pepperdine Law School as an on-site clinic and then moved on-site to Lanterman in 2013. Ms. Goetz gave an overview on the clinic's history and how the law student internship process has greatly helped and benefited the clients at Lanterman. Board members were given the opportunity to ask questions and discuss the content.

EXECUTIVE COMMITTEE

Contracts over \$250,000.

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

- **Provider/Organization:** - EAH Housing Inc. Lexington Gardens
- Year:** 2023 - Multi-Family Housing Contract

Amount of contract: \$1,500,000.

Mr. Ibanez advised the Board that in response to FDLRC's request for Community Placement Plan (CPP) funding, DDS has awarded \$1,500,000. to EAH Housing Inc. to develop an affordable housing project consisting of 48 studio units, with 12 units set aside for FDLRC individuals, located at 1201 N Detroit Street, West Hollywood CA 90046. EAH will monitor the design, financing, development, leasing, and management of the apartments. In addition, EAH will help FDLRC individuals in the application process and leasing of the apartment, and collaborate with FDLRC to maintain an active waitlist for the FDLRC units to help individuals. FDLRC will coordinate the selection of the FDLRC individuals for these units.

The contract period will be June 1, 2023 – June 30, 2025. EAH Housing Inc. will receive a loan of \$1,500,000 from the State of California for the demolition, renovation, construction and associated costs of this multi-family housing project. Funds will be disbursed at the closing of the construction loan consistent with the CPP Housing Agreement. EAH must ensure the expenditure of all of the CPP Funds by March 31, 2025; any unspent funds will revert to the State.

Mr. DeBoer moved to approve the contract with EAH Housing Inc., Ms. Beltran seconded the motion, and it passed unanimously.

- **Provider/Organization:** – Brilliant Corners
- Year:** FY 2020-21 - CPP Contract Request
- Amount of contract:** Ratification of subsequent contracts (see below)

Mr. Ibanez apprised the Board of a complicated contractual issue requiring immediate Board attention related to a FY20/21 Community Placement Plan (CPP) award to develop a home for individuals with high levels of need. The Center failed to bring contract modifications related to this project to the Board's attention and are mitigating this error by doing so now.

- On June 23, 2021, the Board approved an original award amount of \$600,000 to Brilliant Corners for the development of this CPP home, \$300,000 for acquisition and \$300,000 for renovation.
- On September 7, 2021 due to difficulties with finding a specialized home, the high cost of real estate and the competitive real estate market, DDS approved using the entire \$600,000 award towards acquisition costs.
- On November 4, 2021, DDS conditionally approved reclassifying our project as an Enhanced Behavioral Supports Home (EBSH) and increasing our acquisition and renovation award based on a concrete budget to follow.
- On June 3, 2022, after finding a prospective home and presenting a concrete budget, DDS formally approved our request for \$699,190 for acquisition costs and \$421,656 for renovation costs.

- Earlier this year two contract amendments adjusting the original award amounts were fully executed. This first was to increase the initial \$600,000 contract from \$600,000 to \$699,190 in acquisition costs associated with FY 20/21 and the second was for \$421,656 for renovation costs associated with FY 21/22.

After realizing the Center's error in not bringing these contract amendments to the Board and after consulting with legal counsel, Enright and Ocheltree, the Center is asking the Board to pass a motion to ratify the subsequent contracts.

Mr. DeBoer moved to ratify the subsequent contracts, Ms. Beltran seconded the motion, and it passed unanimously.

CONFLICT OF INTEREST REVIEW

DDS Approved Conflict of Interest Resolution Plans – (For Information Only)

Ms. Sullivan reported on all DDS approved Conflict of Interest Resolution Plans as follows:

- 1) **Gwen Jordan** has a potential conflict with Wendi Jordan, who is vendored by Westside Regional Center to conduct psycho-social evaluations. Lanterman has not used Wendi to conduct psycho-social evaluations and, as per the approved plan, we will not use her for this function. *(Shared at Leadership staff on 5/2/23)*
- 2) **Anita Arcilla-Gutierrez** has a potential conflict with the Haynes Balcome Home, a residential service provider in NLACRC's area. As such, she will not refer clients to the Haynes Balcome Homes or promote its services and will have no involvement whatsoever in any action or business involving or affecting Haynes Balcome Homes and Lanterman clients. *(Shared at Leadership staff on 5/2/23)*
- 3) **Karina Fuentes** has a potential conflict with Accredited Nursing. As such, she will not refer clients to this provider, whether for respite or nursing services. She will not promote the services of Accredited and will have no involvement whatsoever in any action involving Accredited. *(Shared at Leadership staff on 5/2/23)*

Ms. Sullivan advised the Board that the Lanterman management staff and involved employees were informed of the expectations to ensure that the employees have no involvement in any action or business involving the parties.

ADMINISTRATIVE AFFAIRS COMMITTEE

Mr. DeBoer reviewed the financial statements summary through March 2023 as follows:

Cash Flow

Mr. DeBoer reported that the Center is projected to have \$53,221,616 available at the end of July 31, 2023.

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

In Operations (main contract) we have spent \$22,957,606 (67.9% of budget). In Purchase of services (main contract) we have spent \$193,197,641 before we add late bills. Including projected late bills, we will have spent \$199,162,981 (57.2% of budget).

Fiscal Year 2021-2022 (C-4)

This month we recorded \$398,227 in OPS and \$567,847 in POS. To date, we have spent 84.2% of our OPS and 89.6% of our POS allocations.

Fiscal Year 2020-21 (B-5)

This month we recorded \$0 in OPS and \$115,882 in POS. To date, we have spent 100% of our OPS and 99.2% of our POS allocations.

NOMINATING COMMITTEE

Proposed Slate of Officers and Directors

In accordance with the bylaws, Mr. Marsella presented the proposed Slate of Officers and Directors for election at the Annual Meeting of the Corporation in June.

Directors for Re-election:

- Anthony Brouwer
- Alex Li
- Gloria Leiva
- Louis Mitchell
- Brigitte Sroujeh
- Ana Villasenor

New Directors for election:

- Mayra Cervantes
- Natalia Lewis
- Bradley Smith
- Simon Yang
- Minh Koha Tran

Slate of Officers for election:

- | | |
|------------------------------------|------------------|
| • President - | Louis Mitchell |
| • 1 st Vice President- | Brigitte Sroujeh |
| • 2 nd Vice President - | Larry DeBoer |
| • Treasurer - | Lili Romero |
| • Secretary - | Tina Daley |
| • Immediate Past President - | Gloria Leiva |

ADJOURNMENT FOR EXECUTIVE SESSION

Ms. Beltran moved to suspend the General Session meeting at 7:30 p.m. for Executive Session to conduct business on Approval of Minutes, Litigation, and Personnel.

RECONVENE FOR GENERAL SESSION

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

ADJOURNMENT

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

Brigitte Sroujeh, Secretary

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BOARD OF DIRECTORS

ACTION LOG

May 24, 2023

	DESCRIPTION	ACTION	STATUS
	Approval of Minutes – April 26, 2023	<ul style="list-style-type: none">• Approved	
	Contracts over \$250,000: <ul style="list-style-type: none">• EAH Housing Inc. Lexington Gardens• Brilliant Corners	<ul style="list-style-type: none">• Approved• Approved	
	Proposed Slate of Officers and Directors for Election in June 2023	<ul style="list-style-type: none">• Presented	

BOARD EDUCATION

ANNUAL ADMINISTRATIVE REPORT PROGRAMS AND SERVICES DIVISION

COMMUNITY SERVICES UNIT 2022

The following report represents a summary of significant activities and accomplishments of the Community Services Unit over the course of calendar year 2022. The information in this report is organized around the major functions and program areas of the unit.

UNIT OVERVIEW

The Community Services unit is responsible for resource development, vendorization, quality assurance monitoring, investigation of complaints involving providers, employment programs for individuals served, housing information, and the provision of technical assistance to improve and enhance the services provided to the individuals we serve and their families.

Unit staff participated in meetings with various community agencies including, but not limited to: Community Care Licensing; ARCA Employment Committee; ARCA Housing Committee, local and statewide regional center meetings; school district and SELPA meetings. Staff were active participants on many LRC work groups and committees including: Funding Review Committee, Risk Management Committee, Community Living Options Review Committee, and QA/Liaison meetings. Staff support was provided to the Service Provider Advisory Committee.

In 2022 the unit was comprised of 14 positions: 1 Resource Developer; 3 Provider Specialists, 1 Employment Specialist, 1 Housing Specialist, 1 Deaf Access Specialist, 1 QA Manager; 4 Quality Assurance Specialists; 1 Executive Assistant, 1 Resource Assistant; and 1 Director.

SIGNIFICANT ACTIVITIES AND ACCOMPLISHMENTS

CONTINUED COVID RESPONSE

Due to the coronavirus pandemic the Community Services unit continued to respond to the needs of our service providers, the individuals we serve and community. The Department of Developmental Services (DDS) continued issuing a number of pandemic related directives which impacted our service provider community requiring information dissemination and implementation. Alternative service delivery continued as an allowable service modality through 2022. Remote services were also allowable in 2022. COVID assistance in the form of rate adjustments and reimbursements, primarily to our residential service providers, continued at a very decreased rate. Most services continued with some level of in-person services and many continue to be delivered via a hybrid approach meaning both in-person and remote service offerings. Providers reported ongoing staffing challenges in 2022 making in-person services difficult.

RESOURCE DEVELOPMENT

The Resource Developer focuses on identifying and developing resources needed for all individuals served by the Frank D. Lanterman Regional Center. The Resource Developer maintains a community resource needs survey and works with the KYRC to distribute and post on the website. Input from service coordination also informs our resource needs assessment. The Resource Developer used this information to help with the fiscal year 22/23 Community Placement Plan/Community Resource Development Plan (CPP/CRDP) proposals which were submitted to DDS in late 2022.

In terms of residential development, the primary challenge continues to be the limited pool of housing in an affordable price range to prospective service providers, as well as the non-profit Housing Development Organizations that receive limited start-up funds from DDS' CPP/CRDP programs. The housing market in 2022 saw a leveling off of real estate prices which helped. Also impacting residential development are inadequate reimbursement rates, Community Care Licensing over-concentration restrictions (licensed homes must be at least 300 feet apart), and rising minimum wages that have hampered hiring and retention of Direct Support Professionals (DSPs).

Developing homes for individuals with challenging behaviors continues to be difficult given neighborhoods with little space between houses, which requires additional funding for noise mitigation efforts. Obtaining permits from cities, clearances from fire departments, and licenses from Community Care Licensing continues to be a lengthy process due to their decreased staffing. While DDS has an assigned point person to work closely with Community Care Licensing (CCL) to prioritize licensing of CPP/CRDP homes, homes that are not developed through this process are not a priority for CCL and providers are waiting six months or more to be licensed.

The Resource Developer provides technical assistance to parties interested in developing non-CPP homes. While two non-CPP homes were opened this year, two other homes closed, one due to the owner/operator passing away and the second due to a lease related issue.

The Resource Developer participates in the Community Living Options Review Committee (CLORC), which reviews the residential needs for individuals living in the community. Referrals are made to Family Home Agencies, licensed homes (both Community Care homes and Intermediate Care Facilities) and independent living options as appropriate. CLORC reviewed 158 referrals this year (111 referrals in 2021).

VENDORIZATION

The Unit provided information and technical assistance to prospective service providers to ensure they understood and met Title 17 requirements and LRC expectations for quality services. Pre-vendorization site visits were conducted in-person at preschools, after-school programs and early intervention providers. Vendor application packets were given only to those sites/programs meeting criteria for vendorization.

Following is a summary of 2022 vendorization tasks:

- 293 new providers were vendored (173 in 2021)
- 307 Vendor Status Notification requests from other regional centers were processed (357 in 2021)
- 67 out-of-area providers were added (70 in 2021)

- 129 rate changes were processed (325 in 2021)
- 286 changes to vendor information were processed (name change, new tax identification number, etc.) (192 in 2021)
- 50 new service or sub-codes were added to existing vendors (56 in 2021).
- 62 contracts were updated (33 in 2021)
- 79 requests for vendorization were withdrawn because the family no longer wanted the service or the requested provider was determined to be ineligible for vendorization or the provider failed to complete the application packet (77 in 2021)
- 111 requests were pending at the end of the year and will be processed in 2023 (148 in 2021)

QUALITY ASSURANCE

Residential Monitoring: A minimum of two unannounced monitoring visits to each residential program were conducted, all in-person. Following is a summary of 2022 monitoring tasks:

- 133 Unannounced Annual Reviews (UAR). These reviews include: monitoring of compliance with Title-17 and Title-22 regulations; an inspection of the physical plant; a review of the Personal and Incidental (P&I), medication logs, medical records and client files for all residents; and a review of all personnel records. UARs take an average of 8-10 hours to complete for a 6-bed home.
- 133 Unannounced Visits (UV). These reviews include an inspection of the physical plant to ensure that previously noted concerns have been corrected, and a review of food supplies, client rights and medications. UVs take an average of 1-2 hours to complete for a 6-bed home. Unannounced Visits are also conducted if a home is on a Corrective Action Plan (CAP). CAP related visits are not included in the total provided.

Residential monitoring visits included on-the-spot discussion and technical assistance regarding identified concerns or deficiencies as appropriate. Meetings were scheduled with providers with ongoing or repeat issues to meet with the SC/Liaison, their Manager, the Q.A. Specialist and Q.A. Manager to discuss the concerns and the actions necessary to avoid being placed on a Corrective Action Plan.

The QA team helped service providers with the HCBS validation and remediation process in a continued effort to help providers come into HCBS compliance. The QA Manager develop a community engagement plan to ensure all stakeholders are aware of the need to comply with the HCBS requirements. The manager assisted with developing contracts with consultants to target clients/families, FDLRC staff and service providers. The HCBS final rule requirement deadline is March 17, 2023.

Abuse/Neglect/Complaint Investigations: Community Services staff collaborated with Service Coordination in conducting 53 investigations. These consisted of 23 allegations of abuse (sexual, physical, verbal or fiduciary); 9 allegations of neglect; 16 complaints, 5 injuries of unknown origin. Of the 53 allegations/complaints: 16 were substantiated, 26 were unsubstantiated and 11 were inconclusive.

When an allegation is substantiated the provider received technical assistance from Community Services and the provider is also required to remediate the situation.

Corrective Action Plans: Corrective Action Plans (CAPs) are issued when concerns observed during a monitoring visit or as the result of an investigation are significant and determined to be detrimental to

the health, safety or well-being of the individual(s) served. All CAPs identify the problem and a plan of action to resolve the problem, including technical support, training or specific tasks needing to be completed by the service provider within a defined time frame.

In 2022 two CAPs were initiated, both Community Care Facilities (CCF). One provider met the terms and that CAP was lifted.

EMPLOYMENT

California has an Employment First Policy, as does LRC, which states employment should be the first option for all individuals with Development Disabilities. The Employment Specialist is responsible for educating the individuals we serve, families, staff and service providers about the Employment First Policy and the variety of employment options available to the individual. In addition, the Employment Specialist coordinates and/or conducts training regarding the impact of employment on benefits.

Employment options include, but are not limited to, competitive integrated employment, Project Search internship programs (2 sites), paid internships, self-employment, and supported employment. Employment is at minimum wage or higher.

The Employment Specialist is responsible for promoting and tracking the Paid Internship Program and the incentive payment program for service providers that assist individuals in obtaining competitive, integrated employment, both of which are funded by DDS. Incentives are paid after the individual has worked for 30 days, 6 months and 12 months in the same position. In 2022 there were 578 individuals served by LRC employed at the end of the year, an increase of 18 from 2021 (560).

HOUSING

The Housing Specialist has two primary roles: 1) provide affordable housing resource information to Service Coordination, individuals served and families, and 2) develop relationships with affordable housing developers to obtain units of affordable housing for individuals served by the regional center.

The Housing Specialist maintained a list of affordable housing options in the LRC catchment area that was shared with anyone looking for affordable housing. The Housing Specialist maintains a master wait list of individuals served looking for an independent living option. We continued collaboration with Home Ownership for Empowerment (HOPE) and helped four individuals served move into their own apartments. The Housing Specialist formed relationships with new housing developers and has been engaged in active discussions regarding prospective developments. Two developers submitted project summaries for multi-family housing prompting a CPP funding request with DDS.

DEAF AND HARD OF HEARING

DDS allocated funding for every regional center to hire a Deaf Access Specialist to meet the needs of those individuals served by the regional center who are Deaf and Hard of Hearing (DHOH). A Deaf Access Specialist was hired on February 28, 2022. This position is responsible for the identification and development of needed DHOH resources and Quality Assurance monitoring for vendored DHOH resources. This position serves as a service provider liaison for matters related to the DHOH, offers training, information sharing and consultation to staff, individuals served and families and develops policies and procedures.

The Deaf Access Specialist engaged in the following activities during 2022:

- Surveyed individuals served and their families, FDLRC staff and service providers to better understand the needs of the DHOH individuals we serve and for strategic resource development and community engagement.
- Spearheaded DHOH data clean-up efforts.
- Identified already existing DHOH resources and agencies and developed working relationships with specific agencies.
- Participated in various DHOH community events.
- Helped with service provider and FDLRC staff training.
- Supported IPP planning teams for those DHOH individuals served.
- Identified resource development needs and began development.

Continued training, resource development and community engagement plans have been created for 2023.