



BOARD OF DIRECTORS MEETING

Wednesday, June 23, 2021 - 6:00 PM

Register in advance for this meeting/webinar:

https://us02web.zoom.us/webinar/register/WN_AnzOc4Z_R-ainWTxD7fdEw

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

ACTION ITEM	ORDER	GENERAL SESSION AGENDA	
	1	CALL TO ORDER	Dina Richman
	2	PUBLIC INPUT/ANNOUNCEMENTS	Dina Richman
ACTION	3	APPROVAL OF MINUTES • May 26, 2021	Dina Richman
	4	BOARD EDUCATION • 2020 Annual Administrative Report – Training & Development (Learning Management System) • 2020 Annual Administrative Report – Community Services (Housing)	Maureen Wilson Pablo Ibanez Melinda Sullivan
	5	EXECUTIVE DIRECTOR'S REPORT • State Budget for FY 2021-22	Melinda Sullivan
	6	ARCA REPORT	Larry DeBoer
ACTION	7	EXECUTIVE COMMITTEE • Contract Over \$250,000.	Dina Richman Pablo Ibanez Melinda Sullivan
	8	ADMINISTRATIVE AFFAIRS COMMITTEE • Review of Financial Statements	Mark Higgins Kaye Quintero
ACTION	9	NOMINATING COMMITTEE • Officers and Directors for Election	Al Marsella
CLOSED SESSION	10 ACTION ACTION	EXECUTIVE SESSION • Approval of Minutes • Personnel • Litigation • Executive Director's Performance Evaluation for FY 2020-21	Dina Richman
	11	ACKNOWLEDGMENT OF OUTGOING BOARD MEMBERS	Dina Richman
	12	ADJOURNMENT	Dina Richman

APPROVAL OF MINUTES

LOS ANGELES COUNTY DEVELOPMENTAL SERVICES FOUNDATION

Board of Directors

May 26 2021

MINUTES

PRESENT

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

NOT PRESENT

Rachelle Cabrera
Danielle Dejean
Dr. Anila Guruji
Yudy Mazariegos
Ana Villasenor

ADVISOR TO THE BOARD - PRESENT

Al Marsella

STAFF

Pablo Ibanez
Carmine Manicone
Kaye Quintero
Melinda Sullivan

GUESTS

Kimberly Bermudez
Beatrice Diaz
Dennis Moreno
Nikisia Simmons – DDS

CALL TO ORDER

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

PUBLIC INPUT

No public input was given.

ANNOUNCEMENTS

No announcements were made.

APPROVAL OF MINUTES

Dr. Stein moved to approve the minutes of April 28, 2021, Dr. Li seconded the motion, and it passed unanimously.

BOARD EDUCATION

As part of Board Education and Training, Mr. Juan Maldonado, Special Projects Coordinator, gave a focused presentation on the National Core Indicators (NCI) Program. Board members were given the opportunity to ask questions and discuss the content.

As part of Board Education and Training, Ms. Kaye Quintero, Associate Director of Administrative Services, gave a focused presentation on the Center's efforts to develop electronic records during the State of Emergency. Board members were given the opportunity to ask questions and discuss the content.

EXECUTIVE DIRECTOR'S REPORT

May Revise

Ms. Sullivan reminded the Board that the legislature is currently working on the May Revision Budget for FY 2021-22 to present to the Governor for signature. Ms. Sullivan advised the Board that they could find in their packet a copy of the letter from ARCA to the legislature with comments related to the section for the Department of Developmental Services. Ms. Sullivan gave a brief overview of the letter.

COVID Update

Ms. Sullivan reported that the Center is experiencing a stabilization and reduction in the number of new COVID cases. Requests for food and PPE also continue to decline. The Center sees this as a positive change.

Ms. Sullivan reported that the vaccination clinic with LA County was cancelled due to lack of interest and no sign-ups. Clients and families can continue to receive vaccination shots from 10 different Albertson/Von's stores in our catchment area.

EXECUTIVE COMMITTEE

DDS Directive (In-Person Meeting)

Ms. Sullivan shared with the Board the DDS Directive regarding in-person monitoring visits. It states, that to ensure the health, safety, and well-being of consumers living outside of the family home, DDS is directing regional centers to resume conducting, at least quarterly, face-to-face monitoring visits for consumers living in licensed residential facilities, family home agency settings, and supported living/independent living arrangements. Ms. Sullivan reported that Lanterman has approximately 1,600 clients that live in out of home settings and that approximately 65 service coordinators need to begin performing in-person visits. The Center's leadership staff has been meeting with teams to discuss strategies on safety protocols and implementation to move this directive forward.

ADMINISTRATIVE AFFAIRS COMMITTEE

Line of Credit Renewal

Mr. Higgins advised the Board that City National Bank has offered to extend the maturity date of the Center's line of credit from 6/30/21 to 6/30/22 in the amount of \$28 million. The interest rate will remain the same as last year, which is prime rate minus 1.0% = 2.25% with floor rate of 2.25%. The only change this year is the bank will be charging a documentation fee of \$5,000.

Mr. Higgins brought forward the recommendation from the Committee to approve the Line of Credit and authorize the Executive Director to sign it, Dr. Stein seconded the motion, and it passed unanimously.

Review of Financial Statements

Mr. Higgins reviewed the financial statements through March 31, 2021.

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

In Operations (main contract) we have spent \$17,347,291 (68.4% of budget). In Purchase of services (main contract) we have spent \$181,934,920 before we add late bills. Including projected late bills, we will have spent \$186,467,773 (80.7% of budget).

Fiscal Year 2019-2020 (A-7)

This month we recorded (\$61,366) in OPS and \$114,277 in POS. To date, we have spent 96.1% of our OPS and 98.5% of our POS allocations. We are currently projecting surpluses in both OPS and POS.

Fiscal Year 2018-2019 (E-4)

This month we recorded \$13,016 in POS. To date, we have spent 99.6% of our OPS and 98.6% of our POS allocations. We have a very small surplus as well in POS.

NOMINATING COMMITTEE

Mr. Marsella presented the proposed Slate of Officers and Directors for information only and for election at the Annual Meeting of the Corporation in June as follows:

Slate of Directors

Directors for Re-election

- Elizabeth Beltran
- Danielle Dejean
- Gloria Leiva
- Alex Li
- Louis Mitchell
- Jae Rhee
- Dina Richman
- Ana Villasenor

New Director

- Brigitte Sroujeh

Slate of Officers

- | | |
|------------------------------------|-------------------|
| • President - | Gloria Leiva |
| • 1 st Vice President- | Elizabeth Beltran |
| • 2 nd Vice President - | Louis Mitchell |
| • Treasurer - | Larry DeBoer |
| • Secretary - | Mark Higgins |
| • Immediate Past President - | Dina Richman |

ADJOURNMENT FOR EXECUTIVE SESSION

Dr. Stein moved to suspend the General Session meeting at 7:30 PM for Executive Session to conduct business on Approval of Minutes, Litigation, and Status on the Timeline for Executive Director's Performance Evaluation, Mr. Mitchell seconded the motion, and it passed unanimously.

RECONVENE FOR GENERAL SESSION

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

ADJOURNMENT

The meeting was adjourned at 7:55 PM.

Elizabeth Beltran, Secretary

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BOARD OF DIRECTORS

ACTION LOG

May 26, 2021

	DESCRIPTION	ACTION	STATUS
	Approval of Minutes – <i>April 28, 2021</i>	<ul style="list-style-type: none">• Approved	
	Line of Credit Renewal	<ul style="list-style-type: none">• Approved	
	Proposed Slate of Officers and Directors	<ul style="list-style-type: none">• Presented for information only.	

BOARD EDUCATION

Annual Administrative Report Training and Development 2020

INTRODUCTION:

The Training and Development Unit of Frank D. Lanterman Regional Center is responsible for the administration of the Center's training functions including training program design, curriculum development and implementation, needs assessment and evaluation, and the facilitation of professional and personal development of individuals affiliated with the Center. Those individual stakeholders include Lanterman Regional Center clients, family members, volunteers, board members, service providers, and staff members. The Training and Development Unit consists of a director, a training coordinator and a part-time client advocate. This unit also shares the special Project Coordinator Position with Client and Families Services for the SC orientation training. This report is a summary of the 2020 work plan/performance contract accomplishments. Several key projects have been highlighted.

TRAINING GOALS-2020

The accomplishments towards the goals identified in the 2020 Performance Contract and Training and Development work plan are as follows:

Learning Community:

The Director of Training and Development coordinated the scheduling of speakers and related logistics for the monthly Programs and Services and Service Provider in-service training sessions, as well as special topic training for stakeholders in the Lanterman Community. Guidelines and procedures for training and conference attendance are in place and implemented for parents, clients, service providers, volunteers, and staff. Training and Development continues tracking stakeholder internal and external training attendance via the Learning Management System. The Lanterman Learning Center (LLC), a Learning Management System (LMS) for self-service training and online learning was launched for staff in August 2010 and is currently utilized as the Regional Center Learning Management System Statewide. The Training Coordinator was responsible for the scheduling of soft skills training speakers and LMS training for staff and Spanish speaking parents.

Leadership/Partnership Development

The Lanterman Leadership Institute is conducted every 2 years and was last conducted in 2019 - 17 stakeholders attended. Lanterman Legislative Advocacy training which is typically included in the Leadership Institute was

conducted in English and Spanish online via Zoom. Training and Development is also developing an ELearning Module in both languages and the release is planned in early 2021.

The Center also provides additional leadership training for staff titled Emerging Manager Training. It was postpone due to the Pandemic and scheduled for 2021.

Internal and External Training

The following training activities were conducted during 2020 (Virtual = *, Online = OL):

Staff Internal Training

All Staff

- New Staff Orientation*
- Privacy and Security*
- Time Management
- Excel Training*
- Business Writing and Grammar*

Illness and Injury Prevention Program

- Anti-Harassment in the Workplace*
- Ergonomics*
- Disaster Great Shakeout Drill*
- Covid-19 and Stress Management*

Leadership

- Anti-Harassment Training for Managers*

Client and Family Services

- National Voter Registration Act - OL
- SIR Training
- Self-Determination Staff Update*
- Person Center Planning Training for Parents, Providers and Staff*
- Serious Incident Investigations (Deferred 2021)
- CDER Training Live and Online*

Service Providers Internal Training

- Promoting and Monitoring Health Status*
- SIR, Abuse and Mandated Reporting
- Supporting Social Emotional Development of Infants and Toddlers*
- Independent Facilitator Training for Providers
- Residential Service Provider Orientation*

- Clients' Rights*
- Self-Determination Program: What Providers Need to Know

Parents Internal Training

- Behavioral Services Orientation -OL
- Person Centered Planning

Clients Internal Training

- Abilities-Reducing the Risk of Sexual Abuse*
- Women's Reproductive Health-Self Advocacy Training*
- Disaster Training*

External Training (Including Workshops and Conferences)

- Staff Total External Training = 29 Attendees (decrease from 2019)
- Service Provider Total External Training = 2 Attendees (increase from 2019)
- Parents Total External Training = 119 Attendees (increase from 2019)
- Clients Total External Training = 0 Attendees (decrease from 2019)

Service Coordination Orientation (SCOT)

A total of 19 new Service Coordinators completed SCOT in 2020. Seven (7) new service coordinators completed the thirty-two (32) hour instructor-led SCOT course. Twelve (12) completed individual session online. All components of SCOT are now available for online delivery including Supported Living Services, Title 19 ID Notes, Special Incident Reporting, Risk Management, Cultural Competency, Facility Liaison, Employment First, and Introduction to the KYRC.

Management Functions:

The Director of Training and Development developed the annual unit work plan, and prepared quarterly progress reports. The director also prepared, reviewed, and monitored contracts with speakers; developed and maintained policies and procedures for the unit; and participated on the Risk Management, Quality Management, ARCA Statewide Training and Information Committees and Southern CA Regional Centers Disaster Preparedness Work Group and other emergency committees.

The Training and Development Unit conducts a survey for special topic training events for Staff and Providers. Results from the 2019 played a role in the development of the 2020 training plan, as they reflect the respondents' feedback, interests and self-identified needs. The next survey is scheduled for 2021. Other current regional center factors such as client and family satisfaction, special incident reporting trends, regulatory compliance audits, committee recommendations, performance evaluation recommendations, targeted focus group responses, training evaluations, and changes in regulations, policies and procedures influence the plan development process.

HEALTH AND WELLNESS:

Women's Reproductive Health Self-Advocacy Training

Reproductive Health and Self-Advocacy (RHSA) training conducted by a peer advocate, consists of four sessions that are two (2) hours each. One (1) Women's RHSA training was conducted in 2020 for a total of eight (8) completing the series.

Sexual Abuse Risk Reduction Training

One (1) Abilities Sexual Abuse Risk Reduction training series for clients was conducted by the Peer Advocate and attended by a total of eight (8) clients.

Community Options

The Training and Development Unit responsibilities included coordinating service provider training activities that addressed disaster preparedness, illness identification, dental issues, behavioral issues, crisis prevention, clients' rights, aging, medication administration, residential service provider orientation, HIPAA, quality enhancement and monitoring issues, personal and incidental management, documentation and special incident reporting.

This unit assisted Community Services Unit by identifying, scheduling, and contracting speakers for the monthly service provider in-service and special topic training with input from the Director and the Service Provider Advisory Committee. The Training and Development Unit training coordinator assisted with the facilitation of the registration process, including the management of Zoom virtual training, for all CDS in-service and special topic training.

The Director Worked with QA Manger for procurement and ordering of PPE and worked with City of Pasadena Health Department for the coordination of Provider Vaccination clinics scheduled for January of 2021.

Public Awareness and Interagency Collaboration

Outside organizations frequently contact the Training and Development Unit to coordinate speakers for community presentations about Regional Center services. Due to limited staff resources, these interagency training are only conducted when there is a mutual benefit. During 2020 there were no requests due to the pandemic.

At the request of DDS, the Director coordinated the development and implementation of an ARCA-DDS Training domain for providers. This required coordination with the Community Care Licensing Director so that CEUs certificates could be issued to providers needing to recertify their Adult Resident Facility Certificate. As of this reporting there are 351 active users and average 146 course completions per month.

Disaster Preparedness

The Training and Development Unit worked with the Administrative Service director and Operations Manager to revise and enhance the Center's emergency plan. Disaster kits were distributed to 20 clients living independently and as part of the disaster preparedness training. A total of twenty (20) completed the training held at Villa Esperanza. An additional training was conducted via Zoom for seventeen (17) clients and kits were distributed to all via their service provider, Easter Seals.

The Director oversees and maintains the Everbridge Emergency Notification System and was responsible for training staff and quarterly tests and one (1) live notification in 2020.

Special Events

Training and Development coordinated the logistics and speakers for the annual SPAC Appreciation Breakfast and two (2) CPP training events featuring Dr. Tom Pomeranz and Peter Lidey in collaboration with the Community Services Director. The above events were postponed until 2021 due to the pandemic. The Social Emotional Development Early Intervention Training was conducted via Zoom for 54 attendees.

Covid-19 emergency notifications and Training Online courses were added related to staff and provider needs.

Completed the development of and launched Self-Determination Program Orientation online in English and Spanish.

Converted six (6) e-learning courses from Flash to HTML5 as Flash Video format is not supported after January 11, 2021.

Responsibilities across the Agency

The Training and Development Unit functions and activities impact all stakeholders in the Lanterman community. The Director currently serves on the Southern California DSP Advisory Board and the Southern California Regional Center Directors' Training and Information Group collaborative. The Director also continues to participate on the Los Angeles County Regional Center Emergency Work Group formed in 2012, and the liaison to the LA City Office of Emergency Management Plan Task Force, City of Los Angeles Access and Functional Needs Advisory Group, other emergency related subcommittees and work groups that have impact within the LRC services area.

Individuals across the agency, as well as the community, consult with this unit on a daily basis regarding a multitude of projects. The unit supports staff, board members, service providers, clients, and families, by centralizing and streamlining the process of coordinating internal and external training opportunities and attendance. This process has a positive fiscal impact on the Center by eliminating the time spent and the duplication of efforts by other individuals.

Key Initiatives – 2021

- Complete the conversion of Service Coordination Orientation and Training Online
- Explore Emerging Leaders and Managing in Difficult Times Series

Challenges – 2021

The following impacts staff time:

- Increase in the number of staff to be trained
- Special topic training event projects are virtual
- All training occurring virtually during 2021
- Conversion of existing training content

ANNUAL ADMINISTRATIVE REPORT PROGRAMS AND SERVICES DIVISION

COMMUNITY SERVICES UNIT 2020

The following report represents a summary of significant activities and accomplishments of the Community Services Unit over the course of calendar year 2020. 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, client employment programs, housing information, and the provision of technical assistance to improve and enhance the services provided to clients 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 2020 the unit was comprised of 13 positions: 1 Resource Developer; 2 Provider Specialists, 1 Employment Specialist, 1 Housing Specialist, 1 QA Manager; 4 Quality Assurance Specialists; 1 Executive Assistant, 1 Resource Assistant; and 1 Director. Mid-year marked a change in leadership with a new Community Services Director.

SIGNIFICANT ACTIVITIES AND ACCOMPLISHMENTS

COVID RESPONSE

Due to the coronavirus pandemic the Community Services unit quickly pivoted to respond to the emerging and urgent needs of our service providers, clients and community. The vendorization process was suspended at the onset of the pandemic however resumed in June 2020. The Department of Developmental Services (DDS) issued a number of pandemic related directives which impacted our service provider community requiring information dissemination and implementation. For several months, Community Services hosted regularly zoom meetings with various service provider types to share information and create an opportunity for needed discussions. Remote service delivery was allowed early in the pandemic and Community Services provided technical assistance and administrative oversight to usher in this change. Similarly,

Community Services helped implement absence billing so that providers could still be compensated if their service delivery was prevented due to the pandemic. Alternative Service Delivery later replaced absence billing and Community Services worked closely with our Accounting unit, Service Coordination and service providers to implement this new service delivery option. COVID assistance in the form of rate adjustments and reimbursements primarily to our residential service providers, to allow for the provision of critical services. As some providers considered resuming in-person services in the summer of 2020, Community Services worked with providers to make sure their initial plans were comprehensive and informed by the Department of Public Health, the CDC and other directing agencies.

RESOURCE DEVELOPMENT

The Resource Developer focuses on identifying and developing resources needed for all Frank D. Lanterman Regional Center clients. In previous years, the Resource Developer was principally focused on developing residential and other services for individuals moving out of locked settings. This year the Resource Developer developed a **community resource needs survey** and worked with the KYRC to distribute and post on the website. Input from service coordination was also obtained. The Resource Developer used this information to help with the fiscal year 20/21 Community Placement Plan/Community Resource Development Plan (CPP/CRDP) proposals which were submitted to DDS in late 2020.

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. 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 efforts of service providers.

Developing homes for individuals who destroy property, scream and have underlying mental health disorders continues to be challenging in 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 continues to provide technical assistance to parties interested in developing non-CPP homes. Two non-CPP homes were opened this year. Two homes were closed by providers this year. One provider cited staffing issues and the other experienced a period of no referrals and subsequently sold their home.

The Resource Developer continued to participate in the Community Living Options Review Committee (CLORC), which reviews the residential needs for clients 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 114 referrals this year (237 referrals in 2019). This dramatic drop was due to the DDS Directive that initially froze placements into licensed homes as well as our COVID-19 pandemic protocols which compelled us to focus on emergency and urgent residential referrals.

VENDORIZATION

The Unit continued to provide 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 virtually 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 2020 vendorization tasks:

- 259 new providers were vendored (328 in 2019).
- 325 Vendor Status Notification requests from other regional centers were processed (253 in 2019).
- 95 out-of-area providers were added (125 in 2019).
- 334 rate changes were processed (286 in 2019)
- 232 changes to vendor information were processed (name change, new tax identification number, etc.) (241 in 2019).
- 81 new service or sub-codes were added to existing vendors (30 in 2019).
- 36 contracts were updated (50 in 2019)
- 77 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 (52 in 2019).
- 92 requests were pending at the end of the year and will be processed in 2021 (81 in 2019).

QUALITY ASSURANCE

Residential Monitoring: A minimum of two unannounced monitoring visits to each residential program were conducted in-person before the pandemic and virtually the rest of the year due to the pandemic. Following is a summary of 2020 monitoring tasks:

- 130 Unannounced Annual Reviews (UAR). These reviews include: monitoring of compliance with T-17 and T-22 regulations; an inspection of the physical plant; a review of the 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.
- 130 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 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 on-going 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. These meetings took place in person pre-pandemic and virtually during the pandemic.

The QA Manager worked closely with all service providers to ensure compliance with an HCBS self-assessment requirement. The manager informed providers of HCBS Compliance funding which was once again made available. Due to the pandemic the HCBS final rule requirement has been extended to March 17, 2023.

Abuse/Neglect/Complaint Investigations: Community Services staff collaborated with Service Coordination in conducting 46 investigations. These consisted of 16 allegations of abuse (sexual, physical, verbal or fiduciary); 13 allegations of neglect; 12 complaints, and 5 injuries of unknown origin. Of the 46 allegations/complaints: 14 were substantiated, 24 were unsubstantiated and 12 were inconclusive. In addition, Community Services collaborated with the Clinical Services Unit in four (4) mortality reviews of individuals who passed away in a licensed residential home.

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

Corrective Action Plans: Corrective Action Plans (CAPs) are issued when issues/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 client(s). 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 2020 one CAP was initiated for a level 2 CCF. This provider met the terms and the 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 Intellectual/Development Disabilities. The Employment Specialist is responsible for educating clients, families, staff and 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, Project Search internship programs (2 sites), paid internships, self-employment, and supported employment. Employment should be 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 who assist clients in obtaining competitive, integrated employment, both of which are funded by DDS. Incentives are paid after the client has worked for 30 days, 6 months and 12 months in the same position. In 2020 there were 457 LRC clients employed at the end of the year. In 2019 there were 536 LRC employed at the end of that year. We attribute the drop in employment to the continued closure of Work Activity Programs and COVID-19.

HOUSING

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

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 also created and has been maintaining a master wait of clients looking for an independent living option. Partnerships with affordable housing agencies that were in place are being nurtured by the Housing Specialist. We continued collaboration with Home Ownership for Empowerment (HOPE) and helped three clients move into their apartments. Other developments efforts were stalled due to COVID-19.

EXECUTIVE COMMITTEE

EXECUTIVE COMMITTEE

June 9, 2021

MINUTES

PRESENT

Dina Richman, Chair
Elizabeth Beltran
Mark Higgins
Gloria Leiva
Louis Mitchell

GUEST

Larry DeBoer

STAFF

Melinda Sullivan

CALL TO ORDER

Ms. Richman called the meeting to order at 12:03 p.m. The meeting was held via Zoom.

APPROVAL OF MINUTES

The minutes of May 12, 2021 were approved by consensus.

CONTRACT OVER \$250, 000.

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

Provider/Organization: Brilliant Corners

Year: 2020 –2021

Amount of contract: \$600,000. (\$300,000. acquisition; \$300,000. rehabilitation) The home will service 4 individuals and will have 4 private bedrooms and two bathrooms.

There were 3 providers/organizations interviewed, Brilliant Corners, HOPE, and Key Community Options. Brilliant Corners rated the highest score in the RFP process and is being recommended. Brilliant Corners has demonstrated extensive experience developing homes for Lanterman Regional Center as well as other regional centers. The Brilliant Corners team is very familiar with LRC's catchment area and CPP Housing Guidelines.

Mr. Higgins moved to approve the contract with Brilliant Corners as presented, Mr. Mitchell seconded the motion, and it passed unanimously.

BOARD TRAINING – JULY 2021

Ms. Sullivan advised the Committee that as part of Board Training in July, the Board Handbook will be sent out electronically. The Committee was in agreement with the process.

ADJOURNMENT FOR EXECUTIVE SESSION

Mr. Mitchell moved to suspend the General Session meeting at 12:22 p.m. for Executive Session to conduct business on Approval of Minutes, Litigation, and the status on Executive Director's Performance Evaluation 2020-21, Ms. Beltran seconded the motion, and it passed unanimously.

RECONVENE FOR GENERAL SESSION

The Committee conducted business in Executive Session on Approval of Minutes, Litigation, and the status on Executive Director's Performance Evaluation 2020-21.

ADJOURNMENT

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

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Provider/Organization: Brilliant Corners
Fiscal Year: 20-21

Request for Proposals Checklist

This checklist will be used each time a "Request for Proposals" is issued, and will be attached to a memo to the Executive Director when seeking approval to grant an award and issue a contract. All contracts of \$250,000 or more will be sent to the Board of Directors for final approval.

Reason for Solicitation of Proposals

☐ Unmet client need ☒ Available CPP start-up funds ☐ Other: _____

Amount of start-up award/contract, if applicable: \$600,000 (\$300,000 acquisition; \$300,000 rehabilitation)

Description of Service/Program Solicited

Service Category: Housing Development Organization will acquire and renovate a four bedroom home.

Persons Served: Adults between the ages of 18-30 who are transitioning from State-Operated Developmental Centers, locked facilities, or who may be at risk for admission to an institutional setting.

Service Capacity: Four (4)

Special Service Requirements: The home will have four private bedrooms and two bathrooms. At least one bedroom should be wheelchair accessible.

Target/Start Date: June 30, 2021

Notification of Request for Proposals (RFP)

Date that Notice of RFP posted on website: 04/09/2021

Date that Notice of RFP mailed to known, qualified or interested parties: 04/14/2021

Receipt of Proposals

Total number of proposals received: 3 Number of proposals disqualified: 0

Reason for disqualification: ☐ Received after deadline ☐ Did not meet content/format requirements

Number of qualified proposals that proceeded to review and evaluation: 3

Proposal Evaluation/Selection Committee included:

☒ Director of Community Services ☒ Resource Developer ☒ Regional Manager
☐ Director of Clinical Services ☐ Service Coordinator ☐ Parent/Community Member
☒ Quality Assurance ☐ Other: _____

Evaluation of Proposals

Total number of proposals evaluated: 3 Number of proposals eliminated after evaluation: 0

Reason for elimination:

☐ Applicant did not meet provider qualifications/requirements
☐ Applicant has less experience/expertise in comparison with other applicants
☐ Applicant has too many other projects in development
☐ Proposal did not meet service/program requirements
☐ Proposal was not as innovative and/or responsive to RFP criteria
☐ Budget was not as cost-effective/realistic in comparison with other applicants
☐ Applicant is not as financially sound as other applicants
☐ Other: _____

Number of proposals that proceeded to interview: 3

Interviews with RFP Applicants

Date of interviews: 06/03/2021 and 06/04/2021

Number of RFP applicants interviewed: 3

Scoring of Proposals after Completion of Interviews (out of 30 points)

Score for winning proposal/applicant: Brilliant Corners 23.75

Scores for other proposals/applicants: HOPE 20.75
Key Community Options 16

Name of Provider/Organization Selected: Brilliant Corners

Narrative:

Describe the contents of proposal or qualities, expertise or experience of applicant that distinguished the winning/selected bid:

Brilliant Corners has demonstrated extensive experience developing homes for the Lanterman Regional Center as well other regional centers. The Brilliant Corners team is very familiar with LRC's catchment area and CPP housing guidelines. During the interview, Brilliant Corners described recent housing acquisition and renovation challenges and presented concrete solutions to overcome those challenges.


HOPE is an experienced affordable housing developer and was our second choice. The other applicant, Key Community Options, is a small non-profit and minimal experience at this point in time as it has acquired one home with the San Diego Regional Center. We would consider both of these providers in the future.



Approved by Director of Community Services

6/7/21

Date



Approved by Executive Director

6-7-21

Date

Board approval for RFP start-up award/contract was granted on:

Date

Contract Over
\$250,000.

Draft sent on
separate email
due to file size.