

North Los Angeles County Regional Center
Consumer Services Committee Meeting Minutes

November 15, 2023

Present: Rocio Sigala, Alma Rodriguez, Cathy Blin, George Alvarado, Nicholas Abrahms, Jennifer Koster, Juan Hernandez, Curtis Wang, Anna Hurst, Michael Costa, Sharmila Brunjes, Vivien Seda, Erica Beall – Committee Members

Kimberly Visokey, Xochitl Aragon, Evelyn McOmie, Gabriella Eshrati, Cristina Preuss, Silvia Haro – Staff Members

Lori Walker- SDLVAC Co-Chair, Richard Dier- SDLVAC Co-Chair, Nicholas Mendoza- Coach for George Alvarado, Jasmine Barrios- Minutes Services - Guests

Absent:

I. Call to Order & Introductions

Rocio Sigala called the meeting to order at 6:00 pm.

II. Public Input

Ana Quiles invited the Committee to attend an upcoming Executive Committee Meeting on November 30th at 6 pm.

Curtis Wang inquired about the Board Dinner Workgroup invite that he got via email. Board Support to reach out to Curtis to further discuss.

Richard Dier announced that he would be attending the Executive Committee Meeting on November 30th.

III. Consent Items

A. Approval of Agenda

Under Committee Action items, Rocio amended Item B. Including Parents, Guardians, Conservators as Service Providers Discussion to read Including Parents, Guardians, Conservators as Service Coordinators Discussion.

M/S/C (G. Alvarado/C. Wang) To approve the agenda as revised.

B. Approval of Minutes of September 20th Meeting

M/S/C (G. Alvarado/C. Wang) To approve the meeting minutes as presented.

IV. **Committee Business** - Evelyn McOmie

A. Board Audit

I. Ensure the Service Standards are consistent with NLA's Mission, Vision, and Values Statements

This information was reviewed as presented in the packet. The service standards were revised to include updates to the section on Social Recreation.

M/S/C (C. Blin/G. Alvarado) To approve the revision to the service standards as presented.

II. Review NLA's Mission, Vision, and Values statement to determine if NLA is providing adequate guidance in establishing Consumer Services Policy

Evelyn explained that the Committee reviews the changes to the service standards and approves them for presentation to the Board, which ultimately sends to DDS upon approval. The most recent approved Notice of Action was recently approved and is highlighted in the packet. IDEA Part C- Early Start language has also been sent to DDS for approval and is pending review. Any updates from DDS will be communicated to the Committee as soon as it becomes available.

The Committee agreed that the current standards are aligned with NLA's mission, vision, and values statements.

V. **Committee Action Items**

A. Community Services Quality Assurance Monitoring Presentation – Venus/Xochitl

The NLA Quality Assurance team shared information on the Quality Assurance department at NLA. Their presentation was reviewed as presented in the packet. The Quality Assurance (QA) Unit resolves questions and complaints about program services and monitors residential facilities for compliance with regulations and adherence to their program designs. QA ensures that services meet the resident's needs in a manner consistent with Title 17 of the Lanterman Act. The QA team consists of 8 QA specialists who oversee over 400 homes in all three NLA valleys.

Roles and Responsibilities of the QA Unit:

- Monitor and evaluate residential facilities to ensure compliance with regulations.
- Observation of resident activities during regularly scheduled daily activities for compliance with program design and IPP objectives.
- Review of resident records.
- Review and follow up on residential special incident reports.
- Review and follow up on client rights violations, investigate and respond to allegations of abuse, neglect, or immediate danger.
- Investigate and mediate complaints made by residents, family members, and community members and received by NLA & DDS.
- Identify conditions of substantial inadequacy in program services and delivery.
- Quarterly reporting, CAP, and sanctions to DDS for statewide tracking.
- Attend statewide risk management quarterly meetings.

Corrective Action Plan (CAP)

- Correct action plans are developed when a substantial inadequacy has been identified.
- Community services QA supervisor, QA facility liaison, case management and the vendor meet within ten working days of the identification and verification of a substantial inadequacy to collaboratively develop a written corrective action plan to bring the facility into compliance. The CAP is issued within two days of the meeting and describes:
 - The substantial inadequacy statute, regulation, IPP, or admission agreement requirement
 - the methods by which the administrator is to correct the substantial inadequacy and
 - the timeframe to correct the substantial inadequacy within 30 days, not to exceed six months.

Sanctions - Title 17 Section 56057

- If a substantial inadequacy is not corrected within the timeframe specified in the CAP, or if there are two findings of substantial inadequacy in the same facility within any 12-month period, NLA will apply sanctions per title 17 of the Lanterman Act.
- Once sanctioned, NLA may meet with the resident's authorized representative to discuss the situation, recommend relocation, and discuss the consequences of refusing to relocate. NLA may not place the resident back into the facility until the facility complies with the CAP.
- The Residential Liaison shall visit the facility to review and document actions taken by the administrator to implement the CAP. It will document any substantial inadequacies which are not corrected within the specified timeframe. Once all areas of the plan have been met, QA conducts an unannounced visit and closes the CAP. If, during the visit, actions of the CAP have not been implemented, the administrator will be informed that another visit will be completed.

Residential Liaisons

Vendored residential homes are assigned a QA liaison and a CSC liaison to collaborate with:

- Support the vendor and residents residing in the home.
- Monitor the health and safety of the residents in the home.
- Ensure service delivery.
- Conduct interviews for the purpose of investigations.
- Risk, mitigate and address any challenges or concerns.
- Develop corrective action plans and attend compliance meetings with the vendor to bring them into compliance.
- Complete the new residential vendor orientation.

Quality assurance provides ongoing technical assistance and continuing education.

Venus clarified that these trainings are for families, individuals, and vendors as well.

B. Including Parents, Guardians, and Conservators as Service Coordinators discussion

Rocio Sigala asked the Committee for feedback on implementing the option for families and guardians to serve as Service Coordinators for individuals as part of the traditional system outside of SDP. Evelyn McOmie explained that if a family member decides to be a Service Coordinator, that person would actively be responsible for participation in IPP planning and logistics, which include drafting the IPP. However, because of protected HIPAA information, the family would not have access to NLA's system, which would require an NLA staff member to be involved in utilizing the Sandis computer system.

Evelyn shared that she and her team are in the process of developing "Parent University," which would be modules with learning Service Standards, IPP Planning, generic resources, and other subjects. This program would also be used to integrate and train parents and families to understand the system. It would consider this in conjunction with parents/guardians with being a service coordinator.

Rocio proposed that a workgroup be developed to further work on a plan for this item. According to NLA records, there have only been two parents who have been able to go through the process of becoming a Service Coordinator. One of those parents was at the meeting and, through the meeting chat, offered to join the potential workgroup to provide their experience to the group. Evelyn will work with her team to determine the bandwidth for creating this group and will revisit this item with the Committee.

VI. Committee Report Updates

A. Self-Determination Program Report

Gabriela Eshrati reviewed the SDP Report as presented in the packet.

As of November 1st:

Participants have completed Orientation: 699

Total number of budgets that are certified: 334

Total number of budgets that are in the certification process: 12

Total number of spending plans that are approved: 265

Total number of spending plans in progress: 67

Total number of PCPs completed: 293

Total number of participants that have opted out of SDP after enrolling: 2

Total number of Inter-Regional Center Transfers (out):3

Total number of participants that have fully transitioned into SDP with approved spending plans and active SDP IPPs: 265

1. SDLVAC Board Liaison Report

The report was reviewed as presented in the packet. Gabriela noted that the SDLVAC needs more communication and collaboration with the Board to address concerns related to SDP.

Rocio asked if Gabriela could reach out to DDS about the GTI 1% non-payroll expense that was implemented.

B. 1st Quarter Intake Data by Location Report

Evelyn reviewed the information as presented in the packet.

July Intake Case Total: 966

Over 120 Days: 42

% Over 120 Days: 4.35 %

August Intake Case Total: 848

Over 120 Days: 48

% Over 120 Days: 5.66 %

September Intake Case Total: 906

Over 120 Days: 34

% Over 120 Days: 3.75 %

C. 1st Quarter Appeals Report

Evelyn reviewed this report as presented in the packet.

Number of NOAs Sent: 846

Number of Appeals filed from Total NOAs: 23 (Services), 18 (Eligibility)

Number of Appeals Filed: 41

D. 1st Quarter Disparity Committee Report

Cristina reviewed this report as presented in the packet.

Areas of concern that were mentioned include what can be done to identify provider shortages by area and other barriers to service provision.

VII. Chief Consumer and Community Services Officer Report - Evelyn McOmie

A. IPP Training/IPP Manual for CSCs Update

NLA recently updated a new virtual training regarding Person-Centered IPP training developed for Service Coordinators and was rolled out in October to supervisors; November will see the first cohort for this training. This program will walk the CSCs through the process and highlight various tools to help with annual and quarterly IPP reviews. Evelyn highlighted her team of 15 people who helped create this training. The training will be revisited in 18 months to ensure quality and compliance.

B. IFSP Training Manual for Early Start Staff Update

Similarly to the IPP training, NLA is developing a training for IFSP training that is scheduled to be completed in the spring of 2024.

C. Lead CSC Trainer Model Update

Evelyn shared that there are 4 Lead Trainers for CSCs that will be responsible for

supplementing the training process. All are currently at the San Fernando Valley location.

- D. **Trainings for Case Management/Onboarding of New Staff Update**
In addition to IPP training for new staff, NLA has 50 trainings that supervisors, managers and directors will conduct throughout various times. NLA is looking to streamline how trainings is produced and published. There have been 21 trainings that have been converted to the LMS virtual process.
- E. **Training for Onboarding Parents Update**
A workgroup created a policy for onboarding families into the system after intake. This group developed the Roadmap for parents and is looking to create a series of 8 modules regarding multiple subjects to provide families with knowledge, tools and resources to navigate the system. A pilot program is planned for 2024.
- F. **Internal Assessments Update**
NLA directors and managers are creating a staff workgroup to review assessment tools to better streamline assessments and forms for maximum efficiency.
- G. **POS Update**
NLA has been looking to revamp this process since March. A report was built on the back end to track what is being approved by NLA supervisors. About 80% of the POS' are being approved by supervisors, which has been a relief for the 3 Case Management Directors who were previously proving over 2000 POS requests. POS training for supervisors will be established virtually for reference.
- H. **Partnership Meetings with Vendors Update**
Evelyn commenced partnership meetings with vendors in October. She has visited the program to discuss collaboration and what is working well or not working. There have been only a few vendors so far, but NLA is hopeful that a restructuring will allow more time and bandwidth to continue these meetings successfully.

VIII. Meeting Action Item Review

- A. Revise the Committee Priorities for FY23-24 and email to the Committee for electronic vote (Evelyn McOmie).
- B. Revise the Committee Critical Calendar to remove the POS Semi-Annual Report and add the Disparity Committee Report on a quarterly basis. (Evelyn McOmie)
- C. Compile data related to the 240 Pilot Families in the Enhanced Coordination Unit for presentation at the next Committee Meeting. (Evelyn McOmie and Gabriela Eshrati)
- D. Gather information on the 659 individuals who have completed SDP Orientation and determine barriers to joining the SDP Program. (Gabriela Eshrati)
- E. Revise each report to reflect the revisions that were determined by the Committee (Evelyn McOmie)

IX. Board Meeting Agenda Items

A. Minutes of the November 15th Meeting

X. Announcements / Information Items / Public Input

A. Committee Attendance Log

B. Next Meeting: Wednesday, February 21, 2024, at 6:00 p.m.

C. Public Input

George invited the Committee to an upcoming ARCA meeting and shared that there will also be a potluck to celebrate the Thanksgiving holiday.

XI. Adjournment

Evelyn McOmie adjourned the meeting at 8:03 p.m.

Submitted by:

Kimberly Visokey

Executive Administrative Assistant

() The majority of these minutes are taken from the Minutes Service submission and reviewed/edited as presented herein by NLACRC staff.*

