



# North Los Angeles County Regional Center

Main 818-778-1900 • Fax 818-756-6140 | 9200 Oakdale Avenue #100, Chatsworth, CA 91311 | [www.nlacrc.org](http://www.nlacrc.org)

## MEMORANDUM

Date: May 29, 2025

To: **Executive Committee:**  
Juan Hernandez, Sharmila Brunjes, Curtis Wang, Anna Hurst, Leticia Garcia

From: Lindsay Granger, Executive Administrative Assistant

Re: Information for the next Executive Committee meeting on  
**Thursday, May 29, 2025 at 6:35 pm**

.....

Attached is information for the next Executive Committee meeting. Please review this information prior to the meeting.

**The meeting will be held remotely via Zoom.**

### **Join Zoom Meeting**

<https://us06web.zoom.us/j/83476480256?pwd=BtvpmbD2KjLYjWbLiC32UvUrT9nR.1>

**Meeting ID: 834 7648 0256**

**Passcode: 663916**

If you have any questions, or **if you are unable to attend the meeting**, please send us an email to [boardsupport@nlacrc.org](mailto:boardsupport@nlacrc.org).

Thank you!

c: Angela Pao-Johnson, Executive Director, Evelyn McOmie, Deputy Director, Vini Montague, Chief Financial Officer, Betsy Monahan, Human Resources Director, Donna Rentsch, Consumer Services Director, Silvia Renteria-Haro, Director of Client Services

Attachments

# Executive Committee Meeting 05.29.25

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## EXECUTIVE COMMITTEE

Thursday, May 29, 2025, at 6:35 pm - Via Zoom

**Executive Committee Members:** Juan Hernandez – President, Sharmila Brunjes – First V.P. and Secretary, Curtis Wang – Second V.P., Anna Hurst – Treasurer, Lety Garcia – ARCA Rep.

**Staff:** Angela Pao-Johnson, Executive Director and Lindsay Granger, Exec. Admin.

### ~AGENDA~

- I. **Call to Order and Introductions** (*1 min*)
- II. **Committee Member Attendance/Quorum** (*1 min*)
- III. **Agenda** (*2 min*)
  - A. Approval of Agenda for the April 24, 2025, Meeting
- IV. **Public Input – Agenda Items** (*3 min per person / 3 attendees max*)
- V. **Consent Items** (*2 min*)

All Consent Items are to be approved in one motion unless a Committee Member or a member of the public requests separate action or discussion on a specific item.

  - A. Approval of Minutes from the April 24, 2025, Meeting
- VI. **Action Items**
  - A. Approval of Updated Executive Committee Critical Calendar for Current Fiscal Year – Juan Hernandez
  - B. Review and Approval of the Executive Committee Draft Critical Calendar for Next Fiscal Year – Juan Hernandez (*3 min*)
  - C. Board Priorities for Next Fiscal Year – Juan Hernandez (*10 min*)
  - D. Approval of Performance Contract Template – Angela Pao-Johnson (*5 min*)
- VII. **Committee Business**
  - A. Discuss the Technical Advisor's Leaving and Parliamentarian – Juan Hernandez (*15 min*)
  - B. Special Contract Language – Angela Pao-Johnson (*20 min*)
  - C. SDP Liaison – Angela Pao-Johnson (*10 min*)
  - D. Review Draft Board Master Calendar and Committees' Critical Calendars for Next Fiscal Year – Juan Hernandez (*3 min*)
    - 1. Consumer Services Committee Draft Critical Calendar
    - 2. Government and Community Relations Draft Critical Calendar
    - 3. Post-Medical Retirement Trust Draft Critical Calendar
  - E. Board Retreat Update – Juan Hernandez (*3 min*)
  - F. Discuss Board Retreat for Next Fiscal Year – Juan Hernandez (*3 min*)
  - G. Review Proposed Board Budget for Next Fiscal Year (***Deferred***)
  - H. Monthly Whistleblower Log (March-April) – Betsy Monahan (*3 min*)
  - I. Monthly Whistleblower Log (April-May) – Betsy Monahan (*2 min*)



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**VIII. Center Operations** Angela Pao-Johnson (*5 min*)

**IX. Board Meeting Agenda Items** (*1 min*)

**X. Announcements / Public Input/Information Items** (*3 min per person / 3 attendees max*)

A. Next meeting Thursday, June 26, 2025, at 6:35 PM

B. Committee Attendance

**XI. Adjournment**

Please refer to NLACRC's website for the Calendar of Events, which includes a link for the Family Focus Resource Center, for information regarding more support groups, training opportunities, dates, times, and links – [www.nlacrc.org](http://www.nlacrc.org)



North Los Angeles County Regional Center  
**Executive Committee Meeting Minutes**  
April 24, 2025

**Present:** Board of Trustees President Juan Hernandez, First Vice President and Board Secretary Sharmila Brunjes, Second Vice President Curtis Wang, Board Treasurer Anna Hurst, ARCA Representative Leticia Garcia – Committee Members

Executive Director Angela Pao-Johnson, Deputy Director Evelyn McOmie, Chief Financial Officer Vini Montague, Human Resources Director Betsy Monahan, Contract Administration & Privacy Manager Megan Mitchell, and Executive Administrative Assistant Lindsay Granger – Staff Members

Mark Wolfe – DDS Tech Advisor, Tresa Oliveri – DDS Tech Advisor, Name, Aaron Abramowitz - Legal Counsel, Jacqueline Gaytan – DDS, and Rebecca Ernewein – Recording Secretary, Minutes Solutions Inc. – Guests

**Absent:**

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1. **CALL TO ORDER**

There being a quorum present, and adequate and proper notice of the meeting having been given, the meeting was called to order at 6:54 p.m.

2. **COMMITTEE MEMBER ATTENDANCE**

Juan Hernandez reminded members to identify themselves prior to making a motion and reviewed the NLACRC Board of Trustees Civility Code.

3. **AGENDA**

On a motion made by Anna Hurst, seconded by Curtis Wang, it was resolved to approve the agenda, as presented. Motion carried.

4. **PUBLIC INPUT – AGENDA ITEMS**

There was no public input regarding the agenda.

5. **CONSENT ITEMS**

On a motion made by Anna Hurst, seconded by Curtis Wang, it was resolved to approve the minutes of the Executive Committee meeting held on March 27, 2025, as presented. Motion carried.

6. **ACTION ITEMS**

6.1 **Review and Approval of Proposed Committee Assignments for the Next Fiscal Year**

**On a motion made by Sharmila Brunjes, seconded by Curtis Wang, it was resolve to approve the proposed committee assignments for the next fiscal year, as amended to reflect the list is indicative of the 2024 to 2025 fiscal year and not 2025 to 2026. Motion carried.**

## **6.2 Approval for Contract Increase for Clearwater Cyber Security Risk Assessment**

This topic was discussed in a prior closed session.

## **7. COMMITTEE BUSINESS**

### **7.1 Review of Monthly Whistle Blower Report Log**

This topic was deferred to a future meeting.

### **7.2 Executive Director (ED) Evaluation**

**On a motion made by Leticia Garcia, seconded by Anna Hurst, it was resolved to begin the process of creating a work group to draft a meaningful executive director evaluation for the next fiscal year. Motion carried.**

**ACTION** – Angela Pao-Johnson is to provide Betsy Monahan with a document providing feedback regarding the executive director evaluation.

Concerns were raised regarding the September, 2025, deadline to complete the ED evaluation, with members noting no KPIs have been identified, and a strategic plan has not been put in place. It was noted that specific targets need to be identified for the evaluation as to not generate confusion for the executive director.

It was agreed to continue the discussion offline.

### **7.3 Discussion to Finalize Bylaws**

**On a motion duly made, it was resolved to bring the bylaw discussion to the Board for approval. Motion carried.**

The NLACRC Board and staff provided the following consensus regarding the bylaws:

- To have nine Board meetings annually
- For October, July, and December to be dark months
- For no more than three additional Board members to be on the executive finance committee
- For committee members, not officers of the Board, to not abstain from voting on specific agenda items

## **8. CENTER OPERATIONS**

Angela Pao-Johnson presented the operations update for the center. Included in the report were NLACRC spotlight highlights, the department development center updates, master plan work group updates, and special contract language deliverables, as well as center updates such as recruitment updates, consumer statistics, outreach efforts, and upcoming events. No major questions or concerns were raised.

## **9. BOARD MEETING AGENDA ITEMS**

There were no Board meeting agenda items.

**10. ANNOUNCEMENTS / PUBLIC INPUT / INFORMATION ITEMS**

Aaron Abramowitz confirmed those who missed Board training have attended their makeup sessions after being rescheduled

**11. NEXT MEETING**

The date of the next Executive Committee meeting is May 22, 2025, at 6:35 p.m.

**12. ADJOURNMENT**

**On a motion duly made and carried, it was agreed that there was no further business to transact; the meeting closed at 8:34 p.m.**

**DISCLAIMER**

The above minutes should be used as a summary of the motions passed and issues discussed at the meeting. This document shall not be considered a verbatim copy of every word spoken at the meeting.

<b>NLACRC</b> <b>Executive Committee</b> <b>CRITICAL CALENDAR</b> <b>FY 2024-25</b>		<b>MONTHLY</b>
<b>Executive Committee Meetings are held on the 4<sup>th</sup> Thursday of the month.</b>		
<b>Month</b>	<b>Activity</b>	
<b>July</b>	The committee does not meet in July	
<b>August</b>	<p>Committee reviews the Purchase of Service Annual Report FY 2023-2024</p> <p>Orientation for new Committee. Committee reviews their Policies &amp; Procedures, Bylaws Statement, Board Audit Section, Action Log or previous fiscal year and Officers Policy.</p> <p>Committee is provided with copies of their approved critical calendar for the new fiscal year.</p> <p>Public meetings are held this month or September to get community input into the center's performance contract for next calendar year.</p> <p>The Human Resources Director will review with the new Board President his/her responsibilities and the process surrounding the Executive Director's performance evaluation.</p> <p>Determine the cost, location, and date of the Annual Board Dinner for FY 24-25.</p> <p>Determine the cost, location, and date of the Annual Board Retreat for FY 24-25.</p>	
<b>September</b>	Whistleblower Compliance Officer (Human Resources Director) gives the committee an annual report on whistleblower compliance activity.	
<b>October</b>	<p>Committee meeting.</p> <p>Review the CY 2025 Training Plan</p>	
<b>November</b>	Update on NLACRC's Strategic Plan	
<b>December</b>	The committee does not meet in December	
<b>January</b>	<p>The Human Resources Director, and CFO, meet with the Board President and the Negotiating Committee to review the performance evaluation and compensation process.</p> <p>The negotiating committee requests external compensation data from the Human Resources Director.</p> <p>Committee begins discussion about the next annual Board Retreat.</p> <p>Committee identifies locations for the Board Retreat and Board Dinner. – will</p>	

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<b>March</b>	Committee meeting.	
<b>April</b>	The Board President presents proposed committee assignments for next fiscal year.	
<b>May</b>	<p>Committee discusses board priorities for the next fiscal year.</p> <p><del>Committee reviews proposed Board Budget for next fiscal year</del></p> <p>Committee reviews drafts of board master and critical calendars for next fiscal year.</p> <p>Committee reviews and approves the committee's draft critical calendar for next fiscal year.</p> <p><del>Committee begins discussion of</del><u>Discussion on</u> the annual Board Retreat for the next fiscal year.</p> <p><del>The Human Resources Director, and CFO meet with the negotiating committee to provide the compensation data for review and provides any requested additional information.</del></p> <p><del>Executive Director's evaluation to be completed and a summary report is reviewed (in Executive Session).</del></p> <p><del>The Human Resources Director will prepare the documentation necessary to memorialize the negotiating committee's compensation recommendations and/or contract changes as appropriate.</del></p> <p><del>The Human Resources Director will schedule a meeting with the Executive Director and provide the Board President with all required documents needed for the meeting (e.g. compensation, performance review information, employment contract changes, etc.).</del></p> <p><del>Copies of all signed documents will be provided to the Human Resources Director to allow for timely processing of compensation information.</del></p>	
<b>June</b>	<p><del>Committee reviews proposed Board Budget for next fiscal year</del></p> <p><del>The committee does not meet in June</del></p>	

**NLACRC**  
**Executive Committee**  
**CRITICAL CALENDAR**  
**FY 2024-25**

**MONTHLY**

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<i>September</i>	Whistleblower Compliance Officer (Human Resources Director) gives the committee an annual report on whistleblower compliance activity.
<i>October</i>	<p>Committee meeting.</p> <p>Review the CY 2025 Training Plan</p>
<i>November</i>	Update on NLACRC's Strategic Plan
<i>December</i>	The committee does not meet in December
<i>January</i>	<p>The Human Resources Director, and CFO, meet with the Board President and the Negotiating Committee to review the performance evaluation and compensation process.</p> <p>The negotiating committee requests external compensation data from the Human Resources Director.</p> <p>Committee begins discussion about the next annual Board Retreat.</p> <p>Committee identifies locations for the Board Retreat and Board Dinner. – will</p>

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<i>May</i>	Committee discusses board priorities for the next fiscal year. Committee reviews drafts of board master and critical calendars for next fiscal year. Committee reviews and approves the committee's draft critical calendar for next fiscal year. Discussion on the annual Board Retreat for the next fiscal year.	
<i>June</i>	Committee reviews proposed Board Budget for next fiscal year	

[ccal.2024-25]

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<b>Month</b>	<b>Activity</b>
<b>September</b>	<p>Whistleblower Compliance Officer (<del>Human Resources</del> <u>Head of Human Resources Department-Director</u>) gives the committee an annual report on whistleblower compliance activity.</p> <p><u>Copies of all signed documents will be provided to the Head of the Human Resources Department to allow for the timely processing of Executive Director compensation information.</u></p> <p><u>The Head of Human Resources Department will schedule a meeting with the Executive Director and provide the Board President with all required documents needed for the meeting (e.g. compensation, performance review information, employment contract changes, etc.).</u></p>
<b>October</b>	<p>Committee meeting.</p> <p>Review the CY 202<del>6</del><u>5</u> Training Plan</p>
<b>November</b>	<p><u>Update on NLACRC's Strategic Plan</u></p> <p><u>Review the Results of the Employee Satisfaction Survey</u></p> <p><u>Committee reviews the Executive Director Evaluation process timeline.</u></p> <p><u>Review of the prior year's Performance Contract Year-End report</u></p>
<b>December</b>	<p>The committee does not meet in December</p>
<b>January</b>	<p><del>The Human Resources Director, and CFO, meet with the Board President and the Negotiating Committee to review the performance evaluation and compensation process.</del></p> <p><del>The negotiating committee requests external compensation data from the Human Resources Director.</del></p> <p>Committee begins discussion about the next annual Board Retreat.</p> <p>Committee identifies locations for the Board Retreat and Board Dinner. – will be discussed in the Board meeting – doesn't</p> <p><u>Present to the Board of Trustees the Results of the Employee Satisfaction Survey</u></p>

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February	<p><del>The Negotiating Committee meets with the Executive Director. Review public policy performance measure year-end data</del></p> <p><u>Semi-Annual Review of Performance Contract Metrics</u></p> <p><u>Review/approve next FY's Performance Contract Draft</u></p> <p><u>Semi-Annual Reporting of CIE/PIP</u></p>
March	<p><u>If applicable for the Executive Director's contract terms, the Negotiating Committee will request external benchmark compensation data from the Head of the Human Resources Department.</u></p> <p><del>Committee meeting.</del></p>
April	<p>The Board President presents proposed committee assignments for next fiscal year.</p> <p><u>Committee begins discussion of the annual Board Retreat for next fiscal year.</u></p> <p><u>Blank Executive Director evaluation forms are distributed for Board Members to complete. Completed evaluations are due to the Legal Counsel by the May Board meeting.</u></p> <p><u>Board Members with less than 3 months of service do not complete evaluation forms. All other Board Members must complete an evaluation form. Failure to submit a signed evaluation to the Board President or their designee by the scheduled date will be treated as resignation from the Board, unless discussed with the Board President and there is agreement to grant an extension.)</u></p> <p><u>The Board President may include the Negotiating Committee when meeting with the Executive Director for the purpose of discussing any contract and/or compensation requests that need to be considered by the Committee.</u></p>
May	<p>Committee discusses board priorities for the next fiscal year.</p> <p>Committee reviews proposed Board Budget for next fiscal year</p> <p>Committee reviews drafts of board master and critical calendars for next fiscal year.</p>

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	<p>Committee reviews and approves the committee's draft critical calendar for next fiscal year.</p> <p><del>Committee begins discussion of</del><u>Discussion on</u> the annual Board Retreat for the next fiscal year.</p> <p><u>Confirm FY 2025-2026 Year End reports are posted on website</u></p> <p><u>Select board meeting to present FY 2025 performance objectives and outcomes.</u></p> <p><del>The Human Resources Director, and CFO meet with the negotiating committee to provide the compensation data for review and provides any requested additional information.</del></p> <p><del>Executive Director's evaluation to be completed and a summary report is reviewed (in Executive Session).</del></p> <p><del>The Human Resources Director will prepare the documentation necessary to memorialize the negotiating committee's compensation recommendations and/or contract changes as appropriate.</del></p> <p><del>The Human Resources Director will schedule a meeting with the Executive Director and provide the Board President with all required documents needed for the meeting (e.g. compensation, performance review information, employment contract changes, etc.).</del></p> <p><del>Copies of all signed documents will be provided to the Human Resources Director to allow for timely processing of compensation information.</del></p>	
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[ccal.2024~~5~~-256] ~~Approved 06/12/2024~~

*NLACRC*  
*Executive Committee*  
**CRITICAL CALENDAR**  
*FY 2025-26*

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<i>September</i>	<p>Whistleblower Compliance Officer (Head of Human Resources Department) gives the committee an annual report on whistleblower compliance activity.</p> <p>Copies of all signed documents will be provided to the Head of the Human Resources Department to allow for the timely processing of Executive Director compensation information.</p>



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<i>October</i>	Committee meeting. Review the CY 2026 Training Plan
<i>November</i>	Review the Results of the Employee Satisfaction Survey Committee reviews the Executive Director Evaluation process timeline. Review of the prior year's Performance Contract Year-End report
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*Executive Committee Meetings are held on the 4<sup>th</sup> Thursday of the month.*

<i>Month</i>	<i>Activity</i>
	<p>meeting.</p> <p>Board Members with less than 3 months of service <u>do not</u> complete evaluation forms. All other Board Members <u>must</u> complete an evaluation form. Failure to submit a signed evaluation to the Board President or their designee by the scheduled date will be treated as resignation from the Board, unless discussed with the Board President and there is agreement to grant an extension.)</p> <p>The Board President may include the Negotiating Committee when meeting with the Executive Director for the purpose of discussing any contract and/or compensation requests that need to be considered by the Committee.</p>
<i>May</i>	<p>Committee discusses board priorities for the next fiscal year.</p> <p>Committee reviews proposed Board Budget for next fiscal year</p> <p>Committee reviews drafts of board master and critical calendars for next fiscal year.</p> <p>Committee reviews and approves the committee's draft critical calendar for next fiscal year.</p> <p>Discussion on the annual Board Retreat for the next fiscal year.</p> <p>Confirm FY 2025-2026 Year End reports are posted on website</p> <p>Select board meeting to present FY 2025 performance objectives and outcomes.</p>
<i>June</i>	<p>The Human Resources Director, and CFO, meet with the Board President and the Negotiating Committee to review the performance evaluation and compensation process.</p>

[ccal.2025-26]

## North Los Angeles County Regional Center

### **Board of Trustees**

#### F.Y. 2025-26 Board Priorities

1. Ensure the deliverables of the 2024-26 Special Contract Language are completed as specified, on time.
2. Implement and monitor the 2022-2026 Strategic Plan for NLACRC.
3. Identify and monitor strategies to increase service access and equity for all consumers by creating awareness and actively promote the services offered by the regional center to consumers and families.
4. Support and actively advocate for the sustainability of the entitlement of services within the regional center system and within NLACRC catchment areas.
5. Address and advocate for the correction of the Core Staffing formula. \*
6. Strengthen the Self-Determination Program.\*
7. Reduction of caseloads for more efficient service delivery. \*

*\* Asterix Priorities came out of the May 2024 Board Retreat*

[Updated 5.22.2025]



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Public Policy Performance Measure (Required)		NLACRC February 2025	Statewide Average February 2025		
<b>1. Number and percentage of minors living with families.</b> Data Source: Client Master File (CMF) residence code data for status 1, 2 and U minor (<18 years old) residing in:					
• Foster Family		1,007 4.45%	5,679 2.21%		
• Own Home - Parent/Guardian		21,575 95.39%	249,99 97.51%		
• Total Children In Homes		<b>22,582</b> <b>99.85%</b>	<b>255,678</b> <b>99.72%</b>		
<p><b>Goal:</b> Maintain the percentage of children who reside with families in their home.</p> <p style="text-align: center;"><b><u>ACTIVITIES TO ADDRESS MEASURE/GOAL 1:</u></b></p> <p>♦</p> <p>♦</p> <p>♦</p>					
Public Policy Performance Measure (Required)		NLACRC February 2025	Statewide Average February 2025		
<b>2. Number and percentage of adults residing in independent living.</b> Data Source: CMF residence code data for status 2 adults (18 years old and above) residing in independent living.					
<b>Total Adults Residing in Independent Living</b>		1,071 7.53%	18,237 8.89%		
<p><b>Goal:</b> Increase the percentage of adults who reside in independent living.</p> <p style="text-align: center;"><b><u>ACTIVITIES TO ADDRESS MEASURE/GOAL 2:</u></b></p> <p>♦</p> <p>♦</p> <p>♦</p>					
Public Policy Performance Measure (Required)		NLACRC February 2025	Statewide Average February 2025		
<b>3. Number and percentage of adults residing in supported living.</b> Data Source: CMF residence code data for status 2 adults (18 years old and above) residing in supported living.					
• Total Adults Residing in Supported Living		418 2.94%	9,514 4.64%		



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**Goal:** Increase the percentage of adults who reside in supported living.

**ACTIVITIES TO ADDRESS MEASURE/GOAL 3**

- ♦
- ♦
- ♦

Public Policy Performance Measure (Required)		NLACRC February 2025	Statewide Average February 2025		
<b>4. Number and percentage of adults residing in adult Family Home Agency homes.</b> Data Source: CMF residence code data for status 2 adults (18 years old and above) residing in Adult Family Home Agency homes.					
• <b>Total Adults Residing in Adult Family Home Agency Homes</b>		53 0.37%	1,481 0.72%		
<b>Goal:</b> Increase/Decrease the percentage of adults who reside in adult family home agency homes.					
<b><u>ACTIVITIES TO ADDRESS MEASURE/GOAL 4:</u></b>					
♦ ♦ ♦					

Public Policy Performance Measure (Required)		NLACRC February 2025	Statewide Average February 2025		
<b>5. Number and percentage of adults residing in family homes (home of parent or guardian).</b> Data Source: CMF residence code data for status 2 adults (18 years old and above) residing in family homes (home of parent or guardian).					
• <b>Total Adults Residing in Family Homes (home of parent or guardian)</b>		10,737 75.50%	143,730 70.03%		
<b>Goal:</b> Decrease/Maintain the percentage of adults who reside in family homes.					
<b><u>ACTIVITIES TO ADDRESS MEASURE/GOAL 5:</u></b>					
♦ ♦ ♦					



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Public Policy Performance Measure (Required)	NLACRC February 2025	Statewide Average February 2025		
<b>6. Number and percentage of adults residing in home settings.</b> Data Source: CMF residence code data for status 2 adults (18 years old and above) residing home settings.				
• Independent Living	1,071 7.53%	18,237 8.89%		
• Supported Living	481 2.94%	9,514 4.64%		
• Adult Family Home Agency Homes	53 0.37%	1,481 0.72%		
• Family Homes	10,737 75.50%	143,730 70.03%		
• <b>Total Adults in Home Settings</b>	<b>12,279 86.34%</b>	<b>172,962 84.28%</b>		
<p style="text-align: center;"><b>Goal:</b> Increase the percentage of adults who reside in home settings.</p> <p style="text-align: center;"><b><u>ACTIVITIES TO ADDRESS MEASURE/GOAL 6:</u></b></p> <p>♦</p> <p>♦</p> <p>♦</p>				

Public Policy Performance Measure (Required)	NLACRC February 2025	Statewide Average February 2025		
<b>7. Number and percentage of minors living in facilities serving &gt;6.</b> Data Source: CMF residence code data for status 1, 2 and U minors residing in the following facilities serving >6:				
• ICF/DD	0 0.00%	33 0.01%		
• ICF/DD-H				
• ICF/DD-N				
• SNF	0 0.00%	2 0.00%		
• CCF	0 0.00%	17 0.01%		
• <b>Total Minors in Facilities serving &gt;6</b>				



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**Goal:** Decrease the percentage of minors who reside facilities serving >6.

**ACTIVITIES TO ADDRESS MEASURE/GOAL 7**

- ♦
- ♦
- ♦

Public Policy Performance Measure (Required)		NLACRC February 2025	Statewide Average February 2025		
<b>8. Number and percentage of adults living in facilities serving &gt;6.</b> Data Source: CMF residence code data for status 2 adults residing in the following facilities serving >6:					
<ul style="list-style-type: none"><li>• ICF/DD</li><li>• ICF/DD-H</li><li>• ICF/DD-N</li><li>• SNF</li><li>• CCF</li><li>• Total Adults in Facilities serving &gt;6</li></ul>		114 0.80%	710 0.35%		
		72 0.51%	865 0.42%		
		76 0.53%	1,279 0.62%		
		<b>262</b>	<b>2,854</b>		
		<b>1.84%</b>	<b>1.39%</b>		

**Goal:** Decrease the percentage of adults who reside facilities serving >6.

**ACTIVITIES TO ADDRESS MEASURE/GOAL 8:**

- ♦
- ♦
- ♦

Public Policy Performance Measure (Required)				
<b>9. Increase the percentage of adult consumers that are employed in integrated settings with competitive wages.</b> Separate sub-measures in this category are included below as numbers 9.a. through 9.i.				
	Jan. - Dec. 2022 CA	Jan. - Dec. 2022 NLACRC	Jan. - Dec. 2023 CA	Jan. - Dec. 2023 NLACRC



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<b>Individual Earned Income (Age 16 to 64 years):</b> Data Source: Employment Development Department (EDD) and CMF					
<b>9.a.</b>	<b>Number and percentage of individuals with earned income:</b>	31,413 15.40%	2,359 16.25%	32,132 15.20%	2,506 16.55%
<b>9.b.</b>	<b>Average annual wages for consumers:</b>	\$13,198	\$13,831	\$14,251	\$14,967
		<b>2021</b>		<b>2022</b>	
<b>9.c.</b>	<b>Annual earnings of individuals ages 16-64 compared to all people with disabilities in California:</b> Data Source: EDD & American Community Survey, 2022 five-year estimate	\$30,783		\$29,382	
		<b>2021-22 CA Avg.</b>	<b>2021-22 NLACRC Avg.</b>	<b>2022-23 CA Avg.</b>	<b>2022-23 NLACRC Avg.</b>
<b>9.d.</b>	<b>Number of adults who entered in competitive integrated employment following participation in a Paid Internship Program.</b> (Data collected from service providers by regional centers)	1,527	102	2,650	214
<b>9.e.</b>	<b>Percentage of adults who entered in competitive integrated employment following participation in a Paid Internship Program:</b>	12%	22%	10%	9%
<b>9.f.</b>	<b>Average hourly or salaried wages and hours worked per week for adults who participated in a Paid Internship Program during prior fiscal year:</b>	\$15.08 15	\$15.18 15	\$15.96 14	\$16.24 14
<b>9.g.</b>	<b>Average wages and hours worked for adults engaged in competitive integrated employment on behalf of whom incentive payments have been made:</b>	\$15.63 22	\$15.77 21	\$16.51 21	\$16.71 22
<b>9.h.</b>	<b>Total # of 30-day, 6-month and 12-month incentive payments made for the fiscal year for the following amounts.</b>	22	21	21	22
	Incentive amount: \$3,000	25	34	804	74
	\$2,500	42	68	849	72
	\$2,000	55	111	1,031	97
		<b>July 2017 – June 2018 Statewide</b>	<b>July 2017 – June 2018 NLACRC</b>	<b>July 2020 – June 2021 Statewide</b>	<b>July 2020 – June 2021 NLACRC</b>
<b>9.i.</b>	<b>Percentage of adults who reported having integrated employment as their goal in their IPP.</b> Data Source: National Core Indicator (NCI) Adult Consumer Survey (Note: NCI Surveys are conducted every three years.)	29%	26%	35%	N/A

**Goal:** Increase the percentage of adult consumers that are employed in integrated settings with competitive wages.

**NLACRC ACTIVITIES TO ADDRESS MEASURE/GOAL 9:**

- ◆
- ◆
- ◆





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**Public Policy Performance Measure (Required)**

**10. Indicator showing the relationship between annual authorized services and expenditures by individual's residence type and race/ethnicity.**

Data Source: Prior FY POS data and CMF; RC generated data. Data for this measure by each residence type is included below as numbers 10.a. through 10.f.

	Residence Type	2022-23	2023-24																												
10.a.	Home	<table><tr><td>American Indian or Alaska Native</td><td>0.35</td></tr><tr><td>Asian</td><td>0.59</td></tr><tr><td>Black/African American</td><td>0.58</td></tr><tr><td>Hispanic</td><td>0.65</td></tr><tr><td>Native Hawaiian or Other Pacific Islander</td><td>0.65</td></tr><tr><td>White</td><td>0.60</td></tr><tr><td>Other Ethnicity or Race</td><td>0.60</td></tr></table>	American Indian or Alaska Native	0.35	Asian	0.59	Black/African American	0.58	Hispanic	0.65	Native Hawaiian or Other Pacific Islander	0.65	White	0.60	Other Ethnicity or Race	0.60	<table><tr><td>American Indian or Alaska Native</td><td>0.60</td></tr><tr><td>Asian</td><td>0.59</td></tr><tr><td>Black/African American</td><td>0.58</td></tr><tr><td>Hispanic</td><td>0.65</td></tr><tr><td>Native Hawaiian or Other Pacific Islander</td><td>0.56</td></tr><tr><td>White</td><td>0.59</td></tr><tr><td>Other Ethnicity or Race</td><td>0.63</td></tr></table>	American Indian or Alaska Native	0.60	Asian	0.59	Black/African American	0.58	Hispanic	0.65	Native Hawaiian or Other Pacific Islander	0.56	White	0.59	Other Ethnicity or Race	0.63
American Indian or Alaska Native	0.35																														
Asian	0.59																														
Black/African American	0.58																														
Hispanic	0.65																														
Native Hawaiian or Other Pacific Islander	0.65																														
White	0.60																														
Other Ethnicity or Race	0.60																														
American Indian or Alaska Native	0.60																														
Asian	0.59																														
Black/African American	0.58																														
Hispanic	0.65																														
Native Hawaiian or Other Pacific Islander	0.56																														
White	0.59																														
Other Ethnicity or Race	0.63																														
10.b.	ILS/SLS	<table><tr><td>American Indian or Alaska Native</td><td>0.55</td></tr><tr><td>Asian</td><td>0.79</td></tr><tr><td>Black/African American</td><td>0.81</td></tr><tr><td>Hispanic</td><td>0.77</td></tr><tr><td>Native Hawaiian or Other Pacific Islander</td><td>0.00</td></tr><tr><td>White</td><td>0.79</td></tr><tr><td>Other Ethnicity or Race</td><td>0.77</td></tr></table>	American Indian or Alaska Native	0.55	Asian	0.79	Black/African American	0.81	Hispanic	0.77	Native Hawaiian or Other Pacific Islander	0.00	White	0.79	Other Ethnicity or Race	0.77	<table><tr><td>American Indian or Alaska Native</td><td>1.00</td></tr><tr><td>Asian</td><td>0.71</td></tr><tr><td>Black/African American</td><td>0.75</td></tr><tr><td>Hispanic</td><td>0.73</td></tr><tr><td>Native Hawaiian or Other Pacific Islander</td><td>0.00</td></tr><tr><td>White</td><td>0.70</td></tr><tr><td>Other Ethnicity or Race</td><td>0.83</td></tr></table>	American Indian or Alaska Native	1.00	Asian	0.71	Black/African American	0.75	Hispanic	0.73	Native Hawaiian or Other Pacific Islander	0.00	White	0.70	Other Ethnicity or Race	0.83
American Indian or Alaska Native	0.55																														
Asian	0.79																														
Black/African American	0.81																														
Hispanic	0.77																														
Native Hawaiian or Other Pacific Islander	0.00																														
White	0.79																														
Other Ethnicity or Race	0.77																														
American Indian or Alaska Native	1.00																														
Asian	0.71																														
Black/African American	0.75																														
Hispanic	0.73																														
Native Hawaiian or Other Pacific Islander	0.00																														
White	0.70																														
Other Ethnicity or Race	0.83																														
10.c.	Institutions	<table><tr><td>American Indian or Alaska Native</td><td>0.00</td></tr><tr><td>Asian</td><td>0.00</td></tr><tr><td>Black/African American</td><td>0.52</td></tr><tr><td>Hispanic</td><td>0.48</td></tr><tr><td>Native Hawaiian or Other Pacific Islander</td><td>0.00</td></tr><tr><td>White</td><td>0.91</td></tr><tr><td>Other Ethnicity or Race</td><td>0.51</td></tr></table>	American Indian or Alaska Native	0.00	Asian	0.00	Black/African American	0.52	Hispanic	0.48	Native Hawaiian or Other Pacific Islander	0.00	White	0.91	Other Ethnicity or Race	0.51	<table><tr><td>American Indian or Alaska Native</td><td>0.00</td></tr><tr><td>Asian</td><td>0.00</td></tr><tr><td>Black/African American</td><td>0.12</td></tr><tr><td>Hispanic</td><td>0.16</td></tr><tr><td>Native Hawaiian or Other Pacific Islander</td><td>0.00</td></tr><tr><td>White</td><td>0.00</td></tr><tr><td>Other Ethnicity or Race</td><td>0.00</td></tr></table>	American Indian or Alaska Native	0.00	Asian	0.00	Black/African American	0.12	Hispanic	0.16	Native Hawaiian or Other Pacific Islander	0.00	White	0.00	Other Ethnicity or Race	0.00
American Indian or Alaska Native	0.00																														
Asian	0.00																														
Black/African American	0.52																														
Hispanic	0.48																														
Native Hawaiian or Other Pacific Islander	0.00																														
White	0.91																														
Other Ethnicity or Race	0.51																														
American Indian or Alaska Native	0.00																														
Asian	0.00																														
Black/African American	0.12																														
Hispanic	0.16																														
Native Hawaiian or Other Pacific Islander	0.00																														
White	0.00																														
Other Ethnicity or Race	0.00																														



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<b>10.d.</b>	<b>Residential</b>		
<b>10.e.</b>	<b>Med/Rehab/ Psych</b>		
<b>10.f.</b>	<b>Other</b>		
<p style="text-align: center;"><b>Goal:</b> Ensure that consumers and families have access to services and supports regardless of age, diagnosis, ethnicity, or language.</p> <p style="text-align: center;"><b><u>NLACRC ACTIVITIES TO ADDRESS MEASURE/GOAL 10:</u></b></p> <p>♦</p> <p>♦</p> <p>♦</p>			

**Public Policy Performance Measure (Required)**

**11. Percentage of total annual purchase of service expenditures by individual's race/ethnicity and age.** Data Source: Prior FY POS data and CMF. Data for this measure that is separated by age is included below as numbers 11.a. through 11.g.



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	<b>Ethnicity</b>	<b>2022-23</b>		<b>2023-24</b>	
<b>11.a.</b>	American Indian or Alaska Native	Birth to 2, Consumers	0%	Birth to 2, Consumers	0%
		Birth to 2, Expenditures	0%	Birth to 2, Expenditures	0%
		3 to 21, Consumers	0%	3 to 21, Consumers	0%
		3 to 21, Expenditures	0%	3 to 21, Expenditures	0%
		22+, Consumers	0%	22+, Consumers	0%
		22+, Expenditures	0%	22+, Expenditures	0%
<b>11.b.</b>	Asian	Birth to 2, Consumers	5%	Birth to 2, Consumers	6%
		Birth to 2, Expenditures	5%	Birth to 2, Expenditures	5%
		3 to 21, Consumers	6%	3 to 21, Consumers	6%
		3 to 21, Expenditures	6%	3 to 21, Expenditures	6%
		22+, Consumers	6%	22+, Consumers	6%
		22+, Expenditures	6%	22+, Expenditures	6%
<b>11.c.</b>	Black/African American	Birth to 2, Consumers	5%	Birth to 2, Consumers	6%
		Birth to 2, Expenditures	5%	Birth to 2, Expenditures	5%
		3 to 21, Consumers	10%	3 to 21, Consumers	10%
		3 to 21, Expenditures	11%	3 to 21, Expenditures	11%
		22+, Consumers	12%	22+, Consumers	13%
		22+, Expenditures	11%	22+, Expenditures	11%
<b>11.d.</b>	Hispanic	Birth to 2, Consumers	48%	Birth to 2, Consumers	51%
		Birth to 2, Expenditures	49%	Birth to 2, Expenditures	52%
		3 to 21, Consumers	53%	3 to 21, Consumers	53%
		3 to 21, Expenditures	46%	3 to 21, Expenditures	46%
		22+, Consumers	38%	22+, Consumers	39%
		22+, Expenditures	27%	22+, Expenditures	28%
<b>11.e.</b>	Native Hawaiian or Other Pacific Islander	Birth to 2, Consumers	0%	Birth to 2, Consumers	0%
		Birth to 2, Expenditures	0%	Birth to 2, Expenditures	0%
		3 to 21, Consumers	0%	3 to 21, Consumers	0%
		3 to 21, Expenditures	0%	3 to 21, Expenditures	0%
		22+, Consumers	0%	22+, Consumers	0%
		22+, Expenditures	0%	22+, Expenditures	0%



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<b>11.f.</b>	White	Birth to 2, Consumers 20% Birth to 2, Expenditures 21% 3 to 21, Consumers 22% 3 to 21, Expenditures 28% 22+, Consumers 39% 22+, Expenditures 51%	Birth to 2, Consumers 20% Birth to 2, Expenditures 21% 3 to 21, Consumers 21% 3 to 21, Expenditures 28% 22+, Consumers 38% 22+, Expenditures 51%
<b>11.g.</b>	Other Ethnicity or Race	Birth to 2, Consumers 21% Birth to 2, Expenditures 18% 3 to 21, Consumers 9% 3 to 21, Expenditures 8% 22+, Consumers 4% 22+, Expenditures 4%	Birth to 2, Consumers 19% Birth to 2, Expenditures 16% 3 to 21, Consumers 10% 3 to 21, Expenditures 9% 22+, Consumers 4% 22+, Expenditures 4%

**Goal:** Ensure that consumers and families have access to services and supports regardless of age, diagnosis, ethnicity, or language.

**ACTIVITIES TO ADDRESS MEASURE/GOAL 11:**

- ♦ Same as activities as in #10.

**Public Policy Performance Measure (Required)**

**12. Number and percent of individuals receiving only case management services by race/ethnicity and age.** Data Source: Prior FY POS data and CMF. Data for this measure that is separated by age is included below as numbers 12.a. through 12.h.

	Ethnicity	2022-23	2023-24
<b>12.a.</b>	American Indian or Alaska Native	Birth to 2 1 Birth to 2 14% 3 to 21 15 3 to 21 65% 22+ 3 22+ 38%	Birth to 2 1 Birth to 2 8% 3 to 21 11 3 to 21 42% 22+ 3 22+ 43%





















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<b>12.b.</b>	Asian	Birth to 2  17 Birth to 2 5% 3 to 21  436 3 to 21 36% 22+  145 22+ 22%	Birth to 2  7 Birth to 2 2% 3 to 21  459 3 to 21 35% 22+  3 22+ 23%
<b>12.c.</b>	Black/African American	Birth to 2  18 Birth to 2 5% 3 to 21  597 3 to 21 32% 22+  314 22+ 24%	Birth to 2  20 Birth to 2 4% 3 to 21  681 3 to 21 32% 22+  363 22+ 26%
<b>12.d.</b>	Hispanic	Birth to 2  172 Birth to 2 5% 3 to 21  3,507 3 to 21 34% 22+  1,035 22+ 26%	Birth to 2  119 Birth to 2 3% 3 to 21  4,052 3 to 21 35% 22+  1,088 22+ 26%
<b>12.e.</b>	Native Hawaiian or Other Pacific Islander	Birth to 2  0 Birth to 2 0% 3 to 21  4 3 to 21 57% 22+  0 22+ 0%	Birth to 2  0 Birth to 2 0% 3 to 21  5 3 to 21 56% 22+  0 22+ 0%



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<b>12.f.</b>	White	Birth to 2  96 Birth to 2 6% 3 to 21  1,358 3 to 21 33% 22+  792 22+ 19%	Birth to 2  43 Birth to 2 3% 3 to 21  1,411 3 to 21 32% 22+  784 22+ 19%
<b>12.g.</b>	Other Ethnicity or Race	Birth to 2  111 Birth to 2 7% 3 to 21  587 3 to 21 32% 22+  98 22+ 24%	Birth to 2  72 Birth to 2 5% 3 to 21  645 3 to 21 31% 22+  96 22+ 23%
<b>12.h.</b>	<b>Total</b>	Birth to 2  415 Birth to 2 5% 3 to 21  6,504 3 to 21 34% 22+  2,387 22+ 23%	Birth to 2  262 Birth to 2 3% 3 to 21  7,264 3 to 21 34% 22+  2,494 22+ 23%

**Goal:** Ensure that consumers and families have access to services and supports regardless of age, diagnosis, ethnicity, or language.

**ACTIVITIES TO ADDRESS MEASURE/GOAL 11:**

- ♦ Same as activities as in #10

**Public Policy Performance Measure (Required)**

**13. Per capita purchase of service expenditures by individual's primary language (for primary languages chosen by 30 or more consumers only).**

Data Source: Prior FY POS data and CMF. Data for this measure that is separated by primary language is included below as numbers 13.a. through 13.e.

Note: Percent Utilized is the percentage of authorized amount that was expended (expenditure amount divided by authorized amount).

	<b>Ethnicity</b>	<b>2022-23</b>	<b>2023-24</b>
<b>13.a.</b>	Chinese	Individuals Count: 9 Per Capita Expenditures: \$20,007 Percent Utilized: 54.0%	Individuals Count: 8 Per Capita Expenditures: \$14,728 Percent Utilized: 50.1%



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<b>13.b.</b>	English	Individuals Count: 28,711 Per Capita Expenditures: \$19,443 Percent Utilized: 67.4%	Individuals Count: 31,253 Per Capita Expenditures: \$20,410 Percent Utilized: 66.2%
<b>13.c.</b>	Spanish	Individuals Count: 7,912 Per Capita Expenditures: \$14,083 Percent Utilized: 68.3%	Individuals Count: 8,408 Per Capita Expenditures: \$14,896 Percent Utilized: 68.9%
<b>13.d.</b>	Vietnamese	Individuals Count: 45 Per Capita Expenditures: \$26,590 Percent Utilized: 82.3%	Individuals Count: 44 Per Capita Expenditures: \$29,268 Percent Utilized: 76.3%
<b>13.e.</b>	All Other Languages	Individuals Count: 746 Per Capita Expenditures: \$26,131 Percent Utilized: 71.3%	Individuals Count: 844 Per Capita Expenditures: \$32,452 Percent Utilized: 74.8%

**Goal:** Ensure that consumers and families have access to services and supports regardless of age, diagnosis, ethnicity, or language.

**ACTIVITIES TO ADDRESS MEASURE/GOAL 13:**

- ♦
- ♦
- ♦

**Public Policy Performance Measure (Optional)**

**14. Public Policy Measures Related to Reducing Disparities and Improving Equity in POS).** Data Source: National Core Indicators (NCI) Surveys. Data for this measure that is included below as numbers 14.a. through 14.c. [National Core Indicators \(NCI\) : CA Department of Developmental Services](#)

	Measure	NCI Child Family Survey FY 18/19			NCI Adult Family Survey FY 19/20			NCI Family Guardian Survey FY 19/20					
14.a.	Number and percent of individuals, by race/ethnicity, who are satisfied with the services and supports received by the family and family member.	NLA	CA	*NCI	NLA	CA	*NCI	NLA	CA	*NCI			
		Number	901	10,001	14,142	Number	824	13,780	18,166	Number	262	4,994	8,994
		Always	34%	32%	31%	Always	39%	41%	40%	Always	35%	41%	43%
		Usually	39%	41%	44%	Usually	40%	40%	43%	Usually	51%	46%	46^
		Sometimes	20%	21%	20%	Sometimes	16%	14%	13%	Sometimes	9%	10%	9%
		Seldom/Never	7%	6%	6%	Seldom/Never	5%	4%	4%	Seldom/Never	5%	3%	2%
		*Weighted NCI Average			*Weighted NCI Average			*Weighted NCI Average					
14.b.	Number and percent of individuals, by race/ethnicity, whose IPP/IFSP includes all of the services and supports needed.	NLA	CA	*NCI	NLA	CA	*NCI	NLA	CA	*NCI			
		Number	521	5,317	7,494	Number	499	7,822	10,725	Number	179	3,277	6,218
		Yes:	80%	81%	83%	Yes:	83%	86%	88%	Yes:	89%	90%	93%
		No:	20%	19%	17%	No:	17%	14%	12%	No:	11%	10%	7%
		*Weighted NCI Average			*Weighted NCI Average			*Weighted NCI Average					



**NORTH LOS ANGELES COUNTY REGIONAL CENTER**  
**PERFORMANCE CONTRACT**  
**Fiscal Year 2025-26**  
**DRAFT**

14.c.	Number and percent of families, by race/ethnicity, who report that services have made a difference in helping their family member or child at home.				N/A	N/A	
		NLA	CA	*NCI			
		Number	790	8,746			n/a
		Yes:	85%	82%			n/a
		No:	15%	18%			n/a
		*Weighted NCI Average					

**Goal:** Ensure that consumers and families have access to services and supports regardless of age, diagnosis, ethnicity, or language\_

**ACTIVITIES TO ADDRESS MEASURE/GOAL 14:**

- ♦
- ♦
- ♦

<b>Compliance Measures (Required)</b>				
<b>15. Audit Compliance Measures</b>				
<b>Measures</b>	<b>Audit Compliance in all Regional Centers as of December 2022</b>	<b>NLACRC Audit Compliance as of December 2022</b>	<b>Audit Compliance in all Regional Centers as of June 2024</b>	<b>NLACRC Audit Compliance as of June 2024</b>
<b>15.a. Unqualified independent audit with no material findings.</b> Data Source: Yes/No - based on regional center independent audit findings.	90%	Yes	100%	Yes
<b>15.b. Substantial compliance with the Department fiscal audit</b> Data Source: Yes/No - based on the Department internal document criteria.	100%	Yes	100%	Yes
<b>15.c. Did not overspend operations budget</b> Data Source: Yes/No—actual expenditures plus late bills do not exceed OPS budget.	100%	Yes	Yes	Yes
<b>15.d. Certified to participate in Home and Community—Based Services Waiver.</b> Data Source: Yes/No—based on most recent waiver monitoring report.	100%	Yes	Yes	Yes
<b>15.e. Audits vendors as required</b> Data Source: Yes/No - based on documentation regional center reports to the Department.	86%	Yes	76%	Met
<b>15.f. CDER/ESR Currency</b> Data Source: Status 1, 2, and U on CMF with current CDER or ESR.	96%	97.3%	99.8%	99.8%
<b>15.g. **Intake/assessment and IFSP timelines (ages 0-2).</b> Data Source: Early Start Report	**	**	**	**
<b>15.h. Intake/assessment timelines for consumers ages 3 and above.</b> Data Source: CMF - calculated by subtracting the status date from the CMF date.	83.0%	96.1%	78.4%	99.7%
<b>15.i. IPP Development (WIC requirements)</b> Data Source: Biennial Department review per WIC section 4646.5(c)(3).	99.0%	96.1%	97.1%	93.9%
<b>15.j. Individualized Family Service Plan (IFSP) (Title 17 Requirements)</b> Data Source: Early Start Report	89.0%	90.5%	89.8%	89.5%

\*\*DDS Department performance measures for all regional centers is not available on the DDS report and website for this measure at the time of this report.

Data source for statewide averages: <https://www.dds.ca.gov/rc/dashboard/performance-contracts/>.



# July 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4 Independence Day (NLACRC closed)	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23 6:00pm-8:00pm Board Member Orientation	24	25	26
27	28	29	30	31		

# August 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6 <u>3:00 pm</u> Consumer Advisory Committee Meeting  <u>5:30 pm</u> Nominating Committee Meeting	7 <u>9:30 am</u> Vendor Advisory Committee Meeting	8	9
10	11 <u>5:00 pm</u> Board Packet Review <u>6:00 pm</u> Board Training	12	13 <u>6:00 pm</u> Board of Trustees Meeting	14	15	16
17	18	19	20 <u>5:00 pm</u> Government & Community Relations Committee Meeting  <u>6:35 pm</u> Consumer Services Committee Meeting	21 <u>5:30 pm</u> Post-Retirement Medical Trust Committee Meeting	22	23
24	25	26	27	28 <u>5:00 pm</u> Administrative Affairs Committee Meeting  <u>6:35 pm</u> Executive Committee Meeting	29	30
31						

# September 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3 <u>3:00pm</u> Consumer Advisory Committee Meeting	4	5	6
7	8 <u>5:00 pm</u> Board Packet Review  <u>6:00 pm</u> Board Training	9	10 <u>6:00 pm</u> Board of Trustees Meeting	12 <u>9:30 am</u> Vendor Advisory Committee Meeting	13	14
15	16	17	18	19 <u>5:30 pm</u> Post-Retirement Medical Trust Meeting	20	21
22	23	24	25	26 <u>5:00 pm</u> Administrative Affairs Committee Meeting  <u>6:35 pm</u> Executive Committee Meeting	27	28
29	30					

# October 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1  <u>3:00pm</u> Consumer Advisory Committee Meeting  <u>5:30 pm</u> Nominating Committee Meeting	2	3	4
5	6  <u>5:00 – 6:00 pm</u> Board Packet Review <u>6:00-7:00 pm</u> Board Training	7	8  <u>6:00 pm</u> Board of Trustees Meeting  <i>In-Person @ NLACRC Chatsworth office</i>	9  <u>9:30 am</u> Vendor Advisory Committee Meeting	10	11
12	13	14	15  <u>5:00 pm</u> Government & Community Relations Committee Meeting  <u>6:35 pm</u> Consumer Services Committee Meeting	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30  <u>5:00 pm</u> Administrative Affairs Committee Meeting  <u>6:35 pm</u> Executive Committee Meeting	31  <b>Halloween</b>	

# November 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5 <u>3:00pm</u> Consumer Advisory Committee Meeting	6	7	8
9	10 <b>Veterans Day</b> (NLACRC offices closed)	11 <u>5:00 – 6:00 pm</u> Board Packet Review  <u>6:00 – 7:00 pm</u> Board Training	12 <u>6:00 pm</u> Board of Trustees Meeting  <i>In-Person @ NLACRC Santa Clarita office</i>	13 <u>9:30 am</u> Vendor Advisory Committee Meeting	14	15
16	17	18	19	20 <u>5:30 pm</u> Post-Retirement Medical Trust Committee Meeting	21	22
23	24 <u>5:00 pm</u> Administrative Affairs Committee Meeting  <u>6:35 pm</u> Executive Committee Meeting	25	26	27 <b>Thanksgiving</b> (NLACRC offices closed)	28 <b>Day after Thanksgiving</b> (NLACRC closed)	29
30						

# December 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25 Christmas Day (NLACRC offices closed)	26	27
28	29	30	31			

# January 2026

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 <b>New Year's Day</b> (NLACRC offices closed)	2	3
4	5 <u>5:00 – 6:00 pm</u> Board Packet Review  <u>6:00 – 7:00 pm</u> Board Training TBD	6	7 <u>5:30 pm</u> Nominating Committee Meeting	8 <u>9:30 am</u> Vendor Advisory Committee Meeting	9	10
11	12	13	14 <u>6:00 pm</u> Board of Trustees Meeting	15	16	17
18	19 <b>Martin Luther King Day</b> (NLACRC offices closed)	20	21 <u>5:00 pm</u> Government & Community Relations Committee Meeting  <u>6:35 pm</u> Consumer Services Committee Meeting	22	23	24
25	26	27	28	29 <u>5:00 pm</u> Administrative Affairs Committee Meeting <u>6:35 pm</u> Executive Committee Meeting	30	31

# February 2026

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4 <u>3:00pm</u> Consumer Advisory Committee Meeting  <u>5:30 pm</u> Nominating Committee Meeting	5	6	7
8	9 <u>5:00 – 6:00 pm</u> Board Packet Review  <u>6:00 – 7:00 pm</u> Board Training TBD	10	11 <u>6:00 pm</u> Board of Trustees Meeting	12 <u>9:30 am</u> Vendor Advisory Committee Meeting	13	14
15	16 <b>Presidents Day</b> (NLACRC offices closed)	17	18	20 <u>5:30 pm</u> Post-Retirement Medical Trust Meeting	21	22
23	24	25	26	27 <u>5:00 pm</u> Administrative Affairs Committee Meeting  <u>6:00 pm</u> Executive Committee Meeting	28	



# March 2026

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4 <u>3:00pm</u> Consumer Advisory Committee Meeting  <u>5:30 pm</u> Nominating Committee Meeting	5	6	7
8	9 <u>5:00 – 6:00 pm</u> Board Packet Review  <u>6:00 – 7:00 pm</u> Board Training TBD	10	11 <u>6:00 pm</u> Board of Trustees Meeting	12 <u>9:30 am</u> Vendor Advisory Committee Meeting	13	14
15	16	17	18 <u>5:00 pm</u> Government & Community Relations Committee Meeting  <u>6:35 pm</u> Consumer Services Committee Meeting	19	20	21
22	23	24	25	26 <u>5:00 pm</u> Administrative Affairs Committee Meeting  <u>6:00 pm</u> Executive Committee Meeting	27	28
29	30 Cesar Chavez Day (NLACRC offices closed)	31				

# April 2026

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 <u>3:00pm</u> Consumer Advisory Committee Meeting  <u>5:30 pm</u> Nominating Committee Meeting	2	3	4
5	6  <u>5:00 – 6:00 pm</u> Board Packet Review  <u>6:00 – 7:00 pm</u> Board Training TBD	7	8  <u>6:00 pm</u> Board of Trustees Meeting  <i>In-Person @ NLACRC Antelope Valley office</i>	9  <u>9:30 am</u> Vendor Advisory Committee Meeting	10	11
12	13	14	15	16	17	18
19	20	21	22	23  <u>5:00 pm</u> Administrative Affairs Committee Meeting  <u>6:00 pm</u> Executive Committee Meeting	24	25
26	27	28	29	30		

# May 2026

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6 <u>3:00pm</u> Consumer Advisory Committee Meeting	7	8	9
10	11 <u>5:00 – 6:00 pm</u> Board Packet Review  <u>6:00 – 7:00 pm</u> Board Training TBD	12	13 <u>6:00 pm</u> Board of Trustees Meeting	14 <u>9:30 am</u> Vendor Advisory Committee Meeting	15	16
17	18	19	20 <u>5:00 pm</u> Government & Community Relations Committee Meeting  <u>6:35 pm</u> Consumer Services Committee Meeting	21 <u>5:30 pm</u> Post-Retirement Medical Trust Meeting	22	23
24	25 <b>Memorial Day</b> (NLACRC offices closed)	26	27	28 <u>5:00 pm</u> Administrative Affairs Committee Meeting  <u>6:35 pm</u> Executive Committee Meeting	29	30
31						

# June 2026

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8 <u>5:00 – 6:00 pm</u> Board Packet Review  <u>6:00 – 7:00 pm</u> Board Training TBD	9	10 <u>6:00 pm</u> Board of Trustees Meeting	11 <u>9:30 am</u> Vendor Advisory Committee Meeting	12	13
14	15	16	17	18 <b>Juneteenth</b> (NLACRC offices closed)	19	20
21	22	23	24	25	26	27
28	29	30				

*NLACRC*  
*Consumer Services Committee*  
**CRITICAL CALENDAR**  
*FY 2025-26*

<i>Month</i>	<i>Activity</i>
<i>July</i>	Committee does not meet in July
<i>August</i>	<p>Committee elects a chairperson for the current fiscal year.</p> <p>Orientation for new committee. Committee reviews their policies &amp; procedures, Bylaws Statement, Board Audit Section, Action Log for previous fiscal year, and Core Values for Policy Development. Committee revises the documents, if needed.</p> <p>Committee is provided with copies of their approved critical calendar for the new fiscal year.</p> <p>Committee finalizes their priority issues for this fiscal year and presents them to the Board of Trustees next month for approval.</p> <p>Committee reviews the Purchase of Service Annual Report to DDS for FY 2024-25</p> <p>Committee is given their monthly update on the Self-Determination Program</p> <p>Committee reviews the semi-annual Consumer Competitive Employment Report</p> <p>Committee reviews the semi-annual Consumer Diagnostic Report</p> <p>Committee reviews the semi-annual NOAs by Ethnicity/Location/Services &amp; Age Range Report</p> <p>Committee reviews the semi-annual 4731 Report</p> <p>Committee reviews the Social Recreation, Camp &amp; Non-Medical Therapies Services Report</p> <p>Committee reviews the 4<sup>th</sup> Quarter Intake Data by Location Report (April-June)</p> <p>Committee reviews the 4<sup>th</sup> Quarter NOAs/Appeals Report (April-June)</p> <p>Committee reviews the 4<sup>th</sup> Quarter Disparity Committee Report (April-June)</p>

	Committee reviews semi-annual Purchase of Service (POS) Expenditure Data Reports
<i>September</i>	Committee does not meet in September.
<i>October</i>	Annual Board & VAC Legislative Training will be held in October
<i>November</i>	Committee does not meet in November.
<i>December</i>	No Committee meetings in December.
<i>January</i>	<p>Committee is given their monthly update on the Self-Determination Program.</p> <p>Committee reviews the Social Recreation, Camp &amp; Non-Medical Therapies Services Report</p> <p>Committee reviews the 1<sup>st</sup> Quarter Intake Data by Location Report (July-September)</p> <p>Committee reviews the 1<sup>st</sup> Quarter NOAs/Appeals Report (July-September)</p> <p>Committee reviews the 1<sup>st</sup> Quarter Disparity Committee Report (July-September)</p>
<i>February</i>	Committee does not meet in February.
<i>March</i>	<p>Committee reviews semi-annual Purchase of Service (POS) Expenditure Data Reports</p> <p>Committee is given their monthly update on the Self-Determination Program</p> <p>Committee reviews the semi-annual Consumer Competitive Employment Report</p> <p>Committee reviews the semi-annual Consumer Diagnostic Report</p> <p>Committee reviews the semi-annual NOAs by Ethnicity/Location/Services &amp; Age Range Report</p> <p>Committee reviews the semi-annual 4731 Report</p> <p>Committee reviews the Social Recreation, Camp &amp; Non-Medical Therapies Services Report</p> <p>Committee reviews the 2<sup>nd</sup> Quarter Intake Data by Location Report (October-December)</p>

	<p>Committee reviews the 2<sup>nd</sup> Quarter NOAs/Appeals Report (October-December)</p> <p>Committee reviews the 2<sup>nd</sup> Quarter Disparity Committee Report (October-December)</p>
<i><b>April</b></i>	<p>Committee does not meet in April.</p>
<i><b>May</b></i>	<p>Committee reviews and approves the committee's draft critical calendar for next fiscal year.</p> <p>Committee is given their monthly update on the Self-Determination Program</p> <p>Committee reviews the Social Recreation, Camp &amp; Non-Medical Therapies Services Report</p> <p>Committee reviews the 3<sup>rd</sup> Quarter Intake Data by Location Report (January-March)</p> <p>Committee reviews the 3<sup>rd</sup> Quarter NOAs/Appeals Report (January-March)</p> <p>Committee reviews the 3<sup>rd</sup> Quarter Disparity Committee Report (January-March)</p>

[CCal.2025-26- Updated on 05.22.2025]

**NLACRC**  
**Government & Community Relations Committee**  
**CRITICAL CALENDAR**  
**FY 2025-26**

<i>Month</i>	<i>Activity</i>
<i>July</i>	<i>(The committee does not meet in July)</i>
<i>August</i>	<p>Committee elects a committee chair for the fiscal year.</p> <p>The annual orientation is held for the committee. Committee reviews their policies and procedures, Legislative Platform Guiding Principles, Board Recognition Policy &amp; application, Consultant Contracts, Action Log for previous year, and Board Audit section. Committee revises the documents, if needed.</p> <p><u>The committee reviews the board's Disability Community Organization, Service Provider, and Elected Representative Visit Policy and related Framework for Strategy Implementation and begin discussing what the board's legislative priorities should be for the fiscal year.</u></p> <p>Committee is provided with copies of their approved critical calendar for the new fiscal year.</p> <p>Committee begins discussion about what the Board's legislative priorities and platform should be for the new fiscal year and presents them to the Board for their review and input.</p> <p>Committee begins developing a strategy that encompasses the purpose and intent of the board's Service Provider and Elected Representative Visit policy for implementation during fiscal year.</p> <p>Committee finalizes its proposed legislative priorities and platform for the board and presents them to the Board of Trustees for approval.</p> <p>Committee begins planning for a candidates' forum to be held in the fall.</p> <p><b>Board Audit:</b> Does the center have a training and information plan that meets the requirements of statute, contracts, and board policy?</p>
<i>September</i>	<i>(The committee does not meet in September)</i>



**NLACRC**  
**Government & Community Relations Committee**  
**CRITICAL CALENDAR**  
**FY 2025-26**

<i>Month</i>	<i>Activity</i>
<b>October</b>	<p>Committee discusses how to keep legislators informed about pending issues.</p> <p>Committee begins considering the ideas for a legislative event to be held in the spring.</p> <p>Staff begins assembling the legislative event planning team.</p> <p>Jynny Retzinger Award – Send out Nomination forms</p> <p><b>Board Audit:</b> Does the center’s training and information plan include a sufficient variety of training and communication methods to reach all of the center’s constituents?</p> <p><b>Board Audit:</b> Are there sufficient financial and human resources available to carry out the center’s training and information plan?</p>
<b>November</b>	<i>(The committee does not meet in November)</i>
<b>December</b>	<i>(The committee is dark in December)</i>
<b>January</b>	<p>Committee begins planning for ARCA’s Grass Roots Day and NLACRC’s Grass Roots Week.</p> <p>Create Workgroup to plan the Legislative Breakfast</p> <p>Determine Jynny Retzinger Award Recipients</p> <p><b>Board Audit:</b> Are the methods identified in the center’s training and information plan in line with the center’s mission, vision, and values statement?</p>
<b>February</b>	<p><i>(The committee does not meet in February)</i></p> <p>Legislative Town Hall</p>
<b>March</b>	Review of Legislative Bills

<b><i>April</i></b>	<i>(The committee does not meet in April)</i>
<b><i>May</i></b>	<p>Committee reviews and approves the draft critical calendar for next fiscal year.</p> <p>The Center's ARCA's Grass Roots Day team visits with legislators at the State Capitol (tentative).</p>
<b><i>June</i></b>	<p><i>(The committee does not meet in June)</i></p> <p>Legislative Breakfast takes place</p>

<b>NLACRC</b> <b>Post-Retirement Medical Trust Committee</b> <b>CRITICAL CALENDAR</b> <b>FY 2025-2026</b>	
<b><u>Month</u></b>	<b><u>Activity</u></b>
<b>August</b>	<ul style="list-style-type: none"> <li>• Orientation for Committee Members. Review Policies, Procedures, and Meeting Schedule.</li> <li>• Review Critical Calendar</li> <li>• Review Investment Report for PRMT</li> <li>• Review Investment Report for CalPERS UAL Trust</li> <li>• Review Investment Strategy for PRMT Trust</li> <li>• Review Investment Strategy for CalPERS UAL Trust</li> </ul>
<b>November</b>	<ul style="list-style-type: none"> <li>• Review Investment Report for PRMT</li> <li>• Review Investment Report for CalPERS UAL Trust</li> </ul>
<b>February</b>	<ul style="list-style-type: none"> <li>• Review Investment Report for PRMT</li> <li>• Review Investment Report for CalPERS UAL Trust</li> <li>• Report on Recommendation for Contribution to PRMT Trust</li> <li>• Report on Recommendation for Contribution to CalPERS UAL Trust</li> </ul>
<b>May</b>	<ul style="list-style-type: none"> <li>• Review Investment Report for PRMT</li> <li>• Review Investment Report for CalPERS UAL Trust</li> <li>• Report on Recommendation for Disbursement from PRMT Trust</li> <li>• Report on Recommendation for Disbursement from UAL Trust</li> <li>• Actuary Presentation of NLACRC's Actuarial report</li> <li>• Draft Critical Calendar for new Fiscal Year</li> </ul>

[ccal.2025-26] Approved:



Time Period: 3/15/2025 - 4/15/2025

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
12/12/2024	Community Member	2024-SPWB-013	12/12/2024	Vendors have not been paid through FMS vendor; Conflict of interest . SDP Funds not being managed appropriately.	1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds.	1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds.  <i>Referred to SDP Ombudsmen; CM meeting with DDS to further review</i>	Open		Arshalous Garlanian, Community Services Director
3/6/2025	Family Member	2024-SPWB-014	3/10/2025	Report of concerns regarding: Client Safety and Well-being Endangerment; Retaliatory Actions and False Allegations; Financial Misconduct and Refusal of Payments	1. Vendor is allowing illegal drug and alcohol use on the premises, posing a risk to consumers. 2. A vendor representative and two employees have presented false claims in retaliation against a consumer's family member. 3. Vendor is creating a false record of non-payment to justify a specific retaliatory action against a consumer.	1. Vendor is allowing illegal drug and alcohol use on the premises, posing a risk to consumers. <i>Pending</i> 2. A vendor representative and two employees have presented false claims in retaliation against a consumer's family member. <i>Unsubstantiated (on employee side); Service Provider review pending</i> 3. Vendor is creating a false record of non-payment to justify a specific retaliatory action against a consumer. <i>Unsubstantiated (on employee side); Service Provider review pending</i>	Open		Betsy Monahan, HR Director and Arshalous Garlanian, Community Services Director
3/12/2025	DDS: Community Member	2025-SPWB-01	3/12/2025	Concerns with Vendor's Sick policy/practice for staff and participants; Lack of staff professionalism; Failure to adhere to Title 17 54327 reporting requirements.	1. The program does not allow clients to go home when they are sick (throwing up, diarrhea, chest pain, showing signs of flu or COVID). Staff are verbally informed by management to make the client(s) stay in the program for the day, despite health concerns. 2. Management requires staff to come in when they are sick, potentially spreading illness to individuals at the day program. 3. Management uses profanity when speaking to staff in front of individuals served. 4. Management tells staff not to report car accidents that client(s) are involved in while at the program to their family or residential home. Client(s) may be nonverbal.	Open	Open		Arshalous Garlanian, Community Services Director
3/12/2025	DDS: Community Member	2025-SPWB-02	3/12/2025	Failure to adhere to Title 17 54327 reporting requirements.	1. Vendor Management does not allow staff to file mandated reports when there is suspected abuse and/or neglect concerning clients receiving adaptive skills training services.	Open	Open		Arshalous Garlanian, Community Services Director



3/13/2025	DDS: Community Member	2025-SPWB-04	3/13/2025	Failure to provide vendored services; Billing for services not provided; Client's Rights Violation; Staff are not trained and lack professionalism.	<p>1. The program does not provide the type of services they are vendored to provide.</p> <p>Client goals are not addressed or developed. Clients are left to sit at the mall or library all day. Staff do not interact with clients. Staff are not allowed to support or engage clients in activities, such as bowling on Fridays. Clients who want to leave the program are not provided the assistance to do so. The provider is billing for services that are not being provided. Staff bully/harass clients, talk badly about clients, and make inappropriate comments about how clients are dressed.</p> <p>2. Staff was named as a staff person of concern. Staff allegedly called client disgusting; did not return a bag belonging to client "client"; and made comments about a client (name unknown) smelling like urine. Staff had clients watch an inappropriate movie (Mickey 17) on March 7, 2025. Staff are not trained and are unaware of how to do their jobs. Staff may be documenting activities that are not occurring.</p> <p>3. The reporting party also shared other allegations about individuals served by this provider: Client 1, or Client 2 is making racial slurs and behaving inappropriately toward other clients and staff. Some clients served by this day program may not be getting adequate food at their residential home(s), and day program staff are not allowed to provide food to these individuals (3 clients named). Client is being exploited/selling their body for sexual activity outside of the day program.</p>	Open	Open		Arshalous Garlanian, Community Services Director
4/3/2025	NLACRC Employee	2025 -EWB - 01	4/3/2025	Allegation of Financial Abuse	1. Provider approved "outrageous" amount from client's account for home maintenance without approval.	Open	Open		Arshalous Garlanian, Community Services Director
4/11/2025	NLACRC Employee	2025 -EWB - 02	4/14/2025	Allegation of unprofessional conduct, discriminatory behavior, improper systems' use	<p>1. NLACRC staff improperly followed established SOPs to create/ migrate temp/contractor system accounts to employee accounts post-conversion.</p> <p>2. NLACRC staff incorrectly set access controls to prevent employees from their ability to use applications for their time-sensitive work.</p> <p>3. NLACRC staff used improper methods with systems to complete work activities, which allegedly resulted in security violations.</p> <p>4. Employees impacted by items 1-3 were treated differently than other similarly-situated employees.</p>	Open	Open		Betsy Monahan, HR Director
4/16/2025	Service Provider	2025-03 -SPWB	4/17/2025	Allegation of derogatory and unprofessional conduct by a NLACRC employee	NLACRC staff person made editorial personal-opinion comments regarding a service during a business call with a NLACRC client, which were reported as derogatory and unprofessional in nature.	Open	Open		Betsy Monahan, HR Director
4/16/2025	Service Provider	2025-SPWB-05	4/17/2025	Allegation of failure to follow medication security procedures and negligence of administering medication to clients	<p>1. Failure to follow medication security procedures</p> <p>2. Improper administering of medication by uncertified staff</p>	Open	Open		Betsy Monahan, HR Director
4/16/2025	NLACRC Employee	2025 -EWB - 04	4/17/2025	Allegation of improper conduct by staff to co-workers; failure to hold staff to account for their duties creating a negative work impact for co-workers	<p>1. NLACRC employees are rude and/or conduct themselves in a hostile work manner to other co-workers.</p> <p>2. NLACRC management is transferring cases from unproductive CSCs to productive CSCs rather than hold all CSCs to consistent standards.</p> <p>3. NLACRC managers show favoritism by holding "favorite" CSCs to less account than other CSCs.</p>	Open	Open		Betsy Monahan, HR Director



4/18/2025	Service Provider	2025-SPWB-06	4/18/2025	<p>Current vendor employee inquiry re: protections available if documentation is shared as exhibits to support alleged improper vendor activity.</p> <p>No specific info (e.g. vendor name, nature of alleged concerns) were reported.</p> <p>Case number issued for tracking purposes and answer provided to complainant re: initial question and confirmation NLACRC would investigate claims pending receipt of more details.</p>	Pending	Open	Open		Betsy Monahan, HR Director
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Time Period: 4/16/2025 - 5/15/2025

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
12/12/2024	Community Member	2024-SPWB-013	12/12/2024	Vendors have not been paid through FMS vendor; Conflict of interest . SDP Funds not being managed appropriately.	1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds.	1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds.  <i>Referred to SDP Ombudsmen; CM meeting with DDS to further review</i>	Open		Arshalous Garlanian, Community Services Director
3/6/2025	Family Member	2024-SPWB-014	3/10/2025	Report of concerns regarding: Client Safety and Well-being Endangerment; Retaliatory Actions and False Allegations; Financial Misconduct and Refusal of Payments	1. Vendor is allowing illegal drug and alcohol use on the premises, posing a risk to consumers. 2. A vendor representative and two employees have presented false claims in retaliation against a consumer's family member. 3. Vendor is creating a false record of non-payment to justify a specific retaliatory action against a consumer.	1. Client Safety and Well-being Endangerment: <i>Unsubstantiated</i> 2. Retaliatory Actions and False Allegations : <i>Unsubstantiated</i> 3. Financial Misconduct and Refusal of Payments: <i>Unsubstantiated</i>	Closed	4/25/2025	Betsy Monahan, HR Director and Arshalous Garlanian, Community Services Director
3/12/2025	DDS: Community Member	2025-SPWB-01	3/12/2025	Concerns with Vendor's Sick policy/practice for staff and participants; Lack of staff professionalism; Failure to adhere to Title 17 54327 reporting requirements.	1. The program does not allow clients to go home when they are sick (throwing up, diarrhea, chest pain, showing signs of flu or COVID). Staff are verbally informed by management to make the client(s) stay in the program for the day, despite health concerns. 2. Management requires staff to come in when they are sick, potentially spreading illness to individuals at the day program. 3. Management uses profanity when speaking to staff in front of individuals served. 4. Management tells staff not to report car accidents that client(s) are involved in while at the program to their family or residential home. Client(s) may be nonverbal.	1. The program does not allow clients to go home when they are sick (throwing up, diarrhea, chest pain, showing signs of flu or COVID). Staff are verbally informed by management to make the client(s) stay in the program for the day, despite health concerns. : <i>Unsubstantiated</i> 2. Management requires staff to come in when they are sick, potentially spreading illness to individuals at the day program. : <i>Unsubstantiated</i> 3. Management uses profanity when speaking to staff in front of individuals served.: <i>Substantiated</i> 4. Management tells staff not to report car accidents that client(s) are involved in while at the program to their family or residential home. Client(s) may be nonverbal. : <i>Unsubstantiated</i>	Closed	4/14/2025	Arshalous Garlanian, Community Services Director
3/12/2025	DDS: Community Member	2025-SPWB-02	3/12/2025	Failure to adhere to Title 17 54327 reporting requirements.	1. Vendor Management does not allow staff to file mandated reports when there is suspected abuse and/or neglect concerning clients receiving adaptive skills training services.	1. Vendor Management does not allow staff to file mandated reports when there is suspected abuse and/or neglect concerning clients receiving adaptive skills training services. <i>Unsubstantiated</i>	Closed; <i>Response Letter sent to DDS</i>	5/6/2025	Arshalous Garlanian, Community Services Director



3/13/2025	DDS: Community Member	2025-SPWB-04	3/13/2025	Failure to provide vendored services; Billing for services not provided; Client's Rights Violation; Staff are not trained and lack professionalism.	<p>1. The program does not provide the type of services they are vendored to provide.</p> <p>Client goals are not addressed or developed. Clients are left to sit at the mall or library all day. Staff do not interact with clients. Staff are not allowed to support or engage clients in activities, such as bowling on Fridays. Clients who want to leave the program are not provided the assistance to do so. The provider is billing for services that are not being provided. Staff bully/harass clients, talk badly about clients, and make inappropriate comments about how clients are dressed.</p> <p>2. Staff was named as a staff person of concern. Staff allegedly called client disgusting; did not return a bag belonging to client "client"; and made comments about a client (name unknown) smelling like urine. Staff had clients watch an inappropriate movie (Mickey 17) on March 7, 2025. Staff are not trained and are unaware of how to do their jobs. Staff may be documenting activities that are not occurring.</p> <p>3. The reporting party also shared other allegations about individuals served by this provider: Client 1, or Client 2 is making racial slurs and behaving inappropriately toward other clients and staff. Some clients served by this day program may not be getting adequate food at their residential home(s), and day program staff are not allowed to provide food to these individuals (3 clients named). Client is being exploited/selling their body for sexual activity outside of the day program.</p>	<p>1. The program does not provide the type of services they are vendored to provide. Client goals are not addressed or developed. Clients are left to sit at the mall or library all day. Staff do not interact with clients. Staff are not allowed to support or engage clients in activities, such as bowling on Fridays. Clients who want to leave the program are not provided the assistance to do so. The provider is billing for services that are not being provided. Staff bully/harass clients, talk badly about clients, and make inappropriate comments about how clients are dressed. <i>Unsubstantiated</i></p> <p>2. Staff was named as a staff person of concern. Staff allegedly called client disgusting; did not return a bag belonging to client "client"; and made comments about a client (name unknown) smelling like urine. Staff had clients watch an inappropriate movie (Mickey 17) on March 7, 2025. Staff are not trained and are unaware of how to do their jobs. Staff may be documenting activities that are not occurring. <i>Unsubstantiated</i></p> <p>3. The reporting party also shared other allegations about individuals served by this provider: Client 1, or Client 2 is making racial slurs and behaving inappropriately toward other clients and staff. Some clients served by this day program may not be getting adequate food at their residential home(s), and day program staff are not allowed to provide food to these individuals (3 clients named). Client is being exploited/selling their body for sexual activity outside of the day program. <i>Unsubstantiated</i></p>	Open		Arshalous Garlanian, Community Services Director
4/3/2025	NLACRC Employee	2025 -EWB - 01	4/3/2025	Allegation of Financial Abuse	<p>1. Provider approved "outrageous" amount from client's account for home maintenance without approval.</p>	Open	Open		Arshalous Garlanian, Community Services Director
4/4/2025	Family Member	2025-SPWD-07	4/4/2025	Failure to provide services; Allegation of Abuse/Neglect; Allegation of Substance Abuse; Allegation of Theft & Personal Safety	<p>1. Abuse and Neglect: Client reportedly being emotionally, physically, and financially abused; facility is allegedly billing for services 1:1 not being delivered; client confined to his room for most of the day and only taken out for brief errands or occasional outings.</p> <p>2. Substance Abuse and Enabling Behavior: client began taking medications six months ago, which is a significant change given his history of never having been medicated. This was done against the family's wishes: Since starting medication, client has reportedly suffered from: An 80-pound weight gain; Depression; Deterioration of his teeth; Presence of body fungus; He has also reportedly started using cannabis and other hard drugs while in the home; Staff are allegedly aware of and facilitating this drug use, including taking him to purchase cannabis; The facility is reportedly retaining drug paraphernalia (e.g., a pipe) in the event of an audit.</p> <p>3. Theft and Personal Safety Concerns: Client feels unsafe in the home and reports that personal belongings, including items from his room and wallet, have been stolen; When he addresses these concerns with staff, they allegedly gaslight him; Family report being denied visitation when they advocate on his behalf; Staff reportedly do not engage with or speak to Dominick regularly.</p>	Open	Open		Arshalous Garlanian, Community Services Director
4/8/2025	Service Provider	referred by DDS	4/8/2025	Allegations of HIPAA and Verbal Mistreatment by Vendor	<p>1. Owner posed as a regional center manager to obtain confidential medical information about a surgical procedure, causing delays.</p> <p>2. Owner yelled at her and her children, triggering her PTSD.</p>	Open	Open		Arshalous Garlanian, Community Services Director





4/9/2025	Anonymous/Unknown	2025-UWB-01	N/A	Unfair work practices; Staff not being treated fairly; Failure to report; Clients not being engaged; Clients Rights Violations	1. Physical abuse against clients by staff; <i>Unsubstantiated</i> 2. Program Director does not address or make reports of incidents; <i>Unsubstantiated</i> 3. Clients being treated unfairly & are not engaged in choosing activities; <i>Unsubstantiated</i> 4. Staff not treated fairly by program director; <i>Unsubstantiated</i> 5. Clients being asked to sign safety and emergency drill & not explain what they are signing <i>Unsubstantiated</i>	Closed	N/A	5/2/2025	Arshalous Garlanian, Community Services Director
4/11/2025	NLACRC Employee	2025 -EWB - 02	4/14/2025	Allegation of unprofessional conduct, discriminatory behavior, improper systems' use	1. NLACRC staff improperly followed established SOPs to create/ migrate temp/contractor system accounts to employee accounts post-conversion. 2. NLACRC staff incorrectly set access controls to prevent employees from their ability to use applications for their time-sensitive work. 3. NLACRC staff used improper methods with systems to complete work activities. 4. Employees impacted by items 1-3 were treated differently than other similarly-situated employees.  <i>Investigation tendered to outside counsel to complete investigation.</i>	Open	Open		Betsy Monahan, HR Director
4/16/2025	Service Provider	2025-03 -SPWB	4/17/2025	Allegation of derogatory and unprofessional conduct by a NLACRC employee	NLACRC staff person made editorial personal-opinion comments regarding a service during a business call with a NLACRC client, which were reported as derogatory and unprofessional in nature.	Open	Open		Betsy Monahan, HR Director
4/16/2025	Service Provider	2025-SPWB-05	4/17/2025	Allegation of failure to follow medication security procedures and negligence of administering medication to clients	Open	Open	Open		Arshalous Garlanian, Community Services Director
4/16/2025	NLACRC Employee	2025 -EWB - 04	4/17/2025	Allegation of improper conduct by staff to co-workers; failure to hold staff to account for their duties creating a negative work impact for co-workers	Open	Open	Open		Betsy Monahan, HR Director
4/17/2025	Anonymous/Unknown	2025-UWB-02	4/18/2025	Medication Mismanagement; Lack of staff certificatio/training;	1. LVN neglects consumers medications by leaving them in an open place accesible to clients.- <i>Substantiated</i> 2. LVN asks staff who do not have their DSP1 or DSP2 to administer medication to client CM every morning.- <i>Substantiated</i> 3. Medication keys are left in an open place where clients can reach them. <i>Unsubstantiated</i>	Closed	Corrective Action Plan	5/7/2025	Arshalous Garlanian, Community Services Director
4/18/2025	Service Provider	2025-SPWB-06	4/18/2025	Current vendor employee inquiry re: protections available if documentation is shared as exhibits to support alleged improper vendor activity.  No specific info (e.g. vendor name, nature of alleged concerns) were reported.  Case number issued for tracking purposes and answer provided to complainant re: initial question and confirmation NLACRC would investigate claims pending receipt of more details.	No additional information or communication provided from individual.	Closed	Closed	5/2/2025	Betsy Monahan, HR Director
5/5/2025	Anonymous/Unknown	2025-UWB-03	5/5/2025	Management staff having history of misconduct prior to employment with vendored agency.	1. Concerns vendor employed an individual with previous allegations of misconduct	Open	Open		Arshalous Garlanian, Community Services Director



**North Los Angeles County Regional Center**  
**Director's Report**  
May 2025

**1. NLACRC Spotlight:**

- A. Parent University** is a family-focused training initiative developed by the Diversity, Equity, Inclusion, and Belonging (DEIB) team. The curriculum is designed to help families better understand how the regional center system works and what they can expect.
- I. The training is being delivered in a microlearning format using animated infographics to ensure accessibility and ease of use.
  - II. A total of 19 videos are planned, covering key topics relevant to families served by the regional center.
  - III. The videos will be made available on the NLACRC website and shared via social media platforms. The full series will be completed by early June.
- B. Psychological Assessment Expansion:** NLACRC has made significant progress in recruiting and contracting additional psychologists to support intake and Early Start assessments.
- I. As a result, the Regional Center can now offer more psychological testing appointments allowing families to be evaluated more quickly.
  - II. In 2024, NLACRC averaged 362 psychological testing appointments per month.
  - III. In 2025, the average has increased to 599 psychological testing appointments per month, reflecting a major improvement in access and timeliness.
- C. Equity & Cultural Humility Training:** In April, NLACRC's Diversity, Equity, Inclusion, and Belonging (DEIB) team facilitated their first Equity & Cultural Humility Training for newly hired staff.
- I. This marks an important step in embedding equity-focused practices into the onboarding experience at NLACRC.

**2. Department of Developmental Services (DDS) Updates:**

- A.** The DDS' May Revision for Fiscal Year (FY) 2025-26 includes \$18.7 billion in total funding, with \$12.2 billion from the General Fund.
- I. This reflects a \$3.0 billion increase compared to FY 2024-25.
  - II. Caseloads are projected to increase from 452,188 in FY 2024-25 to 491,080 in FY 2025-26.
    - a. Regional Center operations funding for FY 2025-26 is set at \$1.65 billion, with reductions reflecting the updated caseload.
    - b. There are no reductions to operational funding for FY 2024-25, despite caseload projections being lower than those projected in January.

- III. The Life Outcomes Improvement System (LOIS) will receive \$13.3 million to continue planning and implementation.
- IV. The Rate Reform “Hold Harmless” provision for service providers will end earlier, in February 2026, resulting in \$75 million in General Fund savings for FY 2025-26.
- V. Funding for Workforce Training & Development (DSP University) is eliminated, including:
  - a. \$17.6 million cut in both FY 2025-26 and FY 2026-27.
  - b. \$36.8 million cut on an ongoing basis starting FY 2027-28.
- VI. Funding for the Self-Determination Program is reduced by \$22.5 million in FY 2025-26, with ongoing reductions of \$45.5 million annually.
  - a. Despite this, the program is still expected to grow by nearly \$240 million year-over-year, with small increases in per-person expenditures.
- VII. Purchase of Services (POS) budget adjustments reflect updated utilization patterns:
  - a. Transportation services are reduced by \$192 million.
  - b. Community Care Facilities are reduced by \$83 million.
  - c. In-Home Respite services are reduced by \$23 million.
- VIII. Expected federal reimbursements in FY 2025-26 are lowered by \$103 million from initial estimates, primarily from HCBS Waiver adjustments, but are still anticipated to rise significantly from FY 2024-25.

### 3. **Federal Budget Developments:**

- A. On April 10, 2025, Congress approved a budget resolution that includes:
  - I. \$5.3 trillion in tax cuts
  - II. \$5 trillion increases in the debt ceiling
  - III. \$1.5 to \$2 trillion in federal spending cuts
  - IV. \$521 billion increase in select federal spending
- B. These provisions are being advanced through the “One Big Beautiful Act,” which moved out of the House of Representatives on May 22, 2025, by a narrow 215-214 vote.
  - I. The bill is now headed to the Senate for consideration.
- C. Updated Spending Cuts Proposal by the House Energy and Commerce Committee:
  - I. \$715 billion in cuts to Medicaid and health programs
  - II. \$197 billion in cuts to other federal programs
  - III. The proposed Medicaid changes represent the largest reduction in the program’s history.
    - a. Cuts are part of a broader package that includes:
      - i. Work requirements for Medicaid (80 hours/month)
      - ii. Defense and boarder security increases totaling over \$220 billion
      - iii. Major tax changes, including expansion of the 2017 Tax Cuts and Jobs Act

**D. Impact on Californians**

- I. The bill imposes new monthly work reporting requirements for Medicaid, with limited exceptions for people who are medically fragile or have disabilities.
- II. In California, an estimated 43% of residents – over 17 million people – could be severely impacted, especially low-income families, seniors, and people with disabilities, who rely on Medi-Cal.
- III. Coverage may be paused or lost frequently due to the state’s obligation to verify work status monthly.

**4. Center Updates**

**A. Recruitment:**

- I. Total # positions filled: 862
  - a. Total # authorized positions: 1026
- II. May New Hires
  - a. 1<sup>st</sup> cycle (6/2/2025) 10 (confirmed total)
  - b. 2<sup>nd</sup> cycle (6/16/2025): 4 (unconfirmed total)

**B. Outreach:**

- I. Event: Take Action Resource Fair (AV)
  - a. Date: May 8, 2025
  - b. Hosted By: Department of Mental Health
  - c. Community Focus: Antelope Valley Community
  - d. Description: As part of its ongoing community engagement in the Antelope Valley and its continued partnership with the Department of Mental Health, NLACRC participated in various Mental Health Awareness Month activities. NLACRC’s Diversity, Equity, Inclusion, and Belonging (DEIB) team provided information and resources on services, engaging with up to 100 community members.
- II. Event: LAUSD Sepulveda Middle School – Pupil Services Professional Development
  - a. Date: May 15, 2025
  - b. Organized By: Los Angeles Unified School District (LAUSD)
  - c. Community Focus: Public school parents and professionals
  - d. Description: NLACRC delivered a professional development training on regional center eligibility and services at Sepulveda Middle School. Initially planned for 20 participants, the session drew over 120 community members, parents, and teachers. Facilitated by LGBTQ+ Specialist Javier Zepeda, the training reflects our ongoing collaboration with local school districts to increase awareness of regional center eligibility.
- III. Event: Pan Asian Pacific Cultural Festival (SFV)
  - a. Date: May 18, 2025

- b. Organized By: Various community-based organizations serving our Asian Community
- c. Community Focus: Asian community in the San Fernando Valley
- d. Description: NLACRC participated in a cultural event for the Asian American community of the San Fernando Valley, with Tagalog Outreach Language Specialist Kristine Mosteiro leading outreach at our information table. Staff shared details about NLACRC's services, eligibility, and strengthen connections with community-based organizations serving the Asian community.

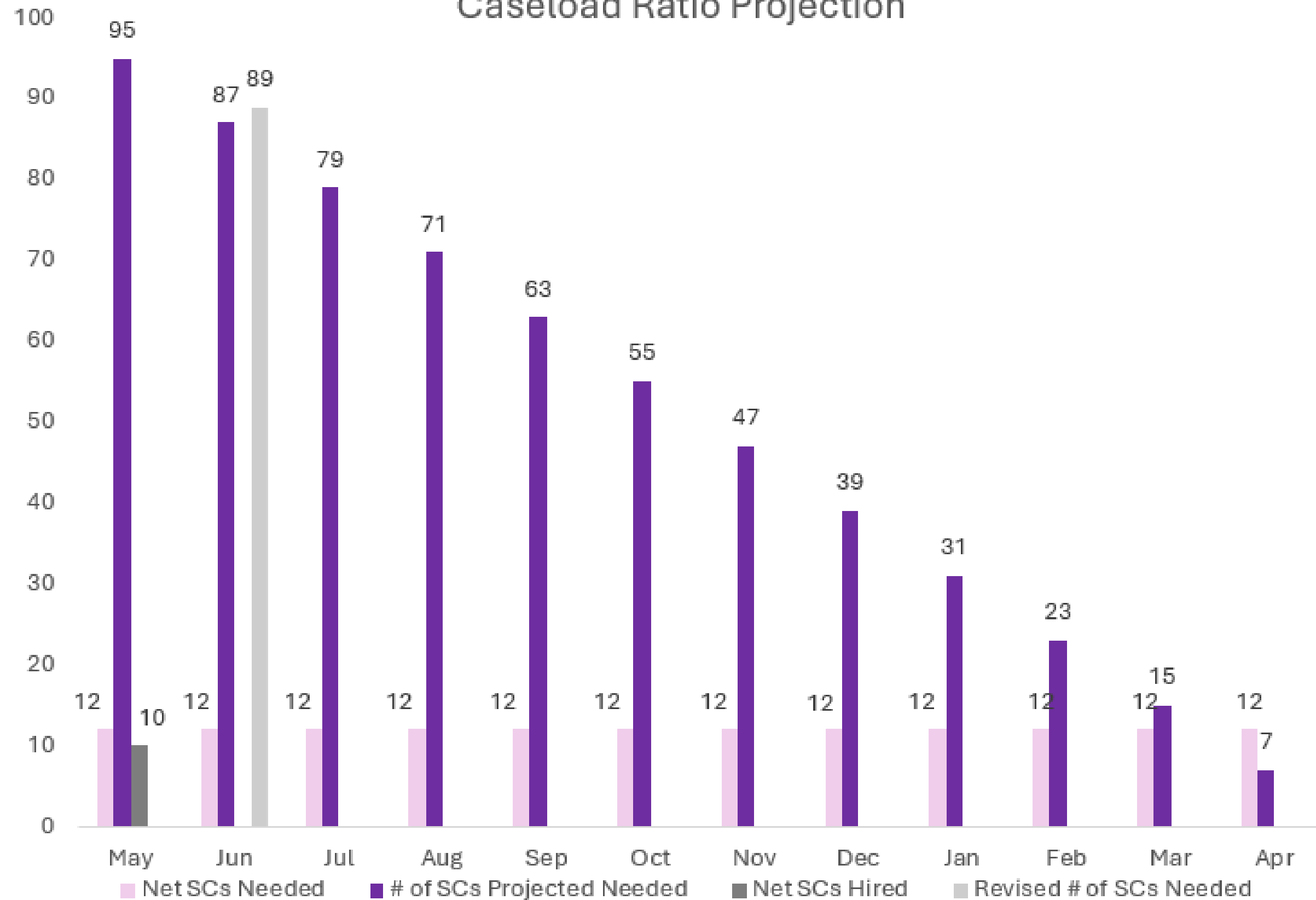
**C. Consumer Statistics:**

- I. Total Served: 39,242
  - a. Early Start: 5,188
  - b. Lanterman: 31,504
- II. Breakdown of all three valleys:
  - a. AV 9,215 (Early Start & Lanterman)
  - b. SCV 4,310 (Early Start & Lanterman)
  - c. SFV 23,167 (Early Start & Lanterman)
- III. Intake all three valleys: 994 & Early Start Intake: 326
- IV. All other categories not captured in Early Start, Lanterman, and Intake, such as Provisional, Enhanced, Specialized, and other which total: 1,230

**5. Upcoming Disability Organization Events/Activities:**

- A.** State Council on Developmental Disabilities next council meeting – July 22, 2025
- B.** Disability Rights California's next board meeting – June 20, 2025
- C.** Self Determination Local Advisory Committee Meeting – June 19, 2025

## Caseload Ratio Projection



### Considerations:

- As of May 1<sup>st</sup>, NLACRC needed 91 SCs to meet statutory ratio compliance
- On average, due to growth trends, NLACRC needs to hire 4 more SCs per month to meet growth needs alone.
- Conservatively, 8 CSCs separate from NLACRC per month.
- If recruiting hires 20 CSCs per month, the organization nets 12 new SCs per month.

Given these projections, it will take until May 2026 for us to meet statutory compliance.



FY 2024-25	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Total Absences	Total Hours
Executive Committee														
Meeting Length	Dark					Dark						Dark		
Juan Hernandez								P	P	P				7.00
Sharmila Brunjes		P	P	P	P			P	P	P			0	9.00
Anna Hurst								Ab	P	P			1	5.00
Curtis Wang								P	P	P			0	7.00
Leticia Garcia		P	P	P	P			P	P	P			0	11.00

Meeting Time

1.25

1.00

1.00

0.75

2.00

3.00

2.00

11

P = Present      Ab = Absent

Attendance Policy: In the event a Trustee shall be absent from three (3) consecutive regularly-scheduled Board meetings or from three (3) consecutive meetings of any one or more committees on which he or she may be serving, or shall be absent from five (5) regularly-scheduled Board meetings or from five (5) meetings of any one or more Committees on which he or she may be serving during any twelve (12) month period, then the Trustee shall, without any notice or further action required of the Board, be automatically deemed to have resigned from the Board effective immediately. The secretary of the Board shall mail notice of each Trustee's absences during the preceding twelve (12) month period to each Board member following each regularly-scheduled Board meeting. (policy adopted 2-10-99)