



North Los Angeles County Regional Center

Main 818-778-1900 • Fax 818-756-6140 | 9200 Oakdale Avenue #100, Chatsworth, CA 91311 | www.nlacrc.org

MEMORANDUM

Date: August 28, 2025

To: **Executive Finance Committee:**
Juan Hernandez, Sharmila Brunjes, Anna Hurst, Leticia Garcia, Curtis Wang, Jaklen Keshishyan – VAC Rep.

From: Lindsay Granger, Executive Administrative Assistant

Re: Information for the next Executive Committee meeting on
Thursday, August 28, 2025, at 5:00 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 Webinar

<https://us06web.zoom.us/j/85346039183?pwd=Fcfk85Zs3gI6NC30LcFOFM4xBVbMd0.1>

Meeting ID: 853 4603 9183

Passcode: 544553

If you have any questions, or **if you are unable to attend the meeting**, please send us an email to 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 Finance Committee Meeting 08.28.25

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EXECUTIVE FINANCE COMMITTEE

Thursday, August 28, 2025, at 5:00 pm - Via Zoom

Executive Committee Members: Sharmila Brunjes – President, Juan Hernandez – Vice President, Curtis Wang – Secretary, Anna Hurst – Treasurer, Lety Garcia – ARCA Rep., Jaklen Keshishyan – VAC Rep.

Staff: Angela Pao-Johnson, Executive Director, Vini Montague, Chief Financial Officer, and Lindsay Granger, Exec. Admin. Assistant

~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 August 28, 2025, Meeting
- IV. **Public Input – Agenda Items** (3 min per person / 3 attendees max)
- V. **Annual Committee Orientation** (5 min.)
 - A. Bylaws
 - B. Board Audit Section
 - C. Committee Priorities
 - D. Meeting Schedule for FY2025-26
 - E. Review Action Log(s) (Feb. 2025 - Jun. 2025)
- VI. **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 of the May 29, 2025, Administrative Affairs Committee Meeting
 - B. Approval of Minutes of the June 26, 2025, Executive Finance Committee Meeting
 - C. Approval of Minutes of the July 31, 2025, Executive Finance Committee Special Meeting
 - D. Approval of the Revised NLACRC Conflict of Interest Policies (Employee, Board Member/Executive Director)
 - E. Approval of Conflict Resolution Plan for Employee Zaira Lainez
- VII. **Action Items**
 - A. Review and Approve Board Master Calendar for Fiscal Year 2025-2026 – Sharmila Brunjes (3 min)
 - B. Approval of Vendor to Conduct Year 2 Executive Director Evaluation – Anna Hurst (5 min)
 - C. POS Startup Contract – Vini Montague (3 min)
 1. Contract Amendment - Brilliant Corners PL2186-999
- VIII. **Closed Session**
 - A. Real Estate Negotiations (30-45 min)
 - B. Quarterly Legal Update (6 min)



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IX. Committee Business

- A. Review Center's Insurance Coverage for FY2025-26 – Gallagher Insurance (20 min)
- B. Review Executive Finance Committee Deadlines – Sharmila Brunjes (2 min)
- C. Review Centers' Contract Changes with DDS – Vini Montague (3 min)
- D. Status Report on Credit Line and Cash Flow – Vini Montague (3 min)
- E. Financial Reports – Vini Montague (5 min)
- F. Board Budget vs Actuals Report – Vini Montague (3 min)
- G. POS Late Bill Report– Vini Montague (2 min)
- H. Quarterly Fees for PRMT and UAL – Vini Montague (2 min)
 - 1. 4th Quarter PRMT Fees Report
 - 2. 4th Quarter UAL Fees Report
- I. 4th Quarter Human Resources Report – Betsy Monahan (3 min)
- J. Monthly Whistleblower Log (July-August) – Betsy Monahan (3 min)
- K. Annual Reporting of Program Closures – Arshalous Garlanian (5 min)
- L. Semi-Annual Reporting of CIE/PIP – Arshalous Garlanian (5 min)
- M. Semi-Annual Review of Performance Contract Metrics – Angela Pao-Johnson (10 min)

X. Center Operations Angela Pao-Johnson (10 min)

XI. Board Meeting Agenda Items (1 min)

XII. Announcements / Public Input/Information Items (3 min per person)

- A. Next meeting September 25, 2025
- B. Committee Attendance

XIII. 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



ARTICLE VII

COMMITTEES

Section 1. Provision for Committees. The Regional Center shall have such committees as are provided for herein or as are designated by resolution adopted by a majority vote of the Trustees then in office.

Section 2. Appointment of Committees. Except for the Executive Finance Committee, the Vendor Advisory Committee, and the Consumer Advisory Committee, membership on committees shall be by appointment by majority vote of the Trustees then in office. All committee members must be Trustees, with the exception of members of the Consumer Advisory Committee, Post-Retirement Medical Trust Committee, and Vendor Advisory Committee.

Section 3. Structure and Operation of Committees.

(a) All chairpersons of committees shall be appointed by the President unless otherwise specified in the Bylaws. These appointments require approval by a majority vote of the Board. The same Trustee cannot be appointed to serve as chairperson of more than one committee simultaneously, except for the President who may only serve as the chairperson of the Executive Finance Committee and the Post-Retirement Medical Trust Committee.

(b) Except as expressly delegated to any particular committee by these Bylaws or by resolution of the Board of Trustees, no committee shall have any authority to take any action, make any expenditure or incur any liability in the name of or on behalf of the Board of Trustees. Further, no committee may be delegated authority which would otherwise be exercised by the Board unless all of the members of the Committee are also members of the Board or unless all of the actions proposed by such Committee are ratified by the Board prior to their execution in accordance with statute.

(c) Minutes are to be kept of all committee meetings and kept on file at the Principal Executive Office of the Corporation and posted on the Regional Center's website.

(d) Trustees may serve more than one (1) consecutive term on a committee.

(e) Committees of the Board shall be comprised of a minimum of three (3) Trustees except for the Consumer Advisory Committee, Post-Retirement Medical

Trust Committee, and Vendor Advisory Committee.

(f) The members of a committee provided for hereunder may participate in any meeting through the use of conference telephone, video conferencing, or other similar communications equipment, rather than participating in person. It is the individual committee member's choice how he or she wishes to participate. Participation in a meeting, through the use of conference telephone or electronic video screen communication pursuant to this paragraph, shall constitute presence in person at such meeting as long as all members participating in such meeting can hear one another. Participation in a meeting through use of electronic transmission other than conference telephone and electronic video screen communication pursuant to this paragraph, shall constitute presence in person at that meeting if all of the following apply:

(1) Each member participating in the meeting can communicate with all of the other members concurrently.

(2) Each member is provided with the means of participating in all matters before the committee, including, without limitation, the capacity to propose, or to interpose an objection to, a specific action to be taken by the committee.

(3) The committee adopts and implements some means of verifying both of the following:

(a) A person participating in the meeting is a committee member or other person entitled to participate in the meeting.

(b) All actions of or votes by the committee are taken or cast only by the committee members and not by persons who are not committee members.

(4) Members of the public in attendance, consistent with Article IV Section 10(c), are or would be able to communicate with any member using electronic transmission other than conference telephone and electronic video screen communication.

(g) Except as otherwise provided in these Bylaws or otherwise mandated by law, each committee shall be permitted to schedule the timing, location, and format (i.e., in-person or virtual) based on majority vote of that committee. In all committee meetings where the committee has been authorized to conduct business on behalf of the Board, such committee meetings shall comply all California open meeting laws including, but not limited to, Welfare and Institutions Code Section 4660.

Section 4. Executive Finance Committee.

(a) Composition. The Executive Finance Committee shall consist of

the duly elected Board officers and the most immediate past President still serving as a Trustee on the Board. The Board shall have the authority to appoint up to an additional three (3) Trustees to the Executive Finance Committee. The President shall be the chairperson. Each individual Officer shall have one (1) vote even if an individual serves in multiple board offices (e.g. If the President is also the ARCA Delegate, then that individual only has one (1) vote even if serving as two (2) Officers simultaneously.

(b) Authority and Duties. The primary purpose of the Executive Finance Committee shall be to respond to matters of an urgent nature, which call for immediate action or commitment prior to the next scheduled meeting of the Board. In such matters, the Executive Finance Committee shall have the full power and authority of the Board, except that the Executive Finance Committee shall have no authority to do the following:

- (1) The power to adopt, amend, or repeal the Articles of Incorporation or these Bylaws
- (2) The power to fill vacancies on the Board or any committee which has the authority of the Board;
- (3) The power to appoint committees of the Board or the members thereof;
- (4) The power to appoint or remove the Executive Director;
- (5) The power to remove a Trustee;
- (6) The amendment or repeal of any resolution of the board which by its express terms is not so amendable or repealable
- (7) The expenditure of corporate funds to support a nominee for Trustee after there are more people nominated for Trustee than can be elected.
- (8) The approval of any self-dealing transaction

(c) The Executive Finance Committee shall have the additional affirmative duty to ensure that a strategic plan is developed that encompasses the following: the development and implementation of the Regional Center's annual performance contract, the objectives contained therein, and recommendations to the Board on adopting and modifying goals and objectives contained in the contract, identifying gaps in the service delivery system, including generic agencies, and recommend alternatives to close these gaps, such as systems advocacy, legislation, or interagency coordination. Advise the Board of Trustees on developing a long range resource development plan, and participate in the strategic planning of the types of services needed.

(d) The Executive Finance Committee shall review and monitor contract obligations of the Corporation; review and monitor the budget of the

Corporation and expenditures and taxes of the Corporation's funds; report expenditures to the Board; recommend policy in personnel matters regarding hiring, salaries, retention and related issues; and recommend policies affecting other areas of administrative services. In addition, as referenced above in Article IV, Section 2(d), and in the absence of an Audit Committee, the Executive Finance Committee shall be responsible for:

- (1) Reviewing the skills and performance of the Corporation's independent auditing firm and recommending to the Board the retention and termination of the Corporation's independent auditor;
- (2) Negotiating the independent auditor's compensation on the Board's behalf;
- (3) Conferring with the auditor to satisfy the Audit Committee that the financial affairs of the Corporation are in order; and;
- (4) Reviewing the annual audit report and accompanying management letter prepared by the independent accounting firm and determining whether to accept the audit prepared by the independent auditor and recommend it to the full Board for approval or modification.

Should the Corporation not have a separate Audit Committee, then the Executive Finance Committee shall act as the Audit Committee for purposes of Government Code Section 12586 or any successor statute if the Regional Center is required to comply with said statute.

(e) Additional Authority. The Executive Finance Committee shall also have such power and authority to perform such other duties as the Board may from time to time determine or delegate except that the Board may not delegate its authority to do any of those actions provided in Article IV Section 1 of these Bylaws. All business conducted by the Executive Finance Committee on behalf of the Board shall be reported at the next meeting of the Board. The Executive Finance Committee shall also have the power and authority to oversee the performance evaluation of and negotiate contracts with the Executive Director of the Regional Center.

(f) Conduct of Business. Meetings of the Executive Finance Committee shall be held at the call of the President or any two (2) members of said Committee, at such times the Board is not in session. Notice of Executive Finance Committee meetings shall be made in the same manner as Special Meetings of the Board as detailed in Article IV Section 10. A quorum shall be a majority of the Executive

Finance Committee. Members of the Board are invited to express their opinions to the Executive Finance Committee and to attend any meetings of the Executive Finance Committee.

Section 5. Nominating Committee.

(a) Composition. The membership of the Nominating Committee shall consist of not less than three (3) Trustees and a member of the Vendor Advisory Committee as one of its four (4) members. The Nominating Committee members will elect their own chairperson. A quorum shall consist of a majority of the members of the Nominating Committee.

(b) Term of Members. The term of members shall be set at two (2) years, with not more than two (2) members of the Nominating Committee being replaced annually to provide for continuity.

(c) Duties. The duties of the Nominating Committee shall be to collect, categorize, screen, and keep on file at the Principal Executive Office of the Corporation all applications and application-related materials submitted to the Regional Center by Trustee candidates for the Board positions. These applications and application-related materials shall be kept confidential; only the Board President, Executive Director, Board Secretary, and members of the Nominating Committee (including the representative of the Vendor Advisory Committee) may have access to them.

(1) Selection of Board Members. The Nominating Committee shall have the responsibility to seek out and select qualified candidates for presentation and election as Trustees, as provided for at Section 8 of Article IV of these Bylaws. In the event of a vacancy on the Board before the end of a term, the Nominating Committee shall present to the Board its recommendation for a person or persons to fill the vacancy.

(2) Selection of Officers. The Nominating Committee shall present a slate to the Board for the office of President, Vice President, Secretary, Treasurer, and ARCA delegate, as provided for at Section 2 of Article V of these Bylaws. In the event of a vacancy occurring in any office during a term of office, the Nominating Committee shall present to the Board its recommendation for a person or persons to fill the vacancy.

(3) Selection of Consumer Advisory Committee Members. The Consumer Advisory Committee shall be composed of adult consumers who reside in the regional center's catchment area and participate in five (5) Consumer Advisory Committee meetings during any 12-month period. The Nominating

Administrative Affairs Committee	
I.	<u>Knowledge</u> <ul style="list-style-type: none"> A. Lanterman Act. B. Applicable contract provisions. C. Basic understanding of sound financial, nonprofit business and administrative practices. D. Understanding committee duties and responsibilities.
II.	<u>Skills</u> <ul style="list-style-type: none"> A. Conducting effective meetings.
III.	<u>Dangers</u> <ul style="list-style-type: none"> A. Assuming all issues are operational.
IV.	<u>Administrative Affairs Committee Questions:</u> <ul style="list-style-type: none"> A. Contract and amendments with the Department of Developmental Services (DDS). <ul style="list-style-type: none"> 1. Has the committee received and reviewed the center's contract with DDS? 2. Has the contract or amendments been signed? 3. Are there any changes to the contract that require committee attention?
	<ul style="list-style-type: none"> B. Finance <ul style="list-style-type: none"> 1. Has the committee reviewed the center's budget allocation from DDS? 2. Has the committee received and reviewed a report on the center's projected operating expenditures compared with the center's operating budget? 3. Has the committee reviewed the Purchase of Service Expenditure Projection (PEP) report and has the committee received a report on the center's projected purchase of service (POS) expenditures compared with the center's POS budget?

	<ol style="list-style-type: none"> 4. Does the center have a sufficient credit line? Will it be required in the current fiscal year? 5. Has the committee received and reviewed the annual independent audit report prepared by the center's certified public accounting (CPA) firm? 6. Is there a management letter included with the audit report and has the committee reviewed the letter? 7. Has the committee reviewed management's response to the letter? 8. Did management's response satisfy the auditor's questions? 9. Has the committee received and reviewed the IRS Form 990 prepared by the center's CPA firm? 10. Does the center have sufficient cash or credit line to meet its financial obligations?
C.	<p>Committee Operations</p> <ol style="list-style-type: none"> 1. In May of each year, a critical calendar is established for the next fiscal year. 2. Is the critical calendar monitored and updated as needed? 3. Has the committee and all new committee members received committee orientation and training?
D.	<p>Insurance</p> <ol style="list-style-type: none"> 1. Did the committee receive and review an annual report on the center's insurance coverage? 2. Are the current limits and coverage sufficient?
E.	<p>Legal</p> <ol style="list-style-type: none"> 1. Has the committee been apprised of potential and pending litigation involving the center? 2. Does any litigation necessitate a review of Board policy or follow-up by the executive director?
F.	<p>Human Resources</p> <ol style="list-style-type: none"> 1. Are the center's compensation, benefit programs, and personnel practices appropriate for our industry? 3. Are personnel policies in compliance with current law? 4. Are personnel policies consistent with the DDS contract?

	<ol style="list-style-type: none"> 5. Has the committee been advised of any significant change in employment practices or procedures that could affect the level of services provided or employee morale? 6. Are union-related issues being monitored and reported? 7. Is staff turnover reasonable or exceptional? 8. Does the center have a staff development plan that supports the Board's vision of service provision? (review annually)
<p>G.</p>	<p>Contracts over \$250,000.</p> <ol style="list-style-type: none"> 1. Has the committee reviewed and discussed the service provider contracts? 2. Has the committee received sufficient information to make a recommendation to the Board to approve or not approve the contract?
<p>H.</p>	<p>Audits</p> <ol style="list-style-type: none"> 1. Has the committee received and reviewed the biennial DDS audit of NLACRC? 2. Has the committee received and reviewed the biennial DDS audit of family home agencies? 3. Has the committee received and reviewed the biennial DDS home and community-based services waiver audit? 4. Has the committee received and reviewed the annual summary of service provider audits conducted by the center? 5. Has the committee been updated on any miscellaneous audits of the center (e.g. Social Security)?
<p>I.</p>	<p>Leases</p> <ol style="list-style-type: none"> 1. Has the committee received and reviewed an annual report of the center's facility leases?

**North Los Angeles County Regional Center
Board of Trustees**

BOARD AUDIT

Executive Committee

I. Knowledge

- A. Lanterman Act.
- B. Other major laws concerning regional centers.
- C. Understanding committee duties and responsibilities.

II. Skills

- A. Conducting effective meetings.
- B. Constructing effective agendas.

III. Dangers

- A. Taking actions on behalf of the Board without specific delegation.
- B. Not keeping the full Board well informed.

IV. Executive Committee Questions

- A. Has the Board adopted a mission statement, vision statement and business principles to guide the center's actions? (review annually)
- B. Has the committee reviewed the Board activities to assure they are aligned with the priorities and directions of the Board?
- C. Are the committee agendas coordinated to pace policy issues that will be acted upon by the Board through the fiscal year?
- D. Is there a procedure for the executive director's evaluation?
Is it adequate?
- E. Are the bylaws current and do they meet the needs of the center?
- F. Are members regular in attendance?
- G. Does the Board have a comprehensive training program for new members?
- H. Does the Board have a succession plan for its members and key staff?

North Los Angeles County Regional Center
Administrative Affairs Committee

Policies & Procedures

Bylaws

The Administrative Affairs Committee is a standing committee of the Board of Trustees of the North Los Angeles County Regional Center Inc., established in Article VII, Section 8, of the bylaws.

The duties of the Administrative Affairs Committee shall be to review and monitor contract obligations; review and monitor the budget; report expenditures to the Board; recommend policy in personnel matters regarding hiring, salaries, retention and related issues; and recommend policy affecting other areas of administrative services.

The term of appointment for members is one year. The treasurer serves as the chairperson of the committee.

Process

The Administrative Affairs Committee is scheduled to meet on a monthly basis, but can meet more often if needed. The chief financial officer will be consulted when appropriate. Meetings are normally attended by members, the executive director and the chief financial officer. Interested board members and other parties are invited to attend.

Content

The Administrative Affairs Committee may address issues assigned to it by the Board of Trustees or brought to the attention of the committee by the executive director.

The Administrative Affairs Committee is responsible for review of budget and operational matters, including but not limited to:

- Review of projected expenditures in relation to projected income.
- Review of actual expenditures in relation to fiscal position of the North Los Angeles County Regional Center.
- Recommend policy to the board regarding income and expenditures.

- Recommend response to the Department of Developmental Services related to the contract and other fiscal matters.
- Review information and recommend action to the board related to personnel issues including compensation, personnel policies and related issues.
- Review information and recommend action to the board related to office space, including review of office space leases and plans for layout to reflect anticipated expansion and retrenchment.
- Review all contracts over \$250,000 and recommend action to the board to approve or not approve the contracts.

North Los Angeles County Regional Center
Executive Committee

Policies & Procedures

Bylaws

The Executive Committee is established in Article VII, Section 4 of the bylaws of North Los Angeles County Regional Center. It is to be composed of the duly elected officers and the most immediate past president still serving on the Board of Trustees.

Authority and duties are outlined as follows: the primary purpose of the Executive Committee shall be to respond to matters of an urgent nature which call for immediate action of commitment prior to the next scheduled meeting of the Board of Trustees. In such matters, the Executive Committee shall have the full power and authority of the Board of Trustees, except that the Executive Committee shall have no authority to adopt, amend or repeal bylaws. The Executive Committee shall also have such power and authority to perform such other duties as the Board of Trustees may, from time to time, determine or delegate. All business conducted by the Executive Committee on behalf of the Board of Trustees shall be reported at the next meeting of the Board of Trustees.

The Executive Committee may conduct its business in an informal manner except that the affirmative vote of a majority of committee members present at a duly called meeting shall be necessary to transact the business of the committee, except in unusual circumstances, covered by the provisions of the California Corporations Code, if there is consent in writing which is to be included in the minutes of the proceedings of the Executive Committee and reported to the Board at its next meeting.

Process

The Executive Committee meets two weeks prior to each meeting of the Board of Trustees.

The president of the Board of Trustees serves as chairperson of the Executive Committee. In the absence of the president, the first vice-president shall preside.

Content

The Executive Committee has the responsibility to:

- Review and discuss issues not referred to other committees of the board.

- Prepare the agenda for the meetings of the Board of Trustees.
- Appoint a Negotiating Committee to negotiate with the executive director. The Negotiating Committee will be comprised of 3 members of the Executive Committee that includes the board president, first vice-president and/or immediate past president or another member of the Executive Committee.
- Oversee the evaluation of the executive director and negotiate his/her contract.
- Receive information and recommendations from standing and ad hoc committees.
- Take action, as needed, either directly or by making recommendations to the full board.



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Executive Finance Committee Meetings Schedule - Monthly

FY 2025-26

Thursday, July 31, 2025 (Special Meeting)

5:00 p.m.

Thursday, August 28, 2025

5:00 p.m.

Thursday, September 25, 2025

5:00 p.m.

~ No meeting in October 2025~

Thursday, November 20, 2025

6:05 p.m.

(Moved to the 3rd Thursday of the month due to Thanksgiving being on the last Thursday of the month)

~ No meeting in December 2025~

Thursday, January 29, 2026

5:00 p.m.

Thursday, February 26, 2026

5:00 p.m.

Thursday, March 26, 2026

5:00 p.m.

Thursday, April 30, 2026

5:00 p.m.

Thursday, May 28, 2026

5:00 p.m.

~ No meeting in June 2025 ~

North Los Angeles County Regional Center

Administrative Affairs Committee

FY 202425 February – May Action Log

Meeting Date	Subject	Action Text
02/20/25	Approval of Agenda	M/S/C (Cathy Blin/Jaklen Keshishyan/C) To approve the Agenda as presented.
	Approval of Minutes	M/S/C (Cathy Blin/Jaklen Keshishyan /C) To approve the Minutes of the November 21 st meeting as presented.
	Item VI. A. Lindquist, Von Husen & Joyce Presentation of NLACRC's FY2023-24 Audited Financial Statements	M/S/C (Cathy Blin/Jaklen Keshishyan/C) To move the audit report to the full Board of Trustees for approval.
	Item VI.B. Review of Insurance FY2025- 2026	M/S/C (Anna Hurst/Cathy Blin/C) To put forward that a feasibility study is presented to the full board once the final expense of the study is determined.
	Item VI. C. 1. Approval of Purchase of Services Startup Contracts – Brilliant Corners, PL2188-999,Contract Amendment	M/S/C (Cathy Blin/Jaklen Keshishyan/C) To approve the Brilliant Corners, PL2188-999 Contract Amendment go to the full board for approval.
	Item VI. C. 2. Approval of Purchase of Services Startup Contracts – CPP/CRDP Startup	M/S/C (Jaklen Keshishyan/Cathy Blin/C) To approve the CPP/CRDP Startup Projects, Various Vendors contract go to the full Board for approval.

Meeting Date	Subject	Action Text
	Projects, Various Vendors – New Contract	
	Item VI. D. Approval of Operations Contract – ePlus Technology (Palo Alto Networks)	M/S/C (Cathy Blin/Jaklen Keshishyan/C) to approve the Operations Contract with ePlus Technology for the purchase of Palo Alto MDR solutions go to the full board for approval.
	Item VII. D. Financial Reports	Action Item: <u>Anna Hurst and Vini Montague</u> will discuss the best ways to approach presenting the financial reports to the Board of Trustees with context for more clarity.
	Item VII. I. Human Resources Reports	Action Item: <u>Anna Hurst and Vini Montague</u> will discuss and determine a dollar amount to use as a threshold for the Temporary Staffing report. <u>Anna Hurst and Vini Montague</u> will discuss the amount of funds needed to have a report on the temporary staffing statistics.
	Item VIII. Executive Session	M/S/C (Cathy Blin/Jaklen Keshishyan/C) to enter executive session at 8:21 p.m. to discuss pending litigation and real estate negotiations. M/S/C (Jaklen Keshishyan/Cathy Blin/C) to exit executive session at 9:00 p.m.
	Item X. Agenda Items for the Next Board Meeting	Action Item: <u>Board Support</u> will add these items to the next Board of Trustees agenda: <ul style="list-style-type: none"> • FY2023-24 Audited Financial Statements • Review of Insurance FY2025-2026 • Approval of Contracts

Meeting Date	Subject	Action Text
		Adjourn 9:02 p.m.
04/24/25	Approval of Agenda	M/S/C (Jaklen Keshishyan/Anna Hurst/C) To approve the agenda as presented.
	Approval of Minutes	M/S/C (Jaklen Keshishyan/Anna Hurst/C) To approve the February 20 th Minutes with the following revision.
	Item VI. A. Lindquist, Von Husen & Joyce Presentation on IRS Form 990 Tax Return	M/S/C (Jaklen Keshishyan/Jacque Colton/C) to move the IRS Form 990 to the full Board of Trustees to accept and approve for submission.
	Item VI. B. ARCA Dues FY2025-2026	M/S/C (Jaklen Keshishyan/Jacque Colton/C) to present the ARCA Dues for FY2025-2026 to the full board for approval.
	Item VI. C. 1. Approval to Authorize an Officer to Secure a Credit Line for FY2025-2026	M/S/C (Jacque Colton/Jaklen Keshishyan/C) to present the Board Resolution to secure a revolving line of credit to the full board for approval.
	Item VI. C. 2. Approval to Authorize an Officer to Make Disbursements and Execute Disbursements Instructions for Credit Line Contract	M/S/C (Jacque Colton/Jaklen Keshishyan/C) to present the Board Resolution to authorize an officer to make disbursements and execute disbursements instructions for credit line contract to the full board for approval. Action Item: <u>Vini Montague</u> will change the language in the board resolution to say the “Executive Director, Chief Financial Officer, or the Deputy Director”.
	Item VI. D. Approval to Authorize an Officer to Secure	M/S/C (Jaklen Keshishyan/Jacque Colton/C) to approve and move the resolution to authorize an officer to secure insurance coverage for FY2025-2026 to the full board for approval.

Meeting Date	Subject	Action Text
	Insurance Coverage for FY2025-2026	
	Item VI. F. Approval of Report on Personnel Classifications	M/S/C (Anna Hurst/Jacquie Colton/C) to approve the 6 amended reports and move to the full board for their approval. Jaklen Keshishyan abstained.
	Item VI. G. Review and Approve Draft Critical Calendar for FY2025-2026	M/S/C (Anna Hurst/Jacquie Colton/C) to approve the draft critical calendar to go to the full board for approval.
	Item VII. F. Financial Reports	Action Item: <u>Board Support</u> will include these reports in the next Board of Trustees meeting packet.
	Item VIII. Closed Session	M/S/C (Jaklen Keshishyan/Jacquie Colton/C) to enter closed session at 6:40 p.m. to discuss pending litigation and real estate negotiations. M/S/C (Jacquie Colton/Jaklen Keshishyan/C) to exit closed session at 6:50 p.m.
5/29/25	Approval of Agenda	M/S/C (Jacquie Colton/Jaklen Keshishyan/C) to approve the agenda with an amendment made on the memorandum page to change the date.
	Approval of Minutes	M/S/C (Jaklen Keshishyan/Jacquie Colton/C) to approve the April 24 th Minutes as presented.
	Item VI. A. 1. Brilliant Corners – West Avenue K6 (Project #2324-6), First Amendment	M/S/C (Jaklen Keshishyan/Jacquie Colton/C) to approve and move to the full board the amended contract for approval.
	Item VI. A. 2. Free to Be Programs – Raywood Home	M/S/C (Jacquie Colton/Jaklen Keshishyan/C) to approve and move to the full board the amended contract for approval.

Meeting Date	Subject	Action Text
	(Project #2223-7), First Amendment	
	Item VIII. Closed Session	<p>M/S/C (Jaklen Keshishyan/Jacque Colton/C) to enter closed session at 5:58 p.m. to discuss personnel matters.</p> <p>M/S/C (Anna Hurst/Jaklen Keshishyan/C) to exit closed session at 6:08 p.m.</p> <p>Adjourn 6:19 p.m.</p>

North Los Angeles County Regional Center

Executive Committee

FY 202425 February – May Action Log

Meeting Date	Subject	Action Text
02/27/25	Approval of Agenda	M/S/C (Sharmila Brunjes/Curtis Wang/C) To approve the Agenda as presented.
	Approval of Minutes from the November 21 st Meeting	M/S/C (Sharmila Brunjes/Curtis Wang/C) To approve the Minutes of the November 21 st meeting as presented.
	Item VI. A. Policy for Recording of Meetings	M/S/C (Sharmila Brunjes/Curtis Wang/C) To approve the policy for recording meetings. Action Item: To add to the Board of Trustees' agenda for approval.
	Item VI.B. DDS Revisions to NLACRC Bylaws	M/S/C (Sharmila Brunjes/Curtis Wang/C) To approve the DDS revisions to the NLACRC bylaws for Board approval. Action Item: To add to the Board of Trustees' agenda for approval.
	Item VII. A. Discussion on Parliamentary Training	Action Item: <u>Megan Mitchell</u> will request additional details on Mr. Cuesta's training curriculum.
	Item VII. C. Review of the current ED Evaluation and Board Policy on ED Evaluation	Action Item: <u>Betsy Monahan</u> will conduct a consultation with BoardSource regarding the evaluation form template used and previously approved by the Board. <u>Betsy Monahan</u> will convert the Board Policy/ED Evaluation into a Microsoft form.

Meeting Date	Subject	Action Text
		<p><u>Betsy Monahan</u> will revise and align the ED Policy, ED Evaluation, Evaluation Timeline, and Critical Calendar.</p> <p><u>Angela Pao-Johnson</u> will present the Board of Trustees a presentation on accomplishments and challenges over the past 5 months.</p>
	Item VII. D. Approval of the legal-reviewed NLACRC Whistleblower Policy	M/S/C (Leticia Garcia/Sharmila Brunjes/C) to approve the amended NLACRC Whistleblower Policy for submission to the full board.
	Item VII. E. Approval of the legal-reviewed NLACRC Standards of Conduct Policy	M/S/C (Curtis Wang/Sharmila Brunjes/C) to approve the NLACRC Standards of Conduct Policy for submission to the full board.
	Item VII. F. Discussion on Conflict Resolution Plan for Jacquie Colton	<p>Action Item:</p> <p><u>Betsy Monahan</u> will send out the draft Conflict Resolution Plan for signatures from Jacquie Colton, Juan Hernandez, and Angela Pao-Johnson.</p>
	Item VII. J. Update and Discussion on Annual Board Event/Awards Ceremony and Retreat	<p>Action Item:</p> <p><u>Board Support</u> will explore the possibility of scheduling events in the later months of August, September, or October and reach out to the board members to gather further feedback on the preferred month.</p>
	Item VII. K. Discussion on Committee Assignments for New Board Members	<p>Action Item:</p> <p><u>Juan Hernandez</u> will reach out to the new Board of Trustees members to discuss their committee preferences.</p>
	Item IX. Center Operations	<p>Action Item:</p> <p><u>Angela Pao-Johnson</u> will explore options for providing translation services for the upcoming NLACRC podcast. Adjourn 8:17 p.m.</p>

Meeting Date	Subject	Action Text
03/27/25	Approval of Agenda	M/S/C (Anna Hurst/Curtis Wang/C) To approve the agenda as presented.
	Approval of Minutes	M/S/C (Sharmila Brunjes/Curtis Wang/C) To approve the February 27 th Minutes with the following revision: <ul style="list-style-type: none"> Amend the February 27th meeting minutes draft to reflect that Anna Hurst was not present at the meeting. (Board Support)
	Item VI. A. Approving the Schedule Change for the Executive Committee and Administrative Affairs Committee Meetings	<p>M/S/C (Sharmila Brunjes/Anna Hurst/C) to recommend to the Board stacking the Executive and Administrative Affairs committee meetings on the same days and the Government and Community Relations Committee and Consumer Services Committee meetings on the same days.</p> <p>M/S/C (Anna Hurst/Curtis Wang/C) to recommend to the Board that the Executive and Administrative Affairs committees meet monthly, on the last Thursday of every month once the meetings are stacked.</p> <p>M/S/C (Anna Hurst/Curtis Wang/C) to recommend to the full Board that the GCRC and CSC meet every other month (bi-monthly) once the meetings are stacked.</p> <p>M/S/C (Sharmila Brunjes/Curtis Wang/C) to recommend to the full Board that the GCRC and CSC Chairs will determine the day of the week/month to hold the stacked meetings moving forward.</p> <p>Action Item: <u>Board Support (Lindsay Granger)</u> will reach out to the Chairs of the Administrative Affairs Committee, Executive Committee, Government and Community Relations Committee, and Consumer Services Committee to discuss and confirm the schedule changes before the board meeting on April 9, 2025.</p>

Meeting Date	Subject	Action Text
	Item VI. B. Discussion and Approval on Parliamentarian Training	M/S/C (Lety Garcia/Curtis Wang/C) to recommend to the Board, Robert Duitsman to conduct the parliamentary training to be scheduled at the Board Retreat.
	Item VI. C. Approval of Legal-Reviewed Anti-Harassment, Anti-Discrimination and Retaliation Policy	M/S/C (Anna Hurst/Sharmila Brunjes/C) to approve the Legal-Reviewed Anti-Harassment, Anti-Discrimination and Retaliation Policy and bring to the full board at the next meeting.
	Item VI. D. Postpone the Awards Banquet and Board Retreat	<p>M/S/C (Anna Hurst/Curtis Wang/C) to postpone the Awards Banquet and Board Retreat until a later month.</p> <p>Action Item: <u>Board Support (Lindsay Granger)</u> will send out workgroup meeting invitations to the Executive Committee members for those who are able to attend and plan both events for 2025.</p>
	Item VII. B. Discussion on BoardSource ED Evaluation	<p>Action Item: <u>Anna Hurst</u> will head a workgroup that will put together concrete steps to determine an Executive Director evaluation model/process that is a supportive growth tool for new and existing Executive Directors.</p> <p><u>Board Support (Lindsay Granger)</u> will open the workgroup to all board members via email.</p>
	Item VII. C. Discussion on Board Spending Policy	<p>Action Item: <u>Vini Montague</u> will update the board spending policy to incorporate the feedback from the Executive Committee and take to the full board for review and approval.</p>
	Item VII. D. Discussion on Committee Assignment Policy	Action Item:

Meeting Date	Subject	Action Text
		<p><u>Lindsay Granger and Juan Hernandez</u> will continue discussion on this topic during a meeting tomorrow to work through the Committee Assignments and bring to the next board meeting.</p> <p><u>Mark Wolfe</u> will attend this meeting to assist.</p> <p>Adjourn 8:48 p.m.</p>
4/24/25	Approval of Agenda	M/S/C (Anna Hurst/Curtis Wang/C) to approve the agenda as presented.
	Approval of Minutes	M/S/C (Anna Hurst/Curtis Wang/C) to approve the March 27 th Minutes as presented.
	Item VI. A. Review and Approve Proposed Committees' Assignment for Next Fiscal year	M/S/C (Sharmila Brunjes/Curtis Wang/C) 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 not 2025-2026.
	Item VII. A. Review of Monthly Whistleblower Report Log	This item was deferred until the next meeting.
	Item VII. B. Discussion on Executive Director Performance Evaluation	<p>M/S/C (Lety Garcia/Anna Hurst/C) it was resolved to begin the process of creating a workgroup to draft a meaningful Executive Director Evaluation for the next fiscal year.</p> <p>Action Item: <u>Angela Pao-Johnson</u> will provide Betsy Monahan with a document providing feedback regarding the ED Evaluation.</p>
	Item VII. C. Discussion to Finalize Bylaws	<p>M/S/C (Sharmila Brunjes/Curtis Wang) it was resolved to bring the Bylaws discussion to the Board for approval.</p> <p>Adjourn 8:34 p.m.</p>

Meeting Date	Subject	Action Text
5/29/25	Approval of Agenda	<p>M/S/C (Curtis Wang/Anna Hurst/C) to approve the agenda with the amendment:</p> <ul style="list-style-type: none"> To reflect a correction on the date of the agenda approval to say May 29, 2025
	Approval of Minutes	M/S/C (Curtis Wang/Anna Hurst/C) to approve the minutes of the April 24 th meeting as presented.
	Item VI. A. Approval of Updated Committee Critical Calendar for Current Fiscal Year	<p>M/S/C (Curtis Wang/Juan Hernandez/C) to approve the updated Executive Committee Critical Calendar for the current fiscal year, which added a meeting in June.</p> <p>Lety abstained.</p>
	Item VI. B. Review and Approval of the Executive Committee Draft Critical Calendar for Next Fiscal Year	<p>M/S/C (Anna Hurst/Juan Hernandez) to table the critical calendar for next fiscal year until it can be aligned with the Executive Director timeline.</p> <p>Action Item: <u>Betsy Monahan</u> and <u>Lety Garcia</u> will connect next Tuesday to review the Critical Calendar to work on updating the calendar with the timeline after the next ED Evaluation workgroup meeting.</p>
	Item VI. C. Board Priorities for Next Fiscal Year	<p>M/S/C (Anna Hurst/Curtis Wang/C) to present to the full board the Board Priorities for Fiscal Year 2025-2026 for approval with the amended language for numbers 2 and 7.</p> <p>Action Item: <u>Board Support</u> will amend the language on number 2 to say: “Collaborate with the Executive Director in development, implementation, and monitoring of NLACRC’s next strategic plan.” The language in number 7 will be amended to say: “Direct the Executive Director to implement strategies to reduce caseloads.”</p>

Meeting Date	Subject	Action Text
	Item VI. D. Approval of Performance Contract Template	M/S/C (Anna Hurst/Curtis Wang/C) to approve the performance contract template and send to the full board for approval.
	Item VII. A. Discuss the Technical Advisor's Leaving and Parliamentarian	Action Item: <u>Anna Hurst and Sharmila Brunjes</u> will work together to present a high-level presentation to the Board of Trustees at the June meeting and send out a survey to the board members prior to that meeting to see what they may need.
	Item VII. B. Special Contract Language	Action Item: <u>Board Support</u> will send out an email to the Board of Trustees members to see if anyone is interested in the position of SDP Liaison.
	Item VII. D. Review Draft Master Calendar and Committees' Critical Calendars for Next Fiscal Year	Action Item: <u>Board Support</u> will include this item on the next Executive Committee agenda. Adjourn 8:57 p.m.

North Los Angeles County Regional Center

Executive Finance Committee

FY 202425 June Action Log

Meeting Date	Subject	Action Text
06/26/25	Approval of Agenda	M/S/C (Juan Hernandez/Sharmila Brunjes/C) To approve the Agenda as presented.
	Approval of Minutes from the May 29 th Executive Committee Meeting	M/S/C (Anna Hurst/Sharmila Brunjes/C) To approve the Minutes of the May 29 th Executive Committee meeting as presented.
	Item VI. A. Review and Approve the Executive Finance Committee Draft Critical Calendar for Fiscal Year 2025-2026	M/S/C (Lety Garcia/Sharmila Brunjes/C) To defer this item.
	Item VI.B. Review and Approve the Board Master Calendar for Fiscal Year 2025-2026	M/S/C (Lety Garcia/Anna Hurst/C) To approve the Board Master Calendar with the correction to the month of September. Action Item: <u>Board Support</u> will make the necessary corrections to the Board Master Calendar.
	Item VII. A. Review Proposed Budget for Next Fiscal year	This item was deferred until the next meeting.
	Item IX. Closed Session	M/S/C (Sharmila Brunjes/Lety Garcia/C) to enter closed session at 5:47 p.m. to discuss personnel matters.

Meeting Date	Subject	Action Text
		M/S/C (Juan Hernandez/Anna Hurst/C) to exit closed session at 5:59 p.m. to discuss personnel matters.
	Item X. Board Meeting Agenda Items	<p>Action Item:</p> <p><u>Board Support</u> will add an item on how additional members to the Executive Finance Committee to the August Board of Trustees meeting agenda.</p> <p>Adjourn 6:05 p.m.</p>

North Los Angeles County Regional Center
Administrative Affairs Committee Meeting Minutes

May 29, 2025

Present: Ann Hurst, Jacquie Colton, and Jaklen Keshishyan – VAC Rep. – Committee Members

Angela Pao-Johnson, Vini Montague, Betsy Monahan, Lindsay Granger– Staff Members

Mark Wolfe – DDS Tech Advisor, Tresa Oliveri – DDS Tech Advisor, Marianita Mendez – DDS,

Absent:

I. Call to Order

Anna Hurst, Board Treasurer, called the meeting to order at 5:04 p.m.

II. Committee Member Attendance/Quorum

III. Agenda

A friendly amendment was made to the changing the date on the memorandum page.

M/S/C (Jacquie Colton/ Jaklen Keshishyan) to approve the agenda as amended.
Motion carried.

IV. Public Input

There was no Public Input

V. Consent Items

A. Approval of Minutes from April 24, 2025 Meeting

M/S/C (Jaklen Keshishyan/Jacquie Colton) To approve the Consent Items as presented

VI. Action Items

A. Approval of Purchase of Services Startup Contracts

1. Brilliant Corners – West Avenue K6 (Project #2324-6), First Amendment

Vini Montague presented the first amendment to the Brilliant Corners – West Avenue K6 (Project #2324-6) First Amendment to the committee. It is a CPP housing agreement with Brilliant Corners. The original \$750,000 contract amount has been increased by \$337,796, bringing the total to \$1,087,796. Vini

Montague explained that this is the normal process, since DDS approves preliminary funding before a home is identified, and once a property is secured, the contract is updated to reflect actual costs. Documentation confirming DDS's approval of the additional funding was included in the packet.

During discussion, Vini Montague clarified that the facility will be an Enhanced Behavioral Supports Home (EBSH). Anna Hurst noted that the amendment reflects an adjustment of previously approved funding rather than new funding.

Jaklen Keshishyan made a motion to forward the amended contract to the full Board, and Jacquie Colton seconded. The motion passed unanimously.

M/S/C (Jaklen Keshishyan/Jacquie Colton) to move the amended contract to the full Board of Trustees for approval. Motion carried.

2. Free to Be Programs – Raywood Home (Project #2223-7), First Amendment

Vini Montague presented the first amendment to the contract with Free to Be Programs for the Raywood children's community care facility. The amendment increases the contract by \$50,000 to cover specific costs requested by the provider and approved by DDS. Documentation confirming DDS's approval was included in the meeting packet.

Anna Hurst called for a motion to forward the amended contract to the full Board. Jacquie Colton made the motion, and Jaklen Keshishyan seconded. With no discussion or opposition, the motion carried unanimously.

M/S/C (Jacquie Colton/Jaklen Keshishyan) to move this to the amended contract to the full board for approval.

VII. Committee Business

A. Quarterly Fees Reports for PRMT and UAL – Vini Montague

Vini Montague presented the third-quarter fees reports for the Post-Retirement Medical Trust (PRMT) account and the CalPERS Unfunded Liability (UAL) Trust account. For FY2025, fees for the PRMT account totaled \$128,000, as assessed by U.S. Bank and the investment management company. Fees for the UAL trust account were lower due to the smaller balance.

Vini Montague explained the background and purpose of both accounts. The PRMT account was established to ensure NLACRC can cover retiree medical benefits, which currently cost about \$1.2 million annually and are paid from operations. The long-term goal is to build the PRMT account so that investment earnings cover retiree benefits, freeing operational funds for other purposes. For the UAL account, Vini Montague noted that CalPERS manages pension contributions but past economic downturns created unfunded liabilities. To

address annual deficit assessments from CalPERS, NLACRC created a separate U.S. Bank trust account to invest funds independently and better manage long-term obligations.

Anna Hurst commented that this strategy helps NLACRC use funds more effectively than if all contributions were placed directly with CalPERS. Anna Hurst added that understanding these accounts allows the committee to make stronger long-term financial decisions.

B. Status Report on Current Credit Line and Cash Flow – Vini Montague

Vini Montague provided an update on NLACRC's current credit line and cashflow. NLACRC is working with City National Bank to secure a credit line for FY2026, which should be finalized within the next one to two weeks. Vini Montague reported that NLACRC did not borrow against its credit line in FY2025 and does not expect to do so through the end of the fiscal year.

Looking ahead, whether borrowing will be necessary in July 2025 depends on when DDS issues the cash advance for FY2026. In recent years, NLACRC has received this advance during the second or third week of July. If the funds arrive before the large POS check run, borrowing will not be required. Vini Montague expressed optimism that NLACRC will be able to avoid borrowing in July as well.

C. Financial Reports – Vini Montague

Vini Montague presented the financial reports for the service month of March 2025. The current A-2 allocation from DDS is \$1.1 billion. Expenditures for March totaled \$101.5 million, with year-to-date expenditures of \$770 million. NLACRC is projecting total expenditures of \$1.1 billion by year-end, with an anticipated surplus of \$9 million in regular purchase of services. A small deficit is expected in CPP.

Vini Montague noted that NLACRC's standing is mid-range compared to other regional centers statewide. While some centers are projecting deficits and others surpluses, the rate implementation effective January 1, 2025, has created challenges in forecasting. Surplus or deficit outcomes do not drive service levels. Services are based strictly on consumer needs as outlined in IPPs, regardless of whether allocations are above or below projections. Any surplus at year-end will revert to DDS.

The discussion also highlighted allocations intended to reduce caseload ratios. Anna Hurst asked whether these funds were ongoing or one-time, and Vini Montague confirmed that based on the Governor's May Revise, they are expected to continue. Anna Hurst also raised a question about case manager salaries, and Vini Montague explained that compensation levels are governed by the union contract, which was negotiated using a regional market survey.

Additional details were included in the packet, such as expenditure breakdowns for operations, salaries, temporary staffing, and specific projects like CPP and LDC. It was also clarified that services under the Self-Determination Program are part of regular POS, while separate operations funds cover participant support.

D. Admin vs. Direct Allocation Report – Vini Montague

Vini Montague reviewed the administrative versus direct cost allocations. Regional centers and service providers are limited by statute to 15% administrative costs. Expenditures are allocated between administrative and direct categories, with administrative costs not to exceed the 15% limit. Monthly fluctuations may occur due to the timing of payments, such as insurance and maintenance costs that cannot be charged to direct. Vini Montague reported that year-to-date administrative costs are 11.9%. The report demonstrates ongoing oversight to ensure compliance with the statutory limit.

E. Purchase of Services Payments Reports – Vini Montague

1. Outstanding Authorizations Report
2. Payments Processing Summary

Vini Montague reviewed service provider payments and outstanding authorizations. The Outstanding Authorizations Issues Committee, including case management, community services, and accounting, meets biweekly to address escalated issues. During the reporting period, 32 vendors had 49 outstanding authorizations. Common causes include missing authorizations, rate discrepancies, services beyond authorized hours, and alternative authorization challenges.

Fiscal year 2025 payment data shows 69.93% of invoices were paid in the same month, 29.84% in the following month, and 0.23% were late. Similar trends were observed in 2024 and 2023, indicating that delays are generally due to missing or incomplete authorizations, not regional center processing.

Sharmila Brunjes and Anna Hurst noted the center has a reputation for late payments, although most payments are timely. Vini Montague clarified that the report measures invoice payment timeliness, not underlying authorization or service delivery issues. Jaklen Keshishyan emphasized the need for vendors to follow escalation procedures and maintain consistent communication. The Vendor Advisory Committee provides guidance and forums for addressing concerns. The Committee agreed that the escalated authorization report is valuable, while the general invoice timing report may be duplicative.

Angela Pao-Johnson offered additional context regarding the reports, explaining that the invoice timing report is shared with DDS per special contract language and may be duplicative for Administrative Affairs meetings, whereas the escalated authorization report provides more useful information about timely

processing of raised issues

- F. Audits Update – Vini Montague
1. CalPERS
 2. DDS Audit FY2024

Vini Montague provided an update on the CalPERS audit, noting that a few issues remain unresolved. One key item involves the treatment of longevity adjustments for employees, which is still under discussion with CalPERS. The team is actively working toward a resolution.

Regarding the DDS audit for FY2024, Vini Montague reported that the draft has not yet been received, and the audit remains pending.

- G. Human Resources – Betsy Monahan

Betsy Monahan presented the Human Resources report for April 2025, noting that as of April 30, there were 168 open positions, including 93 case management roles, out of 1,024 authorized positions, with 846 filled for an 82% overall fill rate. For the first time, all three locations—San Fernando, AV, and Santa Clarita—had over 80% of positions filled. There were 16 new hires and 8 separations, resulting in turnover of just under 1%.

Betsy credited the recruitment team for these results, with Anna Hurst and Jaklen Keshishyan acknowledging their efforts and Angela Pao-Johnson noting that overall retention reflects contributions from the entire center. Betsy also highlighted that supervisors, managers, and directors allocated hours to support case management recruitment, helping reduce the average time to fill positions from 250 days in FY 2022-23 to approximately 120 days this fiscal year. While still above the target, this 50% reduction lessens the impact of staff departures.

VIII. Closed Session

A. Personnel Matters

Anna Hurst announces that the committee will move into a closed session for personnel matters.

M/S/C (Jaklen Keshishyan/Jacque Colton) to enter Closed Session at 5:58 p.m.

M/S/C (Anna Hurst/Jaklen Keshishyan) to exit Closed Session at 6:08 p.m.

IX. Review of Meeting Action Items

X. Agenda Items for the Next Board Meeting

The Purchase of Services Startup Contracts for Brilliant Corners – West Avenue K6 (Project #2324-6), First Amendment and Free to Be Programs – Raywood Home

(Project #2223-7), First Amendment will be added to the Board Meeting agenda.

XI. Announcements/Information/Public Input

There was none.

XII. Adjournment

The meeting was adjourned at 6:19 p.m.

DRAFT

North Los Angeles County Regional Center
Executive Finance Committee Meeting Minutes
June 11, 2025

Present: Board of Trustees President Juan Hernandez, First Vice President and Board Secretary Sharmila Brunjes, Board Treasurer Anna Hurst, ARCA Representative Leticia Garcia, Jaklen Keshishyan – 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, Xochitl – Guests

Absent:

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 5:07 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 Juan Hernandez, seconded by Sharmila Brunjes, 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 Sharmila Brunjes, it was resolved to approve the minutes of the Executive Committee meeting held on May 29, 2025, as presented. Motion carried.

6. ACTION ITEMS

6.1 Review and Approve of the Executive Finance Committee Draft Critical Calendar for Fiscal Year 2025-2026

The critical calendar will be updated to add in the month of January the Board Retreat and Board Dinner for FY2025-2026. The language in August will be updated for the Board Retreat. Anna Hurst asked if the critical calendar is a mandated policy or a suggestion. The critical calendar is not a mandated policy and is not in the bylaws. Tresa Oliveri explained that it is a planning guide. Anna Hurst noted that given that this isn't a mandated document then this doesn't need to frequently make its way to the board agenda. If the critical calendar will be used as a guiding document, it can be included in the board packet without discussion at the meeting.

On a motion made by Lety Garcia, seconded by Sharmila Brunjes, it was resolved to defer the critical calendar. Motion carried.

6.2 Review and Approve Board Master Calendar for Fiscal Year 2025-2026

The Board Master Calendar was reviewed for the upcoming fiscal year. A correction was noted for the month of September to add the date of the 11th.

On a motion made by Lety Garcia, seconded by Anna Hurst, it was resolved to approve the Board Master Calendar with the correction to the month of September. Motion carried.

ACTION: Board Support will make the necessary corrections to the Board Master calendar.

7. COMMITTEE BUSINESS

7.1 Review Proposed Board Budget for Next Fiscal Year (Deferred)

7.2 Monthly Whistleblower Log (May - June)

Betsy Monahan, HR Director, reviewed the monthly whistleblower log for May through June. The Regional Center investigated and closed 5 previous complaints that were on the log. This log was submitted to DDS.

8. CENTER OPERATIONS

Angela Pao-Johnson presented the operations update for the center. The DDS Directive was specifically noted in the presentation. Also, there were 21 new hires for June and 14 unconfirmed.

9. CLOSED SESSION

Sharmila Brunjes motioned to enter closed session at 5:47 p.m., seconded by Lety Garcia.

Juan Hernandez motioned to leave closed session at 5:59 p.m., seconded by Anna Hurst.

10. BOARD MEETING AGENDA ITEMS

How additional members to the Executive Finance Committee will be included on the next Board of Trustees agenda and voted on.

ACTION: Lindsay Granger, Board Support, will add this as an item to the August Board of Trustees meeting agenda.

11. ANNOUNCEMENTS / PUBLIC INPUT / INFORMATION ITEMS

Anna Hurst announced that the work on the scope and project related to what additional support the board may need is underway. Once a scope and sequence are put together, Anna Hurst will reach out to potential coaches.

12. NEXT MEETING

The next meeting of the Executive Finance Committee will be August 28, 2025 at 5:00 p.m.

13. ADJOURNMENT

On a motion duly made and carried, it was agreed that there was no further business to transact; the meeting closed at 6:05 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.

Submitted by:
Lindsay Granger
Executive Administrative Assistant

North Los Angeles County Regional Center
Executive Finance Committee Special Meeting Minutes
July 31, 2025

Present: Board of Trustees President Sharmila Brunjes, First Vice President Juan Hernandez, 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, Xochitl Gonzalez – Guests

Absent: Curtis Wang

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 5:05 p.m.

2. COMMITTEE MEMBER ATTENDANCE

Sharmila Brunjes 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 Juan Hernandez, seconded by Lety Garcia, it was resolved to approve the agenda, with the amendment. Motion carried.

4. PUBLIC INPUT – AGENDA ITEMS

There was no public input regarding the agenda.

5. CONSENT ITEMS

There were no consent items.

6. ACTION ITEMS

6.1 Approval of Proposed Budget for Fiscal Year 2025-26

Vini Montague reviewed the board budget, highlighting new items for the year, including software trainings requested by the board such as Robert's Rules Made Simple, board support software, Parliamentary training, and Leadership Board Advocacy training. He also noted legal support and a Parliamentary coach required under DDS contract language. To offset some cost increases, the sponsorship line item

was reduced. Additionally, a voluntary \$5,000 Arca Academy sponsorship was included, which is separate from the annual ARCA dues.

Lety Garcia raised a question regarding the board recruitment campaign, noting that a \$13,000 marketing plan approved in May was not reflected in the budget. It was clarified that only \$5,845 had been formally approved for a six-month trial, and the additional marketing costs were not yet approved. Anna Hurst asked about the Kinetic Flow contract and legal fees. Angela Pao-Johnson confirmed that revisions to the DDS contract are pending and discussed potential cost-saving measures. Vini Montague explained that the budget will be monitored monthly by the Executive Finance Committee, with adjustments or reallocations made as needed throughout the year.

On a motion made by Anna Hurst, seconded by Lety Garcia, it was resolved to approve the board budget for FY2025-2026. Motion carried.

6.2 Approval of Enright & Ocheltree, LLP to Conduct the ED Evaluation for Year 1

Anna Hurst explained that the proposed engagement with Enright Ogletree, LLP is intended to streamline and improve the Executive Director evaluation process while maintaining consistency with the prior year. The firm was selected for its familiarity with the board and willingness to use digital methods, reducing the time and legal costs associated with paper-based evaluations. The scope of work includes managing the distribution of surveys, compiling results, and preparing the outcomes report.

On a motion made by Juan Hernandez, seconded by Sharmila Brunjes, it was resolved to approve using Enright & Ocheltree, LLP to conduct the ED Evaluation for year 1. Motion carried.

6.3 Approval of the Conflict Resolution Plan for Jacquie Colton

Betsy Monahan reviewed the Conflict Resolution Plan for Jacquie Colton.

On a motion made by Juan Hernandez, seconded by Anna Hurst, it was resolved to approve the Conflict Resolution Plan for Jacquie Colton and bring it before the full board. Motion carried.

6.4 Approval of Conflict Resolution Plan for Anna Hurst

Betsy Monahan reviewed the Conflict Resolution Plan for Anna Hurst.

On a motion made by Juan Hernandez, seconded by Sharmila Brunjes, it was resolved to approve the Conflict Resolution Plan for Anna Hurst and bring it before the full board. Motion carried.

Anna Hurst recused herself from voting.

7. COMMITTEE BUSINESS

8. ANNOUNCEMENTS / PUBLIC INPUT / INFORMATION ITEMS

Anna Hurst announced that the work on the scope and project related to what additional support the board may need is underway. Once a scope and sequence are put together, Anna Hurst will reach out to potential coaches.

Anna Hurst shared that she appreciated the feedback on the draft informal RFP for the board coach. She completed a cost evaluation based on consultant hours and confirmed that the process could be completed within the approved budget. A final draft incorporating all feedback will be distributed to the board for review before the next steps are determined.

Sharmila Brunjes and Juan Hernandez acknowledged and thanked Anna and staff for their efforts. Sharmila also expressed appreciation to Vini Montague for preparing the board budget quickly and comprehensively, noting the board's regained control over its budget. The board recognized staff contributions to the special contract and their work in maintaining a strong relationship with DDS. Sharmila reminded the board of the upcoming first board orientation training scheduled for August 5. The meeting concluded promptly, lasting approximately 25 minutes.

9. NEXT MEETING

The next meeting of the Executive Finance Committee will be August 28, 2025 at 5:00 p.m.

10. ADJOURNMENT


On a motion duly made and carried, it was agreed that there was no further business to transact; the meeting closed at 5:29 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.



Submitted by:
Lindsay Granger
Executive Administrative Assistant

	EMPLOYEE CONFLICT OF INTEREST POLICY AND PROCEDURE		
	Effective Date: 7/21/2015	Version. 3	Revision Date: 05/01/2025

1. PURPOSE

The purpose of this policy and procedure is to ensure that NLACRC's employees, contractors, agents and consultants adhere to conflict-of-interest standards and procedures and make decisions relative to the regional center, which are in its best interest. These rules have been outlined in the Welfare and Institutions Code Section 4600 et seq. and The California Code of Regulations Section 54500 et seq. Such decisions shall be made without regard to the personal interests of the employee, contractor, agent or consultant, his or her "family member" or any organization with which they are interested.

2. SCOPE

This policy applies to NLACRC's employees, contractors, agents or consultants.

3. RESPONSIBILITY

Human Resources, the executive director and NLACRC's board of trustees have the overall responsibility to ensure that the regional center complies with this policy and procedure. All employees, contractors, agents and consultants of the regional center must ensure that they comply with this policy as outlined below.

4. DEFINITIONS

- 4.1 ¹¹"Regional Center Employee" means any person who performs services for wages, salary or a fee under a contract of employment, express or implied, with the regional center...a business entity, entity or provider as defined herein is not a regional center employee." (CCR Section 54505(k).)
- 4.2 ¹¹"Family member" includes the individual's spouse, domestic partner, parents, step parents, grandparents, siblings, step-siblings, children, step-children, grandchildren, parents-in-law, brothers-in-law, sisters-in-law, sons-in-law and daughters-in-law. (CCR Section 54505(f)).

- 4.3 "Potential conflict of interest" means a situation which, based upon circumstances reasonably expected to occur at a point in the future, may result in a conflict of interest, as specified in these regulations. (CCR Section 54505(h).)
- 4.4 "Present conflict of interest," means a conflict of interest, as specified in these regulations, which currently exists. (CCR Section 54505(i).)
- 4.5 "Decision or Policy-Making Authority" means the authority an individual possesses whenever the individual:
1. exercises discretion or judgment, without significant intervening substantive review, in making, advising, or recommending a decision or in making a final decision; or
 2. may compel a decision or may prevent a decision either by reason of an exclusive power to initiate the decision or by reason of a veto which may or may not be overridden; or
 3. makes substantive recommendations which are, and over an extended period of time have been, regularly approved without significant amendment or modification by another person or entity or provider; or
 4. votes on matters, obligates or commits his or her entity to any course of action, or enters into, modifies, amends, or renews any contractual agreement on behalf of his or her entity, or has authority to obligate resources; or
 5. votes to approve, appoint or ratify, or approves, appoints, ratifies, assigns, elects, selects, designates, names, creates, confirms, contracts or hires any director, trustee, member of the board, member of a board committee, officer, agent, employee, contractor, or consultant for his or her entity or any other business entity or provider.
- Decision or policy-making authority does not include actions of individuals which are solely ministerial, secretarial, or clerical. (CCR Section 54505(d).)
- 4.6 "Business entity, entity or provider" means any individual, business venture, or state or local governmental entity from whom or from which the regional center purchases, obtains, or secures goods or services to conduct its operations.

These entities or providers include, but are not limited to, residential facilities, intermediate care facilities, skilled nursing facilities, supported and independent living services, hospitals, medical groups, activity centers, housing providers, entities formed in support of the regional center, infant programs, clinics, laboratories, pharmacies, drug stores, ambulance services, furniture stores, equipment and supply stores, physicians, psychologists, nurses, therapists, teachers, social workers, and contract case managers. For

purposes of these conflict-of-interest regulations "business entity, entity or provider" does not include a consumer or family member of a consumer who receives vouchers for consumer services.

These entities or providers include, but are not limited to, residential facilities, intermediate care facilities, skilled nursing facilities, supported and independent living services, hospitals, medical groups, activity centers, housing providers, entities formed in support of the regional center, infant programs, clinics, laboratories, pharmacies, drug stores, ambulance services, furniture stores, equipment and supply stores, physicians, psychologists, nurses, therapists, teachers, social workers, and contract case managers. For purposes of these conflict-of-interest regulations "business entity, entity or provider" does not include a consumer or family member of a consumer who receives vouchers for consumer services.

5. POLICY

- 5.1. NLACRC employees, contractors, agents or consultants shall not work or serve in a position that creates a conflict of interest. A conflict of interest exists when a regional center employee with decision or policy making authority, or a contractor, agent or consultant with authority to act on behalf of the regional center, or family member of such person is any of the following for a business entity, entity, or provider:
1. a governing board member
 2. a board committee member
 3. a director
 4. an officer
 5. an owner
 6. a partner
 7. a shareholder
 8. a trustee
 9. an employee
 10. an agent
 11. a contractor
 12. holds any position of management
 13. has decision or policy-making authority (CCR Section 54526.)

These conflict-of-interest positions are in addition to the conflicts identified in Welfare and Institutions Code 4626 and 4627.

- 5.2 A regional center employee, contractor, agent or consultant shall not "make, participate in making or in any way use his or her position to influence a regional center decision in which he or she knows or has reason to know that he or she, or his or her family member, has a financial interest." (CCR 54527) The term "financial interest" is defined in CCR 54527(b).

- 5.3 Regional center employees, contractors, agents and consultants shall be "guided solely by the interests of the regional center and its consumers and not by their financial interests when participating in the making of contracts in their official capacity," and shall not be "financially interested in any contract in which they participate in making in their official capacity." Finally, regional center employees, contractors, agents or consultants shall not make any contract which is financially beneficial to a family member, unless the benefits associated with the contract are equally available to regional center consumers or their families generally. (CCR Section 54528 and WIG Sections 4626 and 4627) The term "financially interested" is defined in CCR Section 54528(b)(1).
- 5.4 Regional center employees, contractors, agents and consultants are obligated to "discharge their responsibilities with integrity and fidelity and are prohibited from placing themselves in a position where their private, personal interests may conflict with their official duties" and must "exercise the powers conferred upon him or her with disinterested skill, zeal, and diligence and for the benefit of the regional center and its consumers." The employee shall be disqualified from participating in matters where, "a present or potential personal conflict of interest exists as to a particular transaction or decision." (CCR Section 54529)
- 5.5 A conflict exists where regional center employees, contractors, agents or consultants "participate in the evaluation of an application for employment or bid for position or contract at the regional center that is submitted by a family member of such person." Further a "potential conflict of interest exists" when a regional center supervisor who is an employee, contractor, agent or consultant acting on behalf of the regional center supervises a family member who is also a regional center employee contractor agent or consultant. (CCR Section 54530)



Regional center senior management employees are prohibited from hiring relatives at the regional center or any ancillary foundation and organization. ("Relatives" as defined in CCR Section 54505(f)).

- 5.7 Regional center employees are prohibited from accepting a gift or gifts from a service provider, consumer, or consumer's family member valued over fifteen dollars (\$15) per year. ("Family member" as defined in CCR Section 54505(f)).

6. PROCEDURE

- 6.1 "Each regional center employee, contractor, agent, and consultant who has authority to act on behalf of the regional center or who has decision or

policy-making authority," shall complete and file a standard Conflict of Interest Reporting Statement. Conflict of Interest Reporting Statements shall be filed (1) annually by August 1 of each year, (2) within 30 calendar days of assuming a new position, (3) within 30 calendar days of "any change of status that creates a present or potential conflict of interest." (CCR Section 54531)

- 6.2 "The executive director or the acting executive director of the regional center shall review the completed Conflict of Interest Reporting Statement of each regional center employee, contractor, agent, and consultant required to file a Conflict of Interest Reporting Statement within 10 calendar days of receipt of the completed Conflict of Interest Reporting Statement and shall determine whether the statement identifies a present or potential conflict of interest." (CCR Section 54531(e))

7. REPORTING

- 7.1 When the executive director identifies a conflict of interest for a regional center employee, contractor, agent or consultant, the regional center shall submit a copy of the completed Conflict of Interest Reporting Statement and a proposed Conflict Resolution Plan for eliminating or mitigating and managing the present or potential conflict of interest within 30 calendar days of receipt of the completed conflict of interest statement. (CCR Section 54533(b))
- 7.2 When DDS identifies a present or potential conflict of interest of an employee contractor, agent or consultant, it shall notify the regional center executive director of the conflict. The executive director shall submit a copy of the completed Conflict of Interest Reporting Statement and a proposed Conflict Resolution Plan for eliminating or mitigating and managing the present or potential conflict to DDS within 30 calendar days or receipt of DDS's notification. (CCR 54533(c))
- 7.3 The regional center shall post on its website each completed Conflict of Interest Reporting Statement that identifies a present or potential conflict of interest that cannot be resolved within 30 days. The statement shall remain on the website until the conflict has been eliminated. (CCR Section 54533(f))

8. ENFORCEMENT


- 8.1 The area board, state council and DDS must review and resolve any conflicts of interest. The Conflict Resolution Plan shall be approved, in writing, by the Department, and the Conflict Resolution Plan fully implemented prior to the

individual engaging in the otherwise prohibited conduct. (CCR 54534(d))

- 8.2 If an employee, contractor, agent or consultant's Conflict Resolution Plan has been denied by DDS, the individual has 30 calendar days from the date of the receipt of DDS's written denial in which to take the necessary action to eliminate the conflict of interest or resign his or her position. (CCR 54534(g))
- 8.3 DDS may sanction the regional center for violations of the provisions of this article. (CCR Section 54535)

9. REFERENCES/FORMS

- 9.1 Conflict of Interest Reporting Statement.
- 9.2 Conflict Resolution Plan. The requirements for this plan are further outlined in CCR Section 54533(9).

	EMPLOYEE CONFLICT OF INTEREST POLICY AND PROCEDURE		
	Effective Date: 7/21/2015	Version. 3	Revision Date: 05/01/2025

1. PURPOSE

The purpose of this policy and procedure is to ensure that NLACRC's employees, contractors, agents and consultants adhere to conflict-of-interest standards and procedures and make decisions relative to the regional center, which are in its best interest. These rules have been outlined in the Welfare and Institutions Code Section 4600 et seq. and The California Code of Regulations Section 54500 et seq. Such decisions shall be made without regard to the personal interests of the employee, contractor, agent or consultant, his or her "family member" or any organization with which they are interested.

2. SCOPE

This policy applies to NLACRC's employees, contractors, agents or consultants.

3. RESPONSIBILITY

Human Resources, the executive director and NLACRC's board of trustees have the overall responsibility to ensure that the regional center complies with this policy and procedure. All employees, contractors, agents and consultants of the regional center must ensure that they comply with this policy as outlined below.

4. DEFINITIONS

- 4.1 "Regional Center Employee" means any person who performs services for wages, salary or a fee under a contract of employment, express or implied, with the regional center...a business entity, entity or provider as defined herein is not a regional center employee." (CCR Section 54505(k).)
- 4.2 "Family member" includes the individual's spouse, domestic partner, parents, step parents, grandparents, siblings, step-siblings, children, step-children, grandchildren, parents-in-law, brothers-in-law, sisters-in-law, sons-in-law and daughters-in-law. (CCR Section 54505(f)).

- 4.3 "Potential conflict of interest" means a situation which, based upon circumstances reasonably expected to occur at a point in the future, may result in a conflict of interest, as specified in these regulations. (CCR Section 54505(h).)
- 4.4 "Present conflict of interest," means a conflict of interest, as specified in these regulations, which currently exists. (CCR Section 54505(i).)
- 4.5 "Decision or Policy-Making Authority" means the authority an individual possesses whenever the individual:
1. exercises discretion or judgment, without significant intervening substantive review, in making, advising, or recommending a decision or in making a final decision; or
 2. may compel a decision or may prevent a decision either by reason of an exclusive power to initiate the decision or by reason of a veto which may or may not be overridden; or
 3. makes substantive recommendations which are, and over an extended period of time have been, regularly approved without significant amendment or modification by another person or entity or provider; or
 4. votes on matters, obligates or commits his or her entity to any course of action, or enters into, modifies, amends, or renews any contractual agreement on behalf of his or her entity, or has authority to obligate resources; or
 5. votes to approve, appoint or ratify, or approves, appoints, ratifies, assigns, elects, selects, designates, names, creates, confirms, contracts or hires any director, trustee, member of the board, member of a board committee, officer, agent, employee, contractor, or consultant for his or her entity or any other business entity or provider.
- Decision or policy-making authority does not include actions of individuals which are solely ministerial, secretarial, or clerical. (CCR Section 54505(d).)
- 4.6 "Business entity, entity or provider" means any individual, business venture, or state or local governmental entity from whom or from which the regional center purchases, obtains, or secures goods or services to conduct its operations.

These entities or providers include, but are not limited to, residential facilities, intermediate care facilities, skilled nursing facilities, supported and independent living services, hospitals, medical groups, activity centers, housing providers, entities formed in support of the regional center, infant programs, clinics, laboratories, pharmacies, drug stores, ambulance services, furniture stores, equipment and supply stores, physicians, psychologists, nurses, therapists, teachers, social workers, and contract case managers. For

purposes of these conflict-of-interest regulations "business entity, entity or provider" does not include a consumer or family member of a consumer who receives vouchers for consumer services.

These entities or providers include, but are not limited to, residential facilities, intermediate care facilities, skilled nursing facilities, supported and independent living services, hospitals, medical groups, activity centers, housing providers, entities formed in support of the regional center, infant programs, clinics, laboratories, pharmacies, drug stores, ambulance services, furniture stores, equipment and supply stores, physicians, psychologists, nurses, therapists, teachers, social workers, and contract case managers. For purposes of these conflict-of-interest regulations "business entity, entity or provider" does not include a consumer or family member of a consumer who receives vouchers for consumer services.

5. POLICY

- 5.1. NLACRC employees, contractors, agents or consultants shall not work or serve in a position that creates a conflict of interest. A conflict of interest exists when a regional center employee with decision or policy making authority, or a contractor, agent or consultant with authority to act on behalf of the regional center, or family member of such person is any of the following for a business entity, entity, or provider:
1. a governing board member
 2. a board committee member
 3. a director
 4. an officer
 5. an owner
 6. a partner
 7. a shareholder
 8. a trustee
 9. an employee
 10. an agent
 11. a contractor
 12. holds any position of management
 13. has decision or policy-making authority (CCR Section 54526.)

These conflict-of-interest positions are in addition to the conflicts identified In WIC Sections 4626 and 4627.

- 5.2 A regional center employee, contractor, agent or consultant shall not "make, participate in making or in any way use his or her position to influence a regional center decision in which he or she knows or has reason to know that he or she, or his or her family member, has a financial interest." CCR Section 54527 The term "financial interest" is defined in CCR Section 54527(b).

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- 5.3 Regional center employees, contractors, agents and consultants shall be "guided solely by the interests of the regional center and its consumers and not by their financial interests when participating in the making of contracts in their official capacity," and shall not be "financially interested in any contract in which they participate in making in their official capacity." Finally, regional center employees, contractors, agents or consultants shall not make any contract which is financially beneficial to a family member, unless the benefits associated with the contract are equally available to regional center consumers or their families generally. (CCR Section 54528 and WIC Sections 4626 and 4627) The term "financially interested" is defined in CCR Section 54528(b)(1).
- 5.4 Regional center employees, contractors, agents and consultants are obligated to "discharge their responsibilities with integrity and fidelity and are prohibited from placing themselves in a position where their private, personal interests may conflict with their official duties" and must "exercise the powers conferred upon him or her with disinterested skill, zeal, and diligence and for the benefit of the regional center and its consumers." The employee shall be disqualified from participating in matters where, "a present or potential personal conflict of interest exists as to a particular transaction or decision." (CCR Section 54529)
- 5.5 A conflict exists where regional center employees, contractors, agents or consultants "participate in the evaluation of an application for employment or bid for position or contract at the regional center that is submitted by a family member of such person." Further a "potential conflict of interest exists" when a regional center supervisor who is an employee, contractor, agent or consultant acting on behalf of the regional center supervises a family member who is also a regional center employee contractor agent or consultant. (CCR Section 54530)
- 5.6 Regional center senior management employees are prohibited from hiring relatives at the regional center or any ancillary foundation and organization. ("Relatives" as defined in WIC Section 4626.5 and CCR Section 54505(f).)
- 5.7 Regional center employees are prohibited from accepting a gift or gifts from a service provider, consumer, or consumer's family member valued over fifteen dollars (&15) per year. ("Family member" as defined in WIC Section 4626.5 and CCR Section 54505(f).)

6. PROCEDURE

- 6.1 "Each regional center employee, contractor, agent, and consultant who has authority to act on behalf of the regional center or who has decision or

policy-making authority," shall complete and file a standard Conflict of Interest Reporting Statement. Conflict of Interest Reporting Statements shall be filed (1) annually by August 1 of each year, (2) within 30 calendar days of assuming a new position, (3) within 30 calendar days of "any change of status that creates a present or potential conflict of interest." (CCR Section 54531)

- 6.2 "The executive director or the acting executive director of the regional center shall review the completed Conflict of Interest Reporting Statement of each regional center employee, contractor, agent, and consultant required to file a Conflict of Interest Reporting Statement within 10 calendar days of receipt of the completed Conflict of Interest Reporting Statement and shall determine whether the statement identifies a present or potential conflict of interest." (CCR Section 54531(e))

7. REPORTING

- 7.1 When the executive director identifies a conflict of interest for a regional center employee, contractor, agent or consultant, the regional center shall submit a copy of the completed Conflict of Interest Reporting Statement and a proposed Conflict Resolution Plan for eliminating or mitigating and managing the present or potential conflict of interest within 30 calendar days of receipt of the completed conflict of interest statement. (CCR Section 54533(b))
- 7.2 When DDS identifies a present or potential conflict of interest of an employee contractor, agent or consultant, it shall notify the regional center executive director of the conflict. The executive director shall submit a copy of the completed Conflict of Interest Reporting Statement and a proposed Conflict Resolution Plan for eliminating or mitigating and managing the present or potential conflict to DDS within 30 calendar days or receipt of DDS's notification. (CCR Section 54533(c))
- 7.3 The regional center shall post on its website each completed Conflict of Interest Reporting Statement that identifies a present or potential conflict of interest that cannot be resolved within 30 days. The statement shall remain on the website until the conflict has been eliminated. (CCR Section 54533(f))

8. ENFORCEMENT

- 8.1 The area board, state council and DDS must review and resolve any conflicts of interest. The Conflict Resolution Plan shall be approved, in writing, by the Department, and the Conflict Resolution Plan fully implemented prior to the

individual engaging in the otherwise prohibited conduct. (CCR Section 54534(d))

- 8.2 If an employee, contractor, agent or consultant's Conflict Resolution Plan has been denied by DDS, the individual has 30 calendar days from the date of the receipt of DDS's written denial in which to take the necessary action to eliminate the conflict of interest or resign his or her position. (CCR Section 54534(g))
- 8.3 DDS may sanction the regional center for violations of the provisions of this article. (CCR Section 54535)

9. REFERENCES/FORMS

- 9.1 Conflict of Interest Reporting Statement.
- 9.2 Conflict Resolution Plan. The requirements for this plan are further outlined in CCR Section 54533(9).



CONFLICT OF INTEREST POLICY FOR BOARD MEMBERS AND THE EXECUTIVE DIRECTOR

Effective Date:
September 9, 2015

Version. 3

Revision Date:
05/01/2025

1. PURPOSE

The purpose of this policy and procedure is to ensure that NLACRC's board of trustees and its executive director make decisions on behalf of the regional center that are in the best interest of the regional center consumers and their families as outlined in the Welfare and Institutions Code Section 4600 et seq. and The California Code of Regulations Section 54500 et seq. Such decisions shall be made without regard to the interests of any "family member" or any organization with which they are interested.

2. SCOPE

This policy applies to NLACRC's board of trustees and its executive director.

3. RESPONSIBILITY

Human Resources and NLACRC's board of trustees have the overall responsibility to ensure that the regional center complies with this policy and procedure for NLACRC. All board members and the executive director must ensure that they comply with this policy as outlined below.

4. DEFINITIONS

- 4.1 "Family member" includes the individual's spouse, domestic partner, parents, step parents, grandparents, siblings, step-siblings, children, step-children, grandchildren, parents-in-law, brothers-in-law, sisters-in-law, sons-in-law and daughters-in-law. (CCR Section 54505(f)).
- 4.2 "Member" means an individual serving as a member of the governing board, board of directors, or board committee of a business entity, entity, or provider as defined herein. (CCR Section 54505 (g))
- 4.3 "Potential conflict of interest" means a situation which, based upon circumstances reasonably expected to occur at a point in the future, may result in a conflict of interest, as specified in these regulations. (CCR Section 54505(h).)

- 4.4 "Present conflict of interest," means a conflict of interest, as specified in these regulations, which currently exists. (CCR Section 54505(i).)
- 4.5 "Financial interest" for purposes of CCR Section 54522 "includes any current or contingent ownership, equity, or security interest that could result directly or indirectly, in receiving a pecuniary gain or sustaining a pecuniary loss as a result of the interest in any of the following:
1. Business entity worth two thousand dollars (\$2,000) or more.
 2. Real or personal property worth two thousand dollars (\$2,000) or more in fair market value.
 3. Stocks or bonds worth two thousand dollars (\$2,000) or more.
 4. Intellectual property rights worth five hundred dollars (\$500) or more.
 5. Sources of gross income aggregating five hundred dollars (\$500) or more within the prior 12 months.
 6. Future interests for compensation of five hundred dollars (\$500) or more.
 7. Personal finances of two hundred fifty dollars (\$250) or more." (CCR Section 54522(b))

5. POLICY

- 5.1. NLACRC board members and its executive director or their family members shall not work or serve in a position that creates a conflict of interest. A conflict of interest exists when a regional center governing board member, executive director or family member is any of the following for a business entity, entity, or provider except to the extent that such position is permitted by WIC Section 4622 and 4626:

1. a governing board member
2. a board committee member
3. a director
4. an officer
5. an owner
6. a partner
7. a shareholder
8. a trustee
9. an employee
10. an agent
11. a contractor
12. a person who holds any position of management
13. a person who has decision or policy-making authority (CCR Section 54526.)

These conflict of interest positions are in addition to those conflicts identified in WIC sections 4622 and 4626. (CCR Section 54520, or [CA WIC Sections 4622 or 4626](#))

- 5.2 Similarly, a conflict of interest exists when an advisory committee board member appointed pursuant to WIC Section 4622 takes on any role prohibited by CCR Section 54521.

- 5.3 Neither NLACRC's governing board members nor shall its executive director "make, participate in making or in any way attempt to use his or her position to influence a regional center or board decision in which he knows or has reason to know that he or she or a family member has a financial interest." (CCR Section 54522 and WIC Sections 4626 and 4627) "Financial interest" is defined in CCR Section 54522(b).
- 5.4 NLACRC governing board members, its executive director, and family members shall be "guided solely by the interests of the regional center and its consumers and not their personal financial interests when participating in the making of contracts in their official capacity." (CCR Section 54523, WIC Sections 4626 and 4627)
- 5.5 NLACRC governing board members and its executive director shall "discharge their responsibilities with integrity and fidelity, and are prohibited from placing themselves in a position where their private, personal interests may conflict with their official duties, "and shall "exercise the powers conferred upon them with disinterested skill, zeal and diligence and for the benefit of the regional center and the consumers." The executive director or governing board members shall be disqualified from participating in matters where "his or her family member's personal or pecuniary interest conflicts with the individual's duty to act in the best interest of the regional center or the consumers." (CCR Section 54524, and WIG Sections 4626 and 4627).
- 5.6 Regional center senior management employees, such as the executive director, are prohibited from hiring relatives at the regional center or any ancillary foundation and organization. ("Relatives" as defined in CCR Section 54505(f)).

6. PROCEDURE

- 6.1 If the executive director or a governing board member has a conflict of interest as set forth in the CCRs or WIG, he or she must (1) eliminate the conflict of interest, (2) obtain an approved conflict resolution plan, or (3) resign his or her position with the regional center or regional center governing board. Neither the executive director nor board members shall serve "unless the individual has eliminated the conflict of interest or obtained an approved conflict resolution plan." (CCR Sections 54525, 54533 and WIG Sections 4626 and 4627)

7. REPORTING

- 7.1 Conflicts of interest for the executive director or governing board members identified in a completed conflict of interest reporting statement and conflict resolution plan shall be submitted to DDS and the State Council on Developmental Disabilities within 30 calendar days of receipt of the completed conflict of interest reporting statement.
- 7.2 If a conflict of interest has been identified by DDS, the reporting statement and plan shall be submitted within 30 calendar days of the receipt of DDS's notification. (CCR Section 54533 subsections (d) and (e))
- 7.3 The regional center shall post on its website each completed conflict of interest reporting statement that identifies a present or potential conflict of interest that cannot be resolved within 30 days for board members or the executive director. The statement shall remain on the website until the conflict has been eliminated. (CCR Section 54533(f))

8. ENFORCEMENT

- 8.1 The State Council of Developmental Disabilities and DDS must review and resolve any governing board member or executive director conflicts of interests. (CCR Section 54534)
- 8.2 DDS may sanction the regional center for violations of the provisions of this article. (CCR Section 54535)

9. REFERENCES/FORMS

- 9.1 Conflict of Interest Reporting Statement.
- 9.2 Conflict Resolution Plan. The requirements for this plan are further outlined in CCR Section 54533(9).



CONFLICT OF INTEREST POLICY FOR BOARD MEMBERS AND THE EXECUTIVE DIRECTOR

Effective Date:
September 9, 2015

Version. 3

Revision Date:
05/01/2025

1. PURPOSE

The purpose of this policy and procedure is to ensure that NLACRC's board of trustees and its executive director make decisions on behalf of the regional center that are in the best interest of the regional center consumers and their families as outlined in the Welfare and Institutions Code Section 4600 et seq. and The California Code of Regulations Section 54500 et seq. Such decisions shall be made without regard to the interests of any "family member" or any organization with which they are interested.

2. SCOPE

This policy applies to NLACRC's board of trustees and its executive director.

3. RESPONSIBILITY

Human Resources and NLACRC's board of trustees have the overall responsibility to ensure that the regional center complies with this policy and procedure for NLACRC. All board members and the executive director must ensure that they comply with this policy as outlined below.

4. DEFINITIONS

- 4.1 ¹¹"Family member" includes the individual's spouse, domestic partner, parents, step parents, grandparents, siblings, step-siblings, children, step-children, grandchildren, parents-in-law, brothers-in-law, sisters-in-law, sons-in-law and daughters-in-law. (CCR Section 54505(f)).
- 4.2 "Member" means an individual serving as a member of the governing board, board of directors, or board committee of a business entity, entity, or provider as defined herein. (CCR Section 54505 (g))
- 4.3 "Potential conflict of interest" means a situation which, based upon circumstances reasonably expected to occur at a point in the future, may result in a conflict of interest, as specified in these regulations. (CCR Section 54505(h).)

- 4.4 "Present conflict of interest," means a conflict of interest, as specified in these regulations, which currently exists. (CCR Section 54505(i).)
- 4.5 "Financial interest" for purposes of CCR Section 54522 "includes any current or contingent ownership, equity, or security interest that could result directly or indirectly, in receiving a pecuniary gain or sustaining a pecuniary loss as a result of the interest in any of the following:
1. Business entity worth two thousand dollars (\$2,000) or more.
 2. Real or personal property worth two thousand dollars (\$2,000) or more in fair market value.
 3. Stocks or bonds worth two thousand dollars (\$2,000) or more.
 4. Intellectual property rights worth five hundred dollars (\$500) or more.
 5. Sources of gross income aggregating five hundred dollars (\$500) or more within the prior 12 months.
 6. Future interests for compensation of five hundred dollars (\$500) or more.
 7. Personal finances of two hundred fifty dollars (\$250) or more." (CCR Section 54522(b))

5. **POLICY**

- 5.1. NLACRC board members and its executive director or their family members shall not work or serve in a position that creates a conflict of interest. A conflict of interest exists when a regional center governing board member, executive director or family member is any of the following for a business entity, entity, or provider except to the extent that such position is permitted by WIC Section 4622 and 4626:

1. a governing board member
2. a board committee member
3. a director
4. an officer
5. an owner
6. a partner
7. a shareholder
8. a trustee
9. an employee
10. an agent
11. a contractor
12. a person who holds any position of management
13. a person who has decision or policy-making authority (CCR Section 54526.)

These conflict of interest positions are in addition to those conflicts identified in WIC sections 4622 and 4626. (CCR Section 54520, or WIC Sections 4622 or 4626)

- 5.2 Similarly, a conflict of interest exists when an advisory committee board member appointed pursuant to WIC Section 4622 takes on any role prohibited by CCR Section 54521.

- 5.3 Neither NLACRC's governing board members nor shall its executive director "make, participate in making or in any way attempt to use his or her position to influence a regional center or board decision in which he knows or has reason to know that he or she or a family member has a financial interest." (CCR Section 54522 and WIC Sections 4626 and 4627) "Financial interest" is defined in CCR Section 54522(b).
- 5.4 NLACRC governing board members, its executive director, and family members shall be "guided solely by the interests of the regional center and its consumers and not their personal financial interests when participating in the making of contracts in their official capacity." (CCR Section 54523, WIC Sections 4626 and 4627)
- 5.5 NLACRC governing board members and its executive director shall "discharge their responsibilities with integrity and fidelity, and are prohibited from placing themselves in a position where their private, personal interests may conflict with their official duties, "and shall "exercise the powers conferred upon them with disinterested skill, zeal and diligence and for the benefit of the regional center and the consumers." The executive director or governing board members shall be disqualified from participating in matters where "his or her family member's personal or pecuniary interest conflicts with the individual's duty to act in the best interest of the regional center or the consumers." (CCR Section 54524, and WIC Sections 4626 and 4627).
- 5.6 Regional center senior management employees, such as the executive director, are prohibited from hiring relatives at the regional center or any ancillary foundation and organization. ("Relatives" as defined in CCR Section 54505(f)).

6. **PROCEDURE**

- 6.1 If the executive director or a governing board member has a conflict of interest as set forth in the CCRs or WIC, he or she must (1) eliminate the conflict of interest, (2) obtain an approved conflict resolution plan, or (3) resign his or her position with the regional center or regional center governing board. Neither the executive director nor board members shall serve "unless the individual has eliminated the conflict of interest or obtained an approved conflict resolution plan." (CCR Sections 54525, 54533 and WIC Sections 4626 and 4627)

7. REPORTING

- 7.1 Conflicts of interest for the executive director or governing board members identified in a completed conflict of interest reporting statement and conflict resolution plan shall be submitted to DDS and the State Council on Developmental Disabilities within 30 calendar days of receipt of the completed conflict of interest reporting statement.
- 7.2 If a conflict of interest has been identified by DDS, the reporting statement and plan shall be submitted within 30 calendar days of the receipt of DDS's notification. (CCR Section 54533(d) and Section 5433(e))
- 7.3 The regional center shall post on its website each completed conflict of interest reporting statement that identifies a present or potential conflict of interest that cannot be resolved within 30 days for board members or the executive director. The statement shall remain on the website until the conflict has been eliminated. (CCR Section 54533(f))

8. ENFORCEMENT

- 8.1 The State Council of Developmental Disabilities and DDS must review and resolve any governing board member or executive director conflicts of interests. (CCR Section 54534)
- 8.2 DDS may sanction the regional center for violations of the provisions of this article. (CCR Section 54535)

9. REFERENCES/FORMS

- 9.1 Conflict of Interest Reporting Statement.
- 9.2 Conflict Resolution Plan. The requirements for this plan are further outlined in CCR Section 54533(9).

2025-2026 Board of Trustees / Committee Meeting Schedule

August through July

August 2025

W	08/05/25	5:00pm	BOARD ORIENTATION (In-Person Chatsworth)
W	08/06/25	3:00pm	CONSUMER ADVISORY
W	08/06/25	5:30pm	NOMINATING
M	08/11/25	5:00pm	BOARD PACKET REVIEW AND TRAINING
W	08/13/25	4:00pm	BOARD PRE-MEETING DINNER (OPTIONAL)
W	08/13/25	5:00pm	DDS MEETING IN-PERSON
W	08/13/25	6:00pm	BOARD MEETING (Hybrid - Chatsworth)
Th	08/14/25	9:30am	VENDOR ADVISORY
W	08/20/25	5:00pm	COMMUNITY RELATIONS (Zoom)
W	08/21/25	5:30pm	POST-RETIREMENT MEDICAL TRUST
Th	08/28/25	5:00pm	EXECUTIVE FINANCE

September 2025

W	09/03/25	3:00pm	CONSUMER ADVISORY
Sat	09/06/25	All-Day	BOARD RETREAT (In-Person Chatsworth)
W	09/08/25	5:00pm	BOARD PACKET REVIEW AND TRAINING
W	09/10/25	6:00pm	BOARD MEETING
Th	09/11/25	9:30am	VENDOR ADVISORY
Th	09/25/25	5:00pm	EXECUTIVE FINANCE

October 2025

M	10/06/25	5:00pm	BOARD TRAINING: RC BUDGETS
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November 2025

W	11/05/25	3:00pm	CONSUMER ADVISORY
W	11/05/25	5:30pm	NOMINATING
M	11/10/25	5:00pm	BOARD PACKET REVIEW AND TRAINING
M	11/12/25	4:00pm	BOARD PRE-MEETING DINNER (OPTIONAL)
M	11/12/25	5:00pm	DDS MEETING IN-PERSON
W	11/12/25	6:00pm	BOARD MEETING (Hybrid - Santa Clarita)
Th	11/13/25	9:30am	VENDOR ADVISORY
W	11/19/25	5:00pm	COMMUNITY RELATIONS
Th	11/20/25	5:00pm	POST-RETIREMENT MEDICAL TRUST
Th	11/20/25	5:00pm	EXECUTIVE FINANCE

December 2025

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January 2026

W	01/07/26	3:00pm	CONSUMER ADVISORY
W	01/07/26	5:30pm	NOMINATING
Th	01/08/26	9:30am	VENDOR ADVISORY
M	01/12/26	5:00pm	BOARD PACKET REVIEW AND TRAINING
W	01/14/26	6:00pm	BOARD MEETING
W	01/21/26	5:00pm	COMMUNITY RELATIONS
Th	01/29/26	5:00pm	EXECUTIVE FINANCE

February 2026

W	02/04/26	3:00pm	CONSUMER ADVISORY
W	02/04/26	5:30pm	NOMINATING
M	02/09/26	5:00pm	BOARD PACKET REVIEW AND TRAINING
W	02/11/26	4:00pm	BOARD PRE-MEETING DINNER (OPTIONAL)
W	02/11/26	5:00pm	DDS MEETING IN-PERSON
W	02/11/26	6:00pm	BOARD MEETING (Hybrid - AV)
Th	02/12/26	9:30am	VENDOR ADVISORY
Th	02/19/26	5:00pm	POST-RETIREMENT MEDICAL
Th	02/26/26	5:00pm	EXECUTIVE FINANCE

March 2026

W	03/04/26	3:00pm	CONSUMER ADVISORY
W	03/04/26	5:30pm	NOMINATING
M	03/09/26	5:00pm	BOARD PACKET REVIEW AND TRAINING
W	03/11/26	6:00pm	BOARD MEETING
Th	03/12/26	9:30am	VENDOR ADVISORY
W	03/18/26	5:00pm	COMMUNITY RELATIONS
Th	03/26/26	5:00pm	EXECUTIVE FINANCE

April 2026

W	04/01/26	3:00pm	CONSUMER ADVISORY
W	04/01/26	5:30pm	NOMINATING
M	04/06/26	5:00pm	BOARD PACKET REVIEW AND TRAINING
W	04/08/26	6:00pm	BOARD MEETING
Th	04/09/26	9:30am	VENDOR ADVISORY
Th	04/30/26	5:00pm	EXECUTIVE FINANCE

May 2026

W	05/06/26	3:00pm	CONSUMER ADVISORY
M	05/11/26	5:00pm	BOARD PACKET REVIEW AND TRAINING
W	05/13/26	4:00pm	BOARD PRE-MEETING DINNER (OPTIONAL)
W	05/13/26	5:00pm	DDS MEETING IN-PERSON
W	05/13/26	6:00pm	BOARD MEETING (Hybrid - Chatsworth)
Th	05/14/26	9:30am	VENDOR ADVISORY
W	05/20/26	5:00pm	COMMUNITY RELATIONS
Th	05/21/26	5:00pm	POST-RETIREMENT MEDICAL TRUST
Th	05/28/26	5:00pm	EXECUTIVE FINANCE

June 2026

M	06/08/26	5:00pm	BOARD PACKET REVIEW AND TRAINING
W	06/10/26	6:00pm	BOARD MEETING
Th	06/11/26	9:30am	VENDOR ADVISORY
W	06/03/26		CONSUMER ADVISORY (tentative)

July 2026

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Dark Month* - July, October, and December

Comparison Notes of Vendors

ED Evaluation Services	Cost	For Nonprofits?	Includes Implementation Meeting?	Requires Documented Intake Template?	Requires Designation of a Board Facilitator?	Must Provide Last Year's ED Goals?	Provides Survey Assessment Tool to Board?	Provides Board Training Session?	Flexibility with Audience Surveyed?	Requires Email and Role(s) of Survey PPTs?	Conducts Interviews with Leadership Team	Timeframe for Survey	Provides Post Evaluation Consultation?	Comments
Kinetic Flow (Ami Sullivan)	\$9,840 for Y1 development process plus ~\$800 for Leadership team interviews. Ongoing costs \$4,890 a year.	Yes	Yes - 2	Yes	TBD	TBD	Yes	Yes	Yes	TBD	Yes	4-8 weeks	Yes	Includes an ED debrief, board committee debrief, a full board debrief. Work Group members cited strengths such as previous experience working with the Regional Center and understanding the space very well. Work group members wanted a clearer PPT presentation of the process; felt it was difficult to follow at times. Ami works on setting goals and understands a lot of the Performance Contract and other Regional Center surveys and the same "alphabet soup".
BoardSource - Assessment of the Chief Executive (ACE)	\$699 for BoardSource members	Yes	Yes - 1	Yes	Yes	Yes	Yes	No - OOS	Yes	Yes	TBD	2-3 weeks	No - OOS	Board Source Materials were read through, did not have a full presentation.
3D Group - ED 360	\$17,000 for process; Leadership team interviews \$3,500; Custom Survey Creation \$5,900	Yes and For Profit	Yes	Yes	TBD	TBD	Yes	Yes	Yes	TBD	Yes	4-6 weeks	Yes	Includes an ED debrief and coaching (90 min), board committee debrief (up to 90 min), a full board debrief (up to 90-minute). It looks like ongoing cost would be \$17,000 + \$3,500 a year. Workgroup members appreciated the strength of the presentation. 3D Group is mostly private sector with just TFA as their nonprofit partner. A lack of expertise in setting annual goals.

OOS = Out of Scope for cost

BoardSource Assessment Information: <https://boardsource.org/board-support/assessing-performance/assessment-faqs/#roles>

Notes from July 22nd:
 Board members present in the work group - Lety, Juan, Sharmila, Anna, Curtis.
 Vote was unanimous to recommend Kinetic Flow (Ami Sullivan) to the Executive Finance Committee.



Feedback that fuels success™

Improving Leader Effectiveness with 360 Feedback

A proposal discussion document for North Los Angeles County Regional Center

Prepared for:
North Los Angeles County Regional Center

Prepared by:
Dale Rose & Rachel Johnson

June 13, 2025



3D Group
2030 Addison St., Suite 650
Berkeley, CA 94704
www.3DGroup.net

360 Feedback Quote

3D Group specializes in full-service 360 Feedback and leadership development. For over two decades, we have delivered high-quality employee feedback and development services to organizations of all shapes and sizes. Our 360 Feedback assessment tools are well researched, our reports are user-friendly, and our service is exceptional. Our coaches cover ground beyond the typical "report debrief" during their one-on-one sessions. Our coaches help leaders establish development goals within the context of their report results, as well as organization goals and their career aspirations.

360 Feedback as a Catalyst for Change

At 3D Group, we believe 360 Feedback provides a unique and powerful opportunity to build leadership capability at the individual and organizational level. We excel at providing a way for employees to provide leaders with honest, constructive feedback. We treat employee feedback not a gift from employees, but rather as an investment employees make in their leaders. We excel at getting leaders to use that investment of feedback as fuel for leadership growth.

Why 3D Group? ...Expertise Delivered in Partnership.

We literally wrote the book on 360 Feedback. [The Handbook of Strategic 360 Feedback](#) (2019) illustrates the most current thinking in 360 Feedback today. While this edition speaks to best practice, our 2025 (8th Edition) [Current Practices in 360 Feedback](#), provides a comprehensive benchmarking study of common practices in 360 Feedback over the last 20 years. While we know what best practice looks like, we are disciplined about listening to client needs and tailoring every 360 Feedback process to be effective. process to be effective.

Our Understanding of North Los Angeles County Regional Center's Needs

North Los Angeles County Regional Center is looking for a partner to provide a 360 Feedback solution to support their Executive Director's annual evaluation with a growth and development component. They have asked for feedback that is honest and constructive via a survey (for broad coverage) and interview (for in-depth inquiry) methodology with coaching support to help guide interpretation and action planning. Additionally, the board seeks support with regard to interpreting the feedback as they integrate results into the Executive Director's annual evaluation.

Your Expert 360 Partner

- Serving clients globally since 1994
- 360 feedback thought leaders
- Robust technology
- Leadership & talent consulting

99% of our clients would work with us again

98% would recommend 3D Group to a colleague

3D GROUP

The infographic features a background collage of various client logos including Abbott, Rambus, HANSON, KIPP, LEGCO, Franklin Financial, FORT WORTH, Liberty Mutual, STANFORD, ALLERGAN, and IRVINE COMPANY. The statistics are presented in two orange circles.

Key Advantages of our Solution

1. **Honest Feedback Fuels Leader Development.** Most employees are naturally reluctant to speak truth to power, which leaves many leaders in the dark about how they can improve. Our 360 Feedback processes and protocols have been refined over 25 years to assure employees their survey responses are confidential so leaders can hear what employees really think. With our guidance and support, honest feedback from employees' fuels leadership development.
2. **Exceptional Project Management.** 3D Group minimizes headaches for our clients by providing fully supported 360 Feedback processes. Our project managers' expertise, flexibility, and responsiveness provide the support you need to assure success. This level of support has resulted in an average survey response rate of 85% across all 3D Group clients.
3. **Validated Instruments:** 3D Group's team of I/O Psychologists created the Leadership Navigator® for Executive Directors to be a reliable and valid measure of Executive Director behavior with input from the board, direct reports, and other stakeholders. The survey includes 72 numeric and two text-based responses covering Leading People and Task Leadership competencies. The report provides actionable feedback and highlights blind spots, strengths, and development areas.
4. **Stakeholder Interviews Dig Deeper:** 3D Group coaches conduct confidential interviews that expertly elicit specific leader behaviors that accelerate or impede a leader's success. While the source of individual responses will never be shared, the contextual detail shared in the words of the Executive Director's key stakeholders provide a rich and comprehensive view of the Executive Director's successes and struggles.
5. **Exceptional Feedback Coaches:** Our executive coaches excel at navigating the "palace intrigue" that often surrounds executives and board rooms. With expertise in helping leaders optimize their capabilities and sensitivity to governance dynamics, 3D Group coaches focus leaders on development and coordinate with the board chair to understand the feedback in the context of annual CEO/Executive Director Evaluations. 3D Group Coaches help the Executive Director accept and understand the data, create development goals and work with the board to communicate those goals. In addition to working directly with the Executive Director and board chair, we typically support the Governance Committee, Compensation Committee, or the Executive Committee.

Curious How it Works? Read about 3D Group's efforts to support CEO development in Forbes: [Why the Best Leaders of Midsized Firms Constantly Ask Their People "How Can I Improve?"](#)

Deliverables

Coach: Dale Rose, Ph.D.

Delivery Dates: Q3 2025

3D Group will conduct a 360 Feedback-based evaluation of the Executive Director for developmental purposes and to inform Executive Director's performance review. 3D Group will use an assessment approach that covers core executive competencies along with a specific focus on key competencies for Executive Director -successful leadership.

360 Feedback Survey

360 Feedback survey: 3D Group will administer either the Leadership Navigator® survey for Executive Directors or a Customized survey that is tailor-fit to the organization, the leader, and the purpose of the evaluation. The Leadership Navigator survey is designed to provide Executive Directors with tools to understand their role-specific strengths and weaknesses from the perspective of others, in support of a plan to improve; however, we are recommending a customized survey due to the unique nature of the organization and the role. Regardless of customization, the survey will be administered online with up to 35 raters including Board Chair, Board Members, Direct Reports, Others, and "Self".

Stakeholder Interviews

The 3D Group coach will interview up to 4 individuals who work closely with the Executive Director (typically direct reports, network partners, and possibly some board members) about their experience with the Executive Director. These will be 30-minute phone interviews targeted at identifying the Executive Director's strengths and development needs. The coach will rely on the Client's staff to schedule these calls (3D Group will provide a list of times the coach is available).

Full and Abbreviated 360 Feedback Reports

The resulting 360 Feedback results (online and interviews) will be integrated into a single report and delivered to the Executive Director, the Board Chair and identified members of the Board. Additionally, a second report only containing summary data from the online survey will be generated for distribution to board committees, as needed.

Debriefs with Executive Director, designated Board Committee, and Full Board

The 3D Group coach will first meet with the Executive Director to review the 360 Feedback report, identify development priorities, and formulate specific steps for development. Second, the coach will meet with the designated Board Committee to discuss and review the full 360 report and discuss more detailed results from the review in a confidential manner. Finally, the coach will meet with the whole board to discuss the abbreviated report and put the findings into context. These debriefs will be conducted by telephone/video.

Investment Summary

Deliverables & Activities	Fee
<ul style="list-style-type: none">▪ Board Orientation Meeting▪ 360 Feedback Survey Administration<ul style="list-style-type: none">○ Full Survey Report○ Abbreviated Survey Report▪ ED debrief and coaching (90-minute session)▪ Board Committee debrief (up to 90-minute session)▪ Full Board debrief (up to 90-minute session)	\$17,000
Additional Options	
<ul style="list-style-type: none">▪ Interviews with up to 4 individuals, summarized into a 2-to-4-page summary▪ Final Report: Interview summary attached to 360 survey report	\$3,500

<ul style="list-style-type: none"> ▪ Custom Survey creation: including content development, programming survey for online delivery, and report creation 	\$5,900
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Kinetic Flow

Response to Proposal:

North Los Angeles County Regional
Center

2025 Executive Director Review

June 2025



Kinetic Flow Corp.
A Human Services Consulting Group



Kinetic Flow Corp.
A Human Services Consulting Group

Proposal Introduction

June 16, 2025

Lindsay Granger, Executive Administrative Assistant
On behalf of the Board of Trustees: Executive Director Review Workgroup
North Los Angeles County Regional Center
9200 Oakdale Avenue
Chatsworth, CA 91311

Dear Board of Trustees and the Executive Director Review Workgroup,

Kinetic Flow greatly appreciate the North Los Angeles County Regional Center's Board of Trustees providing Kinetic Flow with the opportunity to continue support of NLACRC's staff and communities. As you know, I greatly value the dedication of our system's volunteer Board members, their time and the impact they have representing and advocating for the 450,000+ Californians with developmental disabilities and their families.

It has been Kinetic Flow's honor and pleasure to dedicate the past 27 years to helping honor the needs of people served, and their families, while helping drive change and creating a more responsive, effective and accountable regional center system. Our work has included having supported seven (7) regional centers with Executive Director Review and Leadership Development projects, including utilizing best/promising practices in establishing meaningful outcome metrics and partnering with regional centers to support ongoing growth and development of the Executive Director and Leadership.

For regional centers Kinetic Flow has had the honor of partnering with on a consistent basis, we have been able to create meaningful - and measurable - differences for people served, staff, Board leadership, and in expanding the service responsiveness.



Kinetic Flow Corp.
A Human Services Consulting Group

This difference was made possible by:

- Having a shared long-term vision with the Board, Staff and expert consultants all working synergistically with established internal processes to best be responsive to the needs of the regional center and the people they serve - to ensure all involved are working to honor the vision and mission of the regional center not just under the duration of the immediate project but in the long run to meet the mission and achieve the vision;
- Understanding the nuances of not just the regional center system but the specific culture, strengths, weaknesses and relationships of the specific regional center;
- Having time and resources to understand and integrate related regional center efforts (strategic plans, performance contracts, staff union contracts (where applicable)), regional center performance measures, staff performance reviews, departmental/inter-department/cross departmental communications, etc.);
- Being able to refine proven regional center system processes to best align and meet the unique diversity and equity efforts and challenges unique to that regional center; and
- Integrate existing regional center systems for optimal efficiency and minimized funding, which allows the regional center operationally (and the expert consultant by extension) to realize long term cost savings across a number of projects while achieving a greater impact and greater results.

Kinetic Flow is honored to provide North Los Angeles County Regional Center (NLACRC) with a response to NLACRC's Request for Proposals (RFP) on for the 2025 Executive Director Review/Evaluation Support. Information contained in this response is based on the limited information available from communications with the Board of Trustee's Executive Director Review Workgroup and the brief RFP.

Again, we thank you for the opportunity to support with the North Los Angeles County Regional Center and its communities.

Sincerely,

Ami Sullivan

**North Los Angeles County Regional Center:
Kinetic Flow RFP Response:
2025 Executive Director Review**



Kinetic Flow Corp.
A Human Services Consulting Group

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I. Introduction and Qualifications

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- b. Experience with Similar Projects
- c. Personnel Listing





I. Introduction and Qualifications

I.a. Introduction and Qualifications: Summary of Capabilities and Qualifications

Kinetic Flow's mission is to enhance the quality of quality of life services by inclusively quantifying the voice of the people served and other stakeholders. Kinetic Flow is comprised of a dynamic, experienced team of colleagues with more than 75 years of combined experience supporting California's regional center system. Our team is proud, and honored, to utilize our experience and expertise to best support North Los Angeles County Regional Center, its Board of Trustees, Leadership, staff and the many communities NLACRC supports.

Kinetic Flow is honored to have supported California's regional centers system for more than 25 years, providing Kinetic Flow with unique knowledge, expertise, experience, and insights. We proudly use this experience and gained knowledge to best support each unique regional center community organization and project.

Through the past 25+ years, Kinetic Flow's has developed a unique expertise in California's regional centers system and is therefore uniquely qualified to support North Los Angeles County Regional Center in many data-driven research and consulting niches, including Executive Director Review Process.

Kinetic Flow is honored to have:

- Supported Californians with developmental disabilities or at risk of developmental disabilities, and their families, and California's connected developmental disabilities service system for the past 25+ years, including having surveyed more than 95,000 Californians with developmental disabilities or with potential developmental disabilities, and their families, through a number of data collection methodologies and in a number of languages Utilizing person-centered data to drive outcomes and service/support development by partnering with regional centers to better understand and be responsive to the needs of people and their lived experienced.



- Supported engagement of regional center staff, based on surveys from more than 12,000 regional center staff:
 - Kinetic Flow has worked with a number of regional centers to conduct Employee Engagement and Satisfaction surveys and solicit employee feedback on key regional center issues. Kinetic Flow utilizes this data to guide and support organizations to maximize retention and optimize employee engagement
- Driven provider-regional center collaboration, utilizing experiences of more than 6,700 vendored staff;
- Worked with all 21 regional centers, the Department of Developmental Services, the State Council on Developmental Disabilities, Association of Regional Center Agencies, WestEd Center of Excellence, and other collaborative organizations, as well as consulted on Centers of Medicaid and Medicare Services System Change grants in six states.
- Provided training and facilitation to Chapman University's Alternative Communication course, California State University - Sacramento's Mover's Study interviewers, and University of California, Los Angeles, Nursing Center of Excellence on Utilization of Outcome Metrics.
- Supported regional centers and their communities through 120+ projects.
- Developed metric banks to support regional centers in assessing the impact of regional center services and supports for individuals and their families, regional center employees and providers, tying in best practices and insights inclusive of Person Centered Practices, Self-Determination, Leadership Core Competency Assessment and Development and utilizing mainstream business practices such as "Good to Great" and Stephen Covey's work.
- Tested numerous methodological approaches and has developed and utilized best practices targeted specifically for people served by the regional center system, and their families, regional center staff, regional center vendored service providers and collaborative community partners.



- Developed regional-center specific Core Competencies for Executive Directors and Leadership teams, implementing leadership development models with seven (7) regional centers.
- Supported organizations to utilize data and drive change by:
 - Highlighting Approaches to Optimization
 - Facilitating Teams to prioritize areas for development based on specific regional center needs, resources, existing initiatives, and environmental factors (community needs, external impacts, DDS directives and initiatives, Board of Trustee priorities, development of the Leadership, HR and Training Team)
 - Facilitating foundation building activities around the Values, Vision, Mission, and inter-team communication styles and team building
 - Facilitates What's Working/Not Working subject specific conversations to identify and support addressing root causes (vs. symptoms)
 - Providing one-on-one and group coaching, development, and training typically specific to the Leadership Team, Management/Supervisory Team
 - Founding and launching Employee cross-functional, multi-office, representation committees to help inform and drive change on an ongoing basis
 - Evaluation of internal communication, retention, training and HR tools (recruitment and hiring process, exit interview protocols, etc.) to help maximize existing efforts to increase retention.
- In addition, Kinetic Flow has provided extensive training for regional center staff, regional center Board of Directors, providers, and educational institutes in a variety of subjects.
- Participated in the development and evaluation of Oregon's Mental Health Self-Determined Pilot Project



Utilizing this strong foundation, Kinetic Flow additionally supports regional center operations, including:

- Leadership Evaluation and Development
- Diversity, Equity, Inclusion and Belonging Research and Implementation Support
- Team Development and Building
- Organizational Development Review and Planning for Optimizing Growth and Change

This research, and follow-up consulting, serves to bring the voices and lived experiences of Californians with developmental disabilities, and their families, regional center employees, and service providers to the forefront of data-driven decision making, enabling regional centers to focus improvement and development activities in ways that are most effective and impactful.

Utilizing these key voices and industry best/promising practices, Kinetic Flow has been key in guiding and supporting regional centers to truly engage with the people in they serve and those that support them- regional center Leadership and staff.

- Empowering Data-Driven Decision Making: Research and Consulting
 - Kinetic Flow is honored to connect with and represent the voices of: Individuals/Families, Board of Directors/Trustees, Employees, Service Providers, Community Collaborating Agencies, Advocacy and State Agencies
 - Kinetic Flow utilizes numerous outreach and connection methods, including but not limited to:
 - Listening Sessions, Focus Groups
 - One-on-One Interviews
 - Motivation/Behavioral Interviewing
 - Surveying Paper/Mail, Online, SMS/Text, Live Telephone
 - Video Interviewing (in development)



- Kinetic Flow turns person-centered data into actionable and impactful information to inform and guide organizations through stakeholder engagement, build individual/family satisfaction, increase employee retention and engagement, including raising morale, and building efficiencies to create a more impactful organization, becoming a true partner in helping organizations achieve their mission.
- Leadership and Staff Development
 - Training and Facilitation
 - Team-Building and Connectivity
 - Executive Director / Leadership Core Competency Evaluations
 - Performance Review Development and Training
- Organizational Development
 - DEIB Culture Review, Planning and Implementation Support
 - Staff Development and Training
 - Team Facilitation and Connectivity
 - Resource and Strategic Planning
 - Succession Planning
 - Process and Document Review
 - Cross-department Collaboration



I. Introduction and Qualifications

I.b. Introduction and Qualifications: Experience with Similar Projects

Kinetic Flow is honored to have supported regional center staff at seven (7) regional centers, across twenty-seven (27) Leadership Review Process projects including:

- Golden Gate Regional Center: 2023, 2022, 2021, 2020, 2019, 2018, 2017, 2006 Executive Director Review
- Valley Mountain Regional Center: 2023 Leadership Team Reviews
- Valley Mountain Regional Center: 2023, 2021 Executive Director Review
- Central Valley Regional Center: 2024, 2023, 2022 Executive Director Review
- San Gabriel/ Pomona Regional Center: 2005, 2012 – 2017 Executive Director Review
- San Gabriel/Pomona Regional Center: 2012, 2015, 2017 Management Team Reviews
- Regional Center of Orange County: 2017 Management Team Reviews
- Tri-Counties Regional Center: 2003 Executive Director Core Competency Modeling and Review Support
- Redwood Coast Regional Center: 2015 Executive Director Succession Planning: Executive Director Review

Attachment A: Please find complete Qualifications and Projects for Kinetic Flow.



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I. Summary of Relevant Experience and Ability

I.c. Summary of Relevant Experience and Ability: Personnel Listing



Ami Sullivan, Founder of Kinetic Flow, has worked in the health and human services field providing independent research and consulting for more than 25 years.

Ms. Sullivan is honored to have worked with six states on Centers for Medicare and Medicaid Services grants and has had the pleasure of working with all 21 of California's regional centers in some capacity, as well as with the Department of Developmental Services, the Association of Regional Center Agencies, the State Council on Developmental Disabilities, among others.

Ms. Sullivan is the Project Lead and will coordinate with North Los Angeles County Regional Center



Lauren Black. Researcher. DEI Specialist. Researcher. Ms. Black is a Program director specializing in diversity, equity, and inclusion with a demonstrated history of working in the education management industry. Reliable and organized team player with the ability to communicate effectively and engage empathetically.

Ms. Black has collaborated with Ms. Sullivan for the past five years on a number of projects and provides expertise in Diversity, Equity, Inclusion and Belonging to Kinetic Flow projects ensuring project methodologies, analysis, and recommendations are promoting and reflecting DEI values. Further, Ms. Black works at a community level to gather community input through focus groups and interviews.



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Ms. Black will provide DEIB expertise and review of project aspects as is optimal within NLACRC's Scope of Work.



Ivy Turkington. Leadership Behavioral Change Consultant. Data and Systems Analyst. Ms. Turkington has worked with non-profits for more than 25 years with decades of experience helping large and small non-profits improve - from management consulting to internal leadership, including the Department of Developmental Services, regional centers, hospital systems, universities libraries, schools, and advocacy organizations. Ms. Turkington hold dual specialties in Data and Systems Analysis and Leadership Behavioral Change.

Data-wise, Ms. Turkington is in a unique position having research and built statistical models on California's CDER data, Self-Determination Cost Modeling and Quality Enhancement.

Within the realm of Leadership Behavioral Change, Ms. Turkington has coached executives, board, and staff on how to enhance performance of functions or staff to meet the organization's goals and supporting the organization to create a sustainable cycle of planning, implementing, and monitoring to ensure long-term success.

Ms. Turkington has been a collaborative part of the Kinetic Flow team since 2003 and will review organizational change recommendations from the Leadership Behavioral Change perspective.

II. Project Approach

- a. Scope of Services
- b. Methodology
- c. Strategies:
 - Respondent Engagement
 - Quality Assurance – Data Collection, Analysis
 - Confidentiality
 - Timeline
 - Communication Approach



II. Project Approach

II.a. Project Approach. Scope of Services

Per the draft Request for Proposal issued by North Los Angeles County Regional Center, the requested Scope of Work includes:

1. The following services are required of the selected consultancy:
 - a. Two (2) introductory collaboration meetings (that include a designated Board subcommittee as defined by the Board's bylaws) and the ED together to discuss the process steps, relevant process inputs, and the timeline overview to implement.
 - b. One (1) training for NLACRC's Board of Trustees and other stakeholders during a public board meeting (date to be determined) to outline clear expectations for all involved. This training and session would be recorded, with a recording available for the public and any absent Trustees.
 - c. Creation and/or use of the consultancy's evaluative survey and mechanism for confidential distribution and return of surveys.
2. At the conclusion of the survey distribution/submission process, the following published reports or information returns are required:
 - a. Consolidation of the results and summary with a point system identified.
 - b. One (1) debrief survey summary meeting with a designated Board subcommittee (as defined by the Board's bylaws) to review survey results.
 - c. Attendance at one (1) additional board meeting (during board closed session) to discuss the evaluation results and answer Trustee inquiries, for board approval of compensation recommendations.

For cohesiveness, these are separated into three categories by task:

- Communication, Understanding and Support: Training and Meetings (1b, 1c, 2c)
- Executive Director Review Data: Creation/use of evaluative system and consolidation of data (1a, 1c, 2a)
- Learnings and Development – (2a, 2b, 2c)



Kinetic Flow is fully versed in supporting each of the included items and have supported the outlined tasks through 27 regional center Leadership Development specific projects, and elements of each of the above through an additional 150+ regional center projects and 25+ years of dedicated service to the Lanterman Act and the people/families served under this system.

The following Project Approach: Methodology (III.b, c, D.) provides additional specific detail for achieving the Board of Trustees goals for the Executive Director Review as outlined above, and organized into the three sub-categories for the tasks:

- III.b.1: Methodology: Communication, Understanding and Support: Training and Meetings (1a, 1b, 1c, 2c)
- III.b.2: Methodology: Executive Director Review Data: Creation/use of evaluative system and consolidation of data (1a, 1c, 2a)
- III.b.3: Methodology: Learnings and Development – (2a, 2b, 2c)



II. Project Approach

II.b. Methodology

The proposed Methodology for NLACRC's Executive Director Review is considered a draft. The final methodology will be developed collaboratively by NLACRC's Board of Trustees: Executive Director Review Workgroup and Kinetic Flow to best meet NLACRC's information objectives, unique culture and the vision of the change and Leadership Development the regional center would like to create.

The Methodology section of this RFP response, outlines Kinetic Flow's Approach for the tasks outlined in the RFP (and referenced in the prior section) organized by task goal/orientation. This section includes:

- III.b.1: Methodology: Communication, Understanding and Support: Training and Meetings (1a, 1b, 1c, 2c)
- III.b.2: Methodology: Executive Director Review Data: Creation/use of evaluative system and consolidation of data (1a, 1c, 2a)
 - Review Process: Questionnaire Design and Development
 - Review Process: Data Collection Methodology
 - Review Process: Sampling Plan
 - Review Process: Data Analysis
 - Survey Process: Deliverables
- III.b.3: Methodology: Learnings and Development – (2a, 2b, 2c)

The below outlined Methodology reflects Kinetic Flow's current understanding of NLACRC's parameters and is based on industry standard best/promising practices and Kinetic Flow's 25+ years of working with California's regional centers.



II. Project Approach

II.b.1 Methodology - Communication, Understanding and Support: Training and Meetings (1a, 1b, 1c, 2c)

Working from a place of Common Understanding, Clear Communication, Collaboration and Transparency are Paramount!

Kinetic Flow applauds NLACRC for incorporating trainings and Board member involvement throughout this process. Kinetic Flow firmly believes that key to the success of any project or process is:

- Building common understandings
- Practicing active clear communication
- Creating a collaborative foundation
- Building trust and cohesiveness through transparency

The collaborative meetings and trainings outlined in NLACRC's RFP (items 1a, 1b, 1c, 2c) are key to ensuring the information and development goals of NLACRC are incorporated, as well as ensuring the Executive Director Review is designed, from the start, to achieve long-term leadership accountability, development and WIC compliance, as well as be a responsible stewardship of the trust the community places in the Board of Trustees.

For each meeting or training, Kinetic Flow will work to align with and support the Board's goals, including:

- Preparation of Agenda/Agenda Items
- Preparation of Support Materials – presentations, ED Review materials, etc.
- Follow-up and Response

Kinetic Flow will work to meet the timeline and availability needs of NLACRC. Throughout these trainings and meetings, Kinetic Flow works to achieve understanding by utilizing multiple mediums and aligning materials with the involved stakeholders. Additionally, Kinetic Flow is happy to support pre-



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meetings, as appropriate, for individuals that may desire or need additional time to review and process the materials in order to be active participants in these meetings/trainings.



II. Project Approach

II.b.2: Methodology: Executive Director Review Data: Creation/use of evaluative system and consolidation of data (1a, 1c, 2a)

A solid Executive Director Review starts with solid evaluation process that align to the Lanterman Act, and other legal oversight, the requirements of the Department of Developmental Services, the NLACRC Board of Trustees, and best practices of Leadership Development.

The North Los Angeles County Regional Center Board of Directors (Board) maintains, as one of its key responsibilities, the employment, oversight and evaluation of the Executive Director as well as putting into place a foundational succession plan for future use and Executive Director evaluation and coaching. Per California's Welfare and Institution Code (W&IC, 4622(j)(1), "The governing board shall review the performance of the director of the regional center." While the California Code of Corporations specifies, that a Board of Director's core responsibilities include their execution to "hire and evaluate the Executive Director" (CCC5213).

To best meet these legislative mandates, as well as optimize best practices in Leadership Development, Kinetic Flow recommends a hybrid

Objective Outcome/Compliance Metrics + Core Competency Model

The Objective Outcomes/Compliance Metrics will be determined by the Board Executive Director Review Workgroup, with guidance, as desired, from Kinetic Flow. Typically, Objective Outcomes/Compliance Metrics are included in Executive Director Reviews to assess the objective operational sufficiency of the Executive Director. Within the regional center system, these measures are typically tied to:

- DDS Performance Contract requirements
- Regional Center Strategic Plan performance
- Individual/Family Satisfaction Survey performance
- Regional Center Executive Director Contract



- DDS Special Contract Language

The exact metrics are typically guided by the regional center's Mission, Vision, Values, current contract parameters, areas of regional center emphasis, and the availability of data/measurements.

Within the process outlined by NLACRC, the determination of these measures would be discussed and defined in steps 1a and 1c, with data pulled for the report through 1c and 2a. Kinetic Flow will work to pull this data and seamlessly integrate the Objective Outcome / Compliance Metrics into the holistic Executive Director Review.

The Core Competency Models have evolved in the Human Resources/Talent Management field(s) as a key part of newer annual review processes as a sophisticated talent management insight model with increasing emphasis on development, goal setting, communication, job satisfaction and performance and contribution. A well designed and implemented model can become a strategic cornerstone of an integrated process which can:

- Clearly signal organizational priorities and values
- Act as a career and job development tool
- Focus the connection between competence and performance
- Assist an employee in managing their own career, development and job satisfaction
- Focus recruiting efforts
- Aid in succession planning and talent management
- Act as both an individual and organizational dynamic training needs analysis
- Provide the data to establish a dynamic statistical norm base of competence and track organization development
- Work to develop the tone and standards for all Leadership/Executive Management and unite the management team under a single set of expectations
- Help to focus development resources on high value returns in either a specific job or more broadly in the organization.



Competency elements are formatted into a user-friendly survey that can be completed by various stakeholders in a 360-process. A 360-degree evaluation process is a comprehensive performance review that honors for each stakeholders' unique relationship and perspective of the Executive Director. It supports the Board by providing for a dynamic multi-faceted review of the Executive Director's performance in multiple areas and in multiple functional areas. gathers feedback from multiple sources, including managers, peers, subordinates, and even external stakeholders. A 360-process provides a more holistic view of an Executive Director's performance than traditional evaluations that rely solely on a singular and therefore limited perspective.

In an effort to incorporate multi-stakeholder feedback in a systematic and meaningful way, some Boards have engaged in this Core Competency Review Survey. The Executive Director Core Competency Reviews survey:

- Provides a systematic way for employees, and community members, to provide meaningful information for the Board of Directors in their review process of the Executive Director while at the same time providing insightful, actionable feedback for the Executive Director;
- Provides a systematic way for members of the Board of Directors to provide meaningful information to the Executive Director on performance and professional development; and
- Serves to strengthen the regional center leadership in a systemic process.

The data and analysis gathered from Executive Director Core Competency Reviews survey:

- Assist in strategic planning;
- Identify strengths and areas for improvement for the agency and for the Executive Director;
- Provide a meaningful and systemic way of incorporating employee input into the Executive Director's review; and
- Provide an overall picture of the Executive Director's perceived performance for the Board of Directors and the Executive Director, as viewed by the Leadership Team, staff, people served, services providers, community members, and members of the Board of Directors;



- Provide insight for resource allocation, including training for the regional center and for individuals;
- Provide the Board of Directors and Executive Director a perspective of changes over time in the Executive Director's growth or changes within the organization over time; and
- Provide a meaningful and systemic way of incorporating employee input into management reviews.

As part of this Review process, Kinetic Flow will work with NLACRC to define and optimize:

- Review Design and Development
- Sampling Plan
- Data Collection Methodology

Core Competency: Review Design and Development

Start with the right tool(s)! ensuring the effort asks the right questions and connects with staff in the best ways - is the first paramount step in ensuring the success of NLACRC's Executive Director Review

KineticFlow will work with North Los Angeles County Regional Center to design and develop a review tool specific to their information objectives.

As both a legislative mandate, as well as a development and coaching tool for the Executive Director, the Board of Directors is interested in developing and utilizing an Executive Director Core Competency (360) tool to conduct the Executive Director Review to:

- Provide the Board of Directors with an objective assessment tool for reviewing the Executive Director's performance from multiple perspectives to both:
 - Comply with Lanterman Act regulations to conduct annual reviews of the Executive Director; and



- Provide the Board of Directors with a tool to assess potential adjustments to the Executive Director compensation package; and
- Provide the Executive Director with a coaching and development tool to strengthen the skill set and effectiveness of the Executive Director.

The Executive Director Core Competency Model/Evaluation tool flushes out the behaviors NLACRC's Executive Director would ideally demonstrate if he/she/they possessed and mastered that core competency.

Each element from the Core Competency Model is flushed out with a clear descriptor that can then be assessed by individuals selected to be part of the 360 Review process.

Typically, the assessment scale used is a frequency scale. A frequency scale allows the survey participant to evaluate how often a specific trait or skill or behavior is demonstrated, rather than rating the performance of the Executive Director or their satisfaction with the Executive Director.

This scale is common in 360 and evaluation surveys as it helps maintain the organizational hierarchy and allows for greater insight. The frequency scale used in the more regional center Executive Director Core Competency Survey includes the below.



Typically, Core Competency Models for regional center leadership include elements of:



- Interpersonal Skills
- Person-Centered Thinking
- Diversity, Equity, Inclusion and Belonging
- Effective Communication
- Board Reporting and Support
- Community Collaboration
- Visionary Thinking
- Strategic Thinking and Planning
- Operational Strength and Implementation
- Team Leadership and Accountability
- Coaching Others

In addition, at the end of each core competency area, the review includes a space for participants to add any comments or thoughts on they wanted to convey regarding that core competency and the Executive Director.

Kinetic Flow can provide NLACRC's Workgroup with a full bank of Core Competency Metrics that have been used by regional centers as a place to start. Measures can be further customized to best fit NLACRC's culture and objectives. Additional metrics can be added as needed.



Core Competency: Review Sampling Plan

The second step in Review Process is identifying and developing a Sampling Plan. For the Executive Director Review, Kinetic Flow will work with the Workgroup to define all appropriate stakeholders that may have regular and informative interactions with the Executive Director.

The Executive Director position is multi-faceted and involves interaction with varied and diverse groups of people. For this evaluation of the ideal behaviors of the Executive Director, the North Los Angeles County Regional Center Board of Trustees may identify a select but diverse group of people to provide feedback on the core competency behaviors displayed by the Executive Director. These groups include

- Board of Trustees
- People served by the regional centers, families, possibly represented by the CAC, Support/Advocacy Groups, Family Resource Center, and others
- Staff, including Management Staff that may have more frequent or personal interactions with the Executive Director
- Service provider representation which may include the SPAC or VAC, and
- Members of the community, which often includes members of local CBOs, SCDD, and others.



Core Competency: Review Data Collection Methodology

With the right tool(s) developed as the first step of Review Process, the third step is ensuring effective, equitable data collection.

Data collection is the center and heart of any survey effort (or should be!). Considerations for data collection methodologies are numerous. Data collection methodology factors for North Los Angeles County Regional Center for the Executive Director Review may:

- Be built on the successes/lessons of prior efforts
- Insights offered by the Workgroup
- Be best suited to meet potential participants' technological preferences
- Ensure security and confidentiality
- Maximize participation
- Provide equitable participation

In order to best meet the community's needs and maximize cost-effectiveness, Kinetic Flow recommends a data collection process primarily focused on Online surveys, which would be available both in English and Spanish (as well as other threshold languages as needed for outlined participants).

In addition, Kinetic Flow would offer further support in the form of telephone interviews, paper survey or other for members of the Board of Trustees, and limited other potential participants for whom this data collection methodology presents a challenge or barrier. Other survey types could include:

- 1) SMS Survey
- 2) Mail/Paper Surveys
- 3) Telephone-paper surveys



Online surveying has the benefits of:

- Being passively available to respondents, so individuals can complete it
- anytime and at their own convenience;
- Is less intrusive and/or invasive, so respondents may feel greater ability to be completely honest;
- Ability to include participants without geographic limits;
- Utilizes a secure link for increased confidentiality and security;
- Has higher validity than many data collection methodologies; and
- Is cost effective.

Kinetic Flow initially recommends utilizing these methodologies to maximize respondent participation and maximize cost savings. Final recommendations would be developed based on the input and insights of the Workgroup.



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Core Competency: Review Data Analysis

Data Analysis is the fourth step in the Review Process and is a critical step in framing data-driven recommendations for creating cultural change.

Kinetic Flow will utilize a number of statistical and analytical tools when analyzing the Review data to ensure the data insights are maximized (get the most out of the data that we can), relevant and actionable to NLACRC.

Core Competency Data would be integrated with the Objective Outcome Measures to ensure a holistic and cohesive model of the Executive Director's performance is available for the Board of Trustees and the Executive Director.



II. Project Approach

II.b.3: Methodology: Learnings and Development – (2a, 2b, 2c)

While great thought, insights, expertise and experience will be invested in all logistical phases of data collection for NLACRC's Executive Director Review, data itself is only a tool. If that tool is not used, or not used intentionally, it, by itself, is not useful or helpful. Critical to accountability and Leadership Development, is the judicious use of the data. This is where Learning and Development consultation and engagement honoring and using the data- the voices of people to truly drive change happens.

Per NLACRC RFP, this includes:

- a) Consolidate reporting
- b) Debrief with the committee or Workgroup
- c) Presentation to Board of Trustees

Kinetic Flow would recommend adding an additional item:

- d) Debrief with the Executive Director – this is key to supporting the development and learning of the Executive Director.

Kinetic Flow is proud to have enabled and supported many regional centers in using data to support and transform organizations



II. Project Approach

II.c. Project Approach. Strategies.

Project Approach: Strategies: Respondent Engagement

- 1) Kinetic Flow will work with the Workgroup to ensure messaging is data collection methods are equitable and encourage participation.
- 2) In addition, Kinetic Flow will work to make alternative data collection methodologies available to support participant engagement.

During the data collection process, Kinetic Flow will provide data collection updates, and be able to provide mid-process retargeting or specific outreach efforts for groups that may not be responding ideally to the effort to ensure equitable access and opportunity.

Project Approach: Strategies: Quality Assurance- Data Collection and Analysis Tasks

At Kinetic Flow Corp, we understand the critical role data plays in informing sound decisions and driving informed strategies. That's why we prioritize rigorous Quality Assurance (QA) practices throughout our data management, data collection and analysis processes, specifically for data collected via SMS/text, online, and live telephone interviews and the sample data (personal information) connected with data collection.

A Conservative Approach for Maximum Reliability: While embracing innovation we believe in the value of established best practices. Our QA framework adheres to conventional methodologies ensuring consistency and reliability in data acquisition and interpretation. This conservative approach minimizes the risk of errors and biases, fostering trust in the insights we generate.

A full outline of the QA Lifecycle for Data Collection by Kinetic Flow is available upon request.



Project Approach: Strategies: Confidentiality

Data Security. As a regional center vendor, Kinetic Flow has provided sample, data cleaning and validation services, in compliance with HIPAA requirements, on more than thirty projects for DDS, regional centers, and regional center vendored service providers, as well as for other States and private industry clients. As a data-based research firm, one of Kinetic Flow's core principles is strict and conservative information management standards— both prior to and since HIPAA regulations. As a contractor, Kinetic Flow considers itself bound by the same laws, rules, regulations and courtesies extended to potential survey respondents as the agency we contract with. Further, one of the first tenants of respondent-based research is respecting and maintaining respondent confidentiality. Kinetic Flow maintains strict sample and data management standards, including adherence to HIPAA regulations and any state regulations regarding use of such data.

Respondent Confidentiality. No information or documents gathered or used in this or any study will be released or published by Kinetic Flow. All interviewing involves the expressed or implied promise of confidentiality and anonymity for the respondent and the respondent's individual answers. The specific identity of individual respondents, including names, addresses, telephone numbers, e-mail addresses, and fax numbers is confidential and protected information. Kinetic Flow does not disclose this information to clients or to anyone outside of our company who is not part of our confidentiality system. Further, Kinetic Flow works to actively protect respondent identity by anonymizing responses to open-ended data and limiting the drill down ability within the data set.

Project Approach: Strategies: Timeline

Kinetic Flow will work with NLACRC to design a timeline that meets desired milestones to be the best of the project's ability. Please note, cultural shifts take time. Kinetic Flow is committed to remaining available to NLACRC's not only throughout the process but for period check-ins and review, as well as guidance beyond the timeline scope of the RFP.



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Project Approach: Strategies: Communication Approach

Kinetic Flow is proud to present to North Los Angeles County Regional Center the support of a stable, engaged project team with more than 25 years of individual experience and more than 75 years of combine experience supporting California's regional center system. In order to remain optimally responsive to the individual needs of each regional center, as well as cost efficient, Kinetic Flow operates with a small core of staff, and contracts with specific specialized consultants to best meet the needs of the project and bringing core expertise to each project.

To maintain project efficiency, engaged and clear communication and overall project cohesiveness, each client liaison's with one core Project Manager. For North Los Angeles County Regional Center's Executive Director Review Process, the Project Manager will be Ami Sullivan. Ms. Sullivan has an existing relationship with NLACRC's Board of Trustees and regional center staff, as well as the operating preferences of the NLACRC to ensure a smooth, knowledgeable approach. Additionally, Ms. Sullivan has vast experience in this area, and as the founder of Kinetic Flow, project continuity is assured.

III. Cost Proposal





III. Cost Proposal

Kinetic Flow has based the initial costs on the Approaches and Scope of Services laid out in this Response. Costs can be revised based on final methodological considerations to best meet NLACRC's needs. Kinetic Flow will work with NLACRC to realize all potential cost-savings, as has been done in the past. Additionally, Kinetic Flow only invoices for work and direct expenses incurred; NLACRC will never be billed for services not rendered.

The cost proposal is broken down by year for the three-year contract, assuming the Scope of Work remains consistent after initial development of the Executive Director Review Model:

Activities	Investment
Year 1: Executive Director Review Model Creation, Collaboration and Training, Review Process (Data Collection/Coordination), Reporting, Debrief	\$ 9,840.00
Year 2: Executive Director Review Model Revisions (as needed), Collaboration and Training, Review Process (Data Collection/Coordination), Reporting, Debrief	\$ 4,890.00
Year 3: Executive Director Review Model Revisions (as needed), Collaboration and Training, Review Process (Data Collection/Coordination), Reporting, Debrief	\$ 4,890.00
Total Investment for 3 Years	\$ 19,620.00



Budget Notes:

- 1) Total Cost is provided as a maximum cost, no additional costs will be billed unless NLACRC changes the Scope of Work. If a change to the Scope of Work is made, Kinetic Flow will provide written notification and a written revised cost; work will not proceed until changes are approved, in writing by NLACRC.
- 2) All methodologies are initial until finalized by NLACRC, which may result in changes project investment.
- 4) Invoices will be noted appropriately with only the utilized funding billed and an accounting provided on the invoice.
- 5) *Kinetic Flow only bills for utilized expenses; any billable hours or direct expenses not used will not be billed.*
- 6) When possible and advantageous to NLACRC, Kinetic Flow will utilize existing events and build off of existing regional center projects and processes to realize cost-savings.
- 7) Meetings/Trainings are calculated as remote attendance; in-person can be added at cost, or, when possible, combined with other events to minimize costs but maximize in-person connections.
- 8) Year 1 costs are significantly higher due to collaboration on and creation of the Evaluation Model, including Objective Outcome Measures and Core Competency Review. If the design/creation requires fewer hours; these hours will not be billed. Year 1 also includes development of report and presentation templates custom to NLACRC and its' communities. Year 2/3 include learnings and minor revisions, but creation/development investment is not necessary.



IV. Additional Information. A: Complete Qualifications





OVERVIEW

For more than 25 years, Kinetic Flow has been honored to support people engaged in human services systems, with specific focus on supporting the needs of Californians with developmental disabilities, and their families, and the Developmental Disabilities Services system, including regional centers, their staff, service providers, and community collaborators.

Kinetic Flow's mission is to *enhance the quality of quality of life services* by quantifying the voice of the people served and other stakeholders for use in Service and Quality Enhancement/Improved Effectiveness & Efficiency by Empowering Data-Driven Decision Making:

Organizational Development
Leadership and Staff Development
Business Development
Research

Kinetic Flow is honored to have:

- Partnered with more than 50 non-profit organizations serving individuals in the fields of: developmental disabilities, mental health/substance abuse/behavioral needs, disadvantaged youth, and homelessness
- Worked with all 21 regional centers, the Department of Developmental Services, the State Council on Developmental Disabilities, Association of Regional Center Agencies, WestEd Center of Excellence, and other collaborative organizations, as well as consulted on Centers of Medicaid and Medicare Services System Change grants in six states.
- Supported regional centers and their communities through 170+ projects.
- Listened to the voices of more than 95,000 Californians with developmental disabilities through a number of formal data collection methodologies;
- Supported the development of 11 regional center Board of Directors/Trustees
- Supported the evaluation and development of 7 Executive Directors, as well as a number of Leadership Teams
- Surveyed more than 12,000 regional center staff;
- Surveyed more than 6,700 vendored regional center staff;
- Participated in the development and evaluation of Oregon's Mental Health Self-Determined Pilot Project
- Has secured more than \$20 million in grant funding for mental health, victims of abuse, and developmental disabilities.



CORE COMPETENCIES

Empowering Data-Driven Decision Making: Leadership and Staff Development ~
Research and Evaluation ~ Organizational Development ~ Business Development

Kinetic Flow is proud to provide a number of core services and supports to our clients

- Empowering Data-Driven Decision Making: Research and Evaluation
 - Kinetic Flow is honored to connect with and represent the voices of: Individuals/Families, Board of Directors/Trustees, Employees, Service Providers, Community Collaborating Agencies, Advocacy and State Agencies
 - Kinetic Flow utilizes a number of outreach and data collection methods, including but not limited to:
 - Listening Sessions, Focus Groups
 - One-on-One Interviews
 - Motivation/Behavioral Interviewing
 - Paper/Mail Surveying
 - Online Surveying
 - SMS/Text Surveying
 - Telephone, Live Interviewing
 - Video Interviewing (*in development*)
- Leadership and Staff Development
 - Executive Director Core Competency Evaluations
 - Management Staff Core Competency Evaluation
 - Performance Review Development and Training
 - Board of Director Training, Coaching and Development
 - Facilitation and Training
 - Team-Building and Team Development
- Organizational Development
 - Strategic Planning
 - Succession Planning
 - Process Review Project Management
 - Cross-department Collaboration
- Business Development
 - Grant Writing and Grant Management



- Empowering Data-Driven Decision Making: Research and Evaluation.

Since 2003 Kinetic Flow has been at the forefront of introducing the use of Social Research - using the voice of people served and families to drive services and service change - to non-typical social systems, primarily California's Regional Center System, spearheading quality, efficiency and effectiveness studies, as well as conducting research into needs assessment trends to anticipate and meet the needs of the Baby Boomer, GenX, Xennials, and Millennial generations.

Through the use of online survey platforms, mobile device platforms (SMS, Text), live telephone interviews, mail and paper surveys, as well as utilization of qualitative interviews, panels, focus groups, listening sessions, and focused research, Ms. Sullivan has amassed vast experience utilizing sound research techniques to focus data driven thinking to:

- Drive strategic planning,
- Focus process improvement,
- Identify and capitalize on best/promising practices,
- Identify areas for development for quality assurance/ improvement models, and
- Drive measurable improvements in quality of life, effectiveness and efficiency.

Kinetic Flow has specialized in the Health and Human Services field, specifically in California's developmental disabilities system for the past 20+ years. Through this work, Kinetic Flow has led numerous projects listening to the voices of people with developmental disabilities and their families, as well as vital stakeholders including:

- Conducted over 95,000 interviews of people receiving services from human service organizations;
- Conducted interviews and surveys with more than 12,000 with direct care staff and case managers; and
- Conducted interviews and surveys with more than 6,700 service providers in the field.

*An extensive list of projects can be found in the Appendix.



Leadership and Staff Development. Supporting overall organizational development, Kinetic Flow provides staff development, succession planning, core competency management reviews and evaluation, 360 management processes and training services, as well as development and training of Board of Directors. Kinetic Flow has provided consulting services to California's private non-profit Regional Center System as well as state agencies in Oregon, Arkansas, California, Louisiana, Nevada, and Washington D.C. Further, Kinetic Flow advises clients on intentional managed growth, leadership and organizational cohesiveness to maximize organizational effectiveness, efficiency and longevity.

- Organizational Development. Kinetic Flow guides and supports agencies with organizational development, including, with strategic planning, consensus building, review of organizational structures, function, process and department alignment, meeting and retreat facilitation, training in areas of core competency, including Board of Directors development training, and timeline and resource planning.

In addition, as part of the overall Organizational Development assistance, Kinetic Flow provides marketing, outreach and transparency assistance in creating marketing materials, writing and/or editing reports and communications (press releases, Executive Director Communications, newsletter articles, blogs, etc.).

Specific to strategic planning, Kinetic Flow works with organizations to facilitate a multi-dimensional planning processes that incorporates external stakeholder feedback with internal feedback and hard metrics. Experience includes data gathering, goal setting, and facilitated consensus building. Kinetic Flow has provided Organizational Development services on numerous projects throughout Oregon and California, as well as in additional states.



- **Business Development.** Kinetic Flow has written more than 50 grants to solicit funding for new programs and expansion programs achieving awards of over \$20 million for clients. Fifteen of the grant responses were written to government agencies, both state and federal. Kinetic Flow successfully saw these proposals through the government contracting process. Kinetic Flow is experienced in all facets of grant / proposal writing, including submission of Concept Papers and Abstract Submissions, Budget Development, Writing and Editing, Review of Grant Submissions, and Proposal Management and Coordination. Kinetic Flow has experience both working individually to develop, write and submit grant responses, as well as coordinating and managing up to fifteen partners or stakeholders on grant proposals. In 2009-10, the only year in which Kinetic Flow applied for this status, Kinetic Flow, was awarded status as an approved Grant Writing Partner for the Council on Quality and Leadership.

Additionally, Kinetic Flow has authored numerous proposals, achieving awards of more than \$12 million for clients, as well as having authored 200+ proposals, achieving awards of more than \$14 million, with additional projects still pending. Kinetic Flow develops the proposal, including researching and analyzing funding organizations, explores alternative resources creating Business Plans, and provides action plans and recommendations.



APPENDIX: RELEVANT PROJECT LIST

A partial list of project includes:

- Alta California Regional Center
 - 2019 Board of Directors Training: Succession Planning, Strategic Planning and Teambuilding
 - 2002-03 Consumer Satisfaction Study
 - 2002-03 Service Provider Satisfaction Study
- Arkansas' Department of Developmental Services
 - 2003 Oregon Technical Assistance Corporation (OTAC) Consultant: 2002 Centers for Medicare and Medicaid Services (CMS) Real Choice Systems Change Grant Funding Proposal: Arkansas One-Stop
 - 2003-07 Oregon Technical Assistance Corporation (OTAC) Consultant: 2002 Centers for Medicare and Medicaid Services (CMS) Real Choice Systems Change Grant Implementation Team
 - 2003 Division of Developmental Disabilities: Community Integration Personal Assistance Services and Supports (PASS) to Explore New Service Delivery Models (Goal Three) Funding Proposal
- California State Council on Developmental Disabilities
 - 2002-05 State Council on Developmental Disabilities, Area Boards on Developmental Services Merger Environmental Scan
- California State University Sacramento, Dept. of Applied Research
 - 2008 California Department of Developmental Services' Movers Study, Survey Instrument Adaptations and Interviewer Training
- Central Valley Opportunity Center:
 - 2018 Strategic Planning (in partnership with Pathways Facilitation, et. al)
- Central Valley Regional Center
 - 2024 Executive Director Review
 - 2023 Executive Director Review
 - 2022 Executive Director Review
- Chapman University
 - 2001 AAC Technologies, Quality of Life Studies



- CHANCE, Inc.
 - 2011 Client Management Database Solutions
 - 2009 Start-up Grant Funding Proposal to Bank of America
 - 2009 Client Satisfaction Evaluation
 - 2008 Roommate Matching Funding Proposal to State Council on Developmental Disabilities
 - 2008 Client Satisfaction Evaluation
 - 2006 Housing Needs Assessment
- Committee on Sexuality for People with Developmental Disabilities
 - 1999 Strategic Planning Retreat and Facilitation
- Community Options, Inc.
 - 2005 Family Home Agency Service Delivery Review
 - 2003 Family Home Agency Service Delivery Review
- Competitive Insights
 - 1993-2003 Confidential Competitive Data Analysis for Market Strategies and Proposals
- Darkness to Light
 - 2003 Consulting: Stewards of Children Child Sexual Abuse Prevention Initiative Funding Proposal
- Disability Navigators, Inc.
 - Disability Compass Funding Proposal to North West Healthcare Foundation
 - Disability Compass Funding Proposal to Meyers Foundation
- District of Columbia, Health and Human Services (Medical Assistance Administration)
 - 2005-06 Consumer-Directed Services Program Pilot
 - 2004-05 Consultant: Management of a Consumer Directed Program for Persons with Developmental Disabilities Funding Proposal
- Eastern Los Angeles Regional Center:
 - 2023 - 2025 Data-Community Support
 - 2023 Mental Health Specialist Pilot – Program Evaluation
 - 2023 Self-Determination Enhanced Caseloads Pilot -Program Evaluation
 - 2023 Program Evaluation Data Support and Consulting
- Empowerment Initiatives, Inc.
 - S.P.I.R.I.T. – Mental Health Service Provider Individualized Recovery Intensive Training: Evaluation Report



- Family Housing Corp.
 - 2005 Community Placement Plan Funding Proposal to Eastern Los Angeles Regional Center
- Golden Gate Regional Center
 - 2025 DEIB Committee Support
 - 2025 Annual New Service Needs Survey
 - 2025 LACC Post Individual and Family Survey
 - 2024 GGRC New Logo Poll
 - 2024 Annual New Service Needs Survey
 - 2024 Executive Director Review
 - 2024 Employee Engagement and Satisfaction Survey / Organizational Change Project
 - 2023 Language and Cultural Description Survey (LACC Plan)
 - 2023 Employee Engagement and Satisfaction Organizational Change
 - 2023 Executive Director Review
 - 2023 Employee Engagement and Satisfaction Survey
 - 2022 Executive Director Review
 - 2022 Service Needs Survey
 - 2022 Unmet Needs Assessment
 - 2021 Strategic Plan Review and Facilitation
 - 2021 Executive Director Review
 - 2021 Unmet Needs Assessment
 - 2020 Employee Engagement and Satisfaction Study
 - 2020 Unmet Service Needs Community & Stakeholder Survey
 - 2020 Executive Director Review
 - 2019 Executive Director Survey
 - 2019-20 Reducing POS Disparity through Person Centered Training Grant Initiative – Data Collection/Consulting Support
 - 2018 Executive Director Review Survey
 - 2018 Employee Satisfaction Survey
 - 2017 Executive Director Review Survey
 - 2017 Strategic Planning Facilitation and Plan Production
 - 2017 Advisory Committee of Employees – Facilitator
 - 2016 Employee Satisfaction Survey
 - 2010-11 Legislative Analysis: Proposal for a Consolidated Quality Management System (with Turkington Ruhl Consulting)
 - 2010 Quality Management Redesign Consultants Retreat
 - 2006 Employment Services Survey
 - 2006 Autism Services Survey



- 2006 Executive Director 360 (with RJSwarr Consulting)
 - 2006-2007 Bay Area Quality Management System: National Core Indicators Data Collection
 - 2003-2005 Bay Area Quality Management System: National Core Indicators Data Collection
- Harbor Regional Center
 - 2015-16 Client Services and Accessibility Survey (Disparity Grant Initiative)
- Human Services Research Institute
 - 2003 Consulting: Nevada Funding Request to Centers for Medicare and Medicaid Service (CMS) Money Follows the Person Rebalancing Initiative
- J.D. Power and Associates (partial list):
 - 1999 Medstat Quality Catalyst: Managed Care Plan Report
 - 1999 Proprietary Neutra-Pharmaceutical Retailer Study
 - 1999 Internet Healthcare Information Study
 - 1998 Medstat Quality Catalyst: Managed Care Plan Report
 - 1998 Proprietary Allergy Medication Study
 - (2) Luxury Department Store Customer and Employee Satisfaction Studies (Monthly/Annually)
- Louisiana Department of Health and Hospitals
 - 2005-07 Rebalancing Initiative
- Del Norte Mission Possible
 - 2021-24 Strategic Planning Process/Strategic Plan
- North Bay Regional Center
 - 2024 – 25 Strategic Plan Implementation Support
 - 2022-23 Strategic Planning
 - 2021 COVID-19 Pandemic Check-In Surveys (Consumer/Family, Provider, Staff)
 - 2017 Client Services and Accessibility Survey (Disparity Grant Initiative)
 - 2017 Succession Planning
 - 2016 Board of Directors Training: Succession Planning and Strategic Planning
- North Los Angeles Regional Center
 - 2023 Individual and Family Satisfaction Survey
 - 2022 Strategic Planning Process
 - 2002-03 Individuals Community to Work Transportation Assessment
- Options CCNBC
 - 2004-05 Traumatic Brain Injury (TBI) Funding Proposal



- Oregon Technical Assistance Corp.
 - 2005 Consulting: Oregon Technical Assistance Corporation Training and Technical Assistance Individual Support Plan and Person Centered Planning Competitive Services Proposal
 - 2005 Oregon Technical Assistance Corporation Direct Care Staff on the Oregon Intervention System (OIS) Competitive Services Proposal
 - 2005 Oregon Technical Assistance Corporation Crisis Services Competitive Services Proposal
 - 2005 COMPASS
 - 2004-2005 California Department of Developmental Services: CADDIS Software Review and Analysis
 - 2004-05 Robert Wood Johnson Funding Proposal: Better Jobs Better Care in Nursing Implementation and Evaluation
 - 2004, Consultant: State of California Department of Developmental Services Independent Plus Waiver Services Training and Implementation
 - 2004 Consultant: Arizona Fiscal Intermediary Funding Proposal
 - 2003 Robert Wood Johnson Funding Proposal: Better Jobs Better Care in Nursing Funding Proposal
 - 2003 Empowerment Initiative Brokerage Funding Proposal
 - 2003, Consultant: The State of Hawaii, Development Disabilities Division
 - Community Integration Personal Assistance Services and Supports (PASS) for Project Implementation
 - 2003, Consultant: The State of Ohio, Department of Mental Retardation and Developmental Disabilities
 - Self-Determination in a Medicaid Environment
 - 2002 State of Oregon Mental Health and Addiction Services: Mental Health Pilot Brokerage Competitive Services Proposal
- Oregon Empowerment Initiative
 - 2003-05 Mental Health Brokerage Pilot Effectiveness Survey
- Purchase of Services Variance Statistical Modeling Paper, 2004
- Quality of Life Connections
 - 2006-10 Consulting: Funding Strategies and Grant Proposals
- R & D Transportation Services, Inc.
 - 2004 Golden Gate Regional Center Transportation Services Audit
 - 2001-02 Tri-Counties Regional Center Transportation Services Evaluation
 - 2000-01 Tri-Counties Regional Center Transportation Services Evaluation



- Redwood Coast Regional Center
 - 2025 Board of Directors Training: Board of Directors Roles and Responsibilities
 - 2024 Board of Directors Training: Board of Directors Roles and Responsibilities
 - 2023 Board of Directors Training: Board of Directors Roles and Responsibilities
 - 2022 Board of Directors Training: Board of Directors Roles and Responsibilities
 - 2021 Board of Directors Trainings: Recruitment, Board of Directors Roles and Responsibilities
 - 2017 Management Team Performance Appraisal Training
 - 2015 Executive Director Review Model/ Executive Director Review
 - 2015 Board of Directors Succession Planning Support
 - 2014 2015-19 Strategic Planning Facilitation (Limited Scope)
 - 2014 Service Provider Billing Survey
 - 2012 Satisfaction Surveys: Consumer, Employee, Provider
 - 2010-11 Consumer Satisfaction Survey
 - 2010-11 Employee Satisfaction Survey
 - 2006 Consumer Satisfaction Survey
 - 2006 Service Provider Satisfaction Survey
 - 2006 Employee Satisfaction Survey
- Regional Center of the East Bay
- Regional Center of Orange County
 - 2017 Board of Directors' Executive Director/Management Team Evaluation
- Robert Wood Johnson Foundation/ Oregon Works
- San Andreas Regional Center
 - 2001-02 Residential Service Provider Satisfaction Study
- San Diego Regional Center
 - 2025 Employee Engagement and Satisfaction Survey / Management Team Planning Facilitation
 - 2023 Language and Cultural Communications Plan Support (Staff Survey, Individual and Family Survey – pending)
 - 2022 Employee Satisfaction Survey / Management Team Planning Facilitation
 - 2018 Employee Satisfaction Survey / Management Team Planning Facilitation
 - 2015 Employee Satisfaction Survey / Management Team Planning Facilitation
 - 2011 Employee Satisfaction Survey



- San Gabriel/Pomona Regional Center
 - 2017 Executive Director Review Survey
 - 2017 Management Team Review Survey
 - 2016 Executive Director Review Survey
 - 2015 Executive Review Survey
 - 2015 Management Team Review Survey
 - 2013 Executive Director Review Survey
 - 2012 Board of Directors Training: Executive Director's Role and Performance
 - 2012 Executive Director Review Survey
 - 2010 Efficiency Survey
 - 2010 Employee Satisfaction Survey
 - 2010 Service Provider Satisfaction Survey
 - 2007 Client Satisfaction Survey
 - 2007 Client Intake Satisfaction Survey
 - 2007 Service Provider Satisfaction Survey
 - 2005 Satisfaction Survey Process Redesign
 - 2005 Satisfaction Survey Process Review
 - 2005 Director 360 Evaluation (with RJ Swarr Consulting)
- Scripps Chula Vista Emergency Room Physicians Group
 - 2011 Employee Recognition Survey
 - 2007 Employee Recognition Survey
 - 2006 Employee Recognition Survey
- Self-Determination Statistical Cost Modeling, 2002
- Shape-UpUS
 - 2009 Consulting: Funding Strategies and Grants
- Samoan Community Developmental Center
 - 2022-23 Strategic Plan Support
- Tri-Counties Regional Center
 - 2025 Individual and Family Satisfaction Survey
 - 2025 Organizational Development Plan for Supporting Growth and Change: Support and Implementation
 - 2025 LACC: Linguistic and Cultural Description: Individual and Family Survey (Y3)
 - 2024 LACC: Linguistic and Cultural Description: Individual and Family Longitudinal Survey (Y2)
 - 2024 Individual and Family Satisfaction Survey
 - 2024 POS Authorization Review Support



- 2024 Organizational Development Plan for Supporting Growth and Change: Support and Implementation
- 2023 Services and Supports Survey
- 2023 Service Provider Study
- 2023 Organizational Development Support Activities
- 2021-23 Scientific Data Exploration: Diagnostic Profiles and BI Interface
- 2022-23 Linguistic and Cultural Communications Plan: Linguistic/Cultural Description
- 2022 Services and Supports Survey
- 2021 Services and Supports Survey
- 2021 Strategic Planning Support Surveys
- 2020 Services and Supports Survey
- 2019 Services and Supports Survey
- 2018 Human Resources: Grievance Investigation Assistance
- 2018 Services and Supports Survey
- 2017 Services and Supports Survey
- 2017 Strategic Planning Support
- 2016 Services and Supports Survey
- 2016 Staff Analysis Support
- 2015 Services and Supports Survey
- 2014 Services and Supports Survey
- 2013 Services and Supports Survey
- 2013 Autism Services Utilization and Efficacy Study
- 2012 Services and Supports Survey
- FY2010-11 Services and Supports Survey
- FY2010-11 Autism Services Survey
- 2009-11 Person Centered Thinking Funding Grants
- 2009-11 Employment Initiative Funding Grants
- FY2009-10 Services and Supports Survey
- FY2008-09 Services and Supports Survey
- FY2007-08 Autism Services Survey
- 2006 Services and Supports Survey
- 2005 Consumer Satisfaction Study
- 2004 Employee Satisfaction Survey
- 2003-04 Consumer Satisfaction Survey
- 2003 Executive Director 360 (with RJ Swarr Consulting)
- 2002-03 Consumer Satisfaction Survey
- 2002 Employee Satisfaction Survey



- 2002 Department of Developmental Services Early Start Program: Family Satisfaction Study – 21 Regional Centers
- 2002 Department of Developmental Service: Performance Contract Pilot Project: Consumer and Service Provider Satisfaction Surveys – 6 regional centers
- 2001-02 Consumer Satisfaction Study: Service Coordination and Individual Program Plan Evaluation
- 2001-02 Consumer Satisfaction / Quality of Life Study: Residential Facilities
- 2000-01 Consumer Satisfaction /Quality of Life Study: Intake, Early Intervention, Service Coordination and Supported Living Services (with Center for Outcome Analysis)
- 1999-2000 Consumer Satisfaction Study: Service Coordination
- 1998-99 Consumer Satisfaction Study: Independent Living Services
- Valley Mountain Regional Center
 - 2023-24 Strategic Planning Support
 - 2023 Director Review Evaluation Support
 - 2023 Strategic Plan: Outcome Satisfaction Surveys: Individuals/Families, Staff, Service Providers
 - 2022 Strategic Planning Support
 - 2022 Executive Director Review
 - 2020 Strategic Planning Facilitation / Strategic Plan
 - 2020 COVID-19 Check-In Surveys
 - 2020 Strategic Plan Outcomes Follow-up: Satisfaction and Planning Surveys: Employee, Consumer, Service Provider
 - 2018 Planning Meeting Facilitation
 - 2017 Strategic Plan Outcomes Follow-up: Satisfaction Surveys: Employee, Consumer, Service Provider
 - 2016 Succession Planning (in partnership with Pathways Facilitation, Anh Nguyen)
 - 2014 Strategic Plan Outcomes Follow-up: Satisfaction Surveys: Employee, Consumer, Service Provider
 - 2013 Strategic Planning (in partnership with Pathways Facilitation, Anh Nguyen)
 - 2004 Day Program Assessment



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- Westside Regional Center
 - 2025 LACC: Linguistic and Cultural Description: Individual and Family Longitudinal Survey (Post)
 - 2022-23 Linguistic and Cultural Communications Plan Support (Listening Session Support, POS Data Exploration, Individual/Family Survey, Service Coordinator Survey, Unmet Needs Assessment)
 - 2021 California First Five, Help Me Grow: Year 2 Support, Data Consultation and Analysis
 - 2020 California First Five, Help Me Grow: Removing Barriers to Service Assessment
 - 2017 Client Services Accessibility & Satisfaction Survey (Disparity Grant Initiative)

In addition, Kinetic Flow has provided extensive training for regional center staff, regional center Board of Directors, providers, and educational institutes in a variety of subjects.



PUBLICATIONS AND PRESENTATIONS

Kinetic Flow's staff has had the honor of consulting on a number of projects, presenting to state and national audiences and has a number of publications. Below, please find a partial list of publications and state/national presentations; please note, client-specific presentations and paid training presentations are not listed.

- Sullivan, Ami, Turkington, Ivy, and Namnath, Dominic, Utilization of CDER Data to Empower Better Decision Making, 2023
- Sullivan, Ami, Turkington, Ivy, and Ruhl, John, Ph.D., Developing an Enhanced Quality Management System for Californians with Developmental Disabilities: Consolidation for Comprehensive Efficiency and Effectiveness, 2011:
- Sullivan, Ami and Turkington, Ivy, A Quality Assurance System for the Human Services: Tri-Counties Regional Center – A Case Study, January 2003
- Sullivan, Ami and Turkington, Ivy, *Self-Determination Preliminary Budget Setting Cost-Center Analysis and Prospective Budgeting Model*, November 2002
- Sullivan, Ami, *Program Evaluation: When, How, Why, and Oops!* University of Southern California, Department of Occupational Therapy, November 2002
- Sullivan, Ami, and Turkington, Ivy, *Satisfaction in Context Part II: A Case Study of Consumer/Family Satisfaction Surveys*. (Pending Publication in American Association on Mental Retardation Peer Review Journal), July 2002
- Sullivan, Ami, and Turkington, Ivy, *Satisfaction in Context: Part I: Assessing Consumer/Family Satisfaction with Services*. (Pending Publication in American Association on Mental Retardation Peer Review Journal), July 2002
- Sullivan, Ami, and Turkington, Ivy, *My Life Path...The Need for Information to Empower Decision-Making*, American Association of Mental Retardation 125th Annual Conference, Orlando, FL, June 2002
- Sullivan, Ami, and Turkington, Ivy, A Quick Guide to Research Practices, Handout for American Association of Mental Retardation 125th Annual Conference, Orlando, FL, June 2002
- Sullivan, Ami and Conroy, Jim, PhD, *Quality Bah! Where is the "Consumer Reports" Paradigm in Our Field?* TASHA Annual Conference, Anaheim, November 2001
- Sullivan, Ami, *Consumer's Through Service Advocacy, Respect & Choice* Association of Regional Center Agencies, Manhattan Beach, CA, November 2001
- Sullivan, Ami, *The State of Individual Developmental Disabilities in California Today* Association of Regional Center Agencies, Manhattan Beach, CA, November 2001



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- Sullivan, Ami, Nerney, Thomas, Conroy, James, Vining, Vickie, *Redefining Quality: Imagining a Life Comprised of Normal Rhythms and Flow of Contemporary Society Today, A Collaborative Concept*, April 2001

IV. Additional Information. B:

Executive Director Core Competency Samples

Please note: Work samples are being provided to NLACRC's Board of Trustees as an example only. All work samples are the property of Kinetic Flow, or specific clients thereof and are being provided as reference only. Work cannot be duplicated or utilized without express written authorization of Kinetic Flow and the associated specific client.





2024 GGRC Executive Director Review Survey

Welcome! We need your input!

It's that time of year again! Time for the Board of Directors' required assessment of Golden Gate Regional Center's Executive Director Eric Zigman, and your time and insights are critical— not just to the Board of Directors, but also to the Executive Director for his own professional development.

No matter your level of interaction with the Executive Director, your feedback on those interactions is very helpful and "I Don't Know" is always an option.

This survey is anonymous. In addition, your feedback is being collected by a third party agency and will be presented in summary form.

This survey will take approximately 10 minutes to complete. To protect respondent confidentiality the survey does not collect cookies, which means that once you enter the survey, you will need to complete all sections. If you do need to leave the survey before completing it, please feel free to start the evaluation from the beginning.

Again, we know you are very busy. We sincerely thank you taking the time to provide feedback that will help the GGRC Board of Directors evaluate the Executive Director's performance and allow for the Executive Director to improve his leadership skills.

Instructions

As you go through the survey, please use the following response options

- *Always* - the Executive Director (always) is very consistent in demonstrating this behavior
- *Mostly* - the Executive Director (most of the time) is fairly consistent in demonstrating this behavior
- *Some of the Time* - the Executive Director (sometimes) is not consistent in demonstrating this behavior
- *Does Not Demonstrate* - the Executive Director does not demonstrate this behavior
- *I Don't Know* - You do not feel you have enough information or do not feel able to comment or provide feedback on this particular behavior



1) Before we begin, can you please tell me which of the below best describes your primary relationship to GGRC?*

☐ Member of the Board of Directors (*non-operational*)

☐ MAC Team Member (*operational*)

☐ Member of GGRC Management Team (Manager/Supervisor) (*operational*)

☐ GGRC Staff Member (*operational*)

☐ Individual with Developmental Disability, Family Member, or Representative of people served (*non-operational*)

☐ Service Provider (*non-operational*)

☐ Community Member (SCDD, ARCA, DDS, Regional Center Director, Other) (*non-operational*)



Please note: The Following Survey Questions Pertain to Non-Operational (Board, People Served, Providers, Community Members, etc.);

Operational Stakeholders (Staff) respond to a Slightly Shorter Review (which can be found in a separate section)



Customer Service: Your interactions with the Executive Director.

In your interactions with the Executive Director, how often does he demonstrate the following characteristics?

How consistent is the Executive Director in this behavior?	Always	Mostly	Some of the Time	Does Not Demonstrate	I Don't Know
2. The Executive Director treats me with dignity and respect.					
3. The Executive Director respects my culture, ethnicity, disability, sexual orientation, and/or gender identity.					
4. The Executive Director listens to me and works to understand my perspective.					
5. The Executive Director is responsive – replying to telephone calls or emails.					
6. The Executive Director is knowledgeable.					
7. The Executive Director explains things in a way I can understand.					
8. The Executive Director, within his abilities, is helpful – providing answers, resources or suggestions.					
9. The Executive Director displays professionalism in his interactions with me.					
10. The Executive Director demonstrates a willingness to work collaboratively on projects.					

11) Is there anything else you would like the Executive Director to know?



Driving the Mission

How consistent is the Executive Director in this behavior?	Always	Mostly	Some of the Time	Does Not Demonstrate	I Don't Know
11. Helps create and communicate Golden Gate Regional Center's vision with real purpose in a way that makes sense and is inspiring.					
12. Thinks out of the box, generating new ideas and striving to be innovative in the supporting client outcomes and pushing for change within the regional center and broader system.					
13. Practices respectful, person-centered communication in all interactions.					
14. Works to create change that will increase community awareness and inclusion of people with developmental disabilities as thriving, contributing members of society.					
15. Works to promote the enhancement and self-direction of people's lives.					
16. Advocates and promotes cross cultural outreach, community and inclusion.					
17. Takes the time to understand the community's unique population, specific needs, and players; adjusts own style as needed to fit in and relate comfortably.					



How consistent is the Executive Director in this behavior?	Always	Mostly	Some of the Time	Does Not Demonstrate	I Don't Know
18. Serves as a connector and collaborator, seeking to understand and support the goals/ interests of others and link these to the goals/interests of GGRC.					
19. Communicates "big picture" state budget realities and how GGRC will be affected and what options are possible.					
20. Is well-versed in all areas of the business and ensures that the core business is strong (e.g., competent staff, effective teams, clear procedures and policies, appropriate resource allocation, etc.) while staying within policies and laws.					
21. Demonstrates respect to all individuals; listens to persons' requests, concerns or complaints, regardless of individual differences and unique backgrounds.					
22. Keeps GGRC Board Members up-to-date to avoid surprises, as it relates to their responsibilities.					

23) Driving the Mission: Is there anything else you would like the Executive Director to know about this trait?



2024 GGRC Executive Director Review Survey

Welcome! We need your input!

It's that time of year again! Time for the Board of Directors' required assessment of Golden Gate Regional Center's Executive Director Eric Zigman, and your time and insights are critical— not just to the Board of Directors, but also to the Executive Director for his own professional development.

No matter your level of interaction with the Executive Director, your feedback on those interactions is very helpful and "I Don't Know" is always an option.

This survey is anonymous. In addition, our feedback is being collected by a third party agency and will be presented in summary form.

This survey will take approximately 10 minutes to complete. To protect respondent confidentiality the survey does not collect cookies, which means that once you enter the survey, you will need to complete all sections. If you do need to leave the survey before completing it, please feel free to start the evaluation from the beginning.

Again, we know you are very busy. We sincerely thank you taking the time to provide feedback that will help the GGRC Board of Directors evaluate the Executive Director's performance and allow for the Executive Director to improve his leadership skills.

Instructions

As you go through the survey, please use the following response options

- *Always* - the Executive Director (always) is very consistent in demonstrating this behavior
- *Mostly* - the Executive Director (most of the time) is fairly consistent in demonstrating this behavior
- *Some of the Time* - the Executive Director (sometimes) is not consistent in demonstrating this behavior
- *Does Not Demonstrate* - the Executive Director does not demonstrate this behavior
- *I Don't Know* - You do not feel you have enough information or do not feel able to comment or provide feedback on this particular behavior



1) Before we begin, can you please tell me which of the below best describes your primary relationship to GGRC?*

☐ Member of the Board of Directors (*non-operational*)

☐ MAC Team Member (*operational*)

☐ Member of GGRC Management Team (Manager/Supervisor) (*operational*)

☐ GGRC Staff Member (*operational*)

☐ Individual with Developmental Disability, Family Member, or Representative of people served (*non-operational*)

☐ Service Provider (*non-operational*)

☐ Community Member (SCDD, ARCA, DDS, Regional Center Director, Other) (*non-operational*)



Please note: The Following Survey Questions Pertain to Operational / Internal Stakeholders (Staff);

Non-Operational Stakeholders respond to a Slightly Shorter Review (which can be found in a prior section) (These are programming notes only, participants see only metrics relevant to their perspective as driven by Q1.)



Customer Service: Your interactions with the Executive Director.

In your interactions with the Executive Director, how often does he demonstrate the following characteristics?

How consistent is the Executive Director in this behavior?	Always	Mostly	Some of the Time	Does Not Demonstrate	I Don't Know
2. The Executive Director treats me with dignity and respect.					
3. The Executive Director respects my culture, ethnicity, disability, sexual orientation, and/or gender identity.					
4. The Executive Director listens to me and works to understand my perspective.					
5. The Executive Director is responsive – replying to telephone calls or emails.					
6. The Executive Director is knowledgeable.					
7. The Executive Director explains things in a way I can understand.					
8. The Executive Director, within his abilities, is helpful – providing answers, resources or suggestions.					
9. The Executive Director displays professionalism in his interactions with me.					
10. The Executive Director demonstrates a willingness to work collaboratively on projects.					

A) Is there anything else you would like the Executive Director to know?



Driving the Mission

How consistent is the Executive Director in this behavior?	Always	Mostly	Some of the Time	Does Not Demonstrate	I Don't Know
11. Helps create and communicate Golden Gate Regional Center's vision with real purpose in a way that makes sense and is inspiring.					
12. Thinks out of the box, generating new ideas and striving to be innovative in the supporting client outcomes and pushing for change within the regional center and broader system.					
13. Practices respectful, person-centered communication in all interactions.					
14. Works to create change that will increase community awareness and inclusion of people with developmental disabilities as thriving, contributing members of society.					
15. Works to promote the enhancement and self-direction of people's lives.					
16. Advocates and promotes cross cultural outreach, community and inclusion.					
17. Takes the time to understand the community's unique population, specific needs, and players; adjusts own style as needed to fit in and relate comfortably.					



How consistent is the Executive Director in this behavior?	Always	Mostly	Some of the Time	Does Not Demonstrate	I Don't Know
18. Serves as a connector and collaborator, seeking to understand and support the goals/ interests of others and link these to the goals/interests of GGRC.					
19. Communicates "big picture" state budget realities and how GGRC will be affected and what options are possible.					
20. Is well-versed in all areas of the business and ensures that the core business is strong (e.g., competent staff, effective teams, clear procedures and policies, appropriate resource allocation, etc.) while staying within policies and laws.					
21. Demonstrates respect to all individuals; listens to persons' requests, concerns or complaints, regardless of individual differences and unique backgrounds.					
22. Keeps GGRC Board Members up-to-date to avoid surprises, as it relates to their responsibilities.					

B) Driving the Mission: Is there anything else you would like the Executive Director to know about this trait?



Strengthening the Agency Core

In your interactions with the Executive Director, how often does he demonstrate the following characteristics?

How consistent is the Executive Director in this behavior?	Always	Mostly	Some of the Time	Does Not Demonstrate	I Don't Know
23. Empowers staff to make changes in own area or work methods to make things more efficient, cost-effective, focused on the people we serve, etc.					
24. Involves employees at all levels of the Agency and across all functions when gathering input; asks questions and encourages brainstorming.					
25. Gathers information and makes decisions on internal organizational operations and broader system trends based on strategic planning and budgetary implications.					
26. Values team members; expresses positive expectations and speaks of staff in positive terms; shows respect for other team members' point of view, intelligence, and diverse contributions.					
27. Gives a detailed, understandable explanation of the goal and outcome to an individual or team (describes how it will be					



accomplished, when it will be finished, etc.).					
28. Holds project leaders accountable to defining work plans, persons responsible, resource needs, timelines and overall success of project and is available for questions and to help move projects forward.					
29. Encourages others to think in cross-boundary terms from the start of a project.					
30. Ties departmental goals and objectives to the Agency mission and internal values, and communicates this to employees.					

C) Strengthening the Agency Core: Is there anything else you would like the Executive Director to know about this trait?



Leadership

How consistent is the Executive Director in this behavior?	Always	Mostly	Some of the Time	Does Not Demonstrate	I Don't Know
31. Creates a committed, trusting management team that works together toward the best outcome for the Agency, not letting own agendas stand in way.					
32. Values and communicates that all levels of the organization impact on the lives of people served.					
33. Acknowledges the individual strengths and contributions of employees he/she regularly interacts with.					
34. Creates forums and establishes processes to share key information; sends relevant, timely updates to staff and community about issues that impact the Agency.					
35. Translates the mission into concrete specifics to enable staff to more fully understand the mission and their role in fulfilling it.					
36. Finds ways to make personal contact with all GGRC offices; has a visible presence throughout the Agency.					



How consistent is the Executive Director in this behavior?	Always	Mostly	Some of the Time	Does Not Demonstrate	I Don't Know
37. Facilitates discussions with the management team that allow for exchange of ideas, collaboration, and working together toward a collective outcome.					
38. Sees all functions, direct staff and employees as equals; operates without favoritism.					
39. Provides specific, frequent and positive recognition; creates an environment that is supportive and rewarding for the whole organization.					
40. Provides consistent, specific constructive feedback for employee development.					
41. Spends dedicated time, as needed, with direct reports (sits in on staff meetings, conducts working sessions together, etc.) and provides development opportunities for direct staff, based on identified areas of interest and/or areas to improve.					
42. Addresses performance issues of direct staff in a timely manner, including ensuring expectations and standards are clearly communicated and identifies a clear plan to address performance issues with direct staff.					



43. Anticipates long-term staffing needs and takes specific steps to ensure high potential talent is developed for future challenges.					
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D) Leadership Is there anything else you would like the Executive Director to know about this trait?

Thank You!



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Contract Summary and Board Resolution

No.	Description	Contract Summary
1.	Contract Overview: (New or Amendment) (POS or OPS)	Second Amendment to CRDP Housing Agreement, Purchase of Services (POS)
2.	The Name of Vendor or Service Provider	Brilliant Corners Vendor Number: PL2186 (EBSH Genesta) Service code: 999 Previous Project # NLACRC-2223-2 New Project # NLACRC-2425-13
3.	The Purpose of the Contracts	<p>Community Resource Development Plan (“CRDP”) Housing Agreement for Housing Development Organization (“HDO”) to acquire and renovate a property to suit the needs of four (4) individuals with developmental disabilities who require the services of an Enhanced Behavioral Supports Home (“EBSH”) for children: 3 ambulatory, 1 non-ambulatory.</p> <p>The purpose of the First Amendment was to establish milestones for renovation funding.</p> <p>The purpose of the Second Amendment is, per DDS approval on July 22, 2024 to increase the Maximum Funding Amount by \$512,470.00 and process administrative change in the fiscal year CRDP funds are paid from. Subsequent to July 22, 2024 DDS approval and February 12, 2025 Board approval of the original version of the 2nd Amendment, renovation timeline prevented the renovation funds from being expended during the timeframe required by DDS and the Amendment was not executed at that time. On July 7, 2025, DDS re-allocated the source of this funding from Fiscal Year 2023 to Fiscal Year 2025 with no further change in funding amount to allow for renovation and payment to continue. Funds will be required to be expended by March 1, 2027.</p>
4.	The Contract Term	<p>Thirty (30) year contract effective June 1, 2023 through the earlier of (1) the date HDO is no longer owner of the Property or (2) May 31, 2053.</p> <p>The termination or expiration of the Agreement shall not affect the continued enforceability of the documents intended to survive its termination.</p>



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5.	The Total Amount of the Contract	Original Maximum Funding Amount: \$750,000.00 Acquisition: \$350,000.00 Renovation: \$400,000.00 Revised Maximum Funding Amount: \$1,262,470.00 Acquisition: \$711,339.00 (previously paid 2223-2) Renovation: \$551,131.00
6.	The Total Proposed Number of Consumers Served	EBSH will have a capacity of 4 consumers.
7.	The Rate of Payment or Payment Amount	Payment will be reimbursed to HDO based on performance milestones or on other such terms as required under DDS's written guidelines.
8.	Method or Process Utilized to Award the Contract.	Brilliant Corners was awarded funding through a Request for Proposal ("RFP") process published by NLACRC on March 2, 2023 and closed on April 10, 2023. Applicant was selected on May 3, 2023.
9.	Method or Process Utilized to Establish the Rate or the Payment Amount	Funding was established in NLACRC's FY2022-2023 CPP/CRDP approved by DDS on February 1, 2023 and March 9, 2023 and amended on April 19, 2023. The acquisition of the property will be pursuant to DDS CPP/CRDP Housing Guidelines for Fiscal Year 2017-2018, dated July 1, 2017 and DDS CPP/CRDP Guidelines for Fiscal Year 2022-2023, dated September 29, 2022. During property acquisition, which has since completed escrow, on June 10, 2024, DDS approved increase to funding of additional \$512,470.00 FY2023-2024 funds on July 22, 2024.
10.	Exceptional Conditions or Terms: Yes/No If Yes, provide explanation	This supersedes and replaces the previously approved Board Resolution for the 2 nd Amendment approved February 12, 2025. The restrictive covenant on the property acquired by Brilliant Corners effective September 13, 2024 does not have a term limit on it. Brilliant Corners is the current owner of the following additional seven (7) permanent housing projects to serve a maximum of thirty (30) consumers: 1. ARFPSHN: Babcock Avenue, Valley Village (Commencement date January 1, 2013) 2. SRF: Kelvin Avenue, Woodland Hills (Commencement date June 1, 2014)



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		<p>3. SRF: Kelvin Avenue, Winnetka (Commencement date April 4, 2013)</p> <p>4. SRF: Mayall Street, Northridge (Commencement date January 1, 2013)</p> <p>5. EBSH: Wyse Road, Santa Clarita (Commencement date June 1, 2020)</p> <p>6. EBSH: W Avenue D10, Lancaster (Commencement date Dec. 21, 2023)</p> <p>7. ARFPSHN: San Jose Street, (Commencement date September 13, 2024)</p> <p>There is a restrictive covenant on each of the above properties that established that the above properties shall be maintained and be utilized solely for the benefit of the individuals with developmental disabilities for a term of 55 years (properties 1 - 4 above) and without term limit (properties 5 - 7).</p> <p>The Funding Agreement (for above properties 1 - 4) and the CPP/CRDP Housing Agreements (for above properties 5 - 7) provide provisions, not included in the Restrictive Covenants, that Brilliant Corners must demonstrate, such as insurance requirements, maintaining records, reporting requirements, improvement requirements, management, repair, and maintenance requirements, and legal remedies if Brilliant Corners fails to comply with the Funding Agreement/CPP/CRDP Housing Agreements or Restrictive Covenants.</p>
11.	Additional reference:	<p>ARFPSHN: Adult Residential Facilities for Persons with Special Health Care Needs (5-bed facility), as per WIC, Section 4684.50-4684.75. Statute requires that ARFPSHN's have operable automatic fire sprinkler system that is approved by the State Fire Marshal and that meets the national Fire Protection Association (NFPA) and an alternative power source to operate all functions of the facility for a minimum of six (6) hours in the event the primary power source is interrupted. Provide services to individuals with developmental disabilities who require 24-hour care and supervision and who have complex medical and health care service needs. Requires that the provider have licensed professional personnel on staff, such as a RN and LVN that can provide a variety of nursing interventions, including but not limited to tracheostomy care and suctioning, special medication regimes including injection and intravenous medications, management of insulin-dependent diabetes, treatment for wounds or pressure ulcers, pain management and palliative care, etc.</p> <p>EBSH: Enhanced Behavioral Supports Homes (EBSH) (4 bed facility), as per WIC Section 4684.80-4684.87. Provide services to</p>



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individuals with developmental disabilities who require 24-hour nonmedical care and who required enhanced behavioral supports, staffing and supervision in a homelike setting to support and address a consumer's challenging behaviors, which are beyond what is typically available in other community facilities licensed as an adult residential facility or a group home. Requires a minimum of 16 hours of emergency intervention training for the service provider's staff and additional training for direct care staff to address the specialized needs of the consumers.

SRF: Specialized Residential Facility-Habilitation (4-bed facility). Provide services to individuals with developmental disabilities who require 24-hour care and supervision and whose needs cannot be appropriately met within the array of other community living options available. Primary services include personal care and supervision services, homemaker, chore, attendant care, companion services, medication oversight to the extent permitted under State law. Incidental services may include therapeutic social and recreational programming provided in a home-like environment, home health care, physical therapy, occupational therapy, speech therapy, medication administration, intermittent skilled nursing services, and/or transportation as specified in the IPP. Provides 24-hour on-site response.

The North Los Angeles County Regional Center's ("NLACRC") Executive Finance Committee reviewed and discussed the above Amendment to the CRDP Housing Agreement ("Amendment") and is recommending an action of the Board of Trustees to Approve the Amendment.

Anna Hurst, Board Treasurer

August 28, 2025
Date



North Los Angeles County Regional Center

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Contract Summary and Board Resolution

The North Los Angeles County Regional Center's ("NLACRC") Board of Trustees reviewed and discussed the Second Amendment to the CRDP Housing Agreement ("Amendment", "Agreement", or "Contract") for Brilliant Corners and passed the following resolution:

RESOLVED THAT in compliance with NLACRC's Board of Trustees Contract Policy, the Amendment between NLACRC and **Brilliant Corners** was reviewed and approved by NLACRC's Board of Trustees on **September 10, 2025**.

NLACRC's Board of Trustees hereby authorized and designates any officer of NLACRC to finalize, execute and deliver the Amendment on behalf of NLACRC, in such form as NLACRC's legal counsel may advise, and on such further terms and conditions as such Officer may approve. The final terms of the Amendment shall be conclusively evidenced by the execution of the Amendment by such Officer. For purposes of this authorization, an "Officer" means NLACRC's Executive Director, Deputy Director, and Chief Financial Officer, and no one else.

Certification by Secretary: I certify that: (1) I am the Secretary of the NLACRC; (2) the foregoing Resolution is a complete and accurate copy of the Resolution duly adopted by NLACRC's Board of Trustees; (3) the Resolution is in full force and has not been revoked or changed in any way.

Curtis Wang, Board Secretary

September 10, 2025
Date



NORTH LOS ANGELES COUNTY regional center

Property & Casualty Insurance Program

September 2025



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Some of Our Regional Center Clients

- Alta California Regional Center
- Central Valley Regional Center
- Eastern LA Regional Center
- Far Northern Regional Center
- Inland Regional Center
- Kern Regional Center
- Lanterman Regional Center
- North Bay Regional Center
- Regional Center of the East Bay
- Redwood Coast Regional Center
- Tri-Counties Regional Center
- Valley Mountain Regional Center



North Bay
Regional Center



Far Northern
Regional Center



Redwood Coast
Regional Center



EASTERN LOS ANGELES
REGIONAL CENTER



Tri-Counties
Regional Center





Insurance Coverage Summary

Policy	Company	Blanket Limits	Deductible	Premium
General / Professional Liability 7/1/25-7/1/26	Hartford A+ XV	General, Professional, and Sexual Abuse Liability <ul style="list-style-type: none"> \$1 million per claim (separate limits) \$3 million annual aggregate (separate limits) Employee Benefits Liability <ul style="list-style-type: none"> \$1 million per claim \$3 million annual aggregate Social Service Professional <ul style="list-style-type: none"> \$1 million per claim \$3 million annual aggregate Abuse <ul style="list-style-type: none"> \$1 million per claim \$3 million annual aggregate 	\$25,000	\$75,023
Automobile Liability 7/1/25-7/1/26	Trumbull A+ XV	\$1M CSL Non-owned / Hired Car Liability	\$1,000	\$16,688
Executive Package 7/1/25-7/1/26	Ascot A XIV	\$3M Directors & Officers \$3M Employment Practices \$6M Policy Aggregate Defense costs are paid in addition to the limit of liability	\$50,000 \$100,000	\$146,722

- NIAC has been deteriorating for some time and due to some major changes and premium savings we moved to Hartford, including:
 - Premium Savings of \$107K from expiring
 - NIAC AM Best Rating reducing from A VIII to A-VIII, their structure does not allow government bailout for insolvency
 - Increased aggregate on Abuse from \$5M to \$7M
- The Executive Package was moved from NIAC to Ascot with changes as follows:
 - Premium savings of \$45K from expiring
 - Aggregate limit increasing from \$3M to \$6M
 - D&O retention reducing from \$75k to \$50K & EPLI retention increasing from \$75k to \$100K



Insurance Coverage Summary

Policy	Company	Blanket Limits	Deductible	Premium
Umbrella Liability 7/1/25-7/1/26	Southlake Specialty A- VIII	\$2M each claim and general aggregate that extends over the General, Professional, Abuse, and Auto	NIL	\$184,466
Excess Umbrella 7/1/25-7/1/26	QBE Specialty	\$2M each claim and general aggregate that extends over the General, Professional, Abuse, and Auto	NIL	\$130,223
Property 7/1/25-7/1/26	Hartford A+ XV	\$23,862,882 Building / Tenants Improvements \$4,219,528 Business Personal Property \$6,000,000 Business Income \$3,650,000 Valuable Papers and Cloud Storage \$6,361,362 Computer Hardware	\$25,000 \$25,000 72 Hours \$5,000 \$25,000	\$75,023
Earthquake/Flood 7/1/25-7/1/26	Evanston A XV	\$5M per occurrence and in the aggregate \$43,173,402 in Total Insurance Value	EQ 5% of TIV subject to \$25K minimum Flood \$25K	\$70,886

- NIAC reduced the limits they can offer on Excess down to \$1M resulting in a full marketing of the excess to be able to obtain \$4M limits. We did successfully obtain quotes for a \$52K increase, but this was greatly offset by the savings moving the Package and Executive Lines
- For the Property, Hartford came in at the best premium option with a \$6K in savings despite other carriers quoting. Some the deductibles are carved out from the main deductible by building, so please review the policy for more detail.
- Hartford added a primary Crime limit to meeting the crime policy deductible of \$25K
- The Earthquake Premium slightly reduced



Insurance Coverage Summary

Policy	Company	Blanket Limits	Deductible	Premium
Crime 7/1/25-7/1/26	Atlantic Specialty A+ XV	\$4,000,000 Employee Theft \$4,000,000 Forgery or Alteration Limit \$4,000,000 Theft of Money and Securities Limit \$4,000,000 Outside the Premises - Money & Securities Limit \$4,000,000 Computer Fraud Limit \$4,000,000 Funds Transfer Fraud Limit \$4,000,000 Money Orders & Counterfeit Currency Limit	\$25,000 \$25,000 \$25,000 \$25,000 \$25,000 \$25,000 \$25,000	\$8,663
Fiduciary Liability 7/1/25-7/1/26	Hudson A+ XV	\$1M each claim and aggregate	\$25,000	\$5,369
Cyber Liability 7/1/25-7/1/26	Beazley/ Lloyds A+ XV	\$1M Cyber Incident Response Fund \$1M Business Interruption and Extra Expenses \$1M Digital Data Recovery \$1M Network Extortion \$1M Cyber, Privacy, and Network Liability \$1M Payment Card Loss \$1M Regulatory Proceedings \$1M Media Liability \$1M Policy Aggregate \$150,000 Social Engineering Fraud	\$100,000 \$100,000/10 hr. \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$100,000	\$68,850

- We found an alternative Crime program which reduced the renewal premium from \$18K to \$8k.
- Reduced the Crime deductible from \$30K to \$25K with a \$2,500 deductible on the Funds Transfer Fraud
- The Cyber increased due to a major claim which carriers will expect to pay out \$2M, resulting in premium being increase. The claim has not developed enough to determine full results but the prediction worried carriers enough to increase the premium



Insurance Coverage Summary

Policy	Company	Blanket Limits	Deductible	Premium
Employed Lawyers Professional Liability 7/1/25-7/1/26	Philadelphia A++ XV	\$1M per claim and aggregate	\$5,000	\$5,934
Workers' Compensation 1/1/25 – 1/1/26	Quality Comp Not Rated Safety National \$500K xs A++ XV	Statutory Limits	NIL	\$922,636
Volunteer Accident 7/1/25-7/1/26	Philadelphia Indemnity Insurance Co.	\$25,000 Principle Sum \$500,000 Aggregate	NIL	\$300
Workplace Violence 7/1/25-7/1/26	AXA SA	\$250,000 Personal Accident, Per Insured Person \$5,000,000 Business Interruption, Per Insured Event \$5,000,000 Aggregate	NIL 6 Hr Waiting	\$5,428

- The Workers Comp with Quality Comp increased last year due to losses and company growth, with payroll increasing 18% and the current 5-year loss ratio being 62%, which is above what carriers preferred 40%



Premium History

Policy	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
General / Professional Liability/ Auto	\$105,341	\$119,174	\$128,103	\$149,711	\$199,705	\$91,711
Excess Liability - \$2M	\$52,689	\$57,724	\$62,585	\$77,273	\$117,275	\$184,466
2nd Layer - \$2M	NEW Coverage				\$145,000	\$130,223
Directors & Officers	\$84,200	\$86,873	\$94,609	\$117,275	\$191,758	\$146,722
Property	\$42,596	\$49,017	\$56,936	\$70,764	\$83,693	\$75,023
Excess Crime	\$8,439	\$9,424	\$10,835	\$11,919	\$15,919	\$8,663
Earthquake and Flood	\$48,437	\$51,625	\$55,481	\$65,519	\$73,671	\$70,886
Cyber Liability	\$32,949	\$50,072	\$36,137	\$36,113	\$36,113	\$68,850
Fiduciary Liability	\$4,868	\$5,111	\$5,264	\$5,369	\$5,369	\$5,369
Employed Lawyers Professional	\$8,703	\$8,703	\$8,703	\$8,703	\$10,681	\$5,934
Workers Comp	\$738,185	\$622,816	\$644,123	\$637,562	\$689,093	\$922,636
Workplace Violence	NEW Coverage				\$6,139	\$5,428
	\$1,126,407	\$1,060,539	\$1,102,776	\$1,180,208	\$1,574,416	\$1,715,911

2025 Renewal Changes

- NIAC's deterioration resulted in moving many lines of coverage, resulting premiums savings overall for Property, Package, Excess, and Executive Package
- Revenues increased by 18% (impacts Liability, Directors & Officers, and Crime premiums)
- Number of Employees increased 22% (impacts Liability, Directors & Officers, and Crime premiums)
- Payroll Increased 18% (impacts Workers Comp)
- Losses affected the premiums for Worker Comp and Cyber which were only 2 coverages with major increases
- Excess insurance increased due to marketplace changes

Thank you!



Gallagher

Insurance | Risk Management | Consulting

Simone Khanna

Area Vice President

CA License No. 0J23709



Gallagher

Insurance | Risk Management | Consulting

C: 949 922 6002 | F: 818 539 8783

www.ajg.com | Simone_Khanna@ajg.com

[linkedin.com/in/simonedyer/](https://www.linkedin.com/in/simonedyer/)

500 North Brand Boulevard, Suite 100, Glendale, CA 91203

Arthur J. Gallagher Risk Management Services LLC.

CA License No. 0D69293

NLACRC Executive Finance Committee Deadlines FY 2025-26	
Meetings are held on the 4 th Thursday of the month.	
Month	Activity
July	The committee does not meet in July.
August	<ul style="list-style-type: none"> • Orientation for new Committee. Committee reviews their Bylaws Statement, Action Log for previous fiscal year, committee deadlines and meeting schedule. • Semi-Annual Reporting of CIE/PIP • Annual Reporting of Program Closures • Review center's contract with DDS. • Status report on new credit line and cash flow. • Review 4th quarter human resources report. • Review any Board Member Conflict of Interest • Review POS Late Bill Report • Review Detailed Financial Reports • Review Center's insurance coverage for the new fiscal year. • PRMT Review 4th quarter fees report on U.S. Bank transactions. • UAL Review 4th quarter fees report on U.S. Bank & PFM Asset Mgmt transactions. • Ensure personnel policies in compliance with DDS contract. • Quarterly legal update (Executive session).
September	<ul style="list-style-type: none"> • Whistleblower Compliance Officer (Head of Human Resources Department) gives the committee an annual report on whistleblower compliance activity. • Recommend to the Board to authorize an officer to secure workers compensation insurance for next calendar year. • Update on independent audit
October	The committee does not meet in October.
November	<ul style="list-style-type: none"> • Review the CY2026 Training Plan • Review 1st quarter human resources report. • Status report on lease agreements.

	<ul style="list-style-type: none"> • PRMT Review 1st quarter fees report on U.S. Bank transactions. • UAL Review 1st quarter fees report on U.S. Bank & PFM Asset Mgmt transactions. • Update on independent audit. • Quarterly legal update (closed session).
December	The committee does not meet in December.
January	<ul style="list-style-type: none"> • Present to the Board of Trustees the Results of the Employee Satisfaction Survey • Review Purchase of Services (“POS”) projection of surplus/deficit. • Review 2nd quarter human resources report. • Quarterly legal update (closed session).
February	<ul style="list-style-type: none"> • Review public policy performance measure year-end data • Semi-Annual Reporting of CIE/PIP • Review annual CPA audited financial statement. • Review management letter & response, if any. • PRMT Review 2nd quarter fees report on U.S. Bank transactions. • UAL Review 2nd quarter fees report on U.S. Bank & PFM Asset Mgmt transactions. • Review Detailed Financial Reports • Review ARCA PEP Statewide Report • Review Insurance for Upcoming Fiscal Year
March	<ul style="list-style-type: none"> • CPA presentation on IRS Form 990 tax return.
April	<ul style="list-style-type: none"> • The Board President presents proposed committee assignments for next fiscal year. • Review Purchase of Service Annual Report. • Review and approve draft critical calendar for upcoming fiscal year. • Authorize officer to secure line of credit for upcoming fiscal year. • Review and make recommendation to Board regarding ARCA dues for upcoming fiscal year. • Review 3rd quarter human resources report. • Recommend to the Board to authorize an officer to secure insurance in June for next fiscal year.

<p>May</p>	<ul style="list-style-type: none"> • Committee discusses board priorities for the next fiscal year. • Committee reviews proposed Board Budget for next fiscal year • Committee reviews drafts of board master calendar. • Confirm FY 2025-2026 Year End reports are posted on website • Select board meeting to present FY 2025 performance objectives and outcomes. • Quarterly legal update (Executive session) • Review 3rd quarter fees report on U.S. Bank transactions • Review 3rd quarter fees report on U.S. Bank & PFM Asset Mgmt transactions. • Status report on current credit line and cash flow • Establish credit line for the budget year for upcoming fiscal year. • Review & Approve operational contracts over \$250K expiring 6/30. •

[2025-26]

- h. Exhibit H entitled "General Terms and Conditions," is attached hereto and made a part of this contract.
- i. Exhibit I entitled "Contractor Certification Clauses," is attached hereto and made part of this contract.

4. Definitions

- a. "Allocate" means to forward to the Contractor a contract or contract amendment which has been executed by the State and specifies an amount, or augmented amount, of money available to Contractor to affect the terms of this agreement.
- b. "ARCA" means the Association of Regional Center Agencies.
- c. "State" means the Department of Developmental Services and only the Department of Developmental Services.
- d. "Director" means the director of the Department of Developmental Services.
- e. "Lanterman Act" means Division 4.5 of the (W&I Code) Section 4500, et seq., known and cited as the Lanterman Developmental Disabilities Services Act.
- f. "Operations Budget" means that portion of a Contractor's budget allocation set forth in Exhibit A, that is intended for the delivery of regional center "direct consumer services" and "administration."
- g. "Direct Consumer Services" means those direct services to persons with developmental disabilities delivered by Contractor. These services include but are not limited to case management, funds management for persons with developmental disabilities, rights assurance, diagnosis and assessment, intake, prevention, quality assurance, program development, and other services under the Lanterman Act provided directly by Contractor.
- h. "Administration" means those support activities required of Contractor that are essential to the efficient conduct of business.
- i. "Total Purchase of Service Budget" means that portion of Contractor's budget allocation set forth in Exhibit A which is intended to support the purchase of services (POS) and programs for persons with developmental disabilities.
- j. "Regional Center" means an agency operated by a nonprofit corporation chartered in the State of California (hereinafter referred to as "Contractor") that provides fixed points of contact in the community for persons with developmental disabilities and their families, to the end that such persons

may have access to the facilities and services best suited to them throughout their lifetimes.

- k. "GAP Funds" means that portion of the POS appropriation that is intended to pay for services to newly developed ICF-DD/H, ICF-DD/N, and DD/CNC (formerly known as ICF/DD-CN) health facilities for the period between licensure and certification of the facilities.
- l. "Artificial Intelligence" or "AI" means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments. This shall include the definition of artificial intelligence set forth in Section 4819.2 of the State Administrative Manual, as amended from time to time.
- m. "Generative Artificial Intelligence" or "GenAI" means the class of artificial intelligence (AI) models that emulate the structure and characteristics of input data, or the artificial intelligence's training data, in order to generate derived synthetic content. This can include images, videos, audio, text, and other digital content generated by artificial intelligence, and shall include the definition of generative artificial intelligence set forth in Section 4819.2 of the State Administrative Manual, as amended from time to time.

5. Control Requirements

The Contractor shall comply with all California statutes, laws, and regulations applicable to nonprofit corporations. Contractor shall also render services to persons with developmental disabilities in accordance with applicable federal and California statutes, regulations, ARC v. DDS (1985) 38 Cal.3d.384 and the terms of this contract.

6. Contractor Service Area or Counties:

Contractor's regional center serves that portion of Los Angeles County which includes the East Valley, San Fernando, West Valley, and Antelope Valley County Health Districts.

7. Copyrights/Patents

Except as provided in this agreement, the Contractor may seek patents or copyrights for inventions, copyrightable materials or other original work product which has been commissioned, funded or developed by the Contractor with funds provided by the State, or otherwise produced in performance of this contract, subject to the rights of the State as set forth in this Section. Inventions, for the purposes of this Section, may include, but not be limited to, prosthetic devices, auxiliary learning aids or any other professional aids of a mechanical nature. Copyrightable materials, for the purposes of this Section, may include, but not be limited to data, plans, drawings, specifications, reports, operating manuals, notes or other consultant work. The State shall have the right to manufacture, reproduce, publish, use and/or distribute all such inventions or

NORTH LOS ANGELES COUNTY REGIONAL CENTER FINANCIAL REPORT-MONTHLY RECAP FISCAL YEAR 2024-2025 June 2025						
BUDGET CATEGORY	Projected Annual A-2 Allocation	Month Exp	Y-T-D Expenditures	Projected Annual Expenditures	Projected Annual Surplus/(Deficit)	Percent Under(Over) Budget
Operations						
Salaries & Benefits	\$89,821,203	\$2,720,383	\$75,253,591	\$89,821,203	\$0	0.00%
Operating Expenses	\$18,731,678	\$985,134	\$14,822,224	\$18,731,678	\$0	0.00%
Subtotal OPS General	\$108,552,881	\$3,705,517	\$90,075,815	\$108,552,881	\$0	0.00%
Salaries & Benefits - CPP Regular	\$575,350	\$30,157	\$981,285	\$575,350	\$0	0.00%
Operating Expenses - CPP Regular	\$0	\$0	\$0	\$0	\$0	0.00%
Subtotal OPS CPP Regular	\$575,350	\$30,157	\$981,285	\$575,350	\$0	0.00%
Salaries & Benefits - DC Closure/Ongoing Workload	\$422,280	\$19,927	\$646,881	\$422,280	\$0	0.00%
Operating Expenses - DC Closure/Ongoing Workload	\$0	\$0	\$0	\$0	\$0	0.00%
Subtotal OPS DC Closure/Ongoing Workload	\$422,280	\$19,927	\$646,881	\$422,280	\$0	0.00%
Family Resource Center (FRC)	\$207,187	\$0	\$135,599	\$207,187	\$0	0.00%
Self Determination Program (SDP) Participant Supports	\$131,333	\$0	\$1,206	\$131,333	\$0	0.00%
Social Recreation Projects	\$0	\$0	\$0	\$0	\$0	0.00%
Services Access & Equity (Disparities)	\$106,714	\$0	\$0	\$106,714	\$0	0.00%
Language Access & Cultural Competency	\$1,067,816	\$25,856	\$828,873	\$1,067,816	\$0	0.00%
Subtotal OPS Projects	\$1,513,050	\$25,856	\$965,678	\$1,513,050	\$0	0.00%
Total Operations:	\$111,063,561	\$3,781,456	\$92,669,660	\$111,063,561	\$0	0.00%
Purchase of Services						
Purchase of Services ("POS") (General, HCBS & ICF/SPA)	\$1,027,279,279	\$94,864,940	\$1,000,453,903	\$1,064,377,695	(\$37,098,416)	-3.61%
CPP Regular and DC Closure/Ongoing Workload	\$2,960,000	\$502,076	\$1,658,083	\$4,518,083	(\$1,558,083)	-52.64%
Total Purchase of Services:	\$1,030,239,279	\$95,367,016	\$1,002,111,986	\$1,068,895,778	(\$38,656,499)	-3.75%
Total NLACRC Budget:	\$1,141,302,840	\$99,148,473	\$1,094,781,647	\$1,179,959,339	(\$38,656,499)	-3.39%

NORTH LOS ANGELES COUNTY REGIONAL CENTER
FISCAL YEAR 2024-2025
June 2025

TOTAL BUDGET SOURCES FISCAL YEAR 2024-2025	
Prelim from DDS for OPS	\$64,623,482
A-1 from DDS for OPS, Projects, and CRDP/CPP	\$44,814,433
A-2 from DDS for OPS, Projects, and CRDP/CPP	\$876,537
A-3 from DDS for OPS, Projects, and CRDP/CPP	
A-4 from DDS for OPS, Projects, and CRDP/CPP	
A-5 from DDS for OPS, Projects, and CRDP/CPP	
A-6 from DDS for OPS, Projects, and CRDP/CPP	
Prelim from DDS for POS	\$728,145,974
A-1 from DDS for POS and POS-CRDP/CPP	\$251,231,475
A-2 from DDS for POS-CRDP/CPP	\$34,610,830
A-3 from DDS for POS-CRDP/CPP	
A-4 from DDS for POS-CRDP/CPP	
A-5 from DDS for POS-CRDP/CPP	
A-6 from DDS for POS-CRDP/CPP/HCBSW	
Subtotal - Total Budget received from DDS	\$1,124,302,731
Projected Revenue	749,109
Subtotal - Projected Revenue Operations	\$749,109
Projected ICF/SPA Transportation/Day Program Revenue	\$16,251,000
Subtotal - Projected Revenue Purchase of Services	\$16,251,000
Total Budget	\$1,141,302,840

OPERATIONS BUDGET SOURCES FISCAL YEAR 2024-2025	
GENERAL OPERATIONS (Excludes Projects, CPP Regular, CRDP/CPP)	
Preliminary, General Operations (OPS)	\$64,623,482
A-1, OPS Allocation	\$19,343,762
Reduce Caseload Ratio for Children through Age 5 (1:40)	\$14,588,309
Reduce Other Caseload Ratios	\$8,870,497
A-2, OPS Allocation	\$377,722
A-3, OPS Allocation	
A-4, OPS Allocation	
A-5, OPS Allocation	
Total General OPS	107,803,772
Projected Interest Income	\$47,645
Projected Other Income	\$541,464
Projected ICF/SPA Admin Fee	\$160,000
Total Other Revenue	\$749,109
TOTAL GENERAL OPS	\$108,552,881
Preliminary, Community Resource Development Plan ("CRDP") /Community Placement Plan ("CPP")	\$0
A-1, OPS CRDP/CPP	\$287,675
A-2, OPS CRDP/CPP	\$287,675
Total CRDP/CPP Regular	\$575,350
Preliminary, Developmental Center ("DC") Closure/Ongoing Workload	\$0
A-1, OPS DC Closure/Ongoing Workload	\$211,140
A-2, OPS DC Closure/Ongoing Workload	\$211,140
Total CPP DC Closure/Ongoing Workload	\$422,280
Family Resource Center ("FRC")	\$207,187
SDP Participant Supports	\$131,333
Services Access & Equity (Disparities)	\$106,714
Language Access & Cultural	\$1,067,816
Total OPS PROJECTS	\$1,513,050
Total Operations Budget	\$111,063,561

PURCHASE OF SERVICES (POS) BUDGET SOURCES FISCAL YEAR 2024-2025	
POS (CPP-POS Regular, CRDP/CPP)	
Preliminary, POS	\$728,145,974
A-1, POS Allocation	\$251,231,475
A-2, POS Allocation	\$34,610,830
A-3, POS Allocation	\$0
A-4, POS Allocation	\$0
Total General POS Allocation	\$1,013,988,279
ADD:	
Projected ICF SPA Revenue	\$16,251,000
Total Budget, General POS	\$1,030,239,279

NORTH LOS ANGELES COUNTY REGIONAL CENTER CONSOLIDATED LINE ITEM REPORT FISCAL YEAR 2024-2025 June 2025						
	Projected Annual A-2 Allocation	Net Month	Expended Y-T-D	Projected Remaining Expenses	Proj Annual Expenses	Projected Surplus/ (Deficit)
PURCHASE OF SERVICE						
POS (General)						
3.2 Out of Home	175,831,311	14,995,909	172,048,542	10,100,894	182,149,437	(6,318,126)
4.3 Day Programs	135,594,374	11,790,486	132,414,063	8,089,858	140,503,920	(4,909,547)
4.3 Habilitation Programs	6,569,296	468,984	6,126,025	647,739	6,773,765	(204,469)
5.4 Transportation	41,879,261	3,791,931	41,782,061	1,474,557	43,256,618	(1,377,357)
6.5 Other Services	666,578,245	63,817,630	648,083,212	42,783,951	690,867,163	(24,288,918)
Total POS (General):	1,026,452,487	94,864,940	1,000,453,903	63,096,999	1,063,550,903	(37,098,416)
CRDP & CPP						
CRDP & CPP Placements	100,000	502,076	1,658,083	0	1,658,083	(1,558,083)
CRDP & CPP Assessments	0	0	0	0	0	0
CRDP & CPP Start Up	2,860,000	0	0	2,860,000	2,860,000	0
Deflection CRDP & CPP	0	0	0	0	0	0
Total CRDP & CPP:	2,960,000	502,076	1,658,083	2,860,000	4,518,083	(1,558,083)
HCBS Compliance Funding	826,792	0	0	826,792	826,792	0
Total HCBS:	826,792	0	0	826,792	826,792	0
Total Purchase of Service:	1,030,239,279	95,367,016	1,002,111,986	66,783,791	1,068,895,778	(38,656,499)
OPERATIONS						
25010 Salaries/Benefits	90,318,833	2,747,592	76,489,073	13,829,760	90,318,833	0
25010 Tuition Reimbursement Program	0	0	0	0	0	0
25020 Temporary Staffing Agencies	500,000	22,875	392,685	107,315	500,000	0
25020 PRMT & CalPERS UAL Deposits	0	0	0	0	0	0
Total Salaries/Benefits:	90,818,833	2,770,467	76,881,758	13,937,075	90,818,833	0
OPERATING EXPENSE						
30010 Equipment Rental	213,466	0	180,155	33,312	213,466	0
30020 Equipment Maint	68,409	0	68,409	0	68,409	0
30030 Facility Rent	6,952,027	0	6,208,380	743,647	6,952,027	0
30040 Facility.Maint. AV	100,410	380	64,940	35,470	100,410	0
30041 Facility Maint. SFV	368,858	16,215	112,861	255,997	368,858	0
30042 Facility Maint. SCV	81,615	0	15,422	66,193	81,615	0
30050 Communication	1,022,912	2,554	851,136	171,776	1,022,912	0
30060 General Office Exp	398,309	17,002	398,309	0	398,309	0
30070 Printing	32,508	7,415	28,431	4,077	32,508	0
30080 Insurance	872,584	0	872,584	0	872,584	0
30090 Utilities	190,631	19,015	100,602	90,029	190,631	0
30100 Data Processing	316,973	0	202,237	114,736	316,973	0
30110 Data Proc. Maint	533,251	429,537	533,251	0	533,251	0
30120 Interest Expense	25,297	0	25,297	0	25,297	0
30130 Bank Fees	233,138	0	163,562	69,576	233,138	0
30140 Legal Fees	847,845	78,079	808,830	39,014	847,845	0
30150 Board of Trustees Exp	101,500	1,209	43,118	58,382	101,500	0
30151 ARCA Dues	171,765	0	165,713	6,052	171,765	0
30160 Accounting Fees	107,550	0	5,832	101,718	107,550	0
30170 Equipment Purchases	1,800,343	330,728	1,404,829	395,513	1,800,343	0
30180 Contr/Consult-Adm	2,084,249	28,939	1,512,072	572,177	2,084,249	0
30220 Mileage/Travel	408,079	22,664	398,579	9,500	408,079	0
30240 General Expenses	1,658,556	31,398	657,675	1,000,881	1,658,556	0
30240 ABX2-1	141,404	0	0	141,404	141,404	0
Total Operating Expenses:	18,731,678	985,134	14,822,224	3,909,454	18,731,678	0
Total Operations:	109,550,511	3,755,600	91,703,982	17,846,529	109,550,511	0
Total Gross Budget :	1,139,789,790	99,122,617	1,093,815,968	84,630,321	1,178,446,289	(38,656,499)
OPS Projects:	1,513,050	25,856	965,678	547,372	1,513,050	0
Total Gross Budget with Projects:	1,141,302,840	99,148,473	1,094,781,647	85,177,692	1,179,959,339	(38,656,499)

NORTH LOS ANGELES COUNTY REGIONAL CENTER						
GENERAL OPERATIONS (OPS) and PURCHASE OF SERVICES (POS) LINE ITEM REPORT						
FISCAL YEAR 2024-2025						
June 2025						
	Projected Annual A-2 Allocation	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus / (Deficit)
PURCHASE OF SERVICE						
POS (General)						
3.2 Out of Home	175,831,311.02	14,995,909.15	172,048,542.32	10,100,894	182,149,437	(6,318,126)
4.3 Day Programs	135,594,373.53	11,790,485.68	132,414,062.88	8,089,858	140,503,920	(4,909,547)
4.3 Habilitation Programs	6,569,295.92	468,984.17	6,126,025.20	647,739	6,773,765	(204,469)
5.4 Transportation	41,879,261.47	3,791,930.93	41,782,061.07	1,474,557	43,256,618	(1,377,357)
6.5 Other Services	666,578,245.06	63,817,630.40	648,083,211.96	42,783,951	690,867,163	(24,288,918)
Total POS (General):	1,026,452,487.00	94,864,940.33	1,000,453,903.43	63,096,999	1,063,550,903	(37,098,416)
OPERATIONS						
25010 Salaries/Benefits	89,321,202.95	2,697,508.22	74,860,906.62	14,460,296	89,321,203	0
25010 Tuition Reimbursement Program	-	-	-	0	0	0
25020 Temporary Staffing Agencies	500,000.00	22,874.87	392,684.83	107,315	500,000	0
25020 PRMT & CalPERS UAL Deposits	-	-	-	0	0	0
Total Salaries:	89,821,202.95	2,720,383.09	75,253,591.45	14,567,612	89,821,203	0
OPERATING EXPENSE						
30010 Equipment Rental	213,466.34	-	180,154.79	33,312	213,466	0
30020 Equipment Maint	68,408.91	-	68,408.91	0	68,409	0
30030 Facility Rental	6,952,026.71	-	6,208,380.11	743,647	6,952,027	0
30040 Facility Maint. AV	100,410.00	380.00	64,939.85	35,470	100,410	0
30041 Facility Maint. SFV	368,858.00	16,215.16	112,860.94	255,997	368,858	0
30042 Facility Maint. SCV	81,615.00	-	15,422.15	66,193	81,615	0
30050 Communication	1,022,911.93	2,553.84	851,135.67	171,776	1,022,912	0
30060 General Office Exp	398,308.82	17,002.06	398,308.82	0	398,309	0
30070 Printing	32,508.00	7,415.37	28,431.07	4,077	32,508	0
30080 Insurance	872,584.37	-	872,584.37	0	872,584	0
30090 Utilities	190,630.77	19,014.60	100,601.77	90,029	190,631	0
30100 Data Processing	316,973.00	-	202,236.84	114,736	316,973	0
30110 Data Proc. Maint	533,251.31	429,536.50	533,251.31	0	533,251	0
30120 Interest Expense	25,297.03	-	25,297.03	0	25,297	0
30130 Bank Fees	233,138.00	-	163,561.94	69,576	233,138	0
30140 Legal Fees	847,844.56	78,078.95	808,830.28	39,014	847,845	0
30150 Board of Trustees Exp	101,500.00	1,208.72	43,117.79	58,382	101,500	0
30151 ARCA Dues	171,765.00	-	165,713.46	6,052	171,765	0
30160 Accounting Fees	107,550.00	-	5,831.71	101,718	107,550	0
30170 Equipment Purchases & Software	1,800,342.85	330,727.59	1,404,829.49	395,513	1,800,343	0
30180 Contr/Consult	2,084,248.78	28,939.20	1,512,071.59	572,177	2,084,249	0
30220 Mileage/Travel	408,078.84	22,663.86	398,578.73	9,500	408,079	0
30240 General Expenses	1,658,555.87	31,397.67	657,675.15	1,000,881	1,658,556	0
30240 ABX2-1 Admin	141,404.00	-	-	141,404	141,404	0
Total Operating Expenses:	18,731,678.09	985,133.52	14,822,223.77	3,909,454	18,731,678	0
Total Operations:	108,552,881.04	3,705,516.61	90,075,815.22	18,477,066	108,552,881	0
Gross Budget:	1,135,005,368	98,570,457	1,090,529,718.65	81,574,065	1,172,103,784	(37,098,416)
% of Budget:	100.00%	8.68%	96.08%	7.19%	103.27%	-3.27%

NORTH LOS ANGELES COUNTY REGIONAL CENTER Community Resource Development Plan ("CRDP") & Community Placement Plan ("CPP") Line Item Report Regular CPP FISCAL YEAR 2024-2025 June 2025						
	Projected Annual A-2 Allocation	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus/(Deficit)
PURCHASE OF SERVICE						
CPP Regular						
CPP Placements	100,000	502,076	1,658,083	0	1,658,083	(1,558,083)
CPP Assessments	0	0	0	0	0	0
CPP Start Up	2,860,000	0	0	2,860,000	2,860,000	0
Deflection CPP	0	0	0	0	0	0
Total CPP Regular:	2,960,000	502,076	1,658,083	2,860,000	4,518,083	(1,558,083)
OPERATIONS						
25010 Salaries/Benefits	575,350	30,157	981,285	(405,935)	575,350	0
Total Salaries:	575,350	30,157	981,285	(405,935)	575,350	0
OPERATING EXPENSE						
30010 Equipment Rental	0	0	0	0	0	0
30020 Equipment Maint	0	0	0	0	0	0
30030 Facility Rental	0	0	0	0	0	0
30040 Facility Maint. AV	0	0	0	0	0	0
30041 Facility Maint. SFV	0	0	0	0	0	0
30042 Facility Maint. SCV	0	0	0	0	0	0
30050 Communication	0	0	0	0	0	0
30060 General Office Exp	0	0	0	0	0	0
30070 Printing	0	0	0	0	0	0
30080 Insurance	0	0	0	0	0	0
30090 Utilities	0	0	0	0	0	0
30100 Data Processing	0	0	0	0	0	0
30110 Data Proc. Maint	0	0	0	0	0	0
30120 Interest Expense	0	0	0	0	0	0
30130 Bank Fees	0	0	0	0	0	0
30140 Legal Fees	0	0	0	0	0	0
30150 Board of Trustees Exp	0	0	0	0	0	0
30151 ARCA Dues	0	0	0	0	0	0
30160 Accounting Fees	0	0	0	0	0	0
30170 Equipment Purchases	0	0	0	0	0	0
30180 Contr/Consult CPP	0	0	0	0	0	0
30220 Mileage/Travel	0	0	0	0	0	0
30240 General Expenses	0	0	0	0	0	0
Total Operating Expenses:	0	0	0	0	0	0
Total Operations:	575,350	30,157	981,285	(405,935)	575,350	0
Gross Budget:	3,535,350	532,233	2,639,368	2,454,065	5,093,433	(1,558,083)

NORTH LOS ANGELES COUNTY REGIONAL CENTER Community Resource Development Plan ("CRDP") & Community Placement Plan ("CPP") Line Item Report Developmental Center ("DC") Closure/Ongoing Workload FISCAL YEAR 2024-2025 June 2025						
	Projected Annual A-2 Allocation	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus/(Deficit)
PURCHASE OF SERVICE						
CRDP/CPP						
CRDP & CPP Placements	0	0	0	0	0	0
CRDP & CPP Assessments	0			0	0	0
CRDP & CPP Start Up	0			0	0	0
Deflection CRDP & CPP	0			0	0	0
Total CRDP/CPP:	0	0	0	0	0	0
OPERATIONS						
25010 Salaries/Benefits	422,280	19,927	646,881	(224,601)	422,280	0
Total Salaries:	422,280	19,927	646,881	(224,601)	422,280	0
OPERATING EXPENSE						
30010 Equipment Rental	0	0	0	0	0	0
30020 Equipment Maint	0	0	0	0	0	0
30030 Facility Rental	0	0	0	0	0	0
30040 Facility Maint. AV	0	0	0	0	0	0
30041 Facility Maint. SFV	0	0	0	0	0	0
30042 Facility Maint. SCV	0	0	0	0	0	0
30050 Communication	0	0	0	0	0	0
30060 General Office Exp	0	0	0	0	0	0
30070 Printing	0	0	0	0	0	0
30080 Insurance	0	0	0	0	0	0
30090 Utilities	0	0	0	0	0	0
30100 Data Processing	0	0	0	0	0	0
30110 Data Proc. Maint	0	0	0	0	0	0
30120 Interest Expense	0	0	0	0	0	0
30130 Bank Fees	0	0	0	0	0	0
30140 Legal Fees	0	0	0	0	0	0
30150 Board of Trustees Exp	0	0	0	0	0	0
30151 ARCA Dues	0	0	0	0	0	0
30160 Accounting Fees	0	0	0	0	0	0
30170 Equipment Purchases	0	0	0	0	0	0
30180 Contr/Consult CPP	0	0	0	0	0	0
30220 Mileage/Travel	0	0	0	0	0	0
30240 General Expenses	0	0	0	0	0	0
Total Operating Expenses:	0	0	0	0	0	0
Total Operations:	422,280	19,927	646,881	(224,601)	422,280	0
Gross Budget:	422,280	19,927	646,881	(224,601)	422,280	0
% of Budget:	100.00%	4.72%	153.19%	-53.19%	100.00%	0.00%

NORTH LOS ANGELES COUNTY REGIONAL CENTER

Operations ("OPS") Project Line Item Report

FISCAL YEAR 2024-2025

June 2025

	Projected Annual A-2 Allocation	EXPENDED MONTH	EXPENDED Y-T-D	BALANCE REMAINING	PROJECTED EXPENDITURES	SURPLUS/ (DEFICIT)
Family Resource Center (" FRC ")	\$207,187	\$0	\$135,599	\$71,588	\$207,187	\$0
Self Determination Program (" SDP ") Participant Support	\$131,333	\$0	\$1,206	\$130,127	\$131,333	\$0
Social Recreation Projects	\$0	\$0	\$0	\$0	\$0	\$0
Services Access & Equity (Disparities)	\$106,714	\$0	\$0	\$106,714	\$106,714	\$0
Language Access & Cultural Competency	\$1,067,816	\$25,856	\$828,873	\$238,943	\$1,067,816	\$0
TOTAL:	\$1,513,050	\$25,856	\$965,678	\$547,372	\$1,513,050	\$0

Family Resource Center: Family Resource Center provides services and support for families and infants and toddlers, under the age of three years, that have a developmental delay, disability, or condition that places them at risk of a disability. Services include, as specified in Government Code 95024(d)(2), parent-to-parent support, information dissemination, public awareness, and family-professional collaboration activities; and per Government Code 95001(a)94), family-to-family support to strengthen families' ability to participate in service planning.

Self Determination Program Participant Support: The SDP allows for regional center consumers and their families more freedom, control, and responsibility in choosing services, supports, and providers to help meet the objectives in their individual program plans. The SDP Participant Support is for regional centers, in collaboration with the local volunteer advisory committees, to assist selected participants in their transition to SDP.

Service Access & Equity (Disparities within Regional Center System): Allocation for one position for each regional center.

NORTH LOS ANGELES COUNTY REGIONAL CENTER
Purchase of Services ("POS") Project Line Item Report
FISCAL YEAR 2024-2025
June 2025

	Projected Annual A-2 Allocation	EXPENDED MONTH	EXPENDED Y-T-D	BALANCE REMAINING	PROJECTED EXPENDITURES	SURPLUS/ (DEFICIT)
HCBS Provider Funding for Compliance Activities	\$826,792	\$0	\$0	\$826,792	\$826,792	\$0
TOTAL:	\$826,792	\$0	\$0	\$826,792	\$826,792	\$0

Home and Community-Based Services ("HCBS") Compliance Funding: The HCBS Rules require that programs funded through Medicaid (called Medi-Cal in California) provide individuals with disabilities full access to the benefits of community living and offer services and supports in settings that are integrated in the community. This could include opportunities to seek employment in competitive and integrated settings, control personal resources, and engage in the community to the same degree as individuals who do not receive regional center services. The HCBS rules focus on the nature and quality of the individuals' experience and not just the setting where the services are delivered.

North Los Angeles County Regional Center
Administrative vs. Direct Allocation Report - Consolidated
Fiscal Year 2024-2025 (As of July 18, 2025 State Claim)

	YTD		
Description	Administrative Operating Expenses	Direct Operating Expenses	Total Operating Expenses
Salaries & Wages	\$ 7,832,988.34	\$ 53,904,461.90	\$ 61,737,450.24
Benefits **	\$ 1,730,181.62	\$ 13,414,126.19	\$ 15,144,307.81
Tuition Reimbursement Program	\$ -	\$ -	\$ -
Subtotal Salaries & Benefits	\$ 9,563,170	\$ 67,318,588	\$ 76,881,758
Salaries & Benefits Allocation	12.4%	87.6%	100.0%
Equipment Rental	\$ 13,702.69	\$ 166,452.10	\$ 180,154.79
Equipment Maintenance	\$ 68,408.91	Not Allowable	\$ 68,408.91
Facility Rent	\$ 337,838.97	\$ 5,870,541.14	\$ 6,208,380.11
Facility Maintenance-AV	\$ 64,939.85	Not Allowable	\$ 64,939.85
Facility Maintenance-Van Nuys	\$ 112,860.94	Not Allowable	\$ 112,860.94
Facility Maintenance-SCV	\$ 15,422.15	Not Allowable	\$ 15,422.15
Communication	\$ 60,685.19	\$ 790,450.48	\$ 851,135.67
General Office Expenses	\$ 23,999.16	\$ 374,309.66	\$ 398,308.82
Printing	\$ 1,660.31	\$ 26,770.76	\$ 28,431.07
Insurance	\$ 173,728.29	\$ 698,856.08	\$ 872,584.37
Insurance-Deductible	\$ -	\$ -	\$ -
Utilities-AV	\$ 8,079.65	\$ 92,522.12	\$ 100,601.77
Data Processing-Payroll Fees	\$ 202,236.84	Not Allowable	\$ 202,236.84
Data Processing-Outside Svcs	\$ -	Not Allowable	\$ -
Data Processing-Misc	\$ -	Not Allowable	\$ -
Data Processing Maint.	\$ 533,251.31	Not Allowable	\$ 533,251.31
Interest Expense	\$ 25,297.03	\$ -	\$ 25,297.03
Bank Fees	\$ 3,622.18	\$ -	\$ 3,622.18
Bank Fees-PRMT	\$ 159,939.76	\$ -	\$ 159,939.76
Legal Fees	\$ 377,160.75	\$ 284,824.97	\$ 661,985.72
Legal Fees-Insurance Deductible	\$ 15,662.41	\$ 131,182.15	\$ 146,844.56
Brd. of Director Exp.	\$ 43,117.79	\$ -	\$ 43,117.79
ARCA Dues	\$ 165,713.46	\$ -	\$ 165,713.46
Accounting Fees	\$ 5,831.71	\$ -	\$ 5,831.71
Equipment Purchases	\$ 32,195.52	\$ 353,728.83	\$ 385,924.35
Software and Licenses	\$ 69,723.47	\$ 753,809.14	\$ 823,532.61
Equipment - AV Loan Principle Payments	\$ -	\$ 195,372.53	\$ 195,372.53
Contractor/Consultant	\$ 227,042.68	\$ 1,204,775.36	\$ 1,431,818.04
Contr./Consult.: FFRC Library	\$ -	\$ -	\$ -
Contr./Consult.: CPP	\$ -	\$ 80,253.55	\$ 80,253.55
Mileage	\$ 25,574.47	\$ 317,504.37	\$ 343,078.84
Travel	\$ 24,691.89	\$ 30,808.00	\$ 55,499.89
General Expenses	\$ 99,053.92	\$ 558,621.23	\$ 657,675.15
General Expenses-Remodel AV	\$ -	\$ -	\$ -
General Expenses-Remodel SCV	\$ -	\$ -	\$ -
General Expenses-Remodel SFV	\$ -	\$ -	\$ -
ABX2-1 Admin Expenses	\$ -	\$ -	\$ -
ARPA Social Recreation Project	\$ -	\$ -	\$ -
Equity/Disparity Projects	\$ -	\$ -	\$ -
CalFRESH Project	\$ -	\$ -	\$ -
Restricted: Language Access & Cultural Competency	\$ -	\$ 828,872.73	\$ 828,872.73
Restricted: SDP-Participants Support	\$ -	\$ 1,206.25	\$ 1,206.25
Restricted: HCBS Family Expo	\$ -	\$ 4,050.00	\$ 4,050.00
Subtotal Operating Expenses	\$ 2,891,441.30	\$ 12,764,911.45	\$ 15,656,352.75
Operating Expenses Allocation	18.5%	81.5%	100.0%
Total Salaries & Operating Expenses	\$ 12,454,611.26	\$ 80,083,499.54	\$ 92,538,110.80
Salaries & Operating Exp. Allocation	13.5%	86.5%	100.0%
Project Funds: Family Resource Center	\$ -	\$ -	\$ -
Income Not from DDS (i.e. Interest)	\$ (745,820.00)	\$ -	\$ (745,820.00)
Total Expenses Less Other Income	\$ 11,708,791.26	\$ 80,083,499.54	\$ 91,792,290.80
Total Expenses Admin vs Direct Allocation	12.8%	87.2%	100.0%

NORTH LOS ANGELES COUNTY REGIONAL CENTER FINANCIAL REPORT-MONTHLY RECAP FISCAL YEAR 2025-2026 July 2025						
BUDGET CATEGORY	Projected Annual B-1 Allocation (Prelim)	Month Exp	Y-T-D Expenditures	Projected Annual Expenditures	Projected Annual Surplus/(Deficit)	Percent Under(Over) Budget
Operations						
Salaries & Benefits	\$91,481,951	\$661,341	\$661,341	\$91,481,951	\$0	0.00%
Operating Expenses	\$17,522,118	\$384,290	\$384,290	\$17,522,118	\$0	0.00%
Subtotal OPS General	\$109,004,069	\$1,045,631	\$1,045,631	\$109,004,069	\$0	0.00%
Salaries & Benefits - CPP Regular	\$0	\$5,679	\$5,679	\$0	\$0	0.00%
Operating Expenses - CPP Regular	\$0	\$0	\$0	\$0	\$0	0.00%
Subtotal OPS CPP Regular	\$0	\$5,679	\$5,679	\$0	\$0	0.00%
Salaries & Benefits - DC Closure/Ongoing Workload	\$0	\$4,321	\$4,321	\$0	\$0	0.00%
Operating Expenses - DC Closure/Ongoing Workload	\$0	\$0	\$0	\$0	\$0	0.00%
Subtotal OPS DC Closure/Ongoing Workload	\$0	\$4,321	\$4,321	\$0	\$0	0.00%
Family Resource Center (FRC)	\$0	\$0	\$0	\$0	\$0	0.00%
Self Determination Program (SDP) Participant Supports	\$0	\$0	\$0	\$0	\$0	0.00%
Social Recreation Projects	\$0	\$0	\$0	\$0	\$0	0.00%
Services Access & Equity (Disparities)	\$0	\$0	\$0	\$0	\$0	0.00%
Language Access & Cultural Competency	\$0	\$0	\$0	\$0	\$0	0.00%
Subtotal OPS Projects	\$0	\$0	\$0	\$0	\$0	0.00%
Total Operations:	\$109,004,069	\$1,055,631	\$1,055,631	\$109,004,069	\$0	0.00%
Purchase of Services						
Purchase of Services ("POS") (General, HCBS & ICF/SPA)	\$978,013,421	\$119,011	\$119,011	\$978,013,421	\$0	0.00%
CPP Regular and DC Closure/Ongoing Workload	\$0	\$0	\$0	\$0	\$0	0.00%
Total Purchase of Services:	\$978,013,421	\$119,011	\$119,011	\$978,013,421	\$0	0.00%
Total NLACRC Budget:	\$1,087,017,490	\$1,174,642	\$1,174,642	\$1,087,017,490	\$0	0.00%

NORTH LOS ANGELES COUNTY REGIONAL CENTER
FISCAL YEAR 2025-2026
July 2025

TOTAL BUDGET SOURCES FISCAL YEAR 2025-2026	
B-1 (Preliminary) from DDS for OPS	\$108,702,069
B-2 from DDS for OPS, Projects, and CRDP/CPP	
B-3 from DDS for OPS, Projects, and CRDP/CPP	
B-4 from DDS for OPS, Projects, and CRDP/CPP	
B-5 from DDS for OPS, Projects, and CRDP/CPP	
B-6 from DDS for OPS, Projects, and CRDP/CPP	
B-7 from DDS for OPS, Projects, and CRDP/CPP	
B-1 (Preliminary) from DDS for POS	\$961,763,421
B-2 from DDS for POS-CRDP/CPP/HCBSW	
B-3 from DDS for POS-CRDP/CPP/HCBSW	
B-4 from DDS for POS-CRDP/CPP/HCBSW	
B-5 from DDS for POS-CRDP/CPP/HCBSW	
B-6 from DDS for POS-CRDP/CPP/HCBSW	
B-7 from DDS for POS-CRDP/CPP/HCBSW	
Subtotal - Total Budget received from DDS	\$1,070,465,490
Projected Revenue	302,000
Subtotal - Projected Revenue Operations	\$302,000
Projected ICF/SPA Transportation/Day Program Revenue	\$16,250,000
Subtotal - Projected Revenue Purchase of Services	\$16,250,000
Total Budget	\$1,087,017,490

OPERATIONS BUDGET SOURCES FISCAL YEAR 2025-2026	
GENERAL OPERATIONS (Excludes Projects, CPP Regular, CRDP/CPP)	
B-1 (Preliminary), General Operations (OPS)	\$108,702,069
B-2, OPS Allocation	
Reduce Caseload Ratio for Children through Age 5 (1:40)	
Reduce Other Caseload Ratios	
B-3, OPS Allocation	
B-4, OPS Allocation	
B-5, OPS Allocation	
B-6, OPS Allocation	
Total General OPS	108,702,069
Projected Interest Income	\$150,000
Projected Other Income	\$2,000
Projected ICF/SPA Admin Fee	\$150,000
Total Other Revenue	\$302,000
TOTAL GENERAL OPS	\$109,004,069
B-1 (Preliminary) Community Resource Development Plan ("CRDP") /Community Placement Plan ("CPP")	
B-2, OPS CRDP/CPP	
B-3, OPS CRDP/CPP	
Total CRDP/CPP Regular	\$0
B-1 (Preliminary) Developmental Center ("DC") Closure/Ongoing Workload	
B-2, OPS DC Closure/Ongoing Workload	
B-3, OPS DC Closure/Ongoing Workload	
Total CPP DC Closure/Ongoing Workload	\$0
Family Resource Center ("FRC")	
SDP Participant Supports	
Services Access & Equity (Disparities)	
Language Access & Cultural	
Total OPS PROJECTS	\$0
Total Operations Budget	\$109,004,069

PURCHASE OF SERVICES (POS) BUDGET SOURCES FISCAL YEAR 2025-2026	
POS (CPP-POS Regular, CRDP/CPP)	
B-1 (Preliminary) POS	\$961,763,421
B-2, POS Allocation	
B-3, POS Allocation	
B-4, POS Allocation	
B-5, POS Allocation	
Total General POS Allocation	\$961,763,421
ADD:	
Projected ICF SPA Revenue	\$16,250,000
Total Budget, General POS	\$978,013,421

NORTH LOS ANGELES COUNTY REGIONAL CENTER CONSOLIDATED LINE ITEM REPORT FISCAL YEAR 2025-2026 July 2025						
	Projected Annual B-1 Allocation (Prelin	Net Month	Expended Y-T-D	Projected Remaining Expenses	Proj Annual Expenses	Projected Surplus/ (Deficit)
PURCHASE OF SERVICE						
POS (General)						
3.2 Out of Home	175,651,210	0	0	175,651,210	175,651,210	0
4.3 Day Programs	128,315,361	0	0	128,315,361	128,315,361	0
4.3 Habilitation Programs	6,454,889	0	0	6,454,889	6,454,889	0
5.4 Transportation	41,663,372	6,440	6,440	41,656,932	41,663,372	0
6.5 Other Services	625,928,589	112,571	112,571	625,816,018	625,928,589	0
Total POS (General):	978,013,421	119,011	119,011	977,894,410	978,013,421	0
CRDP & CPP						
CRDP & CPP Placements	0	0	0	0	0	0
CRDP & CPP Assessments	0	0	0	0	0	0
CRDP & CPP Start Up	0	0	0	0	0	0
Deflection CRDP & CPP	0	0	0	0	0	0
Total CRDP & CPP:	0	0	0	0	0	0
HCBS Compliance Funding	0	0	0	0	0	0
Total HCBS:	0	0	0	0	0	0
Total Purchase of Service:	978,013,421	119,011	119,011	977,894,410	978,013,421	0
OPERATIONS						
25010 Salaries/Benefits	90,981,951	671,341	671,341	90,310,610	90,981,951	0
25010 Tuition Reimbursement Program	0	0	0	0	0	0
25020 Temporary Staffing Agencies	500,000	0	0	500,000	500,000	0
25020 PRMT & CalPERS UAL Deposits	0	0	0	0	0	0
Total Salaries/Benefits:	91,481,951	671,341	671,341	90,810,610	91,481,951	0
OPERATING EXPENSE						
30010 Equipment Rental	205,204	0	0	205,204	205,204	0
30020 Equipment Maint	104,309	0	0	104,309	104,309	0
30030 Facility Rent	7,438,869	6,222	6,222	7,432,647	7,438,869	0
30040 Facility.Maint. AV	62,691	0	0	62,691	62,691	0
30041 Facility Maint. SFV	304,453	11,097	11,097	293,357	304,453	0
30042 Facility Maint. SCV	72,085	0	0	72,085	72,085	0
30050 Communication	959,184	107,137	107,137	852,047	959,184	0
30060 General Office Exp	444,000	14,000	14,000	430,000	444,000	0
30070 Printing	63,500	0	0	63,500	63,500	0
30080 Insurance	950,636	162,050	162,050	788,586	950,636	0
30090 Utilities	156,430	0	0	156,430	156,430	0
30100 Data Processing	320,417	942	942	319,475	320,417	0
30110 Data Proc. Maint	89,238	3,947	3,947	85,292	89,238	0
30120 Interest Expense	68,556	1,779	1,779	66,776	68,556	0
30130 Bank Fees	233,138	0	0	233,138	233,138	0
30140 Legal Fees	801,000	0	0	801,000	801,000	0
30150 Board of Trustees Exp	301,174	58	58	301,116	301,174	0
30151 ARCA Dues	174,000	0	0	174,000	174,000	0
30160 Accounting Fees	109,050	0	0	109,050	109,050	0
30170 Equipment Purchases	1,946,789	16,610	16,610	1,930,179	1,946,789	0
30180 Contr/Consult-Adm	563,048	14,280	14,280	548,768	563,048	0
30220 Mileage/Travel	358,436	0	0	358,436	358,436	0
30240 General Expenses	1,654,506	46,168	46,168	1,608,338	1,654,506	0
30240 ABX2-1	141,404	0	0	141,404	141,404	0
Total Operating Expenses:	17,522,118	384,290	384,290	17,137,828	17,522,118	0
Total Operations:	109,004,069	1,055,631	1,055,631	107,948,438	109,004,069	0
Total Gross Budget :	1,087,017,490	1,174,642	1,174,642	1,085,842,848	1,087,017,490	0
OPS Projects:	0	0	0	0	0	0
Total Gross Budget with Projects:	1,087,017,490	1,174,642	1,174,642	1,085,842,848	1,087,017,490	0

NORTH LOS ANGELES COUNTY REGIONAL CENTER GENERAL OPERATIONS (OPS) and PURCHASE OF SERVICES (POS) LINE ITEM REPORT FISCAL YEAR 2025-2026 July 2025						
	Projected Annual B-1 Allocation (Prelim	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus / (Deficit)
PURCHASE OF SERVICE						
POS (General)						
3.2 Out of Home	175,651,210.41	-	-	175,651,210	175,651,210	0
4.3 Day Programs	128,315,360.84	-	-	128,315,361	128,315,361	0
4.3 Habilitation Programs	6,454,888.58	-	-	6,454,889	6,454,889	0
5.4 Transportation	41,663,371.73	6,440.00	6,440.00	41,656,932	41,663,372	0
6.5 Other Services	625,928,589.44	112,571.48	112,571.48	625,816,018	625,928,589	0
Total POS (General):	978,013,421.00	119,011.48	119,011.48	977,894,410	978,013,421	0
OPERATIONS						
25010 Salaries/Benefits	90,981,950.68	661,340.84	661,340.84	90,320,610	90,981,951	0
25010 Tuition Reimbursement Program	-	-	-	0	0	0
25020 Temporary Staffing Agencies	500,000.00	-	-	500,000	500,000	0
25020 PRMT & CalPERS UAL Deposits	-	-	-	0	0	0
Total Salaries:	91,481,950.68	661,340.84	661,340.84	90,820,610	91,481,951	0
OPERATING EXPENSE						
30010 Equipment Rental	205,204.07	-	-	205,204	205,204	0
30020 Equipment Maint	104,309.24	-	-	104,309	104,309	0
30030 Facility Rental	7,438,869.34	6,222.25	6,222.25	7,432,647	7,438,869	0
30040 Facility Maint. AV	62,691.22	-	-	62,691	62,691	0
30041 Facility Maint. SFV	304,453.29	11,096.65	11,096.65	293,357	304,453	0
30042 Facility Maint. SCV	72,084.59	-	-	72,085	72,085	0
30050 Communication	959,184.36	107,137.36	107,137.36	852,047	959,184	0
30060 General Office Exp	444,000.00	14,000.00	14,000.00	430,000	444,000	0
30070 Printing	63,500.00	-	-	63,500	63,500	0
30080 Insurance	950,636.15	162,050.03	162,050.03	788,586	950,636	0
30090 Utilities	156,430.00	-	-	156,430	156,430	0
30100 Data Processing	320,417.04	941.80	941.80	319,475	320,417	0
30110 Data Proc. Maint	89,238.32	3,946.50	3,946.50	85,292	89,238	0
30120 Interest Expense	68,555.68	1,779.37	1,779.37	66,776	68,556	0
30130 Bank Fees	233,138.00	-	-	233,138	233,138	0
30140 Legal Fees	801,000.00	-	-	801,000	801,000	0
30150 Board of Trustees Exp	301,174.00	58.30	58.30	301,116	301,174	0
30151 ARCA Dues	174,000.00	-	-	174,000	174,000	0
30160 Accounting Fees	109,050.00	-	-	109,050	109,050	0
30170 Equipment Purchases & Software	1,946,788.76	16,609.76	16,609.76	1,930,179	1,946,789	0
30180 Contr/Consult	563,048.39	14,280.00	14,280.00	548,768	563,048	0
30220 Mileage/Travel	358,436.00	-	-	358,436	358,436	0
30240 General Expenses	1,654,505.87	46,168.28	46,168.28	1,608,338	1,654,506	0
30240 ABX2-1 Admin	141,404.00	-	-	141,404	141,404	0
Total Operating Expenses:	17,522,118.32	384,290.30	384,290.30	17,137,828	17,522,118	0
Total Operations:	109,004,069.00	1,045,631.14	1,045,631.14	107,958,438	109,004,069	0
Gross Budget:	1,087,017,490	1,164,643	1,164,642.62	1,085,852,847	1,087,017,490	0
% of Budget:	100.00%	0.11%	0.11%	99.89%	100.00%	0.00%

NORTH LOS ANGELES COUNTY REGIONAL CENTER						
Community Resource Development Plan ("CRDP") & Community Placement Plan ("CPP") Line Item Report						
Regular CPP						
FISCAL YEAR 2025-2026						
July 2025						
	Projected Annual B-1 Allocation (Prelim	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus/(Deficit)
PURCHASE OF SERVICE						
CPP Regular						
CPP Placements	0	0	0	0	0	0
CPP Assessments	0	0	0	0	0	0
CPP Start Up	0	0	0	0	0	0
Deflection CPP	0	0	0	0	0	0
Total CPP Regular:	0	0	0	0	0	0
OPERATIONS						
25010 Salaries/Benefits	0	5,679	5,679	(5,679)	0	0
Total Salaries:	0	5,679	5,679	(5,679)	0	0
OPERATING EXPENSE						
30010 Equipment Rental	0	0	0	0	0	0
30020 Equipment Maint	0	0	0	0	0	0
30030 Facility Rental	0	0	0	0	0	0
30040 Facility Maint. AV	0	0	0	0	0	0
30041 Facility Maint. SFV	0	0	0	0	0	0
30042 Facility Maint. SCV	0	0	0	0	0	0
30050 Communication	0	0	0	0	0	0
30060 General Office Exp	0	0	0	0	0	0
30070 Printing	0	0	0	0	0	0
30080 Insurance	0	0	0	0	0	0
30090 Utilities	0	0	0	0	0	0
30100 Data Processing	0	0	0	0	0	0
30110 Data Proc. Maint	0	0	0	0	0	0
30120 Interest Expense	0	0	0	0	0	0
30130 Bank Fees	0	0	0	0	0	0
30140 Legal Fees	0	0	0	0	0	0
30150 Board of Trustees Exp	0	0	0	0	0	0
30151 ARCA Dues	0	0	0	0	0	0
30160 Accounting Fees	0	0	0	0	0	0
30170 Equipment Purchases	0	0	0	0	0	0
30180 Contr/Consult CPP	0	0	0	0	0	0
30220 Mileage/Travel	0	0	0	0	0	0
30240 General Expenses	0	0	0	0	0	0
Total Operating Expenses:	0	0	0	0	0	0
Total Operations:	0	5,679	5,679	(5,679)	0	0
Gross Budget:	0	5,679	5,679	(5,679)	0	0

NORTH LOS ANGELES COUNTY REGIONAL CENTER Community Resource Development Plan ("CRDP") & Community Placement Plan ("CPP") Line Item Report Developmental Center ("DC") Closure/Ongoing Workload FISCAL YEAR 2025-2026 July 2025						
	Projected Annual B-1 Allocation (Prelin	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus/(Deficit)
PURCHASE OF SERVICE						
CRDP/CPP						
CRDP & CPP Placements	0	0	0	0	0	0
CRDP & CPP Assessments	0			0	0	0
CRDP & CPP Start Up	0			0	0	0
Deflection CRDP & CPP	0			0	0	0
Total CRDP/CPP:	0	0	0	0	0	0
OPERATIONS						
25010 Salaries/Benefits	0	4,321	4,321	(4,321)	0	0
Total Salaries:	0	4,321	4,321	(4,321)	0	0
OPERATING EXPENSE						
30010 Equipment Rental	0	0	0	0	0	0
30020 Equipment Maint	0	0	0	0	0	0
30030 Facility Rental	0	0	0	0	0	0
30040 Facility Maint. AV	0	0	0	0	0	0
30041 Facility Maint. SFV	0	0	0	0	0	0
30042 Facility Maint. SCV	0	0	0	0	0	0
30050 Communication	0	0	0	0	0	0
30060 General Office Exp	0	0	0	0	0	0
30070 Printing	0	0	0	0	0	0
30080 Insurance	0	0	0	0	0	0
30090 Utilities	0	0	0	0	0	0
30100 Data Processing	0	0	0	0	0	0
30110 Data Proc. Maint	0	0	0	0	0	0
30120 Interest Expense	0	0	0	0	0	0
30130 Bank Fees	0	0	0	0	0	0
30140 Legal Fees	0	0	0	0	0	0
30150 Board of Trustees Exp	0	0	0	0	0	0
30151 ARCA Dues	0	0	0	0	0	0
30160 Accounting Fees	0	0	0	0	0	0
30170 Equipment Purchases	0	0	0	0	0	0
30180 Contr/Consult CPP	0	0	0	0	0	0
30220 Mileage/Travel	0	0	0	0	0	0
30240 General Expenses	0	0	0	0	0	0
Total Operating Expenses:	0	0	0	0	0	0
Total Operations:	0	4,321	4,321	(4,321)	0	0
Gross Budget:	0	4,321	4,321	(4,321)	0	0
% of Budget:						

NORTH LOS ANGELES COUNTY REGIONAL CENTER

Operations ("OPS") Project Line Item Report

FISCAL YEAR 2025-2026

July 2025

	Projected Annual B-1 Allocation (Prelim	EXPENDED MONTH	EXPENDED Y-T-D	BALANCE REMAINING	PROJECTED EXPENDITURES	SURPLUS/ (DEFICIT)
Family Resource Center ("FRC")	\$0	\$0	\$0	\$0	\$0	\$0
Self Determination Program ("SDP") Participant Support	\$0	\$0	\$0	\$0	\$0	\$0
Social Recreation Projects	\$0	\$0	\$0	\$0	\$0	\$0
Services Access & Equity (Disparities)	\$0	\$0	\$0	\$0	\$0	\$0
Language Access & Cultural Competency	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL:	\$0	\$0	\$0	\$0	\$0	\$0

Family Resource Center: Family Resource Center provides services and support for families and infants and toddlers, under the age of three years, that have a developmental delay, disability, or condition that places them at risk of a disability. Services include, as specified in Government Code 95024(d)(2), parent-to-parent support, information dissemination, public awareness, and family-professional collaboration activities; and per Government Code 95001(a)94), family-to-family support to strengthen families' ability to participate in service planning.

Self Determination Program Participant Support: The SDP allows for regional center consumers and their families more freedom, control, and responsibility in choosing services, supports, and providers to help meet the objectives in their individual program plans. The SDP Participant Support is for regional centers, in collaboration with the local volunteer advisory committees, to assist selected participants in their transition to SDP.

Service Access & Equity (Disparities within Regional Center System): Allocation for one position for each regional center.

NORTH LOS ANGELES COUNTY REGIONAL CENTER
Purchase of Services ("POS") Project Line Item Report
FISCAL YEAR 2025-2026
July 2025

	Projected Annual B-1 Allocation (Prelim	EXPENDED MONTH	EXPENDED Y-T-D	BALANCE REMAINING	PROJECTED EXPENDITURES	SURPLUS/ (DEFICIT)
HCBS Provider Funding for Compliance Activities	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL:	\$0	\$0	\$0	\$0	\$0	\$0

Home and Community-Based Services ("HCBS") Compliance Funding: The HCBS Rules require that programs funded through Medicaid (called Medi-Cal in California) provide individuals with disabilities full access to the benefits of community living and offer services and supports in settings that are integrated in the community. This could include opportunities to seek employment in competitive and integrated settings, control personal resources, and engage in the community to the same degree as individuals who do not receive regional center services. The HCBS rules focus on the nature and quality of the individuals' experience and not just the setting where the services are delivered.

North Los Angeles County Regional Center
Administrative vs. Direct Allocation Report - Consolidated
Fiscal Year 2025-2026 (July 2025 Service Month as of July 21, 2025 State Claim)

	Current Month		
Description	Administrative Operating Expenses	Direct Operating Expenses	Total Operating Expenses
Salaries & Wages	3,498.44	52,779.10	56,277.54
Benefits **	53,838.53	561,224.48	615,063.01
	0.00	0.00	0.00
	0.00	0.00	0.00
Subtotal Salaries & Benefits	57,336.97	614,003.58	671,340.55
Salaries & Benefits Allocation	8.5%	91.5%	100.0%
Equipment Rental	0.00	0.00	0.00
Equipment Maintenance	0.00	Not Allowable	0.00
Facility Rent	0.00	6,222.25	6,222.25
Facility Maintenance-AV	0.00	Not Allowable	0.00
Facility Maintenance-Van Nuys	11,096.65	Not Allowable	11,096.65
Facility Maintenance-SCV	0.00	Not Allowable	0.00
Communication	7,219.71	99,917.65	107,137.36
General Office Expenses	1,188.60	12,811.40	14,000.00
Printing	0.00	0.00	0.00
Insurance	14,032.58	148,017.45	162,050.03
Insurance-Deductible	0.00	0.00	0.00
Utilities-AV	0.00	0.00	0.00
Data Processing-Payroll Fees	941.80	Not Allowable	941.80
Data Processing-Outside Svcs	0.00	Not Allowable	0.00
Data Processing-Misc	0.00	Not Allowable	0.00
Data Processing Maint.	3,946.50	Not Allowable	3,946.50
Interest Expense	1,779.37	0.00	1,779.37
Bank Fees	0.00	0.00	0.00
Bank Fees-PRMT	0.00	0.00	0.00
Legal Fees	0.00	0.00	0.00
Legal Fees-Insurance Deductible	0.00	0.00	0.00
Brd. of Director Exp.	58.30	0.00	58.30
ARCA Dues	0.00	0.00	0.00
Accounting Fees	0.00	0.00	0.00
Equipment Purchases	0.00	0.00	0.00
Software and Licenses	0.00	0.00	0.00
Equipment - AV Loan Principle Payments	0.00	16,609.76	16,609.76
Contractor/Consultant	14,280.00	0.00	14,280.00
Contr./Consult.: FFRC Library	0.00	0.00	0.00
Contr./Consult.: CPP	0.00	0.00	0.00
Mileage	0.00	0.00	0.00
Travel	0.00	0.00	0.00
General Expenses	3,900.55	42,267.73	46,168.28
General Expenses-Remodel AV	0.00	0.00	0.00
General Expenses-Remodel SCV	0.00	0.00	0.00
General Expenses-Remodel SFV	0.00	0.00	0.00
ABX2-1 Admin Expenses	0.00	0.00	0.00
ARPA Social Recreation Project	0.00	0.00	0.00
Equity/Disparity Projects	0.00	0.00	0.00
CalFRESH Project	0.00	0.00	0.00
Restricted: SDP-Participants Support	0.00	0.00	0.00
Subtotal Operating Expenses	58,444.06	325,846.24	384,290.30
Operating Expenses Allocation	15.2%	84.8%	100.0%
Total Salaries & Operating Expenses	115,781.03	939,849.82	1,055,630.85
Salaries & Operating Exp. Allocation	11.0%	89.0%	100.0%
Project Funds: Family Resource Center	0.00	0.00	0.00
Income Not from DDS (i.e. Interest)	(150.00)	0.00	(150.00)
Total Expenses Less Other Income	115,631.03	939,849.82	1,055,480.85
Total Expenses Admin vs Direct Allocation	10.96%	89.04%	100.00%

YTD		
Administrative Operating Expenses	Direct Operating Expenses	Total Operating Expenses
3,498.44	52,779.10	56,277.54
53,838.53	561,224.5	615,063.01
0.00	0.00	0.00
0.00	0.00	0.00
57,336.97	614,003.58	671,340.55
8.5%	91.5%	100.0%
0.00	0.00	0.00
0.00	Not Allowable	0.00
0.00	6,222.25	6,222.25
0.00	Not Allowable	0.00
11,096.65	Not Allowable	11,096.65
0.00	Not Allowable	0.00
7,219.71	99,917.65	107,137.36
1,188.60	12,811.40	14,000.00
0.00	0.00	0.00
14,032.58	148,017.45	162,050.03
0.00	0.00	0.00
0.00	0.00	0.00
941.80	Not Allowable	941.80
0.00	Not Allowable	0.00
0.00	Not Allowable	0.00
3,946.50	Not Allowable	3,946.50
1,779.37	0.00	1,779.37
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
58.30	0.00	58.30
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	16,609.76	16,609.76
14,280.00	0.00	14,280.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
3,900.55	42,267.73	46,168.28
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
58,444.06	325,846.24	384,290.30
15.2%	84.8%	100.0%
115,781.03	939,849.82	1,055,630.85
11.0%	89.0%	100.0%
0.00	0.00	0.00
(150.00)	0.00	(150.00)
115,631.03	939,849.82	1,055,480.85
11.0%	89.0%	100.0%

Board of Trustees Budget vs Expenditures
Fiscal Year 2025-2026
Approved July 31, 2025

Description		Approved Budget 7/31/25	YTD Expenses	Budget Remaining	% of Budget Utilized
BOARD RECRUITMENT					
	Board & Vendor Advisor Committee Member Recruitment (advertising, Chamber memberships, social media, etc)	\$ 5,845.00	\$0.00	\$ 5,845.00	0.00%
BOARD SUPPORTS & MEETING SUPPLIES					
	Board Member Support to Participate in Meeting & Events (overnight mailing, supplies, etc.)	\$ 2,000.00	\$0.00	\$ 2,000.00	0.00%
	Board Meeting Supplies (nameplates, office supplies, etc.)	\$ 1,000.00	\$115.01	\$ 884.99	11.50%
	Roberts Rules Book for New Members	\$ 300.00	\$181.58	\$ 118.42	60.53%
	Transportation/Mileage Reimbursement for Board Members to Attend In-Person Meetings	\$ 2,000.00	\$81.20	\$ 1,918.80	4.06%
	Child Care/Attendant Care Support for Board Members to Attend Meetings	\$ 12,000.00	\$0.00	\$ 12,000.00	0.00%
	Food & Beverage for In-Person Board & Committee Meetings (4 board + 10 VAC = 14 x \$700)	\$ 9,800.00	\$63.05	\$ 9,736.95	0.64%
EVENTS & ACTIVITIES					
	Board Retreat (NLA office, 2 meeting days - meals)	\$ 5,000.00	\$0.00	\$ 5,000.00	0.00%
	Board Dinner	\$ 15,000.00	\$0.00	\$ 15,000.00	0.00%
	Consumer Advisory Committee Holiday Party (Dec 2025)	\$ 750.00	\$0.00	\$ 750.00	0.00%
	Consumer Advisory Committee Potluck Party (July 2025)	\$ 58.30	\$58.30	\$ -	100.00%
	ARCA Academy Sponsorship	\$ 5,000.00	\$0.00	\$ 5,000.00	0.00%
	ARCA Academy Attendance (Nov 2025, Sacramento - airfare, hotel, meals, transportation, etc.)	\$ 12,000.00	\$0.00	\$ 12,000.00	0.00%
	ARCA Meetings, Conferences, & Activities (ARCA Delegate, 10 meetings - airfare, hotel, meals, transportation, etc.)	\$ 9,500.00	\$0.00	\$ 9,500.00	0.00%
	Legislative Events: Grassroots	\$ 5,000.00	\$0.00	\$ 5,000.00	0.00%
	Legislative Consultant (Legucator)	\$ -	\$0.00	\$ -	
SOFTWARE & TRAININGS					
	Software: Roberts Rules Made Simple	\$ 800.00	\$0.00	\$ 800.00	0.00%
	Software: Board Support Software (OnBoard or Boardable)	\$ 8,000.00	\$0.00	\$ 8,000.00	0.00%
	Training: Parliamentary Training (Robert Duitman)	\$ 500.00	\$0.00	\$ 500.00	0.00%
	Training: Leadership, Board Advocacy, Board Effectiveness, Ambassadorship	\$ 1,000.00	\$0.00	\$ 1,000.00	0.00%
LEGAL & CONSULTANTS					
	Consultant: Executive Director Evaluation Model (3-Year Contract: 1. \$9840, 2. \$4890, 3. \$4890)	\$ 19,620.00	\$0.00	\$ 19,620.00	0.00%
	Legal: Executive Director Evaluation Process (Enright & Ocheltree)	\$ 11,000.00	\$0.00	\$ 11,000.00	0.00%
	Consultant: Parliamentary/Governance Coach	\$ 25,000.00	\$0.00	\$ 25,000.00	0.00%
	Legal: Attend Board & Committee Meetings, Board Policies (Enright & Ocheltree)	\$ 150,000.00	\$0.00	\$ 150,000.00	0.00%
COMMUNITY SPONSORSHIPS					
	Sponsorships	\$ -	\$0.00	\$ -	
Total Board Expenses		\$ 301,173.30	\$ 499.14	\$ 300,674.16	0.17%

POS Late Bill Report for FY 2025-2026: Regular
Payments through July 2025 State Claim (08/22/2025)

Description	July 2025 23	August 2025 21	September 2025 22	October 2025 23	November 2025 20	December 2025 23	January 2026 22	February 2026 20	March 2026 22	April 2026 22	May 2026 22	June 2026 22	Total Claims FY2024-2025 262	Average 1st Pymnt & Late Bills
Payment #1	79,232,293.57												79,232,293.57	79,232,293.57
Payment #2														
Payment #3														
Payment #4														
Payment #5														
Payment #6														
Payment #7														
Payment #8														
Payment #9														
Payment #10														
Payment #11														
Payment #12														
Total Paid	79,232,293.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	79,232,293.57	79,232,293.57
Total Late	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Percent Late	0.00%													0.00%

79,232,293.57
0.00

Description	July 2025	August 2025	September 2025	October 2025	November 2025	December 2025	January 2026	February 2026	March 2026	April 2026	May 2026	June 2026	Average %Late Per Month	Cummulative % LATE
Payment #1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Payment #2														
Payment #3														
Payment #4														
Payment #5														
Payment #6														
Payment #7														
Payment #8														
Payment #9														
Payment #10														
Payment #11														
Payment #12														
Total Late	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

0.00%

FY2025 Average Late Bill%:	36.22%
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POS Late Bill Report for FY 2024-2025: Regular
Payments through June 2025 State Claim (08/22/2025)

Description	July 2024 23	August 2024 22	September 2024 21	October 2024 24	November 2024 21	December 2024 22	January 2025 23	February 2025 21	March 2025 21	April 2025 22	May 2025 22	June 2025 21	Total Claims FY2024-2025 263	Average 1st Pymnt & Late Bills
Payment #1	\$ 55,790,258.92	55,067,888.56	54,613,314.00	59,007,862.66	56,968,218.64	55,121,028.00	65,613,537.09	70,964,237.20	74,655,956.66	72,919,258.69	81,410,366.41	75,465,516.87	777,597,443.70	64,799,786.98
Payment #2	\$ 14,099,934.79	15,242,196.80	13,673,664.09	11,145,024.28	8,891,468.39	12,414,889.58	15,843,877.04	9,332,511.94	9,125,036.73	13,607,359.97	11,134,550.69	15,075,738.56	149,586,252.86	12,465,521.07
Payment #3	4,090,153.55	3,853,274.40	3,452,623.39	6,215,143.37	7,025,028.88	6,203,480.36	4,780,476.52	3,816,437.45	6,330,853.21	8,397,848.89	4,665,173.47		58,830,493.49	5,348,226.68
Payment #4	1,468,945.85	1,541,866.75	1,359,422.35	1,805,573.69	1,056,250.87	1,153,773.38	1,158,730.32	2,677,415.02	4,364,254.81	1,464,412.75			18,050,645.79	1,805,064.58
Payment #5	752,814.31	1,134,948.86	982,251.44	865,366.85	645,170.24	643,757.70	1,952,585.60	1,202,982.33	777,682.67				8,957,560.00	995,284.44
Payment #6	1,325,650.13	696,637.00	532,569.53	473,240.15	453,769.98	298,571.07	499,121.56	523,522.27					4,803,081.69	600,385.21
Payment #7	415,683.31	402,324.65	378,098.68	432,626.72	277,242.05	187,613.93	686,309.66						2,779,899.00	397,128.43
Payment #8	282,837.43	306,124.01	348,043.68	303,414.69	126,722.15	65,071.27							1,432,213.23	238,702.21
Payment #9	345,706.55	303,508.64	233,099.59	98,031.63	114,876.14								1,095,222.55	219,044.51
Payment #10	347,904.01	7,877.22	95,481.89	109,905.04									561,168.16	140,292.04
Payment #11	78,541.43	(21,108.47)	120,425.96										177,858.92	59,286.31
Payment #12	185,181.83	89,717.13											274,898.96	137,449.48
Payment #13	232,047.88												232,047.88	232,047.88
Payment #14														
Payment #15														
Payment #16														
Payment #17														
Payment #18														
Payment #19														
Payment #20														
Payment #21														
Payment #22														
Payment #23														
Payment #24														
Total Paid	79,415,659.99	78,625,255.55	75,788,994.60	80,456,189.08	75,558,747.34	76,088,185.29	90,534,637.79	88,517,106.21	95,253,784.08	96,388,880.30	97,210,090.57	90,541,255.43	1,024,378,786.23	87,438,219.81
Total Late	23,625,401.07	23,557,366.99	21,175,680.60	21,448,326.42	18,590,528.70	20,967,157.29	24,921,100.70	17,552,869.01	20,597,827.42	23,469,621.61	15,799,724.16	15,075,738.56	246,781,342.53	22,638,432.84
Percent Late	42.35%	42.78%	38.77%	36.35%	32.63%	38.04%	37.98%	24.73%	27.59%	32.19%	19.41%	19.98%		34.94%

1,024,378,786.23
0.00

POS Late Bill Report for FY 2024-2025: Regular
Payments through June 2025 State Claim (08/22/2025)

Description	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025	Average %Late Per Month	Cummulative % LATE
Payment #1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Payment #2	25.27%	27.68%	25.04%	18.89%	15.61%	22.52%	24.15%	13.15%	12.22%	18.66%	13.68%	19.98%	19.74%	19.74%
Payment #3	7.33%	7.00%	6.32%	10.53%	12.33%	11.25%	7.29%	5.38%	8.48%	11.52%	5.73%		8.47%	28.21%
Payment #4	2.63%	2.80%	2.49%	3.06%	1.85%	2.09%	1.77%	3.77%	5.85%	2.01%			2.83%	31.04%
Payment #5	1.35%	2.06%	1.80%	1.47%	1.13%	1.17%	2.98%	1.70%	1.04%				1.63%	32.67%
Payment #6	2.38%	1.27%	0.98%	0.80%	0.80%	0.54%	0.76%	0.74%					1.03%	33.70%
Payment #7	0.75%	0.73%	0.69%	0.73%	0.49%	0.34%	1.05%						0.68%	34.38%
Payment #8	0.51%	0.56%	0.64%	0.51%	0.22%	0.12%							0.43%	34.81%
Payment #9	0.62%	0.55%	0.43%	0.17%	0.20%								0.39%	35.20%
Payment #10	0.62%	0.01%	0.17%	0.19%									0.25%	35.45%
Payment #11	0.14%	-0.04%	0.22%										0.11%	35.56%
Payment #12	0.33%	0.16%											0.25%	35.81%
Payment #13	0.42%												0.42%	36.22%
Payment #14														
Payment #15														
Payment #16														
Payment #17														
Payment #18														
Payment #19														
Payment #20														
Payment #21														
Payment #22														
Payment #23														
Payment #24														
Total Late	42.35%	42.78%	38.77%	36.35%	32.63%	38.04%	37.98%	24.73%	27.59%	32.19%	19.41%	19.98%	36.22%	36.22%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		

FY2024 Average Late Bill%:	31.54%
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POS Late Bill Report for FY 2023-2024: Regular

Payments through June 2024 State Claim (08/22/2025)

Description	July 2023 21	August 2023 24	September 2023 21	October 2023 22	November 2023 22	December 2023 21	January 2024 23	February 2024 21	March 2024 21	April 2024 22	May 2024 23	June 2024 20	Total Claims FY2023-2024 261	Average 1st Pymnt & Late Bills
Payment #1	\$ 52,927,292.04	51,840,366.60	51,718,100.15	55,906,305.95	54,659,709.63	53,570,806.59	55,280,517.56	56,724,100.94	56,545,170.67	54,852,477.33	55,611,901.02	53,871,472.29	653,508,220.77	54,459,018.40
Payment #2	\$ 6,047,437.81	9,061,417.01	6,492,191.31	6,314,151.07	7,795,975.46	7,186,969.44	10,972,559.61	11,138,971.26	12,397,518.41	13,581,662.75	13,197,016.34	12,942,663.33	117,128,533.80	9,760,711.15
Payment #3	2,653,808.49	1,918,983.06	3,543,951.11	3,563,131.28	2,739,219.13	2,346,448.00	4,053,181.32	1,657,631.01	2,015,352.24	4,106,052.07	5,851,889.65	4,283,003.07	38,732,650.43	3,227,720.87
Payment #4	1,097,579.72	2,176,783.27	1,214,618.13	909,773.20	830,272.50	1,425,352.58	1,195,403.22	1,326,362.26	2,828,456.23	1,523,056.67	581,926.33	1,509,431.93	16,619,016.04	1,384,918.00
Payment #5	496,468.80	803,999.86	625,635.99	511,834.91	818,025.31	582,354.20	743,200.32	583,999.94	614,053.05	251,113.86	722,010.73	489,722.20	7,242,419.17	603,534.93
Payment #6	563,889.81	316,766.32	375,568.00	705,466.37	312,805.66	412,831.47	376,192.12	421,791.83	(64,743.52)	466,457.13	171,957.73	342,055.67	4,401,038.59	366,753.22
Payment #7	225,657.65	310,445.59	518,079.70	293,638.69	335,775.59	195,476.36	304,686.75	(174,099.15)	263,349.48	204,059.07	180,214.63	663,832.64	3,321,117.00	276,759.75
Payment #8	245,168.03	286,528.52	237,498.15	178,719.82	170,155.82	290,766.24	(123,559.85)	225,874.33	124,678.57	156,557.86	456,781.44	(158,406.24)	2,090,762.69	174,230.22
Payment #9	287,937.59	190,736.36	126,287.57	192,696.15	327,423.78	205,859.70	495,608.90	332,374.81	129,726.48	442,115.06	(416,296.53)	137,964.44	2,452,434.31	204,369.53
Payment #10	219,690.64	226,344.90	177,014.01	300,985.96	237,169.41	367,134.50	166,028.02	103,581.80	162,935.38	(411,878.23)	69,387.93	330,829.01	1,949,223.33	162,435.28
Payment #11	174,192.27	160,344.31	290,937.54	139,195.63	319,384.84	89,674.18	177,201.07	106,468.45	(430,769.70)	51,329.34	234,956.13	25,849.03	1,338,763.09	111,563.59
Payment #12	124,001.46	279,357.59	84,835.56	454,203.45	86,715.84	56,334.89	133,855.49	(414,219.81)	98,605.52	208,527.83	42,637.28	787,661.16	1,942,516.26	161,876.36
Payment #13	289,837.83	129,400.11	334,098.79	74,509.39	46,194.25	78,762.86	(79,615.83)	98,619.86	79,771.35	2,184,537.26	156,793.31	(84,594.55)	3,308,314.63	275,692.89
Payment #14	294,140.50	263,042.18	82,656.25	35,973.04	57,419.79	110,236.13	197,053.78	(26,889.09)	56,198.80	311,430.99	(90,563.44)	137,747.09	1,428,446.02	119,037.17
Payment #15	313,820.60	78,821.90	35,276.83	74,975.30	144,325.87	85,444.02	65,845.34	41,048.41	(32,157.58)	(120,367.54)	(58,369.06)	(129,293.87)	499,370.22	41,614.19
Payment #16	162,701.24	46,575.32	44,641.66	138,808.25	88,965.75	41,921.30	2,197.24	(60,420.17)	(89,760.92)	(88,432.21)	(79,230.95)		207,966.51	18,906.05
Payment #17	24,762.10	30,773.93	136,345.16	105,029.77	51,626.03	37,420.15	103,030.24	(67,758.71)	(98,799.52)	148,568.39			470,997.54	47,099.75
Payment #18	21,120.05	189,081.66	47,628.02	30,688.05	62,544.64	41,288.31	(85,984.96)	(17,300.55)	(69,745.84)				219,319.38	24,368.82
Payment #19	139,256.69	71,134.29	23,934.36	53,829.10	40,340.46	4,479.88	70,676.55	(102,304.21)					301,347.12	37,668.39
Payment #20	46,347.50	36,352.95	52,568.59	37,674.14	6,049.56	9,273.19	(229,161.08)						(40,895.15)	(5,842.16)
Payment #21	30,750.52	80,416.92	39,547.38	4,835.13	12,566.50	27,529.50							195,645.95	32,607.66
Payment #22	84,969.93	47,848.39	6,590.02	4,593.15	23,645.52								167,647.01	33,529.40
Payment #23	(10,140.63)	4,393.92	6,188.24	8,765.22									9,206.75	2,301.69
Payment #24	6,473.90	2,415.49	6,730.71										15,620.10	5,206.70
Payment #25	(436.38)	11,837.72											11,401.34	5,700.67
Payment #26	107,883.79												107,883.79	107,883.79
Payment #27														
Payment #28														
Payment #29														
Payment #30														
Payment #31														
Payment #32														
Payment #33														
Payment #34														
Payment #35														
Payment #36														
Total Paid	66,574,611.95	68,564,168.17	66,220,923.23	70,039,783.02	69,166,311.34	67,166,363.49	73,818,915.81	71,897,833.21	74,529,839.10	77,867,267.63	76,633,012.54	75,149,937.20	857,628,966.69	71,639,666.28
Total Late	13,647,319.91	16,723,801.57	14,502,823.08	14,133,477.07	14,506,601.71	13,595,556.90	18,538,398.25	15,173,732.27	17,984,668.43	23,014,790.30	21,021,111.52	21,278,464.91	204,120,745.92	17,180,647.89
Percent Late	25.79%	32.26%	28.04%	25.28%	26.54%	25.38%	33.54%	26.75%	31.81%	41.96%	37.80%	39.50%		31.55%

857,628,966.69
0.00

POS Late Bill Report for FY 2023-2024: Regular
Payments through June 2024 State Claim (08/22/2025)

Description	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	Average %Late Per Month	Cummulative % LATE
Payment #1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Payment #2	11.43%	17.48%	12.55%	11.29%	14.26%	13.42%	19.85%	19.64%	21.92%	24.76%	23.73%	24.03%	17.86%	17.86%
Payment #3	5.01%	3.70%	6.85%	6.37%	5.01%	4.38%	7.33%	2.92%	3.56%	7.49%	10.52%	7.95%	5.93%	23.79%
Payment #4	2.07%	4.20%	2.35%	1.63%	1.52%	2.66%	2.16%	2.34%	5.00%	2.78%	1.05%	2.80%	2.55%	26.34%
Payment #5	0.94%	1.55%	1.21%	0.92%	1.50%	1.09%	1.34%	1.03%	1.09%	0.46%	1.30%	0.91%	1.11%	27.45%
Payment #6	1.07%	0.61%	0.73%	1.26%	0.57%	0.77%	0.68%	0.74%	-0.11%	0.85%	0.31%	0.63%	0.68%	28.12%
Payment #7	0.43%	0.60%	1.00%	0.53%	0.61%	0.36%	0.55%	-0.31%	0.47%	0.37%	0.32%	1.23%	0.51%	28.64%
Payment #8	0.46%	0.55%	0.46%	0.32%	0.31%	0.54%	-0.22%	0.40%	0.22%	0.29%	0.82%	-0.29%	0.32%	28.96%
Payment #9	0.54%	0.37%	0.24%	0.34%	0.60%	0.38%	0.90%	0.59%	0.23%	0.81%	-0.75%	0.26%	0.38%	29.33%
Payment #10	0.42%	0.44%	0.34%	0.54%	0.43%	0.69%	0.30%	0.18%	0.29%	-0.75%	0.12%	0.61%	0.30%	29.63%
Payment #11	0.33%	0.31%	0.56%	0.25%	0.58%	0.17%	0.32%	0.19%	-0.76%	0.09%	0.42%	0.05%	0.21%	29.84%
Payment #12	0.23%	0.54%	0.16%	0.81%	0.16%	0.11%	0.24%	-0.73%	0.17%	0.38%	0.08%	1.46%	0.30%	30.14%
Payment #13	0.55%	0.25%	0.65%	0.13%	0.08%	0.15%	-0.14%	0.17%	0.14%	3.98%	0.28%	-0.16%	0.51%	30.65%
Payment #14	0.56%	0.51%	0.16%	0.06%	0.11%	0.21%	0.36%	-0.05%	0.10%	0.57%	-0.16%	0.26%	0.22%	30.87%
Payment #15	0.59%	0.15%	0.07%	0.13%	0.26%	0.16%	0.12%	0.07%	-0.06%	-0.22%	-0.10%	-0.24%	0.08%	30.95%
Payment #16	0.31%	0.09%	0.09%	0.25%	0.16%	0.08%	0.00%	-0.11%	-0.16%	-0.16%	-0.14%		0.04%	30.99%
Payment #17	0.05%	0.06%	0.26%	0.19%	0.09%	0.07%	0.19%	-0.12%	-0.17%	0.27%			0.09%	31.08%
Payment #18	0.04%	0.36%	0.09%	0.05%	0.11%	0.08%	-0.16%	-0.03%	-0.12%				0.05%	31.13%
Payment #19	0.26%	0.14%	0.05%	0.10%	0.07%	0.01%	0.13%	-0.18%					0.07%	31.20%
Payment #20	0.09%	0.07%	0.10%	0.07%	0.01%	0.02%	-0.41%						-0.01%	31.19%
Payment #21	0.06%	0.16%	0.08%	0.01%	0.02%	0.05%							0.06%	31.25%
Payment #22	0.16%	0.09%	0.01%	0.01%	0.04%								0.06%	31.31%
Payment #23	-0.02%	0.01%	0.01%	0.02%									0.00%	31.32%
Payment #24	0.01%	0.00%	0.01%										0.01%	31.33%
Payment #25	0.00%	0.02%											0.01%	31.34%
Payment #26	0.20%												0.20%	31.54%
Payment #27														
Payment #28														
Payment #29														
Payment #30														
Payment #31														
Payment #32														
Payment #33														
Payment #34														
Payment #35														
Payment #36														
Total Late	25.79%	32.26%	28.04%	25.28%	26.54%	25.38%	33.54%	26.75%	31.81%	41.96%	37.80%	39.50%	31.54%	31.54%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		

FY2023 Average Late Bill%:	39.94%
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North Los Angeles County Regional Center

FY25

Quarterly Human Resources Report

Quarter FY25	Hold	New Hires	Promotions	Separations	Turnover Rate
1st Quarter	34	53	9	16	2.08%
2nd Quarter	12	55	9	19	2.43%
3rd Quarter	10	56	16	22	2.71%
4th Quarter	10	78	18	29	3.42%

Total		242	52	86	10.80%
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Quarter FY25	Separation Reasons	Totals
Jul - Sep	Retire	0
	School	0
	Relocation	2
	Personal	11
	Other	3
Oct - Dec	Retire	2
	School	0
	Relocation	0
	Personal	16
	Other	1
Jan - Mar	Retire	1
	School	0
	Relocation	0
	Personal	14
	Other	7
Apr - Jun	Retire	1
	School	0
	Relocation	0
	Personal	19
	Other	9



	Time Period:	7/16/2025 - 8/15/2025									
Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Entity That is Target of Complaint	Nature of Complaint	Investigation Allegation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Complaint Investigation Duration (in Days)	Submitted/Logged by
12/12/2024	Community Member	2024-SPWB-013	12/12/2024	Service Provider - IF	Vendors have not been paid through FMS vendor; Conflict of interest . SDP Funds not being managed appropriately.	Complainant alleges: 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>	N/A	8/14/2025 Closed Pending outcome of DDS investigation	245	Arshalous Garlanian, Community Services Director
4/4/2025	Family Member	2025-SPWD-07	4/4/2025	Service Provider - Residential	Failure to provide services; Allegation of Abuse/Neglect; Allegation of Substance Abuse; Allegation of Theft & Personal Safety	Complainant alleges: 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. 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. 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 (<i>Substantiated/CAP</i>) ; 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 client regularly.	1. Abuse and Neglect: Client reportedly being emotionally, physically, and financially abused; facility is allegedly billing for services 1:1 not being delivered - <i>Unsubstantiated</i> 2. Client confined to his room for most of the day and only taken out for brief errands or occasional outings - <i>Unsubstantiated</i> 3. 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 - <i>Unsubstantiated</i> 4. Since starting medication, client has reportedly suffered from: a. An 80-pound weight gain - <i>Unsubstantiated</i> b. Depression - <i>Inconclusive</i> c. Deterioration of his teeth - <i>Inconclusive</i> d. Presence of body fungus - <i>Unsubstantiated</i> 5. He has also reportedly started using cannabis and other hard drugs while in the home - <i>Unsubstantiated</i> 6. Staff are allegedly aware of and facilitating this drug use, including taking him to purchase cannabis - <i>Substantiated</i> 7. The facility is reportedly retaining drug paraphernalia (e.g., a pipe) in the event of an audit - <i>Substantiated</i> 8. Theft and Personal Safety Concerns: Client feels unsafe in the home - <i>Unsubstantiated</i> 9. Reports that personal belongings, including items from his room and wallet, have been stolen - <i>substantiated/CAP</i> ; 10. When he addresses these concerns with staff, they allegedly gaslight him - <i>Inconclusive</i>	Correction Action Plan Item 9	8/11/2025	129	Arshalous Garlanian, Community Services Director
4/11/2025	NLACRC Employee	2025 -EWB - 02	4/14/2025	NLACRC Employee(s)	Allegation of unprofessional conduct, discriminatory behavior, improper systems' use	Complainant(s) allege: 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>	<i>Outside investigation findings:</i> 1. NLACRC staff improperly followed established SOPs to create/ migrate temp/contractor system accounts to employee accounts post-conversion. <i>Insufficient to substantiate</i> 2. NLACRC staff incorrectly set access controls to prevent employees from their ability to use applications for their time-sensitive work. <i>Insufficient to substantiate</i> 3. NLACRC staff used improper methods with systems to complete work activities. <i>Sufficient to substantiate</i> 4. Employees impacted by items 1-3 were treated differently than other similarly-situated employees. <i>Insufficient to substantiate under WB Policy; sufficient to substantiate under NLACRC policy.</i>	Closed Corrective actions enacted	6/17/2025	67	Betsy Monahan, HR Director
4/16/2025	NLACRC Employee	2025 -EWB - 04	4/17/2025	NLACRC Employee(s)	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	Complainant alleges: 1. Staff employee fails to complete assigned duties. 2. Supervisor fails to hold staff to account for poor performance.	1. Staff employee fails to complete assigned duties. <i>Substantiated</i> 2. Supervisor fails to hold staff to account for poor performance. <i>Substantiated</i>	Closed Corrective actions enacted	7/2/2025	77	Betsy Monahan, HR Director
5/19/2025	Family Member	2025 -EWB - 06	5/23/2025	NLACRC Employee	Lack of CSC contact or provision of services.	(Reported via USPS mail; confirmation of complaint provided via same method.) Family member of transition-age consumer alleging lack of contact or service provisions by assigned CSC.	Lack of contact/service provisions by assigned CSC - <i>Substantiated</i>	Closed Corrective actions enacted	6/16/2025	28	Betsy Monahan, HR Director



5/22/2025	NLACRC Employee	2025 -EWB - 05	5/22/2025	NLACRC Employee(s)	<p>Allegations of the following:</p> <p>1. Hiring Irregularities</p> <p>2. Mishandled cybersecurity/Misaligned leadership</p> <p>3. Supression of internal feedback</p> <p>4. Security/HIPAA violations</p> <p>5. Workplace misconduct</p> <p>Allegations above refer to/include reference to prior DDS-referred complaints (24-102803 and 24-110101)</p>	<p>Complainant alleges:</p> <p>1. Hiring Irregularities</p> <p>2. Mishandled cybersecurity/Misaligned leadership</p> <p>3. Supression of internal feedback</p> <p>4. Security/HIPAA violations</p> <p>5. Workplace misconduct</p> <p><i>Investigation tendered to outside counsel to assist with additional investigation.</i></p>	<p>1. Hiring Irregularities <i>Previously addressed/adjudicated by NLACRC under complaints 24-102803 and 24-110101.</i></p> <p>2. Mishandled cybersecurity/Misaligned leadership <i>Previously addressed/adjudicated by NLACRC under complaints 24-102803 and 24-110101.</i></p> <p>3. Supression of internal feedback <i>Insufficient to substantiate (investigated under 2025 - EWB -02)</i></p> <p>4. Security/HIPAA violations <i>Insufficient to substantiate (investigated under 2025 - EWB -02)</i></p> <p>5. Workplace misconduct <i>Insufficient to substantiate</i></p>	Closed Corrective actions enacted	6/27/2025	36	Betsy Monahan, HR Director
5/29/2025	Anonymous/Unknown	2025-SPWB-08	N/A	Service Provider - CIT	<p>Staffing ratios not being met; Communication barriers between staff and participants; Participant in PIP is not being paid for hours worked.</p>	<p>Complainant alleges:</p> <p>1. 1:1 Staffing ratio for a client is not being provided.</p> <p>2. Some staff are not able to communicate in the participants preferred language.</p> <p>3. A participant in PIP is not being paid for the full 2.5 hours due to family's fear of losing benefits.</p>	<p>1. 1:1 Staffing ratio for a client is not being provided - <i>DDS notified NLACRC of audit</i></p> <p>2. Some staff are not able to communicate in the participants preferred language - <i>Unsubstantiated</i></p> <p>3. A participant in PIP is not being paid for the full 2.5 hours due to family's fear of losing benefits - <i>Unsubstantiated</i></p>	Closed (1) Under DDS audit	8/14/2025	77	Arshalous Garlanian, Community Services Director
6/9/2025	Anonymous/Unknown	2025-UWB-01	N/A	Service Provider - ADC	<p>Unfair work practices; Staff not being treated fairly; Failure to report; Clients not being engaged; Clients Rights Violations.</p> <p>Amended/re-opened from original complaint submitted 4/9/2025</p>	<p>Complainant alleges:</p> <p>1. Physical abuse against clients by staff;</p> <p>2. Program Director does not address or make reports of incidents;</p> <p>3. Clients being treated unfairly & are not engaged in choosing activities;</p> <p>4. Staff not treated fairly by program director;</p> <p>5. Clients being asked to sign safety and emergency drill & not explain what they are signing .</p>	<p>1. Physical abuse against clients by staff - <i>Unsubstantiated</i></p> <p>2. Program Director does not address or make reports of incidents - <i>Unsubstantiated</i></p> <p>3. Clients being treated unfairly & are not engaged in choosing activities - <i>Unsubstantiated</i></p> <p>4. Staff not treated fairly by program director - <i>Unsubstantiated</i></p> <p>5. Clients being asked to sign safety and emergency drill & not explain what they are signing - <i>Unsubstantiated</i></p>	Closed	8/8/2025	60	Arshalous Garlanian, Community Services Director
6/14/2025	Community Member	2025-SPWB-09	6/24/2025	Service Provider - Residential	<p>Unfair work practices; Staff not being treated fairly; Concerns with billing practices.</p>	<p>Complainant alleges:</p> <p>1. Unprofessional and Retaliatory behavior by the facility manager (disregard for staff and resident well-being)</p> <p>2. Potential violations of staff rights and responsibilities.</p> <p>3. Fraudulent payroll practices (being required to work shifts without being allowed to clock in or receive proper compensation).</p>	<p>1. Unprofessional and Retaliatory behavior by the facility manager (disregard for staff and resident well-being) - <i>Unsubstantiated - Outside of RC scope</i></p> <p>2. Potential violations of staff rights and responsibilities - <i>Unsubstantiated - Outside of RC scope</i></p> <p>3. Fraudulent payroll practices (being required to work shifts without being allowed to clock in or receive proper compensation) - <i>Outside of RC scope</i></p>	Closed	8/8/2025	55	Arshalous Garlanian, Community Services Director
7/1/2025	Anonymous/Unknown	DDS 25-063001; 2025-UWB-02	N/A	Service Provider - SLS	<p>Fradulent billing practices; Staff and consumer boundary concerns; Staffing not being provided; Clients Rights Violation</p>	<p>Complainant alleges:</p> <p>1. Staff has been billing for services that are not provided to consumer and has been using fradulent documentation (i.e., timesheets).</p> <p>2. Consumer lives at staff's private residence in Chatsworth.</p> <p>3. Consumer has not been receiving 24-hour supervision or care.</p> <p>4. Staff has been neglecting and mistreating individual for the past 4 years.</p>	<p>1. Staff has been billing for services that are not provided to consumer and has been using fradulent documentation (i.e., timesheets) - <i>Referred to accounting for audit; Received approval from DDS; Engagement letter sent to vendor</i></p> <p>2. Consumer lives at staff's private residence in Chatsworth - <i>Pending</i></p> <p>3. Consumer has not been receiving 24-hour supervision or care - <i>referred to accounting for audit</i></p> <p>4. Staff has been neglecting and mistreating client for the past 4 years - <i>Pending</i></p>	Open			Arshalous Garlanian, Community Services Director
7/2/2025	Community Member	2025-SPWB-10	N/A	Service Provider - Home Health	<p>Client's Rights Violation</p>	<p>Complainant alleges sexual abuse by licensed care staff.</p>	<p>1. Allegations of Sexual Abuse by licensed care staff - <i>Inconclusive</i></p>	Closed Under investigation by LAPD	8/8/2025	37	Arshalous Garlanian, Community Services Director



7/9/2025	Community Member	DDS 25-070801; 2025-SPWB-11	TBA	Service Provider - ADC	Client's Rights Violation; Lack of supervision; Health & Safety; Failure to report incidents; Staffing policies and protocols.	Complainant alleges: 1. Individuals served are treated poorly by the program director and staff. Examples include: -Individuals are yelled at, called names, harassed, and verbally and physically abused. -Individuals are excluded from group activities/socializing with other individuals served. - Staff are leaving individuals unattended while using their cellphones and/or when individuals are upset, not ensuring the individuals are safe, and not considering the individuals' wants, needs, and goals. -Individuals are being provoked, potentially resulting in aggressive behaviors. 2. Individuals served are signing documents without receiving explanations on what is being signed (i.e., safety meeting and emergency drill documents). 3. Incidents are ignored by this provider and are not reported. 4. Staff are attempting to have client(s) removed from the program. 5. Staff use their cellphones (i.e., text messaging, video calling) while driving individuals and other staff in the company van. 6. Staff prohibit individuals from making purchases. 7. Staff cover the deficiencies within the program to prevent licensing from observing what is occurring. 8. Staff prevented a client from entering the company van to be taken home (names not provided). 9. Staff are inappropriately holding individuals and mocking them. 10. Staff did not report an incident where an individual had a seizure and fell on the ground. 11. The provider is not using funds towards the clients' activities and is profiting from selling soda to individuals in the program. 12. Company vans are dirty, have broken parts, including seat belts, and the provider will not repair the vehicles. 13. Former staff who are prohibited from being near the program have been seen nearby.	Open	Open			Arshalous Garlanian, Community Services Director
7/10/2025	Anonymous/Unknown	2025-UWB-03	N/A	Service Provider - Spectlzd Residential	Client's Rights Violation; Failure to report.	Complainant alleges: 1. The house administrator verbally abused resident. 2. The incident was reported to upper management, but no action was taken to address it.	1. The house administrator verbally abused resident. - <i>Unsubstantiated</i> 2. The incident was reported to upper management, but no action was taken to address it. - <i>Unsubstantiated</i>	Closed Pending Letter			Arshalous Garlanian, Community Services Director
7/18/2025	Anonymous/Unknown	DDS 25-062602; amended to 2025 -EWB - 05	N/A	NLACRC Employee(s)	Fiscal malfeasance; violation of Board/regional center policy	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded \$600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Open	Open			Betsy Monahan, HR Director
7/22/2025	Anonymous/Unknown	DDS 24-110801 re-opened: new information	N/A	NLACRC Employee	Alleged sexual harassment (hostile work environment)	Original complaint alleges: 1. NLACRC Management individual is intimidating, bullying, harassing and sexually harassing NLACRC staff. New allegation: 2. Type 4 Workplace Violence perpetrator allegedly verbally, digitally and physically harassed NLACRC staff member due to improper relationship/association with NLACRC Management individual.	Open	Open			Betsy Monahan, HR Director

North Los Angeles County Regional Center
Summary of Program Closures during FY24-25 (07/01/2024 - 06/30/2025)

Service Code	Service Description	Program Closure Date	Number of Consumers Impacted	Program Capacity	Reason for Closure	Zip Code	Service City
28	Socialization Training Program	7/31/2024	0	0	Business closed	91355	Valencia
28	Socialization Training Program	8/31/2024	0	0	No longer financially feasible	91401	Sherman Oaks
55	Community Integration Training Program	8/9/2024	0	0	Personal Reasons	91406	Van Nuys
62	Personal Assistance	3/31/2025	0	60	Provider moved to TCRC	91311	Chatsworth
62	Personal Assistance	10/30/2024	0	0	Provider moved to TCRC	91406	Van Nuys
94	Creative Art Program	8/19/2024	0	0	Business decision to consolidate two locations	91406	Van Nuys
94	Creative Art Program	5/14/2025	0	35	Provider moved to TCRC	91311	Chatsworth
96	Geriatric Family	10/1/2024	0	2	No longer financially feasible	91344	Granada Hills
109	Supplemental Residential Prgm Sprrt	7/31/2024	0	0	Moved	93551	Los Angeles
109	Supplemental Residential Prgm Sprrt	2/28/2025	0	0	No longer financially feasible	91344	Granada Hills
109	Supplemental Residential Prgm Sprrt	3/26/2025	0	0	No longer financially feasible	91406	Van Nuys
110	Supplemental Day Srvs Prgm Support	4/30/2025	0	0	No longer financially feasible	91345	Mission Hills
113	Specialized Res'l Fac'y (Habilit)	3/26/2025	0	3	No longer financially feasible	91406	Van Nuys
113	Specialized Res'l Fac'y (Health)	2/28/2025	0	4	No longer financially feasible	91344	Granada Hills
117	Special Therapeutic Srvcs	3/17/2025	0	0	Business decision supplemental due to day program closure	91311	Chatsworth
505	Activity Center	8/31/2024	0	14	Personal Reasons	91325	Northridge
510	Adult Development CT	2/12/2025	0	0	No longer financially feasible	93534	Lancaster
615	Behavior Mgmt Assist	10/21/2024	0	0	Personal Reasons	91352	Sun Valley
645	Mobility Train Serv	1/1/2025	0	0	Personal Reasons	91343	North Hills
707	Speech Pathology	12/9/2024	0	0	Personal Reasons	91342	Sylmar
725	Durable Med Equipment	8/21/2024	0	0	Personal Reasons	91356	Tarzana
772	Physical Therapy	1/1/2025	0	0	No longer financially feasible	91364	Woodland Hills
773	Occupational Therapy	8/21/2024	0	0	Personal Reasons	91324	Northridge
785	Clinical Pshycologist	8/31/2024	0	0	Moved	91326	Northridge
785	Clinical Pshycologist	5/23/2025	0	0	Personal Reasons	93534	Lancaster
805	Infant Dev Program	1/1/2025	0	0	No longer financially feasible	91364	Woodland Hills
851	Child Day Care	8/30/2024	0	60	No longer financially feasible	91335	Reseda
851	Child Day Care	8/23/2024	0	0	Retired	91401	Van Nuys
854	Home Health Agency	5/21/2025	0	0	Personal Reasons	91311	Chatsworth
880	Trans Additional Com	3/26/2025	0	0	No longer financially feasible	91406	Van Nuys
896	Supported Living	8/28/2024	0	0	Action Taken by RC	91406	Van Nuys
915	Res FAC Adults -SO	5/1/2025	0	4	Action Taken by RC	91342	Lake View Terrace
915	Res FAC Adults -SO	8/30/2024	0	4	Deceased	91311	Arleta
915	Res FAC Adults -SO	9/1/2024	0	6	Moved	91335	Reseda
915	Res FAC Adults -SO	10/14/2024	0	4	Moved	93536	Lancaster

935	ICF/DD-N	12/2/2024	0	6	Business decision provider sold property	91315	Chatsworth
935	ICF/DD-N	11/21/2024	0	6	Business decision provider sold property	91312	Chatsworth
935	ICF/DD-N	11/26/2024	0	6	Business decision provider sold property	91313	Chatsworth
935	ICF/DD-N	11/27/2024	0	6	Business decision provider sold property	91314	Chatsworth

Total: 39



North Los Angeles County Regional Center

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Competitive Integrated Employment & Paid Internship Program Fiscal Year 2025

1. Competitive Integrated Employment (CIE) Incentive Payments

Incentive payments are paid to regional center service providers for placing consumers who maintain competitive integrated employment after 30 days, 6 months and 12 months of continuous employment.

Description	Q1	Q2	Q3	Q4	YTD	Total POS YTD		FY22	FY23	FY24
Total # of 30-day CIE incentives paid (EMPP)	19	13	5	10	47	64		34	54	44
Total # of 6-month CIE incentives paid (EMP6)	18	21	9	8	54	63		36	35	33
Total # of 12-month CIE incentives paid (EMP12)	8	10	14	9	41	41		11	46	26

2. Paid Internship Program

a. Internship Funding (PIPW)

Effective July 16, 2021, regional center service providers are eligible for reimbursement of wages and benefits paid to each consumer for up to a maximum of 1,040 hours per year per individual placed in an internship. Between July 1, 2016 and July 1, 2021, service providers were reimbursed up to a maximum of \$10,400 per year per individual placed in an internship.

Description	Q1	Q2	Q3	Q4	YTD	Total POS YTD		FY22	FY23	FY24
# of PIPW authorizations rollover from FY24	273	n/a	n/a	n/a	273	676		140	277	452
# of new PIPW authorizations per quarter	111	101	89	102	403					
# of PIPW authorizations terminated per quarter (with payment)	43	61	49	399	552	676		51	94	188
# of PIPW authorizations terminated per quarter (no payment)	37	12	6	69	125					



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Description	Q1	Q2	Q3	Q4	YTD		FY22	FY23	FY24
# of PIPW authorizations paid out (per consumer)	300	338	323	366	1,327		222*	511	707
Total PIPW reimbursement funding	\$679,588.04	\$859,198.48	\$850,230.04	\$1,038,425.60	\$3,427,442.16		\$279,376.77	\$1,060,115.34	\$1,621,337
Average PIPW reimbursement funding	\$2,265.29	\$2,542.01	\$2,632.29	\$2,837.23	\$2,569.21		\$1,258.45	\$2,074.59	\$2,187.02

*Note: Year to date total will count one consumer multiple times if their internship crosses into the next quarter and fiscal year. The number of consumers without duplicates is 466 consumers for FY25 and for comparison was 380 for FY24.

b. PIP Incentive Payments

Incentive payments are paid to regional center service providers for placing consumers in a paid internship opportunity after 30 and 60 consecutive days from the date of the placement.

Description	Q1	Q2	Q3	Q4	YTD	Total POS YTD		FY22	FY23	FY24
Total # of 30-day PIP incentives paid	50	51	28	10	139	154		28	83	121
Total # of 60-day PIP incentives paid	33	51	25	13	122	146		23	76	120

NOTE: Data reflects current billing as of **August 20th 2025** and is reported by service month.



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

1. NLACRC Spotlight:

A. Antelope Valley Staffing Update

- i. In August 2024, Antelope Valley had 68.84% of its positions filled (with approximately 31% open and under recruitment).
- ii. As of July 31, 2025, Antelope Valley has the highest fill rate of the three offices, with 88.48% of positions filled.
- iii. This reflects a 19.64% increase in filled positions over the past year.

2. Department of Developmental Services (DDS) Updates:

A. Assembly Bill 2423 – Provider Rates

- i. Requires the Department of Developmental Services (DDS) to review and update rate models for developmental disability services beginning July 1, 2025, and every two years thereafter.
- ii. The bill does not stipulate a funding requirement for these updates.

B. Assembly Bill 1147 – Grievance Procedure

- i. Requires the Department of Developmental Services (DDS) to revise how consumer grievances and complaints are addressed.
- ii. Proposes consolidating current processes, with the potential elimination of WIC 4731 complaints and Citizen's complaints.
- iii. DDS has acknowledged that these existing procedures rarely resolve individual situations, except from requiring staff training when rights violations occur.
- iv. DDS has already hosted a webinar to gather community feedback on the proposed changes.

C. Individual Program Plan (IPP) Surveys

- i. DDS is reminding families of the importance of completing IPP surveys.
- ii. Statewide goal: 15% return rate with at least 85% satisfaction.
- iii. NLACRC received 49 responses from January 1, 2025 – June 30, 2025, reflecting only a 1.68% return rate.
- iv. A QR code to access the survey is provided at the end of each IPP.

3. Regional Center News:

A. Home & Community Based Services (HCBS) Final Rule Animated Series

- i. Developed in partnership with Tri-Counties Regional Center and Public Pixels Media.

- ii. Features characters Lorenzo, Maya, Dexter, Steve, and superhero Lanterman, who share stories explaining the 10 federal requirements of HCBS Final Rule.
- iii. Designed to help regional centers, service providers, and the community better understand and implement HCBS rights.
- iv. Episodes are available in 20 languages, including ASL.
- v. All voice actors are individuals with developmental disabilities, who transitioned from paid internships to full employment.
- vi. With LACC grant funding, adult coloring books (English and Spanish) highlighting HCBS rights are available free of charge.

4. Center Updates

A. Recruitment:

- i. Total # of positions filled: 901
 - 1. Total # of authorized positions: 1028
- ii. August New Hires
 - 1. 1st Cycle (8/11/2025): 8 confirmed
 - 2. 2nd Cycle (8/25/2025): 9 confirmed

B. Outreach:

- i. Youth & Family Festival – August 16, 2025 – Canyon Country Community Center
 - 1. NLACRC tabled at the family festival hosted by Assemblywoman Pilar Schiavo, alongside community partners including StrengthUnited, DPSS, Child & Family Center, and CHP.
 - 2. The DEIB team shared resources with Santa Clarita Valley families to help them connect with NLACRC.
 - 3. The outdoor event featured family activities, a petting zoo, and car seat safety inspections.
- ii. San Fernando Community Health Center (SFCHC) Presentation – August 13, 2025 – San Fernando Valley
 - 1. NLACRC's DEIB team facilitated a presentation on Regional Center's services and eligibility to families and professionals.
 - 2. This presentation is part of an ongoing partnership with local health providers to increase awareness of Regional Center services.
 - 3. The effort supports medical providers and social workers in better understanding referrals and eligibility.
- iii. Free Baby Expo & Resource Fair – August 7, 2025 – Yaroslavsky Family Support Center, Van Nuys
 - 1. NLACRC participated in the Baby Expo hosted by the LA County Department of Public Health.
 - 2. The DEIB team provided Early Start resources, guided families through the intake process, and spoke with new mothers about eligibility.

3. Families received baby clothes, diapers, and school supplies, and participated in family activities.

5. Upcoming Disability Organization Events/Activities:

- A. State Council on Developmental Disabilities next council meeting – September 30, 2025
- B. Disability Rights California's next board meeting – September 20, 2025
- C. Self-Determination Local Advisory Committee Meeting – September 18, 2025

FY 2025-26	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-25	Jun-25	Total Absences	Total Hours
Executive Finance Committee	Special													
Meeting Length				Dark		Dark						Dark		
Juan Hernandez	P													0.50
Sharmila Brunjes	P												0	0.50
Anna Hurst	P												0	0.50
Curtis Wang	P												0	0.00
Leticia Garcia	P												0	0.50

Meeting Time 0.5

0.5

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)