



# North Los Angeles County Regional Center

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## MEMORANDUM

Date: September 25, 2025

To: **Executive Finance Committee:**  
Juan Hernandez, Sharmila Brunjes, Anna Hurst, Leticia Garcia, Curtis Wang, Jacquie Colton, Laura Monge, and Jason Taketa

From: Lindsay Granger, Executive Administrative Assistant

Re: Information for the next Executive Committee meeting on  
**Thursday, September 25, 2025, at 5:00 pm**

.....

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

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

### **Join Zoom Meeting**

<https://us06web.zoom.us/j/82405837357?pwd=cVU86aFH7Joun8DLJGf6QOCnaEfdzQ.1>

**Meeting ID: 824 0583 7357**

**Passcode: 446710**

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

Thank you!

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

Attachments

## Executive Finance Committee Meeting 09.25.25

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## EXECUTIVE FINANCE COMMITTEE

Thursday, September 25, 2025, at 5:00 pm - Zoom

**Executive Committee Members:** Sharmila Brunjes – President, Juan Hernandez – Vice President, Anna Hurst – Treasurer, Curtis Wang – Secretary, Lety Garcia – ARCA Rep., Jacquie Colton, Laura Monge, Jason Taketa, Jaklen Keshishyan – VAC Rep.

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

### ~AGENDA~

- I. **Call to Order and Introductions** (1 min)
- II. **Committee Member Attendance/Quorum** (1 min)
- III. **Agenda** (1 min)
  - A. Approval of Agenda for the September 25, 2025, Meeting
- IV. **Public Input – Agenda Items** (3 min per person / 3 attendees max)
- V. **Consent Items** (2 min)

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

  - A. Approval of Minutes of the August 28, 2025, Executive Finance Committee Meeting
- VI. **Action Items**
  - A. Approval to Authorize Officer to Secure Worker's Compensation for Calendar Year 2026 – Vini Montague (5 min)
  - B. Approval of Vendor to Conduct Executive Director Evaluation – Megan Mitchell (5 min)
  - C. Approval of Board Leadership & Coaching Consultant – Megan Mitchell (5 min)
  - D. Amendment of Board Budget – Vini Montague (5 min)
  - E. Approval of POS CPP Startup Contracts - Vini Montague (5 min)
    1. Brilliant Corners – Avenue N4, PL2187, Contract Amendment
    2. Brilliant Corners – Wyse, PL1864, Contract Amendment
  - F. Approval of Report on Personnel Classifications effective March 10, 2025 – Angela Pao-Johnson (5 min)
- VII. **Closed Session**
  - A. Real Estate Negotiations (30 min)
- VIII. **Committee Business**
  - A. Financial Reports – Vini Montague (5 min)
  - B. Admin vs. Direct Allocation Report – Vini Montague (5 min)
  - C. Outstanding Authorizations Report – Vini Montague (3 min)
  - D. Audits Update – Vini Montague (5 min)
    1. CalPERS



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2. Independent Audit

3. DDS Audit

E. Annual Reporting of FY24-25 Whistleblower Complaints – Angela Pao-Johnson (*5 min*)

F. Monthly Whistleblower Log for August 16, 2025 – September 15, 2025 – Angela Pao-Johnson (*3 min*)

**IX. Center Operations** Angela Pao-Johnson (*10 min*)

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

A. Next meeting November 20, 2025 at 6:05 p.m.

B. Committee Attendance

**XI. Adjournment**

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



North Los Angeles County Regional Center  
**Executive Finance Committee Meeting Minutes**  
August 28, 2025

**Present:** Board of Trustees President Juan Hernandez, First Vice President and Board Secretary Sharmila Brunjes, Board Treasurer Anna Hurst, ARCA Representative Leticia Garcia, VAC Representative 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

George Alvarado – Board Member, Jacquie Colton – Board Member, Jeremy Sunderland – Board Member, Jason Taketa – Board Member, Laura Monge – Board Member, Leslie Rosas – Tierra del Sol, Ron Burkhardt – Newmark, Steve Kolsky – Newmark, Suzanne Lee – Newmark, Elizabeth Tom – DDS, Jacqueline Gaytan – DDS – Guests

**Absent:**

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**1. CALL TO ORDER**

There being a quorum present, and adequate and proper notice of the meeting having been given, the meeting was called to order at 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 as presented. Motion carried.**

**4. PUBLIC INPUT – AGENDA ITEMS**

There was no public input regarding the agenda.

**5. ANNUAL COMMITTEE ORIENTATION**

Angela Pao-Johnson reviewed the Bylaws pages pertaining to this committee.

Angela Pao-Johnson provided an overview of the Executive Finance Committee as outlined in the bylaws. Angela Pao-Johnson explained that the committee is composed of duly elected board officers and the immediate past president, if still serving as a trustee. The Board may also appoint up to three additional trustees. The President serves as the Chairperson, and each officer has one vote regardless of whether they hold multiple roles.

Angela Pao-Johnson clarified that the Executive Finance Committee is empowered to handle urgent matters between Board meetings with the full authority of the Board, except in certain areas. These exceptions include amending the articles of incorporation or bylaws, filling vacancies on the Board or committees, appointing or removing the Executive Director, removing a trustee, amending or repealing certain Board resolutions, spending funds on contested trustee elections, and approving self-dealing transactions.

Angela Pao-Johnson stated that the Executive Finance Committee is responsible for overseeing the development and implementation of the strategic plan, with staff reporting progress updates. The committee also carries financial oversight responsibilities, including reviewing and monitoring contracts, budgets, expenditures, and taxes, and reporting expenditures to the Board. In addition, the Executive Finance Committee recommends personnel and administrative policies relating to hiring, salaries, and retention.

Because there is no separate Audit Committee, the Executive Finance Committee assumes those responsibilities. This includes reviewing the performance of the independent auditor, recommending retention or termination, negotiating compensation, conferring on financial matters, reviewing audit and management reports, and recommending acceptance to the Board. Angela Pao-Johnson noted that the committee also oversees the Executive Director's performance evaluation and contract negotiations. All business conducted on behalf of the Board must be reported at the next Board meeting.

Angela Pao-Johnson explained that special Executive Finance Committee meetings may be called by the President or two members of the committee. These meetings are held when the Board is not in session and must be noticed as special Board meetings. A quorum is established with a majority of Executive Finance Committee members.

Angela Pao-Johnson introduced the topic of the Board Audit section, explaining that it is a historical document originally used by the former Administrative Affairs Committee, dated September 12, 2018. The audit was intended to serve as a tool to ensure the committee was fulfilling its responsibilities, but it does not appear to have been used in recent years. Angela Pao-Johnson asked the committee to consider whether the audit should be revived, revised, or discontinued.

Sharmila Brunjes noted that the document may be outdated and similar in concept to a board self-evaluation, which the Board has been discussing implementing in a new format. Sharmila Brunjes expressed agreement with sunseting the old audit process. Juan Hernandez commented that if the audit has not been in use, it may no longer be necessary.

Jaklen Keshishyan asked whether eliminating the audit would leave the Board without any evaluation process. In response, Sharmila Brunjes confirmed that while there are multiple audits conducted at NLACRC, no specific audit of the Board itself has occurred since 2018.

Lety Garcia shared a different perspective, stating that the audit is important as a safeguard to ensure the committee fulfills its responsibilities and remains aligned with the bylaws. Lety Garcia suggested revising and updating the audit to reflect the combined structure of the Executive Finance Committee, rather than eliminating it. According to Lety Garcia, the audit also helps new Board members and officers understand the mission and responsibilities of the committee.

Angela Pao-Johnson clarified that while the audit document was created in 2018, its actual use remains unclear. Sharmila Brunjes added that past governance reviews revealed Board violations, raising concerns about whether the document was effective. Sharmila Brunjes emphasized the need for a clearer process, parameters, and accountability if the audit or an evaluation is to be meaningful.

Angela Pao-Johnson recommended forming a work group to review the audit document in conjunction with committee priorities. The work group could determine how the historical audit should be adapted for the current Executive Finance Committee and bring back a proposal for a revised approach. Sharmila

Brunjes supported the idea and suggested delaying the formation of the work group until after the upcoming Board elections on September 10 to allow new members the opportunity to participate.

The committee agreed that further review and development are needed, and appreciation was expressed to Lety Garcia for raising the importance of safeguards and transparency.

Angela Pao-Johnson reviewed the committee's meeting schedule for the upcoming fiscal year, noting that the schedule is also included in the meeting packet for reference.

Lety Garcia raised a concern regarding the July meeting schedule. Lety Garcia explained that although July is typically a dark month, the Executive Finance Committee traditionally meets at the end of July to prepare for the August Board meeting and set the agenda. In 2025, the meeting was instead held at the end of June, which did not follow the usual practice. Lety Garcia recommended that for the next year's calendar, the committee ensure a meeting is scheduled at the end of July, two weeks prior to the August Board meeting.

Sharmila Brunjes agreed with this recommendation and emphasized that the Executive Finance Committee does not need a meeting in June unless required by the Administrative Affairs component. Both Sharmila Brunjes and Lety Garcia confirmed this adjustment should be noted for the future schedule.

Angela Pao-Johnson added that the meeting packets also include action logs from the Administrative Affairs Committee and the Executive Committee. These logs were provided at the request of an Executive Finance Committee member to review the actions approved by both committees in the previous year. The logs cover February 2025 through June 2025.

## **6. CONSENT ITEMS**

Betsy Monahan deferred consent item E. Approval of Conflict Resolution Plan for Employee Zaira Lainez.

**On a motion made by Anna Hurst, seconded by Juan Hernandez, it was resolved to approve consent items A, B, C, and D. Motion carried.**

## **7. ACTION ITEMS**

### **7.1 Review and Approve Board Master Calendar for Fiscal Year 2025-2026**

Sharmila Brunjes introduced the Board Master Calendar for the 2025–2026 fiscal year, noting that it is included in the packet in list format rather than calendar format for ease of use. The document contains all meetings with their corresponding dates and times and will be pinned on OnBoard once finalized for easy access.

During review, Sharmila Brunjes pointed out that the previously discussed adjustment to the Executive Finance Committee schedule may require amending the calendar. Specifically, there was discussion with Lety Garcia about whether a June EFC meeting should remain on the calendar. Sharmila Brunjes suggested keeping the June meeting on the schedule and canceling it if it is not needed. Lety Garcia clarified that the adjustment relates to adding a July meeting, which would apply in the next fiscal year (2026).

#### **Action Item:**

- The Board Master Calendar for FY 2025–2026 was reviewed, with the note that the Executive Finance Committee meeting timing may require adjustment. The calendar was moved forward for approval with the understanding that future modifications may be made as needed.

**On a motion made by Lety Garcia, seconded by Anna Hurst, it was resolved to approve the Board Master Calendar for Fiscal Year 2025-2026. Motion carried.**

## **7.2 Approval of Vendor to Conduct Year 2 Executive Director Evaluation**

Anna Hurst provided context on the Executive Director evaluation process and the work group's efforts. The work group reviewed last year's evaluation process and determined it lacked depth and actionable feedback. To improve the process, the group researched approaches that would include more robust feedback and a 360-degree element incorporating input from direct reports.

The group explored the feasibility of conducting the evaluation internally but concluded that the staffing hours and costs would be extensive. As a result, the group reviewed three external vendors and shared their proposals. Anna Hurst noted that the work group was especially positive about one vendor, Kinetic Flow, citing the balance between comprehensiveness and cost.

The work group will not be making a direct recommendation at this time. Instead, proposals are being turned over to Megan Mitchell, who will take ownership of the contracting process and solicit additional proposals in line with NLACRC's policy. The goal is to present vendor options to the full Board, potentially at the September Board meeting, though timing may require deferral to November.

Sharmila Brunjes commended the work group's efforts, noting the research conducted provided valuable insight into the Executive Director evaluation process. Lety Garcia raised a question regarding policy requirements to review three vendor proposals, which was confirmed as part of the process. Sharmila Brunjes explained that, due to time constraints, the September Board meeting is the target for presenting a vendor recommendation, but November remains a possible fallback if necessary.

**This item was deferred.**

## **7.3 POS Startup Contract – Contract Amendment – Brilliant Corners PL2186-999**

Vinnie Montague, CFO, presented a second amendment to an existing POS startup contract. The amendment increases the contract amount from \$750,000 to \$1,262,470 and reallocates the funding from fiscal year 2023 to fiscal year 2025, as the vendor did not complete the project in the original fiscal year. Both the funding increase and reallocation have been approved by DDS.

Anna Hurst moved to recommend the amendment to the full Board for approval, and Juan Hernandez seconded the motion. Anna Hurst confirmed that DDS had approved the funds and asked Vinnie Montague about the process and vendor reliability, to which he expressed confidence. Sharmila Brunjes noted that this contract has been ongoing for several years.

**On a motion made by Anna Hurst, seconded by Juan Hernandez, it was resolved to move the Contract Amendment – Brilliant Corners PL2186-999 to the full board for approval. Motion carried.**

## **8. CLOSED SESSION**

On a motion made by Juan Hernandez, seconded by Lety Garica closed session was entered at 5:43 p.m. to discuss real estate negotiations.

On a motion made by Juan Hernandez, seconded by Curtis Wang. It was resolved to exit closed session at 6:39 p.m.

A motion was made during closed session to recommend to the board to pursue real estate negotiations that were discussed.

## **9. COMMITTEE BUSINESS**



### **9.1 Review Center's Insurance Coverage for FY2025-26**

Vinnie Montague introduced Simone Khanna from Gallagher Insurance, NLACRC's insurance broker, who provided a summary of the fiscal year 2026 insurance coverage secured with Board approval.

Simone Khanna explained that market conditions were volatile earlier in the year due to state law changes, natural disasters, and industry losses, raising concerns about renewal costs. A full marketing effort was conducted, resulting in significant improvements and savings across most lines of coverage.

Key outcomes included moving from NIAC to Hartford Insurance for general and professional liability, resulting in a premium savings of approximately \$107,000, stronger financial ratings, and increased aggregate abuse coverage from \$5 million to \$7 million. Directors and Officers coverage was shifted to Ascot, providing greater limits and saving an additional \$45,000. Property and crime coverage were also improved, with crime premiums reduced from \$18,000 to \$8,000 and deductibles significantly lowered.

The only major premium increases were in cyber insurance, due to an unresolved claim, and workers' compensation, driven by organizational growth and a higher loss ratio. Other coverages such as earthquake, fiduciary, employed lawyers, and workplace violence remained stable.

Overall, NLACRC secured broader coverage, improved financial strength, and substantial cost savings across multiple policies.

### **9.2 Review of Executive Finance Committee Deadlines**

Sharmila Brunjes presented a month-by-month hard-deadlines document (not a calendar) intended to keep the committee on track with required due dates. Sharmila Brunjes explained that Executive Director evaluation milestones are not listed for the current fiscal year because the process is in motion without a finalized plan/vendor; a separate ED Evaluation timeline document exists and outside vendor timelines will be incorporated once established. Documents will be pinned in OnBoard when available.

Lety Garcia requested that Executive Director evaluation and Negotiating Committee milestones be memorialized on the deadlines document (e.g., via an asterisk/note) to guide future boards and avoid missed dates, and suggested committee approval for changes to the deadlines list. Anna Hurst opposed requiring committee approval for each change, citing process slowdowns.

A discussion followed on whether the Board previously decided to replace the "critical calendar" with a reviewed (not voted) hard-deadlines list. Sharmila Brunjes recalled that decision; Lety Garcia stated no formal Board vote is recorded. Anna Hurst recalled prior counsel guidance that Board approval of a critical calendar is not required. Juan Hernandez noted the meeting was running over and urged moving on.

### **9.3 Contract Changes with DDS**

Vini Montague reported that, per prior Board request, only the pages reflecting changes from the previous year were included in the packet. The sole change in the FY 2026 B1 contract is the addition/clarification of definitions for "artificial intelligence" and "generative artificial intelligence." Vini Montague noted that last year's contract already required regional centers to notify DDS if generative AI is used; the new language primarily provides clearer definitions and references the State Administrative Manual.

### **9.4 Status Report on Credit Line and Cash Flow**

Vini Montague provided an update on the agency's credit line and cash flow. He reported that NLACRC successfully made it through June, July, and August without borrowing against its line of credit. With

Board approval, the line of credit with City National Bank was renewed and increased from \$70 million to \$80 million.

Additionally, City National Bank granted a seasonal fluctuation increase for the period of March 1, 2026, through June 30, 2026, to address potential higher cash flow risks at the end of the fiscal year. Vini Montague emphasized that, despite the availability of the expanded line of credit, no borrowing has been necessary to date.

## **9.5 Financial Reports**

Vini Montague presented the fiscal year 2025 financial report as of the July 18th state claim. The A2 allocation was approximately \$1.1 billion, with projected annual expenditures close to \$1.18 billion. Current projections show a \$37 million deficit in Purchase of Services (POS) and a \$1.5 million deficit in CPP, primarily due to the rate implementation effective January 2025, which significantly increased service provider costs. DDS has been informed of the projected deficits.

Supporting documents included a consolidated report, detailed allocations from DDS (operations and POS), CPP and LDC breakdowns, and specific project funding such as the Family Resource Center. The administrative vs. direct allocation report confirmed administrative expenses at 12.8%, below the statutory 15% cap.

Anna Hurst asked whether the DDS allocation for caseload reduction, previously renewed annually, was continued. Vini Montague confirmed it has been built into the FY 2026 B1 allocation, though final detail is pending.

For fiscal year 2026, the B1 (formerly preliminary) allocation is nearly \$1.1 billion. The first POS expenditure projection has not yet been completed, so no surplus or deficit is currently reported. The administrative vs. direct allocation for FY 2026 shows administrative costs at 11% year-to-date, also under the 15% statutory cap.

## **9.6 Board Budget vs. Actuals Report**

Vini Montague presented the Board Budget vs. Actual Report, noting that the budget had been approved in July and expenditures remain low given the early point in the fiscal year.

Angela Pao-Johnson inquired whether legal fees should be reduced in the budget, given amended contract language no longer requires legal attendance at board and committee meetings. Vini Montague responded that adjustments may be considered once the B2 allocation is finalized and contract changes become official, though some other line items may increase.

Lety Garcia raised concerns about whether the full board formally approved the budget. Vini Montague clarified that the Executive Finance Committee (EFC) approved the budget under emergency circumstances to meet DDS deadlines, and the decision was later presented to the full board for ratification. Sharmila Brunjes and Angela Pao-Johnson confirmed this process was consistent with legal guidance, and that the board ratified the decision via consent items.

A broader discussion followed on transparency and ensuring the board is included in budget approvals. Jeremy Sunderland emphasized the importance of allowing full board discussion without time pressure, while Juan Hernandez reminded the group to also remain mindful of staff and meeting time constraints.

## **9.7 POS Late Bill Report**

Vini Montague presented the POS Late Bill Report. Fiscal years remain open for three years to accommodate late payments. In the most recent claim, \$232,000 was paid for July 2024. Late bills

currently account for 34.9% of FY 2025 expenditures and 31.55% of FY 2024 expenditures.

#### **9.8 Quarterly Fees for PRMT and UAL**

Vini Montague presented the 4<sup>th</sup> Quarter PRMT Fees Report and the 4<sup>th</sup> Quarter UAL Fees Report. For FY 2025, quarterly PRMT account fees totaled \$177,000. For FY 2025, quarterly fees totaled \$55,000, with detailed explanations of the fees attached to the report.

#### **9.9 4<sup>th</sup> Quarter Human Resources Report**

Betsy Monahan presented the Human Resources report for FY 2024–2025. In the fourth quarter, there were 78 new hires, 18 promotions, and 29 separations, resulting in a turnover rate of 3.42%. For the full fiscal year, there were 242 new hires, 52 promotions, and 86 separations, with a total turnover rate of 10.8%. This represented a 7% decrease from FY 2023–2024, when the turnover rate was 17.8%. The primary reasons for separations included personal decisions such as accepting other employment or not returning from leave, dissatisfaction with workload, one retirement, and nine performance-related separations.

#### **9.10 Monthly Whistleblower Log (July-August)**

Betsy Monahan presented the Whistleblower Log for July–August 2025. A total of 15 complaints were submitted or referred by DDS, of which 10 were closed and 5 remain active. She explained that the updated DDS-required format now identifies the type of reporter (if known), specifies the type of individual or organization the complaint is against, and records the duration of the investigation once closed. Two new items were added that were either amendments or related to prior complaints. An annual whistleblower report covering FY 2024–2025 will be presented at the next meeting.

#### **9.11 Annual Reporting of Program Closures**

Arshalous Garlanian presented the Annual Program Closure Report, noting 39 program closures during the year. Most closures were due to provider relocations or personal reasons, with some providers continuing services in other catchment areas.

#### **9.12 Semi-Annual Reporting of CIE/PIP**

Arshalous Garlanian reviewed the Semi-Annual Reporting of CIE/PIP. CIE incentive payments showed increases compared to the prior year across 30-day, 6-month, and 12-month benchmarks.

For the Paid Internship Program, there are currently 676 active authorizations, with 273 carried over from the prior year and 403 new authorizations. Of these, 552 have been paid. Year-to-date, North LA has reimbursed over \$3.4 million in wages and benefits for PIP participants, surpassing FY 2024 totals. A total of 462 unique consumers are participating in FY 2025, compared to 380 in the prior year.

Arshalous Garlanian highlighted that North LA is among the top regional centers statewide in expanding these employment programs. The recent hiring of one employment specialist has significantly improved outreach and collaboration with providers and the community, contributing to these successes.

#### **9.13 Semi-Annual Review of Performance Contract Metrics**

Angela Pao-Johnson reported that there were no new updates to present, as the most recent performance contract data had already been reviewed publicly in June. Two meetings were held the previous day regarding ongoing performance contract activities, but no new data has been provided by DDS.

Lety Garcia commended Angela Pao-Johnson for her strong presentation at the recent public meeting, noting her effective representation of North LA despite not feeling well.

#### **10. CENTER OPERATIONS**

Angela Pao-Johnson shared updates and highlights with the committee. She reported meeting with Congressman Whiteside (District 27) to discuss federal advocacy efforts, including the Long-Term Care Workforce Support Act and Medicaid work requirement exemptions. She also noted Congressman Whiteside may participate in a future NLACRC podcast.

Angela Pao-Johnson highlighted staffing progress, reporting that Antelope Valley staffing improved from 68.84% of open requisitions in August 2024 to 88.48% in July 2025, marking a 20% increase.

Legislative updates included Assembly Bill 2423, which requires DDS to update provider rates every two years, though funding is not guaranteed, and Assembly Bill 1147, which revises grievance procedures to streamline complaint avenues and ensure better resolution for individuals.

Angela Pao-Johnson also addressed Individual Program Plan (IPP) surveys, noting the goal is a 15% return rate with 85% satisfaction. Current participation is only 1.68%, and she encouraged improvement. Evelyn McOmie confirmed that survey access is available via a QR code on the IPP signature page and outlined upcoming staff training and outreach efforts to increase awareness and completion.

Additional updates included recognition of Tri-Counties Regional Center's partnership with Public Pixels, which produced educational videos and consumer-led projects on home and community-based services. NLACRC hopes to partner in future initiatives. Angela also highlighted community outreach, including participation in Assemblywoman Pilar Schiavo's Youth and Family Festival in Santa Clarita.

#### **11. BOARD MEETING AGENDA ITEMS/ACTION ITEMS**

- Board Support will update the Master Calendar to add an EFC meeting in July for the following fiscal year and keep the June meeting on the calendar as an option.
- Board Support will reach out to Megan Mitchell about board coaching.
- Board Support will reach out to board members about forming a workgroup after the September board meeting for the ED Evaluation year 2 vendor.
- Committee members will further consider the appropriate next steps for the ED Evaluation year 2 vendor.
- Board Support will send out an email to the full board to form a workgroup to address the line item commentary and review the board policies draft after the September 10<sup>th</sup> board meeting.
- Contract Amendment – Brilliant Corners PL2186-999 to be added to the September board meeting agenda.
- Board Support will reach out to the committee members after the board meeting on September 10<sup>th</sup> to form a workgroup after the September board meeting to develop the committee priorities, informed by previous audit questions and aligned with retreat outcomes and fiscal year goals.
- Sharmila Brunjes will double-check governance procedures regarding whether the board should vote on eliminating the critical calendar.
- Board support will add voting on the critical calendar to the September board meeting agenda.
- Flyers for the Family Expos will be distributed.

#### **12. ANNOUNCEMENTS / PUBLIC INPUT / INFORMATION ITEMS**

Evelyn McOmie announced two upcoming Family Expos: Antelope Valley on September 27, 2025. San Fernando Valley on October 12, 2025 at Cal State Northridge.

Both events will feature vendors, community-based organizations, panel presentations, a dance for individuals served, and a parent lounge.

George Alvarado shared that he has been working with the San Diego Regional Center and ARCA on the Blue Envelope Program, aimed at supporting the community.

Juan Hernandez clarified that his earlier comments were intended to help keep the meeting on schedule, not to restrict discussion. He emphasized respect for open dialogue but noted concerns about excessively long meetings.

Sharmila Brunjes acknowledged the importance of balancing open discussion with efficiency, citing DDS feedback on long meetings. She encouraged ongoing transparency and collaboration.

George Alvarado briefly displayed materials related to his Blue Envelope work, which will be shared more fully once finalized.

**13. NEXT MEETING**

The next meeting of the Executive Finance Committee will be November 20, 2025 at 6:05 p.m.

**14. ADJOURNMENT**

**It was agreed that there was no further business to transact; the meeting closed at 8:02 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



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## **Executive Finance Committee** **Recommendation to the Board of Trustees**

The North Los Angeles County Regional Center ("NLACRC") Executive Finance Committee is recommending the Board of Trustees to authorize the Executive Director, the Chief Financial Officer or the Deputy Director to execute insurance binders and purchase workers compensation insurance for the period of January 1, 2026 through December 31, 2026.

\_\_\_\_\_  
Sharmila Brunjes, Board President

\_\_\_\_\_  
September 25, 2025  
Date

## **Board Resolution for Workers Compensation Insurance**

The following resolution was approved and adopted at a regular meeting of the North Los Angeles County Regional Center's Board of Trustees held on the 12<sup>th</sup> day of November 2025, in accordance with the laws and by-laws of the above organization.

**RESOLVED**, that the Board of Trustees of the North Los Angeles County Regional Center authorizes the Executive Director, the Chief Financial Officer or the Deputy Director to execute insurance binders and purchase workers compensation insurance for the period of January 1, 2026 through December 31, 2026.

**CERTIFICATION BY SECRETARY:** I certify that (i) I am the Secretary of the North Los Angeles County Regional Center; (ii) the foregoing Resolution is a complete and accurate copy of the Resolution duly adopted by Board of Trustees; and (iii) the Resolution is in full force and has not been revoked or changed in any way.

\_\_\_\_\_  
Curtis Wang, Board Secretary

\_\_\_\_\_  
November 12, 2025  
Date



# North Los Angeles County Regional Center

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## Contract Summary and Board Resolution

No.	Description	Contract Summary
1.	<b>Contract Overview: (New or Amendment) (POS or OPS)</b>	Fifth Amendment to CPP Housing Agreement, Purchase of Services (POS)
2.	<b>The Name of Vendor or Service Provider</b>	Brilliant Corners Vendor Number: PL1864 (EBSH Wyse) Service code: 999 Previous Project #s NLACRC-1920-09, 2021-01 New Project # NLACRC-2324-10
3.	<b>The Purpose of the Contracts</b>	<p>Community Placement Plan (“CPP”) 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”): 3 ambulatory, 1 non-ambulatory.</p> <p>The purpose of the First Amendment was, per DDS approval, to 1) change the capacity of the EBSH being developed from three (3) consumers to four (4) consumers approved by DDS on January 11, 2021; and 2) change the Maximum Funding Amount to include renovation funding.</p> <p>The purpose of the Second, Third and Fourth Amendments was, per DDS approval, to change the Maximum Funding Amount for renovation funding.</p> <p>The purpose of the Fifth Amendment is, per DDS approval, to increase the Maximum Funding Amount by \$18,500 in FY2024 funds to pay for brush clearance and tree removal and trimming due to several years of overgrowth. On May 5, 2025, DDS increased the funding for this project and allocated the source of this funding from Fiscal Year 2024.</p>
4.	<b>The Contract Term</b>	<p>Thirty (30) year contract effective June 1, 2020 through the earlier of (1) the date HDO is no longer owner of the Property or (2) December 31, 2050.</p> <p>The termination or expiration of the Agreement shall not affect the continued enforceability of the documents intended to survive its termination.</p>



# North Los Angeles County Regional Center

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5.	<b>The Total Amount of the Contract</b>	<p>Previous Maximum Funding Amount: \$1,072,103.00  Acquisition: \$221,800  Renovation: \$850,303  Revised Maximum Funding Amount: \$1,090,603  Acquisition: \$221,800  Renovation: \$868,803</p>
6.	<b>The Total Proposed Number of Consumers Served</b>	EBSH will have a capacity of 4 consumers.
7.	<b>The Rate of Payment or Payment Amount</b>	Payment will be reimbursed to HDO based on performance milestones or on other such terms as required under DDS's written guidelines.
8.	<b>Method or Process Utilized to Award the Contract.</b>	Brilliant Corners was awarded funding through a Request for Proposal ("RFP") process published by NLACRC on November 1, 2019.
9.	<b>Method or Process Utilized to Establish the Rate or the Payment Amount</b>	<p>Funding was established in NLACRC's FY2019-2020 CPP plan approved by DDS on October 1, 2019 and amended on November 20, 2020, January 20, 2021, and September 2, 2021.</p> <p>On May 5, 2025, DDS approved increase to funding of additional \$18,500 FY2023-2024 funds.</p>
10.	<b>Exceptional Conditions or Terms: Yes/No If Yes, provide explanation</b>	<p>The restrictive covenant on the property acquired by Brilliant Corners effective January 22, 2021 does not have a term limit on it.</p> <p>Brilliant Corners is the current owner of the following additional seven (7) permanent housing projects to serve a maximum of thirty (30) consumers:</p> <ol style="list-style-type: none"> <li>1. ARFPSHN: Babcock Avenue, Valley Village (Commencement date January 1, 2013)</li> <li>2. SRF: Kelvin Avenue, Woodland Hills (Commencement date June 1, 2014)</li> <li>3. SRF: Kelvin Avenue, Winnetka (Commencement date April 4, 2013)</li> <li>4. SRF: Mayall Street, Northridge (Commencement date January 1, 2013)</li> <li>5. EBSH: Wyse Road, Santa Clarita (Commencement date June 1, 2020)</li> <li>6. EBSH: W Avenue D10, Lancaster (Commencement date Dec. 21, 2023)</li> <li>7. ARFPSHN: San Jose Street, (Commencement date September 13, 2024)</li> </ol>





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		<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.	<b>Additional reference:</b>	<p><b>ARFPSHN:</b> 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><b>EBSH:</b> Enhanced Behavioral Supports Homes (EBSH) (4 bed facility), as per WIC Section 4684.80-4684.87. Provide services to 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.</p> <p><b>SRF:</b> Specialized Residential Facility-Habilitation (4-bed facility).</p>



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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 CPP Housing Agreement ("Amendment") and is recommending an action of the Board of Trustees to Approve the Amendment.

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Anna Hurst, Board Treasurer

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September 25, 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 Fifth Amendment to the CPP 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 **November 12, 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.

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Curtis Wang, Board Secretary

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November 12, 2025  
Date

REPORT ON PERSONNEL CLASSIFICATIONS - FY 2025-2026  
NORTH LOS ANGELES COUNTY REGIONAL CENTER  
EFFECTIVE AS OF March 10, 2025

PERSONNEL CLASSIFICATION	RATE TYPE <sup>1</sup>	SALARY RANGE
Accountant	Hourly	\$33.71 - \$47.63
Accountant Junior	Hourly	\$29.49 - \$41.66
Accounting Specialist	Hourly	\$25.85 - \$36.54
Accounting Specialist Senior	Hourly	\$26.33 - \$37.18
Accounting Supervisor	Monthly	\$8,185.97 - \$11,051.06
Accounting/Payroll Analyst	Hourly	\$36.36 - \$51.37
Administrative Assistant	Hourly	\$28.62 - \$40.44
Aging Adult Specialist	Hourly	\$29.49 - \$41.66
Applications Administrator I	Hourly	\$36.89 - \$52.13
Applications Developer and Integrator	Hourly	\$61.47 - \$86.86
<del>Assistant Psychological Supervisor</del>	<del>Monthly</del>	<del>\$8,211.00 - \$9,775.00</del>
Associate CSC	Hourly	\$22.90 - \$32.36
Autism Program Clinical Services Specialist	Hourly	\$42.97 - \$60.74
<del>Autism Program Coordinator Specialist</del>	<del>Hourly</del>	<del>\$42.97 - \$60.74</del>
Behavioral Consultant	Hourly	\$42.97 - \$60.74
Behavioral Services Manager	Monthly	\$12,870.04 - \$17,374.56
Behavioral Services Supervisor	Monthly	\$11,232.62 - \$15,164.03
Change Management Project Manager	Monthly	\$7,345.00 - \$9,916.83

<sup>1</sup>Monthly Salary Ranges for Exempt Staff and Hourly Salary Ranges for Non-Exempt Staff.  
Updated as of 09/19/2025 and adopted by the Board as of \_\_/\_\_/2025.

REPORT ON PERSONNEL CLASSIFICATIONS - FY 2025-2026  
NORTH LOS ANGELES COUNTY REGIONAL CENTER  
EFFECTIVE AS OF March 10, 2025

PERSONNEL CLASSIFICATION	RATE TYPE <sup>1</sup>	SALARY RANGE
Chief Financial Officer	Monthly	\$15,156.12 - \$20,460.77
<del>Chief Information Officer</del>	<del>Monthly</del>	<del>\$17,269.33 - \$23,313.60</del>
Clinical Services Director	Monthly	\$19,475.52 - \$26,291.95
Community Living Specialist	Hourly	\$29.49 - \$41.66
Community Services Director	Monthly	\$12,142.73 - \$16,392.69
Community Services Housing Specialist	Hourly	\$29.49 - \$41.66
Community Services Manager	Monthly	\$9,257.77 - \$12,497.99
Community Services Specialist	Hourly	\$29.49 - \$41.66
Community Services Specialist - CPP	Hourly	\$29.49 - \$41.66
Community Services Specialist - Performance QA Specialist	Hourly	\$29.49 - \$41.66
Community Services Specialist - QA	Hourly	\$29.49 - \$41.66
Community Services Specialist - QA/_CPP	Hourly	\$29.49 - \$41.66
Community Services Supervisor - BS	Monthly	\$7,666.92 - \$10,350.35
Community Services Supervisor - MS	Monthly	\$8,050.24 - \$10,867.82
Consumer Advocate/ Consumer Advocate Bilingual	Hourly	\$22.29 - \$31.50
Consumer Services Coordinator - Intake	Hourly	\$26.33 - \$37.18
Consumer Services Coordinator / Service Coordinator / Service Coordinator - Bilingual	Hourly	\$26.33 - \$37.18
Consumer Services Director	Monthly	\$11,429.91 - \$15,430.38
Consumer Services Manager	Monthly	\$9,257.77 - \$12,497.99

<sup>1</sup>Monthly Salary Ranges for Exempt Staff and Hourly Salary Ranges for Non-Exempt Staff.  
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REPORT ON PERSONNEL CLASSIFICATIONS - FY 2025-2026  
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PERSONNEL CLASSIFICATION	RATE TYPE <sup>1</sup>	SALARY RANGE
Consumer Services Specialist - Specialized	Hourly	\$29.49 - \$41.66
Consumer Services Supervisor - BS	Monthly	\$7,161.85 - \$9,668.49
Consumer Services Supervisor - CPP/CRDP/SDP	Monthly	\$7,666.92 - \$10,350.35
Consumer Services Supervisor – Intake	Monthly	\$7,518.77 - \$9,541.81
<del>Consumer Services Supervisor—LCSW</del>	Monthly	\$7,666.92 - \$10,350.35
Consumer Services Supervisor - MS	Monthly	\$7,161.85 - \$10,151.92
Consumer Services Transition Liaison	Hourly	\$31.58 - \$44.63
Contract Administration & Privacy Supervisor	Monthly	\$7,239.50 - \$10,564.41
<del>Contract Administration and Privacy Manager</del>	Monthly	\$8,336.43 - \$11,254.19
Contract and Compliance Specialist	Hourly	\$31.58 - \$44.63
Contract and Compliance Supervisor	Monthly	\$8,050.24 - \$10,867.82
Controller	Monthly	\$11,933.46 - \$16,110.17
CPP COMMUNITY SERVICES SPECL - RQA	Hourly	\$29.49 - \$41.66
Data Analyst – Quality Improvement Auditor	Hourly	\$36.36 - \$51.37
Deaf Services Specialist	Hourly	\$31.58 - \$44.63
DEIB Supervisor	Monthly	\$7,666.92 - \$10,350.35
Dental Consultant	Hourly	\$38.30 - \$54.14
Deputy Director	Monthly	\$13,913.19 - \$21,564.12
Director of Finance	Monthly	\$12,209.95 - \$16,994.78
Director of Privacy and Compliance	Monthly	\$11,536.80 - \$14,215.23

<sup>1</sup>Monthly Salary Ranges for Exempt Staff and Hourly Salary Ranges for Non-Exempt Staff.  
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REPORT ON PERSONNEL CLASSIFICATIONS - FY 2025-2026  
NORTH LOS ANGELES COUNTY REGIONAL CENTER  
EFFECTIVE AS OF March 10, 2025

PERSONNEL CLASSIFICATION	RATE TYPE <sup>1</sup>	SALARY RANGE
Due Process Officer	Monthly	\$6,900.81 - \$9,276.50
Emergency Management Specialist	Monthly	\$7,839.55 - \$10,583.39
Employment Specialist	Hourly	\$29.49 - \$41.66
Executive Administrative Assistant/ Executive Administrative Assistant Bilingual	Hourly	\$36.36 - \$51.37
Executive Director	Monthly	\$19,125.00 - \$27,625.00
<del>Facilities Services Manager</del>	<del>Monthly</del>	<del>\$8,169.18 - \$11,028.39</del>
Facilities Supervisor	Monthly	\$6,952.49 - \$9,385.87
Fair Hearings and Administrative Procedures Manager	Monthly	\$9,285.09 - \$12,534.87
Federal Revenue Supervisor	Monthly	\$7,161.85 - \$9,668.49
Federal Revenues Specialist	Hourly	\$29.49 - \$41.66
Floater Specialist	Hourly	\$29.49 - \$41.66
Health and Safety Waiver Support Specialist	Hourly	\$29.49 - \$41.66
Human Resources Coordinator	Hourly	\$32.01 - \$45.23
Human Resources Director	Monthly	\$12,209.95 - \$16,994.78
Human Resources Generalist	Hourly	\$34.05 - \$48.10
Human Resources Manager	Monthly	\$9,393.38 - \$12,952.37
Human Resources Specialist I	Hourly	\$32.01 - \$45.23
Human Resources Specialist II	Hourly	\$33.61 - \$47.48
Human Resources Supervisor	Monthly	\$8,265.47 - \$11,158.38
Individuals with Disabilities Education Act Specialist (IDEA Specialist)	Hourly	\$38.07 - \$53.80

<sup>1</sup>Monthly Salary Ranges for Exempt Staff and Hourly Salary Ranges for Non-Exempt Staff.  
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REPORT ON PERSONNEL CLASSIFICATIONS - FY 2025-2026  
NORTH LOS ANGELES COUNTY REGIONAL CENTER  
EFFECTIVE AS OF March 10, 2025

PERSONNEL CLASSIFICATION	RATE TYPE <sup>1</sup>	SALARY RANGE
Infrastructure Engineer	Hourly	\$61.47 - \$86.86
Intake Associate/ Intake Associate Bilingual	Hourly	\$22.29 - \$31.50
Intake Specialist	Hourly	\$29.49 - \$41.66
Intake Supervisor	Monthly	\$7,518.77 - \$9,541.81
iSeries System Operator	Hourly	\$31.39 - \$44.34
IT Business Analyst	Hourly	\$43.61 - \$61.62
IT Director	Monthly	\$12,589.57 - \$19,354.03
<del>IT Lead Training</del>	<del>Hourly</del>	<del>\$32.01 - \$45.23</del>
IT Operations Manager	Monthly	\$11,863.61 - \$16,015.87
IT Specialist I	Hourly	\$35.19 - \$49.72
IT Specialist II	Hourly	\$36.89 - \$52.13
<del>IT Supervisor</del>	<del>Monthly</del>	<del>\$9,583.33 - \$11,666.66</del>
IT Support Manager	Monthly	\$11,340.66 - \$15,309.90
Judicial/Forensics Specialist	Hourly	\$31.58 - \$44.63
Lead IT Specialist	Hourly	\$43.61 - \$61.62
Lead Training Consumer Services Coordinator	Hourly	\$33.71 - \$47.63
LGBTQ+ Specialist	Hourly	\$29.49 - \$41.66
Medical Services Manager	Monthly	\$16,527.18 - \$22,311.69
Nurse Consultant	Hourly	\$42.97 - \$60.74
<del>Nurse Consultant - LVN</del>	<del>Hourly</del>	<del>\$38.30 - \$54.14</del>

<sup>1</sup>Monthly Salary Ranges for Exempt Staff and Hourly Salary Ranges for Non-Exempt Staff.  
Updated as of 09/19/2025 and adopted by the Board as of \_\_/\_\_/2025.



REPORT ON PERSONNEL CLASSIFICATIONS - FY 2025-2026  
NORTH LOS ANGELES COUNTY REGIONAL CENTER  
EFFECTIVE AS OF March 10, 2025

PERSONNEL CLASSIFICATION	RATE TYPE <sup>1</sup>	SALARY RANGE
Nurse Consultant - RN	Hourly	\$42.97 - \$60.74
Nursing Services Supervisor	Monthly	\$10,437.64 - \$14,090.81
Office Assistant I	Hourly	\$20.86 - \$29.47
Office Assistant II	Hourly	\$21.41 - \$30.26
Office Assistant III	Hourly	\$22.90 - \$32.36
Office Services Assistant	Hourly	\$28.62 - \$40.44
Officer of the Day Specialist	Hourly	\$29.49 - \$41.66
Operations Accounting Supervisor	Monthly	\$8,185.97 - \$11,051.06
Outreach Language Specialist	Hourly	\$31.58 - \$44.63
<del>Parent and Family Support Specialist</del>	Hourly	\$29.49 - \$41.66
Participant Choice Specialist	Hourly	\$31.58 - \$44.63
Payroll Accountant	Hourly	\$34.05 - \$48.10
Payroll Specialist	Hourly	\$32.01 - \$45.23
Placement Specialist	Hourly	\$29.49 - \$41.66
Psychological and Intake Manager	Monthly	\$12,870.04 - \$17,374.56
Psychological Services Supervisor	Monthly	\$11,232.62 - \$15,164.03
Psychologist, Ph.D.	Hourly	\$46.24 - \$65.35
Public Information Legislative Specialist	Hourly	\$33.61 - \$47.48
Public Information Manager	Monthly	\$9,677.45 - \$13,064.56
Public Information Specialist	Hourly	\$29.49 - \$41.66

<sup>1</sup>Monthly Salary Ranges for Exempt Staff and Hourly Salary Ranges for Non-Exempt Staff.  
Updated as of 09/19/2025 and adopted by the Board as of \_\_/\_\_/2025.

REPORT ON PERSONNEL CLASSIFICATIONS - FY 2025-2026  
NORTH LOS ANGELES COUNTY REGIONAL CENTER  
EFFECTIVE AS OF March 10, 2025

PERSONNEL CLASSIFICATION	RATE TYPE <sup>1</sup>	SALARY RANGE
Public Information Supervisor	Monthly	\$7,161.85 - \$9,668.49
Public Records Act (PRA) Specialist	Hourly	\$31.39 - \$39.14
Quality Improvement and Outcomes Director	Monthly	\$13,282.25 - \$17,833.33
<del>Quality Improvement and Outcomes Manager</del>	Monthly	\$9,008.64 - \$12,161.66
Records and Document Management Supervisor	Monthly	\$7,161.85 - \$9,668.49
Recruiting Manager	Monthly	\$9,393.38 - \$12,952.37
<del>Resource Developer (inclusive of CPP, Residential and Day Program)</del>	Hourly	\$29.49 - \$41.66
Resource Development Specialist	Hourly	\$29.49 - \$41.66
Retired Annuitant - Accounting / Payroll Analyst	Hourly	\$36.36 - \$51.37
Retired Annuitant – Special Project Specialist (PT)	Hourly	\$34.05 - \$48.10
Risk Assessment Specialist	Hourly	\$29.49 - \$41.66
Risk Assessment Supervisor	Monthly	\$7,161.85 - \$9,668.49
SDP CSC Lead Training Specialist	Hourly	\$29.49 - \$41.66
Self-Determination Specialist	Hourly	\$31.58 - \$44.63
Senior Applications and Project Manager	Monthly	\$11,863.61 - \$16,015.87
<del>Senior Contract and Privacy Specialist</del>	Hourly	\$33.61 - \$47.48
Senior Manager, Facilities Service and Records Management	Monthly	\$9,705.71 - \$11,638.42
Service Coordinator Specialist - Enhanced Case Load	Hourly	\$31.58 - \$44.63
Sr. Psychological Services Specialist	Monthly	\$8,986.09 - \$12,131.23
Systems Administrator	Hourly	\$55.86-\$78.91

<sup>1</sup>Monthly Salary Ranges for Exempt Staff and Hourly Salary Ranges for Non-Exempt Staff.  
Updated as of 09/19/2025 and adopted by the Board as of \_\_/\_\_/2025.

REPORT ON PERSONNEL CLASSIFICATIONS - FY 2025-2026  
NORTH LOS ANGELES COUNTY REGIONAL CENTER  
EFFECTIVE AS OF March 10, 2025

PERSONNEL CLASSIFICATION	RATE TYPE <sup>1</sup>	SALARY RANGE
<del>Technology Utilization Specialist</del>	<del>Hourly</del>	<del>\$36.89 - \$52.13</del>
Training and Development Manager	Monthly	\$9,209.20 - \$12,698.40
Training and Development Supervisor	Monthly	\$7,492.46 - \$10,114.83
Training Specialist - CM Training Facilitator	Hourly	\$11,271.58 - \$13,651.87
Training Specialist - Instructional Designer	Hourly	\$33.61 - \$47.48
Training Specialist I	Hourly	\$32.01 - \$45.23
Training Specialist II	Hourly	\$34.05 - \$48.10
Transfer Coordinator	Hourly	\$20.86 - \$29.47
Vendor Coordinator	Hourly	\$20.86 - \$29.47
Workforce & Employment Specialist	Hourly	\$29.49 - \$41.66

<sup>1</sup>Monthly Salary Ranges for Exempt Staff and Hourly Salary Ranges for Non-Exempt Staff.  
Updated as of 09/19/2025 and adopted by the Board as of \_\_/\_\_/2025.

NORTH LOS ANGELES COUNTY REGIONAL CENTER FINANCIAL REPORT-MONTHLY RECAP FISCAL YEAR 2025-2026 August 2025						
BUDGET CATEGORY	Annual B-2 Allocation	Month Exp	Y-T-D Expenditures	Projected Annual Expenditures	Projected Annual Surplus/(Deficit)	Percent Under(Over) Budget
<b>Operations</b>						
Salaries & Benefits	\$97,724,391	\$8,359,110	\$9,020,451	\$97,724,391	\$0	0.00%
Operating Expenses	\$17,614,852	\$2,535,216	\$2,919,506	\$17,614,852	\$0	0.00%
Subtotal OPS General	\$115,339,243	\$10,894,325	\$11,939,956	\$115,339,243	\$0	0.00%
Salaries & Benefits - CPP Regular	\$575,350	\$109,389	\$115,068	\$575,350	\$0	0.00%
Operating Expenses - CPP Regular	\$0	\$0	\$0	\$0	\$0	0.00%
Subtotal OPS CPP Regular	\$575,350	\$109,389	\$115,068	\$575,350	\$0	0.00%
Salaries & Benefits - DC Closure/Ongoing Workload	\$422,280	\$60,246	\$64,567	\$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	\$60,246	\$64,567	\$422,280	\$0	0.00%
Family Resource Center (FRC)	\$227,357	\$0	\$0	\$227,357	\$0	0.00%
Self Determination Program (SDP) Participant Supports	\$127,699	\$0	\$0	\$127,699	\$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	\$1,085,375	\$0	\$0	\$1,085,375	\$0	0.00%
Subtotal OPS Projects	\$1,440,431	\$0	\$0	\$1,440,431	\$0	0.00%
<b>Total Operations:</b>	<b>\$117,777,304</b>	<b>\$11,063,961</b>	<b>\$12,119,592</b>	<b>\$117,777,304</b>	<b>\$0</b>	<b>0.00%</b>
<b>Purchase of Services</b>						
Purchase of Services ("POS") (General, HCBS & ICF/SPA)	\$1,239,531,331	\$79,113,282	\$79,232,294	\$1,239,531,331	\$0	0.00%
CPP Regular and DC Closure/Ongoing Workload	\$110,000	\$0	\$0	\$110,000	\$0	0.00%
<b>Total Purchase of Services:</b>	<b>\$1,239,641,331</b>	<b>\$79,113,282</b>	<b>\$79,232,294</b>	<b>\$1,239,641,331</b>	<b>\$0</b>	<b>0.00%</b>
<b>Total NLACRC Budget:</b>	<b>\$1,357,418,635</b>	<b>\$90,177,243</b>	<b>\$91,351,885</b>	<b>\$1,357,418,635</b>	<b>\$0</b>	<b>0.00%</b>

NORTH LOS ANGELES COUNTY REGIONAL CENTER  
FISCAL YEAR 2025-2026  
August 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	\$8,773,235
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	\$261,627,910
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	\$1,340,866,635
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	\$1,357,418,635

OPERATIONS BUDGET SOURCES FISCAL YEAR 2025-2026	
<b>GENERAL OPERATIONS (Excludes Projects, CPP Regular, CRDP/CPP)</b>	
B-1 (Preliminary), General Operations (OPS)	\$82,364,836
Reduce Caseload Ratio for Children through Age 5 (1:40)	\$15,503,802
Reduce Other Caseload Ratios	\$10,833,431
B-2, OPS Allocation	\$6,335,174
B-3, OPS Allocation	
B-4, OPS Allocation	
B-5, OPS Allocation	
B-6, OPS Allocation	
Total General OPS	115,037,243
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	\$115,339,243
B-1 (Preliminary) Community Resource Development Plan ("CRDP") /Community Placement Plan ("CPP")	
B-2, OPS CRDP/CPP	\$575,350
B-3, OPS CRDP/CPP	
Total CRDP/CPP Regular	\$575,350
B-1 (Preliminary) Developmental Center ("DC") Closure/Ongoing Workload	
B-2, OPS DC Closure/Ongoing Workload	\$422,280
B-3, OPS DC Closure/Ongoing Workload	
Total CPP DC Closure/Ongoing Workload	\$422,280
Family Resource Center ("FRC")	\$227,357
SDP Participant Supports	\$127,699
Services Access & Equity (Disparities)	
Language Access & Cultural	\$1,085,375
Total OPS PROJECTS	\$1,440,431
Total Operations Budget	\$117,777,304

PURCHASE OF SERVICES (POS) BUDGET SOURCES FISCAL YEAR 2025-2026	
<b>POS (CPP-POS Regular, CRDP/CPP)</b>	
B-1 (Preliminary) POS	\$961,763,421
B-2, POS Allocation	\$261,627,910
B-3, POS Allocation	
B-4, POS Allocation	
B-5, POS Allocation	
Total General POS Allocation	\$1,223,391,331
ADD:	
Projected ICF SPA Revenue	\$16,250,000
Total Budget, General POS	\$1,239,641,331

NORTH LOS ANGELES COUNTY REGIONAL CENTER CONSOLIDATED LINE ITEM REPORT FISCAL YEAR 2025-2026 August 2025						
	0 Annual B-2 Allocation	Net Month	Expended Y-T-D	Projected Remaining Expenses	Proj Annual Expenses	Projected Surplus/ (Deficit)
<b>PURCHASE OF SERVICE</b>						
POS (General)						
3.2 Out of Home	222,619,827	14,791,034	14,791,034	207,828,793	222,619,827	0
4.3 Day Programs	162,626,511	6,857,825	6,857,825	155,768,685	162,626,511	0
4.3 Habilitation Programs	8,180,907	486,660	486,660	7,694,246	8,180,907	0
5.4 Transportation	52,804,035	3,868,412	3,874,852	48,929,183	52,804,035	0
6.5 Other Services	793,300,052	53,109,350	53,221,922	740,078,130	793,300,052	0
Total POS (General):	1,239,531,331	79,113,282	79,232,294	1,160,299,037	1,239,531,331	0
<b>CRDP &amp; CPP</b>						
CRDP & CPP Placements	100,000	0	0	100,000	100,000	0
CRDP & CPP Assessments	10,000	0	0	10,000	10,000	0
CRDP & CPP Start Up	0	0	0	0	0	0
Deflection CRDP & CPP	0	0	0	0	0	0
Total CRDP & CPP:	110,000	0	0	110,000	110,000	0
HCBS Compliance Funding	0	0	0	0	0	0
Total HCBS:	0	0	0	0	0	0
<b>Total Purchase of Service:</b>	<b>1,239,641,331</b>	<b>79,113,282</b>	<b>79,232,294</b>	<b>1,160,409,037</b>	<b>1,239,641,331</b>	<b>0</b>
<b>OPERATIONS</b>						
25010 Salaries/Benefits	98,222,021	8,461,275	9,132,616	89,089,405	98,222,021	0
25010 Tuition Reimbursement Program	0	0	0	0	0	0
25020 Temporary Staffing Agencies	500,000	67,470	67,470	432,530	500,000	0
25020 PRMT & CalPERS UAL Deposits	0	0	0	0	0	0
<b>Total Salaries/Benefits:</b>	<b>98,722,021</b>	<b>8,528,745</b>	<b>9,200,086</b>	<b>89,521,935</b>	<b>98,722,021</b>	<b>0</b>
<b>OPERATING EXPENSE</b>						
30010 Equipment Rental	205,204	12,483	12,483	192,721	205,204	0
30020 Equipment Maint	104,309	0	0	104,309	104,309	0
30030 Facility Rent	7,438,869	1,510,578	1,516,800	5,922,069	7,438,869	0
30040 Facility Maint. AV	62,691	2,866	2,866	59,825	62,691	0
30041 Facility Maint. SFV	304,453	7,675	18,772	285,682	304,453	0
30042 Facility Maint. SCV	72,085	1,634	1,634	70,451	72,085	0
30050 Communication	959,184	41,631	148,768	810,416	959,184	0
30060 General Office Exp	444,000	23,183	37,183	406,817	444,000	0
30070 Printing	63,500	0	0	63,500	63,500	0
30080 Insurance	950,636	738,586	900,636	50,000	950,636	0
30090 Utilities	156,430	294	294	156,136	156,430	0
30100 Data Processing	320,417	23,422	24,364	296,053	320,417	0
30110 Data Proc. Maint	89,238	14,856	18,802	70,436	89,238	0
30120 Interest Expense	68,556	1,728	3,507	65,048	68,556	0
30130 Bank Fees	252,004	1	1	252,003	252,004	0
30140 Legal Fees	801,000	0	0	801,000	801,000	0
30150 Board of Trustees Exp	301,174	441	499	300,675	301,174	0
30151 ARCA Dues	174,000	0	0	174,000	174,000	0
30160 Accounting Fees	109,050	5	5	109,045	109,050	0
30170 Equipment Purchases	1,946,789	64,937	81,547	1,865,242	1,946,789	0
30180 Contr/Consult-Adm	563,048	14,280	28,560	534,488	563,048	0
30220 Mileage/Travel	426,810	42,722	42,722	384,088	426,810	0
30240 General Expenses	1,660,000	33,895	80,063	1,579,937	1,660,000	0
30240 ABX2-1	141,404	0	0	141,404	141,404	0
Total Operating Expenses:	17,614,852	2,535,216	2,919,506	14,695,347	17,614,852	0
Total Operations:	116,336,873	11,063,961	12,119,592	104,217,281	116,336,873	0
Total Gross Budget :	1,355,978,204	90,177,243	91,351,885	1,264,626,319	1,355,978,204	0
OPS Projects:	1,440,431	0	0	1,440,431	1,440,431	0
<b>Total Gross Budget with Projects:</b>	<b>1,357,418,635</b>	<b>90,177,243</b>	<b>91,351,885</b>	<b>1,266,066,750</b>	<b>1,357,418,635</b>	<b>0</b>

NORTH LOS ANGELES COUNTY REGIONAL CENTER GENERAL OPERATIONS (OPS) and PURCHASE OF SERVICES (POS) LINE ITEM REPORT FISCAL YEAR 2025-2026 August 2025						
	Annual B-2 Allocation	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus / (Deficit)
<b>PURCHASE OF SERVICE</b>						
POS (General)						
3.2 Out of Home	222,619,827	14,791,034	14,791,034	207,828,793	222,619,827	-
4.3 Day Programs	162,626,511	6,857,825	6,857,825	155,768,685	162,626,511	-
4.3 Habilitation Programs	8,180,907	486,660	486,660	7,694,246	8,180,907	-
5.4 Transportation	52,804,035	3,868,412	3,874,852	48,929,183	52,804,035	-
6.5 Other Services	793,300,052	53,109,350	53,221,922	740,078,130	793,300,052	-
<b>Total POS (General):</b>	<b>1,239,531,331</b>	<b>79,113,282</b>	<b>79,232,294</b>	<b>1,160,299,037</b>	<b>1,239,531,331</b>	<b>-</b>
<b>OPERATIONS</b>						
25010 Salaries/Benefits	97,224,391	8,291,640	8,952,980	88,271,410	97,224,391	-
25010 Tuition Reimbursement Program	-	-	-	-	-	-
25020 Temporary Staffing Agencies	500,000	67,470	67,470	432,530	500,000	-
25020 PRMT & CalPERS UAL Deposits	-	-	-	-	-	-
<b>Total Salaries:</b>	<b>97,724,391</b>	<b>8,359,110</b>	<b>9,020,451</b>	<b>88,703,940</b>	<b>97,724,391</b>	<b>-</b>
<b>OPERATING EXPENSE</b>						
30010 Equipment Rental	205,204	12,483	12,483	192,721	205,204	-
30020 Equipment Maint	104,309	-	-	104,309	104,309	-
30030 Facility Rental	7,438,869	1,510,578	1,516,800	5,922,069	7,438,869	-
30040 Facility Maint. AV	62,691	2,866	2,866	59,825	62,691	-
30041 Facility Maint. SFV	304,453	7,675	18,772	285,682	304,453	-
30042 Facility Maint. SCV	72,085	1,634	1,634	70,451	72,085	-
30050 Communication	959,184	41,631	148,768	810,416	959,184	-
30060 General Office Exp	444,000	23,183	37,183	406,817	444,000	-
30070 Printing	63,500	-	-	63,500	63,500	-
30080 Insurance	950,636	738,586	900,636	50,000	950,636	-
30090 Utilities	156,430	294	294	156,136	156,430	-
30100 Data Processing	320,417	23,422	24,364	296,053	320,417	-
30110 Data Proc. Maint	89,238	14,856	18,802	70,436	89,238	-
30120 Interest Expense	68,556	1,728	3,507	65,048	68,556	-
30130 Bank Fees	252,004	1	1	252,003	252,004	-
30140 Legal Fees	801,000	-	-	801,000	801,000	-
30150 Board of Trustees Exp	301,174	441	499	300,675	301,174	-
30151 ARCA Dues	174,000	-	-	174,000	174,000	-
30160 Accounting Fees	109,050	5	5	109,045	109,050	-
30170 Equipment Purchases & Software	1,946,789	64,937	81,547	1,865,242	1,946,789	-
30180 Contr/Consult	563,048	14,280	28,560	534,488	563,048	-
30220 Mileage/Travel	426,810	42,722	42,722	384,088	426,810	-
30240 General Expenses	1,660,000	33,895	80,063	1,579,937	1,660,000	-
30240 ABX2-1 Admin	141,404	-	-	141,404	141,404	-
Total Operating Expenses:	<b>17,614,852</b>	<b>2,535,216</b>	<b>2,919,506</b>	<b>14,695,347</b>	<b>17,614,852</b>	<b>-</b>
Total Operations:	<b>115,339,243</b>	<b>10,894,325</b>	<b>11,939,956</b>	<b>103,399,287</b>	<b>115,339,243</b>	<b>-</b>
Gross Budget:	1,354,870,574	90,007,607	91,172,250	1,263,698,324	1,354,870,574	-
% of Budget:	1	0	0	1	1	-

NORTH LOS ANGELES COUNTY REGIONAL CENTER Community Resource Development Plan ("CRDP") & Community Placement Plan ("CPP") Line Item Report Regular CPP FISCAL YEAR 2025-2026 August 2025						
	0 Annual B-2 Allocation	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus/(Deficit)
<b>PURCHASE OF SERVICE</b>						
<b>CPP Regular</b>						
CPP Placements	100,000	0	0	100,000	100,000	0
CPP Assessments	10,000	0	0	10,000	10,000	0
CPP Start Up	0	0	0	0	0	0
Deflection CPP	0	0	0	0	0	0
Total CPP Regular:	110,000	0	0	110,000	110,000	0
<b>OPERATIONS</b>						
25010 Salaries/Benefits	575,350	109,389	115,068	460,282	575,350	0
Total Salaries:	575,350	109,389	115,068	460,282	575,350	0
<b>OPERATING EXPENSE</b>						
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	109,389	115,068	460,282	575,350	0
Gross Budget:	685,350	109,389	115,068	570,282	685,350	0
% of Budget:	100.00%	15.96%	16.79%	83.21%	100.00%	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 August 2025						
	0 Annual B-2 Allocation	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus/(Deficit)
<b>PURCHASE OF SERVICE</b>						
<b>CRDP/CPP</b>						
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
<b>OPERATIONS</b>						
25010 Salaries/Benefits	422,280	60,246	64,567	357,713	422,280	0
Total Salaries:	422,280	60,246	64,567	357,713	422,280	0
<b>OPERATING EXPENSE</b>						
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	60,246	64,567	357,713	422,280	0
Gross Budget:	422,280	60,246	64,567	357,713	422,280	0
% of Budget:	100.00%	14.27%	15.29%	84.71%	100.00%	0.00%

**NORTH LOS ANGELES COUNTY REGIONAL CENTER**

**Operations ("OPS") Project Line Item Report**

**FISCAL YEAR 2025-2026**

**August 2025**

	0 Annual B-2 Allocation	EXPENDED MONTH	EXPENDED Y-T-D	BALANCE REMAINING	PROJECTED EXPENDITURES	SURPLUS/ (DEFICIT)
Family Resource Center ("FRC")	\$227,357	\$0	\$0	\$227,357	\$227,357	\$0
Self Determination Program ("SDP") Participant Support	\$127,699	\$0	\$0	\$127,699	\$127,699	\$0
Language Access & Cultural Competency	\$1,085,375	\$0	\$0	\$1,085,375	\$1,085,375	\$0
TOTAL:	\$1,440,431	\$0	\$0	\$1,440,431	\$1,440,431	\$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.

**NORTH LOS ANGELES COUNTY REGIONAL CENTER**

**Purchase of Services ("POS") Project Line Item Report**

**FISCAL YEAR 2025-2026**

**August 2025**

	<b>0</b> Annual B-2 Allocation	EXPENDED MONTH	EXPENDED Y-T-D	BALANCE REMAINING	PROJECTED EXPENDITURES	SURPLUS/ (DEFICIT)
HCBS Provider Funding for Compliance Activities	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**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 Service Month as of August 22, 2025 State Claim)**

	Current Month		
Description	Operating Expenses	Direct Operating Expenses	Total Operating Expenses
Salaries & Wages	1,071,470.34	6,172,399.91	7,243,870.25
Benefits **	143,824.03	1,141,051.07	1,284,875.10
<b>Subtotal Salaries &amp; Benefits</b>	<b>1,215,294.37</b>	<b>7,313,450.98</b>	<b>8,528,745.35</b>
<b>Salaries &amp; Benefits Allocation</b>	<b>14.2%</b>	<b>85.8%</b>	<b>100.0%</b>
Equipment Rental	1,059.82	11,423.33	12,483.15
Equipment Maintenance	0.00	Not Allowable	0.00
Facility Rent	81,045.36	1,429,532.26	1,510,577.62
Facility Maintenance-AV	2,866.21	Not Allowable	2,866.21
Facility Maintenance-Van Nuys	7,675.00	Not Allowable	7,675.00
Facility Maintenance-SCV	1,634.00	Not Allowable	1,634.00
Communication	1,387.63	40,242.97	41,630.60
General Office Expenses	1,968.19	21,214.62	23,182.81
Printing	0.00	0.00	0.00
Insurance	136,789.71	601,796.41	738,586.12
Insurance-Deductible	0.00	0.00	0.00
Utilities-AV	0.00	293.81	293.81
Data Processing-Payroll Fees	23,422.00	Not Allowable	23,422.00
Data Processing-Outside Svcs	0.00	Not Allowable	0.00
Data Processing-Misc	0.00	Not Allowable	0.00
Data Processing Maint.	14,855.54	Not Allowable	14,855.54
Interest Expense	1,728.07	0.00	1,728.07
Bank Fees	1.17	0.00	1.17
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.	440.84	0.00	440.84
ARCA Dues	0.00	0.00	0.00
Accounting Fees	5.00	0.00	5.00
Equipment Purchases	232.45	2,505.47	2,737.92
Software and Licenses	5,788.65	39,749.23	45,537.88
Equipment - AV Loan Principle Payments	0.00	16,661.06	16,661.06
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	1,610.29	39,537.74	41,148.03
Travel	1,415.57	158.01	1,573.58
General Expenses	3,101.24	30,793.93	33,895.17
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
<b>Subtotal Operating Expenses</b>	<b>301,306.74</b>	<b>2,233,908.84</b>	<b>2,535,215.58</b>
<b>Operating Expenses Allocation</b>	<b>11.9%</b>	<b>88.1%</b>	<b>100.0%</b>
<b>Total Salaries &amp; Operating Expenses</b>	<b>1,516,601.11</b>	<b>9,547,359.82</b>	<b>11,063,960.93</b>
<b>Salaries &amp; Operating Exp. Allocation</b>	<b>13.7%</b>	<b>86.3%</b>	<b>100.0%</b>
<b>Project Funds: Family Resource Center</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Income Not from DDS (i.e. Interest)</b>	<b>(635.31)</b>	<b>0.00</b>	<b>(635.31)</b>
<b>Total Expenses Less Other Income</b>	<b>1,515,965.80</b>	<b>9,547,359.82</b>	<b>11,063,325.62</b>
<b>Total Expenses Admin vs Direct Allocation</b>	<b>13.70%</b>	<b>86.30%</b>	<b>100.00%</b>

YTD		
Operating Expenses	Direct Operating Expenses	Total Operating Expenses
1,074,968.78	6,225,179.01	7,300,147.79
197,662.56	1,702,275.6	1,899,938.11
<b>1,272,631.34</b>	<b>7,927,454.56</b>	<b>9,200,085.90</b>
<b>13.8%</b>	<b>86.2%</b>	<b>100.0%</b>
1,059.82	11,423.33	12,483.15
0.00	Not Allowable	0.00
81,045.36	1,435,754.51	1,516,799.87
2,866.21	Not Allowable	2,866.21
18,771.65	Not Allowable	18,771.65
1,634.00	Not Allowable	1,634.00
8,607.34	140,160.62	148,767.96
3,156.79	34,026.02	37,182.81
0.00	0.00	0.00
150,822.29	749,813.86	900,636.15
0.00	0.00	0.00
0.00	293.81	293.81
24,363.80	Not Allowable	24,363.80
0.00	Not Allowable	0.00
0.00	Not Allowable	0.00
18,802.04	Not Allowable	18,802.04
3,507.44	0.00	3,507.44
1.17	0.00	1.17
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
499.14	0.00	499.14
0.00	0.00	0.00
5.00	0.00	5.00
232.45	2,505.47	2,737.92
5,788.65	39,749.23	45,537.88
0.00	33,270.82	33,270.82
28,560.00	0.00	28,560.00
0.00	0.00	0.00
0.00	0.00	0.00
1,610.29	39,537.74	41,148.03
1,415.57	158.01	1,573.58
7,001.79	73,061.66	80,063.45
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
0.00	0.00	0.00
0.00	0.00	0.00
<b>359,750.80</b>	<b>2,559,755.08</b>	<b>2,919,505.88</b>
<b>12.3%</b>	<b>87.7%</b>	<b>100.0%</b>
<b>1,632,382.14</b>	<b>10,487,209.64</b>	<b>12,119,591.78</b>
<b>13.5%</b>	<b>86.5%</b>	<b>100.0%</b>
<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>(785.31)</b>	<b>0.00</b>	<b>(785.31)</b>
<b>1,631,596.83</b>	<b>10,487,209.64</b>	<b>12,118,806.47</b>
<b>13.5%</b>	<b>86.5%</b>	<b>100.0%</b>

## Summary of Vendors with Outstanding Authorization Issues

**Vendors with Outstanding Authorization Issues  
As of July 31, 2025**

Fiscal Year	Unique Vendor	No. of O/S Auth's
Prior to FY22	4	4
FY22	2	2
FY23	5	7
FY24	2	2
FY25	16	32
FY26	0	0
	<b>29</b>	<b>47</b>

**Change from July 31, 2025 to August 31, 2025**

New Vendors	New Auths	Resolved Vendors	Resolved Auths
0	0	-1	-1
1	0	-1	-1
0	0	0	0
0	0	0	0
7	2	-3	-5
3	3	0	0
<b>11</b>	<b>5</b>	<b>-5</b>	<b>-7</b>

**Vendors with Outstanding Authorization Issues  
As of August 31, 2025**

Fiscal Yr	Unique Vendor Numbers	No. of O/S Auth's
Prior to FY22	3	3
FY22	2	1
FY23	5	7
FY24	2	2
FY25	20	29
FY26	3	3
	<b>35</b>	<b>45</b>



Time Period: 7/15/2024 - 8/15/2024  
Add'l Comments: No complaints received during this time period.

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by



Time Period: 8/16/2024 - 9/15/2024

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
8/29/2024	Community Member	2024-EWB-001	9/4/2024	Former AV office employee (employed March - June 2023), now community member, reporting 1. whistleblower retaliation by former CHRO and former Executive Director back in April 2023, 2. payroll violations in June 2023, and 3. current applicant retaliation.	1. Individual alleged complaint made to (former) ED but it was provided to (former) CHRO for investigation. 2. Individual alleges constructive discharge and that delivery of final paychecks violated 72-hour rule. 3. Individual alleges they have applied for a position and have not been called for an interview and therefore believes this is retaliatory behavior. 4. Individual alleges the careers website is inactive.	1. Individual alleged complaint made to (former) ED but it was provided to (former) CHRO for investigation. Individual's complaint was they were allegedly seeking accommodation, when they were actually seeking a policy/practice exception, which was denied and found unwarranted. - <b>Unsubstantiated</b>  2. Individual alleges constructive discharge and that delivery of final paychecks violated 72-hour rule. Individual resigned on 6/5/23 to a supervisor without notice, and when HR sought to have time for questions and gather information, individual did not respond or said they did not have time. Individual never raised concerns alleged either before or after their resignation until now. NLA has trackable proof of signature delivery of final paycheck parcel, within the 72-hour timeframe. - <b>Unsubstantiated.</b>  3. Individual alleges they have applied for a position and have not been called for an interview. NLA HR has zero records of application for the individual since 3/09/2023, including review of recordable data from prior RPO company. - <b>Unsubstantiated</b>  4. Individual alleges the careers website is inactive. NLA careers website is active and operational on www.nlacrc.org. - <b>Unsubstantiated</b>	Response of review of claims sent via email and US Certified Mail to complainant with copy of documentation from #2 for their records.	9/4/2024	Betsy Monahan, HR Director
8/30/2024	NLACRC Employee	2024-EWB-002	9/3/2024	Report of gossip, favoritism, sarcasm and retaliation by AV Office "branch manager"	1. Replied to whistleblower's email on 9/3/24 and again on 9/10/24 and requested additional information (e.g. text screenshots, etc.) for support. Whistleblower has not responded to request via email or phone to-date.  2. Interviewed NLACRC manager assigned to AV Office work location on 9/09/24 regarding the general allegations provided in email.	1. Based upon information provided in initial complaint, Compliance Officer is <b>unable to substantiate</b> basic and general allegations within the complaint.  2. Despite the request for information (incl. witnesses, documents) requested on 9/03/24 and 9/10/24, and requests (same dates) for a clear identification of the person allegedly involved, no other response or information provided; <b>insufficient information.</b>		9/13/2024	Betsy Monahan, HR Director
8/30/2024	Client	2024-CWB-001	9/3/2024	1. Alleged hours inflation by vendor PXXXX (redacted) 2. Alleged confidentiality breach by delivering un-redacted Invoice History Detail Report to client seeking hours usage detail (7 instances)	1. Referred to Community Services (A. Garsalanian) and Contracts/Privacy (M. Mitchell) to investigate.	Pending; investigation still ongoing as of report submission date.		Open	Betsy Monahan, HR Director
7/18/2024 - 7/31/2024	Service Provider	2024-SPWB-001	7/17/2024	DDS received WB Complaint against intermediate care facility identifying allegations of verbal abuse;staff concerns with accessing agency vehicle safely, giving resident food away; physical plant creating a health and safety for the residents.	Allegations: 1. House Manager verbally abuses and yells at individuals receiving services. 2. Staff have to walk far to get to the house van, which is not safe. 3. The House Manager takes food that is possibly intended for individuals served, or gives it to staff. 4. Staff allegedly have given clients double doses of their medication. Staff are not following medication protocols and training. 5. The house floor is uneven which is a safety hazard.	1. House Manager verbally abuses and yells at individuals receiving services. Staff and residents were interviewed, no confirmed reports, very happy with service delivery. - <b>Unsubstantiated</b>  2. Staff have to walk far to get to the house van, which is not safe. <b>Unsubstantiated</b>  3. The House Manager takes food that is possibly intended for individuals served, or gives it to staff. <b>Unsubstantiated</b>  4. Staff allegedly have given clients double doses of their medication. Inconclusive Staff are not following medication protocols and training. <b>Substantiated</b>  5. The house floor is uneven which is a safety hazard. CDPH substantiated and issued plan of correction. - <b>Substantiated</b>	Cross reported to licensing CDPH. NLA submitted formal response to DDS.	8/30/2024	Arshalous Garlanian, Community Services Director



Time Period: 8/16/2024 - 9/15/2024

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
8/26/2024	Service Provider	2024-SPWB-002	8/26/2024	DDS received WB Complaint against licensed home alleging use of alcohol; physical abuse; appropriate services are not being provided; lack of appropriate response to seizure; health and safety for the residents.	Allegations: 1. Owner keeps alcohol in his office and drinks on the job. 2. Individuals served were hit by an owner(s)/ administrator(s) 3. When staff report such incidents to owner(s), no action is taken. 4. There are instances where services are not provided to individuals, or appropriately provided, including those with high-level needs/behaviors. For example, Some clients are supposed to receive speech therapy but they do not. Also, Some clients are taken on outings or to shopping centers that trigger behavioral issues. 5. Medical incidents are not properly handled, such as when individuals have seizures. 6. The food in the home is expired, which has caused clients to get sick. 7. Individuals served are not properly cared for (e.g. not fed or bathed, teeth are not brushed, clothes are ripped).	OPEN QA investigating complaint; formal response to DDS due 10/7/2024	Cross reported to licensing CCLD	Open	Arshalous Garlanian, Community Services Director
9/4/2024	Service Provider	2024-SPWB-003	9/4/2024	DDS received Complaint about a non-vendored Soc Rec service within another RC's catchement area.	Details of complaint not provided	Insufficient information.	RC response to DDS.	9/25/2024	Arshalous Garlanian, Community Services Director
9/13/2024	Service Provider	2024-SPWB-004	9/13/2024	Former HR Manager for a service provider (HXXXXX, redacted) alleging concerns of improper behavior by the director of the service provider, including improper billing concerns.	Allegations: 1. Discrimination and harassment, either by the director to staff or harassing behavior is ignored by the director. 2. Billing is being processed by director's family member, who is allegedly a minor. 3. Illegal pay practices and lack of pay transparency in violation of state law 4. Director did not inform clients or families of staff with positive COVID infections during Aug 2024.  Referred to Community Services (A. Garlanian) to assist with the investigation.	Open /pending update from Comm Services		Open	Betsy Monahan, HR Director





Time Period: 9/16/2024 - 10/15/2024

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
8/30/2024	Client	2024-CWB-001	9/3/2024	1. Alleged hours inflation by vendor PXXXX (redacted) 2. Alleged confidentiality breach by delivering un-redacted Invoice History Detail Report to client seeking hours usage detail (7 instances)	1. Referred to Community Services (A. Garsalanian) and Contracts/Privacy (M. Mitchell) to investigate.	Pending; investigation still ongoing as of report submission date.		Open	Betsy Monahan, HR Director
8/26/2024	Service Provider	2024-SPWB-002	8/26/2024	DDS received WB Complaint against licensed home alleging use of alcohol; physical abuse; appropriate services are not being provided; lack of appropriate response to seizure; health and safety for the residents.	Allegations: 1. Owner keeps alcohol in his office and drinks on the job. 2. Individuals served were hit by an owner(s)/ administrator(s). When staff report such incidents to owner(s), no action is taken. 3. There are instances where services are not provided to individuals, or appropriately provided, including those with high-level needs/behaviors. For example, Some clients are supposed to receive speech therapy but they do not. Also, Some clients are taken on outings or to shopping centers that trigger behavioral issues. 4. Medical incidents are not properly handled, such as when individuals have seizures. 5. The food in the home is expired, which has caused clients to get sick. 6. Individuals served are not properly cared for (e.g. not fed or bathed, teeth are not brushed, clothes are ripped).	Allegations: 1. Owner keeps alcohol in his office and drinks on the job. Unsubstantiated 2. Individuals served were hit by an owner(s)/ administrator(s). When staff report such incidents to owner(s), no action is taken. Unsubstantiated 3. There are instances where services are not provided to individuals, or appropriately provided, including those with high-level needs/behaviors. For example, Some clients are supposed to receive speech therapy but they do not. Also, Some clients are taken on outings or to shopping centers that trigger behavioral issues. Substantiated 4. Medical incidents are not properly handled, such as when individuals have seizures. Substantiated 5. The food in the home is expired, which has caused clients to get sick. Unsubstantiated 6. Individuals served are not properly cared for (e.g. not fed or bathed, teeth are not brushed, clothes are ripped). Unsubstantiated	Cross reported to licensing CCLD - F	10/7/2024	Arshalous Garlanian, Community Services Director
9/11/2024	Service Provider		N/A	Anonymous complaint reporting lack of supervision during community Integration Program	Consumers allegedly observed wandering by themselves without supervision as the staff was in the store shopping or nowhere to be seen.	Open		Open	Arshalous Garlanian, Community Services Director
9/11/2024	Client	2024-CWB-002	9/11/2024	Services terminated, billing discrepancies without a 30 day, and Breach of confidentiality.	Allegations: 1. Terminated case without 30 day notice. 2. Discrepancy in hours billed from 11/23-3/24 when hours did not change. 3. Breach of confidentiality by providing invoices with other consumer names.	1. Terminated case without 30 day notice. Unsubstantiated 2. Discrepancy in hours billed from 11/23-3/24 when hours did not change. Unsubstantiated 3. Breach of confidentiality by providing invoices with other consumer names. Substantiated	Referred to NLACRC Privacy Officer	Open	
9/13/2024	Community Member	2024-SPWB-004	9/13/2024	Personnel qualifications; Agency practices; Billing practices; Service Delivery;	1. Unauthorized center based providing services to consumer. 2. Fraudulent Billing 3. Unqualified Supervisor 4. Owner is racist towards staff.	Open	Allegation #4 referred complainant to DOJ.	Open	Arshalous Garlanian, Community Services Director
9/13/2024; 9/13 -18/2024	Service Provider	2024-SPWB-004	9/13/2024	Personnel qualifications; Agency practices; Billing practices; Service Delivery;	1. Discriminatory comments made by Director towards staff. 2. Billing is flawed as owners 17-year-old son completes billing. 3. Opening an unauthorized center. Owner was given instruction to hire a Physical Therapist, Occupational Therapist, or Speech and language Pathologist and go through the proper Channels to offer in center sessions by NLACRC. 4. Not paid overtime. 5. No pay transparency. 6. Staff are told to not report when they test positive to families and to report to session. 7. Harassment from supervisors towards direct staff.	Open: allegations #3,6	Allegations #1,2,4,5,7 Referred complainant to DOL.	Open	Betsy Monahan, HR Director



Time Period: 9/16/2024 - 10/15/2024

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
9/16/2024	Service Provider	2024-SPWB-010	9/19/2024	Business unauthorized use of their name on reports. Falsification of reports	1. Former employee using the agency's name without their authorization to provide services to SDP consumers.	Open		Open	Arshalous Garlanian, Community Services Director
9/20/2024	Service Provider	2024-SPWB-009	9/20/2024	Inappropriate conduct by DSP	1. SLS DSP staff shared inappropriate websites of adult content with consumer.	1. DSP staff shared inappropriate websites of adult con	Provider Terminated DSP	10/1/2024	Arshalous Garlanian, Community Services Director
9/25/2024	Service Provider	2024-SPWB-008	9/25/2024	Clients Right Violation	1. Staff allegedly yelling at consumers	1. Staff allegedly yelling at consumers. <b>Inconclusive</b>		10/7/2024	Arshalous Garlanian, Community Services Director
9/30/2024	Family Member	2024-SPWB-005	10/1/2024	Alleges vendor instructed that the family route the POS through the family's insurance carrier instead of NLACRC and was then charged by insurance.  Alleges vendor did not proactively explain the charge per service, how much insurance would cover, and how much the family would be responsible for the charges before they made the switch.	Referred to Community Services department to assist with the investigation.	Open		Open	Betsy Monahan, HR Director
10/3/2024	Community Member	See at Right	10/4/2024	DDS received WB Complaint concerning a community member who received a copy of the 2024 issuance of the WB policy in the mail, but they are not a recipient of services.	Referred to Community Services (A. Garlanian) to assist with the conversation request.	Open		Open	Betsy Monahan, HR Director
10/4/2024	Service Provider	24-091301 24-091302	10/4/2024	Personnel qualifications; Agency practices; Billing practices; Service Delivery;	1. Employees were told they had to provide services while they had Covid-19. 2. Employees do not have appropriate qualifications to provide services (occupational therapy/physical therapy/speech therapy) and services are not delivered in the natural environment. 3. Improper billing and documentation. For example: a. Vendor is billing for services that are not provided (i.e., late cancellations) b. Asking parents to sign documentation to bill the regional center for services not provided c. An employee is paid to complete in-home evaluations but only completes the evaluations by calling parents. 4. The program owner has unauthorized employees filing documents containing social security numbers or other sensitive information, even though these records are only legally accessible to certain individuals.	Open		Open	Arshalous Garlanian, Community Services Director
10/9/2024	Service Provider	2024-SPWB-007	10/9/2024	Owners have criminal convictions; Invalid 501(c)(3)	1. The current parties holding control of business both have felony criminal convictions incongruent with serving a vulnerable population. 2. Vendor has not notified regional centers of its invalid 501 (c)(3) status and continues to receive funding from regional centers. This allegation is shared for awareness should the regional center require this of the program.	Agency no longer vendored with RC effective 8/28/2024.	Agency no longer vendored with RC effective 8/28/2024.		Arshalous Garlanian, Community Services Director



Time Period: 9/16/2024 - 10/15/2024

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
10/11/2024	Family Member	2024-SPWB-006	10/11/2024	Family member of adult consumer alleging:  '- ILS case worker assigned to consumer is negligent with consumer's requests and needs  - ILS case worker assigned to consumer is seeking to charge consumer out of pocket for health equipment that should be issued by a treating physician  - ILS case worker assigned to consumer has allegedly procured Rx medication even though consumer's insurance carrier had her mistakenly assigned to a child pediatrician  - CSC assigned to consumer, after notifying that the adult consumer's case will be re-assigned to another CSC, was "biased", "not neutral"	- New CSC has been assigned the case and is scheduled to meet with consumer and family on 10/18 (after reschedule request for 10/11).	Open		Open	



Time Period: 10/16/2024 - 11/15/2024

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
8/30/2024	Client	2024-CWB-001	9/3/2024	1. Alleged hours inflation by vendor PXXXX (redacted) 2. Alleged confidentiality breach by delivering un-redacted Invoice History Detail Report to client seeking hours usage detail (7 instances)	1. Referred to Community Services (A. Garsalanian) and Contracts/Privacy (M. Mitchell) to investigate.	Open		Open	Betsy Monahan, HR Director
9/11/2024	Service Provider		N/A	Anonymous complaint reporting lack of supervision during community Integration Program	2. Consumers allegedly observed wandering by themselves without supervision as the staff was in the store shopping or nowhere to be seen.	1. Unsubstantiated	Closed	11/7/2024	Arshalous Garlanian, Community Services Director
9/11/2024	Client	2024-CWB-002	9/11/2024	Services terminated, billing discrepancies without a 30 day, and Breach of confidentiality.	Allegations: 1. Terminated case without 30 day notice. 2. Discrepancy in hours billed from 11/23-3/24 when hours did not change. 3. Breach of confidentiality by providing invoices with other consumer names.	1. Terminated case without 30 day notice. - Unsubstantiated 2. Discrepancy in hours billed from 11/23-3/24 when hours did not change.- Unsubstantiated 3. Breach of confidentiality by providing invoices with other consumer names. - Substantiated	Closed Referred to NLACRC Privacy Officer for further action	11/12/2024	Arshalous Garlanian, Community Services Director
9/13/2024	Community Member	2024-SPWB-004	9/13/2024	Personnel qualifications; Agency practices; Billing practices; Service Delivery;	1. Unauthorized center based providing services to consumer. 2. Fraudulent Billing 3. Unqualified Supervisor 4. Owner is racist towards staff.	1. Unauthorized center based providing services to consumer. - Substantiated 2. Fraudulent Billing - Unsubstantiated 3. Unqualified Supervisor - Unsubstantiated 4. Owner is racist towards staff. - Out of RC Scope. Referred to California Civil Rights Agency	Closed Issued Plan of Improvement 11/14/2024	11/14/2024	Arshalous Garlanian, Community Services Director
9/13/2024; 9/13 -18/2024	Service Provider	2024-SPWB-004	9/13/2024	Personnel qualifications; Agency practices; Billing practices; Service Delivery;	1. Discriminatory comments made by Director towards staff. 2. Billing is flawed as owners 17-year-old son completes billing. 3. Opening an unauthorized center. Owner was given instruction to hire a Physical Therapist, Occupational Therapist, or Speech and language Pathologist and go through the proper Channels to offer in center sessions by NLACRC. 4. Not paid overtime. 5. No pay transparency. 6. Staff are told to not report when they test positive to families and to report to session. 7. Harassment from supervisors towards direct staff.	1. Discriminatory comments made by Director towards staff. - Out of RC Scope. Referred to California Civil Rights Agency 2. Billing is flawed as owners 17-year-old son completes billing. - Out of RC Scope. Referred to Department of Labor 3. Opening an unauthorized center. - Substantiated Owner was given instruction to hire a Physical Therapist, Occupational Therapist, or Speech and language Pathologist and go through the proper Channels to offer in center sessions by NLACRC. - Unsubstantiated 4. Not paid overtime. - Out of RC Scope. Referred to Department of Labor 5. No pay transparency. - Out of RC Scope 6. Staff are told to not report when they test positive to families and to report to session. - Unsubstantiated 7. Harassment from supervisors towards direct staff. - Out of RC Scope. Referred to Department of Labor	Closed Issued Plan of Improvement 11/14/2024	11/14/2024	Betsy Monahan, HR Director
9/16/2024	Service Provider	2024-SPWB-010	9/19/2024	Business unauthorized use of their name on reports. Falsification of reports	1. Former employee using the agency's name without their authorization to provide services to SDP consumers.	1. Former employee using the agency's name without their authorization to provide services to SDP consumers. - Out of RC Scope. Cross reported to Ombudsperson	Closed	10/22/2024	Arshalous Garlanian, Community Services Director
9/30/2024	Family Member	2024-SPWB-005	10/1/2024	Change Purchase of Service by vendor who did not allegedly explain everything to family	1.Vendor changed purchase of services (POS) process from NLACRC funding to consumer insurance coverage. 2.Vendor did not proactively explain to parent the charge(s) per service, how much insurance would cover, and how much family would be responsible for the charges before they made the switch from POS through NLACRC to consumer insurance coverage.	1.Vendor changed purchase of services (POS) process from NLACRC funding to consumer insurance coverage. - Unsubstantiated 2.Vendor did not proactively explain to parent the charge(s) per service, how much insurance would cover, and how much family would be responsible for the charges before they made the switch from POS through NLACRC to consumer insurance coverage. - Unsubstantiated	Closed	10/8/2024	Arshalous Garlanian, Community Services Director



Time Period: 10/16/2024 - 11/15/2024

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
10/4/2024	Service Provider	24-091301 24-091302	10/4/2024	Personnel qualifications; Agency practices; Billing practices; Service Delivery;	1. Employees were told they had to provide services while they had Covid-19. 2. Employees do not have appropriate qualifications to provide services (occupational therapy/physical therapy/speech therapy) and services are not delivered in the natural environment. 3. Improper billing and documentation. For example: a. Vendor is billing for services that are not provided (i.e., late cancellations) b. Asking parents to sign documentation to bill the regional center for services not provided c. An employee is paid to complete in-home evaluations but only completes the evaluations by calling parents. 4. The program owner has unauthorized employees filing documents containing social security numbers or other sensitive information, even though these records are only legally accessible to certain individuals.	1. Employees were told they had to provide services while they had Covid-19. - Unsubstantiated 2. Employees do not have appropriate qualifications to provide services (occupational therapy/physical therapy/speech therapy) and services are not delivered in the natural environment. - Substantiated 3. Improper billing and documentation. For example: a. Vendor is billing for services that are not provided (i.e., late cancellations) - Unsubstantiated b. Asking parents to sign documentation to bill the regional center for services not provided - Unsubstantiated c. An employee is paid to complete in-home evaluations but only completes the evaluations by calling parents. - Substantiated 4. The program owner has unauthorized employees filing documents containing social security numbers or other sensitive information, even though these records are only legally accessible to certain individuals. - Substantiated	Issued Plan of Improvement 11/14/2024 Pending NLACRC's response to DDS	Open	Arshalous Garlanian, Community Services Director
10/9/2024	Service Provider	2024-SPWB-007	10/9/2024	Owners have criminal convictions; Invalid 501(c)(3)	1. The current parties holding control of business both have felony criminal convictions incongruent with serving a vulnerable population. 2. Vendor has not notified regional centers of its invalid 501 (c)(3) status and continues to receive funding from regional centers. This allegation is shared for awareness should the regional center require this of the program.	Agency no longer vendored with RC effective 8/28/2024.	Agency no longer vendored with RC effective 8/28/2024.	11/14/2024	Arshalous Garlanian, Community Services Director
10/11/2024	Community Member	2024-SPWB-006	10/11/2024	Unsatisfied with services and communication provided by vendor and customer service concerns with CSC.	- New CSC has been assigned the case and is scheduled to meet with consumer and family on 10/18 (after reschedule request for 10/11).	1. Family of unconserved client unsatisfied with CSC's customer service. - Substantiated  2. Family of unconserved client has concerns with communication between client and CSC. - Inconclusive	- New CSC has been assigned the case - Consumer and family meeting scheduled for 10/18 (after reschedule request for 10/11).	10/18/2024	Betsy Monahan, HR Director
10/11/2024	Community Member	2024-SPWB-006	10/11/2024	Unsatisfied with services and communication provided by vendor and customer service concerns with CSC.	1. Family of unconserved client unsatisfied with services provided by DSP. 2. Family of unconserved client unsatisfied with CSC's customer service. 3. Family of unconserved client has concerns with communication between client and CSC.	1. Family of unconserved client unsatisfied with services provided by DSP. - Unsubstantiated	Closed	11/4/2024	Arshalous Garlanian, Community Services Director



Time Period: 10/16/2024 - 11/15/2024

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
10/16/2024	Community Member	2024-SPWB-011	11/14/2024	Service is being provided by family member residing in the home; Respite services are being claimed, but not always rendered;	1. Services are being provided by a family member residing in the home. 2. Hours are billed for services not actually rendered. 3. Worker/Family Member used alternative address to qualify as the worker.	1. Services are being provided by a family member residing in the home. - Substantiated 2. Hours are billed for services not actually rendered. Inconclusive 3. Worker/Family Member used alternative address to qualify as the worker.- Inconclusive	Open		Arshalous Garlanian, Community Services Director
10/22/2024	Community Member	2024-SPWB-012	10/22/2024	Medication support not being provided; Staff are asked not to report medication errors.	1. Medications are not being administered by staff and are not reminding clients to take their medication. 2. Management is not telling staff to report medication errors to the regional center.	Open/Pending	Open		Arshalous Garlanian, Community Services Director
11/12/2024	NLACRC Employee	24-110801	11/12/2024	Alleged sexual harassment (hostile work environment); fear of retaliation.	1. Supervisor is intimidating, bullying, harassing and sexually harassing staff in the workplace. 2. Staff fear supervisor retaliation and therefore have not come forward to make any formal complaints.  NLACRC engaged Ogletree Deakins law firm to independently investigate allegations and report results and recommended corrective actions.	Open	Open		Betsy Monahan, HR Director
11/13/2024	NLACRC Employee	2024-EWB-003	11/14/2024	TBD; employee seeks appointment to discuss a job issue, but did not provide further details.	Pending - Request for information and/or appointment window sent on 11/14/24.	Open/Pending	Open		Betsy Monahan, HR Director



Time Period: 11/16/2024 - 12/15/2024

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
8/30/2024	Client	2024-CWB-001	9/3/2024	1. Alleged hours inflation by vendor PXXXX (redacted) 2. Alleged confidentiality breach by delivering un-redacted Invoice History Detail Report to client seeking hours usage detail (7 instances)	1. Referred to Community Services (A. Garsalanian) and Contracts/Privacy (M. Mitchell) to investigate.	Open		Open	Betsy Monahan, HR Director
10/4/2024	Service Provider	24-091301 24-091302	10/4/2024	Personnel qualifications; Agency practices; Billing practices; Service Delivery;	1. Employees were told they had to provide services while they had Covid-19. 2. Employees do not have appropriate qualifications to provide services (occupational therapy/physical therapy/speech therapy) and services are not delivered in the natural environment. 3. Improper billing and documentation. For example: a. Vendor is billing for services that are not provided (i.e., late cancellations) b. Asking parents to sign documentation to bill the regional center for services not provided c. An employee is paid to complete in-home evaluations but only completes the evaluations by calling parents. 4. The program owner has unauthorized employees filing documents containing social security numbers or other sensitive information, even though these records are only legally accessible to certain individuals.	1. Employees were told they had to provide services while they had Covid-19. - Unsubstantiated 2. Employees do not have appropriate qualifications to provide services (occupational therapy/physical therapy/speech therapy) and services are not delivered in the natural environment. - Substantiated 3. Improper billing and documentation. For example: a. Vendor is billing for services that are not provided (i.e., late cancellations) - Unsubstantiated b. Asking parents to sign documentation to bill the regional center for services not provided - Unsubstantiated c. An employee is paid to complete in-home evaluations but only completes the evaluations by calling parents. - Substantiated 4. The program owner has unauthorized employees filing documents containing social security numbers or other sensitive information, even though these records are only legally accessible to certain individuals. - Substantiated	Closed Issued Plan of Improvement 11/14/2024; NLACRC submitted response letter to DDS	12/4/2024	Arshalous Garlanian, Community Services Director
10/16/2024	Community Member	2024-SPWB-011	11/14/2024	Service is being provided by family member residing in the home; Respite services are being claimed, but not always rendered;	1. Services are being provided by a family member residing in the home. 2. Hours are billed for services not actually rendered. 3. Worker/Family Member used alternative address to qualify as the worker.	1. Services are being provided by a family member residing in the home. - Substantiated 2. Hours are billed for services not actually rendered. Inconclusive 3. Worker/Family Member used alternative address to qualify as the worker.- Inconclusive	Closed	12/10/2024	Arshalous Garlanian, Community Services Director
10/22/2024	Community Member	2024-SPWB-012	10/22/2024	Medication support not being provided; Staff are asked not to report medication errors.	1. Medications are not being administered by staff and are not reminding clients to take their medication. 2. Management is not telling staff to report medication errors to the regional center.	1. Medications are not being administered by staff and are not reminding clients to take their medication. Unsubstantiated 2. Management is not telling staff to report medication errors to the regional center. Unsubstantiated	Open		Arshalous Garlanian, Community Services Director
11/12/2024	NLACRC Employee	24-110801	11/12/2024	Alleged sexual harassment (hostile work environment); fear of retaliation.  Complaint tendered directly to DDS; date at left is the date complaint was referred to NLACRC from DDS OCO.	1. Supervisor is intimidating, bullying, harassing and sexually harassing staff in the workplace. 2. Staff fear supervisor retaliation and therefore have not come forward to make any formal complaints.  NLACRC engaged Ogletree Deakins law firm to independently investigate allegations and report results and recommended corrective actions.	Per 12/12/24 report findings from Ogletree Deakins:  1. Supervisor is intimidating, bullying, harassing and sexually harassing staff in the workplace. - Insufficient evidence to substantiate  2. Staff fear supervisor retaliation and therefore have not come forward to make any formal complaints. - Insufficient evidence to substantiate	Closed  12/12/2024; NLACRC delivered response letter to DDS	12/12/2024	Betsy Monahan, HR Director
11/13/2024	NLACRC Employee	2024-EWB-003	11/14/2024	Alleged concern of failure to follow proper internal NLACRC position transfer process; member of Management exhibiting alleged antagonistic behaviors.	1. Member of management circumvented the existing transfer processes to fill a departmental position.  2. Employees report antagonistic and inconsistent behaviors with a member of Management.	Open	Open		Betsy Monahan, HR Director
11/15/2024	Service Provider	24-102101	11/15/2024	Medication support not being provided; Staff are asked not to report medication errors; DSP Stipend; and Billing.	1. Medications are not being administered by staff and are not reminding clients to take their medication. 2. Management is not telling staff to report medication errors to the regional center. 3. Employees who do not provide direct services are paid the direct support professional stipend. (This allegation was referred to the Department's Audit Section.) 4. Vendor is billing for services that are not provided. (This allegation was referred to the Department's Audit Section.)	1. Medications are not being administered by staff and are not reminding clients to take their medication. Unsubstantiated 2. Management is not telling staff to report medication errors to the regional center. Unsubstantiated 3. Employees who do not provide direct services are paid the direct support professional stipend. (Per DDS this allegation was referred to the Department's Audit Section.) 4. Vendor is billing for services that are not provided. (Per DDS this allegation was referred to the Department's Audit Section.)	Open; Pending Response Letter to DDS		Arshalous Garlanian, Community Services Director



Time Period: 11/16/2024 - 12/15/2024

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
11/19/2024	NLACRC Employee	24-102803 and 24-110101	11/19/2024	Multiple breaches of conflict of interest involving hiring processes and security concerns by a member of Management.  Complaint tendered directly to DDS; date at left is the date complaint was referred to NLACRC from DDS OCO.	1. Management employee inappropriately influenced the hiring process for a family friend with zero prior relevant functional experience. 2. Management employee circumvented a fair, transparent hiring process. 3. Management employee disregards security standards.  NLACRC engaged Ogletree Deakins law firm to independently investigate allegations and report results and recommended corrective actions.	Open	Open		Betsy Monahan, HR Director
12/6/2024	NLACRC Employee	24-110103	12/6/2024	Multiple allegations of policy/procedure issues experienced by employees.  Complaint tendered directly to DDS; date at left is the date complaint was referred to NLACRC from DDS OCO.	1. Manipulation of ESR reports for the benefit of department audits. 2. Failure to adhere to requirements of ES Reporting. 3. Supervisor permits collective use of single credentials to approve POS authorizations. 4. NLACRC training is inadequate. 5. Employees are wrongfully terminated for reporting incidents and/or bringing concerns to management. 6. NLACRC does not ensure COI statements are filed or brought up-to-date. 7. Favoritism occurs between managers and employees.  NLACRC engaging employment counsel law firm to independently investigate allegations and report results and recommended corrective actions.	Open	Open		Betsy Monahan, HR Director





Time Period: 12/16/2024 - 1/15/2025

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
8/30/2024	Client	2024-CWB-001	9/3/2024	1. Alleged hours inflation by vendor PXXXX (redacted)	1. Agency providing 20 hrs of services and billing for 30 hrs. Charging families extra for distant travel to provide service.	1. Agency providing 20 hrs of services and billing for 30 hrs. Charging families extra for distant travel to provide service. Inconclusive.	Closed	1/13/2025	Arshalous Garlanian, Community Services Director
10/22/2024	Community Member	2024-SPWB-012	10/22/2024	Medication support not being provided; Staff are asked not to report medication errors.	1. Medications are not being administered by staff and are not reminding clients to take their medication. 2. Management is not telling staff to report medication errors to the regional center.	1. Medications are not being administered by staff and are not reminding clients to take their medication. Unsubstantiated 2. Management is not telling staff to report medication errors to the regional center. Unsubstantiated	Closed	1/13/2025	Arshalous Garlanian, Community Services Director
11/13/2024	NLACRC Employee	2024-EWB-003	11/14/2024	Alleged concern of failure to follow proper internal NLACRC position transfer process; member of Management exhibiting alleged antagonistic behaviors.	1. Member of management circumvented the existing transfer processes to fill a departmental position.  2. Employees report antagonistic and inconsistent behaviors with a member of Management.	1. Member of management circumvented the existing transfer processes to fill a departmental position. Unsubstantiated  2. Employees report antagonistic and inconsistent behaviors with a member of Management. Insufficient/Inconclusive	Closed	1/14/2025	Betsy Monahan, HR Director
11/15/2024	Service Provider	24-102101	11/15/2024	Medication support not being provided; Staff are asked not to report medication errors; DSP Stipend; and Billing.	1. Medications are not being administered by staff and are not reminding clients to take their medication. 2. Management is not telling staff to report medication errors to the regional center. 3. Employees who do not provide direct services are paid the direct support professional stipend. (This allegation was referred to the Department's Audit Section.) 4. Vendor is billing for services that are not provided. (This allegation was referred to the Department's Audit Section.)	1. Medications are not being administered by staff and are not reminding clients to take their medication. Unsubstantiated 2. Management is not telling staff to report medication errors to the regional center. Unsubstantiated 3. Employees who do not provide direct services are paid the direct support professional stipend. (Per DDS this allegation was referred to the Department's Audit Section.) 4. Vendor is billing for services that are not provided. (Per DDS this allegation was referred to the Department's Audit Section.)	Open; Pending Response Letter to DDS		Arshalous Garlanian, Community Services Director
11/19/2024	NLACRC Employee	24-102803 and 24-110101	11/19/2024	Multiple breaches of conflict of interest involving hiring processes and security concerns by a member of Management.  Complaint tendered directly to DDS; date at left is the date complaint was referred to NLACRC from DDS OCO.	1. Management employee inappropriately influenced the hiring process for a family friend with zero prior relevant functional experience. 2. Management employee circumvented a fair, transparent hiring process. 3. Management employee disregards security standards.  NLACRC engaged Ogletree Deakins law firm to independently investigate allegations and report results and recommended corrective actions.	Open / Investigation in Progress	Open		Betsy Monahan, HR Director
12/6/2024	NLACRC Employee	24-110103	12/6/2024	Multiple allegations of policy/procedure issues experienced by employees.  Complaint tendered directly to DDS; date at left is the date complaint was referred to NLACRC from DDS OCO.	1. Manipulation of ESR reports for the benefit of department audits. 2. Failure to adhere to requirements of ES Reporting. 3. Supervisor permits collective use of single credentials to approve POS authorizations. 4. NLACRC training is inadequate. 5. Employees are wrongfully terminated for reporting incidents and/or bringing concerns to management. 6. NLACRC does not ensure COI statements are filed or brought up-to-date. 7. Favoritism occurs between managers and employees.  NLACRC engaged Berger Kahn employment law firm to independently investigate allegations and report results and recommended corrective actions.	Open / Investigation in Progress	Open		Betsy Monahan, HR Director



Time Period: 12/16/2024 - 1/15/2025

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
12/12/2024	Community Member	2024-SPWB-013	12/12/2024	Conflict of interest as SDP IF refers to own vendored program.	1. Conflict of interest as Independent Facilitator refers families in SDP to vendored business (socialization Program) owned by Independent Faciliator. 2. Socialization Program closure during Winter Break without advanced notice to SDP families. 3. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds.	Referred to SDP Ombudsmen; CM meeting with DDS to further review	Open		Arshalous Garlarianian, Community Services Director



Time Period: 1/15/2025 - 2/15/2025

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
11/15/2024	Service Provider	24-102101	11/15/2024	Medication support not being provided; Staff are asked not to report medication errors; DSP Stipend; and Billing.	1. Medications are not being administered by staff and are not reminding clients to take their medication. 2. Management is not telling staff to report medication errors to the regional center. 3. Employees who do not provide direct services are paid the direct support professional stipend. (This allegation was referred to the Department's Audit Section.) 4. Vendor is billing for services that are not provided. (This allegation was referred to the Department's Audit Section.)	1. Medications are not being administered by staff and are not reminding clients to take their medication.- <u>Unsubstantiated</u> 2. Management is not telling staff to report medication errors to the regional center. - <u>Unsubstantiated</u> 3. Employees who do not provide direct services are paid the direct support professional stipend. - (Per DDS this allegation was referred to the Department's Audit Section.) 4. Vendor is billing for services that are not provided. - (Per DDS this allegation was referred to the Department's Audit Section.)	No	1/24/2025	Arshalous Garlanian, Community Services Director
11/19/2024	NLACRC Employee	24-102803 and 24-110101	11/19/2024	Multiple breaches of conflict of interest involving hiring processes and security concerns by a member of Management.  Complaint tendered directly to DDS; date at left is the date complaint was referred to NLACRC from DDS OCO.	1. Management employee inappropriately influenced the hiring process for a family friend with zero prior relevant functional experience. 2. Management employee circumvented a fair, transparent hiring process. 3. Management employee disregards security standards.  NLACRC engaged Ogletree Deakins law firm to independently investigate allegations and report results and recommended corrective actions.	Open / Investigation in Progress	Open		Betsy Monahan, HR Director
12/6/2024	NLACRC Employee	24-110103	12/6/2024	Multiple allegations of policy/procedure issues experienced by employees.  Complaint tendered directly to DDS; date at left is the date complaint was referred to NLACRC from DDS OCO.	1. Manipulation of ESR reports for the benefit of department audits. 2. Failure to adhere to requirements of ES Reporting. 3. Supervisor permits collective use of single credentials to approve POS authorizations. 4. NLACRC training is inadequate. 5. Employees are wrongfully terminated for reporting incidents and/or bringing concerns to management. 6. NLACRC does not ensure COI statements are filed or brought up-to-date. 7. Favoritism occurs between managers and employees.  NLACRC engaged Berger Kahn employment law firm to independently investigate allegations and report results and recommended corrective actions.	Based on the independent investigation conducted by Berger Kahn,  1. Manipulation of ESR reports for the benefit of department audits. - <u>Unsubstantiated</u> 2. Failure to adhere to requirements of ES Reporting. - <u>Unsubstantiated</u> 3. Supervisor permits collective use of single credentials to approve POS authorizations. - <u>Unsubstantiated</u> 4. NLACRC training is inadequate. - <u>Unsubstantiated</u> 5. Employees are wrongfully terminated for reporting incidents and/or bringing concerns to management. - <u>Unsubstantiated</u> 6. NLACRC does not ensure COI statements are filed or brought up-to-date. - <u>Unsubstantiated</u> 7. Favoritism occurs between managers and employees. - <u>Unsubstantiated</u>	Closed	2/6/2025	Betsy Monahan, HR Director
12/12/2024	Community Member	2024-SPWB-013	12/12/2024	Vendors have not been paid through FMS vendor; Conflict of interest : SDP Funds not being managed appropriately.	1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds.	1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds.  <i>Referred to SDP Ombudsmen; CM meeting with DDS to further review</i>	Open		Arshalous Garlanian, Community Services Director



Time Period: 2/15/2025 - 3/15/2025

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
11/19/2024	NLACRC Employee	24-102803 and 24-110101	11/19/2024	Multiple breaches of conflict of interest involving hiring processes and security concerns by a member of Management.  Complaint tendered directly to DDS; date at left is the date complaint was referred to NLACRC from DDS OCO.	1a. Management employee inappropriately influenced the hiring process for a family friend with zero prior relevant functional experience. 1b. Management employee's hiring decision resulted in gender discrimination in hiring. 2. Management employee circumvented a fair, transparent hiring process. 3. Management employee disregards security standards.  NLACRC engaged Ogletree Deakins law firm to independently investigate allegations and report results and recommended corrective actions.	Based on the independent investigation conducted by Ogletree Deakins:  1a. Management employee inappropriately influenced the hiring process for a family friend with zero prior relevant functional experience. - <i>referred to NLACRC's prior investigation of claim raised in summer 2024.</i> 1b. Management employee's hiring decision resulted in gender discrimination in hiring. - <i>Unsubstantiated</i> 2. Management employee circumvented a fair, transparent hiring process. - <i>Insufficient to substantiate</i> 3. Management employee disregards security standards. - <i>Insufficient to substantiate</i>	- NLACRC addressed and documented correction with management employee as result of a similar internal claim raised in summer of 2024.	2/24/2025	Betsy Monahan, HR Director
12/12/2024	Community Member	2024-SPWB-013	12/12/2024	Vendors have not been paid through FMS vendor; Conflict of interest . SDP Funds not being managed appropriately.	1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds.	1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds.  <i>Referred to SDP Ombudsmen; CM meeting with DDS to further review</i>	Open		Arshalous Garlanian, Community Services Director
3/6/2025	Family Member	2024-SPWB-014	3/10/2025	Report of concerns regarding: Client Safety and Well-being Endangerment; Retaliatory Actions and False Allegations; Financial Misconduct and Refusal of Payments	1. Vendor is allowing illegal drug and alcohol use on the premises, posing a risk to consumers. 2. A vendor representative and two employees have presented false claims in retaliation against a consumer's family member. 3. Vendor is creating a false record of non-payment to justify a specific retaliatory action against a consumer.	Open and pending	Open		Betsy Monahan, HR Director
3/12/2025	DDS: Community Member	2025-SPWB-01	3/12/2025	Concerns with Vendor's Sick policy/practice for staff and participants; Lack of staff professionalism; Failure to adhere to Title 17 54327 reporting requirements.	1. The program does not allow clients to go home when they are sick (throwing up, diarrhea, chest pain, showing signs of flu or COVID). Staff are verbally informed by management to make the client(s) stay in the program for the day, despite health concerns. 2. Management requires staff to come in when they are sick, potentially spreading illness to individuals at the day program. 3. Management uses profanity when speaking to staff in front of individuals served. 4. Management tells staff not to report car accidents that client(s) are involved in while at the program to their family or residential home. Client(s) may be nonverbal.	Open	Open		Arshalous Garlanian, Community Services Director
3/12/2025	DDS: Community Member	2025-SPWB-02	3/12/2025	Failure to adhere to Title 17 54327 reporting requirements.	1. Vendor Management does not allow staff to file mandated reports when there is suspected abuse and/or neglect concerning clients receiving adaptive skills training services.	Open	Open		Arshalous Garlanian, Community Services Director



Time Period: 2/15/2025 - 3/15/2025

3/13/2025	DDS: Community Member	2025-SPWB-03	3/13/2025	Failure to provide vendored services; Billing for services not provided; Client's Rights Violation; Staff are not trained and lack professionalism.	<p>1. The program does not provide the type of services they are vendored to provide. Client goals are not addressed or developed. Clients are left to sit at the mall or library all day. Staff do not interact with clients. Staff are not allowed to support or engage clients in activities, such as bowling on Fridays. Clients who want to leave the program are not provided the assistance to do so. The provider is billing for services that are not being provided. Staff bully/harass clients, talk badly about clients, and make inappropriate comments about how clients are dressed.</p> <p>2. Staff was named as a staff person of concern. Staff allegedly called client disgusting; did not return a bag belonging to client "client"; and made comments about a client (name unknown) smelling like urine. Staff had clients watch an inappropriate movie (Mickey 17) on March 7, 2025. Staff are not trained and are unaware of how to do their jobs. Staff may be documenting activities that are not occurring.</p> <p>3. The reporting party also shared other allegations about individuals served by this provider: Client 1, or Client 2 is making racial slurs and behaving inappropriately toward other clients and staff. Some clients served by this day program may not be getting adequate food at their residential home(s), and day program staff are not allowed to provide food to these individuals (3 clients named). Client is being exploited/selling their body for sexual activity outside of the day program.</p>	Open	Open		Arshalous Garlanian, Community Services Director
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Time Period: 3/15/2025 - 4/15/2025

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
12/12/2024	Community Member	2024-SPWB-013	12/12/2024	Vendors have not been paid through FMS vendor; Conflict of interest . SDP Funds not being managed appropriately.	1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds.	1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds.  <i>Referred to SDP Ombudsmen; CM meeting with DDS to further review</i>	Open		Arshalous Garlanian, Community Services Director
3/6/2025	Family Member	2024-SPWB-014	3/10/2025	Report of concerns regarding: Client Safety and Well-being Endangerment; Retaliatory Actions and False Allegations; Financial Misconduct and Refusal of Payments	1. Vendor is allowing illegal drug and alcohol use on the premises, posing a risk to consumers. 2. A vendor representative and two employees have presented false claims in retaliation against a consumer's family member. 3. Vendor is creating a false record of non-payment to justify a specific retaliatory action against a consumer.	1. Vendor is allowing illegal drug and alcohol use on the premises, posing a risk to consumers. <i>Pending</i> 2. A vendor representative and two employees have presented false claims in retaliation against a consumer's family member. <i>Unsubstantiated (on employee side); Service Provider review pending</i> 3. Vendor is creating a false record of non-payment to justify a specific retaliatory action against a consumer. <i>Unsubstantiated (on employee side); Service Provider review pending</i>	Open		Betsy Monahan, HR Director and Arshalous Garlanian, Community Services Director
3/12/2025	DDS: Community Member	2025-SPWB-01	3/12/2025	Concerns with Vendor's Sick policy/practice for staff and participants; Lack of staff professionalism; Failure to adhere to Title 17 54327 reporting requirements.	1. The program does not allow clients to go home when they are sick (throwing up, diarrhea, chest pain, showing signs of flu or COVID). Staff are verbally informed by management to make the client(s) stay in the program for the day, despite health concerns. 2. Management requires staff to come in when they are sick, potentially spreading illness to individuals at the day program. 3. Management uses profanity when speaking to staff in front of individuals served. 4. Management tells staff not to report car accidents that client(s) are involved in while at the program to their family or residential home. Client(s) may be nonverbal.	Open	Open		Arshalous Garlanian, Community Services Director
3/12/2025	DDS: Community Member	2025-SPWB-02	3/12/2025	Failure to adhere to Title 17 54327 reporting requirements.	1. Vendor Management does not allow staff to file mandated reports when there is suspected abuse and/or neglect concerning clients receiving adaptive skills training services.	Open	Open		Arshalous Garlanian, Community Services Director
3/13/2025	DDS: Community Member	2025-SPWB-04	3/13/2025	Failure to provide vendored services; Billing for services not provided; Client's Rights Violation; Staff are not trained and lack professionalism.	1. The program does not provide the type of services they are vendored to provide. Client goals are not addressed or developed. Clients are left to sit at the mall or library all day. Staff do not interact with clients. Staff are not allowed to support or engage clients in activities, such as bowling on Fridays. Clients who want to leave the program are not provided the assistance to do so. The provider is billing for services that are not being provided. Staff bully/harass clients, talk badly about clients, and make inappropriate comments about how clients are dressed.  2. Staff was named as a staff person of concern. Staff allegedly called client disgusting; did not return a bag belonging to client "client", and made comments about a client (name unknown) smelling like urine. Staff had clients watch an inappropriate movie (Mickey 17) on March 7, 2025. Staff are not trained and are unaware of how to do their jobs. Staff may be documenting activities that are not occurring.  3. The reporting party also shared other allegations about individuals served by this provider: Client 1, or Client 2 is making racial slurs and behaving inappropriately toward other clients and staff. Some clients served by this day program may not be getting adequate food at their residential home(s), and day program staff are not allowed to provide food to these individuals (3 clients named). Client is being exploited/selling their body for sexual activity outside of the day program.	Open	Open		Arshalous Garlanian, Community Services Director
4/3/2025	NLACRC Employee	2025 -EWB - 01	4/3/2025	Allegation of Financial Abuse	1. Provider approved "outrageous" amount from client's account for home maintenance without approval.	Open	Open		Arshalous Garlanian, Community Services Director



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

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
4/11/2025	NLACRC Employee	2025 -EWB - 02	4/14/2025	Allegation of unprofessional conduct, discriminatory behavior, improper systems' use	1. NLACRC staff improperly followed established SOPs to create/ migrate temp/contractor system accounts to employee accounts post-conversion. 2. NLACRC staff incorrectly set access controls to prevent employees from their ability to use applications for their time-sensitive work. 3. NLACRC staff used improper methods with systems to complete work activities, which allegedly resulted in security violations. 4. Employees impacted by items 1-3 were treated differently than other similarly-situated employees.	Open	Open		Betsy Monahan, HR Director
4/16/2025	Service Provider	2025-03 -SPWB	4/17/2025	Allegation of derogatory and unprofessional conduct by a NLACRC employee	NLACRC staff person made editorial personal-opinion comments regarding a service during a business call with a NLACRC client, which were reported as derogatory and unprofessional in nature.	Open	Open		Betsy Monahan, HR Director
4/16/2025	Service Provider	2025-SPWB-05	4/17/2025	Allegation of failure to follow medication security procedures and negligence of administering medication to clients	1. Failure to follow medication security procedures 2. Improper administering of medication by uncertified staff	Open	Open		Betsy Monahan, HR Director
4/16/2025	NLACRC Employee	2025 -EWB - 04	4/17/2025	Allegation of improper conduct by staff to co-workers; failure to hold staff to account for their duties creating a negative work impact for co-workers	1. NLACRC employees are rude and/or conduct themselves in a hostile work manner to other co-workers. 2. NLACRC management is transferring cases from unproductive CSCs to productive CSCs rather than hold all CSCs to consistent standards. 3. NLACRC managers show favoritism by holding "favorite" CSCs to less account than other CSCs.	Open	Open		Betsy Monahan, HR Director
4/18/2025	Service Provider	2025-SPWB-06	4/18/2025	Current vendor employee inquiry re: protections available if documentation is shared as exhibits to support alleged improper vendor activity.  No specific info (e.g. vendor name, nature of alleged concerns) were reported.  Case number issued for tracking purposes and answer provided to complainant re: initial question and confirmation NLACRC would investigate claims pending receipt of more details.	Pending	Open	Open		Betsy Monahan, HR Director



Time Period: 4/16/2025 - 5/15/2025

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
12/12/2024	Community Member	2024-SPWB-013	12/12/2024	Vendors have not been paid through FMS vendor; Conflict of interest . SDP Funds not being managed appropriately.	1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds.	1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds.  <i>Referred to SDP Ombudsmen; CM meeting with DDS to further review</i>	Open		Arshalous Garlanian, Community Services Director
3/6/2025	Family Member	2024-SPWB-014	3/10/2025	Report of concerns regarding: Client Safety and Well-being Endangerment; Retaliatory Actions and False Allegations; Financial Misconduct and Refusal of Payments	1. Vendor is allowing illegal drug and alcohol use on the premises, posing a risk to consumers. 2. A vendor representative and two employees have presented false claims in retaliation against a consumer's family member. 3. Vendor is creating a false record of non-payment to justify a specific retaliatory action against a consumer.	1. Client Safety and Well-being Endangerment: <i>Unsubstantiated</i> 2. Retaliatory Actions and False Allegations : <i>Unsubstantiated</i> 3. Financial Misconduct and Refusal of Payments: <i>Unsubstantiated</i>	Closed	4/25/2025	Betsy Monahan, HR Director and Arshalous Garlanian, Community Services Director
3/12/2025	DDS: Community Member	2025-SPWB-01	3/12/2025	Concerns with Vendor's Sick policy/practice for staff and participants; Lack of staff professionalism; Failure to adhere to Title 17 54327 reporting requirements.	1. The program does not allow clients to go home when they are sick (throwing up, diarrhea, chest pain, showing signs of flu or COVID). Staff are verbally informed by management to make the client(s) stay in the program for the day, despite health concerns. 2. Management requires staff to come in when they are sick, potentially spreading illness to individuals at the day program. 3. Management uses profanity when speaking to staff in front of individuals served. 4. Management tells staff not to report car accidents that client(s) are involved in while at the program to their family or residential home. Client(s) may be nonverbal.	1. The program does not allow clients to go home when they are sick (throwing up, diarrhea, chest pain, showing signs of flu or COVID). Staff are verbally informed by management to make the client(s) stay in the program for the day, despite health concerns. : <i>Unsubstantiated</i> 2. Management requires staff to come in when they are sick, potentially spreading illness to individuals at the day program. : <i>Unsubstantiated</i> 3. Management uses profanity when speaking to staff in front of individuals served.: <i>Substantiated</i> 4. Management tells staff not to report car accidents that client(s) are involved in while at the program to their family or residential home. Client(s) may be nonverbal. : <i>Unsubstantiated</i>	Closed	4/14/2025	Arshalous Garlanian, Community Services Director
3/12/2025	DDS: Community Member	2025-SPWB-02	3/12/2025	Failure to adhere to Title 17 54327 reporting requirements.	1. Vendor Management does not allow staff to file mandated reports when there is suspected abuse and/or neglect concerning clients receiving adaptive skills training services.	1. Vendor Management does not allow staff to file mandated reports when there is suspected abuse and/or neglect concerning clients receiving adaptive skills training services. <i>Unsubstantiated</i>	Closed; <i>Response Letter sent to DDS</i>	5/6/2025	Arshalous Garlanian, Community Services Director
3/13/2025	DDS: Community Member	2025-SPWB-04	3/13/2025	Failure to provide vendored services; Billing for services not provided; Client's Rights Violation; Staff are not trained and lack professionalism.	1. The program does not provide the type of services they are vendored to provide. Client goals are not addressed or developed. Clients are left to sit at the mall or library all day. Staff do not interact with clients. Staff are not allowed to support or engage clients in activities, such as bowling on Fridays. Clients who want to leave the program are not provided the assistance to do so. The provider is billing for services that are not being provided. Staff bully/harass clients, talk badly about clients, and make inappropriate comments about how clients are dressed.  2. Staff was named as a staff person of concern. Staff allegedly called client disgusting; did not return a bag belonging to client "client"; and made comments about a client (name unknown) smelling like urine. Staff had clients watch an inappropriate movie (Mickey 17) on March 7, 2025. Staff are not trained and are unaware of how to do their jobs. Staff may be documenting activities that are not occurring.  3. The reporting party also shared other allegations about individuals served by this provider: Client 1, or Client 2 is making racial slurs and behaving inappropriately toward other clients and staff. Some clients served by this day program may not be getting adequate food at their residential home(s), and day program staff are not allowed to provide food to these individuals (3 clients named). Client is being exploited/selling their body for sexual activity outside of the day program.	1. The program does not provide the type of services they are vendored to provide. Client goals are not addressed or developed. Clients are left to sit at the mall or library all day. Staff do not interact with clients. Staff are not allowed to support or engage clients in activities, such as bowling on Fridays. Clients who want to leave the program are not provided the assistance to do so. The provider is billing for services that are not being provided. Staff bully/harass clients, talk badly about clients, and make inappropriate comments about how clients are dressed. <i>Unsubstantiated</i>  2. Staff was named as a staff person of concern. Staff allegedly called client disgusting; did not return a bag belonging to client "client"; and made comments about a client (name unknown) smelling like urine. Staff had clients watch an inappropriate movie (Mickey 17) on March 7, 2025. Staff are not trained and are unaware of how to do their jobs. Staff may be documenting activities that are not occurring. <i>Unsubstantiated</i>  3. The reporting party also shared other allegations about individuals served by this provider: Client 1, or Client 2 is making racial slurs and behaving inappropriately toward other clients and staff. Some clients served by this day program may not be getting adequate food at their residential home(s), and day program staff are not allowed to provide food to these individuals (3 clients named). Client is being exploited/selling their body for sexual activity outside of the day program. <i>Unsubstantiated</i>	Open		Arshalous Garlanian, Community Services Director
4/3/2025	NLACRC Employee	2025 -EWB - 01	4/3/2025	Allegation of Financial Abuse	1. Provider approved "outrageous" amount from client's account for home maintenance without approval.	Open	Open		Arshalous Garlanian, Community Services Director





Time Period: 4/16/2025 - 5/15/2025

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
4/4/2025	Family Member	2025-SPWVD-07	4/4/2025	Failure to provide services; Allegation of Abuse/Neglect; Allegation of Substance Abuse; Allegation of Theft & Personal Safety	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; When he addresses these concerns with staff, they allegedly gaslight him; Family report being denied visitation when they advocate on his behalf; Staff reportedly do not engage with or speak to Dominick regularly.	Open	Open		Arshalous Garlanian, Community Services Director
4/8/2025	Service Provider	referred by DDS	4/8/2025	Allegations of HIPAA and Verbal Mistreatment by Vendor	1. Owner posed as a regional center manager to obtain confidential medical information about a surgical procedure, causing delays. 2. Owner yelled at her and her children, triggering her PTSD.	Open	Open		Arshalous Garlanian, Community Services Director
4/9/2025	Anonymous/Unknown	2025-UWB-01	N/A	Unfair work practices; Staff not being treated fairly; Failure to report; Clients not being engaged; Clients Rights Violations	1. Physical abuse against clients by staff; <i>Unsubstantiated</i> 2. Program Director does not address or make reports of incidents; <i>Unsubstantiated</i> 3. Clients being treated unfairly & are not engaged in choosing activities; <i>Unsubstantiated</i> 4. Staff not treated fairly by program director; <i>Unsubstantiated</i> 5. Clients being asked to sign safety and emergency drill & not explain what they are signing <i>Unsubstantiated</i>	Closed	N/A	5/2/2025	Arshalous Garlanian, Community Services Director
4/11/2025	NLACRC Employee	2025 -EWB - 02	4/14/2025	Allegation of unprofessional conduct, discriminatory behavior, improper systems' use	1. NLACRC staff improperly followed established SOPs to create/ migrate temp/contractor system accounts to employee accounts post-conversion. 2. NLACRC staff incorrectly set access controls to prevent employees from their ability to use applications for their time-sensitive work. 3. NLACRC staff used improper methods with systems to complete work activities. 4. Employees impacted by items 1-3 were treated differently than other similarly-situated employees.  <i>Investigation tendered to outside counsel to complete investigation.</i>	Open	Open		Betsy Monahan, HR Director
4/16/2025	Service Provider	2025-03 -SPWB	4/17/2025	Allegation of derogatory and unprofessional conduct by a NLACRC employee	NLACRC staff person made editorial personal-opinion comments regarding a service during a business call with a NLACRC client, which were reported as derogatory and unprofessional in nature.	Open	Open		Betsy Monahan, HR Director
4/16/2025	Service Provider	2025-SPWB-05	4/17/2025	Allegation of failure to follow medication security procedures and negligence of administering medication to clients	Open	Open	Open		Arshalous Garlanian, Community Services Director
4/16/2025	NLACRC Employee	2025 -EWB - 04	4/17/2025	Allegation of improper conduct by staff to co-workers; failure to hold staff to account for their duties creating a negative work impact for co-workers	Open	Open	Open		Betsy Monahan, HR Director
4/17/2025	Anonymous/Unknown	2025-UWB-02	4/18/2025	Medication Mismanagement; Lack of staff certificatio/training;	1. LVN neglects consumers medications by leaving them in an open place accesible to clients.- <i>Substantiated</i> 2. LVN asks staff who do not have their DSP1 or DSP2 to administer medication to client CM every morning.- <i>Substantiated</i> 3. Medication keys are left in an open place where clients can reach them.- <i>Unsubstantiated</i>	Closed	Corrective Action Plan	5/7/2025	Arshalous Garlanian, Community Services Director



Time Period: 4/16/2025 - 5/15/2025

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
4/18/2025	Service Provider	2025-SPWB-06	4/18/2025	Current vendor employee inquiry re: protections available if documentation is shared as exhibits to support alleged improper vendor activity.  No specific info (e.g. vendor name, nature of alleged concerns) were reported.  Case number issued for tracking purposes and answer provided to complainant re: initial question and confirmation NLACRC would investigate claims pending receipt of more details.	No additional information or communication provided from individual.	Closed	Closed	5/2/2025	Betsy Monahan, HR Director
5/5/2025	Anonymous/Unknown	2025-UWB-03	5/5/2025	Management staff having history of misconduct prior to employment with vendored agency.	1. Concerns vendor employed an individual with previous allegations of misconduct	Open	Open		Arshalous Garlanian, Community Services Director



	Time Period:	5/16/2025 - 6/15/2025							
Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
12/12/2024	Community Member	2024-SPWB-013	12/12/2024	Vendors have not been paid through FMS vendor; Conflict of interest . SDP Funds not being managed appropriately.	1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds.	1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds.  <i>Referred to SDP Ombudsmen; CM meeting with DDS to further review</i>	Open		Arshalous Garlanian, Community Services Director
3/13/2025	DDS: Community Member	2025-SPWB-04	3/13/2025	Failure to provide vendored services; Billing for services not provided; Client's Rights Violation; Staff are not trained and lack professionalism.	1. The program does not provide the type of services they are vendored to provide. Client goals are not addressed or developed. Clients are left to sit at the mall or library all day. Staff do not interact with clients. Staff are not allowed to support or engage clients in activities, such as bowling on Fridays. Clients who want to leave the program are not provided the assistance to do so. The provider is billing for services that are not being provided. Staff bully/harass clients, talk badly about clients, and make inappropriate comments about how clients are dressed.  2. Staff was named as a staff person of concern. Staff allegedly called client disgusting; did not return a bag belonging to client "client"; and made comments about a client (name unknown) smelling like urine. Staff had clients watch an inappropriate movie (Mickey 17) on March 7, 2025. Staff are not trained and are unaware of how to do their jobs. Staff may be documenting activities that are not occurring.  3. The reporting party also shared other allegations about individuals served by this provider: Client 1, or Client 2 is making racial slurs and behaving inappropriately toward other clients and staff. Some clients served by this day program may not be getting adequate food at their residential home(s), and day program staff are not allowed to provide food to these individuals (3 clients named). Client is being exploited/selling their body for sexual activity outside of the day program.	1. The program does not provide the type of services they are vendored to provide. <i>Unsubstantiated</i> Client goals are not addressed or developed. Clients are left to sit at the mall or library all day. Staff do not interact with clients. Staff are not allowed to support or engage clients in activities, such as bowling on Fridays. Clients who want to leave the program are not provided the assistance to do so. The provider is billing for services that are not being provided. Staff bully/harass clients, talk badly about clients, and make inappropriate comments about how clients are dressed. <i>Unsubstantiated</i>  2. Staff was named as a staff person of concern. Staff allegedly called client disgusting; did not return a bag belonging to client "client"; and made comments about a client (name unknown) smelling like urine. Staff had clients watch an inappropriate movie (Mickey 17) on March 7, 2025. Staff are not trained and are unaware of how to do their jobs. Staff may be documenting activities that are not occurring. <i>Unsubstantiated</i>  3. The reporting party also shared other allegations about individuals served by this provider: Client 1, or Client 2 is making racial slurs and behaving inappropriately toward other clients and staff. Some clients served by this day program may not be getting adequate food at their residential home(s), and day program staff are not allowed to provide food to these individuals (3 clients named). Client is being exploited/selling their body for sexual activity outside of the day program. <i>Unsubstantiated</i>	Closed; Response Letter sent to DDS	5/27/2025	Arshalous Garlanian, Community Services Director
4/3/2025	NLACRC Employee	2025 -EWB - 01	4/3/2025	Allegation of Financial Abuse	1. Provider approved "outrageous" amount from client's account for home maintenance without approval.	1. Provider approved "outrageous" amount from client's account for home maintenance without approval. <i>Unsubstantiated</i>	Closed	4/28/2025	Arshalous Garlanian, Community Services Director
4/4/2025	Family Member	2025-SPWD-07	4/4/2025	Failure to provide services; Allegation of Abuse/Neglect; Allegation of Substance Abuse; Allegation of Theft & Personal Safety	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</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 Dominick regularly.	Open	Open		Arshalous Garlanian, Community Services Director
4/8/2025	Service Provider	referred by DDS	4/8/2025	Allegations of HIPAA and Verbal Mistreatment by Vendor	1. Owner posed as a regional center manager to obtain confidential medical information about a surgical procedure, causing delays. 2. Owner yelled at her and her children, triggering her PTSD.	1. Owner posed as a regional center manager to obtain confidential medical information about a surgical procedure, causing delays. <i>Unsubstantiated</i> 2. Owner yelled at her and her children, triggering her PTSD. <i>Unsubstantiated</i>	Closed	5/8/2025	Arshalous Garlanian, Community Services Director



	Time Period:	5/16/2025 - 6/15/2025							
Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
4/11/2025	NLACRC Employee	2025 -EWB - 02	4/14/2025	Allegation of unprofessional conduct, discriminatory behavior, improper systems' use	1. NLACRC staff improperly followed established SOPs to create/migrate temp/contractor system accounts to employee accounts post-conversion. 2. NLACRC staff incorrectly set access controls to prevent employees from their ability to use applications for their time-sensitive work. 3. NLACRC staff used improper methods with systems to complete work activities. 4. Employees impacted by items 1-3 were treated differently than other similarly-situated employees.  <i>Investigation tendered to outside counsel to complete investigation.</i>	Open	Open		Betsy Monahan, HR Director
4/16/2025	Service Provider	2025-03 -SPWB	4/17/2025	Allegation of derogatory and unprofessional conduct by a NLACRC employee	NLACRC staff person made editorial personal-opinion comments regarding a service during a business call with a NLACRC client, which were reported as derogatory and unprofessional in nature.	NLACRC staff person made editorial personal-opinion comments regarding a service during a business call with a NLACRC client, which were reported as derogatory and unprofessional in nature. <i>Substantiated</i>	Closed Employee corrective action + additional coaching delivered	4/25/2025	Betsy Monahan, HR Director
4/16/2025	Service Provider	2025-SPWB-05	4/17/2025	Allegation of failure to follow medication security procedures and negligence of administering medication to clients	1. LVN neglects consumers medications by leaving them in an open place accessible to clients. 2. LVN asks staff who do not have their DSP1 or DSP2 to administer medication to client CM every morning. 3. Medication keys are left in an open place where clients can reach them.	1. LVN neglects consumers medications by leaving them in an open place accesible to clients.- <i>Substantiated</i> 2. LVN asks staff who do not have their DSP1 or DSP2 to administer medication to client CM every morning.- <i>Substantiated</i> 3. Medication keys are left in an open place where clients can reach them.- <i>Unsubstantiated</i>	Closed Corrective action plan enacted	5/7/2025	Arshalous Garlanian, Community Services Director
4/16/2025	NLACRC Employee	2025 -EWB - 04	4/17/2025	Allegation of improper conduct by staff to co-workers; failure to hold staff to account for their duties creating a negative work impact for co-workers	Open	Open	Open		Betsy Monahan, HR Director
5/5/2025	Anonymous/Unknown	2025-UWB-03	N/A	Management staff having history of misconduct prior to employment with vendored agency.	1. Concerns vendor employed an individual with previous allegations of misconduct	1. Concerns vendor employed an individual with previous allegations of misconduct. <i>Unsubstantiated</i>	Closed	5/9/2025	Arshalous Garlanian, Community Services Director
5/19/2025	Family Member	2025 -EWB - 06	5/23/2025 via USPS mail	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.	Open	Open		Betsy Monahan, HR Director
5/22/2025	NLACRC Employee	2025 -EWB - 05	5/22/2025	Allegations of the following:  1. Hiring Irregularities 2. Mishandled cybersecurity/Misaligned leadership 3. Supression of internal feedback 4. Security/HIPAA violations 5. Workplace misconduct  Allegations above refer to/include reference to prior DDS-referred complaints (24-102803 and 24-110101)	1. Hiring Irregularities 2. Mishandled cybersecurity/Misaligned leadership 3. Supression of internal feedback 4. Security/HIPAA violations 5. Workplace misconduct  <i>Investigation tendered to outside counsel to assist with additional investigation.</i>	Open	Open		Betsy Monahan, HR Director
5/29/2025	Anonymous/Unknown		N/A	Staffing ratios not being met; Communication barriers between staff and participants; Participant in PIP is not being paid for hours worked.	1. 1:1 Staffing ratio for a client is not being provided. 2. Some staff are not able to communicate in the participants preferred language. 3. A participant in PIP is not being paid for the full 2.5 hours due to family's fear of losing benefits.	Open	Open		Arshalous Garlanian, Community Services Director
6/9/2025	Anonymous/Unknown	2025-UWB-01	N/A	Unfair work practices; Staff not being treated fairly; Failure to report; Clients not being engaged; Clients Rights Violations.  Amended/re-opened from original complaint submitted 4/9/2025	1. Physical abuse against clients by staff; 2. Program Director does not address or make reports of incidents; 3. Clients being treated unfairly & are not engaged in choosing activities; 4. Staff not treated fairly by program director; 5. Clients being asked to sign safety and emergency drill & not explain what they are signing.	Open	Open		Arshalous Garlanian, Community Services Director



	Time Period:	6/16/2025 - 7/15/2025							
Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Allegation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
12/12/2024	Community Member	2024-SPWB-013	12/12/2024	Vendors have not been paid through FMS vendor; Conflict of interest . SDP Funds not being managed appropriately.	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>	Open		Arshalous Garlanian, Community Services Director
4/4/2025	Family Member	2025-SPWD-07	4/4/2025	Failure to provide services; Allegation of Abuse/Neglect; Allegation of Substance Abuse; Allegation of Theft & Personal Safety	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 Dominick regularly.	Open	Open		Arshalous Garlanian, Community Services Director
4/11/2025	NLACRC Employee	2025 -EWB - 02	4/14/2025	Allegation of unprofessional conduct, discriminatory behavior, improper systems' use	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	Betsy Monahan, HR Director
4/16/2025	NLACRC Employee	2025 -EWB - 04	4/17/2025	Allegation of improper conduct by staff to co-workers; failure to hold staff to account for their duties creating a negative work impact for co-workers	Complainant alleges: 1. Staff employee fails to complete assigned duties. 2. Supervisor fails to hold staff to account for poor performance. (Reported via USPS mail; confirmation of complaint provided via same method.)	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	Betsy Monahan, HR Director
5/19/2025	Family Member	2025 -EWB - 06	5/23/2025 via USPS mail	Lack of CSC contact or provision of services.	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	Betsy Monahan, HR Director
5/22/2025	NLACRC Employee	2025 -EWB - 05	5/22/2025	Allegations of the following:  1. Hiring Irregularities 2. Mishandled cybersecurity/Misaligned leadership 3. Suppression of internal feedback 4. Security/HIPAA violations 5. Workplace misconduct  Allegations above refer to/include reference to prior DDS-referred complaints (24-102803 and 24-110101)	Complainant alleges: 1. Hiring Irregularities 2. Mishandled cybersecurity/Misaligned leadership 3. Suppression of internal feedback 4. Security/HIPAA violations 5. Workplace misconduct  <i>Investigation tendered to outside counsel to assist with additional investigation.</i>	1. Hiring Irregularities <i>Previously addressed/adjudicated by NLACRC under complaints 24-102803 and 24-110101.</i> 2. Mishandled cybersecurity/Misaligned leadership <i>Previously addressed/adjudicated by NLACRC under complaints 24-102803 and 24-110101.</i> 3. Suppression of internal feedback <i>Insufficient to substantiate (investigated under 2025 - EWB -02)</i> 4. Security/HIPAA violations <i>Insufficient to substantiate (investigated under 2025 - EWB -02)</i> 5. Workplace misconduct <i>Insufficient to substantiate</i>	Closed Corrective actions enacted	6/27/2025	Betsy Monahan, HR Director



Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Allegation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
5/29/2025	Anonymous/Unknown	2025-SPWB-08	N/A	Staffing ratios not being met; Communication barriers between staff and participants; Participant in PIP is not being paid for hours worked.	Complainant alleges: 1. 1:1 Staffing ratio for a client is not being provided. 2. Some staff are not able to communicate in the participants preferred language. 3. A participant in PIP is not being paid for the full 2.5 hours due to family's fear of losing benefits.	Open	Open		Arshalous Garlanian, Community Services Director
6/9/2025	Anonymous/Unknown	2025-UWB-01	N/A	Unfair work practices; Staff not being treated fairly; Failure to report; Clients not being engaged; Clients Rights Violations.  Amended/re-opened from original complaint submitted 4/9/2025	Complainant alleges: 1. Physical abuse against clients by staff; 2. Program Director does not address or make reports of incidents; 3. Clients being treated unfairly & are not engaged in choosing activities; 4. Staff not treated fairly by program director; 5. Clients being asked to sign safety and emergency drill & not explain what they are signing .	Open	Open		Arshalous Garlanian, Community Services Director
6/14/2025	Community Member	2025-SPWB-09	6/24/2025	Unfair work practices; Staff not being treated fairly; Concerns with billing practices.	Complainant alleges: 1. Unprofessional and Retaliatory behavior by the facility manager (disregard for staff and resident well-being) 2. Potential violations of staff rights and responsibilities. 3. Fraudulent payroll practices (being required to work shifts without being allowed to clock in or receive proper compensation).	Open	Open		Arshalous Garlanian, Community Services Director
7/1/2025	Anonymous	DDS; 2025-UWB-02	N/A	Fradulent billing practices; Staff and consumer boundary concerns; Staffing not being provided; Clients Rights Violation	Complainant alleges: 1. Staff has been billing for services that are not provided to consumer and has been using fraudulent documentation (i.e., timesheets). 2. Consumer lives at staff's private residence in Chatsworth. 3. Consumer has not been receiving 24-hour supervision or care. 4. Staff has been neglecting and mistreating individual for the past 4 years.	Open	Open		Arshalous Garlanian, Community Services Director
7/2/2025	Community Member	2025-SPWB-10	TBA	Client's Rights Violation	Complainant alleges sexual abuse by licensed care staff.	Open	Open		Arshalous Garlanian, Community Services Director
7/9/2025	Community Member	2025-SPWB-11	TBA	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.	Open	Open		Arshalous Garlanian, Community Services Director
7/10/2025	Anonymous	2025-UWB-03	N/A	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.	Open	Open		Arshalous Garlanian, Community Services Director



	Time Period:	8/16/2025 - 9/15/2025									
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
7/1/2025	Anonymous/Unknown	DDS 25-063001; 2025-UWB-02	N/A	Service Provider - SLS (896)	Fradulent billing practices; Staff and consumer boundary concerns; Staffing not being provided; Clients Rights Violation	Complainant alleges: 1. Staff has been billing for services that are not provided to consumer and has been using fradulent documentation (i.e., timesheets). 2. Consumer lives at staff's private residence in Chatsworth. 3. Consumer has not been receiving 24-hour supervision or care. 4. Staff has been neglecting and mistreating individual for the past 4 years.	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; Receieved approval from DDS; Audit in progress</i>  2. Consumer lives at staff's private residence in Chatsworth - <i>Unsubstantiated</i>  3. Consumer has not been receiving 24-hour supervision or care - <i>Referred to accounting for audit; Receieved approval from DDS; Engagement letter sent to vendor</i>  4. Staff has been neglecting and mistreating A.C. for the past 4 years - <i>Unsubstantiated</i>	Closed Plan for Improvement 8/22/2025	8/22/2025	52	Venus Rodriguez-Khorasani Community Services Manager
7/9/2025	Community Member	DDS 25-070801; 2025-SPWB-11	TBA	Service Provider - ADC (510)	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.	Reopened 8/25/2025 NLACRC received additional information requiring additional follow-up	Open		Initial Complaint 64 days  Will reassess when investigation is again completed	Venus Rodriguez-Khorasani Community Services Manager
7/10/2025	Anonymous/Unknown	2025-UWB-03	N/A	Service Provider - Specizd Residential (113)	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	8/25/2025	63	Venus Rodriguez-Khorasani Community Services Manager
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.	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.	Pending Direction - Submitted Responses to DDS on 8/18/2025 , 09/02/2025, and 09/04/2025			Betsy Monahan HR Director



	Time Period:	8/16/2025 - 9/15/2025									
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
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
9/3/2025	Community Member	2025-SPWB-13	9/3/2025	Service Provider - Residential (915)	Unapproved behavioral restraint; Staff not cleared or associated by CCL; Licensee falsifies personnel records; Lack of supervision due to staff sleeping during NOC shift; Residents needs are not met.	Complainant alleges: 1. Staff chemically restrained a client. 2. Uncleared adults are working at the facility. 3. Licensee falsifies personnel records. 4. Residents are not adequately supervised due to staff sleeping during the overnight shift. 5. Licensee does not ensure that the needs of the residents in care are met.	Open CCL Lead	Open			Venus Rodriguez-Khorasani Community Services Manager
9/10/2025	Service Provider	2025-SPWB-12	9/10/2025	Service Provider - Residential (915)	Alleged Client Safety and Well-being Endangerment - Delayed Response Alleged Inaccurate Incident Reporting Alleged Insufficient Staffing and Inaccurate Staffing Reports	Complainant alleges: 1. Service Provider delayed medical emergency response for a served individual. 2. Service Provider did not accurately report the emergency incident details in their reporting. 3. Service Provider lacks the sufficient staffing required. 4. Service Provider is inaccurately reporting staffing levels.	Open	Open			Betsy Monahan HR Director





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

**1. NLACRC Spotlight:**

**A. Program & Agency Updates**

- i. NLACRC achieved a major milestone in reducing vacant caseloads across all three valleys.
- ii. Reduced vacant caseloads from a peak of 81 to 18 caseloads agency-wide, reflecting significant improvements in staffing stability and service coverage.

**B. DDS Intake Standardization Outreach**

- i. Per the Department of Developmental Disabilities' (DDS) request, NLACRC mailed 4,574 letters to families who recently participated in Early Start and/or the intake & eligibility determination process, inviting them to DDS feedback/listening sessions for the DDS Intake Standardization Project.
- ii. The rapid mailing was executed through coordinated efforts among Publications, IT, Intake, and Early Start to identify eligible families and meet a short turnaround.
- iii. DDS noted we were the first regional center to respond.

**2. Department Developmental Center (DDS) Updates:**

**A. Pending Day Program Billing Directive**

- i. DDS is reviewing how day programs bill for services, with discussions on moving toward daily billing instead of hourly billing.
- ii. Questions remain on how this change would work with Tailored Day Services and employment service options.

**B. Remote Services**

- i. Remote services are currently authorized through December 31, 2026.
- ii. DDS is gathering feedback from consumers, families, vendors, and advocacy groups on what is working and what is not.
- iii. DDS will provide recommendations to the Legislature in May 2026, after analyzing community feedback and usage data.

**C. Overtime for Regional Center-Funded Services**

- i. Federal rules that support overtime protections for In-Home Supportive Services (IHSS) and other caregiver services may be repealed.
- ii. Recent legislation (SB 156) extends overtime protections for IHSS workers but does not cover regional center-funded services like Supported Living Services (SLS) and respite.
- iii. DDS is continuing discussions with state leaders on how to protect overtime for these workers.

**D. Reporting Service Provider Use of Generative AI**

- i. DDS is creating a form for vendors to report on how they use generative AI tools.
- ii. Regional centers will review and approve or deny requests based on clear criteria.
- iii. AI use will not be approved for purposes like training large language models or marketing.
- iv. Guidance is expected soon on acceptable use, such as AI-assisted notetaking.

**3. Center Updates:**

**A. Recruitment:**

- i. Total # of positions filled: 896
  - 1. Total # of authorized positions: 1029
- ii. September New Hires
  - 1. 1<sup>st</sup> Cycle (9/8/2025): 7 confirmed
  - 2. 2<sup>nd</sup> Cycle (9/22/2025): 7 unconfirmed

**B. Consumer Statistics:**

- i. Total served: 40,442
  - 1. Early Start: 5,149
  - 2. Lanterman: 32,519
- ii. Breakdown of all three valleys:
  - 1. AV (Early Start & Lanterman): 23,805
  - 2. SCV (Early Start & Lanterman): 4,415
  - 3. SFV (Early Start & Lanterman): 9,448
- iii. Intake all three valleys: 1,153 & Early Start Intake: 279
- iv. All other categories not captured in Early Start, Lanterman, and Intake, such as Provisional, Enhanced, Specialized, and other which would total: 1,272

**4. Outreach:**

**A. NLACRC on Wheels – South Valley Health Center (AV) 9/2/25**

- i. NLACRC partnered with LA County Department of Health Services to bring our “North LA on Wheels” initiative to the Antelope Valley.
- ii. Families and adults served by NLACRC connected with outreach specialists to receive resources on upcoming events, including support groups and the Empowerment Expo.
- iii. Outreach staff also provided on-the-spot consultation for current cases and assisted new families with the NLACRC application process.
- iv. The South Valley Health Center serves all ages, allowing staff to engage both with parents of consumers and adult consumers directly.

**B. MEND Diaper & Food Distribution (SFV) 9/6/25**

- i. NLACRC partnered with Meet Each Need with Dignity (MEND) for their monthly Diaper and Food Distribution event in Pacoima.
- ii. Outreach staff tabled the event, shared resources on NLACRC, and promoted the upcoming Empowerment Expo at California State University, Northridge (CSUN).
- iii. Staff connected with parents of young children to share information about regional center eligibility and Early Start services.
- iv. The Pacoima location was central to many NLACRC families in the San Fernando Valley catchment area, making it a high-impact event for outreach.

**C. The Health Group – Family Fun Day (SFV) 9/13/25**

- i. NLACRC participated in The Help Group's Family Fun Day at their Sherman Oaks campus.
- ii. Outreach staff tabled the event and connected with many current families served by NLACRC.
- iii. Resources were shared on support groups, the Empowerment Expos, and Parent University.
- iv. The event featured an autism-friendly concert and interactive activities for families.
- v. Because the event was open to the general public, NLACRC was also able to share information with new families and community members unfamiliar with our services.

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

- A.** State Council on Developmental Disabilities next council meeting – November 18, 2025
- B.** Disability Rights California's next board meeting – November 21, 2025
- C.** Self-Determination Local Advisory Committee Meeting – November 20, 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		
Sharmila Brunjes	P	P												3.50
Juan Hernandez	P	P											0	3.50
Anna Hurst	P	P											0	3.50
Curtis Wang		P											0	3.00
Leticia Garcia	P	P											0	3.50

Meeting Time

0.5

3.00

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)