



North Los Angeles County Regional Center

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

MEMORANDUM

Date: March 26, 2026

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

From: Lindsay Granger, Executive Administrative Assistant

Re: Information for the next Executive Committee meeting on
Thursday, March 26, 2026, at 5:00 pm

.....

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

The meeting will be held remotely via Zoom.

Join Zoom Meeting

<https://us06web.zoom.us/j/89468010057?pwd=yzJAcgDcCa7VXibBMSVa7LzRaIQ1ni.1>

Meeting ID: 894 6801 0057

Passcode: 125392

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

Thank you!

c: Angela Pao-Johnson, Executive Director, Evelyn McOmie, Deputy Director, Vini Montague, Chief Financial Officer, Dr. Carlo DeAntonio, Clinical Services Director

Attachments

Executive Finance Committee Meeting

March 26, 2026

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EXECUTIVE FINANCE COMMITTEE

Thursday, March 26, 2026, 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 March 26, 2026, 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 the Minutes from the February 26, 2026, Executive Finance Committee Meeting
- VI. **Action Items**
 - A. Lindquist, Von Husen & Joyce Presentation on IRS Form 990 Tax Return – (20 min)
- VII. **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
 2. DDS FY23-24
 3. DDS FY24-25
 - E. Monthly Whistleblower Log for February 16, 2026 – March 15, 2026– Sheila King (3 min)
 - F. Strategic Plan Update – Angela Pao-Johnson (3 min)
 - G. ED Evaluation Workgroup Update – Lety Garcia (2 min)
 - H. Board Retreat/Calendar Workgroup Update – Sharmila Brunjes (1 min)
- VIII. **Center Operations** Angela Pao-Johnson (10 min)
- IX. **Announcements / Public Input/Information Items** (3 min per person)
 - A. Next meeting April 30, 2026 at 5:00 p.m.



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B. Committee Attendance

X. 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



North Los Angeles County Regional Center
Executive Finance Committee Meeting Minutes
February 26, 2026

Present: Board of Trustees President Sharmila Brunjes, Vice President Juan Hernandez, Board Treasurer Anna Hurst, Board Secretary Curtis Wang, Jacquie Colton, Jason Taketa, VAC Representative Jaklen Keshishyan – Committee Members

Executive Director Angela Pao-Johnson, Deputy Director Evelyn McOmie, Chief Financial Officer Vini Montague, Director of Clinical Services Dr. Carlo DeAntonio, Executive Administrative Assistant Lindsay Granger, Community Services Director Arshalous Garlanian, Sheila King, Controller Justice Agonoy – Staff Members

Guests: Charlotte Tay – Lindquist, Von Husen & Joyce, Thea Edolsa – Lindquist, Von Husen & Joyce, Diana Manipor – Lindquist, Von Husen & Joyce, Simone Khanna – Gallagher Insurance, Xochitl Gonzalez – DDS

Absent: ARCA Representative Lety Garcia

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. Sharmila Brunjes, Board President, reminded members to identify themselves prior to making a motion and reviewed the NLACRC Board of Trustees Civility Code.

2. **COMMITTEE MEMBER ATTENDANCE**

3. **AGENDA**

Absent objection the February 26, 2026 agenda was approved. Motion carried.

4. **PUBLIC INPUT – AGENDA ITEMS**

There was no public input regarding the agenda.

5. **CONSENT ITEMS**

A. Approval of Minutes of the January 29, 2026, Executive Finance Committee Meeting

Absent objection the minutes of the January 29, 2026 meeting were approved. Motion carried.

6. **ACTION ITEMS**

6.1 **Lindquist, Von Husen & Joyce Presentation of NLACRC FY2024-25 Audited Financial Statements**

Charlotte Tay of Lindquist, Von Husen & Joyce presented the FY 2024–2025 audit results for the fiscal year ended June 30, 2025. Charlotte Tay introduced the audit team and noted that Charlotte Tay and

Diana Manipor would lead the presentation due to illness affecting other team members. Charlotte Tay reviewed the agenda, including required auditor communications, financial statement highlights, internal control testing, compliance testing, management letter comments, and audit finalization steps.

Charlotte Tay explained that the audit was conducted in accordance with generally accepted auditing standards, government auditing standards, and Uniform Guidance due to NLACRC's state and federal funding, including approximately \$1.6 million in Part C funding. Charlotte Tay clarified that management is responsible for the financial statements, while the auditors evaluate accounting policies, estimates, and disclosures and issue audit opinions.

Charlotte Tay outlined key audit risks, including revenue recognition, expense recognition, and compliance with grant and regulatory requirements. Charlotte Tay reported that the audit required significant reconciliation between NLACRC and DDS balances, and that 18 journal entries were submitted after the initial trial balance, including both adjusting and reclassification entries. Charlotte Tay explained that many of these entries were related to ensuring transactions were recorded in the correct fiscal period across the three-year open trial balance.

Anna Hurst, Board Treasurer, asked whether the reconciliation challenges were related to state rate adjustments and whether similar issues were observed across other regional centers. Charlotte Tay responded that the total funding had been recorded; however, adjustments were required to ensure funding was recorded in the correct fiscal year. Charlotte Tay explained that the reconciliation effort primarily involved assigning funding appropriately across fiscal years 2023, 2024, and 2025 to align with DDS balances, rather than issues caused directly by rate adjustments.

Charlotte Tay also explained standard audit adjustments, including accrual entries to convert from cash to accrual accounting, entries for right-of-use lease assets and liabilities, and an immaterial lease-related adjustment that management elected not to record. Charlotte Tay confirmed there were no disagreements with management, no consultation with other accountants, and no significant issues requiring formal reporting. Charlotte Tay noted that management demonstrated strong effort in addressing reconciliation items.

Charlotte Tay asked whether any committee members were aware of alleged or actual fraudulent activity, and no such concerns were identified.

Charlotte Tay reported that the audit resulted in an unmodified (clean) opinion on the financial statements, as well as an unmodified opinion on the Uniform Guidance report related to Part C funding.

Diana Manipor reviewed the financial statement highlights, noting a \$19 million increase in total assets primarily driven by a \$27 million increase in state contract funding. Diana Manipor also noted changes related to actuarial valuations, receivables, prepaid expenses, and lease asset amortization. Charlotte Tay added that decreases in right-of-use assets and liabilities are expected annually.

Diana Manipor reported that total liabilities increased, primarily due to a \$31 million increase in accounts payable driven by higher expenses, rate increases, and increased consumer count. Diana Manipor further noted that total support and revenue increased by \$220 million to approximately \$1.1 billion, and total expenses increased by \$222 million, reflecting growth in services, workforce costs, and a 15% cost-of-living adjustment.

Diana Manipor reported that internal control testing showed controls were properly designed and implemented across key processes, including financial reporting, cash handling, payroll, and claims. Testing of 40 samples for each of cash disbursements, cash receipts, and payroll resulted in no findings.

Diana Manipor reported that compliance testing for Part C funding and other areas found no material issues. Diana Manipor noted that 5 Targeted Case Management units out of over 2,100 reviewed appeared questionable due to administrative activity descriptions, and 14 of 40 sampled consumers were

missing DS 2200 Freedom of Choice forms, likely due to older records not being scanned. Diana Manipor confirmed that these items were not material and that there were no reportable instances of noncompliance and no material weaknesses.

Diana Manipor reviewed the status of prior year findings, explaining that the previous issue involving \$9.6 million in undeposited DDS checks and unrecorded offsets had been resolved. Diana Manipor reported that only \$587,000 in undeposited checks were identified this year, attributable to normal timing differences at year-end. Charlotte Tay emphasized that the prior year finding has been fully resolved and that this is reflected in the current audit results.

Diana Manipor presented recommendations to improve timeliness and completeness of financial reporting, including more frequent reconciliation with DDS throughout the year. Charlotte Tay added that other regional centers perform monthly or quarterly reconciliations and encouraged similar practices to reduce audit adjustments.

Chief Financial Officer, Vini Montague, responded that reconciliation with DDS is already part of internal processes and explained that significant time was required this year to address prior findings, system limitations, staffing changes, and DDS-related complexities. Vini Montague noted that some DDS records required clarification and that system limitations made certain adjustments difficult to process. Vini Montague expressed confidence that most issues have now been resolved and that future audits will be more streamlined.

Charlotte Tay acknowledged the efforts of Controller Justice Agonoy, highlighting strong communication, ownership, and responsiveness throughout the audit. Justice Agonoy shared that updated procedures and systems have been implemented and that the team prioritized resolving prior findings, with plans to maintain improvements through ongoing monthly reconciliation.

Charlotte Tay reviewed final steps, stating that following Board approval, the audit will be finalized after completion of subsequent event review, DDS-related updates, and execution of the management representation letter. Charlotte Tay noted that the audit is near completion.

Sharmila Brunjes expressed appreciation to the auditors and NLACRC finance team, recognizing the significant effort required to address prior challenges and improve processes.

On a motion made by Anna Hurst, seconded by Board Vice President, Juan Hernandez, it was resolved to approve and send the audit report to the full board for presentation and approval. Motion carried.

ACTION: Board Support will add this to the March Board of Trustees meeting agenda for approval.

6.2 Approval of Report on Personnel Classifications, Effective January 12, 2026

6.3 Approval of Report on Personnel Classifications, Effective February 23, 2026

Sharmila Brunjes introduced action items related to personnel classification reports and proposed deferring items B, Approval of Report on Personnel Classifications, Effective January 12, 2026, and C, Approval of Report on Personnel Classifications, Effective February 23, 2026. Sheila King explained that the personnel classification reports effective January 2026 and February 2026 are still in progress, as staff are compiling and reviewing the reports to ensure accuracy before presenting them for approval. Sheila King indicated that the reports are anticipated to be ready for the next Board meeting.

Absent objection action items B and C were deferred to a later date. Motion carried.

6.4 Approval of Updated Report on Personnel Classifications, Effective February 23, 2026

Sheila King presented an update to the personnel classification report effective February 26, 2025. Sheila King explained that the revision reflects a distinction in starting salaries between the Consumer Services Supervisor with a bachelor's degree and the Consumer Services Supervisor with a master's degree, with the bachelor's-level position starting at a slightly lower salary.

On a motion made by Anna Hurst, seconded by Juan Hernandez, it was resolved to approve and move the Updated Report on Personnel Classifications, Effective February 26, 2025 to the full board for approval. Motion carried.

ACTION: Board Support will include this on the March Board of Trustees meeting agenda.

6.5 Approval of Updated Report on Personnel Classifications, Effective March 10, 2025

Sheila King presented an update to the personnel classification report effective March 10, 2025, noting that the same revision applies regarding differentiated starting salaries for Consumer Services Supervisor positions based on degree level.

On a motion made by Anna Hurst, seconded by Juan Hernandez, it was resolved to approve and move the Updated Report on Personnel Classifications, Effective March 10, 2025 to the full board for approval. Motion carried.

7. COMMITTEE BUSINESS

7.1 Review of Insurance FY2026-2027

Sharmila Brunjes introduced the insurance review for FY 2026–2027. Simone Khanna from Gallagher Insurance presented an overview of NLACRC's insurance coverage and market conditions.

Simone Khanna explained that the presentation included a recap of prior renewals, noting that NLACRC has two renewal cycles annually (July 1 and January 1 for workers' compensation). Simone Khanna provided context on recent market changes, including the withdrawal of the Nonprofit Insurance Alliance of California from much of the nonprofit insurance space, which initially prompted exploration of a self-insured group model for regional centers. Simone Khanna reported that this option was not pursued, as many regional centers were able to secure lower premiums through the open market.

Simone Khanna shared that additional insurance carriers have since entered the regional center market, including The Hartford, resulting in generally favorable renewal outcomes. Some premium increases were noted in specific areas, primarily due to loss experience.

Simone Khanna highlighted that workers' compensation costs have increased due to both rising statewide rates and NLACRC's loss experience. Simone Khanna reported that NLACRC currently has a loss ratio of approximately 55%, compared to a preferred benchmark of under 40%, and noted that this trend is consistent with other large nonprofits, particularly due to increased claims following the pandemic, including mental stress-related claims. Simone Khanna stated that additional loss control measures are being implemented to help address these trends.

Simone Khanna also addressed a question regarding earthquake insurance coverage related to a lease renewal. Simone Khanna explained that Gallagher conducts seismic modeling annually to assess risk over a 500-year period and ensure adequate coverage levels.

No further questions were raised.

7.2 DDS Contract Update

Vini Montague presented updates to the DDS contract, noting that revised language was received on January 21, 2026. Vini Montague explained that the primary change relates to compliance with the Public Records Act effective January 1, 2026. The updated language requires regional centers to de-identify confidential protected health information (PHI) in accordance with HIPAA and to apply, at a minimum, DDS data de-identification guidelines when releasing data to the public.

Vini Montague explained that DDS implemented this change to standardize how all 21 regional centers respond to Public Records Act requests. Vini Montague noted that this ensures consistency between DDS and regional centers and prevents situations where different versions of the same data could be released due to varying de-identification methods. Vini Montague added that the same requirement is also reflected in the contract appendix. No questions were raised.

7.3 Financial Reports

Vini Montague presented the financial report for the December 2025 service month. Vini Montague reported a total B3 allocation of approximately \$1.358 billion, with monthly expenditures of \$107.4 million and year-to-date expenditures of \$627.9 million. Projected total expenditures for the fiscal year are approximately \$1.4 billion, resulting in a projected purchase of services (POS) deficit of \$69.2 million. Vini Montague noted that a recently received B4 allocation of approximately \$56–57 million will partially offset the projected deficit.

Vini Montague also reported that administrative expenditures are being closely monitored to remain within the 15% cap, with current administrative spending at 10.4% year-to-date, which remains within compliance.

Anna Hurst asked whether NLACRC is expected to draw on its line of credit. Vini Montague clarified that the reported allocation reflects budget authority rather than cash flow and explained that cash availability depends on the timing of DDS reimbursements. Vini Montague stated that DDS typically reimburses 100% of submitted claims in the following month; however, DDS has indicated plans to offset 50% of payments in May and June against the initial cash advance provided at the beginning of the fiscal year. Vini Montague explained that this means NLACRC would receive only 50% of expected cash payments during those months, with the remaining portion applied as an offset rather than cash.

Vini Montague stated that, based on current projections, NLACRC may need to draw on its line of credit in June if DDS proceeds with the 50% offset and does not provide additional cash payments. Vini Montague further explained that DDS is aware of this issue across regional centers and has requested cash flow projections from all 21 regional centers to evaluate whether adjustments can be made to reimbursement levels.

Vini Montague explained that the potential need to draw on a line of credit is driven by the pace of expenditures exceeding initial allocation assumptions, as well as increasing service demand. Anna Hurst noted that ongoing consumer growth and recent rate implementations may continue to make projections more difficult for the state to anticipate. Vini Montague agreed and added that rate implementation has introduced additional complexity in forecasting expenditures across regional centers.

Vini Montague stated that an updated cash flow outlook and any DDS adjustments will be shared at the March Finance Committee meeting.

No additional questions were raised.

7.4 Admin vs. Direct Allocation Report

Vini Montague confirmed that the Administrative vs. Direct Allocation Report was presented, noting that administrative expenditures remain below the 15% cap. Current administrative spending is within compliance.

7.5 Outstanding Authorizations Report

Vini Montague presented the Outstanding Authorization Issues Report for January. Vini Montague reported that 21 vendors with escalated issues were added during the month, totaling 38 authorizations. During the same period, 14 vendor issues (14 authorizations) were resolved. As of month-end, there were 61 vendors with escalated issues and 134 outstanding authorizations.

Vini Montague explained that the increase in reported issues is primarily due to a change in methodology, specifically lowering the threshold for inclusion on the report to improve tracking and support for service providers.

Anna Hurst asked whether vendors are experiencing improved support despite the higher number of reported issues. Jaklen Keshishyan responded that there has been noticeable improvement in responsiveness and support, and that lowering the threshold allows for better tracking and proactive resolution of issues.

Vini Montague shared that additional improvements are underway, including the development of a customer support team and implementation of a help ticketing system to replace spreadsheet tracking. Vini Montague noted that this will improve visibility, coordination across departments, and communication with service providers.

Jaklen Keshishyan expressed appreciation for the team's efforts and specifically acknowledged Justice Agonoy's contributions.

Sharmila Brunjes requested that future reports include a comparison of the previous and current thresholds for additional context.

7.6 Review ARCA PEP Statewide Report (Deferred)

This item was deferred.

Vini Montague explained that the ARCA Purchase of Services Expenditures Projection (PEP) statewide report was deferred. Vini Montague noted that DDS postponed the submission deadline for the PEP report, which is typically due December 10. Because the statewide data has not yet been submitted or compiled, the ARCA PEP report is not currently available for review.

7.7 Quarterly Fees for PRMT and UAL

- a. **2nd Quarter PRMT Fees Report**
- b. **2nd Quarter CalPERS UAL Fees Report**

Vini Montague presented the quarterly fee reports for the Post-Retirement Medical Trust (PRMT) account and the unfunded liability account. Vini Montague reported that PRMT fees for the first and second quarters totaled approximately \$102,000 and noted that the increase in fees reflects growth in asset value, which is a positive indicator of fund performance.

Vini Montague also reported that fees for the unfunded liability account totaled \$27,207 for the first and second quarters, reflecting a lower asset base in that account. Additional details on fee breakdowns were included in the report.

7.8 Audits Update

- a. **CalPERS**

Vini Montague provided an audit update, stating that there are no new substantive updates at this time. Vini Montague reported that NLACRC is continuing to work with CalPERS to resolve one remaining audit finding related to the implementation of a longevity adjustment included in the union contract.

Vini Montague explained that the issue involves logistical and coordination challenges with CalPERS, which have made the resolution process more complex and time-consuming. Vini Montague noted that the matter remains in progress and will be addressed once the necessary coordination and technical adjustments are completed.

No questions were raised.

7.9 Semi-Annual Reporting of CIE/PIP

Arshalous Garlanian presented the semi-annual employment report for FY 2026, Quarter 2 (October 1 – December 31), covering Competitive Integrated Employment (CIE) and the Paid Internship Program.

For CIE, Arshalous Garlanian explained that incentive payments are provided to service providers when individuals maintain employment for 30 days, 6 months, and 12 months. Year-to-date, outcomes include 7 individuals at 30 days, 5 at 6 months, and 4 at 12 months. Arshalous Garlanian noted that these figures are based on provider submissions and are expected to increase in future quarters as additional data is reported.

For the Paid Internship Program, Arshalous Garlanian reported 88 new authorizations in Quarter 2, contributing to a total of 609 authorizations year-to-date, including carryover from prior periods. Arshalous Garlanian noted that this reflects growth compared to the prior year and indicates the program is trending upward.

Arshalous Garlanian further reported that 330 authorizations were paid in Quarter 2, with 439 paid year-to-date, representing unduplicated individuals participating in paid internships. Financially, approximately \$1.85 million has been paid year-to-date in reimbursements. Arshalous Garlanian noted an increase in average reimbursement amounts, reflecting higher wages for participants, aligned with minimum wage or higher.

No questions were raised. Sharmila Brunjes expressed appreciation for the upward trend in participation and program growth.

7.10 Monthly Whistleblower Log for January 16, 2026-February 15, 2026

Sheila King provided a brief update on the whistleblower report for the period of January 16 through February 15. A total of 26 items were reported, of which 10 have been closed.

Sheila King noted that the majority of reports (21) involved service providers, with the remaining 5 related to non-service providers.

No questions were raised.

7.11 Strategic Plan Update

Executive Director, Angela Pao-Johnson, provided an update on the strategic planning process. Angela Pao-Johnson reported that three staff kickoff meetings have been completed and that KH Consulting Group conducted approximately 85 interviews with internal and external stakeholders to inform a SWOT analysis.

Angela Pao-Johnson explained that internal input included staff who participated in kickoff meetings, anonymous surveys (approximately 50 staff respondents), and management across departments. External stakeholders included members of ARCA, the Board of Trustees, Vendor Advisory Committee (VAC), Consumer Advisory Committee (CAC), and the Self-Determination Program (SDP) Local Advisory Committee. Angela Pao-Johnson noted that additional materials reviewed included the performance contract, prior strategic plan, and employee satisfaction survey.

Angela Pao-Johnson summarized key SWOT themes. Identified strengths include being a mission-driven organization with strong compliance practices. Weaknesses include staff burnout related to understaffing and inconsistencies in practices. Opportunities include standardization and increased leadership transparency. Threats include funding constraints, IT limitations, and bureaucratic challenges.

Angela Pao-Johnson outlined next steps, including a strategy lab with approximately 39 participants representing various departments and levels of the organization, facilitated by KH Consulting. Angela Pao-Johnson noted that this process will focus on reexamining mission, vision, and values and fostering organizational alignment. Additional surveys will be distributed to staff and external stakeholders to gather further input.

No questions were raised.

7.12 ED Evaluation Workgroup Update

Sharmila Brunjes noted that Lety Garcia, ARCA Delegate, was not present to provide a full update on the Executive Director Evaluation Workgroup. Sharmila Brunjes provided a brief update, stating that there is still an opportunity for Board members to sign up and participate in the workgroup.

Sharmila Brunjes shared that the group is currently in the process of determining the evaluation components. Sharmila Brunjes encouraged interested Board members to email Board Support to join and participate in upcoming meetings.

7.13 Upcoming Workgroups

Sharmila Brunjes shared plans to establish a general Board workgroup, with the primary focus on planning the May Board retreat. Sharmila Brunjes noted that the workgroup will also review additional areas, including the Board meeting schedule for FY 2026–27, Board-related expenses (such as tools and resources), and the performance of the Board coach.

Sharmila Brunjes stated that the workgroup may also consider coordination of events with the Vendor Advisory Committee (VAC) and Consumer Advisory Committee (CAC). Sharmila Brunjes emphasized the importance of launching the workgroup promptly to allow sufficient time for information gathering and thoughtful decision-making.

Sharmila Brunjes expressed concern regarding the timeline and progress of the Board coaching contract with Leading Resources, noting that the contract began in December and ends in June, with implementation only recently underway.

Sharmila Brunjes encouraged Board member participation and shared that surveys will be distributed to gather input and support the workgroup's efforts.

7.14 Real Estate Negotiation Update

Vini Montague reported that the lease amendment for the Oakdale office has been fully executed. Vini Montague expressed appreciation to the Board for their support throughout the process, including participation in site visits.

8. CLOSED SESSION

Sharmila Brunjes stated that the closed session was no longer necessary due to the completion of the lease execution. Sharmila Brunjes asked if there were any objections to removing the closed session from the agenda. No objections were raised, and the closed session was removed.

9. CENTER OPERATIONS

Angela Pao-Johnson provided a Center Operations update, beginning with highlights from the Organizational Insights Forums held quarterly across all office locations. Angela Pao-Johnson reported that these forums, initiated in November 2024, continue to be well received and serve as an opportunity for leadership to share updates on community, DDS, and organizational matters. Staff feedback rated transparency and communication at 4 out of 5. Angela Pao-Johnson shared that staff voiced concerns regarding burnout related to ongoing understaffing and growth, while also recognizing progress in reducing caseload ratios, increasing standardization across practices, and implementing recommendations from employee workgroups. Angela Pao-Johnson noted that while improvements are underway, staffing challenges persist and change is not occurring as quickly as desired.

Angela Pao-Johnson provided DDS updates, including the development of a centralized statewide grievance data system that will consolidate processes such as complaints, appeals, and whistleblower reports. Angela Pao-Johnson stated that the system is expected to be operational internally in March–April, followed by approximately two months of training, with full rollout anticipated on July 1. Angela Pao-Johnson also noted proposed federal HIPAA changes that may strengthen privacy and security requirements as early as May 2026. DDS is currently assessing the operational impact on regional centers and service providers and will provide further guidance.

Angela Pao-Johnson shared updates on the Quality Incentive Program (QIP), noting that key deadlines are approaching. Providers must complete required audits, register for electronic visit verification (EVV) where applicable, and demonstrate compliance with Home and Community-Based Services (HCBS) final rule requirements. Angela Pao-Johnson stated that DDS will issue simplified guidance and provide regional centers with lists of providers who have not yet met requirements to support targeted outreach.

Angela Pao-Johnson provided Self-Determination Program (SDP) updates, including proposed changes that would designate the State Council on Developmental Disabilities as the sole provider of SDP orientations. Angela Pao-Johnson noted that a 45-day public comment period is underway. Additional proposed changes to Financial Management Services are under review, with a compliance timeline extending to March 2027, aimed at improving statewide consistency, oversight, and quality.

Angela Pao-Johnson highlighted ARCA advocacy efforts, noting participation in upcoming legislative visits with Board members Juan Hernandez and Jeremy to advocate for key priorities. These include workforce development initiatives creating career pathways for youth caregivers, Medi-Cal dental billing reforms to allow reimbursement for desensitization visits, recognition of the 60th anniversary of regional centers, and efforts to modernize and stabilize regional center funding formulas, including updates to outdated staffing models and continued rate reform.

Angela Pao-Johnson reported that NLACRC currently has 947 filled staff positions and serves approximately 41,400 individuals, reflecting continued organizational growth.

Angela Pao-Johnson also highlighted outreach efforts, including participation in a Native Wellness Education event in Palmdale hosted in partnership with United American Indian Involvement and the Department of Mental Health. Approximately 120 individuals and families were served, and outreach focused on increasing awareness of services within tribal communities. Angela Pao-Johnson emphasized NLACRC's ongoing commitment to inclusive community engagement and encouraged Board participation in upcoming outreach events.

No questions were raised.

10. BOARD MEETING AGENDA ITEMS/ACTION ITEMS

- Board Support will add the Lindquist, Von Husen & Joyce Presentation of NLACRC FY2024-25 Audited Financial Statement to the March board meeting agenda for full board approval.
- Board support will add
- Board Support will add the updated report on personnel classifications effective February, 26, 2025 and the updated report on personnel classifications, effective March 10, 2025 to the Board of Trustees agenda.
- Vini Montague will provide an updated cash flow outlook and DDS response at the next EFC meeting.
- Vini Montague will include a comparison of previous vs. current thresholds in future reports.
- Board support will initiate the formation of the general board workgroup
- Board support will distribute surveys to gather input for workgroup discussions

11. ANNOUNCEMENTS / PUBLIC INPUT / INFORMATION ITEMS

There was no public input.

12. NEXT MEETING

The next meeting of the Executive Finance Committee will be March 26, 2025 at 5:00 p.m.

13. ADJOURNMENT

Absent objection, it was agreed that there was no further business to transact; the meeting adjourned at 6:55 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—Board Relations Liaison

**NORTH LOS ANGELES COUNTY REGIONAL CENTER
FINANCIAL REPORT-MONTHLY RECAP
FISCAL YEAR 2025-2026
JANUARY 2026**

BUDGET CATEGORY	Annual B-4 Allocation	Month Exp	Y-T-D Expenditures	Projected Annual Expenditures	Projected Annual Surplus/(Deficit)	Percent Under(Over) Budget
Operations						
Salaries & Benefits	\$97,814,561	\$8,647,912	\$49,818,794	\$97,814,561	\$0	0.00%
Operating Expenses	\$18,344,539	\$1,081,761	\$8,791,512	\$18,344,539	\$0	0.00%
Subtotal OPS General	\$116,159,099	\$9,729,673	\$58,610,306	\$116,159,099	\$0	0.00%
Salaries & Benefits - CPP Regular	\$575,350	\$104,190	\$611,078	\$575,350	\$0	0.00%
Operating Expenses - CPP Regular	\$0	\$0	\$0	\$0	\$0	0.00%
Subtotal OPS CPP Regular	\$575,350	\$104,190	\$611,078	\$575,350	\$0	0.00%
Salaries & Benefits - DC Closure/Ongoing Workload	\$422,280	\$57,308	\$360,642	\$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	\$57,308	\$360,642	\$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	\$26,795	\$516,864	\$1,085,375	\$0	0.00%
Subtotal OPS Projects	\$1,440,431	\$26,795	\$516,864	\$1,440,431	\$0	0.00%
Total Operations:	\$118,597,160	\$9,917,966	\$60,098,890	\$118,597,160	\$0	0.00%
Purchase of Services						
Purchase of Services ("POS") (General, HCBS & ICF/SPA)	\$1,298,093,877	\$108,244,315	\$685,770,419	\$1,309,620,238	(\$11,526,361)	-0.89%
CPP Regular and DC Closure/Ongoing Workload	\$110,000	\$54,444	\$318,968	\$110,000	\$0	0.00%
Total Purchase of Services:	\$1,298,203,877	\$108,298,759	\$686,089,386	\$1,309,730,238	(\$11,526,361)	-0.89%
Total NLACRC Budget:	\$1,416,801,037	\$118,216,725	\$746,188,277	\$1,428,327,398	(\$11,526,361)	-0.81%

**NORTH LOS ANGELES COUNTY REGIONAL CENTER
FISCAL YEAR 2025-2026
JANUARY 2026**

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	\$0
B-4 from DDS for OPS, Projects, and CRDP/CPP	\$0
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	\$0
B-4 from DDS for POS-CRDP/CPP/HCBSW	\$58,562,546
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	\$1,399,429,181
Projected Revenue	1,121,856
Subtotal - Projected Revenue Operations	\$1,121,856
Projected ICF/SPA Transportation/Day Program Revenue	\$16,250,000
Subtotal - Projected Revenue Purchase of Services	\$16,250,000
Total Budget	\$1,416,801,037

OPERATIONS BUDGET SOURCES FISCAL YEAR 2025-2026	
GENERAL OPERATIONS (Excludes Projects, CPP Regular, CRDP/CPP)	
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	\$0
B-4, OPS Allocation	\$0
B-5, OPS Allocation	
B-6, OPS Allocation	
Total General OPS	115,037,243
Projected Interest Income	\$586,096
Projected Other Income	\$385,760
Projected ICF/SPA Admin Fee	\$150,000
Total Other Revenue	\$1,121,856
TOTAL GENERAL OPS	\$116,159,099
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	\$118,597,160

PURCHASE OF SERVICES (POS) BUDGET SOURCES FISCAL YEAR 2025-2026	
POS (CPP-POS Regular, CRDP/CPP)	
B-1 (Preliminary) POS	\$961,763,421
B-2, POS Allocation	\$261,627,910
B-3, POS Allocation	\$0
B-4, POS Allocation	\$58,562,546
B-5, POS Allocation	
Total General POS Allocation	\$1,281,953,877
ADD:	
Projected ICF SPA Revenue	\$16,250,000
Total Budget, General POS	\$1,298,203,877

**NORTH LOS ANGELES COUNTY REGIONAL CENTER
CONSOLIDATED LINE ITEM REPORT
FISCAL YEAR 2025-2026
JANUARY 2026**

	0 Annual B-4 Allocation	Net Month	Expended Y-T-D	Projected Remaining Expenses	Proj Annual Expenses	Projected Surplus/ (Deficit)
PURCHASE OF SERVICE						
POS (General)						
3.2 Out of Home	216,124,696	18,678,519	114,892,127	207,828,793	218,065,791	(1,941,094)
4.3 Day Programs	131,023,976	8,170,062	62,364,915	155,768,685	132,211,690	(1,187,714)
4.3 Habilitation Programs	7,005,242	475,768	3,976,093	7,694,246	7,048,890	(43,648)
5.4 Transportation	46,312,435	3,705,119	25,454,720	48,929,183	46,700,656	(388,221)
6.5 Other Services	896,800,736	77,214,847	479,082,563	740,078,130	904,766,419	(7,965,683)
Total POS (General):	1,297,267,085	108,244,315	685,770,419	1,160,299,037	1,308,793,446	(11,526,361)
CRDP & CPP						
CRDP & CPP Placements	100,000	54,444	318,968	(218,968)	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	54,444	318,968	(208,968)	110,000	0
HCBS Compliance Funding	826,792	0	0	826,792	826,792	0
Total HCBS:	826,792	0	0	826,792	826,792	0
Total Purchase of Service:	1,298,203,877	108,298,759	686,089,386	1,160,916,862	1,309,730,238	(11,526,361)
OPERATIONS						
25010 Salaries/Benefits	98,212,191	8,774,320	50,474,759	47,737,431	98,212,191	0
25010 Tuition Reimbursement Program	0	0	0	0	0	0
25020 Temporary Staffing Agencies	600,000	35,090	315,755	284,245	600,000	0
25020 PRMT & CalPERS UAL Deposits	0	0	0	0	0	0
Total Salaries/Benefits:	98,812,191	8,809,410	50,790,514	48,021,676	98,812,191	0
OPERATING EXPENSE						
30010 Equipment Rental	205,204	13,874	94,248	110,956	205,204	0
30020 Equipment Maint	104,309	0	16,007	88,303	104,309	0
30030 Facility Rent	7,438,869	632,622	4,934,300	2,504,570	7,438,869	0
30040 Facility Maint. AV	62,691	4,780	17,268	45,423	62,691	0
30041 Facility Maint. SFV	304,453	15,268	48,266	256,187	304,453	0
30042 Facility Maint. SCV	72,085	2,397	28,549	43,535	72,085	0
30050 Communication	959,184	34,760	611,390	347,795	959,184	0
30060 General Office Exp	444,000	21,808	174,096	269,904	444,000	0
30070 Printing	63,500	0	30,123	33,377	63,500	0
30080 Insurance	967,221	0	917,221	50,000	967,221	0
30090 Utilities	156,430	241	67,879	88,551	156,430	0
30100 Data Processing	320,417	232	136,235	184,182	320,417	0
30110 Data Proc. Maint	89,238	3,650	42,920	46,319	89,238	0
30120 Interest Expense	68,556	1,417	12,790	55,766	68,556	0
30130 Bank Fees	252,004	114,561	130,085	121,919	252,004	0
30140 Legal Fees	801,000	26,384	81,961	719,039	801,000	0
30150 Board of Trustees Exp	301,174	4,766	46,105	255,069	301,174	0
30151 ARCA Dues	174,000	0	0	174,000	174,000	0
30160 Accounting Fees	109,050	4,122	4,733	104,317	109,050	0
30170 Equipment Purchases	2,746,789	22,824	566,282	2,180,507	2,746,789	0
30180 Contr/Consult-Adm	563,048	68,878	162,427	400,621	563,048	0
30220 Mileage/Travel	476,810	53,422	299,276	177,534	476,810	0
30240 General Expenses	1,664,506	55,757	369,352	1,295,154	1,664,506	0
30240 ABX2-1	0	0	0	0	0	0
Total Operating Expenses:	18,344,539	1,081,761	8,791,512	9,553,027	18,344,539	0
Total Operations:	117,156,729	9,891,171	59,582,026	57,574,703	117,156,729	0
Total Gross Budget :	1,415,360,606	118,189,929	745,671,412	1,218,491,565	1,426,886,967	(11,526,361)
OPS Projects:	1,440,431	26,795	516,864	923,567	1,440,431	0
Total Gross Budget with Projects:	1,416,801,037	118,216,725	746,188,277	1,219,415,132	1,428,327,398	(11,526,361)

NORTH LOS ANGELES COUNTY REGIONAL CENTER
GENERAL OPERATIONS (OPS) and PURCHASE OF SERVICES (POS) LINE ITEM REPORT
FISCAL YEAR 2025-2026
JANUARY 2026

	-					
	Annual	Net	Expended	Projected	Projected	Projected
	B-4 Allocation	Month	Y-T-D	Remaining	Annual	Surplus /
				Expenses	Expenses	(Deficit)
PURCHASE OF SERVICE						
POS (General)						
3.2 Out of Home	216,124,696	18,678,519	114,892,127	207,828,793	218,065,791	(1,941,094)
4.3 Day Programs	131,023,976	8,170,062	62,364,915	155,768,685	132,211,690	(1,187,714)
4.3 Habilitation Programs	7,005,242	475,768	3,976,093	7,694,246	7,048,890	(43,648)
5.4 Transportation	46,312,435	3,705,119	25,454,720	48,929,183	46,700,656	(388,221)
6.5 Other Services	896,800,736	77,214,847	479,082,563	740,078,130	904,766,419	(7,965,683)
Total POS (General):	1,297,267,085	108,244,315	685,770,419	1,160,299,037	1,308,793,446	(11,526,361)
OPERATIONS						
25010 Salaries/Benefits	97,214,561	8,612,822	49,503,039	47,711,522	97,214,561	-
25010 Tuition Reimbursement Program	-	-	-	-	-	-
25020 Temporary Staffing Agencies	600,000	35,090	315,755	284,245	600,000	-
25020 PRMT & CalPERS UAL Deposits	-	-	-	-	-	-
Total Salaries:	97,814,561	8,647,912	49,818,794	47,995,767	97,814,561	-
OPERATING EXPENSE						
30010 Equipment Rental	205,204	13,874	94,248	110,956	205,204	-
30020 Equipment Maint	104,309	-	16,007	88,303	104,309	-
30030 Facility Rental	7,438,869	632,622	4,934,300	2,504,570	7,438,869	-
30040 Facility Maint. AV	62,691	4,780	17,268	45,423	62,691	-
30041 Facility Maint. SFV	304,453	15,268	48,266	256,187	304,453	-
30042 Facility Maint. SCV	72,085	2,397	28,549	43,535	72,085	-
30050 Communication	959,184	34,760	611,390	347,795	959,184	-
30060 General Office Exp	444,000	21,808	174,096	269,904	444,000	-
30070 Printing	63,500	-	30,123	33,377	63,500	-
30080 Insurance	967,221	-	917,221	50,000	967,221	-
30090 Utilities	156,430	241	67,879	88,551	156,430	-
30100 Data Processing	320,417	232	136,235	184,182	320,417	-
30110 Data Proc. Maint	89,238	3,650	42,920	46,319	89,238	-
30120 Interest Expense	68,556	1,417	12,790	55,766	68,556	-
30130 Bank Fees	252,004	114,561	130,085	121,919	252,004	-
30140 Legal Fees	801,000	26,384	81,961	719,039	801,000	-
30150 Board of Trustees Exp	301,174	4,766	46,105	255,069	301,174	-
30151 ARCA Dues	174,000	-	-	174,000	174,000	-
30160 Accounting Fees	109,050	4,122	4,733	104,317	109,050	-
30170 Equipment Purchases & Software	2,746,789	22,824	566,282	2,180,507	2,746,789	-
30180 Contr/Consult	563,048	68,878	162,427	400,621	563,048	-
30220 Mileage/Travel	476,810	53,422	299,276	177,534	476,810	-
30240 General Expenses	1,664,506	55,757	369,352	1,295,154	1,664,506	-
30240 ABX2-1 Admin	-	-	-	-	-	-
Total Operating Expenses:	18,344,539	1,081,761	8,791,512	9,553,027	18,344,539	-
Total Operations:	116,159,099	9,729,673	58,610,306	57,548,794	116,159,099	-
Gross Budget:	1,413,426,184	117,973,987	744,380,724	1,217,847,831	1,424,952,545	(11,526,361)
% of Budget:	100%	8.34%	52.63%	86.11%	100.76%	-0.82%

NORTH LOS ANGELES COUNTY REGIONAL CENTER
Community Resource Development Plan ("CRDP") & Community Placement Plan ("CPP") Line Item Report
Regular CPP
FISCAL YEAR 2025-2026
JANUARY 2026

	0 Annual B-4 Allocation	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus/(Deficit)
PURCHASE OF SERVICE						
CPP Regular						
CPP Placements	100,000	54,444	318,968	(218,968)	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	54,444	318,968	(208,968)	110,000	0
OPERATIONS						
25010 Salaries/Benefits	575,350	104,190	611,078	(35,728)	575,350	0
Total Salaries:	575,350	104,190	611,078	(35,728)	575,350	0
OPERATING EXPENSE						
30010 Equipment Rental	0	0	0	0	0	0
30020 Equipment Maint	0	0	0	0	0	0
30030 Facility Rental	0	0	0	0	0	0
30040 Facility Maint. AV	0	0	0	0	0	0
30041 Facility Maint. SFV	0	0	0	0	0	0
30042 Facility Maint. SCV	0	0	0	0	0	0
30050 Communication	0	0	0	0	0	0
30060 General Office Exp	0	0	0	0	0	0
30070 Printing	0	0	0	0	0	0
30080 Insurance	0	0	0	0	0	0
30090 Utilities	0	0	0	0	0	0
30100 Data Processing	0	0	0	0	0	0
30110 Data Proc. Maint	0	0	0	0	0	0
30120 Interest Expense	0	0	0	0	0	0
30130 Bank Fees	0	0	0	0	0	0
30140 Legal Fees	0	0	0	0	0	0
30150 Board of Trustees Exp	0	0	0	0	0	0
30151 ARCA Dues	0	0	0	0	0	0
30160 Accounting Fees	0	0	0	0	0	0
30170 Equipment Purchases	0	0	0	0	0	0
30180 Contr/Consult CPP	0	0	0	0	0	0
30220 Mileage/Travel	0	0	0	0	0	0
30240 General Expenses	0	0	0	0	0	0
Total Operating Expenses:	0	0	0	0	0	0
Total Operations:	575,350	104,190	611,078	(35,728)	575,350	0
Gross Budget:	685,350	158,634	930,046	(244,696)	685,350	0
% of Budget:	100.00%	23.15%	135.70%	-35.70%	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
JANUARY 2026

	0	Net	Expended	Projected	Projected	Projected
	Annual	Month	Y-T-D	Remaining	Annual	Projected
	B-4 Allocation			Expenses	Expenses	Surplus/(Deficit)
PURCHASE OF SERVICE						
CRDP/CPP						
CRDP & CPP Placements	0	0	0	0	0	0
CRDP & CPP Assessments	0			0	0	0
CRDP & CPP Start Up	0			0	0	0
Deflection CRDP & CPP	0			0	0	0
Total CRDP/CPP:	0	0	0	0	0	0
OPERATIONS						
25010 Salaries/Benefits	422,280	57,308	360,642	61,638	422,280	0
Total Salaries:	422,280	57,308	360,642	61,638	422,280	0
OPERATING EXPENSE						
30010 Equipment Rental	0	0	0	0	0	0
30020 Equipment Maint	0	0	0	0	0	0
30030 Facility Rental	0	0	0	0	0	0
30040 Facility Maint. AV	0	0	0	0	0	0
30041 Facility Maint. SFV	0	0	0	0	0	0
30042 Facility Maint. SCV	0	0	0	0	0	0
30050 Communication	0	0	0	0	0	0
30060 General Office Exp	0	0	0	0	0	0
30070 Printing	0	0	0	0	0	0
30080 Insurance	0	0	0	0	0	0
30090 Utilities	0	0	0	0	0	0
30100 Data Processing	0	0	0	0	0	0
30110 Data Proc. Maint	0	0	0	0	0	0
30120 Interest Expense	0	0	0	0	0	0
30130 Bank Fees	0	0	0	0	0	0
30140 Legal Fees	0	0	0	0	0	0
30150 Board of Trustees Exp	0	0	0	0	0	0
30151 ARCA Dues	0	0	0	0	0	0
30160 Accounting Fees	0	0	0	0	0	0
30170 Equipment Purchases	0	0	0	0	0	0
30180 Contr/Consult CPP	0	0	0	0	0	0
30220 Mileage/Travel	0	0	0	0	0	0
30240 General Expenses	0	0	0	0	0	0
Total Operating Expenses:	0	0	0	0	0	0
Total Operations:	422,280	57,308	360,642	61,638	422,280	0
Gross Budget:	422,280	57,308	360,642	61,638	422,280	0
% of Budget:	100.00%	13.57%	85.40%	14.60%	100.00%	0.00%

NORTH LOS ANGELES COUNTY REGIONAL CENTER
Operations ("OPS") Project Line Item Report
FISCAL YEAR 2025-2026
JANUARY 2026

	0 Annual B-4 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	\$26,795	\$516,864	\$568,511	\$1,085,375	\$0
TOTAL:	\$1,440,431	\$26,795	\$516,864	\$923,567	\$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

JANUARY 2026

	0 Annual B-4 Allocation	EXPENDED MONTH	EXPENDED Y-T-D	BALANCE REMAINING	PROJECTED EXPENDITURES	SURPLUS/ (DEFICIT)
HCBS Provider Funding for Compliance Activities	\$826,792	\$0	\$0	\$826,792	\$826,792	\$0
TOTAL:	\$826,792	\$0	\$0	\$826,792	\$826,792	\$0

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

**North Los Angeles County Regional Center
Administrative vs. Direct Allocation Report - Consolidated
Fiscal Year 2025-2026 (Service Month of January 2026 as of February 20, 2026 State Claim)**

Description	Current Month			YTD		
	Administrative Operating Expenses	Direct Operating Expenses	Total Operating Expenses	Administrative Operating Expenses	Direct Operating Expenses	Total Operating Expenses
Salaries & Wages	769,826.73	6,729,791.64	7,499,618.37	4,663,873.94	35,088,054.43	39,751,928.37
Benefits **	129,392.12	1,180,399.08	1,309,791.20	1,151,612.63	9,886,973.5	11,038,586.09
Subtotal Salaries & Benefits	899,218.85	7,910,190.72	8,809,409.57	5,815,486.57	44,975,027.89	50,790,514.46
Salaries & Benefits Allocation	10.2%	89.8%	100.0%	11.4%	88.6%	100.0%
Equipment Rental	1,059.82	12,814.09	13,873.91	12,298.48	81,949.63	94,248.11
Equipment Maintenance	0.00	Not Allowable	0.00	16,006.60	Not Allowable	16,006.60
Facility Rent	37,297.77	595,323.91	632,621.68	273,790.86	4,660,508.78	4,934,299.64
Facility Maintenance-AV	4,779.85	Not Allowable	4,779.85	17,268.02	Not Allowable	17,268.02
Facility Maintenance-Van Nuys	15,267.65	Not Allowable	15,267.65	48,265.93	Not Allowable	48,265.93
Facility Maintenance-SCV	2,396.66	Not Allowable	2,396.66	28,549.21	Not Allowable	28,549.21
Communication	2,890.20	31,869.44	34,759.64	45,475.94	565,913.80	611,389.74
General Office Expenses	1,457.69	20,350.57	21,808.26	13,904.50	160,191.88	174,096.38
Printing	0.00	0.00	0.00	1,943.06	28,179.45	30,122.51
Insurance	0.00	0.00	0.00	151,072.29	766,148.36	917,220.65
Insurance-Deductible	0.00	0.00	0.00	0.00	0.00	0.00
Utilities-AV	0.00	241.06	241.06	5,584.37	62,294.80	67,879.17
Data Processing-Payroll Fees	232.03	Not Allowable	232.03	136,235.13	Not Allowable	136,235.13
Data Processing-Outside Svcs	0.00	Not Allowable	0.00	0.00	Not Allowable	0.00
Data Processing-Misc	0.00	Not Allowable	0.00	0.00	Not Allowable	0.00
Data Processing Maint.	3,649.81	Not Allowable	3,649.81	42,919.56	Not Allowable	42,919.56
Interest Expense	1,416.91	0.00	1,416.91	12,789.60	0.00	12,789.60
Bank Fees	1.17	0.00	1.17	8.19	0.00	8.19
Bank Fees-PRMT	114,559.77	0.00	114,559.77	130,077.02	0.00	130,077.02
Legal Fees	2,510.44	23,873.46	26,383.90	35,407.20	46,554.07	81,961.27
Legal Fees-Insurance Deductible	0.00	0.00	0.00	0.00	0.00	0.00
Brd. of Director Exp.	4,765.74	0.00	4,765.74	46,104.93	0.00	46,104.93
ARCA Dues	0.00	0.00	0.00	0.00	0.00	0.00
Accounting Fees	349.93	3,771.77	4,121.70	961.38	3,771.77	4,733.15
Equipment Purchases	0.00	0.00	0.00	2,947.03	51,315.53	54,262.56
Software and Licenses	496.80	5,354.80	5,851.60	33,988.86	343,707.00	377,695.86
Equipment - AV Loan Principle Payments	0.00	16,972.22	16,972.22	0.00	134,323.44	134,323.44
Contractor/Consultant	6,134.75	128.07	6,262.82	55,923.92	43,888.16	99,812.08
Contr./Consult.: FFRC Library	0.00	0.00	0.00	0.00	0.00	0.00
Contr./Consult.: CPP	0.00	62,615.31	62,615.31	0.00	62,615.31	62,615.31
Mileage	813.71	44,719.10	45,532.81	9,115.23	239,553.55	248,668.78
Travel	4,461.17	3,428.51	7,889.68	30,390.08	20,217.10	50,607.18
General Expenses	5,863.79	49,893.18	55,756.97	28,986.78	332,638.65	361,625.43
General Expenses-Remodel AV	0.00	0.00	0.00	0.00	0.00	0.00
General Expenses-Remodel SCV	0.00	0.00	0.00	0.00	0.00	0.00
General Expenses-Remodel SFV	0.00	0.00	0.00	655.96	7,070.26	7,726.22
ABX2-1 Admin Expenses	0.00	0.00	0.00	0.00	0.00	0.00
ARPA Social Recreation Project	0.00	0.00	0.00	0.00	0.00	0.00
Equity/Disparity Projects	0.00	0.00	0.00	0.00	0.00	0.00
CalFRESH Project	0.00	0.00	0.00	0.00	0.00	0.00
Restricted: Language Access & Cultural Comp	0.00	26,795.40	26,795.40	0.00	516,864.32	516,864.32
Restricted: SDP-Participants Support	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Operating Expenses	210,405.66	898,150.89	1,108,556.55	1,180,670.13	8,127,705.86	9,308,375.99
Operating Expenses Allocation	19.0%	81.0%	100.0%	12.7%	87.3%	100.0%
Total Salaries & Operating Expenses	1,109,624.51	8,808,341.61	9,917,966.12	6,996,156.70	53,102,733.75	60,098,890.45
Salaries & Operating Exp. Allocation	11.2%	88.8%	100.0%	11.6%	88.4%	100.0%
Project Funds: Family Resource Center	0.00	0.00	0.00	0.00	0.00	0.00
Income Not from DDS (i.e. Interest)	(131,297.84)	0.00	(131,297.84)	(881,152.23)	0.00	(881,152.23)
Total Expenses Less Other Income	978,326.67	8,808,341.61	9,786,668.28	6,115,004.47	53,102,733.75	59,217,738.22
Total Expenses Admin vs Direct Allocation	10.00%	90.00%	100.00%	10.3%	89.7%	100.0%

Summary of Vendors with Outstanding Authorization Issues

**Vendors with Outstanding Authorization Issues
As of January 31, 2026**

Fiscal Year	Unique Vendor	No. of O/S Auth's
Prior to FY22	1	3
FY22	1	0
FY23	7	17
FY24	5	15
FY25	23	54
FY26	24	45
	61	134

**Change from January 31, 2026
to February 28, 2026**

New Vendors	New Auths	Resolved Vendors	Resolved Auths
0	0	0	0
0	0	0	0
1	1	-2	-2
0	0	0	0
6	8	-4	-17
5	4	-2	0
12	13	-8	-19

**Vendors with Outstanding Authorization Issues
As of February 28, 2026**

Fiscal Yr	Unique Vendor Numbers	No. of O/S Auth's
Prior to FY22	1	3
FY22	1	0
FY23	6	16
FY24	5	15
FY25	25	45
FY26	27	49
	65	128

Whistleblower Complaint Log

Time Period: 02/16/2026 -03/15/2026												
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	
7/18/2025	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		240	Betsy Monahan, HR Director	
7/22/2025	Anonymous/Unknown	DDS 24-110801 re-opened; new information	N/A	NLACRC Employee	Alleged sexual harassment (hostile work environment)	Original complaint alleges: 1. NLACRC Management individual is intimidating, bullying, harassing and sexually harassing NLACRC staff. New allegation: 2. Type 4 Workplace Violence perpetrator allegedly verbally, digitally and physically harassed NLACRC staff member due to inappropriate association with NLACRC Management individual.	Open	Open		246	Betsy Monahan, HR Director	
11/10/2025	Family Member	2025-BDWB-17	N/A	NLACRC	Ongoing issues with services and access to required planning documents.	1. Denial of access to consumer IPP 2. Pattern of Retaliatory Denial of Social-Recreation Services	Open. Referred to Board Legal Counsel for response and investigation			125	Sheila King, HR Manager	
12/17/2025	Community Member	2025-SPWB-19	N/A	Service Provider	Financial abuse/exploitation; neglect; possible retaliatory behavior.	1. Staff have had long-term unauthorized access to her bank accounts. Reports of missing funds and unexplained negative balances. 2. Consumer passwords are repeatedly changed without her consent. 3. Consumer felt manipulated and pressured by staff.	OPEN	Open		88	Arshalous Garlanian, Community Services Director	
1/4/2026	NLACRC Employee	2026-EWB-21	1/8/2026	NLACRC	Leadership/Governance practices	1. Leadership Conduct. 2. Governance Practices. 3. Conflicts of Interest and Operational Integrity.	Open. Referred to Board Legal Counsel for response and investigation	Open		70	Sheila King, HR Manager	
1/5/2026	Community Member	2026-SPWB-24	N/A	Service Provider	Violations of consumer due process rights, unlawful service termination, vendor retaliation, Failure of regional center oversight.	1. Consumer was not provided with a proper written 30-day notice as required by Title 17.	OPEN			69	Arshalous Garlanian, Community Services Director	
1/5/2026	Community Member	2026-SPWB-26	N/A	Service Provider	Unlawful service termination; denial of due process; failure to provide 30-day notice; consumer retaliation from vendor.	1. Consumer was removed from day program without a clear explanation of reason for termination. 2. Vendor failed to provide transparency and accountability despite having received multiple requests as to the nature of his termination. 3. Consumer alleges he was treated differently after an incident involving himself and another consumer.	OPEN	OPEN		69	Arshalous Garlanian, Community Services Director	
1/7/2026	Community Member	2026-SPWB-27	N/A	Service Provider	Suspected healthcare fraud; falsification of service records' and potential financial exploitation	1. Billing for services not rendered while consumer was out of town. Substantiated 2. Falsification of documents. Substantiated	1. Substantiated 2. Substantiated	CLOSED	3/12/2026	64	Arshalous Garlanian, Community Services Director	
1/7/2026	Community Member	2026-SPWB-28	1/7/2026	Service Provider	Health and safety risks; suspected neglect, fraud, and financial exploitation.	1. SLS worker failed to provide required support, including meal preparation. Unsubstantiated 2. Consumer has fallen out of her chair while staff are outside in their car. Unsubstantiated 3. SLS worker hired an individual to work with staff, individual was not authorized to provide support. Potential HIPAA violation. Unsubstantiated Substantiated 4. Consumer is threatened by staff to not say anything due to potential threats of losing services. Unsubstantiated 5. Program owners are aware of these issues but have not addressed them. Unsubstantiated	1. Unsubstantiated 2. Unsubstantiated 3. Unsubstantiated-Substantiated 4. Unsubstantiated	3/4/2026	2/5/2026; reopened 2/12/26	67	Arshalous Garlanian, Community Services Director	
1/9/2026	Community Member	2026-SPWB-31	N/A	Service Provider	Suspected neglect; timecard fraud.	1. Job Coach left consumer unattended during work hours. Job Coach reportedly left work early on multiple occasions and was observed sitting in their car instead of providing on-site support.	OPEN	OPEN		65	Arshalous Garlanian, Community Services Director	
1/9/2026	Community Member	2026-SPWB-33	1/9/2026	Service Provider	Services not rendered; health and safety; time fraud; Lack of clearance.	1. Staff clocks in and documents overtime but does not show up to work, sits outside the home in her car, or does not support client, as required (e.g., not cooking meals). Unsubstantiated On numerous occasions, resident has fallen out of her chair while staff is outside in her car. Unsubstantiated 2. SLS staff hired a woman to support client, but this individual is not authorized to work and has not been fingerprinted. Unsubstantiated Substantiated Client does not say anything because staff buys her things she wants (e.g., amazon purchases). Staff also threatens client by stating she won't receive help if she fires her. Unsubstantiated 3. The program owners, are aware of these issues but do not address them. Unsubstantiated	1a. Unsubstantiated 1b. Unsubstantiated 2a. Unsubstantiated Substantiated 2b. Unsubstantiated 3. Unsubstantiated	3/4/2026	2/5/2026; reopened 2/12/26	67	Arshalous Garlanian, Community Services Director	
1/11/2026	Community Member	2026-SPWB-41		Service Provider	Excessive Fees	1. Excessive Fees for Social Recreation Activities 2. Lack of itemized breakdown for fees	OPEN			63	Arshalous Garlanian, Community Services Director	
1/13/2026	Community Member	2026-SPWB-35	1/13/2026	Service Provider	Client Rights	1. Alleged that home staff and/or NLACRC staff may be withholding resident's SSI check.	OPEN			61	Arshalous Garlanian, Community Services Director	
1/26/2026	Community Member	2026-SPWB-39	N/A	Service Provider	Client Rights	1. Consumer's mother is enabling harm and creating a dangerous environment for this individual. Unsubstantiated 2. Consumer's mother has a personal relationship with a caretaker from SLS agency who allegedly abused and pulled a gun on consumer. Unsubstantiated 3. The caretaker was reportedly fired in November because of this abuse Unsubstantiated ; although, it's unclear if this individual is still around Consumer. Inconclusive	1. Unsubstantiated 2. Unsubstantiated 3a. Unsubstantiated 3b. Inconclusive	CLOSED	3/10/2026	16	Arshalous Garlanian, Community Services Director	
1/29/2026	Community Member	2026-SPWB-40	N/A	Service Provider	Staff not trained; Failure to maintain vehicles: Unprofessional	1. Staff not certified to train. 2. Vehicles not maintained. 3. Unprofessional staff	OPEN	OPEN		45	Arshalous Garlanian, Community Services Director	
2/6/2026	Anonymous/Unknown	2026-EWB-36	2/6/2026	NLACRC Employee	Inappropriate Work Conduct	1. Inappropriate workplace conduct . Substantiated 2. Making inappropriate and/or sexually explicit comments. Unsubstantiated 3. Repeated aggressive behavior. Unsubstantiated 4. Persistent and unwelcome flirting. Unsubstantiated 5. Inappropriate attire. Substantiated	1. Substantiated 2. Unsubstantiated 3. Unsubstantiated 4. Unsubstantiated 5. Substantiated	CLOSED	2/22/2026	21	Sheila King, HR Manager	
2/17/2026	Community Member	2026-SPWB-42	2/24/2026	Service Provider	Retaliatory Termination of Employment	1. Assault Incidents due to Behavioral Plan not consistently followed 2. Staff Burnout and Supervision Concerns 3. Failure of 2:1 Supervision Ratios 4. Lack of Follow up to reported concerns 5. Driver Availability Concerns	OPEN	OPEN		26	Arshalous Garlanian, Community Services Director	



North Los Angeles County Regional Center
Director's Report
March 2026

1. NLACRC Spotlight:

A. Paid Internship Program (PIP)

- i. The Department of Developmental Services (DDS) provided statewide data for FY 2024-2025.
- ii. NLACRC is the leading regional center in PIP enrollment with 491 individuals served.
- iii. NLACRC also ranks first in Purchase of Service expenditures, with approximately \$3.8 million invested in PIP.
- iv. Impact: Demonstrates strong commitment to employment opportunities and workforce development.

B. Welcome New IT Director (Vipin Gautam)

- i. Brings 25+ years of experience in cybersecurity, IT infrastructure, and enterprise transformation, including leadership in healthcare environments.
- ii. Proven track record of strengthening security posture and reducing risk, with measurable improvements in compliance and system resilience.
- iii. Extensive experience leading large teams and managing complex vendor environments, including managed service providers.
- iv. Skilled in partnering with executive leadership and Boards to align technology strategy with organizational goals.

2. Department of Developmental Services (DDS) Updates:

A. Pathways Program Changes

- i. Program Status & Funding
 1. Senate Bill 188 established the Pathways pilot (launched June 2024).
 2. \$8.2 million was allocated; approximately \$7 million has been expended as of December 2025 (~\$700K/month).
 3. Remaining funds limited → immediate changes required to avoid over-expenditure.
- ii. Immediate Changes (Effective Immediately)
 1. No new enrollments.
 2. Participation is capped at 12 months.
 3. Participation exceeding 11 months will require 30-day transition.
 4. Up to 3-month extension may be approved by the Executive Director under limited circumstances.
 5. Service Caps (Effective March 2026)
 - Career Pathway Navigator → 30 hrs/month
 - Customized Employment Specialist → 50 hrs/month
- iii. Required Actions

1. Notice of Action (NOA) required (service reduction).
2. Transition planning through IPP team.
- iv. Available Services
 1. Supported Employment (ongoing job support)
 2. Job Development (job placement)
 3. Paid Internship Program (paid work experience)
- B. Self-Determination Program (SDP) Waiver Enrollment**
 - i. Approximately 2,000 SDP participants are not currently enrolled in the SDP Waiver.
 - ii. As a result, services are being funded through the State General Fund rather than federal funding.
 - iii. SDP participants are required to apply for Medi-Cal, if eligible.
 - iv. Participants should be encouraged to enroll in the SDP Waiver to maximize federal funding per recent directive.
 - v. Intent
 1. Increase federal funding participation
 2. Reduce reliance on State General Fund resources

3. Center Updates:

A. Recruitment

- i. Total # of positions filled: 950
 1. Total # of positions authorized: 1066
- ii. March 2026 New Hires
 1. 1st Cycle (3/9/2026): 16 confirmed
 2. 2nd Cycle (3/23/2026): 8 confirmed
- iii. April 2026 New Hires
 1. 1st Cycle (4/6/2026): 7 unconfirmed

B. Client Served Statistics:

- i. Total Served: 41,879
 1. Early Start: 4,993
 2. Lanterman: 34,149
- ii. Breakdown of all three valleys:
 1. AV (Early Start & Lanterman): 9,963
 2. SCV (Early Start & Lanterman): 4,612
 3. SFV (Early Start & Lanterman): 24,567
- iii. Intake all three valleys: 684 & Early Start Intake: 401
- iv. All other categories not captured in Early Start, Lanterman, and Intake, such as Provisional, Enhanced, Specialized, and other which would total: 1,402

4. Outreach & Community Engagement Highlights:

A. Regional Center on Wheels – Kaiser Permanente Panorama City (2/4/26, SFV)

- i. On February 4, 2026, Diversity, Equity, Inclusion & Belonging (DEIB) outreach staff launched a new partnership with Kaiser Permanente, expanding outreach to a key healthcare provider.
- ii. Connected with both existing and new families, providing guidance on eligibility and application support.
- iii. Shared information on Early Start, Parent University, and social recreation services.
- iv. Strengthened collaboration with Kaiser staff to improve referrals and access to accurate information.

B. Nowruz Celebration – Farsi Support Group (3/7/26, SFV)

- i. Hosted a cultural celebration at Lake Balboa Park, engaging in a meaningful community event.
- ii. Provided information on services, emergency preparedness, and the upcoming POS Public Meeting.
- iii. Expanded outreach by including families from the Armenian Support Group.
- iv. Encouraged engagement through community-building activities and resource sharing.

C. AVUHSD Knight High School Resource Fair (3/13/26, AV)

- i. On March 13, 2026, the DEIB team engaged students and families on transition-age services and life after high school.
- ii. Shared Consumer & Family Guides and Common Services resources.
- iii. Strengthened partnerships with local high schools in the Antelope Valley.
- iv. Supported early connection to services to ensure smooth transition from school to adulthood.

5. Upcoming Disability Organization Events/Activities

- A.** State Council on Developmental Disabilities next council meeting – May 2026 (TBD)
- B.** Disability Rights California’s next board meeting—June 27, 2026
- C.** Self-Determination Local Advisory Committee meeting—April 16, 2026

Committee Attendance

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			Dark		Dark						Dark		
Sharmila Brunjes	P	P	P		P		P	P						8.00
Juan Hernandez	P	P	P		P		P	P					0	8.00
Anna Hurst	P	P	P		P		Ab	P					1	6.25
Curtis Wang		P	P		P		P	P					0	8.00
Leticia Garcia	P	P	P		P		P	Ab					0	8.00
Jacquie Colton			P		P		P	P					0	4.50
Jason Taketa			P		P		P	P					0	4.50
Laura Monge			Ab		P		Ab	Ab					2	1.50
Jaklen Keshishyan			P		P		Ab	P					1	2.75
Meeting Time	0.5	3.00	1.25		1.50		1.75							8.00

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)