North Los Angeles County Regional Center
Main 818-778-1900 • Fax 818-756-6140 | 9200 Oakdale Avenue #100, Chatsworth, CA 91311 | www.nlacrc.org

MEMORANDUM

Date: August 27, 2026

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

From: Lindsay Granger, Executive Administrative Assistant

Re: Information for the next Executive Finance Committee meeting on **Thursday, August 27, 2026, at 5:00 pm**

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

Please click the link below to join the Zoom webinar as an attendee.

Join Zoom Meeting
https://us06web.zoom.us/j/89144554985

Meeting ID: 891 4455 4985

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, Director of Clinical Services, Karen Waters, Human Resources Director,

Attachments

Executive Finance Committee Meeting
August 27, 2026
Table of Contents

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EXECUTIVE FINANCE COMMITTEE

Thursday, August 27, 2026, at 5:00 pm - Zoom

Executive Committee Members: Sharmila Brunjes – President, Juan Hernandez – Vice President, Anna Hurst – Treasurer, Curtis Wang – Secretary, Jeremy Sunderland – ARCA Rep., Jacquie Colton, Laura Monge, Jason Taketa, Tal Segalovitch – 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 August 27, 2026, Meeting

IV. Public Input – Agenda Items *(3 min per person / 3 attendees max)*

V. Annual Committee Orientation – Sharmila Brunjes *(5 min.)*

A. Bylaws
B. Board Audit Section
C. Committee Priorities
D. Meeting Schedule for FY2026-27

VI. Consent Items *(2 min)*

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

A. Approval of the Minutes from the May 28, 2026, Executive Finance Committee Meeting

VII. Action Items

A. Review and Approve Committee Schedule for FY2026-27 – Sharmila Brunjes *(2 min)*
B. Approval to Sunset Committee Audit Section – Sharmila Brunjes *(3 min)*
C. Sunset Late Bill Report – Vini Montague *(3 min)*

VIII. Committee Business

A. Discuss Request for Proposal for Independent Audit Firm – Vini Montague *(5 min)*
B. Status Report on Credit Line and Cash Flow – Vini Montague *(3 min)*
C. Review Center's Contract Changes with DDS – Vini Montague *(1 min)*
D. Financial Reports – Vini Montague (*5 min*)
   1. FY2025-2026
   2. FY2026-2027
E. Admin vs. Direct Allocation Report – Vini Montague (*5 min*)

1. FY2025-2026
2. FY2026-2027

F. Outstanding Authorizations Report – Vini Montague (*3 min*)
G. POS Late Bill Report – Vini Montague *(2 min)*
H. Review of Board Budget – Vini Montague *(6 min)*
1. FY 2025-2026
2. FY 2026-2027
I. Quarterly Fees for PRMT and UAL – Vini Montague *(2 min)*
1. 4th Quarter PRMT Fees Report
2. 4th Quarter CalPERS UAL Fees Report
J. Audits Update *(5 min)*
1. DDS Audit FY2024
2. DDS Audit FY2025
3. Lindquist, Von Husen & Joyce Audit FY2026
4. CalPERS Audit
K. Monthly Whistleblower Logs – Karen Waters *(3 min)*
1. May 16, 2026 – June 15, 2026
2. June 16, 2026 – July 15, 2026
3. July 16, 2026 – August 15, 2026
L. Human Resources Report – Karen Waters *(3 min)*
1. 4th Quarter Human Resources Report
2. Monthly Human Resources Report
   a. May 2026
   b. June 2026
   c. July 2026
M. Annual Reporting of Program Closures – Arshalous Garlanian *(5 min)*
N. Semi-Annual Reporting CIE/PIP – Arshalous Garlanian *(5 min)*
O. Review Board Member Conflict of Interest – Sharmila Brunjes *(2 min)*

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

X. Closed Session
A. Quarterly Legal Update *(15 min)*

XI. Announcements / Public Input/Information Items *(3 min per person)*
A. September 24, 2026, at 5:00 p.m.
B. Committee Attendance

XII. 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

(e) To adopt rules and regulations, consistent with law, the Articles of Incorporation, and these Bylaws, for the guidance and management of the affairs of the Regional Center.

(f) To establish, in addition to the standing committees, hereinafter provided for, special committees as the Board may deem necessary or desirable, and to determine the duties and powers of said special committees.

(g) To do, perform, and transact all other business and acts which the Board by the laws of the State of California is permitted to do, transact and perform.

At no time shall the powers of the Board set forth in this Section be exercised by one Board member, group of members, or Board committee, unless, as stated in Article VII, Section 3(b), a committee, all of the members of which are also members of the Board, has been authorized to so act by the Board, or unless all of the actions proposed by such member, group of members or committee are ratified by the Board prior to their execution, as allowable by statute.

Section 2. Board Duties.

(a) The Board shall perform any and all duties imposed on them collectively or individually by law, by the Articles of Incorporation of the Corporation, and by these Bylaws.

(b) The Board shall cause to be kept open to the inspection of any person entitled thereto and making proper demand thereof, among other things, a book of minutes of all meetings of the Board, and adequate and correct books of account of the properties and business transactions of the Corporation, all in the form prescribed by law and showing the details required by law. Such records shall be kept at the Principal Executive Office of the Corporation, as such Office is designated in Article I, Section 1.

(c) The Board shall meet at such times and places as required by these Bylaws.

(d) The Board shall annually contract with an independent accounting firm for an audited financial statement. The audit report and accompanying management letter shall first be reviewed by the Executive Finance Committee as set forth in Article VII, Section 4(d) and then recommended for approval or modification to the full Board. The audit report and accompanying management letter shall be submitted to the Department within 60 days of completion and before April 1 of each year. Upon submission to the Department, the audit report and accompanying management letter shall be made available to the public by the Corporation. This audit report shall not be completed by the same accounting firm more than five (5) times in any ten (10) year period.

(e) The Board shall annually review the performance of the Executive Director of the Corporation. The Board shall also review and approve the compensation of the Executive Director, including all benefits, to assure that it is just and reasonable. This review and approval shall occur upon the hiring of the Executive Director and whenever the term of his or her employment, if any, is renewed or extended, and whenever the Executive Director's compensation is modified. Separate review and approval shall not be required if a modification of compensation extends to substantially all employees.

(f) The Board shall annually review the performance of the Corporation in providing services that are linguistically and culturally appropriate, and may provide recommendations to the Executive Director of the Corporation based on the results of that review.

(g) The Board shall exercise sound business practices, prudent fiduciary decision- making and attention to proper legal requirements in performing their duties as Trustees of the Corporation.

(h) In accordance with the Board's Contract Policy, the Board shall review and approve any contract of the Corporation of two hundred and fifty thousand dollars ($250,000), or more, before the Corporation enters into such a contract. No contract exceeding two hundred and fifty thousand dollars ($250,000) is valid unless first approved by the Board. In the event that a contract exceeding two hundred and fifty thousand dollars ($250,000), requires immediate review and approval prior to the next regularly-scheduled Board meeting, the contract will be valid if the Executive Finance Committee votes to approve the contract and the Executive Finance Committee's approval is expressly ratified by resolution by the Board in accordance with statute. For purposes of this section, contracts do not include (1) vendor approval letters issued by regional centers pursuant to Section 54322 of Title 17 of the California Code of Regulations, and (2) Purchase of Service authorizations for individuals served by the Corporation.

(i) The Board may retain or employ an attorney to provide legal services to the Corporation, but that attorney shall not be an employee of the Corporation.

Section 3. Number of Trustees. The authorized number of Trustees shall be not less than fourteen (14) or more than twenty-two (22), except as follows: if the number of seated trustees remains at fourteen (14) or less for a period of greater than sixty (60)

the scheduled meeting and only if an unrevoked consent to the use of email or facsimile has been provided to the Board. The agenda shall identify all substantive topic areas to be discussed. No item shall be added to the agenda or Board packet subsequent to the provision of this notice except for urgent requests made by the Department, not related to purchase of service reductions, for which the Board makes a specific finding that notice could not have been provided at least seven (7) days before the meeting, or on new items brought before the Board at meetings by members of the public during the public comment period, or when items are brought before the Board at meetings by members of the public during the public comment period.

(b) Special meetings of the Board may be called by the President, by the majority of the Executive Finance Committee, or by one-third (1/3) of the Trustees then in office. Notice of the date, time, and place of a special meeting shall be provided to each Trustee by the Secretary of the Board upon four (4) days' notice by first class mail or 48 hours' notice delivered personally or by telephone, including a voice messaging system, or by email or facsimile if any an unrevoked consent to the use of email or facsimile has been provided to the Board. The notice shall include a description of the proposed purpose of the meeting and shall be accompanied by an agenda of the items to be considered at the meeting.

(c) All meetings of the Board shall be open and public, and all persons shall be permitted to attend any meeting, except as otherwise provided in this Section 10. "Board meetings" include meetings conducted by any committee of the Board which exercises authority delegated to it by the Board. However, "Board meetings" shall not be deemed to include Board retreats planned solely for educational purposes. At each meeting of the Board, time shall be permitted for public input on all properly noticed agenda items prior to Board action on those items. Time shall also be allowed for public input on any issue not included on the agenda. Any person attending an open and public meeting of the Board shall have the right to record the proceedings on a tape recorder, video recorder, or other sound, visual, or written transcription recording device, in the absence of a reasonable finding by the Board that such recording constitutes, or would constitute, a disruption of the proceedings. The Corporation shall maintain all recordings it makes of open meetings and all written comments submitted at open meetings as testimony on agenda items for no fewer than two (2) years. These materials shall be made available for review by any person, upon request. A reasonable fee may be charged for copies of recordings and written materials requested pursuant to this subsection (c). The Regional Center shall provide a copy of Article 3 (Sections 4660-4669) of the Welfare and Institutions Code to each Trustee at the time he or she assumes his or her duties as Trustee.

(d) In addition to the notice required to be provided to the Trustees

ARTICLE VII

COMMITTEES

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

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

Section 3. Structure and Operation of Committees.

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

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

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

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

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

Trust Committee, and Vendor Advisory Committee.

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

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

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

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

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

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

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

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

Section 4. Executive Finance Committee.

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

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

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

(1) The power to adopt, amend, or repeal the Articles of Incorporation or these Bylaws

(2) The power to fill vacancies on the Board or any committee which has the authority of the Board;

(3) The power to appoint committees of the Board or the members thereof;

(4) The power to appoint or remove the Executive Director;

(5) The power to remove a Trustee;

(6) The amendment or repeal of any resolution of the board which by its express terms is not so amendable or repealable

(7) The expenditure of corporate funds to support a nominee for Trustee after there are more people nominated for Trustee than can be elected.

(8) The approval of any self-dealing transaction

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

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

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

(1) Reviewing the skills and performance of the Corporation's independent auditing firm and recommending to the Board the retention and termination of the Corporation's independent auditor;

(2) Negotiating the independent auditor's compensation on the Board's behalf;

(3) Conferring with the auditor to satisfy the Audit Committee that the financial affairs of the Corporation are in order; and;

(4) Reviewing the annual audit report and accompanying management letter prepared by the independent accounting firm and determining whether to accept the audit prepared by the independent auditor and recommend it to the full Board for approval or modification.

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

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

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

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

Section 5. Nominating Committee.

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

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

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

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

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

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

Administrative Affairs Committee

I. Knowledge

A. Lanterman Act.
B. Applicable contract provisions.
C. Basic understanding of sound financial, nonprofit business and administrative practices.
D. Understanding committee duties and responsibilities.

II. Skills

A. Conducting effective meetings.

III. Dangers

A. Assuming all issues are operational.

IV. Administrative Affairs Committee Questions:

A. Contract and amendments with the Department of Developmental Services (DDS).

1. Has the committee received and reviewed the center's contract with DDS?
2. Has the contract or amendments been signed?
3. Are there any changes to the contract that require committee attention?

B. Finance

1. Has the committee reviewed the center's budget allocation from DDS?
2. Has the committee received and reviewed a report on the center's projected operating expenditures compared with the center's operating budget?
3. Has the committee reviewed the Purchase of Service Expenditure Projection (PEP) report and has the committee received a report on the center's projected purchase of service (POS) expenditures compared with the center's POS budget?

	4. Does the center have a sufficient credit line? Will it be required in the current fiscal year? 5. Has the committee received and reviewed the annual independent audit report prepared by the center's certified public accounting (CPA) firm? 6. Is there a management letter included with the audit report and has the committee reviewed the letter? 7. Has the committee reviewed management's response to the letter? 8. Did management's response satisfy the auditor's questions? 9. Has the committee received and reviewed the IRS Form 990 prepared by the center's CPA firm? 10. Does the center have sufficient cash or credit line to meet its financial obligations?
C.	Committee Operations 1. In May of each year, a critical calendar is established for the next fiscal year. 2. Is the critical calendar monitored and updated as needed? 3. Has the committee and all new committee members received committee orientation and training?
D.	Insurance 1. Did the committee receive and review an annual report on the center's insurance coverage? 2. Are the current limits and coverage sufficient?
E.	Legal 1. Has the committee been apprised of potential and pending litigation involving the center? 2. Does any litigation necessitate a review of Board policy or follow-up by the executive director?
F.	Human Resources 1. Are the center's compensation, benefit programs, and personnel practices appropriate for our industry? 3. Are personnel policies in compliance with current law? 4. Are personnel policies consistent with the DDS contract?

5. Has the committee been advised of any significant change in employment practices or procedures that could affect the level of services provided or employee morale?
6. Are union-related issues being monitored and reported?
7. Is staff turnover reasonable or exceptional?
8. Does the center have a staff development plan that supports the Board's vision of service provision? (review annually)

G. Contracts over $250,000.

1. Has the committee reviewed and discussed the service provider contracts?
2. Has the committee received sufficient information to make a recommendation to the Board to approve or not approve the contract?

H. Audits

1. Has the committee received and reviewed the biennial DDS audit of NLACRC?
2. Has the committee received and reviewed the biennial DDS audit of family home agencies?
3. Has the committee received and reviewed the biennial DDS home and community-based services waiver audit?
4. Has the committee received and reviewed the annual summary of service provider audits conducted by the center?
5. Has the committee been updated on any miscellaneous audits of the center (e.g. Social Security)?

I. Leases

1. Has the committee received and reviewed an annual report of the center's facility leases?

North Los Angeles County Regional Center
Board of Trustees

BOARD AUDIT

Executive Committee

I. Knowledge

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

II. Skills

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

III. Dangers

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

IV. Executive Committee Questions

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

EFC PRIORITIES FOR FY 25-26

BOARD'S NORTH STAR QUESTION:
"Does this action help us achieve our priorities?"

Aligned with Approved Executive Director Year 2 Goals

This document should be reviewed at the start of every EFC meeting to ensure all decisions align with priorities AND support the ED's approved goals.

ONGOING COMPLIANCE REQUIREMENTS

Maintained through regular operations until SCL fully withdrawn

- Monthly whistleblower complaint reporting to DDS (Article III) - reported to board monthly
- State compliance meetings and written updates as requested (Article IV)
- Monthly caseload ratio reporting to DDS and board

COMPLIANCE PRIORITIES

Must achieve to exit Special Contract

Priority 1: Fix Caseload Ratios

Aligns with ED Goal: "Meet average regional center caseload ratios and Special Contract Language requirement for IPP surveys"

Target Dates:

- By October 2025: Meet California average (Making good progress but didn't meet)
- By March 2026: Meet legal requirements (1:72 waiver, 1:48 under age 6, 1:70 non-waiver)

How We Track:

- Monthly tracking required by state

Red Flag:

- Any month where ratios get worse instead of better

Priority 2: Improve Consumer/Family Satisfaction

Aligns with ED Goal: "Meet… Special Contract Language requirement for IPP surveys"

Success Metrics:

- Achieve 15% response rate on IPP surveys
- Achieve 85% satisfaction rate or better
- Shows community relationships are improving

How We Track:

- Monthly IPP survey reports

Red Flag:

- Response rate below 10% or satisfaction below 80%

*** *No regional center has had an IPP survey response rate above 5%****

GOVERNANCE PRIORITY

Board-initiated response to address governance challenges that contributed to special contract

Priority 3: Maintain Clean Board Governance Record

Aligns with ED Goal: "Prioritize a Transparent Relationship Between the Executive Director and the Board"

Success Metrics:

- Written and board-approved governance policies and procedures for board operations, including clear policies that clarify: Board sets direction and outcomes; ED determines methods and operations
- Board Goals (Ends) created and posted on NLACRC website by June 30, 2026
- Zero substantiated whistleblower complaints about board conduct

How We Track:

- Quarterly governance policy development progress reports

- Board self-assessment on governance effectiveness
- Whistleblower complaint data (monthly)

Red Flag:

- Lack of progress on policy development after 6 months
- Role confusion between board and ED causing operational interference
- Any substantiated complaints about board conduct

MISSION PRIORITIES

Aligned with Board-Approved ED Goals

Priority 4: Complete Strategic Plan with Community

Directly supports ED Goal: "Complete development and launch of new Strategic Plan with updated Mission, Vision & Values"

Success Metrics:

- Partner in strategic planning process already underway
- Create strategic plan committee to achieve 50% completion by June 30, 2026 with the goal of completion December 31, 2026
- Integrate community feedback per ED engagement goals
- Address all compliance and mission priorities

How We Track:

- Monthly progress reports from strategic planning committee

Red Flag:

- Missing stakeholder groups or timeline slipping past June

Priority 5: Oversee Crisis Mode Operations as Funder of Last Resort

Supports ED Goals: Legislative Advocacy + Service Delivery Quality Improvements

The connection: When you can't hire more people (quantity), you make the people you have more effective (quality) through training, technology, and standardization. This helps manage the "last resort" burden even with constrained resources.

Success Metrics:

- Receive quarterly reports on increasing burden as other funders cut services
- Track ED's strategies for managing slashed budgets with increased needs
- Support ED's 10 legislative advocacy engagements with 40% measurable outcomes
- Monitor impact on consumer homelessness and employment

How We Track:

- Quarterly "crisis mode" reports from ED showing funding pressures and responses

Red Flag:

- Critical services at risk or increases in consumer homelessness/job loss

Priority 6: Protect Operational Flexibility from PRA Impact

Supports ED Goals: IT Infrastructure Development + Financial Stewardship

Success Metrics:

- Preserve current administrative spending priorities despite new PRA requirements
- Document PRA's true cost burden for advocacy with ARCA CFOs and DDS
- Leverage new IT Director's systems to minimize PRA's operational disruption
- Build coalition with other RCs facing same unfunded mandate

How We Track: Quarterly reports showing:

- PRA request volume, complexity, and staff time required
- Real costs of PRA compliance (for advocacy documentation)
- What administrative investments get deferred/cancelled due to PRA
- IT automation progress reducing manual burden

Red Flag:

- PRA costs forcing cuts to training, technology, or other administrative investments
- Staff burnout from PRA duties added to existing workload
- Unable to pursue improvements due to PRA resource drain

Board's Advocacy Role:

- Connect with ARCA CFO to document statewide PRA impact

- Partner with other RCs to present unified data to DDS showing true costs across all RCs
- Advocate for PRA funding or relief before January 2026 implementation

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ALIGNMENT WITH ED YEAR 2 GOALS

Service Delivery & Coordination

- Strategic Plan (Priority 4)
- Caseload ratios (Priority 1)
- IPP surveys (Priority 2)
- IT/Database improvements support PRA readiness (Priority 6)

Legislative Advocacy

- 10 advocacy engagements support "funder of last resort" preparation (Priority 5)
- Document funding gaps for advocacy (Priority 5)

Consumer & Family Engagement

- IPP survey improvements (Priority 2)
- Strategic plan community input (Priority 4)
- LAUSD transition sites & community feedback loops

Board-ED Transparency

- Board orientation redesign (Priority 3)
- Quarterly EFC updates on all priorities
- Clear governance boundaries

Financial Stewardship

- Admin cost management for PRA (Priority 6)
- Emergency fund management (Priority 5)
- Quarterly financial training for board

DECISION FRAMEWORK FOR EVERY BOARD ITEM

Before voting, ask:

1. **Which priority AND ED goal does this advance?**
2. **Could this harm any priority or ED goal?**
3. **Is this the best use of resources?**

Color Code System:

- 🟢 **GREEN:** Directly advances a priority AND supports ED goals
- 🟡 **YELLOW:** Neutral or needs more analysis
- 🔴 **RED:** Could harm a priority or conflict with ED goals

MONTHLY EFC DASHBOARD

Priority	ED Goal Alignment	Current Status	Trend	Risk
1. Caseload Ratios	Service Delivery	[actual/target]	↑ ↓ →	🟢 🟡 🔴
2. IPP Satisfaction	Service Delivery	[%/85%]	↑ ↓ →	🟢 🟡 🔴
3. Board Governance	Transparency	[#complaints]	↑ ↓ →	🟢 🟡 🔴
4. Strategic Plan	Service Delivery	[% to 50% goal]	↑ ↓ →	🟢 🟡 🔴
5. Last Resort Funding	Legislative	[#denials/$]	↑ ↓ →	🟢 🟡 🔴
6. PRA Readiness	Financial	[advocacy progress]	↑ ↓ →	🟢 🟡 🔴

KEY BOUNDARIES FOR THE EXECUTIVE DIRECTOR

The ED has freedom to achieve these priorities but CANNOT:

- Allow any priority to go "red" without immediately notifying EFC
- Miss any state-required reporting deadline
- Exceed 15% administrative cost ratio
- Make changes that violate Special Contract Language requirements
- Deviate from board-approved Year 2 Goals without board approval
- Commit board to public positions without board discussion

WHAT SUCCESS LOOKS LIKE - AUGUST 31, 2026

- **OUT of Special Contract**
- Meeting all caseload ratios consistently

- 15%+ IPP response with 85%+ satisfaction
- Zero new governance complaints
- Strategic plan launched and being implemented
- Legislative wins protecting funding
- Smoothly handling PRA requests
- All ED Year 2 Goals achieved

QUARTERLY REVIEW QUESTIONS FOR EFC

1. Are the ED's actions advancing both priorities AND their approved goals?
2. Where are we seeing the best alignment between priorities and ED goals?
3. What obstacles is the ED facing that the board needs to address?
4. Do any priorities or ED goals need adjustment based on new state/federal requirements?

North Los Angeles County Regional Center
Main 818-778-1900 • Fax 818-756-6140 | 9200 Oakdale Avenue #100, Chatsworth, CA 91311 | www.nlacrc.org

Executive Finance Committee Meetings Schedule

FY 2026-2027

Thursday, August 27, 2026
5:00 p.m.

Thursday, September 24, 2026
5:00 p.m.

~ No meeting in October 2025~

Thursday, November 19, 2026
6:05 p.m.
(Moved to the 3rd Thursday of the month due to Thanksgiving being on the last Thursday of the month)

~ No meeting in December 2026~

Thursday, January 28, 2027
5:00 p.m.

Thursday, February 25, 2027
5:00 p.m.

Thursday, March 25, 2027
5:00 p.m.

Thursday, April 29, 2027
5:00 p.m.

Thursday, May 27, 2027
5:00 p.m.

~ No meeting in June 2027 ~

North Los Angeles County Regional Center

Executive Finance Committee Meeting Minutes

May 26, 2026

Present: Board of Trustees President Sharmila Brunjes, Vice President Juan Hernandez, Board Treasurer Anna Hurst, Board Secretary Curtis Wang, – Committee Members

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

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 5:02 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

Action item A. will be deferred until the Board of Trustees meeting. These operations contracts are still being negotiated with the vendors.

Absent objection the May 26, 2026, amended meeting agenda was approved. Motion carried.

4. PUBLIC INPUT – AGENDA ITEMS

Clarification was provided regarding public comment. Public input at the beginning of the meeting is limited to agenda items, with an additional opportunity for general public comment scheduled at the end of the meeting.

There was no public input regarding the agenda.

5. CONSENT ITEMS

A. Approval of Minutes of the April 30, 2026, Executive Finance Committee Meeting

Absent objection the minutes of the April 30, 2026, Executive Finance Committee Meeting were approved. Motion carried.

6. ACTION ITEMS

6.1 Review and Approval of Proposed Board Budget for FY 2026-2027

Vini Montague presented the proposed FY 2026–2027 Board Budget and compared it to the FY 2025–2026 budget. Vini Montague explained that the primary change was a reduction in legal and consultant expenses due to the removal of the requirement for legal counsel to attend all Board meetings. The proposed Board Budget decreased from $196,734 to $101,500, returning to the budget level in place prior to the special contract language.

Sharmila Brunjes asked whether the legal budget would need to be increased if the trailer bill passed and revisions to the Bylaws were required. Vini Montague clarified that any costs associated with revising the Bylaws would be charged to regular operational legal expenses rather than the Board Budget.

On a motion made by Curtis Wang, seconded by Anna Hurst, it was resolved to approve the proposed Board Budget for FY 2026-2027 and forward the item to the full Board for approval. Motion carried.

6.2 Review and Approval of Executive Finance Committee Planning Calendar for FY 2026-2027

Sharmila Brunjes presented the Executive Finance Committee Planning Calendar and explained that it is a live document used to organize the timing of items presented to the Committee. Sharmila Brunjes noted that the calendar may be updated as needed throughout the year and will be posted on OnBoard following approval.

On a motion made by Curtis Wang, seconded by Juan Hernandez, it was resolved to approve the Executive Finance Committee Planning Calendar for FY 2026-2027. Motion carried.

7. COMMITTEE BUSINESS

7.1 Financial Reports

Vini Montague presented the financial statements for the service month of March 2026. The B4 allocation totaled $1.4 billion, and DDS was expected to issue the B5 allocation shortly. Vini Montague noted that no additional Operations funding was anticipated in the B5 allocation, although some additional Purchase of Services (POS) funding was expected. March expenditures totaled $111.6 million, year-to-date expenditures totaled $976.1 million, and the projected POS deficit was $11.5 million.

Vini Montague reviewed the detailed budget sources and consolidated budget categories, including POS, Community Placement Plan (CPP), and Operations. Vini Montague discussed increased temporary staffing expenditures associated with several year-end projects. Temporary staff were being utilized to support rate implementation in Community Services; configure and deploy approximately 700 replacement laptops; scan accounting records into the electronic filing system; digitize HR and payroll records; and assist the Documents and Records Management team with processing a backlog of IPPs and reports.

Anna Hurst asked about anticipated FY 2026–2027 funding in light of the Governor’s May Revision, including funding associated with reduced caseload ratios for children ages one through five. Vini Montague stated that a reduction was not anticipated and explained that DDS is proposing revisions to the core staffing formula. DDS is expected to use a methodology similar to the existing formula for the preliminary FY 2026–2027 allocation and apply the revised methodology in a subsequent allocation amendment.

Vini Montague explained that the revised methodology would continue to be caseload-driven but would incorporate updated salaries and simplify how funding needs are calculated. Although the revised methodology is not expected to immediately result in additional funding, it would allow DDS and the

regional center system to more clearly quantify funding shortfalls when seeking additional funding from the State Legislature. Funding for reduced caseload ratios would be incorporated into the revised methodology rather than identified as a separate line item. Anna Hurst confirmed that the revised approach would allow the existing and revised methodologies to be evaluated side-by-side to better identify funding shortfalls currently addressed through supplemental funding.

No further questions were raised.

7.2 Admin vs. Direct Allocation Report

Vini Montague presented the Administrative Expenditures vs. Direct Expenditures Report and reported that, as of the February 2026 service month, NLACRC's administrative expenditures were at 10.2%. Lety Garcia noted that the percentage appeared lower than in prior reports, observing that administrative expenditures had previously been averaging approximately 12% to 13%. Vini Montague confirmed that the administrative percentage was lower than prior reporting periods.

During the discussion, Sharmila Brunjes shared a reminder from Angela Pao-Johnson that meeting agendas and packet materials are publicly available on the NLACRC website through the calendar by selecting the specific meeting date, allowing Board and committee members, as well as members of the public, to access financial reports and supporting materials.

Sharmila Brunjes and Vini Montague briefly clarified the agenda sequence and confirmed that the committee had completed review of both the Financial Report and the Administrative Expenditures vs. Direct Expenditures Report before moving on to the next financial reporting item.

No further questions were raised.

7.3 Outstanding Authorizations Report

Vini Montague presented the Outstanding Authorizations Report, which summarized escalated outstanding authorization issues as of March 31, 2026. Vini Montague noted that errors identified in the FY 2021–2022 and FY 2022–2023 data were corrected to accurately reflect the number of outstanding vendors and authorizations.

As of March 31, 2026, there were 51 outstanding vendors with 78 authorizations. Vini Montague also reported that the team was being expanded and trained on help desk software to improve the tracking and management of authorization and payment issues.

Sharmila Brunjes acknowledged the progress and thanked Vini Montague for identifying and correcting the reporting errors.

No further questions were raised.

7.4 Review of Board Budget for FY 2025-2026

Vini Montague presented the status of the current FY 2025–2026 Board Budget. Year-to-date expenditures totaled $55,916, representing 28.42% of the budget.

Anna Hurst asked whether the current utilization rate indicated that the Board Budget should be reduced in future years. Vini Montague explained that the proposed FY 2026–2027 budget was developed based on current-year utilization and projected expenditures through year-end. Budget categories that were no longer needed, including certain legal expenses, were reduced, while adjustments were made to other categories based on anticipated utilization.

Sharmila Brunjes noted that delays in initiating certain Board services contributed to the current utilization rate, including the Board coaching services provided by Leading Resources. Vini Montague reported that the Leading Resources contract had been extended from June 30, 2026 to December 31, 2026, allowing the Board additional time to fully utilize the contract. Services provided through December 31, 2026 would remain encumbered under FY 2025–2026 funds, while funding was retained in the FY 2026–2027 budget should the Board choose to re-engage Leading Resources after the current contract concludes.

Vini Montague also clarified that the reported 28.42% utilization rate does not reflect all committed expenditures, as some contracted services had not yet been fully invoiced or paid. The utilization percentage was therefore expected to increase.

Sharmila Brunjes asked whether unspent Board funds could negatively affect future Board budgets. Vini Montague clarified that future funding would be determined through discussion with the Board based on anticipated needs. Anna Hurst and Vini Montague further clarified that the Board Budget is funded through the organization's Operations budget and is not subject to a DDS "use-it-or-lose-it" requirement. Unused funds may remain available within Operations for other organizational needs.

7.5 Quarterly Fees for PRMT and UAL

a. 3rd Quarter PRMT Fees Report

Vini Montague presented the quarterly fees for the Post-Retirement Medical Trust (PRMT). The most recent quarterly fees totaled $51,218, bringing year-to-date fees to approximately $154,000. Vini Montague explained that the fees are based on the market value of assets held in the trust; therefore, higher fees reflect an increase in the value of the trust account.

Vini Montague reported that the PRMT is approaching the level needed to meet its liabilities. Once the liabilities are fully funded, the organization could consider using trust funds annually to pay retiree medical benefits, currently estimated at approximately $1.2–$1.3 million per year. Vini Montague noted that doing so could free up Operations funding for other organizational needs, including workforce investments.

b. 3rd Quarter CalPERS UAL Fees Report

Vini Montague presented the quarterly fees for the CalPERS Unfunded Accrued Liability (UAL) account. Quarterly fees increased to $39,916, with year-to-date fees totaling $67,124. Vini Montague explained that the increase resulted from additional deposits into the account and the corresponding increase in market value.

Vini Montague reported that, based on the most recent CalPERS valuation, the account's assets currently exceed its liabilities. However, the CalPERS valuation is approximately one year behind, and Vini Montague noted that the organization is awaiting the next valuation report before determining whether paying off the remaining unfunded liability would be beneficial.

Anna Hurst asked how the organization would determine whether to use the available funds to fully address the unfunded liability. Vini Montague explained that the organization currently pays the annual required contribution and could evaluate paying the liability in full after receiving the updated valuation. Any amount remaining in the trust could be retained to help address potential future unfunded liabilities resulting from market fluctuations.

Vini Montague and Anna Hurst discussed the positive financial position of the retirement accounts and the potential long-term benefit to Operations once the retirement liabilities are fully funded. Sharmila Brunjes acknowledged the progress and the work involved in strengthening the organization's retirement funding position.

7.6 Update on Current Credit Line and Cash Flow

Vini Montague provided an update on the organization's line of credit and reported that approval from City National Bank was still pending, with no issues anticipated. The organization requested a seasonal line of credit that would increase from approximately $80 million to $110 million during periods of greatest potential borrowing need, primarily at the beginning and end of the fiscal year. The increased amount is intended to provide sufficient funding to cover approximately one month of expenses during periods of cash flow constraints.

Vini Montague reported that borrowing in June 2026 was no longer anticipated based on information from DDS indicating that cash needs for regional centers were expected to be met. Potential borrowing in July remained dependent on timely passage of the FY 2026–2027 State Budget, receipt of NLACRC's preliminary allocation, and processing of the fiscal year cash advance. Vini Montague noted that the cash advance would need to be received by July 19, 2026, in time for the approximately $105 million Purchase of Services (POS) check run.

Anna Hurst provided clarification for Board members regarding the distinction between the Operations and POS budgets. Anna Hurst explained that Operations funding is primarily based on staffing and caseload formulas, while POS funding supports services authorized for consumers. Anna Hurst noted that differences between the timing of state funding and actual POS expenditures can create cash flow constraints during certain periods of the fiscal year.

Vini Montague further explained the cash advance process. DDS provides funding at the beginning of the fiscal year to allow regional centers to pay vendors and subsequently reimburses expenditures. Toward the end of the fiscal year, DDS offsets the initial cash advance against reimbursements, which can create a temporary cash flow shortfall and result in the need to access the line of credit. Sharmila Brunjes noted that avoiding use of the line of credit is preferable because interest expenses are not reimbursed by DDS.

Lety Garcia provided additional clarification regarding POS funding, noting that there may be years with either surpluses or deficits. Lety Garcia explained that unused POS funds do not carry forward into the next fiscal year and are returned to DDS.

7.7 Audits Update

a. DDS Audit FY2024
b. DDS Audit FY2025
c. CalPERS Audit

Vini Montague provided an update on the DDS FY 2023–2024 audit. NLACRC submitted responses to the previously reported findings and is awaiting DDS's final audit report incorporating those responses. Vini Montague noted that several findings were resolved, while a small number could not be resolved for the audited year and will be addressed in future years.

Vini Montague reported that the DDS FY 2024–2025 audit is currently in progress, with NLACRC continuing to respond to requests and submit documentation to DDS. Vini Montague explained that DDS typically conducts audits on a biennial basis, covering two fiscal years at a time. Due to NLACRC's special contract language, annual DDS audits were temporarily required. The FY 2024–2025 audit will be the final annual audit before NLACRC returns to the standard two-year audit cycle.

Vini Montague also provided an update on the CalPERS audit and reported that all outstanding audit findings have been resolved and the audit is now closed. Vini Montague noted that resolution of some findings required extended discussions with CalPERS and changes to internal systems. Sharmila Brunjes acknowledged the successful resolution and closure of the audit.

7.8 Monthly Whistleblower Log for August 16, 2026-May 15, 2026

Karen Waters presented the Monthly Whistleblower Log for the reporting period of April 16 through May

15, 2026. Karen Waters reported a total of 19 cases, with 16 cases remaining open and three cases closed. Of the 19 cases, 15 were associated with Community Services.

Karen Waters noted that the report format was updated to provide a more concise overview, including color coding to distinguish open and closed cases and a summary of case activity at the bottom of the report.

Lety Garcia asked whether future reports could include a running total of complaints to provide a year-to-date view of overall case activity and trends. Karen Waters agreed to incorporate a running total into the summary beginning with the next report.

7.9 Monthly Human Resources Report

Karen Waters presented the Human Resources Report for April 2026. Karen Waters noted that the report had been re-included because no formal action had been taken to discontinue it.

Karen Waters reported 42 open Service Coordinator positions, including 31 growth positions. Organization-wide, there were 95 vacant positions, with two positions on hold. As of April 30, 2026, 971 positions were filled, representing 90.92% of total authorized positions. Karen Waters highlighted the year-over-year improvement compared with April 2025, when 82.62% of authorized positions were filled.

Karen Waters also reported 21 new hires and eight separations during April, resulting in a 0.82% turnover rate. Reasons for separation included personal reasons, other employment, relocation, and other reasons.

Anna Hurst asked whether employees are provided an opportunity to participate in exit interviews or provide feedback upon separation. Karen Waters confirmed that an exit interview process is in place and that the information collected supports the high-level separation data presented in the report.
Sharmila Brunjes acknowledged the improvement in the percentage of filled positions, particularly as the number of individuals served continues to grow. Karen Waters noted that recruitment efforts remain focused on increasing staffing levels and moving the organization closer to full staffing.

7.10 Discuss Board of Trustees Priorities for Next Fiscal Year

Lindsay Granger provided an update regarding the development of the Board of Trustees' priorities for FY 2026–2027. Lindsay Granger explained that Board priorities are typically discussed by the Executive Finance Committee before being presented to the full Board.

Lindsay Granger noted that the priorities would instead be a focus of the upcoming Board Retreat on June 20, 2026, providing Board members an opportunity to review and develop the priorities together.

7.11 ED Evaluation Workgroup Update

Lety Garcia provided an update on the Executive Director Evaluation Workgroup and reported that the evaluation process remained on schedule. The evaluation survey/questionnaire was scheduled to be distributed on June 2, 2026, with Ami Sullivan finalizing the accompanying communication.

Lety Garcia noted that the evaluation would proceed according to the timeline established earlier in the year and thanked the workgroup members for meeting regularly and supporting implementation of the new evaluation process.

7.12 Board Calendar & Activities Workgroup Update

Sharmila Brunjes provided an update on the Board Calendar and Activities Workgroup and reminded Board members of the upcoming Board dinner.

Sharmila Brunjes reported that the Workgroup would meet on Friday at 11:00 a.m. with Board Coach Jane to review plans for the June 20, 2026 Board Retreat. The Workgroup also planned to begin reviewing the Board training schedule, including the sequence and content of trainings, potential presenters, and opportunities for Board Coach Jane to support specific training topics.

Sharmila Brunjes noted that the goal is to make Board trainings more useful, valuable, and efficient.

8. CENTER OPERATIONS

Angela Pao-Johnson provided an update on Center Operations, beginning with the upcoming all-staff recognition event. Angela Pao-Johnson reported that NLACRC had approximately 978 employees and would recognize employees reaching significant service milestones. Approximately 20% of employees were hired within the past 12 months, while 7% had more than 20 years of service. The average employee tenure was reported at 5.3 years.

Angela Pao-Johnson provided a legislative update on the Governor's May Revision and reported that the developmental services system avoided many of the reductions affecting other Health and Human Services programs. The proposed budget included approximately $2.3 billion in additional funding, primarily associated with projected statewide growth of approximately 37,000 individuals entering the regional center system. Angela Pao-Johnson noted that the growth will require additional service coordinators, staffing, and facility capacity. Angela Pao-Johnson also reported continued efforts to maximize federal funding, resulting in approximately $150 million annually being recouped into the system.

Angela Pao-Johnson discussed the proposed Equitable Needs and Consistent Assessment initiative, which may replace the Client Development Evaluation Report (CDER) with a more person-centered clinical assessment designed to evaluate individual acuity and potentially identify appropriate service hours. Approximately $11.4 million was proposed statewide to support implementation. Angela Pao-Johnson also reported that changes to grievance and appeals procedures are anticipated to take effect February 1, 2027, with funding expected for one additional staff position per regional center to assist with implementation.

Angela Pao-Johnson highlighted proposed changes to Medi-Cal asset limits, including a potential return to limits of $2,000 for individuals and $3,000 for couples. Angela Pao-Johnson expressed concern regarding the potential impact on Medi-Cal eligibility and related services, including In-Home Supportive Services (IHSS), and noted that the proposal had not yet been finalized and was the subject of legislative advocacy.

Angela Pao-Johnson reported that NLACRC had 977 filled positions and was serving 42,687 individuals across the three valleys. Angela Pao-Johnson also highlighted a recent outreach event with the Mid-Valley YMCA, where the Diversity, Inclusion and Belonging (DIB) team supported families through developmental screenings using the Ages and Stages Questionnaire and provided information regarding developmental milestones and available support.

Lety Garcia asked about upcoming public meetings, and Angela Pao-Johnson reported that caseload ratio public meetings were scheduled for June 2, 2026, at 1:00 p.m. and 6:00 p.m.

Board members discussed the potential Medi-Cal asset limits and the importance of educating individuals and families about financial planning resources, including special needs trusts and CalABLE accounts. Vini Montague reported that NLACRC would host a CalABLE webinar on June 29, 2026, and emphasized the importance of obtaining specialized legal guidance when establishing a special needs trust. Anna Hurst noted the broader need to share information and resources with the community.

Jacquie Colton asked for additional information regarding the proposed Equitable Needs and Consistent Assessment and raised concerns regarding whether future assessments would adequately account for individuals with significant medical and developmental needs. Angela Pao-Johnson explained that the proposed clinical tool is intended to assess individual acuity and potentially recommend service hours based on identified needs. Angela Pao-Johnson offered to follow up with Jacquie Colton regarding the specific concerns raised.

Angela Pao-Johnson concluded that, if the proposed Medi-Cal asset limits move forward, NLACRC would need to provide robust community education regarding available resources and strategies to help mitigate potential impacts.

9. CLOSED SESSION

The committee entered Closed Session to receive the quarterly legal update.

On a motion made by Anna Hurst, seconded by Curtis Wang, it was resolved to enter Closed Session at 6:18 p.m.

On a motion made by Anna Hurst, seconded by Jacquie Colton, it was resolved to leave Closed Session at 6:29 p.m.

10. BOARD MEETING AGENDA ITEMS/ACTION ITEMS

- Board Support will add the approved action items to the May board meeting agenda for full board approval.

11. ANNOUNCEMENTS / PUBLIC INPUT / INFORMATION ITEMS

Laura Monge shared information regarding an upcoming Wrestle for Autism fundraiser and encouraged participation from the community.

Sharmila Brunjes reported that the Committee would not meet at the end of June.

12. NEXT MEETING

The next Executive Finance Committee meeting was tentatively scheduled for July 30, 2026, approximately two weeks before the August Board meeting. Sharmila Brunjes noted that the meeting would be confirmed based on Committee business needs.

13. ADJOURNMENT

The meeting adjourned at 6:34 p.m.

DISCLAIMER

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

Submitted by:
Lindsay Granger
Executive Administrative Assistant—Board Relations Liaison

POS Late Bill Report for FY 2025-2026: Regular

Payments through June 2026 State Claim (06/25/2026)

Description	July 2025 23	August 2025 21	September 2025 22	October 2025 23	November 2025 20	December 2025 23	January 2026 22	February 2026 20	March 2026 22	April 2026 22	May 2026 22	June 2026 22	Total Claims FY2024-2025 262	Average 1st Pymnt & Late Bills
Payment #1	79,232,293.57	81,735,677.17	73,128,590.87	81,651,575.51	74,984,824.44	77,907,386.63	82,287,312.55	84,175,012.22	84,967,635.07	90,363,084.49	87,712,623.61	1,204,054.05	899,350,070.18	74,945,839.18
Payment #2	17,644,563.01	12,725,197.08	17,978,072.77	18,285,295.67	13,845,492.40	13,199,762.99	14,480,134.62	8,631,522.99	14,319,840.16	13,313,637.12	1,212,575.03		145,636,093.84	13,239,644.89
Payment #3	3,816,756.95	4,686,485.77	8,502,013.54	3,367,170.50	8,356,934.04	8,067,888.01	5,372,305.04	8,272,207.61	6,374,746.55	440,051.95			57,256,559.96	5,725,656.00
Payment #4	1,519,554.36	1,550,260.79	1,973,303.30	2,436,540.66	1,528,125.66	3,381,544.04	3,775,720.75	2,929,704.71	52,485.27				19,147,239.54	2,127,471.06
Payment #5	1,746,022.57	662,652.56	816,079.20	633,000.18	688,037.24	1,014,410.91	675,955.89	12,432.21					6,248,590.76	781,073.84
Payment #6	582,914.51	595,624.36	370,976.81	454,105.57	517,906.58	254,288.93	9,001.70						2,784,818.46	397,831.21
Payment #7	552,060.81	612,788.20	496,999.95	456,117.28	146,132.91	3,164.33							2,267,263.48	377,877.25
Payment #8	283,574.17	309,107.09	262,063.93	172,029.27	1,168.44								1,027,942.90	205,588.58
Payment #9	343,132.12	269,706.59	214,795.07	3,664.08									831,297.86	207,824.47
Payment #10	541,334.52	211,269.42	734.00										753,337.94	251,112.65
Payment #11	73,465.81	925.76											74,391.57	37,195.79
Payment #12	400.00												400.00	400.00
Total Paid	106,336,072.40	103,359,694.79	103,743,629.44	107,459,498.72	100,068,621.71	103,828,445.84	106,600,430.55	104,020,879.74	105,714,707.05	104,116,773.56	88,925,198.64	1,204,054.05	1,135,378,006.49	98,297,514.91
Total Late	27,103,778.83	21,624,017.62	30,615,038.57	25,807,923.21	25,083,797.27	25,921,059.21	24,313,118.00	19,845,867.52	20,747,071.98	13,753,689.07	1,212,575.03	0.00	236,027,936.31	23,351,675.73
Percent Late	34.21%	26.46%	41.86%	31.61%	33.45%	33.27%	29.55%	23.58%	24.42%	15.22%	1.38%	0.00%		31.16%

1,135,378,006.49
0.00

Description	July 2025	August 2025	September 2025	October 2025	November 2025	December 2025	January 2026	February 2026	March 2026	April 2026	May 2026	June 2026	Average %Late Per Month	Cummulative % LATE
Payment #1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Payment #2	22.27%	15.57%	24.58%	22.39%	18.46%	16.94%	17.60%	10.25%	16.85%	14.73%	1.38%		16.46%	16.46%
Payment #3	4.82%	5.73%	11.63%	4.12%	11.14%	10.36%	6.53%	9.83%	7.50%	0.49%			7.21%	23.67%
Payment #4	1.92%	1.90%	2.70%	2.98%	2.04%	4.34%	4.59%	3.48%	0.06%				2.67%	26.34%
Payment #5	2.20%	0.81%	1.12%	0.78%	0.92%	1.30%	0.82%	0.01%					1.00%	27.34%
Payment #6	0.74%	0.73%	0.51%	0.56%	0.69%	0.33%	0.01%						0.51%	27.84%
Payment #7	0.70%	0.75%	0.68%	0.56%	0.19%	0.00%							0.48%	28.32%
Payment #8	0.36%	0.38%	0.36%	0.21%	0.00%								0.26%	28.59%
Payment #9	0.43%	0.33%	0.29%	0.00%									0.27%	28.85%
Payment #10	0.68%	0.26%	0.00%										0.31%	29.17%
Payment #11	0.09%	0.00%											0.05%	29.21%
Payment #12	0.00%												0.00%	29.21%
Total Late	34.21%	26.46%	41.86%	31.61%	33.45%	33.27%	29.55%	23.58%	24.42%	15.22%	1.38%	0.00%	29.21%	29.21%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		

FY2025 Average Late Bill%:	36.95%

POS Late Bill Report for FY 2024-2025: Regular

Payments through June 2025 State Claim (06/25/2026)

Description	July 2024 23	August 2024 22	September 2024 21	October 2024 24	November 2024 21	December 2024 22	January 2025 23	February 2025 21	March 2025 21	April 2025 22	May 2025 22	June 2025 21	Total Claims FY2024-2025 263	Average 1st Pymnt & Late Bills
Payment #1	$ 55,790,258.92	55,067,888.56	54,613,314.00	59,007,862.66	56,968,218.64	55,121,028.00	65,613,537.09	70,964,237.20	74,655,956.66	72,919,258.69	81,410,366.41	75,465,516.87	777,597,443.70	64,799,786.98
Payment #2	$ 14,099,934.79	15,242,196.80	13,673,664.09	11,145,024.28	8,891,468.39	12,414,889.58	15,843,877.04	9,332,511.94	9,125,036.73	13,607,359.97	11,134,550.69	15,075,738.56	149,586,252.86	12,465,521.07
Payment #3	4,090,153.55	3,853,274.40	3,452,623.39	6,215,143.37	7,025,028.88	6,203,480.36	4,780,476.52	3,816,437.45	6,330,853.21	8,397,848.89	4,665,173.47	6,454,587.28	65,285,080.77	5,440,423.40
Payment #4	1,468,945.85	1,541,866.75	1,359,422.35	1,805,573.69	1,056,250.87	1,153,773.38	1,158,730.32	2,677,415.02	4,364,254.81	1,464,412.75	967,074.66	984,788.80	20,002,509.25	1,666,875.77
Payment #5	752,814.31	1,134,948.86	982,251.44	865,366.85	645,170.24	643,757.70	1,952,585.60	1,202,982.33	777,682.67	888,188.57	731,540.55	975,056.26	11,552,345.38	962,695.45
Payment #6	1,325,650.13	696,637.00	532,569.53	473,240.15	453,769.98	298,571.07	499,121.56	523,522.27	738,360.71	527,556.35	631,865.27	748,440.80	7,449,304.82	620,775.40
Payment #7	415,683.31	402,324.65	378,098.68	432,626.72	277,242.05	187,613.93	686,309.66	1,118,660.80	308,127.31	595,982.64	148,674.08	459,494.82	5,410,838.65	450,903.22
Payment #8	282,837.43	306,124.01	348,043.68	303,414.69	126,722.15	65,071.27	1,024,674.75	154,349.39	463,167.07	301,114.99	371,903.03	262,942.32	4,010,364.78	334,197.07
Payment #9	345,706.55	303,508.64	233,099.59	98,031.63	114,876.14	257,930.94	402,347.56	478,706.41	309,432.10	280,827.01	166,857.36	389,970.72	3,381,294.65	281,774.55
Payment #10	347,904.01	7,877.22	95,481.89	109,905.04	234,708.28	144,487.82	739,424.53	70,888.09	198,217.63	522,358.58	532,054.08	364,900.11	3,368,207.28	280,683.94
Payment #11	78,541.43	(21,108.47)	120,425.96	579,272.19	207,369.03	23,460.10	481,031.00	163,640.33	157,550.29	165,997.20	184,235.07	626,626.60	2,767,040.73	230,586.73
Payment #12	185,181.83	89,717.13	190,016.40	259,649.74	80,673.34	64,471.19	193,651.52	56,150.38	120,838.28	301,801.51	504,405.34	38,393.50	2,084,950.16	173,745.85
Payment #13	232,047.88	113,984.85	123,021.80	91,659.01	114,682.85	112,611.76	19,509.73	378,364.12	522,091.32	417,998.37	28,512.78	(1,076.55)	2,153,407.92	179,450.66
Payment #14	136,273.03	129,816.84	43,825.82	124,291.79	138,244.80	55,972.12	65,658.68	232,203.11	68,109.79	17,642.32	(1,395.10)		1,010,643.20	91,876.65
Payment #15	117,116.07	17,842.14	93,169.92	198,640.34	54,036.33	80,987.25	99,178.63	34,437.10	34,146.68	(922.07)			728,632.39	72,863.24
Payment #16	8,807.09	180,786.47	224,839.43	36,700.01	60,434.25	358,039.47	50,052.70	15,397.77	(1,500.19)				933,557.00	103,728.56
Payment #17	155,914.72	320,224.23	(54,842.54)	96,966.70	97,971.62	255,108.49	4,626.55	(692.45)					875,277.32	109,409.67
Payment #18	292,989.62	(55,604.29)	96,075.63	50,800.45	126,403.78	8,482.09	(430.33)						518,716.95	74,102.42
Payment #19	21,689.72	372,877.31	66,842.97	208,235.23	13,862.16	2,037.27							685,544.66	114,257.44
Payment #20	84,127.95	(61,656.15)	81,210.00	4,912.15	1,838.07								110,432.02	22,086.40
Payment #21	(51,020.54)	(205,310.45)	(1,170.30)	2,068.07									(255,433.22)	(63,858.31)
Payment #22	(253,523.59)	(4,969.59)	637.80										(257,855.38)	(85,951.79)
Payment #23	(34,473.97)	912.00											(33,561.97)	(16,780.99)
Payment #24	2,382.00												2,382.00	2,382.00
Total Paid	79,895,942.09	79,434,158.91	76,652,621.53	82,109,384.76	76,688,971.85	77,451,773.79	93,614,363.11	91,219,211.26	98,172,325.07	100,407,425.77	101,475,817.69	101,845,380.09	1,058,967,375.92	88,311,535.38
Total Late	24,105,683.17	24,366,270.35	22,039,307.53	23,101,522.10	19,720,753.21	22,330,745.79	28,000,826.02	20,254,974.06	23,516,368.41	27,488,167.08	20,065,451.28	26,379,863.22	281,369,932.22	23,511,748.40
Percent Late	43.21%	44.25%	40.36%	39.15%	34.62%	40.51%	42.68%	28.54%	31.50%	37.70%	24.65%	34.96%		36.28%
													1,058,967,375.92	
													0.00	

POS Late Bill Report for FY 2024-2025: Regular

Payments through June 2025 State Claim (06/25/2026)

Description	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025	Average %Late Per Month	Cummulative % LATE
Payment #1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Payment #2	25.27%	27.68%	25.04%	18.89%	15.61%	22.52%	24.15%	13.15%	12.22%	18.66%	13.68%	19.98%	19.74%	19.74%
Payment #3	7.33%	7.00%	6.32%	10.53%	12.33%	11.25%	7.29%	5.38%	8.48%	11.52%	5.73%	8.55%	8.48%	28.21%
Payment #4	2.63%	2.80%	2.49%	3.06%	1.85%	2.09%	1.77%	3.77%	5.85%	2.01%	1.19%	1.30%	2.57%	30.78%
Payment #5	1.35%	2.06%	1.80%	1.47%	1.13%	1.17%	2.98%	1.70%	1.04%	1.22%	0.90%	1.29%	1.51%	32.29%
Payment #6	2.38%	1.27%	0.98%	0.80%	0.80%	0.54%	0.76%	0.74%	0.99%	0.72%	0.78%	0.99%	0.98%	33.27%
Payment #7	0.75%	0.73%	0.69%	0.73%	0.49%	0.34%	1.05%	1.58%	0.41%	0.82%	0.18%	0.61%	0.70%	33.96%
Payment #8	0.51%	0.56%	0.64%	0.51%	0.22%	0.12%	1.56%	0.22%	0.62%	0.41%	0.46%	0.35%	0.51%	34.48%
Payment #9	0.62%	0.55%	0.43%	0.17%	0.20%	0.47%	0.61%	0.67%	0.41%	0.39%	0.20%	0.52%	0.44%	34.92%
Payment #10	0.62%	0.01%	0.17%	0.19%	0.41%	0.26%	1.13%	0.10%	0.27%	0.72%	0.65%	0.48%	0.42%	35.33%
Payment #11	0.14%	-0.04%	0.22%	0.98%	0.36%	0.04%	0.73%	0.23%	0.21%	0.23%	0.23%	0.83%	0.35%	35.68%
Payment #12	0.33%	0.16%	0.35%	0.44%	0.14%	0.12%	0.30%	0.08%	0.16%	0.41%	0.62%	0.05%	0.26%	35.95%
Payment #13	0.42%	0.21%	0.23%	0.16%	0.20%	0.20%	0.03%	0.53%	0.70%	0.57%	0.04%	0.00%	0.27%	36.22%
Payment #14	0.24%	0.24%	0.08%	0.21%	0.24%	0.10%	0.10%	0.33%	0.09%	0.02%	0.00%		0.15%	36.37%
Payment #15	0.21%	0.03%	0.17%	0.34%	0.09%	0.15%	0.15%	0.05%	0.05%	0.00%			0.12%	36.49%
Payment #16	0.02%	0.33%	0.41%	0.06%	0.11%	0.65%	0.08%	0.02%	0.00%				0.19%	36.68%
Payment #17	0.28%	0.58%	-0.10%	0.16%	0.17%	0.46%	0.01%	0.00%					0.20%	36.87%
Payment #18	0.53%	-0.10%	0.18%	0.09%	0.22%	0.02%	0.00%						0.13%	37.01%
Payment #19	0.04%	0.68%	0.12%	0.35%	0.02%	0.00%							0.20%	37.21%
Payment #20	0.15%	-0.11%	0.15%	0.01%	0.00%								0.04%	37.25%
Payment #21	-0.09%	-0.37%	0.00%	0.00%									-0.12%	37.13%
Payment #22	-0.45%	-0.01%	0.00%										-0.15%	36.98%
Payment #23	-0.06%	0.00%											-0.03%	36.95%
Payment #24	0.00%												0.00%	36.95%
Total Late	43.21%	44.25%	40.36%	39.15%	34.62%	40.51%	42.68%	28.54%	31.50%	37.70%	24.65%	34.96%	36.95%	36.95%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		

FY2024 Average Late Bill%:	31.59%

POS Late Bill Report for FY 2023-2024: Regular

Payments through June 2024 State Claim (06/25/2026)

Description	July 2023 21	August 2023 24	September 2023 21	October 2023 22	November 2023 22	December 2023 21	January 2024 23	February 2024 21	March 2024 21	April 2024 22	May 2024 23	June 2024 20	Total Claims FY2023-2024 261	Average 1st Pymnt & Late Bills
Payment #1	52,927,292.04	51,840,366.60	51,718,100.15	55,906,305.95	54,659,709.63	53,570,806.59	55,280,517.56	56,724,100.94	56,545,170.67	54,852,477.33	55,611,901.02	53,871,472.29	653,508,220.77	54,459,018.40
Payment #2	6,047,437.81	9,061,417.01	6,492,191.31	6,314,151.07	7,795,975.46	7,186,969.44	10,972,559.61	11,138,971.26	12,397,518.41	13,581,662.75	13,197,016.34	12,942,663.33	117,128,533.80	9,760,711.15
Payment #3	2,653,808.49	1,918,983.06	3,543,951.11	3,563,131.28	2,739,219.13	2,346,448.00	4,053,181.32	1,657,631.01	2,015,352.24	4,106,052.07	5,851,889.65	4,283,003.07	38,732,650.43	3,227,720.87
Payment #4	1,097,579.72	2,176,783.27	1,214,618.13	909,773.20	830,272.50	1,425,352.58	1,195,403.22	1,326,362.26	2,828,456.23	1,523,056.67	581,926.33	1,509,431.93	16,619,016.04	1,384,918.00
Payment #5	496,468.80	803,999.86	625,635.99	511,834.91	818,025.31	582,354.20	743,200.32	583,999.94	614,053.05	251,113.86	722,010.73	489,722.20	7,242,419.17	603,534.93
Payment #6	563,889.81	316,766.32	375,568.00	705,466.37	312,805.66	412,831.47	376,192.12	421,791.83	(64,743.52)	466,457.13	171,957.73	342,055.67	4,401,038.59	366,753.22
Payment #7	225,657.65	310,445.59	518,079.70	293,638.69	335,775.59	195,476.36	304,686.75	(174,099.15)	263,349.48	204,059.07	180,214.63	663,832.64	3,321,117.00	276,759.75
Payment #8	245,168.03	286,528.52	237,498.15	178,719.82	170,155.82	290,766.24	(123,559.85)	225,874.33	124,678.57	156,557.86	456,781.44	(158,406.24)	2,090,762.69	174,230.22
Payment #9	287,937.59	190,736.36	126,287.57	192,696.15	327,423.78	205,859.70	495,608.90	332,374.81	129,726.48	442,115.06	(416,296.53)	137,964.44	2,452,434.31	204,369.53
Payment #10	219,690.64	226,344.90	177,014.01	300,985.96	237,169.41	367,134.50	166,028.02	103,581.80	162,935.38	(411,878.23)	69,387.93	330,829.01	1,949,223.33	162,435.28
Payment #11	174,192.27	160,344.31	290,937.54	139,195.63	319,384.84	89,674.18	177,201.07	106,468.45	(430,769.70)	51,329.34	234,956.13	25,849.03	1,338,763.09	111,563.59
Payment #12	124,001.46	279,357.59	84,835.56	454,203.45	86,715.84	56,334.89	133,855.49	(414,219.81)	98,605.52	208,527.83	42,637.28	787,661.16	1,942,516.26	161,876.36
Payment #13	289,837.83	129,400.11	334,098.79	74,509.39	46,194.25	78,762.86	(79,615.83)	98,619.86	79,771.35	2,184,537.26	156,793.31	53,152.54	3,446,061.72	287,171.81
Payment #14	294,140.50	263,042.18	82,656.25	35,973.04	57,419.79	110,236.13	197,053.78	(26,889.09)	56,198.80	311,430.99	(148,932.50)	(129,293.87)	1,103,036.00	91,919.67
Payment #15	313,820.60	78,821.90	35,276.83	74,975.30	144,325.87	85,444.02	65,845.34	41,048.41	(32,157.58)	(208,799.75)	(79,230.95)	21,296.00	540,665.99	45,055.50
Payment #16	162,701.24	46,575.32	44,641.66	138,808.25	88,965.75	41,921.30	2,197.24	(60,420.17)	(188,560.44)	148,568.39	(74,787.37)	42,318.40	392,929.57	32,744.13
Payment #17	24,762.10	30,773.93	136,345.16	105,029.77	51,626.03	37,420.15	103,030.24	(85,059.26)	(69,745.84)	(36,793.50)	(72,512.40)	(90,174.72)	134,701.66	11,225.14
Payment #18	21,120.05	189,081.66	47,628.02	30,688.05	62,544.64	41,288.31	(15,308.41)	(102,304.21)	(12,452.31)	(202,816.55)	(112,606.28)	68,660.38	15,523.35	1,293.61
Payment #19	139,256.69	71,134.29	23,934.36	53,829.10	40,340.46	13,753.07	(229,161.08)	(126,425.81)	(197,959.96)	(128,300.26)	(15,331.20)	109,301.71	(245,628.63)	(20,469.05)
Payment #20	46,347.50	36,352.95	52,568.59	37,674.14	18,616.06	27,529.50	(48,624.31)	(162,373.37)	(156,385.38)	(10,614.78)	27,967.70	377,804.96	246,863.56	20,571.96
Payment #21	30,750.52	80,416.92	39,547.38	9,428.28	23,645.52	68,465.61	(101,118.72)	(241,425.55)	(4,002.62)	106,834.95	153,630.63	132,323.03	298,495.95	24,874.66
Payment #22	84,969.93	47,848.39	12,778.26	8,765.22	59,828.35	(16,031.33)	(78,685.35)	(86,420.64)	85,367.38	57,851.03	85,079.80	83,477.74	344,828.78	28,735.73
Payment #23	(10,140.63)	6,809.41	6,730.71	69,538.14	4,734.34	14,254.24	(11,107.68)	104,466.50	49,340.71	95,092.78	37,279.09	(275,145.08)	91,852.53	7,654.38
Payment #24	6,037.52	11,837.72	56,284.10	9,366.67	14,058.70	(17,270.62)	69,990.42	57,428.86	82,515.81	41,252.81	(317,854.06)	954.68	14,602.61	1,216.88
Payment #25	107,883.79	61,495.93	(64.78)	15,151.30	(7,860.66)	107,323.80	345,440.71	70,159.66	6,864.50	(344,164.99)	0.00	0.00	362,229.26	30,185.77
Payment #26	507,282.97	7,341.52	13,075.09	(7,966.61)	98,911.87	105,778.27	109,034.11	7,356.86	(372,669.63)	(4,347.92)	0.00		463,796.53	42,163.32
Payment #27	3,809.93	8,878.84	653.67	105,060.18	100,682.58	100,537.04	(17,966.57)	(334,710.88)	(14,523.28)	0.00			(47,578.49)	(4,757.85)
Payment #28	370.20	(14,901.51)	90,049.60	95,227.86	100,331.02	3,270.53	(317,947.16)	(13,076.72)	0.00				(56,676.18)	(6,297.35)
Payment #29	10,787.11	92,730.51	182,280.85	109,964.95	3,499.73	(1,078.13)	(1,848.06)	0.00					396,336.96	49,542.12
Payment #30	89,879.03	129,610.53	151,690.14	41,891.76	(1,078.13)	0.00	0.00						411,993.33	58,856.19
Payment #31	117,969.09	165,602.34	9,433.26	(1,432.40)	0.00	0.00							291,572.29	48,595.38
Payment #32	85,845.69	(466.16)	(1,432.40)	0.00	0.00								83,947.13	16,789.43
Payment #33	(5,936.42)	(168.00)	0.00	0.00									(6,104.42)	(1,526.11)
Payment #34	(168.00)	0.00	0.00										(168.00)	(56.00)
Payment #35	0.00	0.00											0.00	0.00
Payment #36	0.00												0.00	0.00
Total Paid	67,384,451.55	69,014,292.17	66,722,892.76	70,476,584.87	69,539,419.14	67,531,612.90	73,766,083.20	71,172,812.12	73,995,934.32	77,441,261.20	76,343,878.45	75,620,754.30	859,009,976.98	71,659,380.62
Total Late	14,457,159.51	17,173,925.57	15,004,792.61	14,570,278.92	14,879,709.51	13,960,806.31	18,485,565.64	14,448,711.18	17,450,763.65	22,588,783.87	20,731,977.43	21,749,282.01	205,501,756.21	17,200,362.22
Percent Late	27.32%	33.13%	29.01%	26.06%	27.22%	26.06%	33.44%	25.47%	30.86%	41.18%	37.28%	40.37%		31.58%

859,009,976.98
0.00

POS Late Bill Report for FY 2023-2024: Regular

Payments through June 2024 State Claim (06/25/2026)

Description	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	Average %Late Per Month	Cummulative % LATE
Payment #1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Payment #2	11.43%	17.48%	12.55%	11.29%	14.26%	13.42%	19.85%	19.64%	21.92%	24.76%	23.73%	24.03%	17.86%	17.86%
Payment #3	5.01%	3.70%	6.85%	6.37%	5.01%	4.38%	7.33%	2.92%	3.56%	7.49%	10.52%	7.95%	5.93%	23.79%
Payment #4	2.07%	4.20%	2.35%	1.63%	1.52%	2.66%	2.16%	2.34%	5.00%	2.78%	1.05%	2.80%	2.55%	26.34%
Payment #5	0.94%	1.55%	1.21%	0.92%	1.50%	1.09%	1.34%	1.03%	1.09%	0.46%	1.30%	0.91%	1.11%	27.45%
Payment #6	1.07%	0.61%	0.73%	1.26%	0.57%	0.77%	0.68%	0.74%	-0.11%	0.85%	0.31%	0.63%	0.68%	28.12%
Payment #7	0.43%	0.60%	1.00%	0.53%	0.61%	0.36%	0.55%	-0.31%	0.47%	0.37%	0.32%	1.23%	0.51%	28.64%
Payment #8	0.46%	0.55%	0.46%	0.32%	0.31%	0.54%	-0.22%	0.40%	0.22%	0.29%	0.82%	-0.29%	0.32%	28.96%
Payment #9	0.54%	0.37%	0.24%	0.34%	0.60%	0.38%	0.90%	0.59%	0.23%	0.81%	-0.75%	0.26%	0.38%	29.33%
Payment #10	0.42%	0.44%	0.34%	0.54%	0.43%	0.69%	0.30%	0.18%	0.29%	-0.75%	0.12%	0.61%	0.30%	29.63%
Payment #11	0.33%	0.31%	0.56%	0.25%	0.58%	0.17%	0.32%	0.19%	-0.76%	0.09%	0.42%	0.05%	0.21%	29.84%
Payment #12	0.23%	0.54%	0.16%	0.81%	0.16%	0.11%	0.24%	-0.73%	0.17%	0.38%	0.08%	1.46%	0.30%	30.14%
Payment #13	0.55%	0.25%	0.65%	0.13%	0.08%	0.15%	-0.14%	0.17%	0.14%	3.98%	0.28%	0.10%	0.53%	30.67%
Payment #14	0.56%	0.51%	0.16%	0.06%	0.11%	0.21%	0.36%	-0.05%	0.10%	0.57%	-0.27%	-0.24%	0.17%	30.85%
Payment #15	0.59%	0.15%	0.07%	0.13%	0.26%	0.16%	0.12%	0.07%	-0.06%	-0.38%	-0.14%	0.04%	0.09%	30.93%
Payment #16	0.31%	0.09%	0.09%	0.25%	0.16%	0.08%	0.00%	-0.11%	-0.33%	0.27%	-0.13%	0.08%	0.06%	30.99%
Payment #17	0.05%	0.06%	0.26%	0.19%	0.09%	0.07%	0.19%	-0.15%	-0.12%	-0.07%	-0.13%	-0.17%	0.02%	31.02%
Payment #18	0.04%	0.36%	0.09%	0.05%	0.11%	0.08%	-0.03%	-0.18%	-0.02%	-0.37%	-0.20%	0.13%	0.01%	31.02%
Payment #19	0.26%	0.14%	0.05%	0.10%	0.07%	0.03%	-0.41%	-0.22%	-0.35%	-0.23%	-0.03%	0.20%	-0.03%	30.99%
Payment #20	0.09%	0.07%	0.10%	0.07%	0.03%	0.05%	-0.09%	-0.29%	-0.28%	-0.02%	0.05%	0.70%	0.04%	31.03%
Payment #21	0.06%	0.16%	0.08%	0.02%	0.04%	0.13%	-0.18%	-0.43%	-0.01%	0.19%	0.28%	0.25%	0.05%	31.08%
Payment #22	0.16%	0.09%	0.02%	0.02%	0.11%	-0.03%	-0.14%	-0.15%	0.15%	0.11%	0.15%	0.15%	0.05%	31.13%
Payment #23	-0.02%	0.01%	0.01%	0.12%	0.01%	0.03%	-0.02%	0.18%	0.09%	0.17%	0.07%	-0.51%	0.01%	31.14%
Payment #24	0.01%	0.02%	0.11%	0.02%	0.03%	-0.03%	0.13%	0.10%	0.15%	0.08%	-0.57%	0.00%	0.00%	31.15%
Payment #25	0.20%	0.12%	0.00%	0.03%	-0.01%	0.20%	0.62%	0.12%	0.01%	-0.63%	0.00%	0.00%	0.06%	31.20%
Payment #26	0.96%	0.01%	0.03%	-0.01%	0.18%	0.20%	0.20%	0.01%	-0.66%	-0.01%	0.00%		0.08%	31.28%
Payment #27	0.01%	0.02%	0.00%	0.19%	0.18%	0.19%	-0.03%	-0.59%	-0.03%	0.00%			-0.01%	31.28%
Payment #28	0.00%	-0.03%	0.17%	0.17%	0.18%	0.01%	-0.58%	-0.02%	0.00%				-0.01%	31.27%
Payment #29	0.02%	0.18%	0.35%	0.20%	0.01%	0.00%	0.00%	0.00%					0.09%	31.36%
Payment #30	0.17%	0.25%	0.29%	0.07%	0.00%	0.00%	0.00%						0.11%	31.47%
Payment #31	0.22%	0.32%	0.02%	0.00%	0.00%	0.00%							0.09%	31.57%
Payment #32	0.16%	0.00%	0.00%	0.00%	0.00%								0.03%	31.60%
Payment #33	-0.01%	0.00%	0.00%	0.00%									0.00%	31.59%
Payment #34	0.00%	0.00%	0.00%										0.00%	31.59%
Payment #35	0.00%	0.00%											0.00%	31.59%
Payment #36	0.00%												0.00%	31.59%
Total Late	27.32%	33.13%	29.01%	26.06%	27.22%	26.06%	33.44%	25.47%	30.86%	41.18%	37.28%	40.37%	31.59%	31.59%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		

FY2023 Average Late Bill%:	39.94%

Trustee Service Fees by Quarter for Post-Retirement Medical Trust
Fiscal Year 2025-2026

A Description of Fees	B Actual 7/1/2025-9/30/2025	C Actual 10/1/2025-12/31/2025	D Actual 1/1/2026-3/31/2026	E Actual 4/1/2026-6/30/2026	F Actual Total Fees FY 2025-2026
Base Fee	$ -				$ -
Adjustment to Meet Minimum Base Fee	$ -				$ -
Total Ongoing Flat Fee	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Trustee/Custody Fee first $1 Million @ $0.005	$ 1,250.00	$ 1,250.00	$ 1,250.00	$ 1,250.00	$ 5,000.00
Trustee/Custody Fee next $4 Million @ $0.002	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 8,000.00
Trustee/Custody Fee next $20 Million @ $0.001	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 20,000.00
Trustee/Custody Fee next $20 Million @ $0.0005	$ 2,686.83	$ 2,809.81	$ 2,760.96	$ 3,250.30	$ 11,507.90
Total Ongoing Fees	**$ 10,936.83**	**$ 11,059.81**	**$ 11,010.96**	**$ 11,500.30**	**$ 44,507.90**
Fiduciary Return Fee/Grantor's Tax Letter Preparation	$ -	$ -	$ 440.00	$ -	$ 440.00
Transaction Fees	$ -	$ -	$ -	$ -	$ -
Total One-Time Fees	**$ -**	**$ -**	**$ 440.00**	**$ -**	**$ 440.00**
Total Bank Fees (US Bank)	**$ 10,936.83**	**$ 11,059.81**	**$ 11,450.96**	**$ 11,500.30**	**$ 44,947.90**
Investment Management Fee on Balance @ $0.0035	$ 40,059.88	$ 40,812.96	$ 39,767.20	$ 43,609.54	$ 164,249.58
Total Investment Management Fee (Highmark)	**$ 40,059.88**	**$ 40,812.96**	**$ 39,767.20**	**$ 43,609.54**	**$ 164,249.58**
Total Fees	**$ 50,996.71**	**$ 51,872.77**	**$ 51,218.16**	**$ 55,109.84**	**$ 209,197.48**
Market Value of PRMT/Trustee/Custody Fees	$ 46,494,615.18	$ 47,478,499.23	$ 47,087,660.07	$ 51,002,363.81	$ 192,063,138.29
Market Value of PRMT	**$ 46,494,615.18**	**$ 47,478,499.23**	**$ 47,087,660.07**	**$ 51,002,363.81**	**$ 192,063,138.29**
Market Value of Investment Management Fees	$ 45,409,490.25	$ 46,263,137.46	$ 46,079,511.14	$ 49,976,390.31	**$ 187,728,529.16**
Market Value of Investments	**$ 45,409,490.25**	**$ 46,263,137.46**	**$ 46,079,511.14**	**$ 49,976,390.31**	**$ 187,728,529.16**
Percent Fees to Market Value	**0.11%**	**0.11%**	**0.11%**	**0.11%**	**0.11%**

Explanation of Post-Retirement Medical Trust Fees

Description	Explanation of Fees	How Calculated
Set Up Fee	One time initial fee upon acceptance of relationship	$250.00 minimum at account set up
Base Fee	Fee Charged per each Account	$250.00 per year or $62.50 per quarter
Minimum Base Fee	Minimum Fee Charged per each Plan is $500.00. Since NLACRC is only paying $250.00 because it has just one account, NLACRC is charged an additional $250.00 ($500 minimum charge less $250 for one account)	$250.00 per year or $62.50 per quarter
Investment Management Fees	All investments, non-proprietary USBank funds, are subject to investment management fees. Investment management fees are calculated on the market value of the assets held in the account. Investment management fees do not apply to USBank proprietary funds. (Highmark Funds are USBank proprietary funds.)	.35% of the funds not managed by USBank
Trustee/Custody Fees	Fees charged based on the market value of the assets held in the account for the trustee/custodian services provided by USBank.	.40% on the first $1,000,000 or (0.0040)** .20% on the next $4,000,000 or (0.0020) .10% on the next $20,000,000 or (0.0010) .05% on all over $25,000,000 or (0.0005) ** Increases to .50% on the first $1,000,000 or (0.0050) if there are no USBank proprietary funds.
Participant Loans	Fees charged for participant loans.	Not applicable. Loans are not allowed.
Benefit Payments & check issuance	Fees charged for benefit payments made to participants or beneficiaries.	Single disbursement $10.00 each Recurring periodic disbursement

Explanation of Post-Retirement Medical Trust Fees

Description	Explanation of Fees	How Calculated
		to same individual $2.00 each
Investment Transactions	Fees charged for the purchase, sale, transfer, or reorganization items, including but not limited to mergers, full and partial calls, conversions, exchanges, and tender/purchase offers.	Not applicable.
Insurance Policies	Fees charged for insurance contract investments.	Not applicable. There are no insurance contracts investments in the trust.
Mortgage/Trust Deed Investments	Fees charged for any mortgage/trust deed investments.	Not applicable. There are no such type of investments in the trust.
Extraordinary Fees	Other services performed by the trustee/custodian not specifically contemplated by the parties at the inception of the account shall, upon mutual consent, be subject to extraordinary fees based upon the time and services rendered in performing services.	Examples, include but are not limited to, out-of-pocket expenses; and class action processing fees equal to 6% of the recovered funds.
Late Fees	If the account cannot be charged for fees after thirty (30) days, the fees not paid will be subject to a late charge.	1% per month on the unpaid balance

Trustee Service Fees by Quarter for CalPERS Unfunded Trust ("UAL")
Fiscal Year 2025-2026

A Description of Fees	B Actual 7/1/2025-9/30/2025	C Actual 10/1/2025-12/31/2025	D Actual 1/1/2026-3/31/2026	E Actual 4/1/2026-6/30/2026	F Actual Total Fees FY 2025-2026
Base Fee	$ -				$ -
Adjustment to Meet Minimum Base Fee	$ -				$ -
Total Base Fees	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Trustee/Custody Fee first $1 Million @ $0.005	$ 1,250.00	$ 1,250.00	$ 1,250.00	$ 1,250.00	$ 5,000.00
Trustee/Custody Fee next $4 Million @ $0.002	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 8,000.00
Trustee/Custody Fee next $20 Million @ $0.001	$ 1,330.42	$ 1,375.63	$ 5,000.00	$ 5,000.00	$ 12,706.05
Trustee/Custody Fee next $20 Million @ $0.0005			$ 1,305.83	$ 1,563.08	$ 2,868.91
Total Trustee Fees	**$ 4,580.42**	**$ 4,625.63**	**$ 9,555.83**	**$ 9,813.08**	**$ 28,574.96**
Fiduciary Return Fee/Grantor's Tax Letter Preparation	$ -	$ -	$ 440.00	$ -	$ 440.00
Wire Fees (Payments to CalPERS)	$ -	$ -	$ -	$ -	$ -
Outgoing ACH Non-USB	$ -	$ -	$ -	$ -	
Total One-Time Fees/Credits	**$ -**	**$ -**	**$ 440.00**	**$ -**	**$ 440.00**
Total US Bank Fees	**$ 4,580.42**	**$ 4,625.63**	**$ 9,995.83**	**$ 9,813.08**	**$ 29,014.96**
Investment Management Fee on Balance @ $0.0035	$ 8,940.20	$ 9,061.29	$ 29,920.87	$ 32,025.61	$ 79,947.97
Total Investment Management Fees (Highmark/PFM)	**$ 8,940.20**	**$ 9,061.29**	**$ 29,920.87**	**$ 32,025.61**	**$ 79,947.97**
Total Fees	**$ 13,520.62**	**$ 13,686.92**	**$ 39,916.70**	**$ 41,838.69**	**$ 108,962.93**
Market Value of UAL/Trustee/Custody Fees	$ 10,321,696	$ 10,502,510	$ 35,446,624	$ 37,504,613	$ 93,775,443
Market Value of UALTrust	**$ 10,321,696**	**$ 10,502,510**	**$ 35,446,624**	**$ 37,504,613**	**$ 93,775,443**
Market Value of UAL/Investment Management Fees	$ 10,134,074	$ 10,271,339	$ 34,670,210	$ 36,701,247	**$ 91,776,870**
Market Value of Investments	**$ 10,134,074**	**$ 10,271,339**	**$ 34,670,210**	**$ 36,701,247**	**$ 91,776,870**
Percent Fees to Market Value	**0.13%**	**0.13%**	**0.11%**	**0.11%**	

Explanation of CalPERS Unfunded Trust ("UAL")

Description	Explanation of Fees	How Calculated
Set Up Fee	One time initial fee upon acceptance of relationship	$250.00 minimum at account set up
Base Fee	Fee Charged per each Account	$250.00 per year or $62.50 per quarter
Minimum Base Fee	Minimum Fee Charged per each Plan is $500.00. Since NLACRC is only paying $250.00 because it has just one account, NLACRC is charged an additional $250.00 ($500 minimum charge less $250 for one account)	$250.00 per year or $62.50 per quarter
Investment Management Fees	All investments, non-proprietary USBank funds, are subject to investment management fees. Investment management fees are calculated on the market value of the assets held in the account. Investment management fees do not apply to USBank proprietary funds. (Highmark Funds are USBank proprietary funds.)	.35% of the funds not managed by USBank
Trustee/Custody Fees	Fees charged based on the market value of the assets held in the account for the trustee/custodian services provided by USBank.	.50% on the first $1,000,000 or (0.0040)** .20% on the next $4,000,000 or (0.0020) .10% on the next $20,000,000 or (0.0010) .05% on all over $25,000,000 or (0.0005) ** Increases from .40% to .50% on the first $1,000,000 or (0.0050) if there are no USBank proprietary funds.
Participant Loans	Fees charged for participant loans.	Not applicable. Loans are not allowed.

Explanation of CalPERS Unfunded Trust ("UAL")

Description	Explanation of Fees	How Calculated
Benefit Payments & check issuance	Fees charged for benefit payments made to participants or beneficiaries.	Single disbursement $10.00 each Recurring periodic disbursement to same individual $2.00 each
Investment Transactions	Fees charged for the purchase, sale, transfer, or reorganization items, including but not limited to mergers, full and partial calls, conversions, exchanges, and tender/purchase offers.	Not applicable.
Insurance Policies	Fees charged for insurance contract investments.	Not applicable. There are no insurance contracts investments in the trust.
Mortgage/Trust Deed Investments	Fees charged for any mortgage/trust deed investments.	Not applicable. There are no such type of investments in the trust.
Extraordinary Fees	Other services performed by the trustee/custodian not specifically contemplated by the parties at the inception of the account shall, upon mutual consent, be subject to extraordinary fees based upon the time and services rendered in performing services.	Examples, include but are not limited to, out-of-pocket expenses; and class action processing fees equal to 6% of the recovered funds.
Late Fees	If the account cannot be charged for fees after thirty (30) days, the fees not paid will be subject to a late charge.	1% per month on the unpaid balance

Monthly Whistleblower Log May 16, 2026 - June 15, 2026

	Time Period:	05/16/2026 -06/15/2026									
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		332	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 perpertrator allegedly verbally, digitally and physically harassed NLACRC staff member due to improper relationship/association with NLACRC Management individual.	**Open**	**Open**		328	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 investiga**	Opem		217	Sheila King, HR Manager
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 investiga**	Open		162	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.	**1. Substantiated**	Plan of Improvement 5/18/2026	5/18/2026	133	Arshalous Garlanian, Community Services Director
1/57/2026 (correction)	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.	**1. Substantiated** **2. Unsubstantiated** **3. Unsubstantiated**	Plan of Improvement 5/18/2026	5/18/2026	131	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 HIPPA 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	159	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 Corrective Action	2/5/2026; reopened 2/12/26	157	Arshalous Garlanian, Community Services Director
1/11/2026	Community Member	2026-SPWP-41		Service Provider	Excessive Fees	1. Excessive Fees for Social Recreation Activities 2. Lack of itimized breakdown for fees	**OPEN**	OPEN		155	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**	OPEN		153	Arshalous Garlanian, Community Services Director
1/29/2026	Community Member	2026-SPWP-40	N/A	Service Provider	Staff not trained; Failure to maintain vehicles: Unprofessional	1. Vehicles not maintained. - **Unsubstantiated** 2. Staff not certified to train. - **Unsubstantiated** 3. Unprofessional staff. - **Unsubstantiated** Additional allegations from original complaint: 4. Excessive workload, fatigue, and staffing concerns. - **Unsubstantiated** 5. Lack of Management, Supervisory, and safety oversight. - **Unsubstantiated** 6. Alleged illegal activities on company premises. - **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **5. Unsubstantiated** **6. Unsubstantiated**	N/A	6/9/2026	131	Arshalous Garlanian, Community Services Director
2/17/2026	Community Member	2026-SPWB-42	2/24/2026	Service Provider	Retaliatory Termination of Employment	1. Assault Incidents doe to Behaviorial 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		118	Arshalous Garlanian, Community Services Director
3/19/2026	Family Member	2026-SPWB45	3/24/2026	Service Provider	Report of Concerns	1. Inappropriate Conduct by a DSP assigned to work in home setting, in the presence of a minor child	OPEN	OPEN		88	Arshalous Garlanian, Community Services Director
3/23/2026	Family Member	2026-SPWB46	3/24/2026	Service Provider	Report of Concerns;HealthY & Safety; Failure to meet IPP; Clients Rights	Allegations: 1.Safety & Abandonment: Client requires 24/7 care but is frequently abandoned at sister's home because the vendor fails to staff shifts. **Unsubstantiated** 2. Denial of Service Animal: Staff continue to refuse her IPP-mandated service dog, a violation of both the ADA and her right to mandated supports. **Unsubstantiated** 3. Medical Neglect: Against her repeated refusals, staff forced her into a workout that resulted in a seizure. **Inconclusive** 4. Privacy & Dignity: Her request for a female worker for hygiene tasks was ignored for three months, forcing her into an unsafe situation with a male worker. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated** **3. Inconclusive** **4. Unsubstantiated**	CLOSED	4/29/2026	37	Arshalous Garlanian, Community Services Director

Monthly Whistleblower Log May 16, 2026 - June 15, 2026

4/22/2026	Community Member	2026-SPWB47	N/A	Service Provider	Health & Safety; Client's Rights; Failure to protect.	1. The Incident & De-escalation (Thursday, April 16) - **Substantiated** 2. The Brutality of law enforcement - **Unsubstantiated** 3. The Neglect & Physical Protection - **Unsubstantiated** 4. Medical Dumping (Friday, April 17) - **Unsubstantiated**	**1. Substantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Inconclusive**	N/A	6/9/2026	48	Arshalous Garlanian, Community Services Director
4/30/2026	Community Member	2026-SPWB48	N/A	Service Provider	Unprofessional Staff Conduct; Failure to provide services as specified in the IPP.	1. Administrator does not treat staff fairly, expectations are not consistent, talks about staff with other staff. **Outside RC Scope** 2. Staff was sleeping in a resident's room on 4/27/2026 from 9:00pm - 9:40pm instead of working. Resident requires 2:1. **Substantiated**	**1. Outside of RC scope - reported to Agency Management** **2. Substantiated**	CAP to be issued 5/18/2026	5/12/2026	12	Arshalous Garlanian, Community Services Director
5/1/2026	Community Member	2026-SPWB-56	5/1/2026	Service Provider	Staff not trained; Failure to maintain staffing ratios: Staff not having appropriate qualification	1. The program is not providing staff training including new employee training and mandated reporter training. – **Substantiated** 2. The program is not consistently following required staffing ratios. – **Unsubstantiated** 3. Dating back to June 2025, and potentially prior, the program has fraudulently billed for services. – **Substantiated** This includes billing for services that are supposed to be provided by Board Certified Behavior Analysts but are provided by other individuals (potentially technicians). - **– Unsubstantiated**	**1. Substantiated** **2. Unsubstantiated** **3a. Substantiated** **3b. Unsubstantiated**	Plan of Improvement 6/12/2026	6/12/2026	42	Arshalous Garlanian, Community Services Director
5/1/2026	Community Member	2026-SPWB49	5/1/2026	Service Provider	Inadequate food supply; Health & Safety - Work Environment; Unprofessional Staff Conduct; Failure to provide services as specified in the IPP;	1. Inadequate food supply available for clients. **Unsubstantiated** 2.Staff have been found sleeping or are on their phones while in clients' rooms instead of working with individuals served. **Substantiated** 3. Staff made derogatory comments about other staff in front of individuals served. **Unsubstantiated** 4. Property's landscape not being maintained creating an increased risks during snake season as the grass is too high to see snakes. **Substantiated** 5. A client stepped on a snake. **Unsubstantiated**	**1. Unsubstantiated** **2. Substantiated** **3. Unsubstantiated** **4. Substantiated** **5. Unsubstantiated**	CAP to be issued 5/18/2027	5/12/2026	11	Arshalous Garlanian, Community Services Director
5/4/2026	Community Member	2026-SPWB50	5/5/2026	Service Provider	Failure to provide services; Neglect; Clients Rights; Unprofessional Staff	1.Allegations of not receiving help with grocery shopping, attending appointments, cleaning her apartment, and building life skills. **Unsubstantiated** 2.Allegations of her assigned caregiver has been neglectful and unprofessional. One caregiver allegedly used her personal items and food, while another failed to perform required duties. - **Unsubstantiated** 3.Lack of support, the member reports she nearly lost her apartment due to lack of support, she nearly failed an inspection putting her housing in jeopardy. She feels unable to manage tasks independently because of her mental illness and disability. - **Unsubstantiated** 4. Staff picked up family member while on duty and transporting client. Client expressed feeling uncomfortable due to the family member using foul language. - **Inconclusive**	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Inconclusive**	N/A	5/18/2026	14	Arshalous Garlanian, Community Services Director
5/4/2026	Community Member	2026-SPWB51	5/5/2026	Service Provider	Neglect	1. On 4/29/26 staff from vendored agency reported that on 4/28/26 that an individual served by FDLRC was found covered in her own urine when the caregiver arrived on shift and no one from her facility offered to help. 2. The electric chair is also in bad shape; caregiver had to assist with repairing it to prevent from the resident collapsing in it.	**OPEN** **with CCL**	OPEN		42	Arshalous Garlanian, Community Services Director
5/20/2026	Community Member	2026-SPWB52	N/A	Service Provider	HR practices; Lack of Training; Staff driving with suspended license; Failure to Report	1. Concerns with HR related practices – outside of RC Scope referred to DOL 2. "Administrator" (mother of owner) asks residents to send complaints about staff so they can fire them 3. "Administrator" encouraging behaviors so they can request/keep 1:1s. Residents don't all need one 4. "Administrator" allows staff with suspended driving license drive residents 5. "Administrator" has people/relatives telling home staff what to do when they don't work in the home 6. "Administrator" allows staff who don't have DSP certification to administer medication and sign the Administrator's name while she is on FACETIME 7. "Administrator" staff don't have CEUs or their DSP 1 and 2 8. "Administrator" does not submit SIRs for incidents – Client 1and Client 2 (residents) had an altercation, but no SIR was submitted.	**OPEN**			26	Arshalous Garlanian, Community Services Director
5/29/2026	Anonymous/Unknown	2026-EWB-55	5/29/2026	NLACRC Employee	Leadership/Workplace Equity	1. Non-management staff are receiving a per payperiod gas stipend, while management staff receive no comparable compensation. 2.A "loyalty pay" bonus applies only to non-management staff 3. Consultants hired to improve workplace fairness have been ineffective. 4. Management is being pressured to discipline employees who voice concerns 5. Executive Director is making unilateral decisions without proper investigation.	**Open. Referred to Board Legal Counsel for response and investigation**			24	Sheila King, HR Manager
6/1/2026	Community Member	2026-SPWB-57	6/1/2026	Service Provider	Staffing ratios; Failure to meet PD; Training; Health & Safety	1. The program is not complying with staffing ratios. When direct care staff take scheduled 15-minute breaks, there is no floater or relief staff. Management instructs staff who are already actively supervising their own assigned individuals to simultaneously monitor the absent staff member's assigned individual. In multiple instances, this has left individuals unattended in the community, presenting safety and elopement concerns. - **Substantiated** 2. The program's daily structure does not align with the approved program design. **- Unsubstantiated** 3. Personnel are not qualified and/or lack specialized training that the agency represented they would possess within the program design, specifically for program managers and program directors. **– Substantiated** 4. The program accepts placements that are not aligned with its current clinical and behavioral support capacity, including C1 and C2. - **Unsubstantiated** 5. The program's Executive team dismisses staff concerns for C3 hygiene, cockroach infestation at home, and alleged abuse by her mother. No mandated reports are filed. **– Unsubstantiated**	**1. Substantiated** **2. Unsubstantiated** **3. Substantiated** **4. Unsubstantiated** **5. Substantiated**	Plan of Improvement TBD		14	Arshalous Garlanian, Community Services Director
6/5/2026	Community Member	2026-SPWB-53	6/9/2026	Service Provider	Financial Misonduct/fraud/Misappropriation of funds;Failure to adhere to Title 17 audit requirement; Human Resource concerns; Conflict of Interest; Intimidation	1. Financial misconduct, fraud, or misappropriation of organizational funds. 2. Intimidation by ED.	**OPEN**			10	Arshalous Garlanian, Community Services Director
6/5/2026	Community Member	2026-SPWB-54	6/10/2026	Service Provider	Failure to adhere to Title 17 audit requirement; Human Resource concerns; Conflict of Interest; Intimidation	1. Agency ED Deceptive Information of Vendorization Termination 2. Refusal to submit Financial Audits and Discrepancies 3. Internal Obstruction and Lack of Proper Oversight (Conflict of Interest between ED and Board) 4. Workplace and Staff Intimidation	**OPEN**			10	Arshalous Garlanian, Community Services Director

Monthly Whistleblower Log May 16, 2026 - June 15, 2026

6/8/2026	Community Member	2026 -SPWB-58	6/8/2026	Service Provider	Improper Data Collection and Documentation; Reporting and Billing Concerns	1. Improper Data Collection and Documentation a. Dating back to October 2025, and potentially years prior, the program allegedly falsified client data, did not maintain proper data documentation, and submitted progress reports lacking objective metrics. b. The program's service protocols state that AST services will be conducted using specific methodologies with progress measured by defined metrics; however, the data collected was unquantifiable, unrelated to those metrics, and could not substantiate the performance presented in official progress reports. c. There are inconsistences between the stated goal methodologies and the actual data collected. d. There are discrepancies between raw data and the final progress reports submitted. e. Clinical metrics and data tracking were fabricated or missing entirely. f. End-of-session summaries are missing, incomplete, or unprofessional. g. The program could not produce requested historical documentation and data records. h. Physical data submissions were left uncollected and/or unreviewed for at least a year. 2. Reporting and Billing Concerns a. Program leaders are aware of these issues but did not initiate an audit or notify the regional center. b. The program potentially billed	**OPEN**			7	Arshalous Garlanian, Community Services Director
6/9/2026	Community Member	2026-SWPB-59	6/10/2026	Service Provider	Lack of Supervision; Client Rights; Driver Qualification; Health & Safety; Lack of Training	1. Staff 1 leaves participants unsupervised (e.g. outside the building or out of visual proximity). - **Unsubstantiated** a. The most recent incident occurred on January 14, 2026, and was formally reported to the Regional Director and Program Director. 2. Demeaning and disrespectful treatment of participants by staff Staff 1 - **PENDING** 1. Staff 1 allegedly threatened to take away activities or remove Client 2 access to his personal belongings if he did not listen to her. - **PENDING** 2. A formal complaint was reportedly filed (potentially on or around January 15, 2026) by C2 with Admin and the CEO becauseStaff 1 was rude to him. - **PENDING** 3. Driver Qualifications a. Staff drivers do not have the correct license to operate the program's commercial vehicles that transport 12+ passengers. **- Unsubstantiated** 4. Exposure to Extreme Weather and Environmental Hazards **- Unsubstantiated** 1. Staff 2 regularly schedules strenuous activities during periods of extreme weather, regardless of participants' medical vulnerabilities. 2. On June 3, 2026, a cooking activity utilizing hot ovens was mandated and conducted in weather exceeding 90°F. Medically fragile participants, including Client 3, were exposed to dangerous thermal conditions. **- Unsubstantiated** 3. Lack of staff training, specifically: **- Substantiated** 1. Safe lifting and transfer procedures 2. Mechanical lift operation and wheelchair securement 3. Restroom and mobility assistance 4. Appropriate personal protective equipment (PPE)	**OPEN**			6	Arshalous Garlanian, Community Services Director
6/10/2026	Community Member	2026-SWPWB-60	N/A	Service Provider	Health & Safety; Unsafe driving practices; Failure to protect by not following policies & procedures; Unfair/equitable work practices by management; Extended breaks; Lack of supervision	1. Client sustained head injury due to lack of supervision and not taking appropriate precautions. 2. Several staff (drivers/attendants) have reported Driver 1's behavior to management and no meaningful action appears to have been taken. 3. Driver 1 has made inappropriates comments and unsafe conduct. 4. Inappropriate behavior between Driver 1 and Attendant 1 in public areas and near group homes. 5. Driver 1 taking long breaks. 6. Driver 1 making inappropriate comments to Attendant 2. 7. Appears to be "very little supervision in the field".	**OPEN**			5	Arshalous Garlanian, Community Services Director
Summary: for the May 16-June 15, 2026 period, there were a total of 28 cases. Of those , 19 were open and 9 were closed. Out of the 28, 23 were under Community Services											

Monthly Whistleblower Log June 16, 2026 - July 15, 2026

NLACRC Whistleblower Log

NLACRC designated staff to provide updates on a monthly basis with reports. If a WB complaint is reopened, it must be entered in a new row. You may reassign the same case number for tracking purposes. For example, if you have the same issue with new information, this would apply.

Special Contract Language, Article X, Section III. Regional Center Complaints

Contractor shall provide the State every 30 days starting the effective date of this Article, a report of whistleblower complaints received under Contractor's Whistleblower Policy (Regional Center Whistleblower for Vendors, Contractors and Others). Contractor shall continue providing this reporting until SCL is withdrawn. This report shall contain, at a minimum, the following information for each complaint submitted:

(1) Date complaint was received;

(2) Entity that is the target of the complaint (e.g., regional center staff, service provider, community member, etc.); and

(3) Total number of days Contractor took to complete the inquiry/follow-up, from the date the complaint was received until Contractor deemed the complaint closed.

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	Actions taken to investigate	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		362	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 perpertrator allegedly verbally, digitally and physically harassed NLACRC staff member due to improper relationship/association with NLACRC Management individual.		**Open**	**Open**		358	Betsy Monahan, HR 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		192	Sheila King, HR Manager
1/11/2026	Community Member	2026-SPWP-41		Service Provider	Excessive Fees	1. Excessive Fees for Social Recreation Activities 2. Lack of itimized breakdown for fees		**OPEN**	OPEN		185	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.		**1. Unsubstantiated**	CLOSED	1/15/2026	2	Arshalous Garlanian, Community Services Director
2/17/2026	Community Member	2026-SPWB-42	2/24/2026	Service Provider	Retaliatory Termination of Employment	1. Assault Incidents doe to Behaviorial 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		148	Arshalous Garlanian, Community Services Director
3/19/2026	Family Member	2026-SPWB45	3/24/2026	Service Provider	Report of Concerns	1. Inappropriate Conduct by a DSP assigned to work in home setting, in the presence of a minor child		**1. Unsubstantiated**	CLOSED	3/16/2026	6	Arshalous Garlanian, Community Services Director
5/4/2026	Community Member	2026-SPWB51	5/5/2026	Service Provider	Neglect	1. On 4/29/26 staff from vendored agency reported that on 4/28/26 that an individual served by FDLRC was found covered in her own urine when the caregiver arrived on shift and no one from her facility offered to help. - **Unsubstantiated** 2. The electric chair is also in bad shape; caregiver had to assist with repairing it to prevent from the resident collapsing in it. **Referred to FDLRC CM for further review**		**1. Unsubstantiated** **2. Referred to FDLRC CM for further review**	**CLOSED**	6/26/2026	53	Arshalous Garlanian, Community Services Director

Monthly Whistleblower Log June 16, 2026 - July 15, 2026

5/20/2026	Community Member	2026-SPWB52	N/A	Service Provider	HR practices; Lack of Training; Staff driving with suspended license; Failure to Report	1. Concerns with HR related practices – **outside of RC Scope referred to DOL** 2. "Administrator" (mother of owner) asks residents to send complaints about staff so they can fire them - **Unsubstantiated** 3. "Administrator" encouraging behaviors so they can request/keep 1:1s. Residents don't all need one - **Unsubstantiated** 4. "Administrator" allows staff with suspended driving license drive residents - **Unsubstantiated** 5. "Administrator" has people/relatives telling home staff what to do when they don't work in the home - **Unsubstantiated** 6. "Administrator" allows staff who don't have DSP certification to administer medication and sign the Administrator's name while she is on FACETIME - **Unsubstantiated** 7. "Administrator" staff don't have CEUs or their DSP 1 and 2 - **Unsubstantiated** 8. "Administrator" does not submit SIRs for incidents – Client 1and Client 2 (residents) had an altercation, but no SIR was submitted. - **Unsubstantiated**		**1. Outside of RC Scope 2. Unsubstantiated 3. Unsubstantiated 4. Unsubstantiated 5. Unsubstantiated 6. Unsubstantiated 7. Unsubstantiated 8. Unsubstantaited**	**CLOSED**	7/1/2026	42	Arshalous Garlanian, Community Services Director
5/29/2026	Anonymous/Unknown	2026-EWB-55	5/29/2026	NLACRC Employee	Leadership/Workplace Equity	1. Non-management staff are receiving a per payperiod gas stipend, while management staff receive no comparable compensation. 2.A "loyalty pay" bonus applies only to non-management staff 3. Consultants hired to improve workplace fairness have been ineffective. 4. Management is being pressured to discipline employees who voice concerns 5. Executive Director is making unilateral decisions without proper investigation.		**Open. Referred to Board Legal Counsel for response and investigation**			47	Sheila King, HR Manager
6/1/2026	Community Member	2026-SPWB-57	6/1/2026	Service Provider	Staffing ratios; Failure to meet PD; Training; Health & Safety	1. The program is not complying with staffing ratios. When direct care staff take scheduled 15-minute breaks, there is no floater or relief staff. Management instructs staff who are already actively supervising their own assigned individuals to simultaneously monitor the absent staff member's assigned individual. In multiple instances, this has left individuals unattended in the community, presenting safety and elopement concerns. - **Substantiated** 2. The program's daily structure does not align with the approved program design. - **Unsubstantiated** 3. Personnel are not qualified and/or lack specialized training that the agency represented they would possess within the program design, specifically for program managers and program directors. **– Substantiated** 4. The program accepts placements that are not aligned with its current clinical and behavioral support capacity, including C1 and C2. **- Unsubstantiated** 5. The program's Executive team dismisses staff concerns for C3 hygiene, cockroach infestation at home, and alleged abuse by her mother. No mandated reports are filed. **– Unsubstantiated**		**1. Substantiated 2. Unsubstantiated 3. Substantiated 4. Unsubstantiated 5. Substantiated**	Plan of Improvement 6/30/2026	6/30/2026	30	Arshalous Garlanian, Community Services Director
6/5/2026	Community Member	2026-SPWB-53	6/9/2026	Service Provider	Financial Misonduct/fraud/Misappropriation of funds;Failure to adhere to Title 17 audit requirement; Human Resource concerns; Conflict of Interest; Intimidation	1. Financial misconduct, fraud, or misappropriation of organizational funds. 2. Intimidation by ED.		**OPEN**			40	Arshalous Garlanian, Community Services Director
6/5/2026	Community Member	2026-SPWB-54	6/10/2026	Service Provider	Failure to adhere to Title 17 audit requirement; Human Resource concerns; Conflict of Interest; Intimidation	1. Agency ED Deceptive Information of Vendorization Termination 2. Refusal to submit Financial Audits and Discrepancies 3. Internal Obstruction and Lack of Proper Oversight (Conflict of Interest between ED and Board) 4. Workplace and Staff Intimidation		**OPEN**			40	Arshalous Garlanian, Community Services Director

Monthly Whistleblower Log June 16, 2026 - July 15, 2026

6/8/2026	Community Member	2026 -SPWB-58	6/8/2026	Service Provider	Improper Data Collection and Documentation; Reporting and Billing Concerns	1. Improper Data Collection and Documentation - **Unsubstantiated** a. Dating back to October 2025, and potentially years prior, the program allegedly falsified client data, did not maintain proper data documentation, and submitted progress reports lacking objective metrics. b. The program's service protocols state that AST services will be conducted using specific methodologies with progress measured by defined metrics; however, the data collected was unquantifiable, unrelated to those metrics, and could not substantiate the performance presented in official progress reports. c. There are inconsistences between the stated goal methodologies and the actual data collected. d. There are discrepancies between raw data and the final progress reports submitted. e. Clinical metrics and data tracking were fabricated or missing entirely. f. End-of-session summaries are missing, incomplete, or unprofessional. g. The program could not produce requested historical documentation and data records. h. Physical data submissions were left uncollected and/or unreviewed for at least a year. 2. Reporting and Billing Concerns - **- Unsubstantiated** a. Program leaders are aware of these issues but did not initiate an audit or notify the regional center. b. The program potentially billed		**1. Unsubstantiated** **2. Unsubstantiated**		6/22/2026	37	Arshalous Garlanian, Community Services Director
6/9/2026	Community Member	2026-SWPB-59	6/10/2026	Service Provider	Lack of Supervision; Client Rights; Driver Qualification; Health & Safety; Lack of Training	1. Staff 1 leaves participants unsupervised (e.g. outside the building or out of visual proximity). - **Unsubstantiated** a. The most recent incident occurred on January 14, 2026, and was formally reported to the Regional Director and Program Director. 2. Demeaning and disrespectful treatment of participants by Staff 1 - **Unsubstantiated** 1. Staff 1 allegedly threatened to take away activities or remove Client 2 access to his personal belongings if he did not listen to her. - **Unsubstantiated** 2. A formal complaint was reportedly filed (potentially on or around January 15, 2026) by C2 with Admin and the CEO becauseStaff 1 was rude to him. - **- Unsubstantiated** 3. Driver Qualifications a. Staff drivers do not have the correct license to operate the program's commercial vehicles that transport 12+ passengers. **- Unsubstantiated** 4. Exposure to Extreme Weather and Environmental Hazards **- Unsubstantiated** 1. Staff 2 regularly schedules strenuous activities during periods of extreme weather, regardless of participants' medical vulnerabilities. **- Unsubstantiated** 2. On June 3, 2026, a cooking activity utilizing hot ovens was mandated and conducted in weather exceeding 90°F. Medically fragile participants, including Cient 3, were exposed to dangerous thermal conditions. **- Unsubstantiated** 3. Lack of staff training, specifically: - **Substantiated** 1. Safe lifting and transfer procedures 2. Mechanical lift operation and wheelchair securement 3. Restroom and mobility assistance 4. Appropriate personal protective equipment (PPE)		**1. Unsubstantiated** **2. Unsubstantiated** **2.1 Unsubstantiated** **2.2 Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **4.1 Unsubstantiated** **5. Substantiated**	Plan of Improvement 6/30/2026	6/30/2026	30	Arshalous Garlanian, Community Services Director
6/10/2026	Community Member	2026-SPWB-60	N/A	Service Provider	Health & Safety; Unsafe driving practices; Failure to protect by not following policies & procedures; Unfair/equitable work practices by management; Extended breaks; Lack of supervision	1. Client sustained head injury due to lack of supervision and not taking appropriate precautions. 2. Several staff (drivers/attendants) have reported Driver 1's behavior to management and no meaningful action appears to have been taken. 3. Driver 1 has made inappropriates comments and unsafe conduct. 4. Inappropriate behavior between Driver 1 and Attendant 1 in public areas and near group homes. 5. Driver 1 taking long breaks. 6. Driver 1 making inappropriate comments to Attendant 2. 7. Appears to be "very little supervision in the field".		**OPEN**			35	Arshalous Garlanian, Community Services Director
6/15/2026	Community Member	2026-SPWB61	6/18/2026	Service Provider	Failed to provide records to auditors; organizational funds potentially mismanaged	1. Executive Director failed to provide the necessary records to auditors 2. Inconsistent and contradictory information regarding the organization's financial status 3. Questions as to whether organizationfunds were managed appropriately 4. Atmosphere of intimidation during staff meeting		**OPEN**			30	Arshalous Garlanian, Community Services Director

Monthly Whistleblower Log June 16, 2026 - July 15, 2026

6/22/2026	Community Member	2026-SPWB62	6/22/2026	Service Provider	Improper Admimistrative practices by NLACRC	1. Improper administrative handling and file mismanagement by NLACRC's Fiscal and Auditing Dept. 2. Continued service hold since April 2, 2026, despite clearance of the Auality Assurance review and financial audit 3. Failure to schedule a final exit conference or communicate a resolution timeline 4. Indefinite withholding of earned vendor payments without an official determinaiton		**OPEN**			9	Arshalous Garlanian, Community Services Director
07/04/26	Family Member	2026-SPWB63	N/A	Service Provider	Unprofessional Staff Conduct; Violation of Agency Code of Conduct	1. Determine whether the person shown is a vendor employee - **Substantiated** 2. Determine whether this individual holds any client-facing, crisis-response, hotline, public-contact, or supervisory duties. - **Substantiated**	Interviewed agency leadership; Requested formal	**CLOSED**	N/A	07/07/26	3	Arshalous Garlanian, Community Services Director
07/06/26	Community Member	2026-SPWB65	7/6/2026	Service Provider	Hiring & Training practices	1. Staff having little or no prior ABA experience for individuals being hired. - **Unsubstantiated** 2. New hires are not completing or being provided mandatory 40-hour training program. - **Substantiated** 3. Individual not being paid for using his personal indeed account to post/ recruit job openings. - **Out of RC Scope**	Previously investigated. Conducted personnel record review at agency site. Interviewed agency management. Issued Plan of Improvement	**CLOSED**		07/06/26	1	Arshalous Garlanian, Community Services Director
07/09/26	Community Member	2026-EWB-64		Employee	Improper Conduct	Improper conduct related to a minor	Requested more information in order to investigate	**OPEN**			6	Sheila King, HR Manager
07/22/26	NLACRC Employee	2026-SPWB-66	7/23/2026	Service Provider	Fraudulent Billing	1. Fraudulent Activity. 2. Staff never met with Consumer or family in person.		**OPEN**				Arshalous Garlanian, Community Services Director
07/22/26	Community Member	2026-SPWB-67	7/23/1016	Service Provider	Failed to provide records to auditors; organizational funds potentially mismanaged	1. Executive Director failed to provide the necessary records to auditors 2. Inconsistent and contradictory information regarding the organization's financial status 3. Questions as to whether organizationfunds were managed appropriately 4. Atmosphere of intimidation during staff meeting		**OPEN**				Arshalous Garlanian, Community Services Director
Summary: for the July 15, 2026 period, there were a total of 23 listed cases. Of those at the time of submission to DDS, 14 were open and 9 were closed. Out of the 23, 18 were under Community Services												

Monthly Whistleblower Log July 16, 2026 - August 15, 2026

NLACRC Whistleblower Log

NLACRC designated staff to provide updates on a monthly basis with reports. If a WB complaint is reOPENed, it must be entered in a new row. You may reassign the same case number for tracking purposes. For example, if you have the same issue with new information, this would apply.

Special Contract Language, Article X, Section III. Regional Center Complaints

Contractor shall provide the State every 30 days starting the effective date of this Article, a report of whistleblower complaints received under Contractor's Whistleblower Policy (Regional Center Whistleblower for Vendors, Contractors and Others). Contractor shall continue providing this reporting until SCL is withdrawn. This report shall contain, at a minimum, the following information for each complaint submitted:

(1) Date complaint was received;

(2) Entity that is the target of the complaint (e.g., regional center staff, service provider, community member, etc.); and

(3) Total number of days Contractor took to complete the inquiry/follow-up, from the date the complaint was received until Contractor deemed the complaint closed.

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	Actions taken to investigate	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		399	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 perpertrator allegedly verbally, digitally and physically harassed NLACRC staff member due to improper relationship/association with NLACRC Management individual.		**OPEN**	**OPEN**		395	Betsy Monahan, HR 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		229	Sheila King, HR Manager
1/11/2026	Community Member	2026-SPWP-41		Service Provider	Excessive Fees	1. Excessive Fees for Social Recreation Activities 2. Lack of itimized breakdown for fees		**OPEN**	OPEN		222	Sheila King, HR Manager
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.		**1. Unsubstantiated**	CLOSED	1/15/2026	2	Arshalous Garlanian, Community Services Director
2/17/2026	Community Member	2026-SPWB-42	2/24/2026	Service Provider	Retaliatory Termination of Employment	1. Assault Incidents due to Behaviorial Plan not consistently followed - **Unsubstantiated** 2. Staff Burnout and Supervision Concerns - **Unsubstantiated** 3. Failure of 2:1 Supervision Ratios - **Unsubstantiated** 4. Lack of Follow up to reported concerns - **Unsubstantiated** 5. Driver Availability Concerns - **Unsubstantiated**	Conducted UV, interviewed staff & management. Reviewed records	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated**	CLOSED	4/13/2026	28	Arshalous Garlanian, Community Services Director
3/19/2026	Family Member	2026-SPWB45	3/24/2026	Service Provider	Report of Concerns	1. Inappropriate Conduct by a DSP assigned to work in home setting, in the presence of a minor child		**1. Unsubstantiated**	CLOSED	3/16/2026	6	Arshalous Garlanian, Community Services Director
5/4/2026	Community Member	2026-SPWB51	5/5/2026	Service Provider	Neglect	1. On 4/29/26 staff from vendored agency reported that on 4/28/26 that an individual served by FDLRC was found covered in her own urine when the caregiver arrived on shift and no one from her facility offered to help. - **Unsubstantiated** 2. The electric chair is also in bad shape; caregiver had to assist with repairing it to prevent from the resident collapsing in it. **Referred to FDLRC CM for further review**		**1. Unsubstantiated** **2. Referred to FDLRC CM for further review**	**CLOSED**	6/26/2026	53	Arshalous Garlanian, Community Services Director

Monthly Whistleblower Log July 16, 2026 - August 15, 2026

5/20/2026	Community Member	2026-SPWB52	N/A	Service Provider	HR practices; Lack of Training; Staff driving with suspended license; Failure to Report	1. Concerns with HR related practices – **outside of RC Scope referred to DOL** 2. "Administrator" (mother of owner) asks residents to send complaints about staff so they can fire them - **Unsubstantiated** 3. "Administrator" encouraging behaviors so they can request/keep 1:1s. Residents don't all need one - **Unsubstantiated** 4. "Administrator" allows staff with suspended driving license drive residents - **Unsubstantiated** 5. "Administrator" has people/relatives telling home staff what to do when they don't work in the home - **Unsubstantiated** 6. "Administrator" allows staff who don't have DSP certification to administer medication and sign the Administrator's name while she is on FACETIME - **Unsubstantiated** 7. "Administrator" staff don't have CEUs or their DSP 1 and 2 -**Unsubstantiated** 8. "Administrator" does not submit SIRs for incidents – Client 1and Client 2 (residents) had an altercation, but no SIR was submitted. - **Unsubstantiated**		**1. Outside of RC Scope 2. Unsubstantiated 3. Unsubstantiated 4. Unsubstantiated 5. Unsubstantiated 6. Unsubstantiated 7. Unsubstantaited 8. Unsubstantaited**	**CLOSED**	7/1/2026	42	Arshalous Garlanian, Community Services Director
5/29/2026	Anonymous/Unknown	2026-EWB-55	5/29/2026	NLACRC Employee	Leadership/Workplace Equity	1. Non-management staff are receiving a per payperiod gas stipend, while management staff receive no comparable compensation. 2.A "loyalty pay" bonus applies only to non-management staff 3. Consultants hired to improve workplace fairness have been ineffective. 4. Management is being pressured to discipline employees who voice concerns 5. Executive Director is making unilateral decisions without proper investigation.		**OPEN. Referred to Board Legal Counsel for response and investigation**			84	Sheila King, HR Manager
6/1/2026	Community Member	2026-SPWB-57	6/1/2026	Service Provider	Staffing ratios; Failure to meet PD; Training; Health & Safety	1. The program is not complying with staffing ratios. When direct care staff take scheduled 15-minute breaks, there is no floater or relief staff. Management instructs staff who are already actively supervising their own assigned individuals to simultaneously monitor the absent staff member's assigned individual. In multiple instances, this has left individuals unattended in the community, presenting safety and elopement concerns. - **Substantiated** 2. The program's daily structure does not align with the approved program design. **- Unsubstantiated** 3. Personnel are not qualified and/or lack specialized training that the agency represented they would possess within the program design, specifically for program managers and program directors. **– Substantiated** 4. The program accepts placements that are not aligned with its current clinical and behavioral support capacity, including C1 and C2. **- Unsubstantiated** 5. The program's Executive team dismisses staff concerns for C3 hygiene, cockroach infestation at home, and alleged abuse by her mother. No mandated reports are filed. **– Unsubstantiated**		**1. Substantiated 2. Unsubstantiated 3. Substantiated 4. Unsubstantiated 5. Substantiated**	Plan of Improvement 6/30/2026	6/30/2026	30	Arshalous Garlanian, Community Services Director
6/5/2026	Community Member	2026-SPWB-53	6/9/2026	Service Provider	Financial Misonduct/fraud/Misappropriation of funds;Failure to adhere to Title 17 audit requirement; Human Resource concerns; Conflict of Interest; Intimidation	1. Financial misconduct, fraud, or misappropriation of organizational funds. 2. Intimidation by ED.		**OPEN**			77	Arshalous Garlanian, Community Services Director
6/5/2026	Community Member	2026-SPWB-54	6/10/2026	Service Provider	Failure to adhere to Title 17 audit requirement; Human Resource concerns; Conflict of Interest; Intimidation	1. Agency ED Deceptive Information of Vendorization Termination 2. Refusal to submit Financial Audits and Discrepancies 3. Internal Obstruction and Lack of Proper Oversight (Conflict of Interest between ED and Board) 4. Workplace and Staff Intimidation		**OPEN**			77	Arshalous Garlanian, Community Services Director
6/8/2026	Community Member	2026 -SPWB-58	6/8/2026	Service Provider	Improper Data Collection and Documentation; Reporting and Billing Concerns	1. Improper Data Collection and Documentation -**Unsubstantiated** a. Dating back to October 2025, and potentially years prior, the program allegedly falsified client data, did not maintain proper data documentation, and submitted progress reports lacking objective metrics. b. The program's service protocols state that AST services will be conducted using specific methodologies with progress measured by defined metrics; however, the data collected was unquantifiable, unrelated to those metrics, and could not substantiate the performance presented in official progress reports. c. There are inconsistences between the stated goal methodologies and the actual data collected. d. There are discrepancies between raw data and the final progress reports submitted. e. Clinical metrics and data tracking were fabricated or missing entirely. f. End-of-session summaries are missing, incomplete, or unprofessional. g. The program could not produce requested historical documentation and data records. h. Physical data submissions were left uncollected and/or unreviewed for at least a year. 2. Reporting and Billing Concerns - **- Unsubstantiated** a. Program leaders are aware of these issues but did not initiate an audit or notify the regional center. b. The program potentially billed		**1. Unsubstantiated 2. Unsubstantiated**		6/22/2026	37	Arshalous Garlanian, Community Services Director

Monthly Whistleblower Log July 16, 2026 - August 15, 2026

6/9/2026	Community Member	2026-SWPB-59	6/10/2026	Service Provider	Lack of Supervision; Client Rights; Driver Qualification; Health & Safety; Lack of Training	1. Staff 1 leaves participants unsupervised (e.g. outside the building or out of visual proximity). - **Unsubstantiated** a. The most recent incident occurred on January 14, 2026, and was formally reported to the Regional Director and Program Director. 2. Demeaning and disrespectful treatment of participants by Staff 1 - **Unsubstantiated** 1. Staff 1 allegedly threatened to take away activities or remove Client 2 access to his personal belongings if he did not listen to her. - **Unsubstantiated** 2. A formal complaint was reportedly filed (potentially on or around January 15, 2026) by C2 with Admin and the CEO becauseStaff 1 was rude to him. - - **Unsubstantiated** 3. Driver Qualifications a. Staff drivers do not have the correct license to operate the program's commercial vehicles that transport 12+ passengers. **- Unsubstantiated** 4. Exposure to Extreme Weather and Environmental Hazards**- Unsubstantiated** 1. Staff 2 regularly schedules strenuous activities during periods of extreme weather, regardless of participants' medical vulnerabilities. **- Unsubstantiated** 2. On June 3, 2026, a cooking activity utilizing hot ovens was mandated and conducted in weather exceeding 90°F. Medically fragile participants, including Cient 3, were exposed to dangerous thermal conditions.**- Unsubstantiated** 3. Lack of staff training, specifically: - **Substantiated** 1. Safe lifting and transfer procedures 2. Mechanical lift operation and wheelchair securement 3. Restroom and mobility assistance 4. Appropriate personal protective equipment (PPE)		**1. Unsubstantiated** **2. Unsubstantiated** **2.1 Unsubstantiated** **2.2 Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **4.1 Unsubstantiated** **5. Substantiated**	Plan of Improvement 6/30/2026	6/30/2026	30	Arshalous Garlanian, Community Services Director
6/10/2026	Community Member	2026-SPWB-60	N/A	Service Provider	Health & Safety; Unsafe driving practices; Failure to protect by not following policies & procedures; Unfair/equitable work practices by management; Extended breaks; Lack of supervision	1. Client sustained head injury due to lack of supervision and not taking appropriate precautions. - **Substantiated** 2. Several staff (drivers/attendants) have reported Driver 1's behavior to management and no meaningful action appears to have been taken. - **Unsubstantiated** 3. Driver 1 has made inappropriates comments and unsafe conduct. -**Unsubstantiated** 4. Inappropriate behavior between Driver 1 and Attendant 1 in public areas and near group homes. - **Unsubstantiated** 5. Driver 1 taking long breaks. **Unsubstantiated** 6. Driver 1 making inappropriate comments to Attendant 2.**Unsubstantiated** 7. Appears to be "very little supervision in the field".**Unsubstantiated**	Transportation Broker conducted investigation and issued Plan of Correction.	**1. Substantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **5. Unsubstantiated** **6. Unsubstantiated** **7. Unsubstantiated**	6/16/2026 (Plan of Correction)	7/31/2026	51	Arshalous Garlanian, Community Services Director
6/15/2026	Community Member	2026-SPWB61	6/18/2026	Service Provider	Failed to provide records to auditors; organizational funds potentially mismanaged	1. Executive Director failed to provide the necessary records to auditors 2. Inconsistent and contradictory information regarding the organization's financial status 3. Questions as to whether organizationfunds were managed appropriately 4. Atmosphere of intimidation during staff meeting		**OPEN**			67	Arshalous Garlanian, Community Services Director
6/22/2026	Community Member	2026-SPWB62	6/22/2026	Service Provider	Improper Admimistrative practices by NLACRC	1. Improper administrative handling and file mismanagement by NLACRC's Fiscal and Auditing Dept. 2. Continued service hold since April 2, 2026, despite clearance of the Auality Assurance review and financial audit 3. Failure to schedule a final exit conference or communicate a resolution timeline 4. Indefinite withholding of earned vendor payments without an official determinaiton		**OPEN**			60	Arshalous Garlanian, Community Services Director
07/04/26	Family Member	2026-SPWB63	N/A	Service Provider	Unprofessional Staff Conduct; Violation of Agency Code of Conduct	1. Determine whether the person shown is a vendor employee - **Substantiated** 2. Determine whether this individual holds any client-facing, crisis-response, hotline, public-contact, or supervisory duties. - **Substantiated**	Interviewed agency leadership; Requested formal	**CLOSED**	N/A	07/07/26	3	Arshalous Garlanian, Community Services Director
07/06/26	Community Member	2026-SPWB65	7/6/2026	Service Provider	Hiring & Training practices	1. Staff having little or no prior ABA experience for individuals being hired. - Unsubstantiated 2. New hires are not completing or being provided mandatory 40-hour training program. - Substantiated 3. Individual not being paid for using his personal indeed account to post/ recruit job OPENings. - Out of RC Scope	Previously investigated. Conducted personnel record review at agency site. Interviewed agency management. Issued Plan of Improvement	**CLOSED**		07/06/26	1	Arshalous Garlanian, Community Services Director
07/09/26	Community Member	2026-EWB-64		Employee	Improper Conduct	Improper conduct related to a minor	Requested more information in order to investigate	**OPEN**			43	Sheila King, HR Manager

Monthly Whistleblower Log July 16, 2026 - August 15, 2026

07/16/26	Community Member	2026-SPWB-69	7/16/2026	Service Provider	Conflict of Interest; Medication Issues; Lack of Supervision; Hygiene and Personal Care Concerns; Nutrition and Health Impacts Safety and Professional Boundaries	Conflict of Interest - **All Unsubstantiated** 1. The relationship between Supervisor and the DSP working with the individual served. They are mother daughter and their interactions are creating conflict in the home. 2. Due to mother daughter relationship, reports made to the supervisor do not result in corrective action. 3. DSP allegedly has ongoing negative interactions with other DSPs. Medication Issues - **All Unsubstantiated** 4. DSPs reportedly are not placing medications in med boxes on time. 5. Concerns regarding client getting her medications as scheduled. Lack of Supervision **- All Unsubstantiated** 6. CLient has reportedly been left alone for extended periods. 7. DSPs arrive late or fail to report for their shift, resulting in unsafe periods without required 24/7 support. Hygiene and Personal Care Concerns - **All Unsubstantiated** 8. Insufficient toileting and bathing support, including poor wiping that results in recurring rashes and minimal assistance during showers. Nutrition and Health Impacts - **- All Unsubstantiated** 9. DSP reportedly provides food inconsistent with client dietary needs. 10. This allegedly has contributed to significant weight gain and new preventable medical conditions requiring medication. Safety and Professional Boundaries 11. Reports indicate that DSP has made inappropriate and unsafe statements to client regarding her personal relationship with her partner. Client. reported that DSP instructed Client. to charge her partner each time they have intercourse	Conducted UV, interviewed client, staff & management. Reviewed client records	**1. - 3. Unsubstantiated** **4. - 5. Unsubstantiated** **6. - 7 Unsubstantiated** **8. Unsubstantiated** **9. - 10. Unsubstantiated** **11. PENDING**			36	Arshalous Garlanian, Community Services Director
07/16/26	Community Member	2026-SPWB-70	7/17/2026	Service Provider	Lack of Employment Opportunties; Inconsisted Communication;	1. The classes attended beginning in 2024 did not meaningfully contribute to obtaining stable, full-time employment in my chosen field. 2. Although I appreciated the internship opportunities that were provided, they did not offer financial stability nor did they lead to permanent or full-time employment. 3. Communication regarding employment opportunities, apprenticeships, and potential job placements was inconsistent and often lacked meaningful follow-up. 4. During periods of significant financial hardship, client was repeatedly encouraged to "be patient," creating the expectation that employment opportunities were forthcoming. Unfortunately, those expectations were never realized. 5. There was limited follow-up regarding potential employment opportunities discussed with organizations such as Warner Bros., Paramount, COSM, the Honda Center, and other employers. 6. When client expressed concern that they had still not secured permanent employment after two years, they was encouraged to enroll in additional classes rather than receiving a clear explanation of why the employment opportunities they had been working toward had not materialized or discussing alternative strategies to help them reach my employment goal.		**OPEN**			36	Arshalous Garlanian, Community Services Director
07/22/26	Community Member	2026-SPWB-67	7/23/2026	Service Provider	Failed to provide records to auditors; organizational funds potentially mismanaged	1. Executive Director failed to provide the necessary records to auditors 2. Inconsistent and contradictory information regarding the organization's financial status 3. Questions as to whether organizationfunds were managed appropriately 4. Atmosphere of intimidation during staff meeting		**OPEN**			30	
07/23/26	Staff	2026-SPWB-66	7/23/2026	Service Provider	Services not provided in accordance with PD	1. Staff never met with Consumer **- Unsubstantiated** 2. Fraudulent Activity - Services not provided in home. - **Substantiated**	Interviewed staff, provider; reviewed records	**1. Unsubstantiated** **2. Substantiated**	8/7/2026 (Program Design Addendum)	08/07/26	15	Arshalous Garlanian, Community Services Director
07/29/26	Community Member	2026-SPWB-71	7/29/2026	Service Provider	Health & Safety Concerns; Food Issues; Staffing Deficiencies	Health & Safety Concerns **- ALL Unsubstantiated** 1. Residents are allegedly not being cared for properly. 2. Reports of emotional abuse - For example, a statement made “No one wants you here.” 3. Residents allegedly express a desire to move out of the home. Food Issues **- ALL Unsubstantiated** 4. The approved menu is allegedly not being followed. 5. Residents are given cheap, highly processed food. This is particularly concerning for a male resident with high blood pressure. Staffing Deficiencies **- Unsubstantiated** 6. Staff allegedly don't have DSP certifications.	Conducted UV, interviewed staff & management. Reviewed records	**1. - 3. Unsubstantiated** **4. - 5. Unsubstantiated** **6. - Unsubstantiated**	8/12/2026	08/12/26	14	Arshalous Garlanian, Community Services Director

Monthly Whistleblower Log July 16, 2026 - August 15, 2026

07/30/26	Anonymous/Unknown	2026-EWB-68	8/3/2026	NLACRC Employee		1. Concerns regarding Executive Director's leadership and decision-making 2. Engaging in conduct that is perceived as retaliatory toward directors and staff who express differing opinions or challenge decisions 3. Disputing a potential Conflict of Interest relating to a Board Member which raises concerns about impartiality 4. Preferential treatment to this Board Member		**OPEN**			22	Sheila King, HR Manager
08/09/26	Community Member	2026-SPWB-72	8/13/2026	Service Provider		1. FACILITY-USE AND CAMPUS SAFETY CONCERNS 2. WHISTLEBLOWER NOTICES TO TIERRA DEL SOL FOUNDATION 3.THREEFOLD VILLAGE RETALIATION HISTORY 4.LEGAL COMPLIANCE STATUS, and ITS SUCCESSOR ENTITY		OPEN			12	Arshalous Garlanian, Community Services Director
Summary: for the August 15, 2026 period, there were a total of 28 listed cases. Of those at the time of submission to DDS , 14 were open and 9 were closed. Out of the 23, 18 were under Community Services.												

North Los Angeles County Regional Center

FY26

Quarterly Human Resources Report

Quarter FY26	Hold	New Hires	Promotions	Separations	Turnover Rate
1st Quarter	10	50	16	39	4.36%
2nd Quarter	9	54	12	23	2.53%
3rd Quarter	2	57	9	26	2.77%
4th Quarter	2	54	10	28	2.89%
Total	2	215	47	116	12.45%

Quarter FY26	Separation Reasons	Totals
Jul - Sep	Retire	4
	School	0
	Relocation	0
	Personal	16
	Other	19
Oct - Dec	Retire	3
	School	0
	Relocation	0
	Personal	18
	Other	2
Jan - Mar	Retire	0
	School	0
	Relocation	0
	Personal	22
	Other	4
Apr - Jun	Retire	0
	School	0
	Relocation	0
	Personal	26
	Other	2

May 2026 Human Resources Report

May-26

HUMAN RESOURCES REPORT

	CSC Vacancies	CSC Growth Positions	Open Other Positions:	Total Open Positions Vacant	Positions on Hold	Positions Filled as of 5/31/26	FY25/26 Auth Positions	% Filled	New Hires Started in the month	Separations in the Month	May '26 Turnover Rate
All Locations	18	30	54	102	2	975	1079	90.36%	12	10	1.03%
SFV	8	18	48	74	2	659	735	89.66%	11	7	
AV	6	11	3	20	0	217	237	91.56%	1	3	
SCV	4	1	3	8	0	99	107	92.52%	0	0	

CSC Vacancies 18

Location	Pos #	CSCs	Department/ Location	Open as of Date
SFV	375	CSC	ES 2	3/14/2024
SCV	635	OD SPEC	SCV ADULT	9/23/2025
SFV	151	CSC	SCH AGE8	11/17/2025
SFV	339	CSC	ADULT 6	12/9/2025
SFV	171	CSC	ADULT 6	1/5/2026
SFV	207	CSC	ADULT 4	1/5/2026
AV	24	OD SPEC	AV/OD FL	1/12/2026
AV	295	CSC	AV TRA 2/ SA 4	4/7/2026
SCV	100	CSC	SCV ADULT	4/18/2026
SCV	217	CSC	SCV TRANS 1	4/20/2026
SCV	415	CSC	SCV ADULT	4/24/2026
SFV	324	CSC	TRANS 2	4/28/2026
AV	75	CSC	AV ES III	4/30/2026
AV	72	CSC	AV ADULT 1	5/4/2026
AV	572	CSC	AV TRA 2/ SA 4	5/4/2026
SFV	261	CSC	TRANSITION 3	5/18/2026
AV	481	CSC	AV ADULT 2	5/20/2026
SFV	360	CSC	SCH AGE8	5/28/2026

CSC Growth Positions 30

Location	Pos #	CSCs	Department/ Location	Open as of Date
SFV	733	CSC	ADULT 9	2/16/2023
SFV	37	OD SPEC	CONS SERVS 1	8/31/2023
SFV	793	CSC	ADULT 6	9/26/2025
SCV	1087	CSC	SCV - TR 1/ AD 2	2/2/2026
SFV	1074	CSC	SCH AGE11	2/2/2026
SFV	1075	CSC	SCH AGE11	2/2/2026
SFV	1078	CSC	SCH AGE11	2/2/2026
SFV	1079	CSC	SCH AGE11	2/2/2026
AV	1094	CSC	AV - SCH AGE5	2/18/2026
AV	1096	CSC	AV - SCH AGE5	2/18/2026
AV	1097	CSC	AV - SCH AGE2	2/18/2026
AV	1098	CSC	AV - SCH AGE5	2/18/2026
SFV	520	CSC	ADULT 1	3/5/2026
SFV	949	CSC	SCH AGE10	4/2/2026
SFV	735	CSC	ADULT 9	4/23/2026
AV	1109	CSC	ES INTAKE	4/29/2026
AV	1110	CSC	ES INTAKE	4/29/2026
SFV	1104	CSC	EARLY START 2	4/29/2026
SFV	1105	CSC	EARLY START 1	4/29/2026
SFV	1106	CSC	EARLY START 4	4/29/2026
SFV	1107	CSC	EARLY START 6	4/29/2026
SFV	1108	CSC	EARLY START 7	4/29/2026
SFV	1111	CSC	ES INTAKE	4/29/2026
SFV	1112	CSC	EARLY START 3	4/29/2026
SFV	1113	CSC	EARLY START 5	4/29/2026
AV	506	CSC	AV SCH AGE1	5/4/2026
AV	782	CSC	AV SCH AGE3	5/4/2026
AV	850	CSC	AV ES 2	5/8/2026
AV	914	CSC	AV ADULT 4	5/18/2026
AV	617	CSC	AV ES 2	5/19/2026

May 2026 Human Resources Report

FY25/26 Authorized Positions	Positions Added Based on FY 25/26 Growth
1079	36

Open Other Positions: 54

Location	Pos #	All Other Positions	Department/ Location	Open as of Date
SFV	569	HR SPECIALIST I	HUMAN RESOURCES	10/4/2023
SFV	544	PSYCH SERVICES SUP	CLINICAL SVCS - PSYCH	12/4/2023
AV	975	HR GENERALIST	HUMAN RESOURCES	12/18/2024
SCV	973	HR GENERALIST	HUMAN RESOURCES	12/18/2024
SFV	976	ASSISTANT CONTROLLER	ACCOUNTING	12/20/2024
SFV	979	CHANGE MNMGT PROJ MNGR	QI/CHANGE MNMGT	12/20/2024
SFV	449	BEHAVIORAL CONSULTANT	CLIN SVCS - BEHAV	12/30/2024
SFV	398	PSYCHOLOGIST, PHD	CLINICAL SERVICES	2/18/2025
SFV	1012	ASSC CSC	ADULT	3/10/2025
SFV	1013	ASSC CSC	SCHOOL AGE	3/10/2025
SFV	1015	ASSC CSC	ADULT	3/10/2025
SFV	1017	ASSC CSC	SCHOOL AGE	3/10/2025
SFV	1018	ASSC CSC	ADULT	3/10/2025
SFV	1019	ASSC CSC	ADULT	3/10/2025
SFV	1020	ASSC CSC	ADULT	3/10/2025
SFV	1024	ASSC CSC	ADULT	3/10/2025
SFV	1025	ASSC CSC	SCHOOL AGE	3/10/2025
SFV	1027	ASSC CSC	ADULT	3/10/2025
SFV	1028	ASSC CSC	ADULT	3/10/2025
SFV	1029	ASSC CSC	ADULT	3/10/2025
SFV	1030	ASSC CSC	ADULT	3/10/2025
SFV	1031	ASSC CSC	SCHOOL AGE	3/10/2025
SFV	1032	ASSC CSC	ADULT	3/10/2025
SFV	1033	ASSC CSC	ADULT	3/10/2025
SCV	1048	SDP CSC LEAD TRAIN SPEC	SELF-DET	4/4/2025
SFV	579	RESOURCE DEV SPEC	COMM SVCS - SUP SVCS	5/12/2025
SFV	897	OFFICE ASSISTANT II	ACCOUNTING - OPS	5/19/2025
SFV	932	TRAINING SPECIALIST II	QI/CHANGE MNMGT	6/2/2025
SFV	510	INFRAS ENGINEER	IT	7/1/2025
SFV	1026	ASSC CSC	SCHOOL AGE	7/31/2025
SFV	947	SR. APPS & PROJ MNGR	IT	8/15/2025
SFV	690	ADMIN ASSISTANT	IT	9/16/2025
AV	1061	OFFICE ASSISTANT II	CONTRACT ADMIN 1	12/1/2025
SFV	1062	IT SPECIALIST II	IT	12/8/2025
SFV	518	IT SPECIALIST II	IT	12/15/2025
SFV	366	ADMIN ASSISTANT	COMM SVCS - SUP SVCS	1/7/2026
SFV	794	CONS SERVICES SUP	ADULT 10	2/2/2026
SFV	1068	CONS SERVICES SUP	SCH AGE11	2/2/2026
SFV	605	HR SPECIALIST I	HUMAN RESOURCES	2/9/2026
SFV	1016	ASSC CSC	SCHOOL AGE	2/17/2026
SFV	468	IT SPECIALIST II	IT	2/23/2026
SFV	596	CONS SERVICES SUP	SCH AGE8	3/2/2026
AV	129	IT SPECIALIST II	IT	3/6/2026
SFV	18	ACCT SPECIALIST	ACCOUNT CUST SERV	3/16/2026
SFV	557	ADMIN ASSISTANT	IT	3/18/2026
SFV	344	OFFICE ASSISTANT II	RECS & DOC MGMT	3/23/2026
SFV	984	ADMIN ASSISTANT	QI/CHANGE MNMGT	4/13/2026
SFV	618	OFFICE ASSISTANT II	FACILITIES - OFFICE SVCS	4/13/2026
SFV	401	ACCOUNTANT JR	ACCT - ACCTS PAYABLE 1	4/20/2026
SCV	322	PUBLIC INFO SPEC	PUBLIC INFORMATION	5/11/2026
SFV	1115	CYBER SECURITY MNGR	IT	5/15/2026
SFV	1114	IT PROJECT MANAGER	IT	5/15/2026
SFV	1037	SDP CSC LEAD TRAIN SPEC	ADULT 6	5/18/2026
SFV	923	SR. PSYCH SRVS SPEC	CLINICAL SVCS - PSYCH	5/27/2026

Positions on Hold 2

Location	Pos #	Hold Positions	Dept/ Location	Hold as of Date
SFV	701	LEAD RISK ASSESS SPEC	RISK ASSESSMENT	7/29/2022
SFV	8	DIR OF FINANCE	ACCOUNTING I	8/29/2022

May 2026 Human Resources Report

New Hires Started in the month **12**

Location	Pos #	Position	Hire Date
SFV	1077	CSC	5/4/2026
SFV	730	CSC	5/4/2026
SFV	207	CSC	5/4/2026
SFV	696	CSC	5/4/2026
AV	780	CSC	5/4/2026
SFV	299	CSC	5/4/2026
SFV	647	ACCNT JR	5/4/2026
SFV	1071	CSC	5/4/2026
SFV	729	CSC	5/18/2026
SFV	830	CSC	5/18/2026
SFV	996	CSC	5/18/2026
SFV	1076	CSC	5/18/2026

Separations in the Month **10**

Location	Pos #	Position	Separation Reason	Term Month
SFV	1002	CSC	PERSONAL	5/1/2026
SFV	997	CSC	PERSONAL	5/4/2026
AV	850	CSC	PERSONAL	5/8/2026
SFV	322	PUBLIC INFO SPEC	PERSONAL	5/11/2026
SFV	1059	TALENT ACQ II	PERSONAL	5/11/2026
SFV	207	CSC	PERSONAL	5/13/2026
AV	617	CSC	PERSONAL	5/19/2026
AV	481	CSC	PERSONAL	5/20/2026
SFV	923	SR. PSYCH SERV SPEC	PERSONAL	5/27/2026
SFV	360	CSC	PERSONAL	5/28/2026

June 2026 Human Resources Report

Jun-26

HUMAN RES OURCES REPORT

	CSC Vacancies	CSC Growth Positions	Open Other Positions:	Total Open Positions Vacant	Positions on Hold	Positions Filled as of 6/30/26	FY25/26 Auth Positions	% Filled	New Hires Started in the month	Separations in the Month	June '26 Turnover Rate
All Locations	13	32	50	95	2	984	1081	91.03%	21	8	0.81%
SFV	5	21	38	64	2	667	733	91.00%	14	6	
AV	4	10	9	23	0	218	241	90.46%	4	0	
SCV	4	1	3	8	0	99	107	92.52%	3	2	

CSC VacanciES 13

Location	Pos #	CSCs	Department/ Location	Open as of Date
SFV	375	CSC	ES 2	3/14/2024
SCV	635	OD SPEC	SCV ADULT	9/23/2025
SCV	415	CSC	SCV ADULT	4/24/2026
AV	75	CSC	AV ES 3	4/30/2026
AV	572	CSC	AV T2/SA4	5/4/2026
SFV	261	CSC	TRANSITION 3	5/18/2026
AV	481	CSC	AV ADULT 2	5/20/2026
SFV	460	CSC	SA7	6/12/2026
SFV	180	CSC	ADULT 6	6/15/2026
SCV	540	CSC	SCV SA1	6/15/2026
AV	199	CSC	AV TRANS 1	6/15/2026
SFV	156	CSC	SA8	6/15/2026
SCV	314	CSC	SCV ADULT	6/17/2026

CSC Growth Positions 32

Location	Pos #	CSCs	Department/ Location	Open as of Date
SFV	733	CSC	ADULT 9	2/16/2023
SFV	37	OD SPEC	CONS SERV 1	8/31/2023
SFV	793	CSC	ADULT 6	9/26/2025
AV	1094	CSC	AV - SA5	2/18/2026
AV	1097	CSC	AV - SA5	2/18/2026
AV	1098	CSC	AV - SA5	2/18/2026
SFV	520	CSC	ADULT 1	3/5/2026
SFV	949	CSC	SA10	4/2/2026
SFV	735	CSC	ADULT 9	4/23/2026
AV	506	CSC	AV SA1	5/4/2026
AV	782	CSC	AV SA3	5/4/2026
SFV	997	CSC	SA6	5/4/2026
AV	608	CSC	AV T2/SA4	5/8/2026
AV	914	CSC	AV ADULT 4	5/18/2026
AV	617	CSC	AV ES 2	5/19/2026
AV	853	CSC	AV ES 3	6/1/2026
AV	1110	CSC	ES INTAKE	6/1/2026
SFV	1104	CSC	ES 2	6/1/2026
SFV	1105	CSC	ES 1	6/1/2026
SFV	1106	CSC	ES 4	6/1/2026
SFV	1107	CSC	ES 6	6/1/2026
SFV	1108	CSC	ES 7	6/1/2026
SFV	1109	CSC	ES 2	6/1/2026
SFV	1111	CSC	ES 7	6/1/2026
SFV	1112	CSC	ES 3	6/1/2026
SFV	1113	CSC	ES 5	6/1/2026
SFV	987	CSC	SA6	6/9/2026
SFV	1073	CSC	SA11	6/15/2026
SFV	745	CSC	TRANSITION 4	6/16/2026
SFV	732	CSC	ADULT 9	6/17/2026
SCV	1091	CSC	SCV - T1/ ADULT 2	6/26/2026
SFV	250	CSC	ADULT 1	6/30/2026

June 2026 Human Resources Report

FY25/26 Authorized Positions	Positions Added Based on FY 25/26 Growth
1081	36

Open Other Positions: 50

Location	Pos #	All Other Positions	Department/ Location	Open as of Date
SFV	569	HR SPECIALIST I	HUMAN RES OURCES	10/4/2023
SFV	544	PSYCH SERVICES SUP	CLINICAL SVCS - PSYCH	12/4/2023
AV	975	HR GENERALIST	HUMAN RES OURCES	12/18/2024
SCV	973	HR GENERALIST	HUMAN RES OURCES	12/18/2024
SFV	976	ASSISTANT CONTROLLER	ACCOUNTING	12/20/2024
SFV	979	CHANGE MGMT PROJ MGR	QI/CHANGE MANAGEMENT	12/20/2024
SFV	398	PSYCHOLOGIST, PHD	CLINICAL SERVICES	2/18/2025
AV	1025	ASSOCIATE CSC	SCHOOL AGE	3/10/2025
AV	1027	ASSOCIATE CSC	ADULT	3/10/2025
AV	1028	ASSOCIATE CSC	ADULT	3/10/2025
AV	1029	ASSOCIATE CSC	ADULT	3/10/2025
SFV	1012	ASSOCIATE CSC	ADULT	3/10/2025
SFV	1013	ASSOCIATE CSC	SCHOOL AGE	3/10/2025
SFV	1015	ASSOCIATE CSC	ADULT	3/10/2025
SFV	1017	ASSOCIATE CSC	SCHOOL AGE	3/10/2025
SFV	1018	ASSOCIATE CSC	ADULT	3/10/2025
SFV	1019	ASSOCIATE CSC	ADULT	3/10/2025
SFV	1020	ASSOCIATE CSC	ADULT	3/10/2025
SFV	1024	ASSOCIATE CSC	ADULT	3/10/2025
SFV	1030	ASSOCIATE CSC	ADULT	3/10/2025
SFV	1031	ASSOCIATE CSC	SCHOOL AGE	3/10/2025
SFV	1032	ASSOCIATE CSC	ADULT	3/10/2025
SFV	1033	ASSOCIATE CSC	ADULT	3/10/2025
SFV	897	OFFICE ASSISTANT II	ACCOUNTING - OPS	5/19/2025
SFV	932	TRAINING SPECIALIST II	QI/CHANGE MANAGEMENT	6/2/2025
SFV	510	INFRASTRUCTURE ENGINEER	IT	7/1/2025
AV	1026	ASSOCIATE CSC	SCHOOL AGE	7/31/2025
SFV	947	SR. APPS AND PROJ MGR	IT	8/15/2025
SFV	690	ADMIN ASSISTANT	IT	9/16/2025
AV	1061	OFFICE ASSISTANT II	CONTRACT ADMIN 1	12/1/2025
SFV	1062	IT SPECIALIST II	IT	12/8/2025
SFV	518	IT SPECIALIST II	IT	12/15/2025
SFV	605	HR SPECIALIST I	HUMAN RES OURCES	2/9/2026
SFV	1016	ASSOCIATE CSC	SCHOOL AGE	2/17/2026
SFV	468	IT SPECIALIST II	IT	2/23/2026
AV	129	IT SPECIALIST II	IT	3/6/2026
SFV	18	ACCOUNTING SPECIALIST	ACCOUNTING - CUST SERV	3/16/2026
SFV	401	ACCOUNTANT JR	ACCOUNTING - ACCT PAY 1	4/20/2026
SCV	322	PUBLIC INFO SPECIALIST	PUBLIC INFORMATION	5/11/2026
SFV	1115	CYBER SECURITY MANAGER	IT	5/15/2026
SFV	1114	IT PROJECT MANAGER	IT	5/15/2026
SFV	1037	SDP CSC LEAD TRAINING SPEC	ADULT 6	5/18/2026
SFV	923	SR. PSYCH SERVICES SPEC	CLINICAL SVCS - PSYCH	5/27/2026
SFV	1118	EXEC ADMIN ASSISTANT	ADMIN - EXEC SPRT/ DEP D	6/1/2026
SCV	403	OFFICE ASSISTANT II	RECS & DOC MGMT DEPT	6/1/2026
SFV	1119	RES OURCE DEV SPEC	COMMUNITY SERVICES	6/1/2026
AV	345	AGING ADULT SPECIALIST	AV - CONSUMER SVCS	6/15/2026
SFV	887	LEAD TRAINER CSC	QI/CHANGE MANAGEMENT	6/15/2026
SFV	968	DATA ANALYST-QUAL AUDTR	QI/CHANGE MANAGEMENT	6/26/2026
SFV	196	INTAKE ASSOCIATE	CLINICAL SVCS - INTAKE	6/29/2026

Positions on Hold 2

Location	Pos #	Hold Positions	Dept/ Location	Hold as of Date
SFV	701	LEAD RISK ASSESS SPEC	RISK ASSESMENT	7/29/2022
SFV	8	DIR OF FINANCE	ACCOUNTING I	8/29/2022

June 2026 Human Resources Report

New HirES Started in the month **21**

Location	Pos #	Position	Hire Date
SFV	1068	Consumer ServicES Sup	6/1/2026
SFV	324	CSC	6/1/2026
SFV	579	RES ource Development	6/1/2026
SFV	557	Administrative Assistant	6/1/2026
AV	1096	CSC	6/15/2026
SFV	1074	CSC	6/15/2026
AV	72	CSC	6/15/2026
SCV	1091	CSC	6/15/2026
SFV	618	Office Assistant II	6/15/2026
SFV	1079	CSC	6/15/2026
AV	295	CSC	6/15/2026
AV	850	CSC	6/15/2026
SFV	339	CSC	6/15/2026
SFV	171	CSC	6/15/2026
SFV	344	Office Assistant II	6/15/2026
SCV	100	CSC	6/29/2026
SFV	207	CSC	6/29/2026
SFV	1002	CSC	6/29/2026
SCV	217	CSC	6/29/2026
SFV	449	Behavioral Consultant	6/29/2026
SFV	151	CSC	6/29/2026

Separations in the Month **8**

Location	Pos #	Position	Separation Reason	Term Month
SFV	987	CSC	PERSONAL	5/1/2026
SFV	460	CSC	PERSONAL	5/4/2026
SFV	968	Data Analyst - Quality Improven	PERSONAL	5/8/2026
SFV	745	CSC	PERSONAL	5/11/2026
SFV	732	CSC	PERSONAL	5/11/2026
SCV	314	CSC	PERSONAL	5/13/2026
SCV	1091	CSC	PERSONAL	5/19/2026
SFV	250	CSC	PERSONAL	5/20/2026

Jul-26

HUMAN RES OURCES REPORT

	CSC Vacancies	CSC Growth Positions	Open Other Positions:	Total Open Positions Vacant	Positions on Hold	Filled as of 7/31	FY27 Auth Positions	% Filled	New Hires (July)	Separations (July)	July '26 Turnover Rate
All Locations	17	29	42	88	8	983	1079	91.1%	18	18	1.83%
SFV	8	19	31	58	6	666	730	91.2%	13	11	
AV	6	9	10	25	1	217	243	89.3%	4	6	
SCV	3	1	1	5	1	100	106	94.3%	1	1	

CSC Vacancies **17**

Location	Pos #	CSCs	Dept/ Loc	Open as of Date
SFV	375	CSC	ES 2	3/14/2024
SCV	635	OD	SCV ADULT	9/23/2025
SCV	415	CSC	SCV ADULT	4/24/2026
SFV	261	CSC	TRAN 3	5/18/2026
SFV	460	CSC	SC AGE 7	6/12/2026
SFV	180	CSC	ADULT 6	6/15/2026
SFV	250	CSC	ADULT 1	6/30/2026
AV	316	CSC	AV TRANS 1	7/1/2026
SFV	139	CSC	SC AGE 6	7/7/2026
SCV	334	CSC	TRAN 2	7/8/2026
AV	200	CSC	ES 1	7/13/2026
AV	279	CSC	TRA 2/SA 4	7/13/2026
AV	447	CSC	AV ADULT 2	7/15/2026
SFV	167	CSC	ADULT 5	7/16/2026
SFV	360	CSC	SC AGE 8	7/23/2026
AV	465	CSC	TRA 2/SA 4	7/31/2026
AV	535	CSC	AV ADULT 3	7/31/2026

CSC Growth Positions **29**

Location	Pos #	CSCs	Dept/ Loc	Open as of Date
SFV	793	CSC	ADULT 6	9/26/2025
AV	1094	CSC	SC AGE 5	2/18/2026
AV	1097	CSC	SC AGE 5	2/18/2026
AV	1098	CSC	SC AGE 5	2/18/2026
SFV	520	CSC	ADULT 1	3/5/2026
SFV	949	CSC	SC AGE 10	4/2/2026
SFV	735	CSC	ADULT 9	4/23/2026
AV	506	CSC	SC AGE 1	5/4/2026
SFV	997	CSC	SC AGE 6	5/4/2026
AV	608	CSC	TRA 2/SA 4	5/8/2026
SFV	1104	CSC	ES 2	6/1/2026
SFV	1107	CSC	ES6	6/1/2026
SFV	1108	CSC	ES7	6/1/2026
SFV	1109	CSC	ES 2	6/1/2026
SFV	1111	CSC	ES7	6/1/2026
SFV	987	CSC	SC AGE 6	6/9/2026
SFV	1073	CSC	SC AGE 11	6/15/2026
SFV	745	CSC	TRAN 4	6/16/2026
SCV	1087	CSC	TRA 1/ ADT 2	6/26/2026
SFV	741	CSC	TRAN 4	7/10/2026
AV	778	CSC	SC AGE 3	7/13/2026
AV	907	CSC	AV ADULT 4	7/13/2026
AV	908	CSC	AV ADULT 4	7/13/2026
SFV	834	CSC	ES - INTAKE	7/14/2026
SFV	762	CSC	ADULT 9	7/16/2026
SFV	1106	CSC	ES4	7/16/2026
SFV	600	CSC	SC AGE 1	7/27/2026
AV	1100	CSC	SC AGE 5	7/29/2026
SFV	755	CSC	SC AGE 9	7/31/2026

FY25/26 Authorized Positions	Positions Added - FY 26/27 Growth
1079	0

Open Other Positions: 42

Loc	Pos #	All Other Positions	Dept/ Loc	Open as of Date
SFV	544	PSYCH SERVICES SUP	CLIN SVCS - PSYCH	12/4/2023
SFV	976	ASSIST CONTROLLER	ACCOUNTING	12/20/2024
AV	1025	ASSOC CSC	SCHOOL AGE	3/10/2025
AV	1027	ASSOC CSC	ADULT	3/10/2025
AV	1028	ASSOC CSC	ADULT	3/10/2025
AV	1029	ASSOC CSC	ADULT	3/10/2025
SFV	1012	ASSOC CSC	ADULT	3/10/2025
SFV	1013	ASSOC CSC	SCHOOL AGE	3/10/2025
SFV	1015	ASSOC CSC	ADULT	3/10/2025
SFV	1017	ASSOC CSC	SCHOOL AGE	3/10/2025
SFV	1018	ASSOC CSC	ADULT	3/10/2025
SFV	1019	ASSOC CSC	ADULT	3/10/2025
SFV	1020	ASSOC CSC	ADULT	3/10/2025
SFV	1024	ASSOC CSC	ADULT	3/10/2025
SFV	1030	ASSOC CSC	ADULT	3/10/2025
SFV	1031	ASSOC CSC	SCHOOL AGE	3/10/2025
SFV	1032	ASSOC CSC	ADULT	3/10/2025
SFV	1033	ASSOC CSC	ADULT	3/10/2025
SFV	897	OA II	ACCOUNTING - OPS	5/19/2025
SFV	932	TRAINING SPEC II	QI/CHANGE MNGT	6/2/2025
SFV	510	INFRAS ENGINEER	IT DEPT	7/1/2025
AV	1026	ASSOCIATE CSC	SCHOOL AGE	7/31/2025
SFV	690	ADMIN ASSISTANT	IT DEPT	9/16/2025
AV	1061	OA II	CONTRACT ADMIN 1	12/1/2025
SFV	1062	IT SPEC II	IT DEPT	12/8/2025
SFV	518	IT SPEC II	IT DEPT	12/15/2025
SFV	1016	ASSOCIATE CSC	SCHOOL AGE	2/17/2026
SFV	468	IT SPEC II	IT DEPT	2/23/2026
AV	129	IT SPEC II	IT DEPT	3/6/2026
SFV	18	ACCT SPECIALIST	ACCTG - CS	3/16/2026
SFV	401	ACCOUNTANT JR	ACCTING - ACCTS PAY 1	4/20/2026
SFV	1037	SDP CSC LEAD TRAIN SPEC	ADULT 6	5/18/2026
SCV	403	OA II	RECS & DOC MGNT	6/1/2026
SFV	1119	RESOURCE DEV SPEC	COMM SERVICES	6/1/2026
AV	345	AGING ADULT SPEC	CONSUMER SVCS	6/15/2026
SFV	968	DATA ANALYST - QI AUDTR	QI/CHANGE MNGMT	6/26/2026
SFV	196	INTAKE ASSOCIATE	CLIN SVCS - INTAKE	6/29/2026
SFV	133	CONS SERVICES SUP	TRANSITION 2	7/1/2026
SFV	724	OA II	PUBLIC INFO	7/13/2026
AV	23	OA II	FACILITIES - OFF SVCS	7/16/2026
AV	1116	OA II	RECS & DOC MNGMNT	7/20/2026
SFV	1011	RECS & DOC MGNT SUP	RECS & DOC MNGMNT	7/21/2026

Positions on Hold 8

Loc	Pos #	Hold Positions	Dept/ Loc	Hold as of Date
SFV	701	LEAD RISK ASSESS SPEC	RISK ASMNT	7/29/2022
SFV	8	DIRECTOR OF FINANCE	ACCT I	8/29/2022
SFV	569	HR SPECIALIST I	HR	10/4/2023
AV	975	HR GENERALIST	HR	12/18/2024
SCV	973	HR GENERALIST	HR	12/18/2024
SFV	398	PSYCHOLOGIST, PHD	CLINICAL SVCS	2/18/2025
SFV	605	HR SPECIALIST I	HR	2/9/2026
SFV	923	SR. PSYCH SVCS SPEC	CLIN SVCS - PSYCH	5/27/2026

New Hires: July 2026 **18**

Loc	Pos #	Position	Hire Date
AV	1068	CSC	7/13/2026
SCV	324	CSC	7/13/2026
SFV	579	OD	7/13/2026
SFV	557	CSC	7/13/2026
SFV	1096	CSC	7/13/2026
SFV	1074	CSC	7/13/2026
SFV	72	CSC	7/13/2026
SFV	1091	CSC	7/13/2026
SFV	618	CSC	7/13/2026
AV	1079	CSC	7/13/2026
AV	295	CSC	7/27/2026
SFV	850	IT PROJ MNGR	7/27/2026
SFV	339	CSC	7/27/2026
SFV	171	CSC	7/27/2026
AV	344	CSC	7/27/2026
SFV	100	CYBER SEC MNGR	7/27/2026
SFV	207	CSC	7/27/2026
SFV	1002	PUBLIC INFO SPEC	7/27/2026

Separations: July 2026 **18**

Loc	Pos #	Position	Separation Reason	Term Month
SFV	497	CONS SERVICES SUP	PERSONAL	7/2/2026
SFV	316	CSC	COMPENSATION	7/7/2026
SCV	133	CSC	FAMILY REASONS	7/8/2026
SFV	139	CSC	RELOCATION	7/9/2026
SFV	334	CSC	PERSONAL	7/10/2026
AV	594	CSC	WORKING CONDITIONS	7/15/2026
AV	741	OFFICE ASSISTANT II	RELOCATION	7/16/2026
SFV	447	PUBLIC INFO SPECIALIST	PERSONAL	7/16/2026
SFV	834	CSC	OTHER EMPLOYMENT	7/16/2026
SFV	3	CSC	PERSONAL	7/17/2026
SFV	23	CSC	WORKING CONDITIONS	7/17/2026
SFV	1011	RECS & DOC MGMT SUP	PERFORMANCE	7/21/2026
SFV	360	CSC	PERSONAL	7/21/2026
AV	84	CSC	PERSONAL	7/29/2026
AV	1100	CSC	WORKING CONDITIONS	7/29/2026
AV	535	CSC	PERSONAL	7/31/2026
AV	755	CSC	PERSONAL	7/31/2026
SFV	465	CSC	OTHER EMPLOYMENT	7/31/2026

Annual Reporting of Program Closures

North Los Angeles County Regional Center

Summary of Program Closures during FY25-26 (07/01/2025-06/30/2026)

Service Code	Service Description	Program Closure Date	Number of Consumers Impacted	Program Capacity	Reason for Closure	Zip Code	Service City	
55	COMMUNITY INTEGRATION TRAINING PRG	12/31/2025	0	0	Service code closed due to rate reform, services available under other vendor #	91355	VALENCIA	CA
56	INTERDISCIPLINARY ASSESSMT SERVICE	9/19/2025	0	0	Vendor Request	91326	PORTER RANCH	CA
56	INTERDISCIPLINARY ASSESSMT SERVICE	8/20/2025	0	0	Vendor Request	93535	PALMDALE	CA
62	PERSONAL ASSISTANCE	8/20/2025	0	0	Vendor Request	91364	WOODLAND HILLS	CA
99	SD SUPPORT SERVICES	10/1/2025	0	0	Vendor Request	91355	VALENCIA	CA
109	SUPPLEMENTAL RESIDENTIAL PRGM SPRT	1/21/2026	0	6	Retired	91343	NORTH HILLS	CA
109	SUPPLEMENTAL RESIDENTIAL PRGM SPRT	9/2/2025	0	4	Vendor Request	93535	LANCASTER	CA
109	SUPPLEMENTAL RESIDENTIAL PRGM SPRT	12/5/2025	0	4	Vendor Request	91324	NORTHRIDGE	CA
109	SUPPLEMENTAL RESIDENTIAL PRGM SPRT	9/12/2025	0	6	Vendor Request	91335	RESEDA	CA
110	SUPPLEMENTAL DAY SRVS PRGM SUPPORT	9/17/2025	0	0	Vendor Request	91401	SHERMAN OAKS	CA
110	SUPPLEMENTAL DAY SRVS PRGM SUPPORT	7/30/2025	0	0	Vendor Request	91401	VAN NUYS	CA
605	ADAPTIVE SKILL TRAIN	12/4/2025	40	0	Action taken by RC	91316	ENCINO	CA
612	BEHAVIOR ANALYST	6/2/2026	0	0	Closed office in catchment area	91311	CHATSWORTH	CA
615	BEHAVIOR MGMT ASSIST	6/16/2026	0	0	Closed office in catchment area	91311	CHATSWORTH	CA
635	INDEPENDENT LIV SPEC	9/30/2025	11	0	Service code closed due to rate reform, services available under other vendor #	91325	NORTHRIDGE	CA
707	SPEECH PATHOLOGY	9/2/2025	0	0	Vendor Request	91411	SHERMAN OAKS	CA
707	SPEECH PATHOLOGY	9/12/2025	0	0	Vendor Request	91307	WEST HILLS	CA
707	SPEECH PATHOLOGY	4/14/2026	0	0	Vendor Request due to Insuficiant Rate	91436	ENCINO	CA
765	PHARMACEUTICAL SERV	4/27/2026	0	0	Vendor Request	91307	WEST HILLS	CA
772	PHYSICAL THERAPY	9/19/2025	0	0	Vendor Request	91326	PORTER RANCH	CA
785	CLINICAL PSYCHOLOGIST	8/22/2025	0	0	Vendor Request	91403	SHERMAN OAKS	CA
805	INFANT DEV PROGRAM	12/31/2025	0	0	Closed office in catchment area	91301	SAN FERNANDO	CA
854	HOME HEALTH AGENCY	4/24/2026	0	0	Vendor Request	91311	CHATSWORTH	CA
880	TRANS ADDITIONAL COM	8/22/2025	0	0	Vendor Request	91355	RESEDA	CA
915	RES FAC ADULTS-SO	9/30/2025	5	6	Retired	91343	NORTH HILLS	CA
915	RES FAC ADULTS-SO	12/5/2025	4	4	Vendor Request	91324	NORTHRIDGE	CA

Total Closures:26

North Los Angeles County Regional Center
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Competitive Integrated Employment & Paid Internship Program Quarterly Metrics
FY2026, Quarter 4 (4/1/2026 – 6/31/2026)

1. Competitive Integrated Employment (CIE) Incentive Payments

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

Description	Q1	Q2	Q3	Q4	YTD	Total POS YTD		FY23	FY24	FY25
Total # of 30-day CIE incentives paid (CIEP)	8	7	1	1	17	21		54	44	**47**
Total # of 6-month CIE incentives paid (CIE6)	7	4	4	-	15	17		35	33	**54**
Total # of 12-month CIE incentives paid (CIE12)	4	2	2	-	8	8		46	26	**41**

2. Paid Internship Program

a. Internship Funding (PIPW)

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

Description	Q1	Q2	Q3	Q4	YTD	Total POS YTD		FY23	FY24	FY25
# of PIPW authorizations rollover from FY25	394	n/a	n/a	n/a	394	868		277	452	676
# of new PIPW authorizations per quarter	127	96	140	111	474					
# of PIPW authorizations terminated per quarter (with payment)	72	72	131	81	356	460		94	188	273
# of PIPW authorizations terminated per quarter (no payment)	41	26	26	11	104					

Description	Q1	Q2	Q3	Q4	YTD		FY23	FY24	FY25
# of PIPW authorizations paid out (per consumer)	367	362	335	320	645		241	379	558
Total PIPW reimbursement funding	$1,020,619.06	$1,024,795.02	$874,802.26	$775,707.25	$3,695,923.59		$1,060,115.34	$1,621,337	$3,427,442.16
Average PIPW reimbursement funding	$2,780.98	$2,830.93	$2,611.35	$2,424.09	$2,661.83		$2,074.59	$2,187.02	$2,569.21

b. PIP Incentive Payments

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

Description	Q1	Q2	Q3	Q4	YTD	Total POS YTD		FY23	FY24	FY25
Total # of 30-day PIP incentives paid	34	39	14	2	89	118		83	121	154
Total # of 60-day PIP incentives paid	32	42	16	8	98	121		76	120	140

NOTE: Data reflects current billing as of **July 23rd 2026** and is reported by service month.

Executive Finance Committee Attendance FY 2026-2027

FY 2026-27	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	Total Absences	Total Hours
Executive Finance Committee			**Dark**		**Dark**						**Dark**		
Sharmila Brunjes													
Juan Hernandez													
Anna Hurst													
Curtis Wang													
Jeremy Sunderland													
Jacquie Colton													
Jason Taketa													
Laura Monge													
Tal Segalovitch													

Meeting Time

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)

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

1. NLACRC Spotlight:

A. NLACRC Family Expos – Santa Clarita Valley and Antelope Valley

i. NLACRC will host Family Expos in the Santa Clarita Valley and the Antelope Valley. Individuals and families will have an opportunity to meet NLACRC service providers, learn about services and resources, ask questions, and connect with the community.

ii. This year's theme is Disco. Each Expo will be followed by an afternoon dance.

iii. Santa Clarita Family Expo
   1. Saturday, September 12, 2026
   2. The Centre – 20880 Centre Pointe Pkwy, Saugus, CA 91350
   3. Expo: 9:00 a.m. – 12:00 p.m.
   4. Dance: 1:00 p.m. – 4:00 p.m.

iv. Antelope Valley Family Expo
   1. Saturday, October 24, 2026
   2. AV Fair & Event Center – 2551 W. Avenue H, Lancaster, CA 93536
   3. Expo: 9:00 a.m. – 12:00 p.m.
   4. Dance: 1:00 p.m. – 4:00 p.m.

2. Legislative Updates:

A. Senate Bill 163

i. Boards must establish an advisory group of individuals with lived experience with developmental disabilities. The advisory group must select two of its members and one family member/legal guardian to serve on the Board for renewable terms of up to two years.

ii. At least one designee must serve as a voting member of the Board's recruitment/nominating committee.

iii. ARCA leadership has raised concerns that the structure may:
   1. Create a separate pathway for individuals served despite the existing 25% board representation requirement.
   2. Give Boards undue influence over consumer representation because boards appoint CAC members.
   3. Imply that individuals served require family/guardian representation, which could be viewed as paternalistic or demeaning.

3. Center Updates:

A. Recruitment

i. Total number of positions filled: 987

ii. August 2026 New Hires:

1. 1st Cycle (8/10/2026): 5 confirmed
2. 2nd Cycle (8/24/2026): 8 confirmed

iii. September 2026 New Hires:

1. 1st Cycle (9/8/2026): 8 unconfirmed
2. 2nd Cycle (9/21/2026): 1 unconfirmed

B. Client Served Statistics:

i. Total Served: 43,379

a. Early Start: 5,108
b. Lanterman: 35,230

ii. Breakdown of all three valleys:

a. AV (Early Start & Lanterman): 10,370
b. SCV (Early Start & Lanterman):4,747
c. SFV (Early Start & Lanterman): 25,221

iii. Intake all three valleys: 857 & Early Start Intake: 403

iv. All other categories not captured in Early Start, Lanterman, and Intake, such as Provisional, Enhanced, Specialized, and other which would total: 1,426

4. Upcoming Disability Organization Events/Activities

A. State Council on Developmental Disabilities next council meeting – September 29, 2026

B. Disability Rights California's next Board meeting—September 19, 2026

C. Self-Determination Local Advisory Committee next meeting—September 17, 2026