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: November 19, 2026

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

From: Lindsay Granger, Executive Administrative Assistant

Re: Information for the next Executive Finance Committee meeting on **Thursday, November 19, 2026, at 6:05 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, Jonathan Harvey, Interim Human Resources Director

Attachments

Executive Finance Committee Meeting

November 19, 2026

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EXECUTIVE FINANCE COMMITTEE

Thursday, November 19, 2026, at 6:05 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 November 19, 2026, Meeting

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

V. Consent Items *(2 min)*

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

A. Approval of the Minutes from the September 24, 2026, Executive Finance Committee Meeting

VI. Action Items

A. Review and Approve the CY2027 Training Plan – Sharmila Brunjes *(5 min)*
B. Board Contract Policy – Vini Montague *(3 min)*

VII. Committee Business

A. Review NLACRC FY2026 Summary of Vendor Audits Report – Vini Montague *(3 min)*
B. Review Center's Contract Changes with DDS – Vini Montague *(3 min)*
C. Financial Reports – Vini Montague (*10 min*)
   1. Purchase of Services Breakdown
D. Admin vs. Direct Allocation Report – Vini Montague (*5 min*)
E. ARCA PEP Statewide Report – Vini Montague *(5 min)*
F. Outstanding Authorizations Report – Vini Montague *(3 min)*
G. Quarterly Fees for PRMT and UAL – Vini Montague *(2 min)*
   1. 1st Quarter PRMT Fees Report
   2. 1st Quarter CalPERS UAL Fees Report
H. Audits Update *(5 min)*
   1. DDS Audit FY2025
   2. Lindquist, Von Husen & Joyce Audit FY2026

I. Monthly Whistleblower Logs – Jonathan Harvey *(3 min)*
   1. September 16, 2026 – October 15, 2026
   2. October 16, 2026 – November 15, 2026

J. Human Resources Report – Johnathan Harvey *(4 min)*
   1. 1st Quarter Human Resources Report
   2. Monthly Human Resources Report – September
   3. Monthly Human Resources Report – October

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

IX. Closed Session *(10 min)*
   A. Quarterly Legal Update

X. Announcements / Public Input/Information Items *(3 min per person)*
   A. January 28, 2027, at 6:00 p.m.
   B. Committee Attendance

XI. Adjournment

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

North Los Angeles County Regional Center

Executive Finance Committee Meeting Minutes

September 24, 2026

Present: Board President Sharmila Brunjes, Vice President Juan Hernandez, Board Treasurer Anna Hurst, Board Secretary Curtis Wang, ARCA Delegate Jeremy Sunderland, VAC Chair Tal Segalovitch, Jacquie Colton, Jason Taketa– Committee Members

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

Guests: Lety Garcia – Board Member, Puja Trivedi – Board Member, Hortencia Garcia, Aracely Robles, Rosalba Fregoso, Yolanda, Manuela Herrera, and Celia Z., Oli Espinoza,

Absent: Laura Monge

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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 5:06 p.m. Sharmila Brunjes, Board President, reminded members to identify themselves prior to making a motion and reviewed the NLACRC Board of Trustees Civility Code.

2. COMMITTEE MEMBER ATTENDANCE

3. AGENDA

Absent objection the September 24, 2026, 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 August 27, 2026, Executive Finance Committee Meeting

Absent objection the minutes of the August 27, 2026, Executive Finance Committee Meeting were approved. Motion carried.

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6. ACTION ITEMS

6.1 Approval to Authorize an Officer to Secure Worker's Compensation for Calendar Year 2027

Vini Montague explained that NLACRC's workers' compensation insurance operates on a calendar-year basis, unlike its other insurance policies. The insurance broker is currently obtaining quotes for 2027 and anticipates no significant changes in insurance costs, with a preliminary estimated increase of approximately 5%. Vini Montague requested that the Executive Finance Committee recommend that the Board authorize an officer to secure workers' compensation insurance for calendar year 2027.

On a motion made by Tal Segalovitch and seconded by Laura Monge, it was resolved to recommend that the Board authorize an officer to secure workers' compensation insurance for calendar year 2027. Motion carried.

6.2 Approval of Operations Contracts

A. Sheridan Group

Vini Montague presented a contract with Sheridan Group for furniture associated with Phase One of the San Fernando Valley office expansion project. The Board previously approved the expansion, which includes adding the 6th and 10th floors and reconfiguring existing office space. The proposed contract covers September 2026 through December 2027, allowing sufficient time for project completion, with a maximum contract amount of $2,492,553.10.

Vini Montague explained that three competitive bids were obtained, and Sheridan Group, NLACRC's existing furniture vendor, was selected based on several factors, including competitive pricing and furniture quality. Under the San Fernando Valley lease agreement, the landlord will provide a tenant improvement allowance of up to $4.8 million, which includes eligible furniture, fixtures, and equipment expenses. These expenses will be submitted to the landlord for reimbursement, with NLACRC responsible for any costs exceeding the available allowance.

Due to project timelines, Vini Montague requested that the Executive Finance Committee approve the contract on behalf of the Board to allow the project to proceed without delay. The contract will subsequently be presented to the full Board for formal ratification.

On a motion made by Juan Hernandez and seconded by Tal Segalovitch, it was resolved to approve the Sheridan Group contract for an amount not to exceed $2,492,553.10, subject to ratification by the Board. Motion carried.

B. Semetra

Vini Montague presented three contracts with Semetra for the design, purchase, installation, and integration of audio-visual equipment and IT structured cabling associated with Phase One of the San Fernando Valley office expansion project. The proposed contracts include $43,821 for design services, $636,025.65 for audio-visual integration, and $203,527.42 for IT structured cabling, totaling $883,374.07.

Vini Montague also requested an additional contingency of up to $150,000 to accommodate potential change orders during construction, bringing the total maximum authorization to $1,033,374.07. The contingency would address modifications such as adding equipment or relocating components from the original design. Vini Montague clarified that the three contracts would initially be executed for their respective amounts, with any necessary changes handled through contract amendments within the approved contingency. This approach would help prevent project delays by allowing necessary adjustments without seeking additional approval for each change order within the authorized amount.

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Due to project timelines, approval was requested from the Executive Finance Committee on behalf of the Board, with the contracts to be presented for formal ratification at the November Board meeting.

On a motion made by Jeremy Sunderland and seconded by Juan Hernandez, it was resolved to approve the three Semetra contracts, including a contingency of up to $150,000, for a total amount not to exceed $1,033,374.07, subject to ratification by the Board. Motion carried.

C. Photo Scan of Los Angeles

Vini Montague presented a contract with Photo-Scan of Los Angeles (PSLA) for access control and video surveillance equipment associated with the San Fernando Valley office expansion project. PSLA provides NLACRC's access control and video surveillance equipment, and the proposed contract would support these systems as part of the expansion.

The initial contract amount is $551,566.88, with an additional contingency of up to $50,000 for potential change orders, bringing the total maximum authorization to $601,566.88. Vini Montague explained that, similar to the Semetra contracts, any necessary modifications would be addressed through contract amendments within the approved contingency amount.

Vini Montague requested that the Executive Finance Committee approve the contract on behalf of the Board to allow the project to proceed within the required timeline. The contract will be presented to the full Board for formal ratification at its November 4, 2026, meeting.

On a motion made by Jeremy Sunderland and seconded by Juan Hernandez, it was resolved to approve the Photo-Scan of Los Angeles (PSLA) contract, including a contingency of up to $50,000, for a total amount not to exceed $601,566.88, subject to ratification by the Board. Motion carried.

ACTION: All three contracts will be added to the November Board meeting to be ratified by the full Board of Trustees.

6.3 Approval of Strategic Plan

Angela Pao-Johnson presented an update on NLACRC's Five-Year Strategic Plan, reviewing the proposed strategic priorities, goals, objectives, implementation timelines, and anticipated outcomes. The plan is currently in the Board review, discussion, and revision phase, with final approval anticipated at the November 4, 2026, Board meeting and implementation scheduled to begin in January 2027. Additional work is underway to establish measurable performance metrics and identify internal staff responsible for each priority, goal, and objective. These metrics are expected to be available by November and will help evaluate progress toward achieving the plan's objectives. NLACRC also intends to share the strategic plan with the public in the coming months to communicate its priorities and direction over the next five years.

Angela Pao-Johnson reviewed the plan's four strategic priorities, which encompass 11 goals and approximately 87 sub-objectives. Operational Excellence and Innovation focuses on improving transparency, communication, organizational performance, and information accessibility through technology, automation, and data-driven decision-making. Goals include establishing communication governance and standards, strengthening two-way communication, developing secure data infrastructure, modernizing systems, and improving organizational performance. Initial efforts in 2027 will prioritize establishing communication standards and data governance, while broader modernization and performance management initiatives will continue in subsequent years.

Workforce and Culture emphasizes leadership development, workforce effectiveness, employee well-being, and organizational engagement. Planned efforts include strengthening leadership and succession capacity, fostering trust and collaboration, and promoting workforce sustainability. Certain initiatives will

begin in 2027, while others will require additional foundational work before implementation. Angela Pao-Johnson emphasized that workforce development and organizational culture require continuous improvement rather than one-time completion.

Vendor Excellence and Service Delivery focuses on strengthening vendor readiness, capacity, diversity, geographic accessibility, quality, and accountability. Planned improvements include supporting vendor engagement, expanding service availability, and improving service delivery processes. Angela Pao-Johnson explained that funding and resource limitations may affect the pace of certain initiatives. Improvements to service delivery processes are among the objectives anticipated for completion in 2027.

Consumer, Family, and Community Impact focuses on empowering individuals served and their families, improving equitable access to services, strengthening community engagement, and developing strategic partnerships. Priorities include expanding access to information and resources, incorporating family feedback into continuous improvement efforts, identifying and addressing service access gaps, and strengthening coordination with community partners. Family and consumer empowerment objectives are anticipated for completion in 2027, while broader outreach and cross-system coordination efforts will continue throughout the five-year plan.

Angela Pao-Johnson explained that the implementation roadmap distinguishes between objectives expected to be completed in 2027, those that will be partially implemented, and those scheduled for subsequent years. The first year will focus on establishing foundational systems and advancing initiatives already underway. Although most objectives will receive some attention during the five-year period, not all 87 sub-objectives can be completed in the first year. The implementation schedule was developed with consideration for organizational capacity, available resources, and dependencies between initiatives. Angela Pao-Johnson emphasized the importance of establishing realistic but aspirational expectations for the plan.

Lety Garcia requested clarification regarding objectives identified as achievable in 2027, particularly since performance metrics and measurable outcomes have not yet been finalized. Angela Pao-Johnson explained that the projected timelines were developed through discussions with internal teams to assess existing work, organizational readiness, and what could reasonably be accomplished. Several objectives reflect activities already underway that can be strengthened or expanded rather than developed entirely from the beginning. While the final metrics may result in adjustments, the current roadmap reflects management's assessment of achievable priorities.

As an example, Angela Pao-Johnson discussed Goal 8, Effective and Accountable Service Delivery, specifically the objective to improve service delivery processes. The associated sub-objectives include developing, documenting, and implementing written policies and procedures for core NLACRC processes; reducing administrative burdens through simplified forms and workflows; eliminating redundant steps; and implementing service coordination standards that promote timely referrals, clear accountability, effective communication, and reliable follow-through. Angela Pao-Johnson explained that service coordination standards have already been implemented, although additional auditing is needed to evaluate compliance and effectiveness. Work is also underway to review, update, and develop policies and procedures, including those related to case management. While these improvements are expected to be substantially completed in 2027, policies and procedures will require ongoing review and revision as organizational needs and regulatory requirements change.

Lety Garcia expressed particular interest in Goal 9, Family and Consumer Empowerment, and requested additional information about how NLACRC intends to achieve the objectives of educating, empowering, and partnering with consumers and families while establishing family voice and continuous improvement. Lety Garcia also raised concerns about service availability in areas such as the Antelope Valley and Santa Clarita Valley.

Angela Pao-Johnson explained that NLACRC already provides extensive outreach, training, and educational resources, but improvements are needed to ensure these resources effectively reach

individuals and families. Existing resources include parent support groups, Parent University videos, podcasts, and Individual Program Plan (IPP) guides. Angela Pao-Johnson emphasized that the focus is not solely on creating additional materials but also on improving how information is distributed, increasing accessibility, and using different communication platforms to reach more families. Feedback from community listening sessions indicated that some families were unaware of available programs and support groups, highlighting the need for more effective outreach and communication.

Lety Garcia raised concerns regarding the availability of Latino parent support groups in the San Fernando Valley and the need to address gaps experienced by families previously served through ICC. Lety Garcia emphasized the importance of establishing opportunities for families to connect, share experiences, and participate in ongoing discussions, particularly if ICC is no longer serving as a partner with NLACRC.

Angela Pao-Johnson explained that NLACRC contracts with Family Focus Resource Center to provide support groups and also hosts additional groups directly. To improve awareness and accessibility, NLACRC has developed a draft consolidated support group resource guide that brings together available groups offered by NLACRC and its community partners. The guide includes options for Spanish-speaking and other Hispanic families, as well as virtual and in-person groups in locations such as Panorama City and the Antelope Valley. Angela Pao-Johnson explained that the guide is intended to help families identify groups that accommodate their schedules, preferred participation formats, and geographic locations. The resource has not yet been publicly released, but it is being developed to improve access to information and strengthen connections among families. Angela Pao-Johnson acknowledged that NLACRC needs to do a better job communicating and promoting the support groups and resources already available.

Sharmila Brunjes requested clarification regarding the meaning of objectives designated as completed within the strategic plan. Sharmila Brunjes noted that completion should indicate that the necessary infrastructure or foundational systems have been established and are ready for implementation and performance evaluation, rather than suggesting that no further work is required. The discussion reinforced that completed objectives will continue to be monitored, evaluated, and improved to ensure they achieve the intended outcomes.

Following the discussion, Sharmila Brunjes clarified that visiting Board members who are not members of the Executive Finance Committee may participate in discussions before a motion is made, but formal deliberation and voting following a motion are limited to committee members. Angela Pao-Johnson requested that the committee recommend the strategic plan's overall framework to the full Board for formal adoption.

On a motion made by Juan Hernandez and seconded by Jeremy Sunderland, it was resolved to recommend approval of NLACRC's Five-Year Strategic Plan to the Board of Trustees for formal adoption. Motion carried.

6.4 Approval of Executive Finance Committee Reflection Guidelines

Lindsay Granger presented the proposed Executive Finance Committee (EFC) Reflection Guidelines, developed following the committee's discussion at the previous meeting. The document combines the former Administrative Affairs Committee and Executive Committee audit questions into a single set of guidelines reflecting the responsibilities of the newly combined Executive Finance Committee. As previously discussed, the document was renamed from "Audit Questions" to "Reflection Guidelines" to better reflect its purpose as an informal reference for committee members rather than a formal self-audit. The original documents were also included in the meeting packet for reference.

Sharmila Brunjes requested clarification regarding any deadlines, timelines, or expectations associated with the guidelines. Lindsay Granger explained that the document primarily reinforces existing committee responsibilities and procedures, including annual reviews and the preparation and approval of planning

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calendars by May. These activities are already incorporated into the committee's planning calendar, and the guidelines do not establish additional deadlines or reporting requirements.

Sharmila Brunjes also asked whether the guidelines included a requirement for periodic review. Lindsay Granger explained that the frequency of review would be determined by the committee. Sharmila Brunjes recommended reviewing the guidelines at the beginning of each year to ensure they remain relevant, accurate, and appropriate for the committee's responsibilities. Given the length of the document and potential redundancies, Sharmila Brunjes suggested that committee members review the guidelines in advance and consider any necessary revisions before annual approval. The guidelines could also be referred to the Policy and Procedure Committee for additional review.

Following discussion, the committee agreed to approve the consolidated Reflection Guidelines with an amendment establishing an annual review at the beginning of each year. Sharmila Brunjes confirmed that the approved guidelines would be available in the committee's folder on OnBoard for members to reference throughout the year, in addition to being included in the meeting packet.

On a motion made by Tal Segalovitch and seconded by Juan Hernandez, and subsequently amended with a second by Jeremy Sunderland, it was resolved to approve the Executive Finance Committee Reflection Guidelines, with the additional requirement that the guidelines be reviewed annually at the beginning of each year to ensure their continued relevance and appropriateness. Motion carried.

7. COMMITTEE BUSINESS

7.1 Review Center's Contract Changes with DDS

This item will be deferred to the next meeting, since the contract changes have not been received yet.

7.2 Financial Reports

Vini Montague presented the FY 2026–2027 financial statement for the July 2026 service month, providing an overview of NLACRC's funding allocations, expenditures, and supporting financial reports. Vini Montague reported that NLACRC received its C2 allocation, bringing the total fiscal year allocation to approximately $1.5 billion. Expenditures for July totaled $101.8 million, with year-to-date expenditures of $104.1 million. Projected annual expenditures currently equal the total allocation because the first surplus and deficit projection for Purchase of Services (POS) expenditures has not yet been completed. Until that projection is prepared, the financial statement reflects anticipated expenditures equal to the available allocation.

Vini Montague reviewed the allocation summary included in the meeting packet, which provides a breakdown of funding designated for regular operations, Purchase of Services, and special projects funded separately from regular operations. The supporting financial schedules include a consolidated report detailing expenditures by category, allowing the committee to review how funding is distributed across the various service and operational areas. Additional schedules provide a more detailed breakdown of regular operating expenditures, including projected annual salary costs and other operating expenses by category.

Vini Montague also reviewed the Community Placement Plan (CPP), which receives specialized funding separate from NLACRC's regular operating allocation. The financial packet includes a separate schedule identifying funding and expenditures associated with this program. Vini Montague emphasized that CPP funds are designated for specific purposes and cannot be commingled with regular operating funds.
Vini Montague discussed another specialized funding allocation for the LDC project, which supports individuals at risk of placement in a developmental center. Similar to CPP funding, these funds are restricted to their designated purpose and must remain separate from regular operating funds. Vini

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Montague explained that these specialized allocations are reported separately to distinguish them from NLACRC's general operating expenses.

Additional special project allocations reviewed included funding for the Family Resource Center and Language Access and Cultural Competency initiatives. These projects are also identified separately within the supporting financial schedules. Vini Montague concluded the financial overview by noting that NLACRC had not yet received its Home and Community-Based Services (HCBS) funding allocation for FY 2026–2027.

Sharmila Brunjes requested clarification regarding the "Other Services" expenditure category listed on page 29 of the meeting packet, noting that it represented a substantial expenditure line item. Vini Montague explained that the category encompasses a broad range of services that do not fall within the other specifically identified expenditure classifications. Examples included personal assistance, behavioral services, respite, and other specialized supports. During the discussion, Sharmila Brunjes also referenced services such as social recreation, occupational therapy, and daycare as examples of the types of services that may be included. Vini Montague clarified that out-of-home residential services, day programs, and habilitation are separately identified categories, while "Other Services" captures expenditures that do not fit within those classifications.

Lety Garcia requested information regarding the reporting of remaining operating funds or savings from FY 2025–2026, which ended in June 2026. Lety Garcia asked whether NLACRC had determined the amount of operating funds remaining from the prior fiscal year and when that information would be presented to the Board. Vini Montague explained that NLACRC has three fiscal years to expend its operating funds and continues to incur expenditures against those allocations after the fiscal year has ended. Consequently, the amount of remaining available operating funds is still being determined as expenditures continue to be recorded.

Vini Montague initially indicated that information regarding available operating funds might be provided toward the latter part of the calendar year but subsequently clarified that an update was anticipated during the first quarter of calendar year 2027, specifically January through March. Lety Garcia confirmed that the anticipated reporting period referred to the calendar year rather than the fiscal year. Sharmila Brunjes also confirmed that the information regarding available operating funds would be incorporated into the financial presentation at that time.

Following the discussion, no additional questions were raised, and the committee proceeded to the next financial report.

Action: V Vini Montague to provide an update on remaining available FY 2025–2026 operating funds as part of a financial presentation during the first quarter of calendar year 2027 (January–March).

7.3 Admin vs. Direct Allocation Report

Vini Montague presented the Administrative vs. Direct Expenditures Report for FY 2026–2027, explaining that the report monitors NLACRC's administrative expenditures in relation to direct expenditures to ensure compliance with the 15% administrative cost limit. As of the July 2026 service month, year-to-date administrative expenditures represented 12.3% of total expenditures, remaining below the allowable 15% cap.

Following the presentation, Laura Monge returned to the "Other Services" expenditure category discussed during the preceding financial report. Laura Monge expressed concern regarding the significant amount reported under this category, which represented nearly $1 billion in expenditures, and requested a more detailed breakdown of the services included. Vini Montague explained that the expenditure classifications were established with the Board several years ago and could be revisited to provide additional clarity. Examples of services included in the category were non-medical services, speech therapy, physical therapy, occupational therapy, respite, and other specialized supports.

Laura Monge suggested organizing the expenditures into more specific groupings, such as therapeutic, recreational, and medical services. Lety Garcia suggested identifying the ten largest categories by expenditures, with remaining services grouped separately. Sharmila Brunjes supported providing additional information as a separate attachment rather than expanding the existing financial statement, allowing Board members to better understand the services included without making the financial reports unnecessarily lengthy.

Vini Montague offered to prepare a separate breakdown of the services included under “Other Services” and requested clarification regarding the desired level of detail and timeline. Sharmila Brunjes initially suggested providing the information before the upcoming Board meeting if time permitted, or otherwise at the next Executive Finance Committee meeting.

Angela Pao-Johnson asked whether the committee wanted corresponding expenditure allocations included and whether the additional information would be needed monthly or as a one-time reference. Sharmila Brunjes clarified that the primary objective was to understand which services were included in the category rather than request an extensive new financial report. Lety Garcia agreed that providing this information at the beginning of the fiscal year would be helpful, including an overview of the categories and estimated expenditures. Sharmila Brunjes also suggested that the information could serve as a reference document, similar to the glossary included in Board meeting packets.

Vini Montague further explained that the existing financial report categories are already summarized and may contain numerous individual services. For example, the “Out-of-Home” category includes specialized residential facilities, supplemental residential program support, Intermediate Care Facilities (ICFs), and family home agencies. Similarly, “Other Services” encompasses multiple service groupings, including in-home respite and non-medical programs, which may include community integration training, parenting support services, crisis evaluation, and behavioral intervention.

Following further discussion, Sharmila Brunjes recommended providing a summary of the broad service categories rather than an exhaustive listing of individual services. This approach would give Board members a better understanding of the expenditures while minimizing additional reporting requirements. Vini Montague agreed to prepare the broad categories included under “Other Services” for the committee’s review.

Action: Vini Montague to prepare a summary of the broad service categories included under “Other Services” as a separate attachment or reference document. The information may be provided before the next Board meeting if time permits; otherwise, it will be presented at the next Executive Finance Committee meeting.

7.4 Outstanding Authorizations Report

Vini Montague presented the Outstanding Authorizations Report as of August 31, 2026, reporting that, for the first time, all outstanding escalated authorization issues from prior fiscal years had been resolved. The remaining outstanding issues were limited to the current fiscal year, involving 80 vendors and 86 authorizations.

Vini Montague explained that the report will change as NLACRC implements its new Accounts Payable ticketing system, which is currently in the pilot phase. The system will centralize all Accounts Payable inquiries and issues into a single database, providing greater visibility and accountability. Previously, service providers contacted individual Accounts Payable staff members directly, making it difficult to track the total number of inquiries and outstanding issues across the department.

Vini Montague noted that the number of reported issues is expected to increase significantly once the ticketing system is fully implemented. This increase will reflect the expanded tracking of all Accounts Payable inquiries rather than only escalated authorization issues. The centralized system will allow

NLACRC to monitor inquiries, improve responsiveness, establish performance metrics, and measure progress in resolving issues.

Vini Montague reported that the ticketing system remained on track for an October 1, 2026, launch. Sharmila Brunjes acknowledged the anticipated increase in reported issues while recognizing the benefits of improved tracking, transparency, and accountability.

No additional questions were raised, and the committee proceeded to the Audits Update.

7.5 Audits Update

a. DDS Audit FY2025

b. Lindquist, Von Husen & Joyce Audit FY2026

Vini Montague provided an update on the Department of Developmental Services (DDS) audit for FY 2024–2025 and the Lindquist independent audit for FY 2025–2026.

Vini Montague reported that the DDS audit remains in progress, with DDS continuing its review of FY 2024–2025. There were no new developments to report at this time.

Regarding the Lindquist independent audit for FY 2025–2026, Vini Montague reported that the audit is progressing on schedule. NLACRC has submitted its preliminary responses, and Lindquist has provided its audit selections. The Accounting team is actively gathering and submitting the requested documentation and information to support the audit process. Vini Montague confirmed that the audit remains on track.

7.6 Annual Reporting of FY25-26 Whistleblower Complaints

Sheila King presented the annual Whistleblower Complaints Report for FY 2025–2026, noting that the meeting packet included the individual reports previously presented and submitted throughout the fiscal year. A total of 71 whistleblower complaints were reported during FY 2025–2026, of which 55 were closed and 16 remained open.

Lety Garcia asked whether any trends or patterns had been identified, particularly regarding increases or decreases in whistleblower complaints compared to the previous fiscal year. Sheila King reported a slight increase in the total number of complaints compared to FY 2024–2025. Sheila King explained that most complaints are handled through Community Services and primarily involve vendors and related investigations.

No additional questions were raised following the discussion.

7.7 Monthly Whistleblower Logs

a. August 16, 2026 – September 15, 2026

Sheila King presented the monthly Whistleblower Complaints Report for the reporting period of August 16 through September 15, 2026. A total of 35 complaints were reported, of which 19 were closed and 16 remained open.

No questions were raised following the presentation.

7.8 Monthly Human Resources Report

Sheila King presented the Human Resources Report for August 2026, providing an overview of NLACRC's staffing levels, vacancies, hiring activity, and employee separations. As of August 31, 2026,

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NLACRC had 982 filled positions, 88 open positions, and eight positions on hold. Sheila King noted that NLACRC was approaching the milestone of 1,000 employees and anticipated reaching that staffing level in the near future.

Sheila King reviewed the staffing information included in the meeting packet, which provided a detailed listing of open positions and positions currently on hold. For August 2026, NLACRC reported 13 new hires and 11 employee separations. The report also included a breakdown of the reasons for employee separations.

No questions were raised following the presentation.

8. CENTER OPERATIONS

Angela Pao-Johnson presented the Center Operations Report, providing updates on recent changes to the federal public charge rule, the upcoming implementation of a new grievance process, and potential changes to the content and format of future Center Operations reports. Angela Pao-Johnson noted that the committee had previously discussed dedicating time to identifying the types of operational information members would find most meaningful and useful.

Angela Pao-Johnson discussed changes to the federal public charge rule, which took effect on September 18, 2026. The changes affect how the federal government evaluates the use of certain public benefits when making public charge determinations in immigration proceedings. Angela Pao-Johnson explained that public charge is an immigration consideration that may affect the approval of certain immigration applications. However, the rule does not apply to everyone, and many individuals are exempt from the public charge test. Receiving public benefits or services does not automatically result in an individual being considered a public charge.

Angela Pao-Johnson emphasized the importance of providing accurate information to individuals and families who may be concerned about how receiving regional center services or other public benefits could affect their immigration status. NLACRC wants to ensure that eligible individuals and families do not unnecessarily avoid accessing services because of these concerns. Angela Pao-Johnson encouraged the use of trusted informational resources, including those available through the Department of Developmental Services (DDS) website, and recommended that individuals with specific immigration concerns seek guidance from qualified immigration legal service providers.

Angela Pao-Johnson also provided an overview of a new grievance process scheduled for implementation in February 2027. The process stems from the Centers for Medicare & Medicaid Services (CMS) 2024 Ensuring Access to Medicaid Services final rule, which establishes requirements for a 90-day grievance process and an additional level of state review. Angela Pao-Johnson explained that the new process will replace certain existing complaint procedures, including Welfare and Institutions Code Section 4731 complaints, and will change how regional centers respond to and resolve grievances. Angela Pao-Johnson and NLACRC's Appeals and Rights Compliance Manager recently attended a DDS workshop to obtain additional information and clarification regarding the requirements.

Under the new procedure, individuals will submit grievances directly to DDS rather than initially submitting them to the regional center. DDS will have five calendar days to review each submission and determine whether it qualifies as a grievance, is an inquiry requiring a different response, or duplicates an existing complaint. Angela Pao-Johnson explained that this initial screening will help prevent duplicate submissions from being unnecessarily referred to regional centers when the matter is already being addressed.

Following the initial DDS review, regional centers will have 60 days, covering days five through 65 of the grievance process, to investigate the complaint and develop a resolution plan. Within the first three business days after receiving a grievance, the regional center must compile the documentation relevant to the matter. During the review period, the regional center must also contact the individual who submitted

the grievance to gather additional information, obtain a statement of facts, and better understand the concerns being raised. This communication may occur in writing, virtually, or in person. Angela Pao-Johnson emphasized that although regional centers are allotted 60 days, NLACRC intends to make every effort to resolve grievances sooner whenever possible.

Angela Pao-Johnson explained that the new resolution process will differ from existing complaint procedures, particularly Section 4731 complaints, which generally involve determining whether specific rights or statutory requirements were violated. Under the current process, resolution letters may reference particular provisions of law, and corrective actions often focus on preventing similar problems in the future through staff training, changes in procedures, or corrective measures involving service providers. While these actions may address broader compliance concerns, they do not always provide the specific resolution sought by the individual who submitted the complaint.

The new grievance process will place greater emphasis on resolving the individual's concerns rather than primarily identifying statutory violations. Resolution plans will focus on addressing the grievance itself without necessarily citing the specific statutes involved. If an individual remains dissatisfied with the proposed resolution, the individual may request an additional state-level review through DDS. Angela Pao-Johnson explained that DDS will have 15 days to provide its report following that review, consistent with the requirements of the federal rule.

Angela Pao-Johnson noted that implementing the new process may require NLACRC to develop additional internal procedures, workflows, and infrastructure to ensure compliance with the required timelines and appropriately address grievances. The team will continue evaluating the operational changes needed to implement the process effectively, with an emphasis on ensuring that individuals receive meaningful resolutions to their concerns. Angela Pao-Johnson indicated that additional information will be provided once more concrete implementation plans have been developed.

Following these updates, Angela Pao-Johnson invited committee members to provide feedback regarding the information they would like included in future Center Operations reports. Angela Pao-Johnson explained that previous reports presented to the Executive Finance Committee (EFC) and the full Board often contained similar information and asked whether members preferred continuing with the existing format or receiving more targeted operational updates. Angela Pao-Johnson also noted that some of the information presented during this meeting was particularly timely because the Board would not hold a regular meeting during the upcoming dark month.

Sharmila Brunjes acknowledged that determining the appropriate reporting format was challenging because certain information would be valuable to both the EFC and the full Board. Sharmila Brunjes noted that EFC meetings generally provide greater flexibility for discussion, while the Executive Director's report at regular Board meetings is typically limited to approximately ten minutes. Sharmila Brunjes suggested using the additional time available during EFC meetings to provide more detailed information regarding operational matters, including strategic planning, financial obligations, staffing, and other organizational responsibilities. Sharmila Brunjes specifically noted that the grievance process presentation was informative and would also be beneficial for the full Board.

Lety Garcia recommended including additional information about employee training and professional development, particularly opportunities available to senior leadership. Lety Garcia noted that workforce training and development are important components of NLACRC's Strategic Plan and expressed interest in understanding the types of professional development opportunities being provided to strengthen leadership and organizational effectiveness. Lety Garcia suggested including high-level examples of training programs, educational opportunities, and other investments in staff development to help Board members better understand how these efforts contribute to the organization's long-term growth and effectiveness.

Angela Pao-Johnson agreed that information regarding professional development opportunities would be valuable. Sharmila Brunjes encouraged committee members to continue considering additional reporting

topics and to submit suggestions directly to Angela Pao-Johnson by email or raise them during a future EFC meeting. No formal changes to the overall reporting format were established during the discussion.

Action: Angela Pao-Johnson to provide further updates on the implementation of the new grievance process as planning progresses and include high-level examples of staff professional development opportunities, particularly for senior leadership, in future Center Operations reporting. Committee members may submit additional suggestions for future reporting topics to Angela Pao-Johnson.

9. CLOSED SESSION

The committee entered Closed Session to discuss personnel.

Sharmila Brunjes reviewed the bylaws regarding participation in closed sessions and clarified that Board members who are not members of the Executive Finance Committee (EFC) are permitted to attend closed sessions but are not eligible to vote. Sharmila Brunjes reminded all attendees that the confidentiality provisions outlined in the bylaws apply to everyone participating in closed session, including Board members who are not committee members. All attendees were expected to maintain the confidentiality of matters discussed.

Following the clarification, Sharmila Brunjes requested a motion to enter closed session.

On a motion made by Juan Hernandez, seconded by Laura Monge, it was resolved to enter closed session at 6:30 p.m.

On a motion made by Juan Hernandez, seconded by Tal Segalovitch, it was resolved to exit closed session at 6:38 p.m.

10. BOARD MEETING AGENDA ITEMS/ACTION ITEMS

- Board Support will add the approved action items to the November board meeting agenda for full board approval.
- The approved operations contracts will be added for ratification by the full Board at the November meeting.
- The new reflection guidelines will be made available on OnBoard for the committee members, and the planning calendar will be updated to include checking these guidelines at the start of every year.
- Vini Montague will prepare a summary of approximately 10–12 broad service categories included under “Other Services” for presentation at the next Board meeting, if time permits, or at the next EFC meeting.
- Vini Montague will provide an update on the remaining available FY 2025–2026 operating funds during the first quarter of calendar year 2027.
- Angela Pao-Johnson will provide additional updates on the implementation of the new grievance process scheduled to take effect in February 2027.
- Angela Pao-Johnson will include high-level information regarding staff professional development opportunities, particularly senior leadership training, in future EFC reports.
- EFC members may submit suggestions for future Center Operations reporting topics to Angela Pao-Johnson by email or during a future committee meeting.

11. ANNOUNCEMENTS / PUBLIC INPUT / INFORMATION ITEMS

Sharmila Brunjes opened the floor for announcements, public input, and information items. No announcements, public comments, or additional information items were presented.

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Sharmila Brunjes asked committee members to review the attendance report and verify its accuracy against their records.

12. NEXT MEETING

The next Executive Finance Committee meeting is scheduled for November 19, 2026 at 6:05 p.m. over Zoom.

13. ADJOURNMENT

On a motion made by Juan Hernandez, seconded by Tal Segalovitch, it was resolved to adjourn the meeting at 6:40 p.m. Motion carried.

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

DRAFT

Board of Trustees

Contract Policy

1. General

The purpose of the Contract Policy ("Policy") is to establish guidelines for the approval of contracts meeting the applicable monetary threshold ~~in the amount of $250,000 or more~~ by the North Los Angeles County Regional Center's ("NLACRC") governing Board of Trustees ("Board") in accordance with Welfare and Institutions Code ("Welf. & Inst. Code"), Section 4625.5, as amended from time to time, and the "Contracting Policy" provisions of NLACRC's contract with the Department of Developmental Services ("DDS"), ~~, at Article II, Section 3. "Contracting Policy."~~

2. Departments Affected

This Policy applies to all NLACRC employees in the San Fernando Valley, Antelope Valley, and Santa Clarita Valley offices.

3. Responsibility

The office of the Chief Financial Officer ("CFO") shall have the overall responsibility to monitor compliance with the Contract Policy and to monitor changes to the monetary thresholds established under Welf. & Inst. Code, Section 4625.5, and ensure that NLACRC's contracting procedures reflect the applicable statutory threshold. All NLACRC employees must ensure that they comply with the Contract Policy as outlined below.

4. Policy

A. The Board shall review and approve all contracts with a fixed amount meeting or exceeding the applicable monetary threshold established by Welf. & Inst. Code, Section 4625.5, as amended from time to time. The applicable threshold shall be $350,000 through June 30, 2030, $450,000 beginning July 1, 2030, and shall increase by $50,000 every five years thereafter, consistent with statute. ~~of $250,000 or more.~~

B. A contract meeting or exceeding the applicable monetary threshold established by Welf. & Inst. Code, Section 4625.5 ~~with a fixed amount of $250,000 or more~~ shall not be a valid contract until after the Board has approved the contract.

C. If a contract requires immediate review and approval prior to the next regularly scheduled Board meeting, the contract will be valid if the Executive Committee votes to approve it and the Board ratifies that approval act by resolution.

D. The Executive Finance Committee may review contracts and make a recommendation to the full Board.

E. For purposes of this Policy, contracts shall not include the following:

1. Contracts where the *potential* amount to be paid by NLACRC to a vendor/contractor using Purchase of Service funds meet or exceed the applicable monetary threshold

established by Welf. & Inst. Code, Section 4625.5~~is $250,000 or more~~.

2. Individual Program Plans ("IPP"), or any other contract developed as a result of a consumer's IPP, including, but not limited to Purchase of Service Authorizations.

3. Vendor approval letters issued by NLACRC pursuant to Title 17, section 54322, of the California Code of Regulations. (See Welf. & Inst. Code § 4625.5(c)).

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5. Procedures

A. When applicable, contracts meeting or exceeding the applicable monetary threshold established by Welf. & Inst. Code, Section 4625.5, as amended from time to time, ~~in the amount of $250,000 or more~~ may be reviewed by NLACRC's legal counsel.

B. The term of any employment contract between NLACRC and an employee or contractor shall not exceed the term of the DDS's contract with NLACRC (Welf. & Inst. Code § 4640.6(l)(3).)

C. At the time NLACRC delivers the Board packets to the Board, the Board packets shall notify the Board of those contracts that the Board will be asked to review and approve. Upon the request of any Board member, the executive assistant to the Board will provide a copy of such contract to the requesting Board members. In emergency situations, the CFO or the CFO's designee may also provide additional contracts for the Board to review and approve.

D. The CFO or the CFO's designee shall present to the Board all contracts ~~with a fixed amount of $250,000 or more~~meeting or exceeding the applicable monetary threshold established by Welf. & Inst. Code, Section 4625.5, as amended from time to time, for review and approval.

E. Contracts presented to the Board shall include the following ~~the~~ information:

1. The name of the vendor/contractor.
2. The purpose of the contract.
3. The contract term.
4. The total amount of the contract.
5. The rate of payment or payment amount.
6. The method or process utilized to award the contract (i.e. request for proposal, cost statement, other).
7. The method or process utilized to establish the rate or the payment amount.
8. Executive Summary, as applicable, of all services the vendor/contractor is vendored/contracted to provide to Consumers and families.

With the exception of real property contracts and NLACRC's contract with DDS which must be signed by the Board President after Board approval, upon approval of a contract by the Board, the Board shall authorize any officer of the Corporation or the Executive Director to execute the contract without material changes but otherwise on such terms deemed satisfactory to such signatory.

F. If the Board does not approve the contract, the CFO, or the CFO's designee, shall notify the vendor/contractor, in writing, that the contract was not approved. The CFO or the CFO's designee shall endeavor to provide written notice to the vendor/contractor within ten (10) business days after the Board's decision not to approve the contract.

G. If there are any revisions or amendments to the Lanterman Developmental Disabilities Services Act ("Lanterman Act") which impact this Policy, the Board shall comply with the Lanterman Act as revised.

DRAFT

REVISED

North Los Angeles County Regional Center

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

November 17, 2026

Ed Yan, Audit Branch Manager
Department of Developmental Services
1215 O Street, 230 MS 9-20
Sacramento, CA 95814

RE: Summary of Audits Performed for Fiscal Year 2025-26 and Schedule of Recoveries

Dear Ed Yan,

North Los Angeles County Regional Center (NLACRC) was required to complete **13** vendor audits during Fiscal Year 2025-2026, in accordance with the Number of Vendor Audits Required for Contract Compliance report provided by the Department of Developmental Services. The required audits consisted of :

- 5 Billing Audits
- 3 Cost Verification and/or Staffing Audits
- 4 Other Types of Audits
- 1 Audit of Programs Serving Children Under Age 3

We are pleased to report that NLACRC met and exceeded its contractual audit requirements, completing a total of **25** physical audits during Fiscal Year 2025-2026. As a result of these audit findings, NLACRC recovered a total of **$763,182.67** including installment payments related to prior fiscal year audits.

Enclosed are the Audit Summary Report which provides a summary of the vendor audits conducted by NLACRC, the Schedule of Recoveries Report, which summarizes amounts recovered during Fiscal Year 2025-2026, including installment payments from prior fiscal year audits and the Audit Findings Report, which summarizes the audit findings for the fiscal year.

If you have any questions regarding this information, please e-mail me at JAgonoy@nlacrc.org.

Respectfully yours,

Justice Agonoy
Controller

cc: Angela Pao-Johnson, Executive Director
Evelyn McOmie, Deputy Director
Vini Montague, Chief Financial Officer
Arshalous Garlanian, Community Service Director

Enclosure: NLACRC Audit Summary Reports

NORTH LOS ANGELES COUNTY REGIONAL CENTER

AUDIT SUMMARY

FISCAL YEAR 2025-2026

Audit Summary Fiscal Year 2025-2026			
Audit Classification	**Number of Audits Conducted**	**Number of Vendors**	**Number of Consumers**
Billing/ Attendance Audit	11	11	50
Cost Verification/ Staffing Ratio Audit	6	6	22
Early Start Audit	1	1	678
P & I Audit	6	6	25
Money Management	1	1	1,113
Totals	**25**	**25**	**1,888**

EXHIBIT A - REGIONAL CENTER CONTRACT LANGUAGE
North Los Angeles County Regional Center, Inc.

FISCAL YEAR 2026-2027

REGIONAL CENTER MASTER CONTRACT INDEX

(Revised ~~May 6th, 2026~~ October 26, 2026)

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9 Executive Director Recruitment Policy
10 Reporting on Individuals at Risk~~Specified Consumers~~
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ARTICLE X: ADDITIONAL PROVISIONS

ARTICLE I. STANDARD TERMS AND CONDITIONS

1. Amount of Contract

The total amount payable to Contractor under this contract shall ~~not exceed~~be the amount allocated for Fiscal Year 2026-27 as reflected in Exhibit A of this contract and as adjusted by the State through issuance of separate fiscal allocation letters during the term of the contract.
~~$1,277,788,276 for Fiscal Year 2026-2027 as reflected in Exhibit A of this contract.~~

To allow for uninterrupted supports for individuals with intellectual and developmental disabilities in accordance with the Lanterman Act, as defined below in Section 4 (Definitions), the State may issue fiscal allocation letters to the Contractor to reflect adjusted allocations and funding throughout the term of the contract consistent with, and subject to, funds appropriated in the annual state budget.

In order to carry out the Department's responsibilities under Welfare & Institutions Code (WIC) 4620, the Department is issuing and/or adjusting funding allocations to regional centers in accordance with Public Contract Code (PCC) 10295(c)(8) and WIC 4621.6.

Fiscal year funds ~~identified above~~ may not be used for any other fiscal year than the fiscal year specified unless authorized by the State.

2. Term of Contract

Subject to the provisions of Article VI, Section 1 and Article VIII, Section 1 herein, the period of this contract shall be for seven years as specified below. The term of the contract is from July 1, 2024 through June 30, 2031. The first five years of the term, from July 1, 2024 through June 30, 2029, is intended to meet the requirements specified in W&I Code Section 4629. The last two years of the term, from July 1, 2029 through June 30, 2031, is solely to provide for the claims period specified in Government Code section 16304, and to allow for adjustments to the regional centers' allocations and for the payment of claims up to two years after the close of each fiscal year, specifically FY 2029/2030 and FY 2030/2031.

3. Exhibits

a. Exhibit A, entitled "Contract Budget Summary," is attached hereto and made a part of this contract. Adjustments to Exhibit A throughout the life of the contract may occur through issuance of fiscal allocation letters, each of which are incorporated herein by reference.

b. Exhibit B, entitled "Home and Community-Based Services Waiver Regional Center Fiscal Agent Responsibilities," is attached hereto and made a part of this contract.

c. Exhibit C, entitled "Performance Plan," is incorporated by reference and

made a part of this contract.

d. Exhibit D, entitled "Early Start Statement of Assurances," is attached hereto and made a part of this contract.

e. Exhibit E, entitled “Community Placement Plan and Community Resource Development Plan Statement of Assurances,” is attached hereto and made a part of this contract.

f. Exhibit F, entitled “Statement of Assurances for Protection of Protected Health Information,” is attached hereto and made a part of this contract.

g. Exhibit G entitled "Medicaid Enrollment Requirements," is attached hereto and made a part of this contract.

h. Exhibit H entitled “General Terms and Conditions,” is attached hereto and made a part of this contract.

i. Exhibit I entitled “Contractor Certification Clauses,” is attached hereto and made part of this contract.

4. Definitions

a. "Allocate" means to ~~forward~~provide to the Contractor a contract or contract amendment which has been executed by the State ~~and specifies~~, or State fiscal allocation letter(s) that specify an amount, or ~~augmented amount~~adjusted amounts, of ~~money~~funding available to the Contractor to affect the terms of this ~~agreement~~contract.

b. "ARCA" means the Association of Regional Center Agencies.

c. "State" means the Department of Developmental Services and only the Department of Developmental Services.

d. "Director" means the director of the Department of Developmental Services.

e. "Lanterman Act" means Division 4.5 of the (W&I Code) Section 4500, et seq., known and cited as the Lanterman Developmental Disabilities Services Act.

f. "Operations Budget" means that portion of a Contractor's budget allocation set forth in Exhibit A as may be modified by State issued fiscal allocation letter(s) in accordance with this contract, that is intended for the delivery of regional center “direct consumer services" and "administration."

g. "Direct Consumer Services" means those direct services to persons with developmental disabilities delivered by Contractor. These services include but are not limited to case management, funds management for persons with developmental disabilities, rights assurance, diagnosis and

assessment, intake, prevention, quality assurance, program development, and other services under the Lanterman Act provided directly by Contractor.

h. "Administration" means those support activities required of Contractor that are essential to the efficient conduct of business.

i. "Total Purchase of Service Budget" means that portion of Contractor's budget allocation set forth in Exhibit A as may be adjusted by State issued fiscal allocation letter(s) in accordance with this contract, which is intended to support the purchase of services (POS) and programs for persons with developmental disabilities.

j. "Regional Center" means an agency operated by a nonprofit corporation chartered in the State of California (hereinafter referred to as "Contractor") that provides fixed points of contact in the community for persons with developmental disabilities and their families, to the end that such persons may have access to the facilities and services best suited to them throughout their lifetimes.

k. "GAP Funds" means that portion of the POS appropriation that is intended to pay for services to newly developed ICF-DD/H, ICF-DD/N, and DD/CNC (formerly known as ICF/DD-CN) health facilities for the period between licensure and certification of the facilities.

l. “Artificial Intelligence” or “AI” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments. This shall include the definition of artificial intelligence set forth in Section 4819.2 of the State Administrative Manual, as amended from time to time.

m. “Generative Artificial Intelligence” or “GenAI” means the class of artificial intelligence (AI) models that emulate the structure and characteristics of input data, or the artificial intelligence’s training data, in order to generate derived synthetic content. This can include images, videos, audio, text, and other digital content generated by artificial intelligence, and shall include the definition of generative artificial intelligence set forth in Section 4819.2 of the State Administrative Manual, as amended from time to time.

5. Control Requirements

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

through 16649 and W&I Code Section 4638 that prohibit Contractor's use of State funds to assist, promote or deter union organizing.

15. Payment of Accrued Benefits

If this contract is terminated, the State shall pay, as appropriate, accrued benefits pursuant to the contract of employment of each terminated employee. Accrued benefits shall include vacation, sick leave, and any other benefits submitted to and approved, in writing, by the State in advance of or at the time of the termination of this contract.

16. Procedures for Employee Retention

Both parties to this contract recognize the specific requirements under law as stated in W&I Code Article 1.1, Sections 4639.80 through 4639.83, pertaining to procedures for employee retention.

17. Notification of Lawsuits and PAGA Notices

a. If Contractor is named as a defendant in any class action lawsuit or representative action filed in either state or federal court, Contractor shall provide notification to the Department. Notification must be made within ten (10) calendar days of Contractor being served with a copy of the complaint. A copy of the complaint shall be provided to the Department with the notification.

b. Contractor shall also notify the Department of any Private Attorneys General Act (PAGA) notices that it receives which are concurrently served on the Labor and Workforce Development Agency regarding intent to bring a claim. Notification of a potential PAGA claim must be made within ten (10) calendar days of receipt of said notice. A copy of the PAGA notice shall be provided to the Department with the notification.

c. The Contractor shall provide information upon request of the Department's legal or executive leadership staff on the status of the litigation to aid in assessing any potential operational or financial impact, including settlement status. The Department shall notify Contractor if no further updates on a pending case are required.

10. Self-Determination Program

a. Both parties to this contract recognize the specific requirements under law as stated in W&I Code Section 4685.8.

b. Contractor shall hold at least one Self-Determination Program orientation within 60 days of training conducted by the Department. In consultation with the local volunteer advisory committee, Contractor shall develop a plan to complete orientations for all participants. The plan must take into consideration, at minimum, the language needs of participants and scheduling orientations at times and locations designed to encourage community participation.

c. Contractor shall report to the State by the 15th of each month, or less frequently if mutually agreed to, information on the status of individuals selected for the Self-Determination Program. Information will be reported in a mutually agreed upon format and may include individual orientation completion status, program participation status, and concerns/barriers to Self-Determination Program enrollment identified by selected participants.

d. Contractor shall provide a general progress report to include the information identified in paragraph (c) on the status of its implementation of the Self-Determination Program to the local volunteer advisory committee.

e. By February 1, 2019, Contractor shall identify and provide to the State, the name and contact information for an employee who will serve as the point-of-contact for matters related to the Self-Determination Program. The point-of-contact shall be a staff member with broad knowledge of Contractor's implementation of the Self-Determination Program.

11. Out-of-State Children and Youth

a. It is the intention of the parties that eligible children ~~who reside~~and youth (any minor or non-minor dependent) who receive residential services or supports out-of-state regardless of the placing authority or funding entity shall be provided with smooth and timely transitions ~~back~~ to regional center services and supports upon their return to residence in California. ~~Absent a request to the contrary from a parent, guardian, or legal representative with legal authority,~~ Contractor ~~agrees to maintain a status 2 active file for those regional center-eligible children age three and older who Contractor is aware are in residence out-of-state, subject to~~shall perform all the following ~~conditions:~~:

1) Work prospectively with involved agencies to identify needed services, and determine funding arrangements consistent with WIC Section 4684;

2) If applicable, in accordance with, but not limited to, local AB 2083 (Chapter 815, Statutes of 2018) Memorandums of Understanding, actively work with involved agencies to identify and develop resources to support transitioning the child or youth back to California as soon as appropriate;

3) At the earliest possible opportunity, Contractor shall seek development of

appropriate resources to meet the child's or youth's needs in California when no resource is currently available; and

4) Remain in compliance with reporting requirements in Article VII, Section 10, with timely submission of information to the State.

b. Unless contrary to a documented request from a parent, guardian, or legal representative with legal authority, or, a youth exiting the dependency system on their own behalf, Contractor agrees to maintain an active file for regional center-eligible children and youth age three and older who Contractor is aware are receiving residential services or supports out-of-state, with the following conditions:

1) Children or youth whose residential placement is funded by the regional center pursuant to WIC Section 4519 shall be identified with Status 2.

2) Children or youth whose residential placement is not funded by the regional center shall be identified with Status M.

~~1)~~3) Contractor shall conduct and develop an ~~annual~~ Individual Program Plan (IPP) informed by assessments and information from other involved agencies, to determine current status, service and support needs, and potential alternative services and supports that would be required to support the child in California.

~~1) Contractor shall work with all involved agencies to identify needed services, prospectively determine funding arrangements consistent with W&I Code Section 4684, and if necessary, develop and/or adapt appropriate services to meet the child's needs in California.~~

i. For children or youth in Status 2, the IPP shall be conducted annually.
ii. For children or youth in Status M, the IPP team shall determine and document the frequency, which shall be not less than every three years.

~~2)~~4) For children or youth in Status 2, Contractor shall provide semi-annual ~~face-to-face~~ monitoring and may utilize video conferencing or phone calls for this purpose. This requirement may not be waived.

5) ~~All~~For children or youth in Status M, monitoring may include reduced, limited or other modifications as decided and documented by the IPP team.

~~3)~~6) Any written progress reports provided by the parent, guardian, or legal representative for each eligible child ~~residing~~or youth receiving residential services or supports out of state shall be reviewed by Contractor and maintained in its files.

~~2) If applicable, in accordance with, but not limited to, local AB 2083 Memorandums of Understanding, Contractor shall actively work with all involved agencies to identify and develop resources to support~~

~~transitioning the child back to California as soon as appropriate.~~

~~3) At the earliest possible opportunity, Contractor shall seek approval for start-up funding from the State for the development of appropriate resources to meet the child's needs when no resource is currently available.~~

~~f. Contractor shall notify the State, and the appropriate cross-system partner(s), of any instance in which a parent, guardian, or legal representative with legal authority requests the regional center close or inactivate a child's case as referenced in paragraph (a).~~

c. Nothing in this section shall be construed to infringe on the right of a youth exiting the dependency system from choosing not to return to California.

11. Service Provider Termination of Vendorization

Contractor shall notify the State within three (3) business days of Contractor taking action to terminate the vendorization of a service provider, including the reason for termination, in accordance with the provisions of Cal. Code Regs., Title 17, Section 54370(b) or (c).

12. Communication Assessments

a. Contractor shall offer an initial communication assessment for all individuals served under the Lanterman Act who are identified as deaf, based on Client Development Evaluation Report coding of 2, 3 or 9 for question 60, and 2, 3, 8 or 9 for question 61. The results of the assessment will be used in the development of the Individual Program Plan within 12 months of its completion. This requirement applies to all current individuals served and individuals who become eligible and meet the above criteria. This requirement is contingent upon both of the following:

1) The State developing a communication assessment tool(s).

2) The State's Communication Assessment Contractor training or making training available to potential assessors who meet the Communication Contractor's specified qualifications.

b. Once subparagraphs (1) and (2) of paragraph (a) of this section have been met, Contractor and the State shall mutually agree upon a timeframe for Contractor to arrange and authorize assessments for those accepting the offered communication assessment. Contractor shall report quarterly to the State on:

1) The name and UCI of individuals meeting the requirements for a communication assessment.

2) The name and UCI of individuals who received a communication assessment in the prior quarter, and the date

ARTICLE III: FISCAL PROVISIONS

1. Budget Development Process

The State and Contractor agree to work together to build Contractor's budget using the best quality data and information available, including information on projected assessments, resource development and placements for the CPP/CRDP. To that end, the State and ARCA agree to implement a process that will provide this data for building the Governor's January Budget and the May Revise. The process will include ARCA proposing policy changes for the State to consider as well as caseload, Medicaid Waivers and other federal funding initiatives, and expenditure trend data.

2. Allocation of Funding to Contractor

a. By July 1 of each fiscal year, the State and ARCA shall review the existing allocation methodology and make any recommended changes for the Director's approval. The State agrees to provide the regional centers with a report after each allocation issued to Contractor that shows the estimated amount available for Operations, POS, and CPP/CRDP, and the amount allocated to regional centers.

b. The State shall, by September 1, of each fiscal year, or not later than fifteen (15) days following the enactment of the annual Budget Act, whichever is later, allocate to all regional centers Operations and POS funds consistent with the approved allocation methodology. On or before February 1 of each fiscal year, the State shall allocate to all regional centers the remaining funds unless specified in the approved allocation methodology or agreed to by ARCA. If ARCA and the State do not reach mutual agreement on an approved allocation process, or if the Director does not approve same, no less than one hundred percent (100%) of the Enacted Budget for Operations and ninety-nine percent (99%) of the Enacted Budget for POS, except for any funds appropriated by the Legislature for a specific purpose which has yet to occur, shall be allocated by February 1. The parties agree that it may be necessary to amend this contract, and issue funding adjustments through State fiscal allocation letter(s), in order to allocate funds made available from budget augmentations, if any, and to move funds among regional centers.

c. By October 1 of each fiscal year, or not later than fifteen (15) days following the enactment of the annual Budget Act, whichever is later, the State shall allocate to the regional centers CPP/CRDP funds in accordance with the CPP allocation methodology agreed to between ARCA and the Department. If ARCA and the State do not reach mutual agreement on an approved allocation process, or if the Director does not approve same, the State shall allocate by October 15 to the regional centers no less than the sum of:

(1) 100% of the Start-Up funds per each regional center's approved CPP/CRDP.

(2) 75% of the Assessment funds per each regional center's approved CPP/CRDP.

(3) 25% of the Deflection funds per each regional center's approved CPP/CRDP.

(4) 25% of the Placement funds per each regional center's approved CPP/CRDP.

(5) 75% of the Operations funds per each regional center's approved CPP/CRDP.

d. Notwithstanding paragraphs a., b., and c. of this section, the final decision regarding the methodology used to determine the amount of allocations shall rest with the Director.

e. The Contractor shall submit a monthly POS Expenditure Projection (PEP) report to the State which identifies Contractor's actual and projected expenditures as of the date of this report. By the 10th of each month beginning December 10, which would reflect expenditures through October, the Contractor shall submit the monthly PEP in a format mutually agreed to between ARCA and the State. In the event an agreement cannot be reached, DDS will specify the format to be used with input from ARCA. The final PEP for the year shall be submitted by September 10 of the following fiscal year. This PEP shall reflect expenditures through the first supplemental claim.

f. As part of the monthly expenditure projection analysis, the State may request, and the Contractor shall provide additional information to explain the expenditure projection.

g. Contractor shall assure that services to eligible persons with developmental disabilities are provided within the funds identified in Exhibit A ~~of this contract~~and State issued fiscal allocation letters used to adjust funding throughout the contract term.

h. In the event the State determines that Contractor has insufficient funds to meet its contractual obligations, the State shall make best efforts to secure additional funds and/or provide Contractor with regulatory and statutory relief.

i. After notice to the Contractor the State may disencumber any or all funds unexpended and uncommitted by the Contractor ~~out of the amount available~~ under this contract. For the purposes of this Section, such total amount available shall be defined as the amount originally specified in Article I, Section 8, modified by any changes made pursuant to Article III, Section 2, and/or as modified by any executed contract amendment or State issued fiscal allocation letters.

3. Advance Payment Provisions

The State shall make available to the Contractor funds for the provision of services under this contract in advance of the Contractor's actual performance therefore, as authorized by W&I Code Section 4621, subject to the following conditions:

a. Requests for advance payment shall be in accordance with format and procedures requested by the State. The amount to be advanced shall be twenty-five (25) percent of the total contract amount as set forth in Exhibit A as the ~~preliminary~~initial allocation and ~~in any~~may be adjusted by subsequent contract amendment(s) or State issued fiscal allocation letter(s) in accordance with this contract. The State shall advance funds as soon as reasonably possible following the enactment of the annual Budget Act.

b. All amounts advanced under this provision shall be deposited by the Contractor in an interest-bearing bank account(s), in a bank legally authorized to engage in the banking business in California and which account(s) is established solely for operation of the regional center. The account(s) shall be in the name of both the State and the Contractor for the purpose of clarifying the State's rights, title and interest to the State funds in said account(s) as stated in "c" of this Section, in the event that a judgment creditor of the Contractor seeks to levy against the funds by means of attachment or execution.

Each withdrawal from said bank account(s) shall be made only by written instrument or electronic transfer of funds performed by the bank as part of an available service. Upon request of the State in writing, the Contractor shall repay to the State such parts of the unliquidated balance of advance payment as shall be in excess of the current requirements. No part of the funds in said bank account(s) shall be commingled with other funds of the Contractor.

c. Amounts advanced in accordance with this provision when withdrawn from said bank account(s) shall be used only for pending expenditures in accordance with the attached Exhibit A~~.~~ and this contract. Except as provided in "b" of this Section, the Contractor has access to the funds placed in said bank account(s) for administrative convenience only, and hereby agrees that it has no right, title or interest therein, and shall make no withdrawals except for those made solely for the purpose of satisfying claims against or expenses of the Contractor incurred pursuant to and in the performance of this agreement.

d. All interest earned on these funds shall be reported on the next monthly reimbursement claim to the State.

e. The State shall have a lien upon any balance in said bank account(s) paramount to all other liens, which lien shall secure the repayment of any

advance payments made hereunder.

f. All bank accounts and any investment vehicles containing funds from this contract and used for regional center operations, employee salaries and benefits or for consumers' services and supports, shall be in the name of the State and Contractor. Properly established trust accounts that are approved by the Regional Center Board of Directors for the purpose of administering standard employee benefits do not have to be in the name of the State provided the State has the authority to review the financial transactions of the trust or financial reports prepared by independent auditors. “Standard employee benefits” are those commonly provided to employees in the course of business in private companies.

g. For the bank account(s) above referenced, there shall be prepared three (3) alternative signature cards with riders attached to each indicating their use. In addition to the preparation of signature cards and riders, Contractor and the bank(s) shall enter into a written agreement specifying the bank(s)' responsibilities relative to said bank account(s). The signature cards, riders and agreement specified herein shall be prepared and administered in accordance with the format and procedures specified by the State.

h. If Contractor cannot comply with "f" of this Section, alternative arrangements mutually agreeable to the parties shall be utilized.

4. Payment Provisions

In consideration of the services rendered by the Contractor pursuant to this contract, the State shall reimburse the Contractor, for cash expenditures, monthly in arrears. Reimbursement claims shall be submitted in accordance with the claiming procedures requested by the State.

All funds received pursuant to this contract shall be deposited and retained in a bank account(s) set forth in Article III, Section 3.

All funds expended by the Contractor and reimbursed by the State during the term of this contract shall be for the purposes specified and in conformity with ~~Exhibit A~~ this contract.

Any funds which have not been encumbered for services provided or purchased during the term of the contract, shall revert to the State.

5. Budget Category Transfers

In accordance with the annual Budget Act, a contract amendment or State issued fiscal allocation letter(s) shall be required if funds are to be transferred from one budget category to another. This provision shall apply to those budget categories that are listed in Exhibit A and in the State issued fiscal allocation letters.

6. Contract Funding Stipulations

a. This agreement is subject to the appropriation of funds by the Legislature for the purpose of this contract. If funds are not appropriated in any fiscal year into which this agreement extends, it is mutually agreed that this agreement shall be of no further force and effect. In this event~~, except as provided in Article I, Section 25,~~ the State shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this agreement, and Contractor shall not be obligated to perform any provisions of this Agreement. Contractor shall ensure that all POS contracts initiated by Contractor include notification of this condition.

b. Except as provided in W&I Code Section 4635, if funding for any fiscal year for this program is reduced or deleted by the Budget Act~~, except as provided in Article 1, Section 25,~~ the State or Contractor shall have the option to either cancel this agreement without liability or agree to ~~an amendment~~a funding adjustment through either a contract amendment or State issued fiscal allocation letter to reflect the reduced amount.

7. Travel and Per Diem

The Contractor shall establish and maintain procedures that assure the State that reimbursements to regional center employees and board members for necessary travel and per diem are equitable, reasonable, and properly documented.

8. Independent Financial Audit

Both parties to this contract recognize the specific requirements under law as stated in W&I Code Section 4639 and the Single Audit Act of 1984, 31 U.S.C. 7501, et seq., and applicable Office of Management and Budget Circulars (A-122 and A-133 or as revised).

9. Vendor Fiscal Monitoring

a. Contractor shall monitor the expenditure of public funds by monitoring vendor fiscal claims.

b. The Contractor shall be responsible for auditing: 1) vendors with prior year annual payments made by the contractor to a vendor of less than $100,000, 2) consumer's personal and incidental funds, and 3) residential facilities with licensed capacity of six or fewer beds regardless of the payment amount. The DDS shall be responsible for auditing vendors with prior year annual payments from regional centers of $100,000 or more. The contractor may audit other vendors if prior approval is received from the State. The vendor audits shall be conducted in accordance with the provisions of Cal. Code Regs., Title 17, Section 50606, Regional Center Auditing Requirements and in compliance with audit protocols mutually agreed to by the State and Association of Regional Center Agencies.

ARTICLE VI: CONTRACT AMENDMENT/CANCELLATION/REOPENING

1. Contract Amendments

a. Either party may reopen and enter into negotiations on any provision(s) of this contract as deemed necessary to contract or respond to 1) any legislative and/or budgeting actions taken by the Legislature; 2) executive order of the Governor; 3) declared state of emergency; 4) action taken by a court of law; or 5) the need for special language.

Contractor shall immediately notify the State in writing if, as a result of the above, it is unable to comply with any provision of this contract.

b. Pursuant to Article III, Section 2 hereof, this agreement shall be amended on or before September 1 of each year and may be amended additional times as needed in order to allocate funds made available and to move funds among regional centers as early as possible to the Contractor and the other regional centers. Allocation and funding adjustments may also be made through State issued fiscal allocation letters.

c. Should any change in the regulations promulgated by the State, State policies, or provisions of this contract result in increased costs to the Contractor, the State in consultation with the Contractor shall determine the amount of this cost and shall, consistent with state law and subject to the availability of funds appropriated to the State for developmental services, augment Contractor's budget by this amount.

2. Severability Clause

Subject to review and approval of the Department of General Services, in the event this contract is terminated or not renewed pursuant to Article I, Section 3 or Article VIII, Section 4, the State shall negotiate reasonable closing costs with the Contractor.

3. Entire Agreement

This writing, including its attachments and references, is intended both as final expression of the agreement between the parties and as a complete exclusive statement of the agreement.

resignation or retirement. Contractor shall provide the State with its plan for executive director recruitment within one month of the above notification.

10. Reporting on ~~Specified Consumers~~Individuals at Risk

a. Contractor shall report to the State on an ongoing basis as regional centers are made aware and at least monthly~~,~~ information on:

1) If known, any minor or non-minor dependent who remains a resident of California and is ~~residing~~receiving residential services or residential supports out-of-state, whose services are not funded by the regional center.

2) If known, any minor at risk of out-of-state placement, whether the placement would be funded by the regional center or another agency. Examples of when a minor would be considered "at risk of out of state placement" include, but are not limited to, any of the following:

i. Parents have notified the regional center they are seeking out of state placement from the Individual Education Plan or other funding source;

ii. Parents have requested regional center residential placement, as a result of not being able to maintain safety in the home, but placement has not been identified for an extended amount of time, or the regional center has received multiple placement denials as a result of the level of acuity;

iii. Individual/Parents have declined services and supports offered to stabilize complex needs including residential placements.

iv. Individual has had frequent and repeated crises, including multiple hospitalizations and/or law enforcement involvement, and while regional center funded mobile crisis services and/or state operated Crisis Assessment Stabilization Team (CAST) services have been provided, they have not been able to stabilize the individual.

b. Contractor shall report the following information to the State within three business days of any known occurrence~~, information on any~~:

1) A minor or adult ~~residing for five days or more in an~~ who is medically cleared and ready for discharge from an acute hospital, emergency ~~room~~department or psychiatric facility~~, or any~~ and cannot return to their prior residence or a transition option has not been identified within two days of their medical clearance.

~~1)~~2) A minor, not accompanied by their parent or legal guardian, residing in a shelter (including Child Welfare Temporary Care Shelter Facilities) without a transition option for more than two days.

~~b.~~c. Information will be reported ~~to a specified State contact~~ in a mutually agreed upon format, to include ~~consumer~~individual name, UCI, age, legal status, and a summary of the current circumstances and resources that have been explored. Contractor shall submit required information through the Regional Center portal or other agreed upon process.

~~c.~~d. ~~By August 31, 2020,~~ Contractor shall identify and provide to the State, the name and contact information for any employee who will serve as a point-of-contact for this information.

~~d.~~e. Nothing in this section shall affect Contractor's compliance with ~~W&I Code~~WIC Section 4519.

10. Board of Directors Training Plan

a. Pursuant to W&I Code Section 4622(g), "the regional center shall provide necessary training and support to these board members to facilitate their understanding and participation, including issues related to linguistic and cultural competency. As part of its monitoring responsibility, the department shall review and approve the method by which training, and support are provided to board members to ensure maximum understanding and participation by board members. Each regional center shall post on its internet website information regarding the training and support provided to board members."

b. Contractor shall submit to the State by December 15 of each year, a proposed comprehensive board of directors' training plan for the next calendar year. At minimum, training topics shall include a review of board governance (e.g., board members' role and responsibilities), conflict of interest and whistleblower policies, and linguistic and cultural competency.

c. The training plan shall detail training topics, including: frequency, length of each training session and, if known, the name, affiliation, and qualifications of the individual or entity who will provide training to the board.

d. Contractor shall post on its website information regarding the training and support provided to board members pursuant to W&I Code Section 4266(g), to include the annual board of directors' training plan and schedule.

e. Contractor shall submit to the State by December 15 of each year, a report on the actual trainings provided to its board of directors in that calendar year, to include the information specified in subsections (b) and (c).

ARTICLE IX: STAFFING, MONITORING AND REPORTING

1. Specialized Personnel and Monitoring

Contractor shall expend not less than the specific amounts allocated for the following provisions unless there is reduction in funding, and/or the State imposes a transfer from Operations to POS.

a. Clinical Staff

Contractor shall either hire, or contract for, clinical expertise in the areas of pharmacology, behavioral psychology, and special medical assistance in order to provide assistance in the use of special medications, to monitor complex medical cases, and to be proactive to improve access to preventive health care resources.

b. Quarterly Monitoring

Except as otherwise required in Article II, Section 11(b)(4-5) for children out of state, Contractor shall have in-person face-to-face contact with any individual living in a community out-of-home setting (licensed community care facilities, health facilities, supported living and independent living settings, and adult family homes) and any individual who is conserved by the Director of DDS or the Director of the Regional Center, at least quarterly. These contacts shall be for the purpose of monitoring the health, safety and well-being of each individual, gathering information to assess the effectiveness of services provided to meet the individual's needs and monitoring progress in meeting identified goals.

c. Specialized Expertise

1) Contractor shall have, or contract for, all of the following:

a) Criminal justice expertise to assist Contractor in providing services and support to consumers involved in the criminal justice system as a victim, defendant, inmate or parolee.

b) Special education expertise to assist Contractor in providing advocacy and support to families seeking appropriate educational services from a school district.

c) Family support expertise to assist Contractor in maximizing the effectiveness of support and services provided to families.

d) Housing expertise to assist Contractor in accessing affordable housing for consumers in independent or supported living arrangements.

Community Placement Plan and Community Resource Development Plan Statement of Assurances

1. Community Placement Plan and Community Resource Development Plan

Contractor shall develop and submit an approved Community Placement Plan and Community Resource Development Plan in accordance with W&I Code Sections 4418.25, and 4418.3; and consistent with W&I Code Sections 4418.7, 4519 and 4648. Contractor's Community Placement Plan and Community Resource Development Plan shall, where appropriate, include budget requests for regional center operations, consumer assessments, resource development, deflections and ongoing placement costs.

2. Dedicated Funding

a. Contractor shall use funds allocated for the regional center's approved Community Placement Plan and Community Resource Development Plan only for the purposes allocated and in compliance with the State's Community Placement Plan and Community Resource Development Plan and Housing Guidelines. Funds will be allocated through the following categories: Operations, Purchase of Service Placement, Purchase of Service Deflection, Purchase of Service Assessment, and Purchase of Service Start Up. The State shall reduce the contract in the amount of any unspent funds allocated for the Community Placement Plan and Community Resource Development Plan that are not used for that purpose~~.~~ through a contract amendment or a State issued fiscal allocation letter. Any unspent funds shall revert to the General Fund State or be transferred to another regional center for Community Placement Plan and Community Resource Development Plan activities. All changes to the approved ~~CPP~~ Community Placement Plan and Community Resource Development Plan allocation must be approved in writing by the Department.

b. Within 30 days of the enactment of the budget, the State shall notify Contractor of any changes to Contractor's approved Community Placement Plan and Community Resource Development Plan.

3. Reports

Contractor agrees to report, as required by the State, on the status and outcomes of their plans at a minimum of quarterly.

13. GOVERNING LAW: This contract is governed by and shall be interpreted in accordance with the laws of the State of California.

14. CHILD SUPPORT COMPLIANCE ACT: For any Agreement in excess of $100,000, the contractor acknowledges in accordance with Public Contract Code 7110, that:

    a. The contractor recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code; and

    b. The contractor, to the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.

15. UNENFORCEABLE PROVISION: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.

16. EXECUTIVE ORDER N-6-22 – RUSSIAN SANCTIONS—AGREEMENT
On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. "Economic Sanctions" refers to sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law. The EO directs state agencies to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should the State determine Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. The State shall provide Contractor advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the State.

NORTH LOS ANGELES COUNTY REGIONAL CENTER
FINANCIAL REPORT-MONTHLY RECAP
FISCAL YEAR 2026-2027
AUGUST 2026

BUDGET CATEGORY	Annual C-2 Funding	Month Exp	Y-T-D Expenditures	Projected Annual Expenditures	Projected Annual Surplus/(Deficit)	Percent Under(Over) Budget
Operations						
Salaries & Benefits	$101,738,007	$6,683,312	$15,381,355	$101,738,007	$0	0.00%
Operating Expenses	$21,476,866	$1,023,501	$3,315,688	$21,476,866	$0	0.00%
Subtotal OPS General	$123,214,873	$7,706,813	$18,697,043	$123,214,873	$0	0.00%
Salaries & Benefits - CPP Regular	$575,350	$76,390	$179,120	$575,350	$0	0.00%
Operating Expenses - CPP Regular	$0	$0	$0	$0	$0	0.00%
Subtotal OPS CPP Regular	$575,350	$76,390	$179,120	$575,350	$0	0.00%
Salaries & Benefits - DC Closure/Ongoing Workload	$422,280	$39,389	$85,138	$422,280	$0	0.00%
Operating Expenses - DC Closure/Ongoing Workload	$0	$0	$0	$0	$0	0.00%
Subtotal OPS DC Closure/Ongoing Workload	$422,280	$39,389	$85,138	$422,280	$0	0.00%
Family Resource Center (FRC)	$227,357	$0	$0	$227,357	$0	0.00%
Self Determination Program (SDP) Participant Supports	$0	$0	$0	$0	$0	0.00%
Social Recreation Projects	$0	$0	$0	$0	$0	0.00%
Services Access & Equity (Disparities)	$0	$0	$0	$0	$0	0.00%
Language Access & Cultural Competency	$1,080,819	$2,962	$2,962	$1,080,819	$0	0.00%
Subtotal OPS Projects	$1,308,176	$2,962	$2,962	$1,308,176	$0	0.00%
Total Operations:	$125,520,679	$7,825,555	$18,964,264	$125,520,679	$0	0.00%
Purchase of Services						
Purchase of Services ("POS") (General, HCBS & ICF/SPA)	$1,400,620,113	$104,772,231	$197,815,949	$1,566,299,804	($165,679,691)	-11.83%
CPP Regular and DC Closure/Ongoing Workload	$290,295	$0	$0	$290,295	$0	0.00%
Total Purchase of Services:	$1,400,910,408	$104,772,231	$197,815,949	$1,566,590,099	($165,679,691)	-11.83%
Total NLACRC Budget:	**$1,526,431,087**	**$112,597,786**	**$216,780,213**	**$1,692,110,778**	**($165,679,691)**	**-10.85%**

NORTH LOS ANGELES COUNTY REGIONAL CENTER
FISCAL YEAR 2026-2027
AUGUST 2026

TOTAL BUDGET SOURCES FISCAL YEAR 2026-2027	
C-1 (Preliminary) from DDS for OPS	$105,535,520
C-2 from DDS for OPS, Projects, and CRDP/CPP	$19,255,159
C-3 from DDS for OPS, Projects, and CRDP/CPP	
C-4 from DDS for OPS, Projects, and CRDP/CPP	
C-5 from DDS for OPS, Projects, and CRDP/CPP	
C-6 from DDS for OPS, Projects, and CRDP/CPP	
C-7 from DDS for OPS, Projects, and CRDP/CPP	
C-1 (Preliminary) from DDS for POS	$1,172,252,756
C-2 from DDS for POS-CRDP/CPP/HCBSW	$208,828,480
C-3 from DDS for POS-CRDP/CPP/HCBSW	
C-4 from DDS for POS-CRDP/CPP/HCBSW	
C-5 from DDS for POS-CRDP/CPP/HCBSW	
C-6 from DDS for POS-CRDP/CPP/HCBSW	
C-7 from DDS for POS-CRDP/CPP/HCBSW	
Subtotal - Total Budget received from DDS	**$1,505,871,915**
Projected Revenue	730,000
Subtotal - Projected Revenue Operations	**$730,000**
Projected ICF/SPA Transportation/Day Program Revenue	$19,829,172
Subtotal - Projected Revenue Purchase of Services	**$19,829,172**
Total Budget	**$1,526,431,087**

OPERATIONS BUDGET SOURCES FISCAL YEAR 2026-2027	
GENERAL OPERATIONS (Excludes Projects, CPP Regular, CRDP/CPP)	
C-1 (Preliminary), General Operations (OPS)	$104,454,701
Reduce Caseload Ratio for Children through Age 5 (1:40)	
Reduce Other Caseload Ratios	
C-2, OPS Allocation	$18,030,172
C-3, OPS Allocation	$0
C-4, OPS Allocation	$0
C-5, OPS Allocation	$0
C-6, OPS Allocation	
Total General OPS	**122,484,873**
Projected Interest Income	$500,000
Projected Other Income	$50,000
Projected ICF/SPA Admin Fee	$180,000
Total Other Revenue	$730,000
TOTAL GENERAL OPS	**$123,214,873**
C-1 (Preliminary) Community Resource Development Plan ("CRDP") /Community Placement Plan ("CPP")	
C-2, OPS CRDP/CPP	$575,350
C-3, OPS CRDP/CPP	
Total CRDP/CPP Regular	**$575,350**
C-1 (Preliminary) Developmental Center ("DC") Closure/Ongoing	
C-2, OPS DC Closure/Ongoing Workload	$422,280
C-3, OPS DC Closure/Ongoing Workload	
Total CPP DC Closure/Ongoing Workload	**$422,280**
Family Resource Center ("FRC")	$227,357
SDP Participant Supports	
Services Access & Equity (Disparities)	
Language Access & Cultural	$1,080,819
Total OPS PROJECTS	**$1,308,176**
Total Operations Budget	**$125,520,679**

PURCHASE OF SERVICES (POS) BUDGET SOURCES FISCAL YEAR 2026-2027	
POS (CPP-POS Regular, CRDP/CPP)	
C-1 (Preliminary) POS	$1,172,252,756
C-2, POS Allocation	$208,828,480
C-3, POS Allocation	
C-4, POS Allocation	
C-5, POS Allocation	
Total General POS Allocation	**$1,381,081,236**
ADD:	
Projected ICF SPA Revenue	$19,829,172
Total Budget, General POS	**$1,400,910,408**

NORTH LOS ANGELES COUNTY REGIONAL CENTER
CONSOLIDATED LINE ITEM REPORT
FISCAL YEAR 2026-2027
AUGUST 2026

	0 Annual C-2 Funding	Net Month	Expended Y-T-D	Projected Remaining Expenses	Proj Annual Expenses	Projected Surplus/ (Deficit)
PURCHASE OF SERVICE						
POS (General)						
3.2 Out of Home	224,776,398	17,470,352	34,080,598	219,991,874	254,072,472	(29,296,074)
4.3 Day Programs	118,276,688	7,901,801	14,568,653	115,221,767	129,790,420	(11,513,732)
4.3 Habilitation Programs	9,335,480	768,180	1,474,782	9,146,243	10,621,025	(1,285,545)
5.4 Transportation	54,671,335	4,317,434	8,137,644	53,483,402	61,621,046	(6,949,711)
6.5 Other Services	993,560,212	74,314,464	139,554,272	970,640,568	1,110,194,841	(116,634,629)
Total POS (General):	**1,400,620,113**	**104,772,231**	**197,815,949**	**1,368,483,855**	**1,566,299,804**	**(165,679,691)**
CRDP & CPP						
CRDP & CPP Placements	280,295	0	0	280,295	280,295	0
CRDP & CPP Assessments	10,000	0	0	10,000	10,000	0
CRDP & CPP Start Up	0	0	0	0	0	0
Deflection CRDP & CPP	0	0	0	0	0	0
Total CRDP & CPP:	290,295	0	0	290,295	290,295	0
HCBS Compliance Funding	0	0	0	0	0	0
Total HCBS:	0	0	0	0	0	0
Total Purchase of Service:	**1,400,910,408**	**104,772,231**	**197,815,949**	**1,368,774,150**	**1,566,590,099**	**(165,679,691)**
OPERATIONS						
25010 Salaries/Benefits	102,135,637	6,680,341	15,465,073	86,670,565	102,135,637	0
25010 Tuition Reimbursement Program	0	0	0	0	0	0
25020 Temporary Staffing Agencies	600,000	118,751	180,541	419,459	600,000	0
25020 PRMT & CalPERS UAL Deposits	0	0	0	0	0	0
Total Salaries/Benefits:	**102,735,637**	**6,799,092**	**15,645,614**	**87,090,023**	**102,735,637**	**0**
OPERATING EXPENSE						
30010 Equipment Rental	209,125	32,149	48,662	160,463	209,125	0
30020 Equipment Maint	100,000	0	17,920	82,080	100,000	0
30030 Facility Rent	7,978,041	538,000	1,597,676	6,380,365	7,978,041	0
30040 Facility.Maint. AV	48,857	2,999	6,343	42,514	48,857	0
30041 Facility Maint. SFV	328,563	14,286	30,357	298,206	328,563	0
30042 Facility Maint. SCV	41,065	4,524	5,780	35,286	41,065	0
30050 Communication	537,704	121,189	154,177	383,527	537,704	0
30060 General Office Exp	997,452	31,851	40,163	957,289	997,452	0
30070 Printing	68,500	0	0	68,500	68,500	0
30080 Insurance	990,110	0	941,010	49,100	990,110	0
30090 Utilities	203,074	18,578	18,805	184,269	203,074	0
30100 Data Processing	350,000	24,566	25,508	324,492	350,000	0
30110 Data Proc. Maint	134,656	1,047	47,409	87,248	134,656	0
30120 Interest Expense	78,839	2,168	3,321	75,518	78,839	0
30130 Bank Fees	289,805	1	1	289,803	289,805	0
30140 Legal Fees	950,000	10,509	10,509	939,492	950,000	0
30150 Board of Trustees Exp	101,500	8,189	8,523	92,977	101,500	0
30151 ARCA Dues	192,740	0	0	192,740	192,740	0
30160 Accounting Fees	125,408	1	1	125,406	125,408	0
30170 Equipment Purchases	4,018,693	53,424	115,158	3,903,535	4,018,693	0
30180 Contr/Consult-Adm	1,387,323	41,703	53,223	1,334,100	1,387,323	0
30220 Mileage/Travel	692,082	48,260	105,158	586,923	692,082	0
30240 General Expenses	1,653,330	70,057	85,985	1,567,345	1,653,330	0
30240 ABX2-1	0	0	0	0	0	0
Total Operating Expenses:	21,476,866	1,023,501	3,315,688	18,161,178	21,476,866	0
Total Operations:	124,212,503	7,822,592	18,961,302	105,251,201	124,212,503	0
Total Gross Budget :	1,525,122,911	112,594,823	216,777,251	1,474,025,352	1,690,802,602	(165,679,691)
OPS Projects:	1,308,176	2,962	2,962	1,305,214	1,308,176	0
Total Gross Budget with Projects:	**1,526,431,087**	**112,597,786**	**216,780,213**	**1,475,330,566**	**1,692,110,778**	**(165,679,691)**

NORTH LOS ANGELES COUNTY REGIONAL CENTER
GENERAL OPERATIONS (OPS) and PURCHASE OF SERVICES (POS) LINE ITEM REPORT
FISCAL YEAR 2026-2027
AUGUST 2026

	Annual C-2 Funding	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus / (Deficit)
PURCHASE OF SERVICE						
POS (General)						
3.2 Out of Home	224,776,398	17,470,352	34,080,598	219,991,874	254,072,472	(29,296,074)
4.3 Day Programs	118,276,688	7,901,801	14,568,653	115,221,767	129,790,420	(11,513,732)
4.3 Habilitation Programs	9,335,480	768,180	1,474,782	9,146,243	10,621,025	(1,285,545)
5.4 Transportation	54,671,335	4,317,434	8,137,644	53,483,402	61,621,046	(6,949,711)
6.5 Other Services	993,560,212	74,314,464	139,554,272	970,640,568	1,110,194,841	(116,634,629)
Total POS (General):	**1,400,620,113**	**104,772,231**	**197,815,949**	**1,368,483,855**	**1,566,299,804**	**(165,679,691)**
OPERATIONS						
25010 Salaries/Benefits	101,138,007	6,564,562	15,200,814	85,937,193	101,138,007	-
25010 Tuition Reimbursement Program	-	-	-	-	-	-
25020 Temporary Staffing Agencies	600,000	118,751	180,541	419,459	600,000	-
25020 PRMT & CalPERS UAL Deposits	-	-	-	-	-	-
Total Salaries:	**101,738,007**	**6,683,312**	**15,381,355**	86,356,652	101,738,007	-
OPERATING EXPENSE						
30010 Equipment Rental	209,125	32,149	48,662	160,463	209,125	-
30020 Equipment Maint	100,000	-	17,920	82,080	100,000	-
30030 Facility Rental	7,978,041	538,000	1,597,676	6,380,365	7,978,041	-
30040 Facility Maint. AV	48,857	2,999	6,343	42,514	48,857	-
30041 Facility Maint. SFV	328,563	14,286	30,357	298,206	328,563	-
30042 Facility Maint. SCV	41,065	4,524	5,780	35,286	41,065	-
30050 Communication	537,704	121,189	154,177	383,527	537,704	-
30060 General Office Exp	997,452	31,851	40,163	957,289	997,452	-
30070 Printing	68,500	-	-	68,500	68,500	-
30080 Insurance	990,110	-	941,010	49,100	990,110	-
30090 Utilities	203,074	18,578	18,805	184,269	203,074	-
30100 Data Processing	350,000	24,566	25,508	324,492	350,000	-
30110 Data Proc. Maint	134,656	1,047	47,409	87,248	134,656	-
30120 Interest Expense	78,839	2,168	3,321	75,518	78,839	-
30130 Bank Fees	289,805	1	1	289,803	289,805	-
30140 Legal Fees	950,000	10,509	10,509	939,492	950,000	-
30150 Board of Trustees Exp	101,500	8,189	8,523	92,977	101,500	-
30151 ARCA Dues	192,740	-	-	192,740	192,740	-
30160 Accounting Fees	125,408	1	1	125,406	125,408	-
30170 Equipment Purchases & Software	4,018,693	53,424	115,158	3,903,535	4,018,693	-
30180 Contr/Consult	1,387,323	41,703	53,223	1,334,100	1,387,323	-
30220 Mileage/Travel	692,082	48,260	105,158	586,923	692,082	-
30240 General Expenses	1,653,330	70,057	85,985	1,567,345	1,653,330	-
30240 ABX2-1 Admin	-	-	-	-	-	-
Total Operating Expenses:	**21,476,866**	**1,023,501**	**3,315,688**	**18,161,178**	**21,476,866**	-
Total Operations:	**123,214,873**	**7,706,813**	**18,697,043**	**104,517,830**	**123,214,873**	-
Gross Budget:	1,523,834,986	112,479,044	216,512,992	1,473,001,685	1,689,514,677	(165,679,691)
% of Budget:	100%	7.38%	14.21%	96.66%	110.87%	-10.87%

NORTH LOS ANGELES COUNTY REGIONAL CENTER

REGULAR PURCHASE OF SERVICES DETAIL

FISCAL YEAR 2026-2027

AUGUST 2026

	Annual C-2 Funding	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus/ (Deficit)
OUT OF HOME						
COMMUNITY CARE FACILITIES	222,624,399	17,394,246	33,934,331	217,914,432	251,848,763	(29,224,364)
MEDICAL FACILITIES	2,151,999	76,106	146,267	2,077,442	2,223,709	(71,710)
3.2 TOTAL OUT OF HOME	**224,776,398**	**17,470,352**	**34,080,598**	**219,991,874**	**254,072,472**	**(29,296,074)**
DAY PROGRAMS						
DAY CARE	299,538	18,472	38,934	292,127	331,061	(31,523)
DAY TRAINING	117,977,150	7,883,329	14,529,718	114,929,640	129,459,359	(11,482,209)
4.3 TOTAL DAY PROGRAMS	**118,276,688**	**7,901,801**	**14,568,653**	**115,221,767**	**129,790,420**	**(11,513,732)**
HABILITATION						
SUPPORTED EMPLOYMENT - INDIVIDUAL	2,556,245	392,091	426,823	2,508,101	2,934,924	(378,679)
SUPPORTED EMPLOYMENT - GROUP	6,319,395	358,516	1,014,715	6,193,916	7,208,632	(889,237)
COORDINATED CAREER PATHWAYS	459,840	17,572	33,243	444,226	477,470	(17,630)
WORK ACTIVITY PROGRAM	-	-	-	-	-	-
4.3 TOTAL HABILITATION SERVICES	**9,335,480**	**768,180**	**1,474,782**	**9,146,243**	**10,621,025**	**(1,285,545)**
TRANSPORTATION						
TRANSPORTATION BY CLIENT	17,341,145	1,493,714	2,390,853	16,933,952	19,324,805	(1,983,660)
TRANSPORTATION BY CONTRACT	37,330,190	2,823,720	5,746,791	36,549,451	42,296,241	(4,966,051)
5.4 TOTAL TRANSPORTATION	**54,671,335**	**4,317,434**	**8,137,644**	**53,483,402**	**61,621,046**	**(6,949,711)**
RESPITE						
IN HOME RESPITE	204,982,520	13,927,555	25,757,544	199,769,392	225,526,936	(20,544,416)
OUT OF HOME RESPITE	539,120	51,620	77,721	527,003	604,724	(65,604)
6.5 TOTAL RESPITE	**205,521,640**	**13,979,175**	**25,835,265**	**200,296,395**	**226,131,660**	**(20,610,020)**
OTHER SERVICES						
NON MEDICAL PROFESSIONALS	103,897,411	7,312,208	13,791,340	101,372,608	115,163,948	(11,266,537)
NON MEDCAL PROGRAMS	165,727,096	13,450,680	25,304,062	162,227,668	187,531,730	(21,804,634)
HOME CARE PROGRAMS	329,141	10,503	22,345	317,733	340,078	(10,937)
PREVENTION	5,971,663	385,701	745,231	5,818,969	6,564,200	(592,537)
OTHER SERVICES *	462,977,586	35,068,880	66,080,840	452,465,467	518,546,306	(55,568,720)
PERSONAL & INCIDENTAL EXPENSES	552,779	37,217	105,563	544,487	650,050	(97,271)
HOSPITAL CARE	1,064,694	116,250	232,500	1,053,381	1,285,881	(221,187)
MEDICAL EQUIPMENT	218,716	12,558	14,490	211,078	225,568	(6,852)
MEDICAL PROFESSIONALS	17,628,684	1,258,668	2,378,041	17,206,361	19,584,403	(1,955,719)
MEDICAL PROGRAMS	28,825,124	2,544,824	4,829,598	28,284,887	33,114,485	(4,289,361)
CAMPS	845,678	137,800	214,998	841,534	1,056,532	(210,854)
6.5 TOTAL OTHER SERVICES	**788,038,572**	**60,335,288**	**113,719,007**	**770,344,173**	**884,063,181**	**(96,024,609)**
TOTAL POS (GENERAL)	**1,400,620,113**	**104,772,231**	**197,815,949**	**1,368,483,855**	**1,566,299,804**	**(165,679,691)**

** Other Services includes Personal Assistance, Community Living Support, Social Recreation, Supported Living Services*

NORTH LOS ANGELES COUNTY REGIONAL CENTER
Community Resource Development Plan ("CRDP") & Community Placement Plan ("CPP") Line Item Report
Regular CPP
FISCAL YEAR 2026-2027
AUGUST 2026

	0 Annual C-2 Funding	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus/(Deficit)
PURCHASE OF SERVICE						
CPP Regular						
CPP Placements	280,295	0	0	280,295	280,295	0
CPP Assessments	10,000	0	0	10,000	10,000	0
CPP Start Up		0	0	0	0	0
Deflection CPP		0	0	0	0	0
Total CPP Regular:	290,295	0	0	290,295	290,295	0
OPERATIONS						
25010 Salaries/Benefits	575,350	76,390	179,120	396,230	575,350	0
Total Salaries:	575,350	76,390	179,120	396,230	575,350	0
OPERATING EXPENSE						
30010 Equipment Rental	0	0	0	0	0	0
30020 Equipment Maint	0	0	0	0	0	0
30030 Facility Rental	0	0	0	0	0	0
30040 Facility Maint. AV	0	0	0	0	0	0
30041 Facility Maint. SFV	0	0	0	0	0	0
30042 Facility Maint. SCV	0	0	0	0	0	0
30050 Communication	0	0	0	0	0	0
30060 General Office Exp	0	0	0	0	0	0
30070 Printing	0	0	0	0	0	0
30080 Insurance	0	0	0	0	0	0
30090 Utilities	0	0	0	0	0	0
30100 Data Processing	0	0	0	0	0	0
30110 Data Proc. Maint	0	0	0	0	0	0
30120 Interest Expense	0	0	0	0	0	0
30130 Bank Fees	0	0	0	0	0	0
30140 Legal Fees	0	0	0	0	0	0
30150 Board of Trustees Exp	0	0	0	0	0	0
30151 ARCA Dues	0	0	0	0	0	0
30160 Accounting Fees	0	0	0	0	0	0
30170 Equipment Purchases	0	0	0	0	0	0
30180 Contr/Consult CPP	0	0	0	0	0	0
30220 Mileage/Travel	0	0	0	0	0	0
30240 General Expenses	0	0	0	0	0	0
Total Operating Expenses:	0	0	0	0	0	0
Total Operations:	575,350	76,390	179,120	396,230	575,350	0
Gross Budget:	865,645	76,390	179,120	686,525	865,645	0
% of Budget:	100.00%	8.82%	20.69%	79.31%	100.00%	0%

NORTH LOS ANGELES COUNTY REGIONAL CENTER
Community Resource Development Plan ("CRDP") & Community Placement Plan ("CPP") Line Item Report
Developmental Center ("DC") Closure/Ongoing Workload
FISCAL YEAR 2026-2027
AUGUST 2026

	0 Annual C-2 Funding	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus/(Deficit)
PURCHASE OF SERVICE						
CRDP/CPP						
CRDP & CPP Placements	0	0	0	0	0	0
CRDP & CPP Assessments	0	0	0	0	0	0
CRDP & CPP Start Up	0	0	0	0	0	0
Deflection CRDP & CPP	0	0	0	0	0	0
Total CRDP/CPP:	0	0	0	0	0	0
OPERATIONS						
25010 Salaries/Benefits	422,280	39,389	85,138	337,142	422,280	0
Total Salaries:	422,280	39,389	85,138	337,142	422,280	0
OPERATING EXPENSE						
30010 Equipment Rental	0	0	0	0	0	0
30020 Equipment Maint	0	0	0	0	0	0
30030 Facility Rental	0	0	0	0	0	0
30040 Facility Maint. AV	0	0	0	0	0	0
30041 Facility Maint. SFV	0	0	0	0	0	0
30042 Facility Maint. SCV	0	0	0	0	0	0
30050 Communication	0	0	0	0	0	0
30060 General Office Exp	0	0	0	0	0	0
30070 Printing	0	0	0	0	0	0
30080 Insurance	0	0	0	0	0	0
30090 Utilities	0	0	0	0	0	0
30100 Data Processing	0	0	0	0	0	0
30110 Data Proc. Maint	0	0	0	0	0	0
30120 Interest Expense	0	0	0	0	0	0
30130 Bank Fees	0	0	0	0	0	0
30140 Legal Fees	0	0	0	0	0	0
30150 Board of Trustees Exp	0	0	0	0	0	0
30151 ARCA Dues	0	0	0	0	0	0
30160 Accounting Fees	0	0	0	0	0	0
30170 Equipment Purchases	0	0	0	0	0	0
30180 Contr/Consult CPP	0	0	0	0	0	0
30220 Mileage/Travel	0	0	0	0	0	0
30240 General Expenses	0	0	0	0	0	0
Total Operating Expenses:	0	0	0	0	0	0
Total Operations:	422,280	39,389	85,138	337,142	422,280	0
Gross Budget:	422,280	39,389	85,138	337,142	422,280	0
% of Budget:	100.00%	9.33%	20.16%	79.84%	100.00%	0.00%

NORTH LOS ANGELES COUNTY REGIONAL CENTER

Operations ("OPS") Project Line Item Report

FISCAL YEAR 2026-2027

AUGUST 2026

	0 Annual C-2 Funding	EXPENDED MONTH	EXPENDED Y-T-D	BALANCE REMAINING	PROJECTED EXPENDITURES	SURPLUS/ (DEFICIT)
Family Resource Center ("**FRC**")	$227,357	$0	$0	$227,357	$227,357	$0
Self Determination Program ("**SDP**") Participant Support	$0	$0	$0	$0	$0	$0
Language Access & Cultural Competency	$1,080,819	$2,962	$2,962	$1,077,857	$1,080,819	$0
TOTAL:	**$1,308,176**	**$2,962**	**$2,962**	**$1,305,214**	**$1,308,176**	**$0**

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

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

NORTH LOS ANGELES COUNTY REGIONAL CENTER

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

FISCAL YEAR 2026-2027

AUGUST 2026

	0 Annual C-2 Funding	EXPENDED MONTH	EXPENDED Y-T-D	BALANCE REMAINING	PROJECTED EXPENDITURES	SURPLUS/ (DEFICIT)
HCBS Provider Funding for Compliance Activities	$0	$0	$0	$0	$0	$0
TOTAL:	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

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

North Los Angeles County Regional Center
Administrative vs. Direct Allocation Report - Consolidated
Fiscal Year 2026-2027 (Service Month of August 2026 as of September 24, 2026 State Claim)

	Current Month			YTD		
Description	Administrative Operating Expenses	Direct Operating Expenses	Total Operating Expenses	Administrative Operating Expenses	Direct Operating Expenses	Total Operating Expenses
Salaries & Wages	669,062.24	4,789,963.89	5,459,026.13	1,488,514.60	11,469,515.27	12,958,029.87
Benefits **	135,994.65	1,204,070.87	1,340,065.52	248,640.95	2,438,942.9	2,687,583.81
Subtotal Salaries & Benefits	**805,056.89**	**5,994,034.76**	**6,799,091.65**	**1,737,155.55**	**13,908,458.13**	**15,645,613.68**
Salaries & Benefits Allocation	**11.8%**	**88.2%**	**100.0%**	**11.1%**	**88.9%**	**100.0%**
Equipment Rental	2,729.46	29,419.62	32,149.08	4,131.41	44,530.58	48,661.99
Equipment Maintenance	0.00	Not Allowable	0.00	17,920.00	Not Allowable	17,920.00
Facility Rent	(88,710.39)	626,710.33	537,999.94	154,740.88	1,442,935.19	1,597,676.07
Facility Maintenance-AV	2,999.11	Not Allowable	2,999.11	6,342.76	Not Allowable	6,342.76
Facility Maintenance-Van Nuys	14,285.61	Not Allowable	14,285.61	30,356.85	Not Allowable	30,356.85
Facility Maintenance-SCV	4,523.55	Not Allowable	4,523.55	5,779.55	Not Allowable	5,779.55
Communication	8,097.92	113,091.56	121,189.48	10,796.73	143,379.94	154,176.67
General Office Expenses	2,457.34	29,393.96	31,851.30	3,079.03	37,083.80	40,162.83
Printing	0.00	0.00	0.00	0.00	0.00	0.00
Insurance	0.00	0.00	0.00	213,653.73	727,356.27	941,010.00
Insurance-Deductible	0.00	0.00	0.00	0.00	0.00	0.00
Utilities-AV	1,531.23	17,047.14	18,578.37	1,531.23	17,273.30	18,804.53
Data Processing-Payroll Fees	24,566.24	Not Allowable	24,566.24	25,508.04	Not Allowable	25,508.04
Data Processing-Outside Svcs	0.00	Not Allowable	0.00	0.00	Not Allowable	0.00
Data Processing-Misc	0.00	Not Allowable	0.00	0.00	Not Allowable	0.00
Data Processing Maint.	1,046.61	Not Allowable	1,046.61	47,408.66	Not Allowable	47,408.66
Interest Expense	2,167.90	0.00	2,167.90	3,321.08	0.00	3,321.08
Bank Fees	1.17	0.00	1.17	1.17	0.00	1.17
Bank Fees-PRMT	0.00	0.00	0.00	0.00	0.00	0.00
Legal Fees	10,508.50	0.00	10,508.50	10,508.50	0.00	10,508.50
Legal Fees-Insurance Deductible	0.00	0.00	0.00	0.00	0.00	0.00
Brd. of Director Exp.	8,188.78	0.00	8,188.78	8,523.46	0.00	8,523.46
ARCA Dues	0.00	0.00	0.00	0.00	0.00	0.00
Accounting Fees	1.17	0.00	1.17	1.17	0.00	1.17
Equipment Purchases	0.00	0.00	0.00	1,044.10	11,253.89	12,297.99
Software and Licenses	1,595.42	17,196.43	18,791.85	4,329.26	46,663.29	50,992.55
Equipment - AV Loan Principle Payments	0.00	34,631.78	34,631.78	0.00	51,867.73	51,867.73
Contractor/Consultant	16,130.43	25,572.47	41,702.90	17,108.48	36,114.42	53,222.90
Contr./Consult.: FFRC Library	0.00	0.00	0.00	0.00	0.00	0.00
Contr./Consult.: CPP	0.00	0.00	0.00	0.00	0.00	0.00
Mileage	2,049.27	38,732.62	40,781.89	3,375.69	89,727.50	93,103.19
Travel	4,830.90	2,647.46	7,478.36	5,176.84	6,878.28	12,055.12
General Expenses	15,487.24	54,569.80	70,057.04	16,627.14	69,357.88	85,985.02
General Expenses-Remodel AV	0.00	0.00	0.00	0.00	0.00	0.00
General Expenses-Remodel SCV	0.00	0.00	0.00	0.00	0.00	0.00
General Expenses-Remodel SFV	0.00	0.00	0.00	0.00	0.00	0.00
ABX2-1 Admin Expenses	0.00	0.00	0.00	0.00	0.00	0.00
ARPA Social Recreation Project	0.00	0.00	0.00	0.00	0.00	0.00
Equity/Disparity Projects	0.00	0.00	0.00	0.00	0.00	0.00
CalFRESH Project	0.00	0.00	0.00	0.00	0.00	0.00
Restricted: Language Access & Cultural Comp	0.00	2,962.29	2,962.29	0.00	2,962.29	2,962.29
Restricted: SDP-Participants Support	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Operating Expenses	**34,487.46**	**991,975.46**	**1,026,462.92**	**591,265.76**	**2,727,384.36**	**3,318,650.12**
Operating Expenses Allocation	**3.4%**	**96.6%**	**100.0%**	**17.8%**	**82.2%**	**100.0%**
Total Salaries & Operating Expenses	**839,544.35**	**6,986,010.22**	**7,825,554.57**	**2,328,421.31**	**16,635,842.49**	**18,964,263.80**
Salaries & Operating Exp. Allocation	**10.7%**	**89.3%**	**100.0%**	**12.3%**	**87.7%**	**100.0%**
Project Funds: Family Resource Center	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Income Not from DDS (i.e. Interest)	**(240,107.16)**	**0.00**	**(240,107.16)**	**(370,295.51)**	**0.00**	**(370,295.51)**
Total Expenses Less Other Income	**599,437.19**	**6,986,010.22**	**7,585,447.41**	**1,958,125.80**	**16,635,842.49**	**18,593,968.29**
Total Expenses Admin vs Direct Allocation	**7.90%**	**92.10%**	**100.00%**	**10.5%**	**89.5%**	**100.0%**

Summary of Regional Center Expenditures Projection Report (Excludes CPP)
Projected Deficit/Surplus
Sorted Highest to Lowest (Deficit) / Sorted Lowest to Highest (Surplus) (Column E)
FY2026-2027 PEP dated September 10, 2026

A	B	C	D	E	F	G	H
Rank	Regional Center	Estimated Expenditures	C-2 Contract	Projected Deficit/Surplus D - C	Consumers Status 1 & 2	Per Capita Allocation D/F	Proj. Deficit/Surplus Per Capita E/F
1	**North LA**	**1,546,470,632**	**1,380,790,941**	**(165,679,691)**	**40,490**	**34,102**	**(4,092)**
2	Alta	1,250,166,431	1,150,166,431	(100,000,000)	34,520	33,319	(2,897)
3	South Central	898,995,878	823,935,140	(75,060,738)	24,513	33,612	(3,062)
4	San Diego	1,219,428,875	1,149,145,976	(70,282,899)	45,984	24,990	(1,528)
5	Central Valley	913,095,449	843,712,321	(69,383,128)	34,151	24,705	(2,032)
6	North Bay	667,780,592	603,335,362	(64,445,230)	11,937	50,543	(5,399)
7	Westside	827,560,600	765,079,041	(62,481,559)	12,268	62,364	(5,093)
8	San Andreas	1,098,211,060	1,042,531,437	(55,679,623)	21,413	48,687	(2,600)
9	Inland	1,579,247,462	1,523,653,374	(55,594,088)	53,802	28,320	(1,033)
10	San Gabriel	666,922,179	623,475,724	(43,446,455)	17,655	35,314	(2,461)
11	East LA	579,736,298	539,608,861	(40,127,437)	16,267	33,172	(2,467)
12	Orange	1,085,457,190	1,045,447,822	(40,009,368)	28,453	36,743	(1,406)
13	Lanterman	613,037,165	578,374,169	(34,662,996)	14,224	40,662	(2,437)
14	Harbor	627,015,951	597,177,595	(29,838,356)	19,911	29,992	(1,499)
15	Far Northern	377,545,435	364,234,832	(13,310,603)	11,064	32,921	(1,203)
16	Kern	437,186,516	423,961,350	(13,225,166)	16,129	26,286	(820)
17	Tri Counties	698,587,448	686,842,617	(11,744,831)	21,002	32,704	(559)
18	Valley Mountain	675,100,132	679,135,965	4,035,833	23,565	28,820	171
19	Golden Gate	714,487,246	728,629,277	14,142,031	11,433	63,730	1,237
20	East Bay	1,216,189,462	1,254,264,286	38,074,824	29,027	43,210	1,312
21	Redwood Coast	212,057,594	255,817,929	43,760,335	5,336	47,942	8,201
	Totals	**17,904,279,595**	**17,059,320,450**	**(844,959,145)**	**493,144**	**34,593**	**(1,713)**

Summary of Regional Center Expenditures Projection Report (Excludes CPP)
Per Capita Allocation
Sorted Highest to Lowest (Column G)
FY2026-2027 PEP dated September 10, 2026

A	B	C	D	E	F	G	H
Rank	Regional Center	Estimated Expenditures	C-2 Contract	Projected Deficit/Surplus D - C	Consumers Status 1 & 2	Per Capita Allocation D/F	Proj. Deficit/Surplus Per Capita E/F
1	Golden Gate	714,487,246	728,629,277	14,142,031	11,433	63,730	1,237
2	Westside	827,560,600	765,079,041	(62,481,559)	12,268	62,364	(5,093)
3	North Bay	667,780,592	603,335,362	(64,445,230)	11,937	50,543	(5,399)
4	San Andreas	1,098,211,060	1,042,531,437	(55,679,623)	21,413	48,687	(2,600)
5	Redwood Coast	212,057,594	255,817,929	43,760,335	5,336	47,942	8,201
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10	**North LA**	**1,546,470,632**	**1,380,790,941**	**(165,679,691)**	**40,490**	**34,102**	**(4,092)**
11	South Central	898,995,878	823,935,140	(75,060,738)	24,513	33,612	(3,062)
12	Alta	1,250,166,431	1,150,166,431	(100,000,000)	34,520	33,319	(2,897)
13	East LA	579,736,298	539,608,861	(40,127,437)	16,267	33,172	(2,467)
14	Far Northern	377,545,435	364,234,832	(13,310,603)	11,064	32,921	(1,203)
15	Tri Counties	698,587,448	686,842,617	(11,744,831)	21,002	32,704	(559)
16	Harbor	627,015,951	597,177,595	(29,838,356)	19,911	29,992	(1,499)
17	Valley Mountain	675,100,132	679,135,965	4,035,833	23,565	28,820	171
18	Inland	1,579,247,462	1,523,653,374	(55,594,088)	53,802	28,320	(1,033)
19	Kern	437,186,516	423,961,350	(13,225,166)	16,129	26,286	(820)
20	San Diego	1,219,428,875	1,149,145,976	(70,282,899)	45,984	24,990	(1,528)
21	Central Valley	913,095,449	843,712,321	(69,383,128)	34,151	24,705	(2,032)
	Totals	**17,904,279,595**	**17,059,320,450**	**(844,959,145)**	**493,144**	**34,593**	**(1,713)**

Summary of Vendors with Outstanding Authorization Issues

Vendors with Outstanding Authorization Issues As of August 31, 2026		
Fiscal Year	**Unique Vendor**	**No. of O/S Auth's**
Prior to FY22	0	0
FY22	0	0
FY23	0	0
FY24	0	0
FY25	12	17
FY26	41	42
FY27	27	27
	80	**86**

Change from August 31, 2026 to September 30, 2026			
New Vendors	**New Auths**	**Resolved Vendors**	**Resolved Auths**
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	1	-4	-4
4	4	-11	-12
4	4	-8	-8
9	**9**	**-23**	**-24**

Vendors with Outstanding Authorization Issues As of September 30, 2026		
Fiscal Yr	**Unique Vendor Numbers**	**No. of O/S Auth's**
Prior to FY22	0	0
FY22	0	0
FY23	0	0
FY24	0	0
FY25	9	14
FY26	34	34
FY27	23	23
	66	**71**

Summary of Vendors with Outstanding Authorization Issues

Vendors with Outstanding Authorization Issues As of September 30, 2026

Fiscal Year	Unique Vendor	No. of O/S Auth's
Prior to FY22	0	0
FY22	0	0
FY23	0	0
FY24	0	0
FY25	9	14
FY26	34	34
FY27	23	23
	66	**71**

Change from September 30, 2026 to October 31, 2026

New Vendors	New Auths	Resolved Vendors	Resolved Auths
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
6	6	-1	-1
8	8	-19	-19
9	9	-12	-12
23	**23**	**-32**	**-32**

Vendors with Outstanding Authorization Issues As of October 31, 2026

Fiscal Yr	Unique Vendor Numbers	No. of O/S Auth's
Prior to FY22	0	0
FY22	0	0
FY23	0	0
FY24	0	0
FY25	14	19
FY26	23	23
FY27	20	20
	57	**62**

Vendor Help Ticket Issues

Month: October 2026

DRAFT TEMPLATE

Category	Phone Tickets	Email Tickets	Beginning Outstanding Tickets	New Tickets Opened	Tickets Closed	Remaining Open Tickets	Avg Resolution Time in Workdays
eBilling Issues							
Payment Issues							
Rate Issues							
SDP Issues							
TOTAL				374	280	94	

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		486	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**		482	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		316	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		309	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	44	Arshalous Garlanian, Community Services Director
3/10/2026	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
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**			171	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**			164	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**			164	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	15	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 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)		**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	21	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**			154	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**			115	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**			130	Sheila King, HR Manager
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 - **Unsubstantiated** 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. Unsubstantiated**	N/A	08/31/26	46	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. - **Unsubstantiated** 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. - **Unsubstantiated** 3. Communication regarding employment opportunities, apprenticeships, and potential job placements was inconsistent and often lacked meaningful follow-up. - **Unsubstantiated** 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. **- Unsubstantiated** 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. **- Unsubstantiated** 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. - **Unsubstantiated**	Interviewed program staff and management and client; Reviewed Program design,	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **5. Unsubstantiated** **6. Unsubstantiated**	N/A	08/26/26	42	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**			117	
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
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**			109	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	Conducted Site Visit; Interviewed management staff; Reviewed PD and CCL reports.	**CLOSED** **1. Unsubstantiated** **2. Unsubstantiated** **3. Outside of RC Scope** **4. Outside of RC & Program Scope**	N/A	09/30/26	53	Arshalous Garlanian, Community Services Director
08/03/26	Community Member	2026-SPWB-74	N/A	Service Provider	Inappropriate conduct	1. Home Administrator showing a resident inappropriate pictures of persons they were dating. - **Unsubstantiated**	Interviewed the staff and resident	**CLOSED**	N/A	08/06/26	3	Arshalous Garlanian, Community Services Director
08/10/26	Community Member	2026-SPWB-75	N/A	Non Vendored Provide	Inappropriate conduct	1. Hostile treatment by Director. 2. Unsafe environment.	RC has no oversight over non-vendored entities	**CLOSED**	N/A	08/11/26	1	Arshalous Garlanian, Community Services Director
08/12/26	Community Member	2026-SPWB-76	8/12/2026	Non Vendored Provide	Failure to report;	1. Provider failed to report allegations of abuse. 2. Agency hired individual with history of abuse and failed to inform the family.		**OPEN**			75	Arshalous Garlanian, Community Services Director
08/20/26	Community Member	2026-SPWB-73	8/21/2026	Service Provider	Falure to pay employee wages	1. Employees have not been paid for wages earned since August 3, 2026. 2. Previous payroll checks bounced 3. Promised payment dates were missed 4. Liberty has attributed the delays to the Regional Center releasing funds	Interviews with agency leadership. Reviewed POS, Staff files. RC accounting management working with provider	**1. Substantiated** **2. Substantiated** **3. Substantaited** **4. Substantiated w/Reason**	N/A	10/14/26	55	Arshalous Garlanian, Community Services Director
08/25/26	Community Member	2026-SPWB-77	8/25/2026	Service Provider	Inappropriate conduct	1. Owner has [alleged] history of sexual abuse and domestic violence. **Unsubstantiated**	Interviews with families/clients. Reviewed program design and contracts	**CLOSED**	N/A	08/26/26	1	Arshalous Garlanian, Community Services Director
08/25/26	Community Member	2026-SPWB-78	8/26/2026	Service Provider	Failure to provide staffing; In appropriate conduct	1. Concerns the client would not have the required staffing. - **Unsubstantiated** 2. Staff pleasuring himself while client was asleep in their room. - **Substantiated** incident reported and addressed by provider at time of report.	Interviews with WB, agency , and case management. Review IPP, Agency staff files, SIR,	**CLOSED**	N/A	09/04/26	10	Arshalous Garlanian, Community Services Director
09/03/26	Community Member	2026-SPWB-79	9/4/2026	Service Provider	Client's Rights Violation; Lack of training; Staff lacked DOJ clearance	1. Physical abuse toward residents including staff hitting residents in care. 2. Violations involving staff medication assistance without proper training. 3. Staff member working without a criminal background clearance.	Conducted site visit w/CCL; Interviewed staff; Record review;	**OPEN** **1. Substantiated** **2. Substantiated** **3. Substantaited**			41	Arshalous Garlanian, Community Services Director
09/16/26	Community Member	2026-SPWB-80	9/17/2026	Service Provider	Solicitation of Employees and Individuals; Staff not having Educational Credentials; Staffing and One-to-One Services Within Group Services;	1. Alleged Solicitation of Employees and Individuals Served 2. Concern Regarding Educational Credentials Submitted During Vendorization. 3. Staffing and One-to-One Services Within Group Services 4. Repeated Pattern of Conduct.	Reviewed POS, documents provided by grievant, participant statememts, Staffing schedules.	**OPEN**			28	Arshalous Garlanian, Community Services Director
09/16/26	Community Member	2026-SPWB-83	N/A	Service Provider	Facility is not being maintained; Residents are unkempt; Lack of day services.	1. The home's AC was not working and the temperature was 85. 2. The resident's are unable to access the backyard as there is debris. 3. Resident was not dressed appropriately. 4. There is no day programming for residents.	Conducted site visit; Interviewed staff; Reviewed POS	**OPEN** **1. Substantiated** **2. Substantiated** **3. Inconclusive** **4. Pending**			28	Arshalous Garlanian, Community Services Director
09/18/26	Community Member	2026-SPWB-84	N/A	Client/Service Provider	Neighborhood disruption	1. Client is disrupting and harassing neighborhood (setting car alarm, burning out, honking horn, speeding)	Conducted site visit, interviewed resident and provider, reviewed documentation provided by grievant.	**CLOSED** **1. Substantiated**	N/A	10/08/26	20	Arshalous Garlanian, Community Services Director
09/23/26	Community Member	2026-SPWB-81	9/24/2026	Service Provider	HIPAA Violation; Lack of professionalism	1. Contact from an alleged NLACRC Vendor and concerns as to how he received your contact information and the possibility that it was leaked from NLACR 2. Concern regarding lack of professionalism and insensitive comments during the call	Conducted interview with grievant	**OPEN**			22	Arshalous Garlanian, Community Services Director
09/25/26	Community Member	2026-SPWB-85	N/A	Service Provider	Client's Rights Violation	1. Staff verbally abuses resident	Conducted site visit, interviewed residents and staff.	**CLOSED** 1. Substantiated	10/8/2026 (Corrective Action Plan)	10/08/26	20	Arshalous Garlanian, Community Services Director
10/05/26	Community Member	2026-SPWB-82	10/5/2026	Service Provider	Failure to maintain documentation; Falsification of documenation;	1. Widespread compliance violations 2. Systematic documentation forgery 3. Severe fiscal/billing fraud		**OPEN**			10	Arshalous Garlanian, Community Services Director
10/08/26	Community Member	2026-SPWB-85	N/A	Service Provider	Impacting IPP services	1. Provider is impacting service agreement	Interviewed Grievant;	**OPEN**			7	Arshalous Garlanian, Community Services Director

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	**PENDING**	486	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**			482	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**			316	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**			309	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**		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**		4/13/2026	55	Arshalous Garlanian, Community Services Director
3/10/2026	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**		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**		6/26/2026	53	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 - **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**		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**			-46171	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**	CLOSED - Plan of Improvement 6/30/2026	6/30/2026	29	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. - **Out of Regional Center Scope**		**CLOSED**		10/28/2026	145	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 - **Inconclusive** 2. Refusal to submit Financial Audits and Discrepancies - **Unsubstantiated** 3. Internal Obstruction and Lack of Proper Oversight (Conflict of Interest between ED and Board) - **Out of Regional Center Scope** 4. Workplace and Staff Intimidation - **Out of Regional Center Scope**		**CLOSED**		10/28/2026	145	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	14	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**	CLOSED -Plan of Improvement 6/30/2026	6/30/2026	21	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- **Unsubstantiated** 2. Inconsistent and contradictory information regarding the organization's financial status- **Outside of the Regional Center Scope** 3. Questions as to whether organization funds were managed appropriately 4. Atmosphere of intimidation during staff meeting- **Outside of the Regional Center Scope**		**CLOSED** **Referred to Accounting for Audit**		10/28/2026	135	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**			147	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** **1. Substantiated** **2. Substantiated**	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	0	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**			130	Sheila King, HR Manager
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 - **Unsubstantiated** 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	**CLOSED** **1. - 3. Unsubstantiated** **4. - 5. Unsubstantiated** **6. - 7 Unsubstantiated** **8. Unsubstantiated** **9. - 10. Unsubstantiated** **11. Unsubstantiated**		08/31/26	46	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. - **Unsubstantiated** 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. - **Unsubstantiated** 3. Communication regarding employment opportunities, apprenticeships, and potential job placements was inconsistent and often lacked meaningful follow-up. - **Unsubstantiated** 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. **- Unsubstantiated** 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. **- Unsubstantiated** 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. - **Unsubstantiated**	Interviewed program staff and management and client; Reviewed Program design,	**CLOSED** **1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **5. Unsubstantiated** **6. Unsubstantiated**		08/31/26	46	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 - **Unsubstantiated** 2. Inconsistent and contradictory information regarding the organization's financial status 3. Questions as to whether organizationfunds were managed appropriately - **Referred to accounting for an audit** 4. Atmosphere of intimidation during staff meeting - **Unsubstantiated**		**CLOSED** **Referred to Accounting for Audit**		10/28/26	98	Arshalous Garlanian, Community Services Director
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	**CLOSED** **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	**CLOSED** **1. - 3. Unsubstantiated** **4. - 5. Unsubstantiated** **6. - Unsubstantiated**		08/12/26	14	Arshalous Garlanian, Community Services Director
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**			109	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	Conducted Site Visit; Interviewed management staff; Reviewed PD and CCL reports.	**CLOSED** **1. Unsubstantiated** **2. Unsubstantiated** **3. Outside of RC Scope** **4. Outside of RC & Program Scope**		09/30/26	52	Arshalous Garlanian, Community Services Director
08/03/26	Community Member	2026-SPWB-74	N/A	Service Provider	Inappropriate conduct	1. Home Administrator showing a resident inappropriate pictures of persons they were dating. - **Unsubstantiated**	Interviewed the staff and resident	**CLOSED**		08/06/26	3	Arshalous Garlanian, Community Services Director
08/10/26	Community Member	2026-SPWB-75	N/A	Non Vendored Provider	Inappropriate conduct	1. Hostile treatment by Director. 2. Unsafe environment.	RC has no oversight over non-vendored entities	**CLOSED**		08/11/26	1	Arshalous Garlanian, Community Services Director
08/12/26	Community Member	2026-SPWB-76	8/12/2026	Non Vendored Provider	Failure to report;	1. Provider failed to report allegations of abuse. 2. Agency hired individual with history of abuse and failed to inform the family.		**OPEN**			96	Arshalous Garlanian, Community Services Director
08/20/26	Community Member	2026-SPWB-73	8/21/2026	Service Provider	Falure to pay employee wages	1. Employees have not been paid for wages earned since August 3, 2026. 2. Previous payroll checks bounced 3. Promised payment dates were missed 4. Liberty has attributed the delays to the Regional Center releasing funds	Interviews with agency leadership. Reviewed POS, Staff files. RC accounting management working with provider	**1. Substantiated** **2. Substantiated** **3. Substantaited** **4. Substantiated w/Reason**		10/14/26	55	Arshalous Garlanian, Community Services Director
08/25/26	Community Member	2026-SPWB-77	8/25/2026	Service Provider	Inappropriate conduct	1. Owner has [alleged] history of sexual abuse and domestic violence. **Unsubstantiated**	Interviews with families/clients. Reviewed program design and contracts	**CLOSED**		08/26/26	1	Arshalous Garlanian, Community Services Director
08/25/26	Community Member	2026-SPWB-78	8/26/2026	Service Provider	Failure to provide staffing; In appropriate conduct	1. Concerns the client would not have the required staffing. - **Unsubstantiated** 2. Staff pleasuring himself while client was asleep in their room. - **Substantiated** incident reported and addressed by provider at time of report.	Interviews with WB, agency , and case management. Review IPP, Agency staff files, SIR.	**CLOSED**		09/04/26	10	Arshalous Garlanian, Community Services Director
09/03/26	Community Member	2026-SPWB-79	9/4/2026	Service Provider	Client's Rights Violation; Lack of training; Staff lacked DOJ clearance	1. Physical abuse toward residents including staff hitting residents in care. 2. Violations involving staff medication assistance without proper training. 3. Staff member working without a criminal background clearance.	Conducted site visit w/CCL; Interviewed staff; Record review;	**CLOSED** **1. Substantiated** **2. Substantiated** **3. Substantaited**	Corrective Action Plan 10/29/26	10/29/26	56	Arshalous Garlanian, Community Services Director
09/16/26	Community Member	2026-SPWB-80	9/17/2026	Service Provider	Solicitation of Employees and Individuals; Staff not having Educational Credentials; Staffing and One-to-One Services Within Group Services;	1. Alleged Solicitation of Employees and Individuals Served - **Pending** 2. Concern Regarding Educational Credentials Submitted During Vendorization. - **Unsubstantiated** 3. Staffing and One-to-One Services Within Group Services - **Pending** 4. Repeated Pattern of Conduct - **allegation unclear**	Reviewed POS, documents provided by grievant, participant statememts, IPP/Addendum review; Staffing schedules; personnel record review.	**OPEN**			61	Arshalous Garlanian, Community Services Director
09/16/26	Community Member	2026-SPWB-83	N/A	Service Provider	Facility is not being maintained; Residents are unkempt; Lack of day services.	1. The home's AC was not working and the temperature was 85. 2. The resident's are unable to access the backyard as there is debris. 3. Resident was not dressed appropriately. 4. There is no day programming for residents.	Conducted site visit; Interviewed staff; Reviewed POS	**CLOSED** **1. Substantiated** **2. Substantiated** **3. Inconclusive** **4. Unsubstantiated**	N/A	10/14/26	28	Arshalous Garlanian, Community Services Director
09/18/26	Community Member	2026-SPWB-84	N/A	Client/Service Provider	Neighborhood disruption	1. Client is disrupting and harassing neighborhood (setting car alarm, burning out, honking horn, speeding)	Conducted site visit, interviewed resident and provider, reviewed documentation provided by grievant.	**CLOSED** **1. Substantiated**		10/08/26	20	Arshalous Garlanian, Community Services Director
09/23/26	Community Member	2026-SPWB-81	9/24/2026	Service Provider	HIPAA Violation; Lack of professionalism	1. Contact from an alleged NLACRC Vendor and concerns as to how he received your contact information and the possibility that it was leaked from NLACR 2. Concern regarding lack of professionalism and insensitive comments during the call	Conducted interview with grievant	**OPEN**			54	Arshalous Garlanian, Community Services Director
09/25/26	Community Member	2026-SPWB-85	N/A	Service Provider	Client's Rights Violation	1. Staff verbally abuses resident	Conducted site visit, interviewed residents and staff.	**CLOSED** 1. Substantiated	**CLOSED** -10/8/2026 (Corrective Action Plan)	10/08/26	13	Arshalous Garlanian, Community Services Director
10/05/26	Community Member	2026-SPWB-82	10/5/2026	Service Provider	Failure to maintain documentation; Falsification of documenation;	1. Widespread compliance violations 2. Systematic documentation forgery 3. Severe fiscal/billing fraud	Interviewed agency management; reviewed POS, PD, client records, personnel records; met with provider;	**OPEN**			42	Arshalous Garlanian, Community Services Director
10/08/26	Community Member	2026-SPWB-85	N/A	Service Provider	Impacting IPP services	1. Provider is impacting service agreement - **Inconclusive**	Interviewed Grievant;	**Closed** **1. Inconclusive**	N/A	10/15/26	7	Arshalous Garlanian, Community Services Director
11/09/26	Community Member	2026-SPWB-86	11/13/2026	Service Provider	Concern about financial stability	1. Ongoing financial instability 2. Repeated payroll failures – unpaid wages – failure to reimburse business mileage 3. Concerns regarding the ability to fulfill responsibilities as a service provider		**OPEN**			7	Arshalous Garlanian, Community Services Director

North Los Angeles County Regional Center

FY27

Quarterly Human Resources Report

Quarter FY25	Hold	New Hires	Promotions	Separations	Turnover Rate
1st Quarter	8	48	6	48	4.87%
2nd Quarter	0	0	0	0	0.00%
3rd Quarter	0	0	0	0	0.00%
4th Quarter	0	0	0	0	0.00%
Total	8	48	6	48	4.87%

Quarter FY25	Separation Reasons	Totals
Jul - Sep	Retire	1
	School	0
	Relocation	0
	Personal	25
	Other	23
Oct - Dec	Retire	0
	School	0
	Relocation	0
	Personal	0
	Other	0
Jan - Mar	Retire	0
	School	0
	Relocation	0
	Personal	0
	Other	0
Apr - Jun	Retire	0
	School	0
	Relocation	0
	Personal	0
	Other	0

Sep-26

HUMAN RES OURCES REPORT

	CSC Vacancies	CSC Growth Positions	Open Other Positions:	Total Open Positions Vacant	Positions on Hold	Filled as of 9/30/26	FY27 Auth Positions	% Filled	New Hires (Sept '26)	Separations (Sept'26)	Sept '26 Turnover Rate
All Locations	21	23	46	90	8	981	1079	90.9%	17	16	1.63%
SFV	11	13	38	62	6	662	730	90.7%	12	11	
AV	7	8	8	23	1	219	243	90.1%	4	4	
SCV	3	2	0	5	1	100	106	94.3%	1	1	

CSC Vacancies 21

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	180	CSC	ADULT 6	6/15/2026
SCV	334	CSC	TRANS 2	7/8/2026
AV	279	CSC	AV T 2/ SA 4	7/13/2026
AV	447	CSC	AV ADULT 2	7/15/2026
SFV	360	CSC	SA 8	7/23/2026
AV	535	CSC	AV ADULT 3	7/31/2026
AV	64	CSC	AV ADULT 2	8/6/2026
SFV	290	CSC	SA 4	8/7/2026
SFV	249	CSC	ADULT 1	8/10/2026
SFV	1067	OD	CLINICAL SV	8/13/2026
SFV	281	CSC	TRANS 2	8/28/2026
AV	361	CSC	AV ADULT 1	9/15/2026
AV	408	CSC	AV SA 1	9/15/2026
SFV	178	CSC	ADULT 7	9/21/2026
SFV	191	CSC	ADULT 4	9/21/2026
SFV	331	CSC	ADULT 8	9/21/2026
AV	256	CSC	AV ADULT 3	9/21/2026
SFV	950	CSC	SA 10	9/30/2026

CSC Growth Positions 23

Location	Pos #	CSCs	Dept/ Loc	Open as of Date
AV	1097	CSC	AV - SA 5	2/18/2026
AV	1098	CSC	AV - SA 5	2/18/2026
SFV	949	CSC	SA 10	4/2/2026
SFV	1104	CSC	ES2	6/1/2026
SFV	1108	CSC	ES7	6/1/2026
SFV	1109	CSC	ES2	6/1/2026
SFV	987	CSC	SA 6	6/9/2026
SFV	1073	CSC	SA 11	6/15/2026
SFV	741	CSC	TRANS 4	7/10/2026
AV	778	CSC	AV SA 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	SA 1	7/27/2026
SFV	755	CSC	SA 9	7/31/2026
AV	911	CSC	AV ADULT 4	8/21/2026
SFV	1111	CSC	ES7	8/25/2026
SCV	695	CSC	TRANS 2	9/10/2026
AV	941	CSC	AV TRANS 3	9/18/2026
SCV	944	CSC	SCV SA 1	9/21/2026
AV	537	CSC	AV SA 2	9/30/2026

September Human Resources Report

FY25/26 Authorized Positions	Positions Added - FY 26/27 Growth
1078	0

Open Other Positions: 46

Loc	Pos #	All Other Positions	Dept/ Loc	Open as of Date
SFV	976	ASSISTANT CONTROLLER	ACCOUNTING	12/20/2024
AV	1025	ASSOCIATE CSC	SA	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	SA	3/10/2025
SFV	1015	ASSOCIATE CSC	ADULT	3/10/2025
SFV	1017	ASSOCIATE CSC	SA	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	SA	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 MNGMNT	6/2/2025
SFV	510	INFRA & CYB SEC ENG II	IT	7/1/2025
AV	1026	ASSOCIATE CSC	SA	7/31/2025
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	1016	ASSOCIATE CSC	SA	2/17/2026
SFV	401	ACCOUNTANT JR	ACCOUNTING	4/20/2026
SFV	1059	TALENT ACQ SPEC II	HUMAN RESOURCES	5/11/2026
SFV	968	DATA ANALYST	QI/CHANGE MNGMNT	6/26/2026
SFV	724	PUBLIC INFO SPECIALIST	PUBLIC INFO	7/13/2026
AV	1116	OFFICE ASSISTANT II	RECS & DOC MGMT	7/20/2026
SFV	630	RISK ASSESSMENT SUP	CONTRACT ADMIN	8/6/2026
SFV	925	VENDOR COORDINATOR	COMMUNITY SVCS	8/7/2026
SFV	1023	ASSOCIATE CSC	SA	8/19/2026
SFV	1014	ASSOCIATE CSC	SA	8/25/2026
SFV	1021	ASSOCIATE CSC	SA	8/27/2026
SFV	557	ADMIN ASSISTANT	IT	9/1/2026
AV	905	OFFICE ASSISTANT II	FACILITIES	9/8/2026
SFV	669	SYSTEM ADMINISTRATOR	IT	9/8/2026
SFV	1022	ASSOCIATE CSC	SA	9/15/2026
SFV	933	EXEC ADMIN ASSISTANT	ADMIN - EXEC SUPPORT	9/16/2026
SFV	928	HR DIRECTOR	EXECUTIVE ADMIN	9/21/2026
SFV	703	OPS ACCOUNTING SUP	ACCOUNTING - OPS	9/22/2026
SFV	1115	CYBER SEC MANAGER	IT	9/25/2026
SFV	1117	INFRA & CYB SEC ENG I	IT	9/28/2026
SFV	513	VENDOR COORDINATOR	COMM SERV	9/30/2026

Positions on Hold 8

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

September Human Resources Report

New Hires: SEPT 2026 **17**

Loc	Pos #	Position	Hire Date
SFV	460	CSC	9/8/2026
SFV	139	CSC	9/8/2026
SFV	793	CSC	9/8/2026
AV	23	OAII	9/8/2026
SFV	1011	RECS & DOC MGMT	9/8/2026
AV	506	CSC	9/8/2026
AV	1094	CSC	9/8/2026
SFV	468	IT SPEC II	9/8/2026
SFV	1107	CSC	9/21/2026
SFV	261	CSC	9/21/2026
SFV	735	CSC	9/21/2026
SFV	196	INTAKE ASSOC	9/21/2026
SFV	133	COMM SERV SUP	9/21/2026
SFV	32	CSC	9/21/2026
SCV	1083	CSC	9/21/2026
SFV	745	CSC	9/21/2026
AV	316	CSC	9/21/2026

Separations: SEPT 2026 **16**

Loc	Pos #	Position	Separation Reason	Term Month
SFV	558	ADMIN ASSIST	WORKING CONDITIONS	9/1/2026
SCV	695	CSC	PERSONAL	9/10/2026
AV	408	CSC	OTHER EMPLOYMENT	9/15/2026
SFV	1022	ASSOC CSC	OTHER EMPLOYMENT	9/15/2026
AV	361	CSC	PERFORMANCE	9/15/2026
SFV	933	EXEC ADMIN ASSIST	WORKING CONDITIONS	9/16/2026
AV	941	CSC	PERSONAL	9/18/2026
SFV	928	HR DIRECTOR	PERFORMANCE	9/21/2026
SFV	331	CSC	PERSONAL	9/21/2026
SFV	178	CSC	PERSONAL	9/21/2026
SFV	191	CSC	PERSONAL	9/22/2026
SFV	703	OPS ACCOUNTING SUP	PERSONAL	9/22/2026
SFV	1115	CYB SECURITY MANAGER	PERSONAL	9/25/2026
SFV	513	VENDOR COORDINATOR	PERSONAL	9/30/2026
AV	537	CSC	DIDN'T RETURN FROM LOA	9/30/2026
SFV	950	CSC	PERSONAL	9/30/2026

Oct-26

HUMAN RESOURCES REPORT

	CSC Vacancies	CSC Growth Positions	Open Other Positions:	Total Open Positions Vacant	Positions on Hold	Filled as of 10/31/26	FY27 Auth Positions	% Filled	New Hires (Oct '26)	Separations (Oct '26)	Oct '26 T/O Rate
All Locations	18	37	31	86	27	984	1097	89.7%	16	12	1.22%
SFV	8	22	26	56	20	663	739	89.7%	9	3	
AV	7	5	3	15	2	222	239	92.9%	6	7	
SCV	3	10	2	15	5	99	119	83.2%	1	2	

CSC Vacancies **18**

Location	Pos #	CSCs	Dept/ Loc	Open as of Date
SFV	375	CSC	SFV - ES 2	03/14/24
SCV	635	OD SPEC	SCV ADULT	09/23/25
SCV	334	CSC	SFV - T2	04/24/26
AV	447	CSC	AV ADULT 2	06/15/26
SFV	360	CSC	SFV - SA 8	07/08/26
AV	64	CSC	AV ADULT 2	07/13/26
SFV	290	CSC	SFV - SA 4	07/15/26
SFV	1067	OD SPEC	CLN SVCS	07/23/26
SFV	281	CSC	SFV - T2	07/31/26
AV	408	CSC	AV SA 1	08/06/26
SFV	178	CSC	AV ADULT 3	08/07/26
SFV	331	CSC	ADULT 7	08/10/26
AV	256	CSC	ADULT 8	08/13/26
AV	537	CSC	AV - SA 2	08/28/26
AV	313	CSC	AV - SA 2	09/15/26
SCV	415	CSC	SCV ADULT	09/15/26
AV	489	CSC	AV ES 2	09/21/26
SFV	323	CSC	SFV - SA 5	09/21/26

CSC Growth Positions **37**

Location	Pos #	CSCs	Dept/ Loc	Open as of Date
AV	1098	CSC	AV - SA 5	02/18/26
SFV	949	CSC	SA 10	04/02/26
SFV	1108	CSC	ES 7	06/01/26
SFV	1109	CSC	ES 2	06/01/26
SFV	987	CSC	SA 6	06/09/26
SFV	1073	CSC	SA 11	06/15/26
AV	778	CSC	AV SA 3	07/13/26
AV	907	CSC	AV ADULT 4	07/13/26
AV	908	CSC	AV ADULT 4	07/13/26
SFV	834	CSC	ES INTAKE	07/14/26
SFV	1106	CSC	ES 4	07/16/26
SFV	600	CSC	SA 1	07/27/26
SFV	755	CSC	SA 9	07/31/26
SCV	695	CSC	TRANS 2	09/10/26
AV	941	CSC	AV TRANS 3	09/18/26
SCV	944	CSC	SCV SA 1	09/21/26
SFV	950	CSC	SA 10	09/30/26
SCV	1135	CSC	SCV SA 3	10/01/26
SCV	1136	CSC	SCV SA 3	10/01/26
SCV	1137	CSC	SCV SA 3	10/01/26
SCV	1139	CSC	SCV SA 3	10/01/26
SCV	1140	CSC	SCV SA 3	10/01/26
SCV	1142	CSC	SCV SA 3	10/01/26
SCV	1145	CSC	SCV SA 3	10/01/26
SFV	1123	CSC	SA 12	10/01/26
SFV	1125	CSC	SA 12	10/01/26
SFV	1126	CSC	SA 12	10/01/26
SFV	1127	CSC	SA 12	10/01/26
SFV	1128	CSC	SA 12	10/01/26
SFV	1129	CSC	SA 12	10/01/26
SFV	1130	CSC	SA 12	10/01/26
SFV	1133	CSC	SA 12	10/01/26
SFV	988	CSC	SA 1	10/06/26
SFV	1078	CSC	SA 11	10/08/26
SCV	611	CSC	SCV ES	10/09/26
SFV	991	CSC	SA 1	10/23/26
SFV	1001	CSC	SA 2	10/29/26

October Human Resources Report

FY26/27 Authorized Positions	Positions Added - FY 26/27 Growth
1078	25

Open Other Positions: 31

Loc	Pos #	All Other Positions	Dept/ Loc	Open as of Date
SFV	976	ASSISTANT CONTROLLER	ACCOUNTING	12/20/24
SFV	897	OFFICE ASSISTANT II	ACCOUNTING - OPS	05/19/25
SFV	510	INFRAS & CYB SEC ENG II	IT	07/01/25
SFV	690	ADMIN ASSISTANT	IT	09/16/25
AV	1061	OFFICE ASSISTANT II	CONTRACT ADMIN 1	12/01/25
SFV	1062	IT SPECIALIST II	IT	12/08/25
SFV	518	IT SPECIALIST II	IT	12/15/25
SFV	401	ACCOUNTANT JR	ACCTNG - ACCTS PAY 1	04/20/26
SFV	1059	TALENT ACQ SPEC II	HUMAN RESOURCES	05/11/26
SFV	968	DATA ANALYST-QI AUDIT	QI/CHANGE MGMNT	06/26/26
SFV	724	PUBLIC INFO SPEC	PUBLIC INFORMATION	07/13/26
AV	1116	OFFICE ASSISTANT II	RECS & DOC MGMT	07/20/26
SFV	630	RISK ASSESSMENT SUP	CTC ADMIN - RISK A 1	08/06/26
SFV	925	VENDOR COORDINATOR	COMMUNITY SVCS	08/07/26
SFV	557	ADMIN ASSISTANT	IT	09/01/26
SFV	669	SYSTEM ADMIN	IT	09/08/26
SFV	933	ADMIN ASSISTANT	HUMAN RESOURCES	09/16/26
SFV	928	HR DIRECTOR	EXECUTIVE ADMIN	09/21/26
SFV	703	OPS ACCOUNTING SUP	ACCOUNTING - OPS	09/22/26
SFV	1115	CYBER SECURITY MNGR	IT	09/25/26
SFV	513	VENDOR COORDINATOR	COMM SRV 1 - DEV/QA	09/30/26
SCV	1134	CONSUMER SERVICES SUP	SCV SCHOOL AGE 3	10/01/26
SFV	1122	CONSUMER SERVICES SUP	CONS SVCS - SA 12	10/01/26
SFV	18	ACCOUNTING SPECIALIST	ACCOUNTING - CS	10/02/26
SFV	560	TRAINING SPECIALIST I	QI/CHANGE MGMNT	10/05/26
SFV	1120	CONS SERV SPEC - SPEC	ADULT 3 - CPP	10/06/26
SFV	1146	DIRE APPS & COMM RESOL	APPS & COMM RESOL	10/09/26
AV	677	SERV COORD SPEC - ESC	ENHAN SERV COORD	10/09/26
SFV	628	IT SPECIALIST II	IT	10/19/26
SFV	377	ACCOUNTING SPECIALIST	ACCTING - ACCTS PAY 1	10/23/26
SCV	1159	OFFICE ASSISTANT II	RECS & DOC MGMT	10/23/26

Positions on Hold 27

Loc	Pos #	Hold Positions	Dept/ Loc	Hold as of Date
SFV	665	VENDOR COORDINATOR	COMM SVCS	09/15/25
SFV	1153	BEHAVIORAL CONSULT	CLINICAL SVCS	10/23/26
AV	1151	CONS SERVS MANAGER	AV EARLY	10/23/26
SFV	1148	DUE PROCESS OFFICER	APPS & COMM RSLS	10/23/26
SFV	1152	NURSE CONSULTANT	CLINICAL SVCS	10/23/26
SFV	1149	OFFICE ASSISTANT II	APPS & COMM RSLS	10/23/26
SFV	1150	PAYROLL SPECIALIST	ACCOUNTING	10/23/26
SFV	1154	QUALITY ASSURANCE	COMM SERV	10/23/26
SFV	1155	QUALITY ASSURANCE	COMM SERV	10/23/26
SFV	1158	RECORDS SPECIALIST	RECS & DOC MGMT	10/23/26
SFV	1156	RESOURCE DEVELOPER	COMM SERV	10/23/26
SFV	1157	RESOURCE DEVELOPER	COMM SERV	10/23/26
AV	638	CSC SPECIALIST - ESC	TRANSITION 1	08/26/24
AV	676	CSC SPECIALIST - ESC	ENH SERV COOR	06/06/22
SFV	639	CSC SPECIALIST - ESC	ENH SERV COOR	05/11/22
SFV	674	CSC SPECIALIST - ESC	ENH SERV COOR	06/22/22
SFV	675	CSC SPECIALIST - ESC	ENH SERV COOR	05/03/22
SFV	1066	TALENT ACQ SPEC II	HUMAN RESOURCES	02/09/26
SFV	45	VENDOR COOR	COMM SVCS - SPT SVC	08/24/26
SFV	50	VENDOR COOR	COMMUNITY SVCS	06/17/24
SFV	1124	CSC	SA 12	10/01/26
SFV	1131	CSC	SA 12	10/01/26
SFV	1132	CSC	SA 12	10/01/26
SCV	1138	CSC	SCV SA 3	10/01/26
SCV	1141	CSC	SCV SA 3	10/01/26
SCV	1143	CSC	SCV SA 3	10/01/26
SCV	1144	CSC	SCV SA 3	10/01/26

October Human Resources Report

New Hires: OCT 2026 **16**

Loc	Pos #	Position	Hire Date
SFV	762	CSC	10/05/26
SFV	741	CSC	10/05/26
SCV	415	CSC	10/05/26
SFV	1111	CSC	10/05/26
SFV	180	CSC	10/05/26
SFV	1104	CSC	10/05/26
AV	911	CSC	10/19/26
AV	905	Office Assistant II	10/19/26
AV	361	CSC	10/19/26
AV	535	CSC	10/19/26
AV	1097	CSC	10/19/26
AV	279	CSC	10/19/26
SFV	191	CSC	10/19/26
SFV	249	CSC	10/19/26
SFV	1003	CSC	10/19/26
SFV	1121	Interim HR Director	10/19/26

Separations: OCT 2026 **12**

Loc	Pos #	Position	Separation Reason	Term Month
AV	313	CSC	RETIREMENT	10/02/26
AV	988	CSC	PERSONAL	10/06/26
SCV	611	CSC	PERSONAL	10/09/26
SFV	18	Accounting Specialist	PERSONAL	10/02/26
SFV	323	CSC	PERSONAL	10/16/26
SCV	415	CSC	PERFORMANCE	10/05/26
AV	677	Serv Coord Specialist - ESC	PERSONAL	10/09/26
SFV	1078	CSC	PERSONAL	10/30/26
AV	489	CSC	PERSONAL	10/08/26
AV	991	CSC	PERSONAL	10/23/26
AV	1001	CSC	PERSONAL	10/29/26
AV	377	Accounting Specialist	PERSONAL	10/23/26

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

1. Individual and Family Satisfaction Survey Results from 2025

A. Differences by Ethnicity

i. NLACRC reviewed its 2025 survey results, identifying differences in overall service ratings among Filipino (69%), White (57%), Spanish/Latin (56%), African-American (55%), and Asian Indian (44%) respondents.

ii. Similar differences were observed in IPP effectiveness and access to information about available services. Some groups had small sample sizes, warranting further evaluation.

B. Additional Findings

i. **Age:** Early Start families reported significantly higher ratings for regional center services (79%) than families of children ages 4–12 (50%) and individuals ages 13–22 (50%).

ii. **Communication:** Information about funded services and community resources was consistently among the lowest-rated areas.

iii. **Self-Determination:** Compared with non-SDP participants, SDP participants reported lower ratings for service coordinator responsiveness and communication but higher ratings for NLACRC's overall impact on their lives.

C. Next Steps

i. NLACRC is currently conducting its next Individual and Family Satisfaction Survey.

ii. Once completed, results will be compared with the 2025 findings to identify trends and changes across demographic groups, particularly ethnicity, age, and SDP participation.

iii. Findings will be shared with the Board when available to inform ongoing quality improvement efforts.

iv. *Note: Percentages reflect reported survey scores. SDP findings use a different rating scale and are not directly comparable.*

2. Complaint Trends and Quality Improvement

A. Complaint Trends

i. Complaints filed decreased by 20.9%, from 43 to 34, while the number of subjects cited decreased by 32%, from 147 to 100.

ii. Although confirmed violations decreased slightly from 44 to 42, violation rates increased in service coordination (26% to 35%) and IPPs (42% to 68%). Notice of Proposed Action violations decreased from 100% to 92%.

B. Strengthening Quality and Accountability

i. NLACRC is expanding capacity within its Appeals and Community Resolutions Department to provide additional training, technical assistance, and support to Case Management.

ii. This increased capacity will allow for more proactive identification and resolution of concerns, improved compliance, and greater collaboration with Case Management to ensure timely and appropriate outcomes for individuals served.

iii. These efforts reflect NLACRC's continued commitment to strengthening service delivery, accountability, and the experience of individuals and families.

C. Community Resource Development Plan (CRDP)

i. The CRDP provides funding opportunities to develop new services and resources that address unmet needs and service gaps within our community.

ii. NLACRC is required to submit its CRDP proposals to DDS by December 20, 2026. Although AB 175 eliminated the statutory requirement for regional centers to solicit local, regional center specific public comment, NLACRC continues to value community feedback to help identify service gaps and inform our funding priorities.

iii. We will announce to the public through social media and on our website when the link for NLACRC's public commentary goes live.

D. Department of Developmental Services (DDS) Provider Lookup Tool

i. DDS will launch a free, publicly accessible Service Provider Lookup map in the coming months, allowing individuals, families, and service coordinators to search for approved providers by service type, location, or regional center catchment area.

ii. The tool will provide current provider contact information and be accessible across devices. DDS will offer regional center training and provider demonstrations prior to launch.

NORTH LOS ANGELES COUNTY regional center

Summary Means by Age Band

Q		Age: 0-36 Months	4 - 12 Years of Age	13 - 22 Years of Age	23 - 49 Years of Age	50+ Years of Age
	n	1002	1853	1034	941	235
	Service Coordinator					
Q5.	How well do you think your Service Coordinator is doing treating you with dignity and respect?	88%	70%	72%	75%	76%
Q6.	How well do you think your Service Coordinator is doing in listening to you?	86%	66%	69%	71%	70%
Q7.	How well do you think your Service Coordinator is doing at understanding your needs?	84%	65%	66%	69%	68%
Q8.	How well do you think your Service Coordinator is doing at returning your phone calls, replying to your emails or texts in a timely manner?	80%	56%	57%	61%	62%
Q9.	How well do you think your Service Coordinator is doing in encouraging you to reach for future hopes and expectations?	80%	58%	59%	62%	60%
Q10.	How well do you think your Service Coordinator is doing being helpful when you have a question or concern?	84%	62%	63%	66%	65%
Q11.	How well do you think your Service Coordinator is doing explaining things to you in a way you can understand?	86%	65%	66%	66%	64%
Q12.	How well do you think your Service Coordinator is doing in communicating with you?	83%	61%	62%	64%	68%
Q13.	Overall, how would you rate your relationship with your service coordinator?	79%	57%	60%	61%	69%
Q14.	Overall, how would you rate your service coordinator?	83%	60%	64%	66%	73%
	Individual Program Plan / Individualized Family Service Plan					
Q16.	How would you rate your comfort level at the IPP/IFSP meeting?	80%	57%	58%	56%	60%
Q17.	How would you rate your service coordinator in taking into account you and your family's language, culture, traditions, and background when helping you design your plan?	81%	61%	61%	62%	64%
Q18.	How would you rate the planning meeting and plan being focused on you, what is important to you and your choices?	81%	61%	60%	61%	59%
Q19.	How would you rate your service coordinator in supporting you to meet your goals?	83%	57%	59%	60%	60%
Q20.	Overall, how would you rate your IPP/IFSP in addressing your needs?	79%	56%	56%	58%	56%
	Communication & Information					
Q26.	How well do you think we are doing in providing information you need to make your own decisions?	76%	47%	47%	54%	59%
Q27.	How well do you think we are doing in providing information on regional center funded services?	70%	44%	46%	53%	54%
Q28.	How well do you think we are doing in providing information on community services?	66%	42%	43%	51%	53%
Q29.	How well do you think we are doing in providing written communications in your preferred language?	80%	58%	58%	64%	60%
Q30.	How well do you think we are doing in overall providing you with information?	73%	47%	50%	56%	59%
	Overall					
Q31.	Overall, how would you rate the services and supports the regional center provides and purchases for you and your family?	79%	50%	50%	59%	57%
Q32.	Overall, during the last year, how helpful do you feel NLACRC has been in supporting you?	78%	46%	48%	56%	54%
Q33.	Overall, how would you rate the impact the regional center has had on your life?	81%	50%	53%	60%	56%

NORTH LOS ANGELES COUNTY regional center

Summary Means by Primary Language (SANDIS)

Q		n	Armenian 30	English 3618	Russian 14	Spanish 1359	Other 44
	Service Coordinator						
Q5.	How well do you think your Service Coordinator is doing treating you with dignity and respect?		69%	76%	85%	75%	75%
Q6.	How well do you think your Service Coordinator is doing in listening to you?		68%	72%	85%	72%	69%
Q7.	How well do you think your Service Coordinator is doing at understanding your needs?		65%	71%	85%	70%	69%
Q8.	How well do you think your Service Coordinator is doing at returning your phone calls, replying to your emails or texts in a timely manner?		50%	63%	85%	63%	64%
Q9.	How well do you think your Service Coordinator is doing in encouraging you to reach for future hopes and expectations?		54%	64%	85%	64%	64%
Q10.	How well do you think your Service Coordinator is doing being helpful when you have a question or concern?		64%	68%	85%	68%	67%
Q11.	How well do you think your Service Coordinator is doing explaining things to you in a way you can understand?		64%	70%	85%	71%	67%
Q12.	How well do you think your Service Coordinator is doing in communicating with you?		60%	66%	85%	69%	61%
Q13.	Overall, how would you rate your relationship with your service coordinator?		76%	63%	85%	66%	58%
Q14.	Overall, how would you rate your service coordinator?		76%	68%	85%	66%	64%
	Individual Program Plan / Individualized Family Service Plan						
Q16.	How would you rate your comfort level at the IPP/IFSP meeting?		64%	62%	82%	60%	66%
Q17.	How would you rate your service coordinator in taking into account you and your family's language, culture, traditions, and background when helping you design your plan?		67%	66%	73%	63%	79%
Q18.	How would you rate the planning meeting and plan being focused on you, what is important to you and your choices?		67%	65%	82%	62%	74%
Q19.	How would you rate your service coordinator in supporting you to meet your goals?		64%	64%	82%	62%	74%
Q20.	Overall, how would you rate your IPP/IFSP in addressing your needs?		64%	62%	82%	58%	68%
	Communication & Information						
Q26.	How well do you think we are doing in providing information you need to make your own decisions?		61%	54%	75%	55%	58%
Q27.	How well do you think we are doing in providing information on regional center funded services?		59%	51%	75%	53%	67%
Q28.	How well do you think we are doing in providing information on community services?		61%	49%	67%	48%	67%
Q29.	How well do you think we are doing in providing written communications in your preferred language?		61%	65%	75%	61%	62%
Q30.	How well do you think we are doing in overall providing you with information?		61%	55%	75%	54%	64%
	Overall						
Q31.	Overall, how would you rate the services and supports the regional center provides and purchases for you and your family?		55%	58%	69%	58%	63%
Q32.	Overall, during the last year, how helpful do you feel NLACRC has been in supporting you?		53%	55%	69%	55%	67%
Q33.	Overall, how would you rate the impact the regional center has had on your life?		57%	59%	69%	59%	69%

NORTH LOS ANGELES COUNTY regional center

Summary Means by Primary Ethnicity (SANDIS)

Q		Ethnicity							
		African-American	Asian	Asian Indian	Filipino	Multi-Cultural	Spanish/Latin	White	Other
	n	465	85	45	124	326	2428	1040	552
	Service Coordinator								
Q5.	How well do you think your Service Coordinator is doing treating you with dignity and respect?	72%	74%	81%	80%	74%	75%	74%	84%
Q6.	How well do you think your Service Coordinator is doing in listening to you?	72%	66%	78%	74%	70%	72%	70%	80%
Q7.	How well do you think your Service Coordinator is doing at understanding your needs?	68%	63%	61%	79%	69%	71%	68%	79%
Q8.	How well do you think your Service Coordinator is doing at returning your phone calls, replying to your emails or texts in a timely manner?	63%	56%	53%	63%	57%	63%	58%	74%
Q9.	How well do you think your Service Coordinator is doing in encouraging you to reach for future hopes and expectations?	60%	59%	53%	66%	62%	64%	61%	74%
Q10.	How well do you think your Service Coordinator is doing being helpful when you have a question or concern?	68%	63%	56%	70%	66%	68%	64%	78%
Q11.	How well do you think your Service Coordinator is doing explaining things to you in a way you can understand?	68%	69%	56%	68%	71%	70%	67%	79%
Q12.	How well do you think your Service Coordinator is doing in communicating with you?	65%	61%	56%	65%	65%	67%	63%	76%
Q13.	Overall, how would you rate your relationship with your service coordinator?	60%	59%	61%	64%	61%	64%	62%	72%
Q14.	Overall, how would you rate your service coordinator?	64%	63%	61%	70%	66%	66%	67%	77%
	Individual Program Plan / Individualized Family Service Plan								
Q16.	How would you rate your comfort level at the IPP/IFSP meeting?	53%	63%	53%	68%	60%	61%	62%	75%
Q17.	How would you rate your service coordinator in taking into account you and your family's language, culture, traditions, and background when helping you design your plan?	60%	61%	53%	65%	65%	64%	68%	76%
Q18.	How would you rate the planning meeting and plan being focused on you, what is important to you and your choices?	61%	60%	53%	72%	65%	62%	65%	76%
Q19.	How would you rate your service coordinator in supporting you to meet your goals?	59%	58%	53%	73%	60%	62%	64%	75%
Q20.	Overall, how would you rate your IPP/IFSP in addressing your needs?	56%	53%	50%	69%	59%	59%	60%	74%
	Communication & Information								
Q26.	How well do you think we are doing in providing information you need to make your own decisions?	51%	53%	45%	63%	50%	54%	52%	68%
Q27.	How well do you think we are doing in providing information on regional center funded services?	50%	47%	40%	63%	49%	51%	50%	62%
Q28.	How well do you think we are doing in providing information on community services?	47%	53%	40%	59%	45%	47%	48%	61%
Q29.	How well do you think we are doing in providing written communications in your preferred language?	62%	57%	49%	69%	63%	61%	66%	73%
Q30.	How well do you think we are doing in overall providing you with information?	53%	52%	44%	65%	51%	54%	54%	66%
	Overall								
Q31.	Overall, how would you rate the services and supports the regional center provides and purchases for you and your family?	55%	52%	44%	69%	54%	56%	57%	71%
Q32.	Overall, during the last year, how helpful do you feel NLACRC has been in supporting you?	53%	54%	49%	68%	53%	54%	53%	66%
Q33.	Overall, how would you rate the impact the regional center has had on your life?	56%	49%	51%	69%	60%	58%	59%	69%

NORTH LOS ANGELES COUNTY regional center

Summary Means by Residential Setting (SANDIS)

Q		Foster Home Children	Group Home - CCF	Group Home - ICF	ILS/SLS - ILS	ILS/SLS - SLS	Parent/Relative / Legal Guardian	Other
	n	187	155	29	95	33	4537	29
	Service Coordinator							
Q5.	How well do you think your Service Coordinator is doing treating you with dignity and respect?	77%	69%	80%	74%	73%	76%	77%
Q6.	How well do you think your Service Coordinator is doing in listening to you?	73%	63%	60%	71%	65%	73%	73%
Q7.	How well do you think your Service Coordinator is doing at understanding your needs?	72%	62%	57%	70%	65%	71%	73%
Q8.	How well do you think your Service Coordinator is doing at returning your phone calls, replying to your emails or texts in a timely manner?	65%	55%	50%	69%	65%	63%	62%
Q9.	How well do you think your Service Coordinator is doing in encouraging you to reach for future hopes and expectations?	67%	64%	47%	70%	50%	64%	52%
Q10.	How well do you think your Service Coordinator is doing being helpful when you have a question or concern?	68%	62%	47%	75%	62%	68%	73%
Q11.	How well do you think your Service Coordinator is doing explaining things to you in a way you can understand?	71%	62%	73%	73%	62%	70%	73%
Q12.	How well do you think your Service Coordinator is doing in communicating with you?	71%	65%	53%	73%	69%	67%	68%
Q13.	Overall, how would you rate your relationship with your service coordinator?	68%	65%	53%	69%	62%	64%	55%
Q14.	Overall, how would you rate your service coordinator?	71%	71%	67%	69%	62%	67%	68%
	Individual Program Plan / Individualized Family Service Plan							
Q16.	How would you rate your comfort level at the IPP/IFSP meeting?	63%	57%	61%	66%	53%	62%	54%
Q17.	How would you rate your service coordinator in taking into account you and your family's language, culture, traditions, and background when helping you design your plan?	64%	57%	58%	68%	56%	66%	68%
Q18.	How would you rate the planning meeting and plan being focused on you, what is important to you and your choices?	61%	59%	58%	65%	53%	65%	68%
Q19.	How would you rate your service coordinator in supporting you to meet your goals?	62%	59%	58%	62%	63%	64%	62%
Q20.	Overall, how would you rate your IPP/IFSP in addressing your needs?	63%	55%	54%	57%	50%	61%	77%
	Communication & Information							
Q26.	How well do you think we are doing in providing information you need to make your own decisions?	57%	55%	54%	60%	48%	55%	63%
Q27.	How well do you think we are doing in providing information on regional center funded services?	51%	53%	48%	57%	42%	52%	68%
Q28.	How well do you think we are doing in providing information on community services?	50%	50%	56%	53%	53%	49%	59%
Q29.	How well do you think we are doing in providing written communications in your preferred language?	62%	59%	57%	62%	56%	64%	71%
Q30.	How well do you think we are doing in overall providing you with information?	53%	55%	50%	54%	63%	55%	66%
	Overall							
Q31.	Overall, how would you rate the services and supports the regional center provides and purchases for you and your family?	56%	64%	44%	54%	55%	58%	68%
Q32.	Overall, during the last year, how helpful do you feel NLACRC has been in supporting you?	58%	59%	36%	50%	45%	55%	59%
Q33.	Overall, how would you rate the impact the regional center has had on your life?	63%	58%	50%	61%	47%	59%	59%

NORTH LOS ANGELES COUNTY regional center

Summary Means by Medicaid Waiver Status

		Medicaid Waiver Y	Medicaid Waiver N
	Service Coordinator	1279	3796
Q5.	How well do you think your Service Coordinator is doing treating you with dignity and respect?	4.07	4.10
Q6.	How well do you think your Service Coordinator is doing in listening to you?	4.00	4.00
Q7.	How well do you think your Service Coordinator is doing at understanding your needs?	3.95	3.95
Q8.	How well do you think your Service Coordinator is doing at returning your phone calls, replying to your emails or texts in a timely manner?	3.72	3.75
Q9.	How well do you think your Service Coordinator is doing in encouraging you to reach for future hopes and expectations?	3.74	3.79
Q10.	How well do you think your Service Coordinator is doing being helpful when you have a question or concern?	3.86	3.89
Q11.	How well do you think your Service Coordinator is doing explaining things to you in a way you can understand?	3.95	3.97
Q12.	How well do you think your Service Coordinator is doing in communicating with you?	3.86	3.84
Q13.	Overall, how would you rate your relationship with your service coordinator?	3.80	3.76
Q14.	Overall, how would you rate your service coordinator?	3.88	3.85
	Individual Program Plan / Individualized Family Service Plan		
Q16.	How would you rate your comfort level at the IPP/IFSP meeting?	3.74	3.79
Q17.	How would you rate your service coordinator in taking into account you and your family's language, culture, traditions, and background when helping you design your plan?	3.84	3.87
Q18.	How would you rate the planning meeting and plan being focused on you, what is important to you and your choices?	3.84	3.83
Q19.	How would you rate your service coordinator in supporting you to meet your goals?	3.79	3.76
Q20.	Overall, how would you rate your IPP/IFSP in addressing your needs?	3.75	3.71
	Communication & Information		
Q26.	How well do you think we are doing in providing information you need to make your own decisions?	3.58	3.52
Q27.	How well do you think we are doing in providing information on regional center funded services?	3.53	3.42
Q28.	How well do you think we are doing in providing information on community services?	3.47	3.36
Q29.	How well do you think we are doing in providing written communications in your preferred language?	3.86	3.78
Q30.	How well do you think we are doing in overall providing you with information?	3.64	3.53
	Overall		
Q31.	Overall, how would you rate the services and supports the regional center provides and purchases for you and your family?	3.75	3.56
Q32.	Overall, during the last year, how helpful do you feel NLACRC has been in supporting you?	3.69	3.45
Q33.	Overall, how would you rate the impact the regional center has had on your life?	3.84	3.57

NORTH LOS ANGELES COUNTY regional center

Summary Means by Gender (SANDIS)

Q		Female	Male
	n	1673	3392
	Service Coordinator		
Q5.	How well do you think your Service Coordinator is doing treating you with dignity and respect?	77%	75%
Q6.	How well do you think your Service Coordinator is doing in listening to you?	74%	72%
Q7.	How well do you think your Service Coordinator is doing at understanding your needs?	71%	70%
Q8.	How well do you think your Service Coordinator is doing at returning your phone calls, replying to your emails or texts in a timely manner?	64%	62%
Q9.	How well do you think your Service Coordinator is doing in encouraging you to reach for future hopes and expectations?	65%	63%
Q10.	How well do you think your Service Coordinator is doing being helpful when you have a question or concern?	69%	67%
Q11.	How well do you think your Service Coordinator is doing explaining things to you in a way you can understand?	72%	69%
Q12.	How well do you think your Service Coordinator is doing in communicating with you?	68%	66%
Q13.	Overall, how would you rate your relationship with your service coordinator?	65%	63%
Q14.	Overall, how would you rate your service coordinator?	69%	67%
	Individual Program Plan / Individualized Family Service Plan		
Q16.	How would you rate your comfort level at the IPP/IFSP meeting?	64%	61%
Q17.	How would you rate your service coordinator in taking into account you and your family's language, culture, traditions, and background when helping you design your plan?	68%	64%
Q18.	How would you rate the planning meeting and plan being focused on you, what is important to you and your choices?	66%	64%
Q19.	How would you rate your service coordinator in supporting you to meet your goals?	66%	62%
Q20.	Overall, how would you rate your IPP/IFSP in addressing your needs?	63%	60%
	Communication & Information		
Q26.	How well do you think we are doing in providing information you need to make your own decisions?	56%	54%
Q27.	How well do you think we are doing in providing information on regional center funded services?	54%	51%
Q28.	How well do you think we are doing in providing information on community services?	50%	49%
Q29.	How well do you think we are doing in providing written communications in your preferred language?	65%	63%
Q30.	How well do you think we are doing in overall providing you with information?	55%	55%
	Overall		
Q31.	Overall, how would you rate the services and supports the regional center provides and purchases for you and your family?	58%	58%
Q32.	Overall, during the last year, how helpful do you feel NLACRC has been in supporting you?	56%	55%
Q33.	Overall, how would you rate the impact the regional center has had on your life?	60%	59%

NORTH LOS ANGELES COUNTY regional center

Summary Means by Self-Determination Status

		Self-Determination Y	Self-Determination N
	Service Coordinator	69	5006
Q5.	How well do you think your Service Coordinator is doing treating you with dignity and respect?	3.65	4.10
Q6.	How well do you think your Service Coordinator is doing in listening to you?	3.57	4.01
Q7.	How well do you think your Service Coordinator is doing at understanding your needs?	3.46	3.96
Q8.	How well do you think your Service Coordinator is doing at returning your phone calls, replying to your emails or texts in a timely manner?	3.09	3.75
Q9.	How well do you think your Service Coordinator is doing in encouraging you to reach for future hopes and expectations?	3.00	3.79
Q10.	How well do you think your Service Coordinator is doing being helpful when you have a question or concern?	3.30	3.89
Q11.	How well do you think your Service Coordinator is doing explaining things to you in a way you can understand?	3.37	3.97
Q12.	How well do you think your Service Coordinator is doing in communicating with you?	3.16	3.86
Q13.	Overall, how would you rate your relationship with your service coordinator?	3.20	3.78
Q14.	Overall, how would you rate your service coordinator?	3.40	3.86
	Individual Program Plan / Individualized Family Service Plan		
Q16.	How would you rate your comfort level at the IPP/IFSP meeting?	3.39	3.78
Q17.	How would you rate your service coordinator in taking into account you and your family's language, culture, traditions, and background when helping you design your plan?	3.53	3.87
Q18.	How would you rate the planning meeting and plan being focused on you, what is important to you and your choices?	3.53	3.84
Q19.	How would you rate your service coordinator in supporting you to meet your goals?	3.42	3.77
Q20.	Overall, how would you rate your IPP/IFSP in addressing your needs?	3.44	3.72
	Communication & Information		
Q26.	How well do you think we are doing in providing information you need to make your own decisions?	3.17	3.54
Q27.	How well do you think we are doing in providing information on regional center funded services?	3.02	3.46
Q28.	How well do you think we are doing in providing information on community services?	2.89	3.39
Q29.	How well do you think we are doing in providing written communications in your preferred language?	3.83	3.80
Q30.	How well do you think we are doing in overall providing you with information?	3.15	3.57
	Overall		
Q31.	Overall, how would you rate the services and supports the regional center provides and purchases for you and your family?	3.41	3.61
Q32.	Overall, during the last year, how helpful do you feel NLACRC has been in supporting you?	3.39	3.51
Q33.	Overall, how would you rate the impact the regional center has had on your life?	3.86	3.64

Executive Finance Committee Attendance Fiscal Year 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	P	P										**0**	4.00
Juan Hernandez	P	P										**0**	4.00
Anna Hurst	P	Ab										**1**	2.25
Curtis Wang	P	Ab										**1**	2.25
Jeremy Sunderland	P	P										**0**	4.00
Jacquie Colton	P	Ab										**1**	2.25
Jason Taketa	P	Ab										**1**	2.25
Laura Monge	Ab	P										**1**	1.75
Tal Segalovitch	P	P										**0**	4.00
Meeting Time	2.25	1.75											4.00

P = Present Ab = Absent

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