

# Board of Trustees Meeting

Wednesday, March 10, 2021 6:30 p.m.

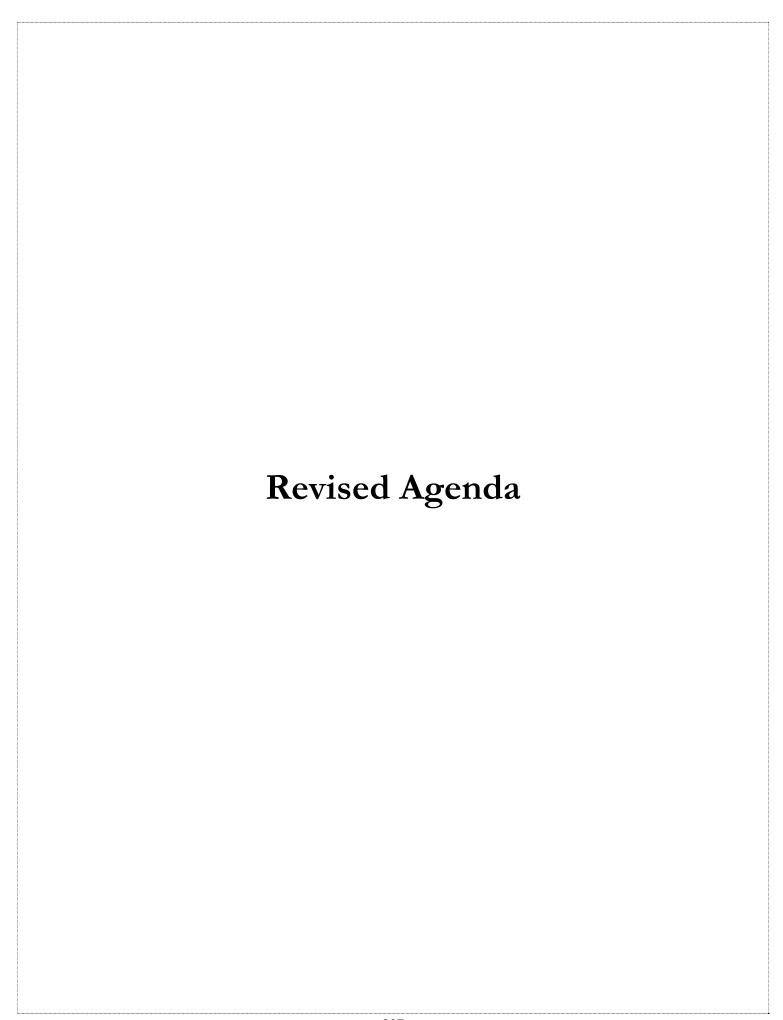
Via Zoom Technology

Packet #2

#### NLACRC Board of Trustees Calendar Fiscal Year 2020-21

~ April 2021 ~							
■ March						May <b>▶</b>	
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
<b>4</b> Easter Sunday	5	6	<b>7</b> 11:00 am-1:00 pm Consumer Advisory	April Fool's Day  9:30 am Vendor Advisory Committee Meeting (break-out groups)	9	3 Passover	
Passover  11	12	13	Committee Meeting  14 5:30 pm Board Packet Review 6:00 pm Board Dinner 6:30 pm Board Meeting (San Fernando Valley Office) Presentation on Form 990 Tax Return	15 10:00am-2:00 pm ARCA Executive Committee Mtg. 7:00 pm Self-Determination Advisory Meeting	16	17	
18	19	20	21 Earth Day 6:00 pm Consumer Services 7:00 pm Government/Community Relations Administrative Professionals Day	22	23	24	
25	26	27	28 5:30 pm Post-Retirement Medical Trust 6:15 pm Administrative Affairs 7:15 pm Executive Committee	29	30		

Please note that all meetings will be held via Zoom until further notice.



#### North Los Angeles County Regional Center

#### Board of Trustees Meeting - Via Zoom

Wednesday, March 10, 2021 **6:30 p.m.** 

#### ~ REVISED AGENDA ~

- 1. Call to Order & Welcome Lety Garcia, Board President
- 2. Housekeeping
  - A. Spanish Interpretation Available
  - B. Public Attendance (please note name in Chat)
- 3. Board Member Attendance Yesenia Martinez, Board Secretary
- **4. Introductions** Jeremy Sunderland, Board Vice President and Dr. Jesse Weller, Chief of Program Services
- **5. Public Input & Comments** (3 minutes)
- 6. Consent Items
  - A. Approval of Revised Agenda (Packet 2, Page 268)
  - B. Approval of January 13th Board Meeting Minutes (Packet 2, Page 271)
  - C. Approval of February 10<sup>th</sup> Board Meeting Minutes deferred
- 7. Windes Training and Presentation of FY 2019-20 Audited Financial Statements (Packet 1, Page 9)
  - A. Acceptance of NLACRC's FY 2019-20 Audited Financial Statements (Packet 1, Page 74)
- 8. Committee Action Items
  - A. Ad Hoc Bylaws Committee Lety Garcia
    - 1. Presentation of Proposed Bylaws Changes (Packet 1, Page 76)
    - 2. Presentation of Board of Trustees Code of Conduct (Packet 1, Page 103)
  - B. Administrative Affairs Committee Ana Quiles
    - 1. Approval of Contracts

- a) Child Development Institute (HL0020-805) (Packet 1, Page 104)
- C. Executive Committee Lety Garcia
  - 1. Approval of Executive Committee Critical Calendar (Packet 1, Page 113)
- D. Government & Community Relations Committee Jeremy Sunderland
  - 1. Approval of Legucator Contract (Packet 1, Page 116)

#### 9. Additional Action Items

- 1. Brilliant Corners (PL1864-999) First Amendment (Packet 1, Page 108)
- 10. Association of Regional Center Agencies Angelina Martinez
  - A. Report on ARCA Meetings
- 11. Executive Director's Report Ruth Janka (Packet 2, Page 285)
- 12. Ad Hoc Bylaws Committee Lety Garcia
  - A. Minutes of February 12<sup>th</sup> Meeting (Packet 1, Page 177)
  - B. Minutes of March 1<sup>st</sup> Meeting *deferred*
- **13.** Administrative Affairs Committee Ana Quiles
  - A. Minutes of the January 27th Meeting (Packet 1, Page 183)
  - B. Minutes of the February 24<sup>th</sup> Meeting *deferred*
  - C. Board Member Support/Expenses (Respite/1099) Update
  - D. FY 2020-21 Financial Report (Packet 1, Page 190)
  - E. FY 2020-21 Provider Relief Funds Financial Statement (Packet 1, Page 194)
- **14. Consumer Advisory Committee** Caroline Mitchell
  - A. Minutes of the January 6<sup>th</sup> Meeting (Packet 1, Page 196)
  - B. Minutes of the February 3<sup>rd</sup> Meeting (Packet 1, Page 198)
  - C. Minutes of the March 3<sup>rd</sup> Meeting (Packet 1, Page 200)
- 15. Consumer Services Committee Gabriela Herrera
  - A. Minutes of the January 20th Meeting (Packet 1, Page 203)
  - B. Minutes of the February 17<sup>th</sup> Meeting *deferred*
  - C. POS Expenditures Meeting (Virtual) March 11<sup>th</sup>
  - D. Virtual Town Hall March 18<sup>th</sup> Regional Center Services
- **16. Executive Committee** Lety Garcia
  - A. Minutes of the January 27<sup>th</sup> Meeting (Packet 1, Page 213)

- B. Minutes of the February 24<sup>th</sup> Meeting *deferred*
- C. Thank You Letter to Governor Newsom (Packet 1, Page 220)
- D. ARC Public Policy Conference Seats Available

#### 17. Government & Community Relations – Jeremy Sunderland

- A. Minutes of the January 20<sup>th</sup> Meeting (Packet 1, Page 222)
- B. Minutes of the February 17<sup>th</sup> Meeting deferred

#### **18. Nominating Committee** – Curtis Wang

- A. Minutes of the February 3<sup>rd</sup> Meeting *deferred*
- B. Status of Board & VAC Member Recruitment
- C. Next Meeting: March 16th Board & VAC Applicant Interviews

#### 19. Post-Retirement Medical Trust Committee – Lety Garcia

- A. Minutes of January 27<sup>th</sup> Meeting (Packet 2, Page 316)
- B. Next Quarterly Meeting: April 28th at 5:30 p.m.

#### 20. Strategic Planning Committee – Marianne Davis

- A. Minutes of the February 1<sup>st</sup> Meeting (Packet 2, Page 322)
- B. Next Quarterly Meeting: May 3<sup>rd</sup> at 6:00 p.m.

#### 21. Vendor Advisory Committee – Sharoll Jackson

- A. Minutes of the January 7<sup>th</sup> Meeting (Packet 1, Page 228)
- B. Minutes of the February 4<sup>th</sup> Meeting (Packet 1, Page 240)
- C. Minutes of the March 4<sup>th</sup> Meeting *deferred*
- D. Aging Adult Specialist Presentation Report (Packet 2, Page 328)

#### 22. Old Business/New Business

- A. Board and Committee Meeting Attendance Sheets (Packet 1, Page 251)
- B. Board and Committee Meetings Time Report (Packet 1, Page 255)
- C. Updated Acronyms Listing (Packet 1, Page 258)
- D. Meeting Evaluation (Packet 1, Page 264)

#### 23. Announcements/Information/Public Input

A. Next Meeting: Wednesday, April 14<sup>th</sup> at 6:30 p.m.

#### 24. Adjournment



#### Minutes of Regular Meeting of North Los Angeles County Regional Center



The Board of Trustees of North Los Angeles County Regional Center, Inc., a nonprofit corporation, held their regular board meeting via Zoom on January 13, 2021.

**Board of Trustees** 

Trustees Present	Trustees Absent	Guests Present
Nicholas Abrahms	Ivette Arriaga	Karina Andrade, Kimberly
Christina Cannarella	Gabriela Herrera	Bermudez, Diane Bernstein,
Marianne Davis	Sharoll Jackson	Victoria Berry, Bob Boden,
Leticia Garcia		Zylan Brooks, Jaime Capone,
Nelmonika Jones		Shannon Clark-Rivera, David
Jennifer Koster	Staff Present	Coe, Amparo Dallas, Richard
Angelina Martinez	Sara Iwahashi	Dier, Gladis Espino, Jordan
Lillian Martinez	Ruth Janka	Feinstock, Brenda Galvez,
Caroline Mitchell	Michele Marra	Julie LaRose, Lori Luszczak,
Ana Laura Quiles	Yesenia Martinez	Ismael Maldonado, Metzli
Jeremy Sunderland	Ana Maria Parthenis-Rivas	Moreno, Deanna Newman,
Curtis Wang	Kim Rolfes	Helder Pedroza, Valerie
	Jesse Weller	Raecke, Fatima Reyes,
	Jennifer Williamson	Josefina Romo, Francisco
	Liliana Windover	Sanchez, Zonia Sanchez,
		Rosie Sigala, Jenn Siguenza,
		Jennifer Slater-Sanchez, Puja
		Trivedi, Deshawn Turner,
		Miles Turpin, Kellie, Ravayna,
		Tim, Misty Wolf

#### 1. Call to Order & Welcome – Lety Garcia, Board President

Lety Garcia, president, called the meeting to order at 6:31 p.m. and welcomed board members and guests. In addition, she shared her optimism and thoughts for the New Year. She thanked the board and staff for their hard work and gave a quick overview of the ways the community can stay abreast of information.

The meeting packet included a copy of NLACRC's Mission, Vision and Values Statement and the 2021 Board Member Priorities as Stated in Our Performance Contract. Lety reviewed them with the Board.

#### 2. Attendance

Yesenia Martinez, Board Secretary, took attendance.

#### 3. Public Input & Comments

Jeremy Sunderland shared his family's experience with COVID-19 and suggested for everyone to be careful and stay safe.

Caroline Mitchell shared the loss of her friend due to COVID-19.

Jennifer Koster shared her frontline experience with COVID-19. She encouraged everyone to please be careful and wear your masks.

Richard Dier, former board member, shared that he has applied to be a board member again. His son is in the Self Determination Program.

#### **Input During Consent Items:**

Nelmonika Jones shared her experience with COVID-19. She requested extra support for NLACRC families that have one head of household.

Amparo Dallas shared her experience and suggested for families to contact local hospitals to see if they have a bed for their child before heading over. This has worked for her family.

#### 4. Consent Items

#### A. Approval of Revised Agenda (Packet 2, Page 126)

Item 12.G. VICA Presentation was move to 5. (after Consent Items)
Item 6.3. Advanced Behavioral Pathways, LLC was moved to the Government &
Community Relations Committee meeting

**M/S/C** (C. Mitchell/J. Koster) To approve the revised agenda as modified.

#### B. Approval of November 12th Board Meeting Minutes (Packet 1, Page 9)

**M/S/C** (C. Mitchell/A. Quiles) To approve the minutes as presented.

# 5. NLACRC Involvement in Business Advocacy Organizations (Sara Iwahashi) (Packet 1, Page 105)

The meeting packet included a handout that listed the advocacy organizations with which NLACRC has involvement.

The handout was reviewed with the Board and the Board was encouraged to recommend other advocacy organizations for consideration. If you have suggestions, please send them to Yesenia Martinez. Michele added that any information provided will be looked into and brought to the committee after review.

Lety shared her opinion that having the possibility of being involved in other organizations and attending some of their meetings is one of the benefits of board membership. She encouraged board members to try to attend at least one event.

#### 6. Committee Action Items

- A. Administrative Affairs Committee Ana Quiles
  - 1. Approval of Contracts
    - a) Access One (HL0936-520) (Packet 1, Page 21)

**M/S/C** (J. Koster/J. Sunderland; Abstentions: C. Cannarella; A. Martinez; L. Martinez; A. Quiles) To approve the Access One contract as presented.

b) <u>Building Rehabilitation Industries</u> (PL1831-102) (Packet 1, Page 27)

**M/S/C** (A. Quiles/N. Abrahms; Abstentions: C. Cannarella) To approve the Building Rehabilitation Industries contract as presented.

2. Approval of Revised Salary Schedules (Packet 1, Page 32)

Michele reviewed the salary schedules with the Board. She informed them that North LA's contract with CalPERS requires us to make salary schedules public. Back in 2016, the ABX 2-1 funding allowed NLACRC to provide a temporary add-on to the base salaries for all staff, except the Executive Director, Deputy Director-CFO, Chief Organizational Development Officer and Chief of Program Services, in consultation with CalPERS we were allowed to note this information as a footnote on our salary schedules. However, our Director of Finance, Vini, had a meeting with CalPERS at which they asked us to revise our salary schedules with the specific amounts of the add-ons. Once approved, we will post them on our website.

**M/S/C** (A. Martinez/M. Davis; no abstentions) To approve the revised salary schedules as presented.

- B. Executive Committee Lety Garcia
  - 1. <u>Approval of Regional Center Worker Retention Policy</u> (Packet 2, Page 131)

**M/S/C** (A. Quiles/A. Martinez; Abstentions: N. Jones) To approve the Regional Center Worker Retention Policy as presented.

2. <u>Approval to Add Board and Committee Time Report to Board</u>
<u>Documents</u> (Packet 1, Page 74)

**M/S/C** (C. Mitchell/A. Quiles; no abstentions) To approve to add board and committee time report to board documents.

#### 3. Approval to develop Diversity and Inclusion Policy

**M/S/C** (N. Abrahms/A. Martinez; no abstentions) To approve the development of a Diversity and Inclusion Policy.

#### 4. Approval of Board Member Conflict of Interest Resolution Plans

- a) Christina Cannarella (Packet 1, Page 75)
- b) Lillian Martinez (Packet 1, Page 78)

Michele informed the committee that an approval was not necessary for the board members' Conflict of Interest Resolution Plans. They were included in the packet to let the Board know that they have been approved by DDS.

#### 7. Additional Action Items

1. <u>Master Board Resolution – COVID-19 Related Contracts</u> (Packet 2, Page 137)

**M/S/C** (A. Quiles/A. Martinez; Abstentions: C. Cannarella) To approve the extension of the Master Board Resolution – COVID-19 Related Contracts.

2. <u>Master Board Resolution – COVID-19 Related New Subcode</u> (Packet 2, Page 140)

**M/S/C** (A. Quiles/A. Martinez; Abstentions: C. Cannarella) To approve the extension of the Master Board Resolution – COVID-19 Related New Subcode.

3. Advanced Behavioral Pathways, LLC (Ops) (Packet 2, Page 143)

Per the above agenda modification, this item was moved to the Government & Community Relations Committee.

#### 8. Association of Regional Center Agencies – Angelina Martinez

Angelina shared that she is a parent of two consumers and gave a brief statement on her personal experience being a board member. Her opinion is that being part of the Board is a learning experience. Additionally, she gave ideas on how to stay in communication and help each other during this time.

#### 9. Executive Director's Report – Ruth Janka (Packet 2, Page 146)

Ruth gave her Executive Director's report, which included information on legislation; COVID-19 testing and vaccinations; DDS directives; Personal Protective Equipment (PPE); regional center operations; and community and systems activities. The center's monthly quality assurance, consumer statistics, and special incident reports were included with her report.

#### 10. Administrative Affairs Committee – Ana Quiles

#### A. <u>Minutes of the October 28<sup>th</sup> Meeting</u> (Packet 1, Page 82)

The minutes were included in the meeting packet; please see Ana with any questions.

#### B. <u>Minutes of the November 24<sup>th</sup> Meeting</u> (Packet 2, Page 179)

The minutes were included in the meeting packet; please see Ana with any questions.

#### C. FY 2020-21 Financial Report (Packet 2, Page 186)

The November 2020 financial report showed that the Center's projected operations budget allocation was \$59,078,015 and the purchase of service (POS) budget was \$562,591,002 for a total budget of \$621,669,017.

#### D. <u>Contract Vetting Training</u>

Kim informed the Board that a contract vetting training will be given at the next Administrative Affairs Committee meeting. The purpose of the training is to inform the committee how the Center implements contracts. Please know it is open to the public. If you are interested in attending, please contact Yesenia Martinez.

#### 11. Consumer Advisory Committee – Caroline Mitchell

#### A. Minutes of the November 4th Meeting (Packet 1, Page 96)

The minutes were included in the meeting packet; please see Caroline with any questions.

#### 12. Consumer Services Committee – Nelmonika Jones

#### A. <u>Minutes of the November 18<sup>th</sup> Meeting</u> (Packet 2, Page 191)

The minutes were included in the meeting packet; please see Nelmonika with any questions.

#### **13. Executive Committee** – Lety Garcia

#### A. Minutes of the October 28th Meeting (Packet 1, Page 99)

The minutes were included in the meeting packet; please see Lety with any questions.

#### B. <u>Minutes of the November 24th Meeting</u> (Packet 2, Page 197)

The minutes were included in the meeting packet; please see Lety with any questions.

#### C. <u>Plans for January Board Training Day</u>

Ruth shared with the Board that the January 30<sup>th</sup> training is a statutory overview of the Lanterman Act. It covers the due process and fair hearings complaint process.

# D. <u>Vaccination Priority – Letter to Los Angeles County Public Health Director</u> (Packet 2, Page 205)

Ruth informed the committee that regional centers were successful in getting our community vaccinated in Phase 1, Tier 2 and that we are continuing to advocate with ARCA.

#### E. <u>Diversity and Inclusion Consultant Update</u>

Michele informed the Board that the group, comprised of board members and staff, has finished conducting interviews with the prospective diversity, equity and inclusion consultants. As a result, we have requested a revised proposal from Just Communities to include consultation with board and staff. In the meantime, we are contacting their references.

#### F. Board Meeting Format Update

Ruth reminded the Board that when meetings were in-person, there was a 5-minute break inserted midway through the meeting when board members and guests could get a quick stretch break. However, since the board meeting switched to the virtual format, the breaks were removed. We have received feedback from individuals wanting to reintroduce the break into virtual meetings.

The board members discussed the idea and it was decided to reintroduce the 5-minute break. The exact timing of the break will be decided at a later time.

#### G. <u>Discussion of Board Meeting Location</u>

Ruth gave the historical overview of the in-person board meeting locations. She let the committee know that the board meeting locations have changed over time depending on the percentile of individuals that live in the three areas that we serve; Antelope Valley (AV), San Fernando Valley (SFV), and Santa Clarita Valley (SCV). This means that a majority of the meetings have taken place and are

currently scheduled to take place in SFV, as it is holds the highest number of our consumers and families.

The Board considered the distribution of consumers and families in the three locations and the additional options that Zoom technology permits. The consensus was to defer the decision to a later time as it will be awhile until we return to in-person meetings. In the meantime, we will look into the best way to get the Board's feedback and we will research the virtual capabilities of each of the office locations.

# H. Board and Staff Introductions and Playlist (including review of Board Buddies <u>list</u>) (Packet 1, Page 106)

The meeting packet included a copy of the Board Buddies list for the Board's information.

Lety shared her observation that Zoom meetings have taken away the personal connection to board members. Her idea to get to know one another in the virtual format is for one board member and one staff person to take turns introducing themselves at each board meeting.

The committee discussed Board and staff introductions. While no final decision was made, the Board was amenable to including the introductions in the board meeting on a trial basis.

#### 14. Government & Community Relations – Jeremy Sunderland

#### A. <u>Minutes of the November 18<sup>th</sup> Meeting</u> (Packet 2, Page 209)

The minutes were included in the meeting packet; please see Jeremy with any questions.

#### B. Legislative Educators' Report (Packet 1, Page 108)

The 6-page report was included in the meeting packet for the Board's information.

#### **15. Nominating Committee** – Curtis Wang

#### A. <u>Minutes of the January 6<sup>th</sup> Meeting</u> – Deferred

The minutes of the January 6<sup>th</sup> meeting will be presented at the February board meeting.

#### B. Status of Board & VAC Member Recruitment

Ruth informed the Board that the committee is vetting new board member applications. There is a significant amount of interest. We have 45 board and 5 VAC applicants.

She informed the group that composition requirements need to be taken into consideration as the committee reviews applications. This to ensure we are representative of our community. Currently, we are in need of board members in the Antelope Valley and the Santa Clarita Valley, and individuals with experience in the Early Start program and Residential services. In addition, we need to look at ethnicity as part of the selection process. The committee is looking to fill three (3) seats, as we want to take a measured approach, however may consider filling additional seats. The consideration of filling more than three or four seats at once is the learning curve for new board members and the potential impact of that on the board.

#### C. <u>Interest in Serving as a Board Officer or ARCA Delegate in FY 2021-22</u>

Ruth informed the Board that NLACRC Board Officer positions are 1-year terms per board policy, and thus if board members have an interest in serving as an officer, please let Yesenia Martinez know. Additionally, current officers were asked to inform Yesenia of their interest in serving another term.

The ARCA delegate term is for two years, so we do not need recruit for an ARCA delegate this year.

D. <u>Next Meeting:</u> February 3<sup>rd</sup>, at 5:30 p.m.

#### 16. Post-Retirement Medical Trust Committee – Lety Garcia – No report

A. Next Quarterly Meeting: January 27<sup>th</sup> at 5:30 p.m.

#### 17. Strategic Planning Committee – Marianne Davis

A. <u>Minutes of the November 2<sup>nd</sup> Meeting</u> (Packet 2, Page 215)

The minutes were included in the meeting packet; please see Marianne with any questions.

B. <u>Next Quarterly Meeting</u>: February 1<sup>st</sup> at 6:00 p.m.

#### **18. Vendor Advisory Committee** – Sharoll Jackson

A. <u>Minutes of the November 5<sup>th</sup> Meeting</u> (Packet 2, Page 221)

The minutes were included in the meeting packet; please see Sharoll with any questions.

B. <u>Minutes of the January 7<sup>th</sup> Meeting</u> – *Deferred* 

The minutes of the January 7<sup>th</sup> meeting will be presented at the February board meeting.

#### 19. Old Business/New Business

A. Board and Committee Meeting Attendance Sheets (Packet 2, Page 230)

Updated attendance sheets are always included in the meeting packet. Board members cannot miss 5 meetings in a 1-year period or 3 meetings in a row.

#### B. <u>Updated Acronyms Listing</u> (Packet 1, Page 115)

An updated list of acronyms is always included in the board meeting packet.

#### C. <u>Meeting Evaluation</u> (Packet 1, Page 121)

Please email any comments or questions about tonight's meeting to Lety Garcia.

#### 20. Announcements/Information/Public Input

Jordan Feinstock shared his opinion that Zoom has made board meetings more accessible. He also shared his knowledge of the polling capability of Zoom.

Amparo Dallas shared her frustration that the board meeting format did not allow public input throughout the meeting. She made a comment about the limited vaccine supply.

Misty Wolf shared her opinion that the bylaws should be amended to allow public to comment during the meeting, not just during the Public Input section.

Jeremy Sunderland shared his perspective that the board meetings are open to the public so that the public can watch the proceedings and give input at the designated time.

Ruth informed the group that board meetings are to cover the business of the board. It is not an open forum. Her interpretation of the feedback is that the public is looking for an open forum to share their experiences, like a town hall.

**Action:** NLACRC will explore conducting town hall meetings to provide a public forum for discussion.

A. Next Meeting: Wednesday, February 10<sup>th</sup> at 6:30 p.m.

### 21. Adjournment

Lety Garcia adjourned the meeting at 9:15 p.m.

Submitted by,

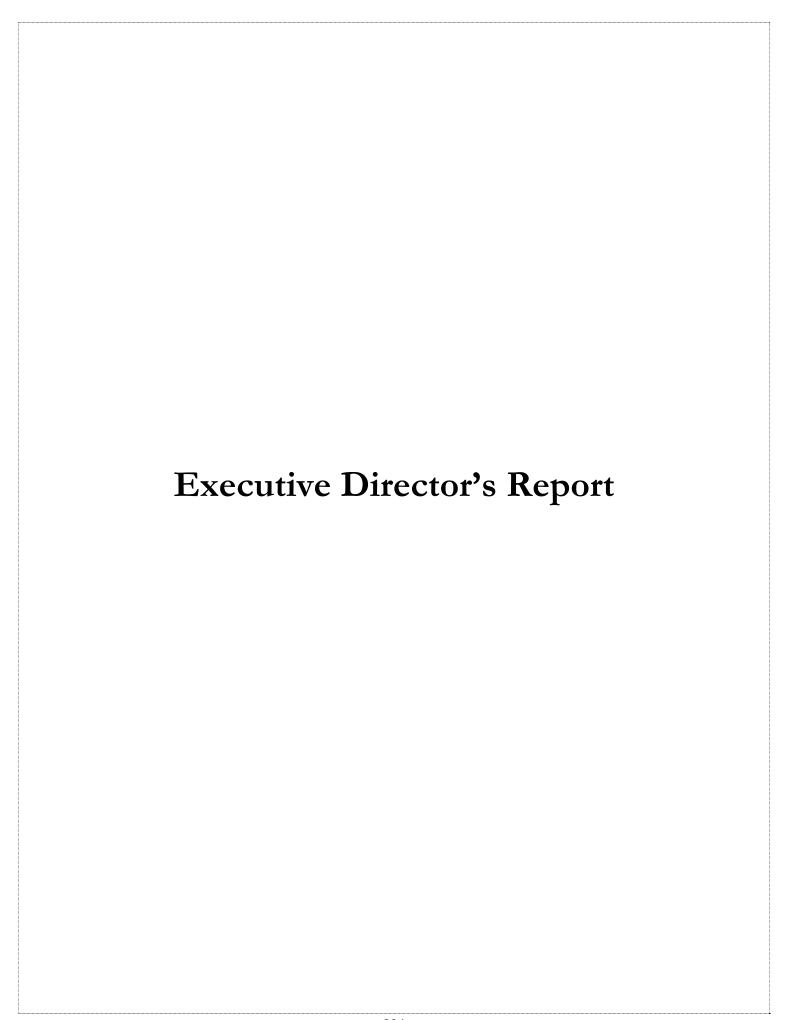
Yesenia Martinez Executive Assistant

for:

Lillian Martinez Board Secretary

[bdmin\_jan13\_2021]





## North Los Angeles County Regional Center

# Executive Director's Report March 10, 2021

#### I. LEGISLATION

#### A. Governor signs AB86 – California to Reopen Schools

Contains \$6.6B to reopen Transitional Kindergarten through 12th grade by April 1, 2021.

#### B. \$1.9T American Rescue Plan

Senate Bill proposes \$1,400 per person per household if the bill passes; the House states it will work to pass the bill.

#### C. Senate Budget Hearing and Proposals for Investment in DD Services

#### Issues:

#### Extension of Funding Proposed for Suspension

Governor's Budget proposes another year of extra funding for service provider rates and another year's delay in starting the Uniform Holiday Schedule furlough days; Legislative Analyst's Office (LAO) supports

#### Self Determination Program Update

Sen. Eggman and Pan expressed concern about the low enrollment while the LAO expressed concern that a full scale expansion in June may not be possible, and also mentioned cost concerns as an open issue. Nancy Bargmann shared that nationally, 10-15% of individuals enroll in self determination in states that offer the program.

#### **Proposals:**

- 1. Improve Employment Opportunities California Disabilities Services Association increase utilization of funds set aside for Paid Internship Program (PIP) and incentive payments for competitive integrated employment (CIE).
- 2. Equitable Rate Adjustments in Response to State Minimum Wage Increases CSDA and Lanterman Coalition
- 3. Continue Suspension of Family Cost Participation Program and Annual Family Program Fee Disability Rights CA
- 4. Continue Program Planning Meetings (Lanterman Act) DRC
- 5. Continue Regional Center Executive Director Approval of Health and Safety Waiver Exemptions
- 6. Codify Directive Related to Participant Directed Services
- 7. Codify Directive Related to Early Start Remote Services
- 8. Remove Prohibition on Supported Living Services for adults living with a parent or conservator
- 9. Require Regional Centers to Secure or Fund Generic Services to Avoid Unnecessary Delays
- 10. Remove Budget Language that suspends supplemental rate increases as provided in the 2019 budget
- 11. Allow director of DDS to authorize the purchase of out of state services for more than six months

12. Fund Regional Centers to hire enough service coordinators to meet statutory caseload ratio targets

#### II. STATE/LOCAL UPDATES

#### COVID19

#### 1. Statistics

California Department of Public Health (CDPH) COVID-19 Update: <a href="https://covid19.ca.gov/">https://covid19.ca.gov/</a> as of Monday, March 7, 2021

3,501,394 COVID-19 positive; 54,124 deaths; 49,646,014 tests, 4,291 (<) COVID-19 positive hospitalized; available ICU beds 2,043 10.379.688 vaccinations administered

#### LA County Public Health COVID Update as of Monday, March 6, 2021

http://publichealth.lacounty.gov

1,203,152 total cases reported and 18,044 deaths.

1,176 (<) hospitalizations; *Positivity Rate: 2.5% (<) (7-day average)* 

Current County Risk Level: Tier 1 – (Purple - Widespread)

Regional Centers Statewide COVID Data <a href="https://dds.ca.gov/">https://dds.ca.gov/</a> as March 2, 2021.

15,986 positive and 527 deaths statewide.

#### NLACRC COVID Update - as of March 2, 2021:

Total cumulative number: 1,151 positive cases, 41 deaths.

#### 2. DDS Directives/Guidance

<u>3/1/21 DDS Directive</u> – Extension of Time for Purchase of Services Disparities Data Meeting Extends deadline for holding a public meeting to June 30, 2021 and submit associated reports by August 31, 2021.

<u>2/18/21 DDS Directive</u> – Extension of Waivers, Modifications and Directives
Extends expiration dates for multiple existing directives to allow for continued remote program planning meetings, intake and assessment, alternative service delivery, additional participant directed services, extension of Early Start Services, waiver of half day billing requirements for day services, and waiver of self determination program budget restrictions for financial managements services.

<u>2/12/2021 DDS Directive</u> – Contacting Consumers Regarding Eligibility for COVID 19 Vaccination Provides for contact with all consumers 65 years and older regarding eligibility for vaccine as well as additional eligible people, for the vaccine as of March 15, 2021, including individuals 16 – 64 years old with a developmental disability.

Please note that all directives are available on NLACRC's website.

#### 3. Vaccine Eligibility

Phase 1A Tiers 1-3 and Phase 1B Healthcare Workers, 65 years and older, Education, Childcare, Food Service, Agriculture, and Emergency Services

#### 4. Vaccine Supply

Vaccine supply has been limited in L.A. County; the county has been receiving enough supply to administer 200,000+ doses (280,000 last week) and expect to receive 312,000 doses this week, which will include 53,700 doses of the Johnson and Johnson single dose vaccine. LA County has the capacity to administer 600,000 doses per week.

FEMA has allocated a federal supply of vaccine to LA County, administered at a mass dispensing site (California State University Los Angeles), and potential additional mobile sites.

#### 5. Communication re: Vaccine Eligibility and Assistance

Individuals with developmental disabilities 16 – 64 years old will receive a vaccine eligibility verification letter. They will also receive a cover letter providing information regarding eligibility, scheduling appointments online or through a call center, and regarding the assistance available through the regional center to schedule a vaccination appointment and coordinate transportation, if needed. Assistance will be available afterhours until 8:30 pm on weekdays and from 8:00 a.m. to 5:00 p.m. on Saturdays and Sundays through a hotline.

#### 6. Vaccination Sites

LA County has over 500 vaccination sites including hospitals, pharmacies, clinics, and points of dispensing (PODs) through public health and LA City, including mass sites such as Dodger Stadium, Cal State University Northridge, and Magic Mountain.

NLACRC has partnerships with the City of Lancaster, Wilsona School District, SCV Senior Center, Pleasantview Industries, New Horizons, Tierra Del Sol, and BUILD to host mobile vaccination sites if selected by FEMA.

NLACRC has also established a partnership with Kaiser Permanente in Panorama City and Lancaster to designate days and times for vaccinations for our community.

#### 7. Personal Protective Equipment (Essential Protective Gear)

NLACRC continues to request EPG/PPE and distribute to providers, consumers and families, as well as maintain a supply for staff who are returning to field work.

#### III. REGIONAL CENTER OPERATIONS

#### 1. Public Meetings/Community Engagement

#### i. POS Expenditure Meeting

Meetings are scheduled for March 11<sup>th</sup> at 11:00 AM – 12:30 PM and 6:30 PM – 8:00 PM. NLACRC will be seeking information from our community about the barriers to using approved regional center services through a survey.

#### ii. Virtual Town Halls:

1. Meeting held scheduled for March 18th from – 12:30 PM. Topic will be Regional Center Services presented by the State Council on Developmental Disabilities.

#### iii. Support/Chat Groups

Parent Check In and Chat, Filipino Support Group, Santa Clarita Parent Chat Group, Parent of Adult Consumers Support Group, Cultivar y Crecer, Cafecito Entre Nos, Alianza de Hombres, and more. Dates, times and links are available on NLACRC's website (Calendar of Events)

#### 2. Staff/ Staff Recruitment

We have hired the Consumer Services Director – SDP/Branches – Ms. Gabriela Eshrati. We are currently recruiting for the positions of Chief Financial Officer, Contract and Compliance Manager, and Diversity, Equity & Inclusion Supervisor, 2 SDP Junior Accountant positions, as well as other case management and non-case management positions. As of the end of February, we had 20 open service coordinator positions, in March we hired 7 service coordinators and are projecting 4 for hire in April, as well as the Community Placement Plan Supervisor.

#### 3. Quality Assurance – Attachment 1

For the month of February, Community Services conducted 1,021 contacts with providers; 116 virtual contacts (106 SFV, 10 AV, 0 SCV via Zoom, FaceTime or DUO); 92 Unannounced Virtual Monitoring Visits and 24 Virtual Annual Reviews. 896 contacts were telephonic. No corrective action plans were issued in the month of February.

#### 4. Consumer Statistics – Attachment 2

As of February 28, the Center served 28,274 consumers and applicants, including 3,811 in Early Start, 557 in Intake, and 23,687 in the Lanterman program. Of note, intake for both Early Start and Non-Early Start (individuals over the age of 3) continues to climb slowly.

#### 5. Special Incident Reporting – Attachment 3

The Center received 94 special incident reports, including 115 incident types, all reported to DDS in the month of February. Of note, 80 reports are related to incidents that occurred in February while the remainder occurred prior and were reported to the Center in February. Again, there is an increase in the number of deaths reported in February, as there was in January and as compared to former months and the prior year.

#### 6. Self-Determination Program (SDP)

An interview for providers who responded to the Request for Proposal and interested in providing individualized coaching and supports was held last Friday, and two additional are scheduled, it is anticipated that provider/s will be identified prior to the March 18th advisory committee meeting.

Josefina Romo Gutierrez has been selected to join the Center's local volunteer advisory committee; she works for the Family Focus Resource Center and volunteers for AV Seed and Grow. The next local volunteer advisory committee meeting is Thursday, March 18 at 7:00pm.

Disability Voices United will be holding a Self Determination Program Virtual Conference April 16, 2021 – we currently have both board member and regional center staff planning to attend.

Statistics regarding program implementation are as follows: 154 individuals eligible, 143 Orientation Completed, 11 Orientation Needed, 59 completed person center plans, 39 certified budgets, 29 budgets in progress, and 36 fully active participants with approved spending plans. 11 individuals are slated to transition effective April 1st.

# Residential and Day Program Quality Assurance Monitoring Activities January 2021 - December 2021

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
# of Res'l & Day QA Staff	7	7											
# Annual Facility Monitoring Visits	0	24											24
# Unannounced Visits	24	92											116
# Corrective Action Plans Issued	1	0											1
*Substantial Inadequacies Cited:													
1.Threat to Health or Safety													
2.Provision of fewer staff hours than req'd													
3.Violations of Rights													
4.Failure to implement consumer's IPP													
5.Failure to comply with Admission Agreement	1												
6.Deficiencies handling consumers' cash resources													
7.Failure to comply with staff training reqs													
8.L4 fails to use methods per program design													
9.L4 fails to measure consumer progress													
10.Failure to take action per CAP													
11.Failure to use rate increase for purposes authorized													
12.Failure to ensure staff completes DSP requirements.													
13.Failure to submit Special Incident Report	1												
*per Title 17 §56054(a)	2	0											

# NORTH LOS ANGELES COUNTY REGIONAL CENTER MONTHLY STATISTICS RECAP As of February 2021

	March 2020 Total	February 2021 Total	Increase/ Decrease	% Change
ALL VALLEYS				
Total Non-Early Start	22,933	23,687	754	3.29%
Total Early Start	4,233	3,811	-422	-9.97%
Unit Supervisor Cases (*)	94	73	-21	-22.34%
Self Determination Specialist (*)	15	39	24	160.00%
Prenatal Services	0	0	0	0.00%
Development Center	16	16	0	0.00%
Enhanced Case Mgmt	31	30	-1	-3.23%
Pending Transfer	66	61	-5	-7.58%
Intake Services	1,089	557	-532	-48.85%
TOTAL ALL VALLEYS	28,477	28,274	-203	-0.71%
CAN FERNANDO VALLEY				
SAN FERNANDO VALLEY	0.040	0.404	00	4.000/
Adult Services	6,043	6,164	62	1.03%
Adult Unit Supervisor (*)	8	2 0 7 7 0	-4	-50.00%
Transition Services	2,856	2,878	22	0.77%
Transition Unit Supervisor (*)	20	20	0	0.00%
School Age Services	5,560	5,843	283	5.09%
School Age Unit Supervisor (*)	41	19	-22	-53.66%
Early Start Services	2,847	2,476	-371	-13.03%
Early Start Unit Supervisor (*)	5	0	-5	-100.00%
Early Start Intake Unit Supervisor (*)	0	0	0	#DIV/0!
Prenatal Services	0	0	0	0.00%
Development Center	16	16	0	0.00%
Enhanced Case Mgmt	31	30	-1	-3.23%
Pending Transfer	66	61	-5	-7.58%
Intake Services	690	309	-381	-55.22%
Self Determination Specialist (*)	0	18	18	#DIV/0!
TOTAL	18,109	17,777	-404	-2.23%
ANTELOPE VALLEY				
Self Determination Specialist (*)	0	7	7	
Adult Services	2,278	2,312	34	1.49%
Adult Unit Supervisor (*)	2,213	5	1	25.00%
Transition Unit	1,666	1,672	6	0.36%
Transition Unit Supervisor (*)	3	18	15	500.00%
School Age Services	1,938	2,095	157	8.10%
School Age Unit Supervisor (*)	13	7	-6	-46.15%
Early Start Services	842	836	-6	-0.71%
Intake Services	399	248	-151	-37.84%
TOTAL	7,123	7,163	50	0.70%
101712	1,120	7,100	00	0.1 0 70
SANTA CLARITA VALLEY				
Self Determination Specialist (*)	15	14		
Adult Services	879	892	13	1.48%
Transition Services	491	612	121	24.64%
School Age Services	1,222	1,219	-3	-0.25%
Early Start Services	544	499	-45	-8.27%
TOTAL	3,136	3,222	86	2.74%
* Numbers not part of ratio count, but counted on	,	0,222		2.1 770

<sup>\*</sup> Numbers not part of ratio count, but counted on Total All Valleys

## NLACRC TOTAL (ALL SERVICES) MONTHLY CONSUMER GROWTH ALL VALLEYS

Month	Consumers	Growth	% Change
Mar-20	28,477	-317	-1.11%
Apr-20	28,160	-288	-1.02%
May-20	27,872	-61	-0.22%
Jun-20	27,811	-10	-0.04%
Jul-20	27,801	-84	-0.30%
Aug-20	27,717	-71	-0.26%
Sep-20	27,646	209	0.76%
Oct-20	27,855	165	0.59%
Nov-20	28,020	34	0.12%
Dec-20	28,054	73	0.26%
Jan-21	28,127	147	0.52%
Feb-21	28,274		
	Total	-203	

Average

Percent Chg

-18

-0.71%

**Monthly Consumer Growth** 28,600 28,500 28,400 28,300 28,200 28,100 28,000 27,900 27,800 27,700 27,600 27,500 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21

Fé	ebruary	2021 C	SC Case	eload R	atio			
San Fernando Valley	Joi dui y			Jiouu itt				
Adult Services	Consumers	Ser. Coor.	Case Ratio	Opening	Hold	Floater	OD	Assoc.
Adult Unit I	1,020	11	92.7	1				
Adult Unit II	1,021	11	92.8	1		1		
Adult Unit III	14							
Adult Unit IV	1,080	11	98.2	2		-		
Adult Unit V Adult Unit VI	1,011 1,001	9	112.3 91.0	3		+	1	
Adult Unit VII	1017	11	92.5	1		+		
Adult Unit Supervisor*	4	- ''	32.0					
Total	6,164	64	96.3	9		1	1	
Transition Services		Ser. Coor.	Case Ratio	Opening	Hold	Floater	OD	Assoc.
Transition Unit I	899	10	89.9			1		
Transition Unit II	932	11	84.7				1	
Transition Unit III	1,047	11	95.2	1				
Transition Unit Supervisor*	20		20.0					
School Age Services	2,878 Consumers		89.9 Case Ratio	Opening 1	Hold	Floater	OD 1	Acces
School Age III	1,190	12	99.2	Opening 2		rioatei	OD	Assoc.
School Age IV	1,190	13	95.0				1	
School Age V	1,048	12	87.3					
School Age VI	1,201	13	92.4					
School Age VII	1,169		89.9					
School Age Unit Supervisor*	19							
Total	5,843		92.7	2			1	
Early Start Services		Ser. Coor.	Case Ratio	Opening	Hold	Floater	OD	Assoc.
Early Start 1 (Status 1 & 2)	585							
Early Start 1 Intake	96		01.0					
Early Start I Total	681	11	61.9					3
Early Start 2 (Status 1 & 2) Early Start 2 Intake	556 95							
Early Start 2 Intake  Early Start 2 Total	651	11	59.2					
Early Start 2 (Status 1 & 2)	450	'''	39.2					
Early Start 3 Intake	59							
Early Start 3 Total	509	8	63.6	1		1		
Early Start 4 (Status 1 & 2)	535							
Early Start 4 Intake	100							
Early Start 4 Total	635	11	57.7					
Status 1 Over 36 mo.	35							
Early Start Unit Supervisor*								
Early Start Intake Unit Supervisor*  Total	2,476	41	60.4	1		1		3
Total		Ser. Coor.	Case Ratio	Opening	Hold	Floater	OD	Assoc.
Total Non-Early Start			93.6	12	Tiolu	2	3	A3300.
Total Early Start			60.4	1		1		3
Total	17,361	200	86.8	13		3	3	
Total SFV Self Determination Specialist*	17,361 18		86.8	13			3	
	,	200	86.8 61.8	13			3	2
SFV Self Determination Specialist* Intake Services Antelope Valley	18 309	200 2 5		13 Opening	Hold		OD	2 Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist*	18 309 Consumers 7	200 2 5 Ser. Coor.	61.8 Case Ratio		Hold	3		
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I	18 309 Consumers 7 966	200 2 5 Ser. Coor. 1 11	61.8 Case Ratio	Opening	Hold	3		
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II	18 309 Consumers 7 966 987	200 2 5 Ser. Coor. 1 11	61.8 Case Ratio 87.8 98.7	Opening 1		3		
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III	18 309 Consumers 7 966 987 359	200 2 5 Ser. Coor. 1 11 10 3	61.8 Case Ratio 87.8 98.7 119.7	Opening 1		3		
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit II Adult Unit III Total	18 309 Consumers 7 966 987 359 2,312	200 2 5 Ser. Coor. 1 11 10 3	61.8 Case Ratio 87.8 98.7	Opening 1		3		
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III	18 309 Consumers 7 966 987 359	200 2 5 Ser. Coor. 1 11 10 3	61.8 Case Ratio 87.8 98.7 119.7	Opening 1		3		
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit II Adult Unit III Total AV Adult Unit Supervisor*	18 309 Consumers 7 966 987 359 2,312	200 2 5 Ser. Coor. 1 11 10 3 24	61.8 Case Ratio 87.8 98.7 119.7 96.3	Opening 1		3	OD	
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit II Adult Unit III Adult Unit III  AV Adult Unit Supervisor* Transition Unit II Transition Unit II  Total	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672	200 2 5 Ser. Coor. 1 11 10 3 24	61.8 Case Ratio 87.8 98.7 119.7 96.3	Opening  1 1 2		3	OD	
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  Total AV Adult Unit Supervisor* Transition Unit II  AV Transition Supervisor*	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17	61.8 Case Ratio 87.8 98.7 119.7 96.3 89.1 115.3 98.4	Opening  1 1 2 2 2 2		Floater	OD 1	
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit III Adult Unit III  AV Adult Unit Supervisor* Transition Unit I  AV Transition Specialist*  Total  AV Transition Unit II  Total  AV Transition Unit II  Total	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17	61.8 Case Ratio 87.8 98.7 119.7 96.3 89.1 115.3 98.4	Opening  1 1 2		3	OD 1	
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  Total AV Adult Unit Supervisor* Transition Unit I Transition Unit II  AV Transition Supervisor* School Age I School Age II	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17	61.8 Case Ratio 87.8 98.7 119.7 96.3 89.1 115.3 98.4 95.2 95.3	Opening  1 1 2 2 2 2 2		Floater	OD 1	
SFV Self Determination Specialist*  Intake Services  Antelope Valley  AV Self Determination Specialist*  Adult Unit I  Adult Unit III  Adult Unit III  Total  AV Adult Unit Supervisor*  Transition Unit I  Transition Unit II  AV Transition Supervisor*  School Age I  School Age II  Total	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17	61.8 Case Ratio 87.8 98.7 119.7 96.3 89.1 115.3 98.4	Opening  1 1 2 2 2 2		Floater	OD 1	
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  AV Adult Unit Supervisor* Transition Unit I Transition Unit I  AV Transition Supervisor* School Age I School Age II  Total AV School Age Supervisor*	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17	61.8 Case Ratio 87.8 98.7 119.7 96.3 89.1 115.3 98.4 95.2 95.3	Opening  1 1 2 2 2 2 2		Floater	OD 1	
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  AV Adult Unit Supervisor* Transition Unit I  Transition Unit II  AV Transition Supervisor* School Age I School Age II  AV School Age Supervisor* Early Start (Status 1 & 2)	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 7	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17	61.8 Case Ratio 87.8 98.7 119.7 96.3 89.1 115.3 98.4 95.2 95.3	Opening  1 1 2 2 2 2 2		Floater	OD 1	
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  AV Adult Unit Supervisor* Transition Unit I Transition Unit I  AV Transition Supervisor* School Age I School Age II  Total AV School Age Supervisor*	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17 11 22	61.8 Case Ratio 87.8 98.7 119.7 96.3 89.1 115.3 98.4 95.2 95.3	Opening  1 1 2 2 2 2 2		Floater	OD 1	
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  AV Adult Unit Supervisor* Transition Unit I Transition Unit II  AV Transition Supervisor* School Age I School Age I School Age Supervisor* Early Start (Status 1 & 2) Early Start Intake	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 7 623	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17 11 22	61.8 Case Ratio  87.8 98.7 119.7 96.3 89.1 115.3 98.4 95.2 95.3 95.2	Opening  1 1 2 2 2 2 2		Floater	OD 1	
SFV Self Determination Specialist*  Intake Services  Antelope Valley  AV Self Determination Specialist*  Adult Unit I  Adult Unit II  Adult Unit III  Total  AV Adult Unit Supervisor*  Transition Unit I  Transition Unit I  Total  AV Transition Supervisor*  School Age I  School Age I  AV School Age Supervisor*  Early Start (Status 1 & 2)  Early Start Intake  Early Start Total	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 1,047 1,048 2,095 7 623 213 836	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17 11 22	61.8 Case Ratio  87.8 98.7 119.7 96.3 89.1 115.3 98.4 95.2 95.3 95.2	Opening  1 1 1 2 2 2 2 2 2 2 2		Floater	OD 1	
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  AV Adult Unit Supervisor* Transition Unit I  Total AV Transition Unit II  AV Transition Supervisor* School Age I School Age II  Total AV School Age Supervisor* Early Start (Status 1 & 2) Early Start Total Status 1 Over 36 mo.	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 7 623 213 836 38 Consumers	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17 11 11 22  Ser. Coor. 63	61.8 Case Ratio  87.8 98.7 119.7 96.3  89.1 115.3 98.4  95.2 95.3 95.2  64.3  Case Ratio	Opening  1 1 1 2 2 2 2 2 2 2 2	Hold	Floater 2	OD 1 1 1 1 1 1 1 1	Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  AV Adult Unit Supervisor* Transition Unit I Transition Unit I Transition Supervisor* School Age I School Age I School Age Supervisor* Early Start (Status 1 & 2) Early Start Total Status 1 Over 36 mo.  Total Non-Early Start Total Early Start	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 7 623 213 836 38 Consumers	200 2 5 Ser. Coor. 1 11 10 3 2 4 11 6 17 11 22 13 Ser. Coor. 63 13	61.8 Case Ratio  87.8 98.7 119.7 96.3 89.1 115.3 98.4 95.2 95.3 95.2  64.3  Case Ratio 96.5 64.3	Opening  1 1 2 2 2 2 2 2 2 2 2 0 0 0 0 0 0 0 0 0	Hold	Floater  2 Floater  2 Floater	OD 1 1 1 1 1 OD 2	Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  Total AV Adult Unit Supervisor* Transition Unit I Transition Unit II  Total AV Transition Supervisor* School Age I School Age I School Age Supervisor* Early Start (Status 1 & 2) Early Start Intake Early Start Total Status 1 Over 36 mo.	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 1,047 2,095 7 623 213 836 6,079 836 6,915	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17 11 22 13 Ser. Coor. 63 13 76	61.8 Case Ratio  87.8 98.7 119.7 96.3 89.1 115.3 98.4 95.2 95.3 95.2  64.3  Case Ratio	Opening  1 1 2 2 2 2 2 2 2 2 2 0 0 0 0 0 0 0 0 0	Hold	Floater 2	OD 1 1 1 1 1 1 OD	Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  AV Adult Unit Supervisor* Transition Unit I Transition Unit I Transition Supervisor* School Age I School Age I School Age Supervisor* Early Start (Status 1 & 2) Early Start Total Status 1 Over 36 mo.  Total Non-Early Start Total Early Start	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 7 623 213 836 38 Consumers	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17 11 22 13 Ser. Coor. 63 13 76	61.8 Case Ratio  87.8 98.7 119.7 96.3 89.1 115.3 98.4 95.2 95.3 95.2  64.3  Case Ratio 96.5 64.3	Opening  1 1 2 2 2 2 2 2 2 2 2 0 0 0 0 0 0 0 0 0	Hold	Floater  2 Floater  2 Floater	OD 1 1 1 1 1 OD 2	Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit III Adult Unit III  AV Adult Unit Supervisor* Transition Unit I  Total AV Transition Supervisor* School Age I School Age II  AV School Age Supervisor* Early Start (Status 1 & 2) Early Start Intake Early Start Total Status 1 Over 36 mo.  Total Non-Early Start Total Intake Services	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 7 623 213 836 38 Consumers 6,079 8336 6,915 248	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17 11 11 22  Ser. Coor. 63 13 76 3	61.8 Case Ratio  87.8 98.7 119.7 96.3  89.1 115.3 98.4  95.2 95.3 95.2  Case Ratio 96.5 64.3 91.0 82.7	Opening  1 1 2 2 2 2 2 2 2 2 2 0 0 0 0 0 0 0 0 0	Hold	Floater  2 Floater  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OD 1 1 1 1 1 1 1 OD 2 2 2 2	Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  AV Adult Unit Supervisor* Transition Unit I  Total AV Transition Supervisor* School Age I School Age I School Age Supervisor* Early Start (Status 1 & 2) Early Start Total Status 1 Over 36 mo.  Total Non-Early Start Total Intake Services Santa Clarita Valley	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 7 623 213 836 38 Consumers 6,079 836 6,915 248 Consumers	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17 11 11 22  Ser. Coor. 63 13 76 3 Ser. Coor.	61.8 Case Ratio  87.8 98.7 119.7 96.3 89.1 115.3 98.4 95.2 95.3 95.2  64.3  Case Ratio	Opening  1 1 2 2 2 2 2 2 2 2 2 0 0 0 0 0 0 0 0 0	Hold	Floater  2 Floater  2 Floater	OD 1 1 1 1 1 OD 2	Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  Total AV Adult Unit Supervisor* Transition Unit I Transition Unit II  Total AV Transition Supervisor* School Age I School Age I School Age Supervisor* Early Start (Status 1 & 2) Early Start Intake Early Start Total Status 1 Over 36 mo.  Total Non-Early Start Total Intake Services  Santa Clarita Valley SCV Self Determination Specialist*	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 7 623 213 836 6,079 836 6,915 248 Consumers	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17 11 22 13 Ser. Coor. 63 13 76 3 Ser. Coor. 1	61.8 Case Ratio  87.8 98.7 119.7 96.3 89.1 115.3 98.4 95.2 95.3 95.2  64.3 Case Ratio 96.5 64.3 91.0 82.7 Case Ratio	Opening  1 1 2 2 2 2 2 2 2 2 2 2 6 6 6 6 6 6 6 6	Hold	Floater  2 Floater  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OD 1 1 1 1 1 1 1 OD 2 2 2 2	Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  AV Adult Unit Supervisor* Transition Unit I  Total AV Transition Supervisor* School Age I School Age II  AV School Age Supervisor* Early Start (Status 1 & 2) Early Start Total Status 1 Over 36 mo.  Total Non-Early Start Total Intake Services Santa Clarita Valley	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 7 623 213 836 38 Consumers 6,079 836 6,915 248 Consumers	200 2 5 Ser. Coor. 11 11 10 3 24 11 11 11 22 13 Ser. Coor. 63 136 3 Ser. Coor. 1 10	61.8 Case Ratio  87.8 98.7 119.7 96.3 89.1 115.3 98.4 95.2 95.3 95.2  Case Ratio 96.5 64.3 91.0 82.7 Case Ratio	Opening  1 1 2 2 2 2 2 Opening 6 Opening	Hold	Floater  2 Floater  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OD 1 1 1 1 1 1 1 OD 2 2 2 2	Assoc.
SFV Self Determination Specialist* Intake Services  Antelope Valley  AV Self Determination Specialist* Adult Unit I  Adult Unit II  Adult Unit III  Total  AV Adult Unit Supervisor*  Transition Unit I  Transition Unit II  Total  AV Transition Supervisor* School Age I  School Age II  Total  AV School Age Supervisor*  Early Start (Status 1 & 2)  Early Start Total  Status 1 Over 36 mo.  Total Non-Early Start  Total Intake Services  Santa Clarita Valley  SCV Self Determination Specialist*  Adult Unit Transition Unit II	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 7 623 213 836 6,915 248 Consumers 6,079 890 Consumers 14 892 108 504	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17 11 22 13 Ser. Coor. 63 3 76 3 Ser. Coor. 1 10 11 5	61.8 Case Ratio  87.8 98.7 119.7 96.3 89.1 115.3 98.4 95.2 95.3 95.2  64.3 Case Ratio 96.5 64.3 91.0 82.7 Case Ratio	Opening  1 1 2 2 2 2 2 Opening 6 Opening 1	Hold	Floater  2 Floater  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OD 1 1 1 1 1 1 1 OD 2 2 2 2	Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  Total AV Adult Unit Supervisor* Transition Unit I  Transition Unit I  Total AV Transition Supervisor* School Age I School Age II  Total AV School Age Supervisor* Early Start (Status 1 & 2) Early Start (Status 1 & 2) Early Start Total Status 1 Over 36 mo.  Total Non-Early Start Total Intake Services  Santa Clarita Valley SCV Self Determination Specialist* Adult Unit Transition Unit II  Transition Unit II  Total Total Total Total Transition Unit II Transition Unit II Transition Unit II Transition Unit II Total	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 7 623 213 836 38 Consumers 6,079 836 6,915 248  Consumers 14 892 108 504 6612	200 2 5 Ser. Coor. 11 11 6 17 11 22 13 Ser. Coor. 63 3 76 3 Ser. Coor. 1 10 11 5 6	61.8 Case Ratio  87.8 98.7 119.7 96.3  89.1 115.3 98.4  95.2 95.3 95.2  Case Ratio  96.5 64.3  91.0 20.0 20.0 20.0 20.0 20.0 20.0 20.0 2	Opening  1 1 2 2 2 2 2 Opening 6 Opening 1	Hold	Floater  2 Floater  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OD 1 1 1 1 1 1 1 OD 2 2 2 2	Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit III Adult Unit III  AV Adult Unit Supervisor* Transition Unit I  Total AV Transition Supervisor* School Age I School Age II  AV School Age Supervisor* Early Start (Status 1 & 2) Early Start Intake Early Start Total Status 1 Over 36 mo.  Total Non-Early Start Total Intake Services  Santa Clarita Valley SCV Self Determination Specialist* Adult Unit Transition Unit I  Transition Unit I  Transition Unit I  Transition Unit I  Transition Unit II  Total School Age Unit I	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 27 623 213 836 38 Consumers 6,079 8366 6,915 248 Consumers 14 892 108 504 612	200 2 5 Ser. Coor. 11 11 6 17 11 11 22 13 Ser. Coor. 63 13 76 3 Ser. Coor. 1 10 11 5 6 10	61.8 Case Ratio  87.8 98.7 119.7 96.3  89.1 115.3 98.4  95.2 95.3 95.2  Case Ratio 96.5 64.3  91.0 82.7  Case Ratio 89.2 108.0 100.8 85.1	Opening  1 1 2 2 2 2 2 Opening 6 Opening 1	Hold	Floater  2 Floater  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OD 1 1 1 1 1 1 1 OD 2 2 2 2	Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  AV Adult Unit Supervisor* Transition Unit I  Total AV Transition Supervisor* School Age I School Age II  AV School Age Supervisor* Early Start (Status 1 & 2) Early Start Total Status 1 Over 36 mo.  Total Non-Early Start Total Intake Services  Santa Clarita Valley SCV Self Determination Specialist* Adult Unit Transition Unit I  Transition Unit II  Total School Age Unit I  School Age Unit II  School Age Unit II	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 7 623 213 836 6,915 248 Consumers 6,079 836 6,915 248 Consumers 14 892 108 504 6112 851 368	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17 11 11 22 13 Ser. Coor. 63 13 76 3 Ser. Coor. 1 10 11 15 6 6 10 5	61.8 Case Ratio  87.8 98.7 119.7 96.3  89.1 115.3 98.4  95.2 95.3 95.2  64.3 91.0 82.7  Case Ratio  82.7  Case Ratio 100.8 100.8 100.8 173.6	Opening  1 1 2 2 2 2 2 Opening 6 Opening 1	Hold	Floater  2 Floater  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OD 1 1 1 1 1 1 1 OD 2 2 2 2	Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  Total AV Adult Unit Supervisor* Transition Unit I  Transition Unit II  Total AV Transition Supervisor* School Age I  School Age II  Total AV School Age Supervisor* Early Start (Status 1 & 2) Early Start (Status 1 & 2) Early Start Total Status 1 Over 36 mo.  Total Non-Early Start Total Intake Services  Santa Clarita Valley SCV Self Determination Specialist* Adult Unit Transition Unit I School Age Unit I School Age Unit I School Age Unit I Total	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 7 623 213 836 38 Consumers 6,079 6,079 108 4892 108 504 612 851 368 504 612 851 368	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17 11 22  3 Ser. Coor. 63 13 76 3 Ser. Coor. 1 10 10 5 6 15	61.8 Case Ratio  87.8 98.7 119.7 96.3  89.1 115.3 98.4  95.2 95.3 95.2  Case Ratio 96.5 64.3  91.0 82.7  Case Ratio 89.2 108.0 100.8 85.1	Opening  1 1 2 2 2 2 2 Opening 6 Opening 1	Hold	Floater  2 Floater  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OD 1 1 1 1 1 1 1 OD 2 2 2 2	Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit III Adult Unit III  AV Adult Unit Supervisor* Transition Unit I Transition Unit II  AV Transition Supervisor* School Age I School Age II  AV School Age Supervisor* Early Start (Status 1 & 2) Early Start Total Status 1 Over 36 mo.  Total Non-Early Start Total Intake Services  Santa Clarita Valley SCV Self Determination Specialist* Adult Unit Transition Unit I Transition Unit II School Age Unit II School Age Unit II	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 7 623 213 836 6,915 248 Consumers 6,079 836 6,915 248 Consumers 14 892 108 504 6112 851 368	200 2 5 Ser. Coor. 11 11 10 3 24 11 11 11 11 22 13 Ser. Coor. 63 13 76 3 Ser. Coor. 1 10 11 5 6 10 5 15	61.8 Case Ratio  87.8 98.7 119.7 96.3  89.1 115.3 98.4  95.2 95.3 95.2  64.3 91.0 82.7  Case Ratio  82.7  Case Ratio 100.8 100.8 100.8 173.6	Opening  1 1 2 2 2 2 2 Opening 6 Opening 1	Hold	Floater  2 Floater  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OD 1 1 1 1 1 1 1 OD 2 2 2 2	Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  AV Adult Unit Supervisor* Transition Unit I  Total AV Transition Supervisor* School Age I School Age I School Age Supervisor* Early Start (Status 1 & 2) Early Start Intake Early Start Total Status 1 Over 36 mo.  Total Non-Early Start Total Intake Services  Santa Clarita Valley SCV Self Determination Specialist* Adult Unit Transition Unit I School Age Unit I School Age Unit I School Age Unit I School Age Unit I Total Early Start (status 1 & 2)	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 7 623 213 836 38 Consumers 6,079 836 6,915 248 Consumers 14 892 108 504 612 851 368 1,219 419	200 2 5 Ser. Coor. 11 11 6 17 11 11 22 13 Ser. Coor. 63 13 76 3 Ser. Coor. 1 10 11 15 5 6 10 5 15	61.8 Case Ratio  87.8 98.7 119.7 96.3  89.1 115.3 98.4  95.2 95.3 95.2  64.3 91.0 82.7  Case Ratio  82.7  Case Ratio 100.8 100.8 100.8 173.6	Opening  1 1 2 2 2 2 2 Opening 6 Opening 1	Hold	Floater  2 Floater  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OD 1 1 1 1 1 1 1 OD 2 2 2 2	Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  AV Adult Unit Supervisor* Transition Unit I  Total AV Transition Supervisor* School Age I School Age I  AV School Age Supervisor* Early Start (Status 1 & 2) Early Start Total Status 1 Over 36 mo.  Total Non-Early Start Total Intake Services  Santa Clarita Valley SCV Self Determination Specialist* Adult Unit I  Transition Unit I  School Age Unit I  School Start (status 1 & 2) Early Start (ntake	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 7 623 213 836 6,915 248 Consumers 6,079 108 836 6,915 248 Consumers 14 892 108 504 612 851 368 1,219 419 80 499	200 2 5 Ser. Coor. 1 11 10 3 24 11 11 22 13 Ser. Coor. 63 13 76 3 Ser. Coor. 1 10 10 15 6 10 5 15	61.8 Case Ratio  87.8 98.7 119.7 96.3 89.1 115.3 98.4 95.2 95.3 95.2  64.3  Case Ratio 96.5 64.3 91.0 100.8 100.8 102.0 85.1 73.6 81.3	Opening  1 1 2 2 2 2 2 Opening 6 Opening 1 1 1 1	Hold	Floater  2  Floater  2  Floater	OD 1 1 1 1 1 1 1 OD 2 2 2 2	Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  AV Adult Unit Supervisor* Transition Unit I  Total AV Transition Supervisor* School Age I School Age II  AV School Age Supervisor* Early Start (Status 1 & 2) Early Start Intake Early Start Total Status 1 Over 36 mo.  Total Non-Early Start Total Intake Services  Santa Clarita Valley SCV Self Determination Specialist* Adult Unit Transition Unit I  Transition Unit I  Transition Unit I  School Age Unit I School Age Unit I School Age Unit I School Age Unit I School Age Unit I School Age Unit I School Age Unit I School Age Unit I School Age Unit I School Age Unit I School Age Unit I School Start Total Status 1 Over 36 mo.	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 27 623 213 836 388 Consumers 6,079 8366 6,915 248 Consumers 14 892 108 504 611 1,219 419 80 499 3 Consumers	200 2 5 Ser. Coor. 11 11 11 11 11 11 12 21 13 Ser. Coor. 63 13 76 3 Ser. Coor. 1 10 11 5 6 10 5 15	61.8 Case Ratio  87.8 98.7 119.7 96.3 89.1 115.3 98.4 95.2 95.3 95.2  64.3  Case Ratio  96.5 64.3 91.0 82.7  Case Ratio  100.8 89.2 108.0 100.8 81.3 62.4  Case Ratio	Opening  1 1 2 2 2 2 2 Opening 6 Opening 1 1 Opening	Hold	Floater  2  Floater  2  Floater	OD 1 1 1 1 1 1 1 OD 2 2 2 2	Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  AV Adult Unit Supervisor* Transition Unit I  Total AV Transition Supervisor* School Age I School Age II  AV School Age Supervisor* Early Start (Status 1 & 2) Early Start Total Status 1 Over 36 mo.  Total Non-Early Start Total Intake Services  Santa Clarita Valley SCV Self Determination Specialist* Adult Unit Transition Unit I  Total School Age Unit I School Age Unit I School Age Unit I School Age Unit I School Age Unit II School Age Unit I School Age Unit II Total Status 1 Over 36 mo.	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 633 836 6,915 248 Consumers 6,079 836 6,915 248 108 504 612 851 368 1,219 419 80 499 3 Consumers 2,723	200 2 5 Ser. Coor. 1 11 10 3 24 11 6 17 11 11 22 13 Ser. Coor. 63 13 76 3 Ser. Coor. 1 10 10 5 6 10 5 15	61.8 Case Ratio  87.8 98.7 119.7 96.3 89.1 115.3 98.4 95.2 95.3 95.2  64.3 91.0 20.0 85.1 100.8 100.8 100.0 85.1 73.6 81.3 62.4 Case Ratio 87.8	Opening  1 1 2 2 2 2 2 Opening 6 Opening 1 1 1 1	Hold	Floater  2 Floater  2 Floater  1	OD 1 1 1 1 1 1 1 OD 2 2 2 2	Assoc.
SFV Self Determination Specialist* Intake Services Antelope Valley AV Self Determination Specialist* Adult Unit I Adult Unit II Adult Unit III  AV Adult Unit Supervisor* Transition Unit I  Total AV Transition Supervisor* School Age I School Age I School Age Supervisor* Early Start (Status 1 & 2) Early Start Intake Early Start Total Status 1 Over 36 mo.  Total Non-Early Start Total Intake Services  Santa Clarita Valley SCV Self Determination Specialist* Adult Unit Transition Unit I  Transition Unit I  Transition Unit I  School Age Unit I School Age Unit I School Age Unit I School Age Unit I School Age Unit I School Age Unit I Scarly Start Total Status 1 & 2) Early Start (Status 1 & 2) Early Start Total Status 1 Over 36 mo.	18 309 Consumers 7 966 987 359 2,312 5 980 692 1,672 18 1,047 1,048 2,095 7 623 213 836 38 Consumers 6,079 108 4892 108 504 612 851 248 Consumers 14 499 3 Consumers 499	200 2 5 Ser. Coor. 1 11 10 3 24 11 16 17 11 22 13 Ser. Coor. 63 13 76 3 Ser. Coor. 1 10 10 5 66 115 8 Ser. Coor. 31 8	61.8 Case Ratio  87.8 98.7 119.7 96.3 89.1 115.3 98.4 95.2 95.3 95.2  64.3 Case Ratio  64.3 Case Ratio  89.2 108.0 100.8 102.0 87.8 62.4 Case Ratio 62.4	Opening  1 1 2 2 2 2 2  Opening 6  Opening 1  Opening 1	Hold	Floater  2  Floater  2  Floater	OD 1 1 1 1 1 1 1 OD 2 2 2 2	Assoc.

February 2021 CSC Caseload Ratio									
All Valleys		Ser. Coor.		Opening	Hold	Floater	OD	Assoc.	
Total Non-Early Start		253		19		4	5		
Total Early Start		62	61.5	1		2		3	
Total Early Start (Status 1 & 2)	3,168								
Total Early Start Intake	643								
*Self Determiniation Specialist	39	4							
*Total Non Early Start Supervisor	73								
*Total Early Start Supervisor Status 1&2									
*Total Early Start Supervisor Intake									
Total Status 1 Over 36 mo.	76								
Sub-total	27,498	319	86.2	20		6	5		
Intake Services	557	8	69.6					3	
Prenatal Services									
Development Center	16								
Enhanced Case Management	30	1							
Specialized 1:25 Caseloads		1		2					
Pending Transfer	61								
Shared-in	8								
Shared-out	26								
Medicaid Waiver	9,892								
Total	28,274	329	85.9	22		6	5	6	
	Total =	362	350						
Numbers not part of ratio count, but counted on Total Summary section									

# Special Incident Reports in February 2021

Special Incidents	Children	Adults	Total
Other	2	66	68
Death	0	12	12
			80

# Special Incident Reports From Prior Months & Reported in February 2021

Special Incidents	Children	Adults	Total
Other	0	6	6
Death	0	8	8
			14
TOTAL			94

# Special Incident Types Report December 2020 through February 2021 & February 2020

Reasonably Suspected Abuse	21-Feb	21-Jan	20-Dec	20-Feb
Physical Abuse/Exploitation	6	2	1	4
Sexual Abuse/Exploitation	1	0	0	1
Fiduciary Abuse/Exploitation	2	0	1	0
Emotional/Mental Abuse/Exploitation	2	1	4	3
Physical and/or Chemical Restraint	0	1	1	8
	otal: 11	4	7	16
Neglect	7	0	0	0
Failure to Provide Care to Elderly/Adult	7	2	2	2
Failure to Provide Medical Care	0	0	0	1
Failure to Prevent Malnutrition	0	0	0	0
Failure to Prevent Dehydration	0	0	0	2
Failure to Protect from H/S Hazards	3	0	1	1
Failure to Assist w/ Personal Hygiene	0	0	0	0
Failure to Provide Food/Cloth/Shelter	0	0	0	0
	otal: 10	2	3	6
Serious Injuries/Accidents Lacerations	6	2	1	2
	6	3	1	3
Puncture wounds	0	0	0	0
Fractures	3	3	10	6
Dislocations	0	2	1	0
Bites	0	1	0	0
Internal Bleeding	3	0	1	2
Medication Errors	10	14	7	15
Medication Reactions	0	0	0	1
Burns	0	0	0	0
	otal: 22	23	20	27
Unplanned/Unscheduled Hospitalization		04	00	47
Respiratory Illness	19	21	29	17
Seizure Related	2	0	3	3
Cardiac Related	1	1	1	2
Internal Infections	14	18	41	14
Diabetes	1	2	3	0
Wound/Skin Care	2	2	1	2
Nutritional Deficiencies	2	4	2	0
Involuntary Psych Admission	2	5	8	10
	otal: 43	53	88	48
Victim of Crime	0	0	0	0
Robbery	0	0	0	0
Aggravated Assault	3	0	2	2
Larceny	1	1	0	1
Burglary	0	0	0	1
Rape or Attempted Rape	0	1	0	0
	otal: 4	2	2	4
Other	_		-	-
Missing Person-Law Notified	5	1	3	2
Death	20	36	13	11
	otal: 25	37	16	13
Total Incidents*	115	121	136	114

\*Please note that some Special Incident Reports include multiple reportable incident types and thus, this summary reflects the total number of incident types received for the timeframe indicated.

## INCIDENTS REPORTED TO DDS

## February 2021

Incidents of Death Children	Incidents from prio	or months and reported in February
Age: Inc. Date:		

Incidents of Adults	Death		Incidents from pri	or months and reported in February
Age: Inc. Date:	23 1/24/21	Consumer lived with family. Family reported that he passed away in his sleep due to natural causes.	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. Law Enforcement and Coroner were notified of this incident.	
Age: Inc. Date:	31 1/16/21	Consumer lived with family. He had been hospitalized for treatment of pneumonia after experiencing COVID-19 symptoms. His mother reported that he passed away from a heart attack the same day.	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. Coroner was notified of this incident.	
Age: Inc. Date:	41 1/30/21	Consumer lived with family. She was in the hospital due to lack of oxygen and COVID-19 complications. Mother reported that she passed away.	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review.	
Age: Inc. Date:	48 1/31/21	Consumer lived in a CCF. She had tested positive for COVID-19 virus, and was in the hospital for treatment. Her health declined, and she was placed on a ventilator. She was not improving. The ventilator was removed. She passed away.	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. Community Care Licensing was notified of this incident.	
Age: Inc. Date:	51 1/11/21	Consumer lived in an ICF/DD. He had tested positive for COVID-19 virus, and was in the hospital for treatment. His	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality	

## INCIDENTS REPORTED TO DDS

## February 2021

		health declined, and he was put on hospice. He passed away.	Review Committee for record review.	
Age: Inc. Date:	54 1/16/21	Consumer lived in a CCF(RCFE). She was in the ICU after having surgery to remove a tumor from her large intestine. She passed away while in the hospital.	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. Community Care Licensing was notified of this incident.	
Age: Inc. Date:	54 1/18/21	Consumer lived with family. She had Alzheimer's and dementia. Her health had been steadily declining. She was placed on hospice a few months ago. She woke that morning with difficulty breathing and passed away.	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review.	
Age: Inc. Date:	80 11/6/20	Consumer lived in an ICF/DD-N. Per death certificate, he passed away in a nursing and rehabilitation center. Cause of death was cerebral palsy.	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review.	

Other Incidents Incidents from prior months and reported in February Children					
Age:					
Inc. Date:					
	Description	Action	Final Disposition		
Other Incidents Adults		Incidents from pr	ior months and reported in February		
Age: 26 Inc. Date: 1/28/21	Consumer lives with family. He reported that his boyfriend sexually assaulted him, stole his wallet, broke his nose, and left him with a black eye. He would like Regional Center assistance to find a new place to live.	CSC to follow up. Adult Protective Services, Law Enforcement were notified of this incident.			
Age: 34	Consumer resides in an ICF-DD/N. She was diagnosed with a urinary tract	CSC to follow up. Department of Health Services, NLACRC Community			

## INCIDENTS REPORTED TO DDS

## February 2021

Inc. Date:	1/24/21	infection. Her doctor ordered her to go to the ER. She was admitted to the hospital for IV antibiotic treatment.	Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	50 1/30/21	Consumer resides in an ICF-DD/N. He tested positive for COVID-19 virus. His oxygen saturation was low. Staff called 911. He was taken to the ER, and admitted to the hospital for treatment of respiratory distress.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	51 1/19/21	Consumer resides in an ICF-DD/H. During body assessment check, broken skin was noted above the coccyx, with no notes from the home. The open area was deemed unstageable, and she was sent to the hospital for treatment.	CSC to follow up. Department of Health Services, Adult Protective Services, Long Term Care Ombudsman, Department of Public Health, and NLACRC Nurse Consultant were notified of this incident.	
Age: Inc. Date:	62 1/28/21	Consumer resides in an ICF-DD/N. He was in respiratory distress, wheezing and pale. Staff took him to the ER. He was admitted to the hospital for treatment of pneumonia.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	63 1/20/21	Consumer resides in an ICF-DD. A body assessment showed redness, discoloration, and an open sore in the hip and buttock area.	CSC to follow up.	

	Description	Action	Final Disposition	
Incidents of Death Children				
Age: Inc. Date:				
Inc. Date:				

		Description	Action	Final Disposition
Incidents of Adults	of Death			
Age: Inc. Date:	30 2/13/21	Consumer lived in a Family Home agency. His health had been deteriorating. His mother stated that his passing was likely due to organ failure or an unforeseen urinary tract infection.	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review.	
Age: Inc. Date:	36 2/8/21	Consumer lived with family. He had tested positive for COVID-19 virus. He was having difficulty breathing and was admitted to the hospital. He passed away.	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review.	
Age: Inc. Date:	52 2/12/21	Consumer lived in a CCF. She had recently been in the hospital for treatment of rhabdomyolysis and aspiration pneumonia. She was transferred to a convalescent hospital to recover, but was found unresponsive in her room. She passed away.	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. Community Care Licensing was notified of this incident.	
Age: Inc. Date:	52 2/18/21	Consumer lived in an ICF/DD-N. He was found in bed with eyes closed, and turned a bluish color. Staff called 911. Paramedics determined that he had no pulse and death was of natural causes.	Department of Public Health, Law Enforcement, Coroner and NLACRC Community Services were notified of this incident.	
Age: Inc. Date:	53 2/16/21	Consumer received Independent Living services. Instructor found him unresponsive in his apartment. 911 was called. Instructor attempted CPR but he was declared deceased by paramedics.	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review.	
Age: Inc. Date:	56 2/3/21	Consumer lived in a CCF(RCFE). She returned a week prior from the hospital after a month of having COVID-19 virus. Med tech found her face down on the floor, appearing purple, with blood in	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. Department of Health	

		Description	Action	Final Disposition
		her mouth. 911 was called. She passed away.	Services was notified of this incident.	
Age: Inc. Date:	61 2/2/21	Consumer lived in a CCF. While walking to his room, he started to fall. Staff called 911. Paramedics took him to the ER. He passed away due to a massive heart attack.	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. Community Care Licensing and NLACRC Community Services were notified of this incident.	
Age: Inc. Date:	61 2/7/21	Consumer lived in an ICF/DD-H. He. had tested positive for COVID-19 virus. He was admitted to the hospital due to his oxygen levels dropping. He passed away.	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. Department of Health Services, Department of Public Health, and NLACRC Community Services were notified of this incident.	
Age: Inc. Date:	62 2/7/21	Consumer lived in a Skilled Nursing facility. She had tested positive for COVID-19 virus. She aspirated multiple times with pneumonia. She passed away at care home with hospice.	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. Department of Health Services and Coroner were notified of this incident.	
Age: Inc. Date:	67 2/11/21	Consumer lived with family. She was bleeding from the rectum, and was taken to the hospital for a blood transfusion. She suffered a stroke and was unable to be resuscitated. She passed away.		
Age: Inc. Date:	74 2/18/21	Consumer lived in a CCF. He was found in his bed, non-responsive and blue. The sheriff showed up before paramedics and said that he was gone. Doctor determined that cause of death would be a heart attack.	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. Community Care Licensing, Department of Health Services, Law	

		Description	Action	Final Disposition
			Enforcement, Coroner and NLACRC Community Services were notified of this incident.	
Age: Inc. Date:	79 2/24/21	Former home received a call from Public Health Administration that she had passed away. Incident date provided is the date that the home was informed of her passing. Per CSC, death occurred earlier in the month.	CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review.	

		Description	Action	Final Disposition
Other Incid	dents			
Age: Inc. Date:	16 2/2/21	Consumer resides in a CCF. His mother took him to the ER for a follow-up on a previous injury. When his mother was in the restroom, a young female picked him up from the waiting room. Mother said she would file a missing persons report.	CSC to follow up. Community Care Licensing, Law Enforcement, and NLACRC Community Services were notified of this incident.	
Age: Inc. Date:	16 2/10/21	Consumer resides in a CCF. He packed a bag and said he was leaving. He pushed staff aside and ran out the door. He got into a car that was waiting for him. Police were contacted and a report was filed.	CSC to follow up. Community Care Licensing, Law Enforcement, and NLACRC Community Services were notified of this incident.	

		_
Description	Action	Final Disposition

		Description	Action	Final Disposition
Other Incid	lents			
Age: Inc. Date:	21 2/8/21	Consumer resides in an ICF/DD-H. She did not receive several evening medications.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	22 2/4/21	Consumer resides in a CCF. She reported that she has been left unsupervised in the home's car with two male residents several times while the Administrator went shopping.	CSC to follow up. Community Care Licensing and NLACRC Community Services were notified of this incident.	
Age: Inc. Date:	22 2/9/21	Consumer lives with family. Her sister told her that someone had said they were going to physically assault her. She rushed to the gas station where she was assaulted by three women. She later contacted the police.	CSC to follow up. Law Enforcement was notified of this incident.	
Age: Inc. Date:	24 2/4/21	Consumer resides in a CCF. He walked out the back door and took off on foot. Staff was unable to catch up with him. Police were contacted. His dad informed staff that he could be picked up from his parents' home.	CSC to follow up. Community Care Licensing, Law Enforcement, and NLACRC Community Services were notified of this incident.	
Age: Inc. Date:	24 2/13/21	Consumer resides in a CCF. He signed out to run errands but did not say when he would be back. Staff called him to remind him about being back for his medication. He returned later causing him to miss the afternoon dose.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	24 2/23/21	Consumer resides in a CCF. A friend of another resident knocked on his door in the middle of the night. It was a person that he wanted to avoid, and that he asked to leave. He called police, and the intruder left the house.	CSC to follow up. Community Care Licensing, Law Enforcement and NLACRC Community Services were notified of this incident.	
Age:	26	Consumer resides in a CCF. Staff accidentally administered a higher dose	CSC to follow up. NLACRC Community Services and Nurse	

		Description	Action	<b>Final Disposition</b>
Inc. Date:	2/21/21	of medication than prescribed. Doctor altered the bedtime dose.	Consultant were notified of this incident.	
Age: Inc. Date:	27 2/4/21	Consumer lives with family. She reported that her uncle/caregiver threw her on the floor, which caused a bruise on her knee.	CSC to follow up. Adult Protective Services was notified of this incident.	
Age: Inc. Date:	27 2/5/21	Consumer lives with family. She was verbally fighting with her mother and became physically aggressive. Her uncle/caregiver threw a chair and cursed at her.	CSC to follow up.	
Age: Inc. Date:	28 2/23/21	Consumer receives Independent Living services. He now lives with his dad, but his former landlord continues to deduct rent from his benefits. He believes that his educator is working with the landlord to continue collecting payments.	CSC to follow up. Adult Protective Services was notified of this incident.	
Age: Inc. Date:	30 2/20/21	Consumer resides in a CCF. He was upset and became destructive of items in a peer's room. Staff used two person transportation back to his room. He ran into a door frame, and bruised his eye and split his lip. He was taken to the ER, and received sutures in his lip.	CSC to follow up. Community Care Licensing, Law Enforcement, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	31 2/23/21	Consumer lives with family. A bystander in a mall parking lot reported to police that he was left alone in a car with the windows up and the key in the ignition. Staff had gone in the mall to get food and use the bathroom.	CSC to follow up. Adult Protective Services and Law Enforcement were notified of this incident.	
Age: Inc. Date:	33 2/10/21	Consumer receives Supported Living services. He expressed that his foot was hurting. The foot had swelling and bruising. Staff took him to the hospital. He was diagnosed with a hairline fracture in the foot.	CSC to follow up. NLACRC Nurse Consultant was notified of this incident.	

		Description	Action	Final Disposition
Age: Inc. Date:	34 2/13/21	Consumer resides in a CCF. Staff heard a noise from his bedroom. There was blood over his eye and on the floor. He had fallen getting out of bed. He was taken to the hospital where he received sutures to close the laceration.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	35 2/15/21	Consumer resides in an ICF/DD-H. Nurse noticed that two medications were still in the bubble pack. Staff had signed them as administered.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	36 2/2/21	Consumer receives Independent Living services. He left his wallet on the counter at a convenience store. A surveillance video showed that a man took his wallet. A police report was filed.	CSC to follow up. Law Enforcement was notified of this incident.	
Age: Inc. Date:	36 2/5/21	Consumer resides in a CCF. Her sister noticed that she had a black eye and a swollen finger. She reported that a staff member had hit her. She has had three falls during times of being unattended.	CSC to follow up. Community Care Licensing, Adult Protective Services, and NLACRC Community Services were notified of this incident.	
Age: Inc. Date:	38 2/9/21	Consumer lives with family. A former staff member took advantage of his money by having him pay for meals for the staff and his daughter. Another employee concurred that this happened.	CSC to follow up. Adult Protective Services was notified of this incident.	
Age: Inc. Date:	38 2/21/21	He said he was going to bed to sleep. When staff knocked on his door to give his medication, they discovered that he had left the premises. A missing person's report was filed. He returned in the middle of the night, stating that he had gone to visit a friend.	CSC to follow up. Community Care Licensing and Law Enforcement were notified of this incident.	

		Description	Action	Final Disposition
Age: Inc. Date:	39 2/8/21	He reported to CSC that he had been beaten up by staff in his group home. He has requested Regional Center support for identifying alternative placement.	CSC to follow up. Adult Protective Services was notified of this incident.	
Age: Inc. Date:	42 2/28/21	Consumer resides in an ICF/DD-H. She hit her head on the bed frame, and was bleeding. Staff took her to the ER. She received 3 staples in her head to close the wound.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	44 2/1/21	Consumer receives Supported Living services. He reported that a former staff member used to hit him and say bad words to him. He said that the staff also threatened to hit him more if he told his mother.	CSC to follow up. Adult Protective Services was notified of this incident.	
Age: Inc. Date:	44 2/2/21	Consumer resides in a CCF. She made an allegation that she had sex with a staff member. She also reported that he told her not to tell anyone.	CSC to follow up. Community Care Licensing, Adult Protective Services, Long Term Care Ombudsman, Law Enforcement, and NLACRC Community Services were notified of this incident.	
Age: Inc. Date:	44 2/11/21	Consumer resides in an ICF/DD. She was admitted to the hospital for treatment of pneumonia, urinary tract infection, and septic shock. Her mother expressed concern because she had a wound on her back and a deep laceration on her ankle.	CSC to follow up. NLACRC Nurse Consultant was notified of this incident.	
Age: Inc. Date:	47 2/9/21	Consumer resides in a CCF. She had tested positive for COVID-19 virus. Her oxygen saturation was low. Doctor recommended she be taken to ER. Staff called 911. She was admitted to the hospital for treatment of pneumonia.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age:	48	Consumer receives Supported Living	CSC to follow up. NLACRC Nurse	

		Description	Action	Final Disposition
Inc. Date:	2/2/21	services. He went with staff to the pharmacy to pick up a medication. The pharmacist told them in error that the medication had been discontinued by his doctor so the medication was not able to be given that evening.	Consultant was notified of this incident.	
Age: Inc. Date:	50 2/16/21	Consumer receives Supported Living services. He choked on excessive secretions during dinner. He was taken to the ER, and admitted to the hospital for treatment of pneumonia. He was transferred to the ICU and intubated.	CSC to follow up. NLACRC Nurse Consultant was notified of this incident.	
Age: Inc. Date:	50 2/17/21	Consumer receives Independent Living services. While napping, she fell off of her chair and hit her head on the floor. She was admitted to the hospital for treatment of excessive fluid in the body and a hematoma on her head.	CSC to follow up. NLACRC Nurse Consultant was notified of this incident.	
Age: Inc. Date:	50 2/21/21	Consumer resides in an ICF/DD-N. His heart rate was high and oxygen level was low. Staff called 911. Paramedics took him to the hospital. He was admitted to ICU and intubated. Hospital staff suspected that he had a seizure.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	52 2/23/21	Consumer resides in a CCF. He expressed wanting to kill himself. After speaking to his psychiatrist, administrator was instructed to call 911. He was taken to the hospital and admitted for a psychiatric hold.	CSC to follow up. Community Care Licensing, Department of Health Services, NLACRC Community Services and Psychiatry Consultant were notified of this incident.	
Age: Inc. Date:	53 2/2/21	Consumer resides in an ICF/DD-N. She had low oxygen saturation, and was unresponsive to verbal and physical stimuli. She had previously tested positive for COVID-19 virus. Staff called 911. She was taken to the ER, and admitted to the hospital for treatment	CSC to follow up. NLACRC Nurse Consultant was notified of this incident.	

		Description	Action	Final Disposition
		of pneumonia.		
Age: Inc. Date:	53 2/13/21	Consumer resides in a CCF. He had a high fever and low oxygen level. Staff called 911. Paramedics took him to the hospital. He was admitted for treatment of sepsis and pneumonia.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	53 2/17/21	Consumer resides in a CCF. She had a seizure. She was non-responsive to verbal and physical stimulti, and had low oxygen saturation. Staff called 911. Ambulance took her to the ER. She was admitted to the hospital for evaluation and treatment.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	54 2/13/21	Consumer resides in an ICF/DD-H. He was not taking food or liquids, and had a low oxygen saturation. Staff called 911. Ambulance took him to the ER. He was admitted to the hospital for treatment of urosepsis.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	54 2/19/21	Consumer receives Supported Living services. He was taken to the ER due to a seizure. It was discovered that the seizure likely occurred because he had been out of one of his seizure medications for a couple of days.	CSC to follow up. NLACRC Nurse Consultant was notified of this incident.	
Age: Inc. Date:	54 2/4/21	Consumer resides in an ICF/DD-N. Staff observed that the afternoon dose of a medication was still in the bubble pack.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	55 2/1/21	Consumer resides in an ICF/DD. Due to lab results, nurse sent her to the ER for evaluation. She was admitted to the hospital for treatment of sepsis and urinary tract infection, and testing positive for COVID-19 virus.	CSC to follow up. NLACRC Nurse Consultant was notified of this incident.	
Age:	56	Consumer resides in a CCF. She walked into the bathroom without her walker	CSC to follow up. Community Care Licensing, NLACRC Community	

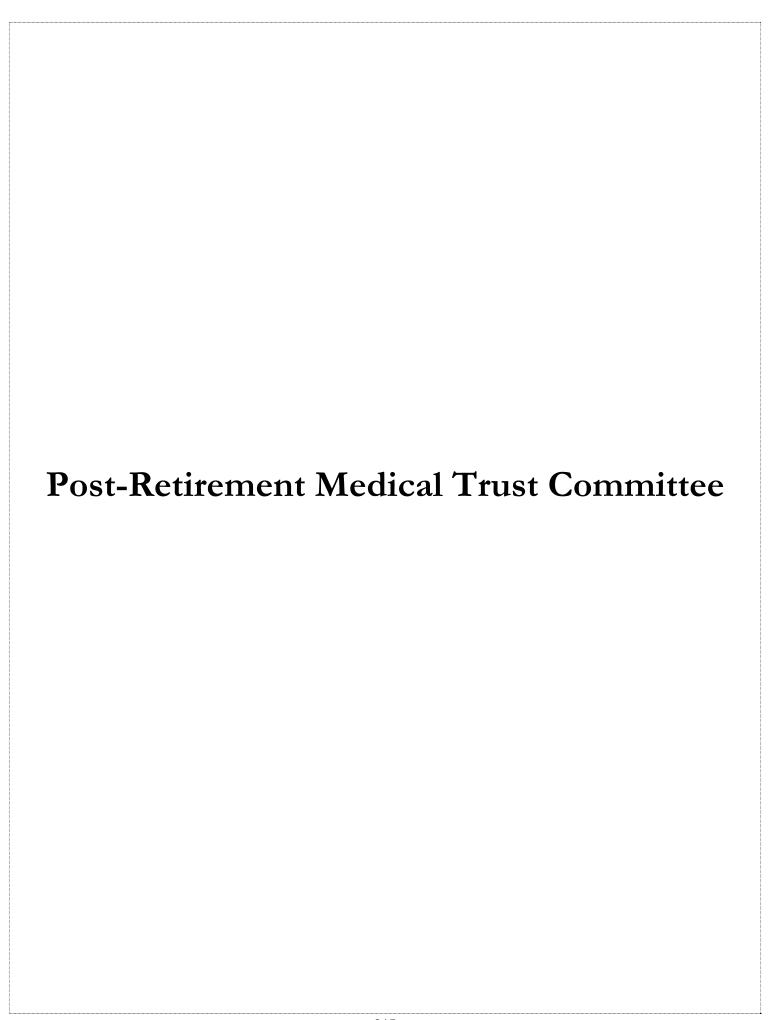
		Description	Action	Final Disposition
Inc. Date:	2/13/21	and slipped, hitting her forehead. She had a laceration above her eye. 911 was called. She was taken to the ER. She received stitches and was admitted to the hospital with a small brain bleed.	Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	56 2/13/21	Consumer resides in a CCF. Staff heard a noise from the bathroom and found him on the floor. Staff called 911. Ambulance took him to the hospital. He tested positive for COVID-19 virus. He was admitted for treatment of pneumonia and dehydration.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	56 2/26/21	Consumer resides in a CCF. He had tested positive for COVID-19 virus. He was lethargic and refused lunch. 911 was called. Paramedics started CPR and took him to the hospital. He was admitted for evaluation and treatment.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	57 2/6/21	Consumer resides in a CCF. He complained of difficulty breathing, and had low oxygen levels. Staff called 911. Paramedics took him to the hospital. He was admitted for observation, and discharged the next day.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	57 2/16/21	Consumer receives Supported Living services. He woke up feeling weak and having chills. Staff called paramedics. He was taken to the ER. He was admitted to the hospital for treatment of pneumonia.	CSC to follow up. NLACRC Nurse Consultant was notified of this incident.	
Age: Inc. Date:	60 2/5/21	Consumer resides in a CCF. She was weak and unable to walk on her own. She had been coughing in the night. Staff took her to the ER. She was admitted to the hospital for treatment of pneumonia.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age:	61	Consumer receives Independent Living	CSC to follow up. NLACRC Nurse	

		Description	Action	Final Disposition
Inc. Date:	2/11/21	services. Case manager discovered that she had not taken a recommended supplement in three weeks. She felt that it was not a big deal to take it.	Consultant was notified of this incident.	
Age: Inc. Date:	61 2/22/21	Consumer resides in a CCF. Her oxygen level was low. 911 was called. She was taken to the hospital, and tested positive for COVID-19 virus. She was admitted for treatment.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident	
Age: Inc. Date:	63 2/3/21	Consumer resides in an ICF/DD-H. She had tested positive for COVID-19 virus. Her oxygen saturation was low. She was taken to the ER, and admitted to the hospital for treatment of pneumonia.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	63 2/4/21	Consumer receives Supported Living services. He was agitated and began hitting the wall with his hand. He suddenly hit his head on the wall, causing a cut on his forehead. He was taken to urgent care where he received sutures to close the wound.	CSC to follow up. NLACRC Nurse Consultant was notified of this incident.	
Age: Inc. Date:	63 2/26/21	Consumer resides in an ICF/DD-N. She was congested and coughing, and had blood on her chest and chin. Staff called 911. She was taken to the ER, and admitted to the hospital for treatment of hypoxia.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident	
Age: Inc. Date:	64 2/2/21	Consumer receives Independent Living services. He was experiencing severe back pain. Staff called 911. He was taken to the hospital, and admitted to the ICU for treatment of septic shock. He was placed on a ventilator.	CSC to follow up. NLACRC Nurse Consultant was notified of this incident.	
Age: Inc. Date:	64 2/3/21	Consumer resides in an ICF/DD-N. He started vomiting a lot of black emesis. Staff called 911. He was taken to the hospital, and admitted for treatment of	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident	

		Description	Action	<b>Final Disposition</b>
		a gastrointestinal bleed.		
Age: Inc. Date:	64 2/8/21	Consumer resides in an ICF/DD-N. His oxygen saturation dropped to a low level. He was taken to the hospital, and admitted for treatment of pneumonia. Doctor recommended placement of a Gtube.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	64 2/17/21	Consumer receives Supported Living services. She was not home when staff arrived for shift. Staff called 911. A missing person report could not be done. She later called staff and asked to be picked up from a restaurant.	CSC to follow up. Law Enforcement was notified of this incident.	
Age: Inc. Date:	64 2/26/21	Consumer resides in a CCF. He was incoherent and displayed signs of hallucinations. He was taken to the hospital, and admitted for a psychiatric hold.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Psychiatry Consultant were notified of this incident.	
Age: Inc. Date:	65 2/4/21	Consumer receives Supported Living services. He had tested positive for COVID-19 virus. He had abnormal chest congestion. He was taken to the hospital, and admitted for treatment.	CSC to follow up. NLACRC Nurse Consultant was notified of this incident.	
Age: Inc. Date:	66 2/23/21	Consumer receives Supported Living services. He was anxious and having a hard time breathing. Staff pressed his Link to Life button. Paramedics took him to the ER. He was admitted to the hospital for diabetic treatment.	CSC to follow up. NLACRC Nurse Consultant was notified of this incident.	
Age: Inc. Date:	67 2/1/21	Consumer resides in an ICF/DD-H. She had a big bruised area on her chest. She stated that she had slipped and hit the backrest of the bedside commode. A chest x-ray showed a closed fracture of the lower ribs.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age:	67	Consumer resides in an ICF/DD. She had loud wheezing sounds, and low oxygen	CSC to follow up. NLACRC Nurse Consultant was notified of this	

		Description	Action	Final Disposition
Inc. Date:	2/10/21	saturation. 911 was called. She was taken to the hospital, and admitted for treatment of pneumonia.	incident.	
Age: Inc. Date:	67 2/19/21	Consumer resides in a CCF(RCFE). He came back from a rehabilitation center with scratches on his face, hands, back, and legs, and bruises on his arm and back.	CSC to follow up. Department of Health Services was notified of this incident.	
Age: Inc. Date:	68 2/3/21	Consumer resides in a CCF. While on a walk, she tripped and fell on her hands and knees. She was taken to see her primary care physician. An x-ray showed a fracture in her hand.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	70 2/10/21	Consumer resides in an ICF/DD-N. She had an elevated temperature and low oxygen saturation. Staff called 911. She was taken to the ER, and admitted to the hospital for treatment of pneumonia and a urinary tract infection.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	70 2/23/21	Consumer resides in an ICF/DD-N. She was taken to the ER because she was spitting up mucous and not wanting to eat or drink liquids. She was admitted to the hospital for treatment of a urinary tract infection.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	71 2/12/21	Consumer receives Supported Living services. He went to a store. Outside, a transient man pushed him, causing him to fall to the pavement. He injured his head and eye in the fall. A police report was filed.	CSC to follow up. Adult Protective Services and Law Enforcement were notified of this incident.	
Age: Inc. Date:	72 2/9/21	Consumer receives Supported Living services. Staff took her to her doctor due to her recent lack of appetite and lethargy. Doctor referred her to the ER. She was admitted to the hospital for treatment of a urinary tract infection.	CSC to follow up. NLACRC Nurse Consultant was notified of this incident.	

		Description	Action	Final Disposition
Age: Inc. Date:	73 2/4/21	Consumer resides in an ICF/DD-N. Staff observed that the afternoon dose of a medication was still in the bubble pack.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: Inc. Date:	75 2/8/21	Consumer receives Supported Living services. During medication review, it was discovered that she had not been taking a morning medication. Staff believed it had been discontinued.	CSC to follow up. NLACRC Nurse Consultant was notified of this incident.	
Age: Inc. Date:	80 2/21/21	Consumer resides in a CCF. He tested positive for COVID-19 virus. Family requested that he go to the ER for evaluation. He was admitted to the hospital for treatment of pneumonia.	CSC to follow up. Community Care Licensing, Department of Health Services, Law Enforcement, NLACRC Community Services and Nurse Consultant were notified of this incident.	



#### North Los Angeles County Regional Center

## Post-Retirement Medical Trust Committee Meeting Minutes

January 27, 2021



**Present:** Leticia Garcia, Ruth Janka, Kim Rolfes, Ana Quiles, and Jeremy Sunderland –

Committee Members

Anne Wimmer – HighMark Capital Representative

Tim Banach – U.S. Bank Representative

Michele Marra, Yesenia Martinez, Vini Montague, and Jesse Weller - Staff

Members

**Absent:** All present

#### I. Call to Order & Introductions

Lety Garcia, chair, called the meeting to order at 5:32 p.m. and introductions were made.

II. Public Input – There was no public input.

#### III. Consent Items

#### A. <u>Approval of Agenda</u>

Item IV.F. "Recommendation to Update PRMT Committee Policy & Procedure" was deleted as it was no longer needed.

M/S/C (K. Rolfes/J. Sunderland) To approve the revised agenda as modified.

#### B. Approval of Minutes from the October 28th Meeting

**M/S/C** (K. Rolfes/J. Sunderland) To approve the minutes as presented.

#### IV. Committee Business

#### A. <u>HighMark Capital Report</u>

#### 1. Statement of Current PRMT Trust Value

Anne provided copies of HighMark's quarterly report on the activity of

the center's PRMT and reviewed it with the committee. The report began with a look at the current financial environment, including economic conditions, interest rates/inflation, and outlook. This was followed by the asset allocation summary, holdings report by asset class, selected period performance, and economic data charts. As of January 21, 2021, the market value of the trust assets was \$30,614,199, an increase of \$2,781,063 since the last report dated October 23, 2020. The increase was due to a gain in investments and a deposit for the fees charged in the prior quarter. The rate of return for 3 months was 9.73% (net of fees) and for 12 months was 10.16% (net of fees). The annualized rate of return since the trust's inception (September 30, 2004) was 6.50% (gross of fees).

#### 2. <u>Statement of Current CalPERS Unfunded Liability Trust Value</u>

Anne provided copies of HighMark's quarterly report on the activity of the center's UAL Contribution Trust and reviewed it with the committee. The report was followed by the asset allocation summary, holdings report by asset class, selected period performance, and economic data charts. As of January 21, 2021, the market value of the trust assets was \$3,700,932, an increase of \$212,401 since the last report dated October 23, 2020. The increase was due to gains in investments. The annualized rate of return since the Trust's inception (March 31, 2020) was 9.43% (gross of fees).

Tim informed the committee that there was a mistake with the employer contribution amount that was credited to the CalPERS UAL Trust. The payment received was intended to be allocated and deposited into each two trust accounts. However, the full amount of the payment was mistakenly credited to the CalPERS UAL Trust. The issue is being resolved and USBank will rerun the statements up thru the December 2020 statement.

Kim informed the committee that in the future payments to the trusts will be issued using separate checks to mitigate this issue in the future.

#### B. NLACRC's Quarterly PRMT Market Value History Report

Kim provided copies of the report, which reported the PRMT's market value for each quarter since its inception in September 2004. The report shows the market value, the total amount of NLACRC contributions to the PRMT, and the change in market value since the inception of the PRMT. As of December 31, 2020, the

market value of the PRMT is \$29,864,190. The report shows that the PRMT has increased by \$14,225,713 as of December 31, 2020 due to gains in investments. Kim also provided the committee with a report on the dates and amounts of all the contributions the Center has made since the inception of the PRMT Trust. Kim shared that the purpose of the PRMT is to cover the Center's retiree healthcare obligation which is currently \$52,454,828 as of the June 30, 2019 actuarial valuation. Kim shared that the June 30, 2020 actuarial valuation is in process and when the FY2019-2020 audited financial statements are finalized, the report will be updated accordingly.

#### C. <u>NLACRC's Quarterly CalPERS Unfunded Accrued Liability Trust Value</u>

Kim provided copies of the report, which reported the UAL Trust's market value for each quarter since its inception in January 2020. The report shows the market value, the total amount of NLACRC contributions to the UAL Trust, the disbursements made from the UAL Trust, and the change in market value since the inception of the UAL Trust. As of December 31, 2020, the market value of the UAL Trust was \$3,656,064. The report shows that the UAL Trust has increased by \$644,504 as of December 31, 2020 due to gains in investments. Kim also provided the committee with a report on the dates and amounts of all the contributions the Center has made since the inception of the UAL Trust. Kim shared that the purpose of UAL Trust is to cover the Center's CalPERS unfunded accrued liability for retiree pension benefits, which is currently \$8,539,839 as of the June 30, 2019 actuarial valuation provided by CalPERS in July 2020. Kim shared that when CalPERS publishes the June 30, 2020 actuarial valuation in July 2021/August 2021, the report will be updated accordingly.

#### D. Contribution to Trust

Kim presented and reviewed the UAL & PRMT Contribution Recommendation presentation that was included in the meeting packet. The presentation covered each of the trusts, information about the trust, the purpose of the trusts, contribution goals, and a recommendation for a contribution to the Trust.

**M/S/C** (M. Davis/R. Janka; no abstentions) To approve to redirect the available FY 2018-2019 encumbered funds from PRMT to the CalPERS UAL to minimize the impact that the annual CalPERS lump sum payments will have on NLACRC's future operations budget.

**M/S/C** (J. Sunderland/Ana Quiles; no abstentions) To approve to memorialize the PRMT Committee discussion held on April 29, 2020 that the available FY 2019-2020 encumbered funds will be directed to CalPERS UAL.

Kim shared that at the next committee meeting that she will present the proposed contribution amounts allocated from FY2020 and FY2021. Additionally, the Committee reported that the presentation should be provided to Committee on an annual basis at the time the contribution recommendation to the Trust(s) is being made.

#### E. Revised PRMT Committee Critical Calendar

The PRMT Committee Critical Calendar was included in the meeting packet.

Kim reviewed the Critical Calendar with the committee. It was shared that the actuary, used by the Center, presents the actuarial report to the Committee on an annual basis in April. The Committee recommended that the actuary presentation be part of the Critical Calendar. Kim will add to the calendar the Actuarial Presentation in April.

**M/S/C** (R. Janka/M. Davis; no abstentions) To approve the PRMT Committee Critical Calendar as modified.

#### V. Board Meeting Agenda Items

The following items were identified for the PRMT's section of the February 10<sup>th</sup> board meeting agenda:

- A. Minutes of the January 27<sup>th</sup> Meeting
- B. Statement of Current PRMT Trust Value
- C. Statement of Current CalPERS UAL Trust Value
- D. Modified PRMT Committee Critical Calendar

#### VI. Announcements/Information/Public Input

A. Next Meeting: Wednesday, April 28th, at 5:30 p.m.

#### VII. Adjournment

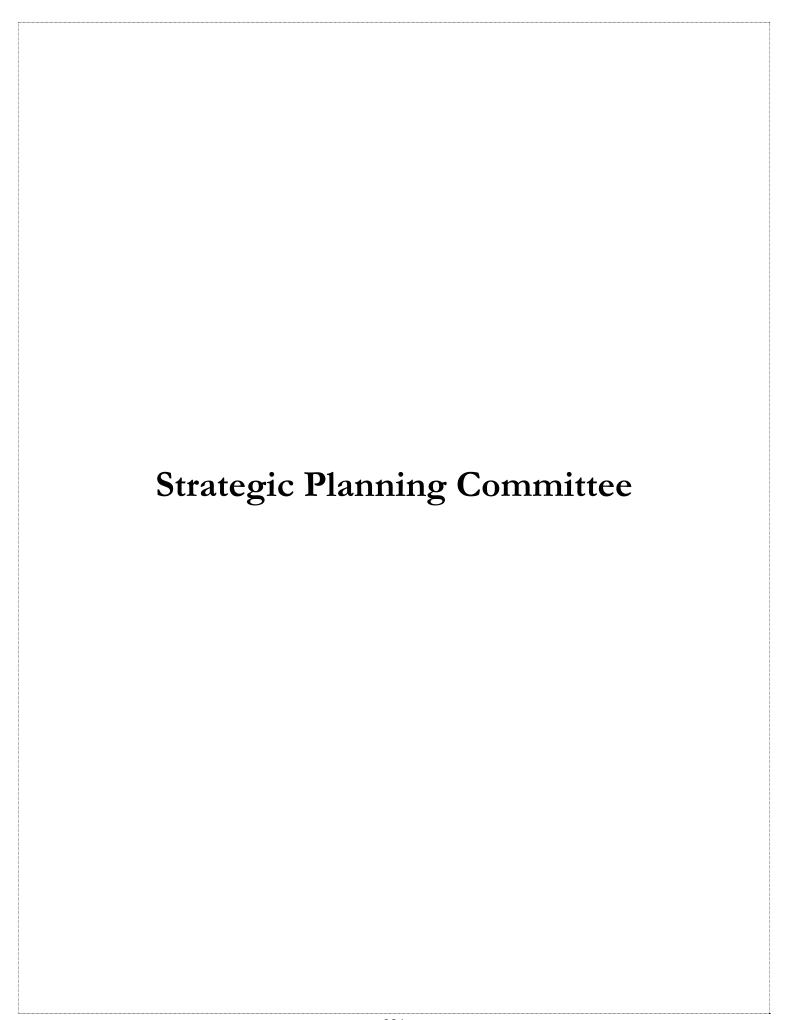
The Lety Garcia adjourned the meeting at 6:24 p.m.

Submitted by,

Yesenia Martinez Executive Assistant

[prmt\_jan27\_2021]





# North Los Angeles County Regional Center <u>Strategic Planning Committee Meeting Minutes</u> February 1, 2021



**Present:** 

Erica Beall, John Brauer, Marianne Davis, Lety Garcia, Sara Iwahashi, Ruth Janka, Ellen Jannol, Michele Marra, Angelina Martinez, Lillian Martinez, Evelyn McOmie, Ana Quiles, Kim Rolfes, Nick Vukotic, and Jesse Weller - Committee

Members

Joseph Hernandez and Enrique Rogel – Guests

Yesenia Martinez – Staff Member

**Absent:** All present

#### I. Call to Order & Introductions

Marianne Davis, chair, called the meeting to order at 6:06 p.m. Introductions were made.

#### II. Public Input

Joseph Hernandez and Enrique Rogel introduced themselves.

#### III. Consent Items

A. Approval of Agenda

**M/S/C** (L. Garcia/J. Brauer) To approve the agenda as presented.

B. Approval of Minutes of the November 2<sup>nd</sup> Meeting

**M/S/C** (R. Janka/A. Martinez) To approve the minutes as presented.

#### IV. Committee Business

A. Welcome New Committee Member, Ana Quiles

The committee welcomed Ana to her first meeting as a committee member.

B. <u>Approval of SPC Critical Calendar</u> – Page 8

The Strategic Planning Committee Critical Calendar was included in the meeting

packet for the committee's review.

Per the suggestion of Lety Garcia, the committee discussed switching the quarterly Strategic Planning Committee (SPC) meeting to a monthly meeting, which would require a modification to the critical calendar. Ruth informed the committee that it would not be effective to change to a monthly meeting due to some of the committee's objectives taking more process time than a monthly meeting would allow. After some discussion, the committee decided to keep the SPC meeting on a quarterly basis.

**M/S/C** (L. Garcia/A. Martinez) To approve the SPC Critical Calendar as presented.

#### C. Review of Strategic Plan – Page 9

The meeting packet included a copy of NLACRC's Strategic Plan for the committee's review.

Ruth informed the committee that NLACRC is on year three (3) of the strategic plan (page 12 of the packet). The objectives shown represent the goals that were decided on by the previous board and they reflect the issues that we were addressing during that time. In reviewing objectives, it was noted that POS disparities continue to be an issue. SDP was discussed, and the fact that the Department did not fund regional centers for program implementation which has clearly impacted the program. Ruth noted that individuals are not transitioning into SDP as quickly as we would like, NLACRC is making progress in implementation of the SDP.

The committee discussed the objectives that they found to be important. Those objectives are:

- Vaccine prioritization, first and foremost
- Continuing with SDP Person-centered Planning because it will be open to the public in June
- POS Disparity/disparity in accessing regional center services
- In Home Support Services
- Competitive Integrated Employment

Ruth let the committee know that some of what has been identified are not

overarching objectives. We need to develop overarching objectives that would include the aforementioned priorities.

The committee discussed the need to add metrics into the plan so that the committee can see how NLACRC is tracking on the specific objectives.

The committee was invited to share their techniques or plans that NLACRC could implement for NLACRC to review internally and propose metrics and an implementation plan; also identify a timeline.

Ruth encouraged the committee to send their ideas for staff to consider in the next week or two. She elaborated that we want to keep goals and objectives as overarching guidelines and then allow staff to develop a plan that will include metrics and methods to make progress toward the metrics. We will bring that back to this committee.

**M/S/C:** (L. Garcia/A. Martinez; no oppose) To revise the goals on page 46 of the Strategic Plan to address the goals and objectives with a plan that will include metrics.

**Action**: Update NLACRC's Strategic Plan on the website.

#### D. <u>Update on Bylaws Revision Relative to Strategic Planning Committee Work</u>

The committee discussed the realization that the Strategic Planning Committee is not included in the NLACRC bylaws.

Ruth informed the group that, historically this committee's main purpose was to monitor NLACRC's Performance Contract and the Center's objectives, and to recommend resource development. However, this Board wants to do more with strategic planning, which requires an update to the SPC policy. We will propose an update to the bylaws to the Executive Committee and it will then go to the board.

The committee reviewed Golden Gate Regional Center's strategic plan that was included in the meeting packet as an example of a plan.

#### E. <u>Performance Contract December 2020 Data</u> – Page 107

The meeting packet included copies of the Performance Contract 2020 Data, as

of December 2020.

Sara Iwahashi reported that NLACRC's 2021 Performance Contract was approved by the Board and then submitted to DDS. DDS has approved the contract and it is posted on our website.

Sara reviewed the data with committee and noted that NLACRC's data was highlighted throughout the report. In addition, she informed the committee that the goal of regional center is to see improvement over the previous year's baseline or to exceed the statewide average.

## F. <u>Competitive Integrated Employment (CIE) Summary Data by Regional Center</u> – *Page 118*

Copies of the October 2020 and the January 2021 statewide DDS CIE Summary report, with data from all 21 regional centers for the last 4 fiscal years, were provided and reviewed. As of the report dated January 28, 2021, 3,413 consumers were served; NLACRC had 241 consumers for the 4 fiscal years; it was noted that the Regional Center of Orange County had the most consumers with 512.

#### G. Paid Internship Program (PIP) Summary Data by Regional Center – Page 119

Copies of the October 2020 and the January 2021 statewide DDS PIP Summary report, with data from all 21 regional centers for the last 4 fiscal years, were provided and reviewed. As of the report dated January 28, 2021, 2,974 consumers were served; NLACRC had 66 consumers for the 4 fiscal years; South Central L.A. Regional Center served the highest number of consumers at 320.

## H. <u>2<sup>nd</sup> Quarter Community Integrated Employment/Paid Internship Program</u> (CIE/PIP) Report – Page 120

The report, ending December 31, 2020, reflected the following information:

#### 1. <u>Competitive Integrated Employment (CIE)</u>

- a. 4 consumers were approved for the program.
- b. No additional service providers added during this reporting period.
- c. 3 incentive payments were made.

CIE incentive funds are paid to service providers after 30 days, 6 months, and 12 months of continuous employment of a consumer.

#### 2. <u>Paid Internship Program (PIP)</u>

- a. 10 consumers approved for the program.
- b. No additional service providers added during this reporting period.
- c. 16 payments were made.

PIP incentive payments reimburse service providers or employers up to \$10,400 per year of wages and benefits for each consumer placed in an internship.

#### I. <u>2<sup>nd</sup> Quarter Program Closures Report</u> – Page 121

Copies of the report were provided, which shows data from the current fiscal year and the last two previous fiscal years:

Fiscal Year	Program Closures	Consumers Impacted
2020-21	2	12
2019-20	12	52
2018-19	49	76
Total:	63	140

#### J. <u>2<sup>nd</sup> Quarter New Vendorizations Report</u> – Page 124

Copies of the report were provided. The center had a total of 35 new vendorizations during the second quarter of this fiscal year.

#### K. No Report: 2<sup>nd</sup> Quarter Health and Safety Waiver Exemptions Report

No report.

#### L. COVID-19 Vaccine Communication Plan Draft

**M/S/C:** (L. Garcia/A. Martinez; no oppose) To add the above item L. to the agenda.

Kim reviewed the plan that was provided to the committee. She explained that all the information sources included in the plan could be used. However, the source chosen would depend on the message that is being communicated to the community. Further, the message would be hyperlinked to the source of the information.

Ruth informed the committee that DDS released a new directive that requests all regional centers to contact all consumers regardless of recent contact by February 28<sup>th</sup>. While this has been our process, we have recalibrated to the DDS due date.

Ruth let the committee know that groups, like ARCA and State Council, have become more active in getting our community prioritized in the vaccination plan. Ruth reported that active advocacy with both the administration and agency to prioritize vaccine eligibility for consumers has continued.

#### V. Board Meeting Agenda Items

The following items were identified for the committee's section of the February 10<sup>th</sup> board meeting:

- A. Minutes of the February 1<sup>st</sup> Meeting
- B. 2<sup>nd</sup> Quarter Community Integrated Employment/Paid Internship Program (CIE/PIP) Report
- C. 2<sup>nd</sup> Quarter Program Closures Report
- D. 2<sup>nd</sup> Quarter New Vendorizations Report

#### VI. Announcements / Information / Public Input

A. Next Meeting: Monday, May 3<sup>rd</sup> at 6:00 p.m.

#### VII. Adjournment

Marianne Davis adjourned the meeting at 7:58 p.m.

Submitted by,

Yesenia Martinez Executive Assistant

[spcmin\_feb1\_2021]



## **Aging Adult Specialist**

(Individuals Served Ages 45 years and Older)

Vendor Advisory Committee Policy & Recommendations

Thursday March 4, 2021

Jesse Weller, Psy.D Chief of Program Services

# **Background Information**

- The Vendor Advisory Committee recommended that the Board of Trustees of NLACRC adopt a progressive policy for service to older adult consumers that will:
  - Ensure consumers of NLACRC receive the information and support needed to make informed decisions about long-term services and future plans.
  - Ensure older adult consumers have full access to services needed to support their choices relative to the future.
  - Address the complex issues faced by aging adults with disabilities.

# Importance of Aging Across the Lifespan

# 3

## Values and Philosophy

- The process of aging is inevitable and affects each person differently
- Aging persons with Intellectual or Developmental Disabilities have unique health and service support needs
- Addressing age-related matters such a health needs, family and social support, future living arrangements, in home supports, retirement planning, community participation, advance directives, and future planning.
- Helping individuals achieve the dignity, respect, and wellbeing in accordance with their needs, wants, and individual choices.

# Strategic Objectives for Policy from the VAC

# 4

## Strategic Objective #1

 NLACRC will create, recruit, fill, and maintain an Older Adult Specialist position. This position will develop strategies, mitigate risk factors, obtain and assess resources on aging, provide training on age-related matters, and serve as a support to Service Coordinators involving the aging process.

## Strategic Objective #2

 Service Coordinators will be advised of the regional center's policy and supports upon hire. Service Coordinators serving individuals who are approaching 45 years old, will receive initial and periodic training.

# Strategic Objectives for Policy from the VAC



## Strategic Objective #3

 Resources and services for aging consumers will be explored, developed, vetted, and assessed for their ability to adequately and appropriately support and serve the unique needs

## Strategic Objective #4

O Support the efforts of individuals served by the age of 22 years old, consumer's financial plan and living arrangements. Upon reaching 45 years old, each section of the consumer's IPP will address aging issues, including, but not limited to: financial plans, health needs, day program needs, future planning, inclusive of health care directives and other arrangements.

# **Anticipated Outcomes**

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#### Outcome #1

O Consumers and their families will have greater peace of mind knowing that plans are in place, in keeping with their individual hopes, dreams, and wishes to ensure the health, safety, and general well-being of aging consumers into the foreseeable future.

#### Outcome #2

 NLACRC will be positioned for compliance with Governor Newsom's Executive Order calling for the development of a Master Plan for Aging

## Outcome #3

o Improved awareness among aging and the unique needs, timely future planning, improved referrals to resources, as well as strengthened risk mitigation assessment and planning for adults who are aging.

# Older Adult Survey



- NLACRC developed a survey to better understand the Aging needs and to seek feedback to help support the implementation of a Specialist position.
- In January 2021, NLACRC sent a survey to stakeholders to better understand the needs from the different perspectives:
  - Service Coordinators & Case Management Supervisors
    - **▶ 127** NLACRC staff completed the survey
  - Community-At-Large (Individuals Served, Parents/Caregivers, Family Members, and Service Provider
    - **▲ 122** Community Members completed the survey

# Older Adult Survey - Community Results



## Survey Participants (122 responses):

- 48% parents and caregivers
- 32% service providers11% consumers
- o 9% other

## Survey Representation (122 responses):

- o 75% or 91 participants San Fernando Valley
- 13% or 16 participants Antelope Valley
- 12% or 15 participants Santa Clarita Valley

# Older Adult Survey – Analysis



## Training Topics Requested:

- o "Let's talk about aging"
- Grief Supports
- Future Life Planning
- Health Management Strategies/Nutrition
- Aging Parents/Caregivers & Tools for Adult Children
- Alzheimer's & Dementia
- Long Term Care Resources
- Trusts & Power of Attorney
- Living Options & Independent Living
- Medicare & Medicaid

# Older Adult Survey – Analysis



- What assistance would you like from NLACRC:
  - Aging Support Groups
  - Provide Resources
  - Increased communication on aging topics at IPP planning
  - A list of services available for older adult needs
  - Resource Development for aging populations
  - Help with hobbies and life satisfaction

## Outcome for NLACRC



- NLACRC will be implementing a newly established position:
  - Aging Adult Specialist
- This position will help facilitate the strategic objectives and outcomes identified by the VAC, including, but not limited to:
  - Provide and facilitate subject matter expertise on aging matters
  - Consultant and Liaison to Service Coordinators
  - Implement a New Staff Orientation on Aging
  - Serve as a Liaison to Skilled Nursing Facilities/Intermediate Care Facilities/Residential Care Facilities for the Elderly
  - Review Special Incident Reports for issues related to aging
  - Collect, gather, disseminate resources and host trainings/workshops/and fairs

# Thank you

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NLACRC would like to extend our appreciation to the Vendor Advisory Committee workgroup that contributed to the recommendations that came forward to help support the needs of the aging process across the lifespan