



Board of Trustees Meeting

Wednesday, November 10, 2021

6:30 p.m.

Via Zoom Technology

Packet #2

North Los Angeles County Regional Center
Board Packet #2
November 10, 2021

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North Los Angeles County Regional Center
Board of Trustees Meeting - *Via Zoom*
Wednesday, November 10, 2021
6:30 p.m.

~ **REVISED AGENDA** ~

1. **Call to Order & Welcome** – Lety Garcia, Board President
2. **Executive Session**
 - A. Lease Update
3. **Housekeeping**
 - A. Spanish Interpretation Available
 - B. Public Attendance (please note name in Chat)
4. **Board Member Attendance** – Liliana Windover, Executive Administrative Assistant
5. **Introductions**
6. **Public Input & Comments** (3 minutes)
7. **Consent Items**
 - A. Approval of Revised Agenda (*Packet 2, Page 3*)
 - B. Approval of October 13th Board Meeting Minutes (*Packet 1, Page 6*)
8. **Approval of NLACRC's Draft 2022 Performance Contract** (*Packet 2, Page 6*)
9. **Committee Action Items**
 - A. Administrative Affairs Committee – Ana Quiles
 1. Contract(s)
 - a) American Living Skills ((HL0954-520) (*Packet 1, Page 22*))
 - B. Executive Committee – Lety Garcia
 1. Ana Quiles Conflict of Interest Resolution Plan Resubmission (*Packet 1, Page 157*)
 2. FY 2021-22 and CY 2022 Board Training Plans (*Packet 2, Page 36*)
 3. Executive Director Process (*Packet 2, Page 37*)
 - C. Nominating Committee – Angelina Martinez

1. Approval of Committee's Policy and Procedures (*Packet 1, Page 29*)
2. Approval of Committee's Critical Calendar for FY 2021-22 (*Packet 1, Page 34*)

D. Consumer Services Committee – Gabriela Herrera

1. Approval of Committee's Priorities for FY 2021-22 (*Packet 2, Page 48*)

E. Consumer Advisory Committee – Caroline Mitchell

1. CAC Holiday Gathering

10. Additional Action Items

A. Administrative Affairs Committee

1. Approval of Contracts
 - a) Viatron (Ops) – Second Amendment (*Packet 1, Page 36*)
2. Organizational Chart (*Packet 2, Page 49*)

11. Association of Regional Center Agencies – Angelina Martinez

- A. Report on ARCA Meetings

12. Executive Director's Report – Ruth Janka (*Packet 2, Page 50*)

13. Self-Determination Program (SDP) Report – Jesse Weller (*Packet 2, Page 77*)

14. Administrative Affairs Committee – Ana Quiles

- A. Minutes of the October 27th Meeting (*Packet 2, Page 80*)
- B. Regional Center POS & OPS Contracting (*Packet 1, Page 39*)
- C. FY2021-22 Financial Report (*Packet 1, Page 67*)
- D. FY2020-21 Provider Relief Funds Financial Report (*Packet 1, Page 71*)
- E. Revised Awarding Start-Up and Development Funding Policy (*Packet 1, Page 72*)
- F. Final DDS Audit Report for FY2020 and FY2021 (*Packet 1, Page 77*)
- G. FY2021 and FY2022 Report on Personnel Classification & Salary Schedule (*Packet 1, Page 101*)
- H. Monthly Revised Human Resources Report (*Packet 2, Page 87*)

15. Consumer Advisory Committee – Caroline Mitchell

- A. Minutes of the November 3rd Meeting (*Packet 2, Page 89*)
- B. Revised Consumer Advisory Committee Policy (*Packet 2, Page 91*)

16. Consumer Services Committee – Gabriela Herrera

- A. Minutes of the October 20th Meeting (*Packet 1, Page 111*)

17. Executive Committee – Lety Garcia

- A. Minutes of the October 27th Meeting (*Packet 2, Page 93*)

- B. Board Members' iPads and Training
 - C. Board Budget vs Expenditures for FY 2021-22 (*Packet 1, 117*)
 - D. Annual Strategic Plan Update (*Packet 1, Page 119*)
- 18. Government & Community Relations Committee – Jeremy Sunderland**
- A. Minutes of the October 20th Meeting (*Packet 2, Page 101*)
- 19. Nominating Committee – Angelina Martinez**
- A. Minutes of the October 20th Meeting (*Packet 1, Page 173*)
 - B. Board & VAC Member Recruitment Notices (*Packet 1, 178*)
- 20. Post-Retirement Medical Trust Committee – Lety Garcia**
- A. Minutes of the October 27th Meeting (*Packet 2, Page 106*)
 - B. Statement of Current PRMT Trust Value (*Packet 1, Page 181*)
 - C. Statement of Current CalPERS UAL Trust Value (*Packet 1, Page 188*)
- 21. Strategic Planning Committee – Marianne Davis**
- A. Minutes of the November 1st Meeting (*Packet 2, Page 109*)
 - B. Annual Update on Strategic Plan
 - C. Diversity, Equity & Inclusion Policy Steering Committee
 - D. Recruitment Composition
- 22. Vendor Advisory Committee - Sharoll Jackson**
- A. Minutes of the November 4th Meeting - *Deferred*
- 23. Old Business/New Business**
- A. Board and Committee Meeting Attendance Sheets (*Packet 2, Page 114*)
 - B. Board and Committee Meetings Time Report (*Packet 2, Page 117*)
 - C. Updated Acronyms Listing (*Packet 2, Page 120*)
 - D. Meeting Evaluation (*Packet 2, Page 127*)
- 24. Announcements/Information/Public Input**
- A. Next Roundtable: Wednesday, November 17th at 3:00 p.m., via Zoom “Stanford Neurodiversity Project & Autism Spectrum Disorder”
 - B. Next Town Hall: Thursday, November 18th, at 1:30 p.m., via Zoom “Department of Rehabilitation, Overview, Employment and Transition Services”
 - C. Next Cafecito Entre Nos: Thursday, November 18th at 11:00 a.m., via Zoom
 - D. Next Aprendiendo Entre Nos: Thursday, December 16th at 9:00 a.m., via Zoom
 - E. Next Meeting: Wednesday, January 12th at 6:30 p.m. via Zoom.
 - F. Next Listening Session: All Listening Sessions have been completed.
- 25. Adjournment**





**North Los Angeles County Regional Center
PERFORMANCE CONTRACT**

Calendar Year(s): 2022 DRAFT

Public Policy Performance Measures (Required)							
	Goal	Measure	Statewide Average June 2020	NLACRC June 2020	Statewide Average June 2021	NLACRC June 2021	Specific Actions 2022
1.	Decrease the number of individuals who reside in institutional settings	Number and percent of Regional Center consumers in institutional settings, such as state hospitals, Developmental Centers, etc.	0.08% 266	0.06% 17	0.07% 255	0.05% 14	<p>NLACRC Resource Development Plan to Address Goal:</p> <p><u>Development #1</u> Name of Provider: Brilliant Corners Type: Enhanced Behavioral Support Home (EBSH) Number of Consumers: 4 Status Update: Contract approved by NLACRC Board of Trustees on 6/10/2020. Projected Date to Open Home: November 2021 <i>*Sprinkler system is causing a delay in licensing.</i></p> <p><u>Development #2</u> Name of Provider: W&W Type: Specialized Residential Facility (SRF) Number of Consumers: 4 Status Update: Property identified and is in the escrow process as of 09/29/2021. Projected Date to Open Home: N/A</p> <p><u>Development #3</u> Name of Provider: Elwyn Type: Specialized Residential Facility (SRF) Number of Consumers to Be Placed: 4 Status Update: Vendor has not secured property as of 10/13/2021. Projected Date to Open Home: N/A</p> <p><u>Development #4</u> Name of Provider: Global C&C Type: Specialized Residential Facility (SRF) Number of Consumers to Be Placed: 4 Status Update: Vendor has submitted offers but were outbid; vendor continues to search for property. Projected Date to Open Home: N/A</p>

Public Policy Performance Measures (Required)

	<i>Goal</i>	<i>Measure</i>	<i>Statewide Average June 2020</i>	<i>NLACRC June 2020</i>	<i>Statewide Average June 2021</i>	<i>NLACRC June 2021</i>	<i>Activities Summary</i>
2.	Maintain the percentage of children who reside with families in their homes	Number and percent of minors residing with families <ul style="list-style-type: none"> • own home parent/guardian • foster family 	99.48% 177,196 96.71% 172,258 2.77% 4,938	99.63% 14,987 95.37% 14,346 4.26% 641	99.53% 182,139 96.70% 176,969 2.83% 5,170	99.65% 15,310 94.96% 14,590 4.69% 720	<p align="center">NLACRC Plan to Address Goal:</p> <p><u>New Staff Orientation/Training</u> Name of Training: Service Standards Frequency: Monthly Metric: Number of new staff trained within first six months of employment. Data Source to Evaluate: Human Resources & Training</p> <p>Name of Training: Person Centered Planning Frequency: Monthly Metric: Number of new staff trained within first six months of employment. Data Source to Evaluate: Human Resources & Training</p> <p>Name of Training: Lanterman Act Training Frequency: Monthly Metric: Number of new staff trained within first six months of employment. Data Source to Evaluate: Human Resources & Training</p> <p>Name of Training: Self Determination Program Frequency: Monthly Metric: Number of new staff trained within first six months of employment. Data Source to Evaluate: Human Resources & Training</p> <p><u>Dissemination of Information</u> Type of Event: Town Hall – Family Support Services Frequency: Annual Metric: Increase Number of Attendees Data Source to Evaluate: Public Information</p>

2.	<i>Cont'd from above</i>					<p>Type of Activity Grassroots Outreach & Community Engagement Contacts Frequency: Monthly Metric: Number of community contacts monthly by geographic area Data Source to Evaluate: Diversity, Equity, and Inclusion Unit</p> <p>Type of Activity: Printed Information Provided to Community Frequency: Monthly Metric: Number of materials provided to community partners by geographic area Data Source to Evaluate: Public Information & Diversity, Equity, and Inclusion Unit</p> <p>Type of Activity: Electronic Information Provided to Community Frequency: Monthly Metric: Number of materials provided to community partners by geographic area Data Source to Evaluate: Public Information & Diversity, Equity, and Inclusion Unit.</p>
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Public Policy Performance Measures (Required)

	<i>Goal</i>	<i>Measure</i>	<i>Statewide Average June 2020</i>	<i>NLACRC June 2020</i>	<i>Statewide Average June 2021</i>	<i>NLACRC June 2021</i>	<i>Activities Summary</i>
3.	Increase the number of adults who reside in home settings	<p>Number and percent of adults residing in home settings:</p> <ul style="list-style-type: none"> Independent Living Services (ILS) Supported Living Services (SLS) Adult Family Home Agency home Home of Parent or guardian 	<p>81.25% 2,610</p> <p>10.06% 17,660</p> <p>5.28% 9,260</p> <p>0.93% 1,638</p> <p>64.98% 114,052</p>	<p>83.60% 9,808</p> <p>9.73% 1,141</p> <p>3.61% 423</p> <p>0.42% 49</p> <p>69.85% 8,195</p>	<p>82.20% 148,277</p> <p>9.76% 17,608</p> <p>5.18% 9,348</p> <p>0.89% 1,609</p> <p>66.36% 119,712</p>	<p>84.90% 10,332</p> <p>9.31% 1,133</p> <p>3.43% 418</p> <p>0.42% 51</p> <p>71.73% 8,730</p>	<p>NLACRC Resource Availability & Development Plan to Address Goal:</p> <p>Resource Availability</p> <p>Type of Service: Independent Living Skills (ILS) Metric: Current Number of ILS Providers Data Source: SANDIS</p> <p>Type of Service: Supported Living Services (SLS) Metric: Current Number of SLS Providers Data Source: SANDIS</p> <p>Type of Service: Family Home Agencies (FHA) Metric: Current Number of FHA Providers Data Source: SANDIS</p> <p>Type of Service: Respite/Family Support Services Metric: Current Number of Respite Providers Data Source: SANDIS</p> <p>Type of Service: Personal Assistance/Family Support Services Metric: Current Number of Personal Assistant Providers Data Source: SANDIS</p> <p>Type of Service: Participant-Directed Services: Day Care (455), Respite (465), Nursing (460), Transportation (470), Community-Based Training Service (475), Personal Assistance (093), supported living (073) Metric: Current Number of Participant Directed Services Vendors Data Source: SANDIS</p>

3.	<i>Cont'd from above</i>						<p>Type of Service: Self Determination Program Metric: Number of participants Data Source to Evaluate: SDP Unit</p> <p>New Staff Orientation/Training Name of Training: Service Standards Frequency: Monthly Metric: Number of new staff trained within first three months of employment. Data Source to Evaluate: Human Resources & Training</p> <p>Name of Training: Person Centered Planning Frequency: Monthly Metric: Number of new staff trained within first three months of employment. Data Source to Evaluate: Human Resources & Training</p> <p>Name of Training: Lanterman Act Training Frequency: Monthly Metric: Number of new staff trained within first three months of employment. Data Source to Evaluate: Human Resources & Training</p> <p>Name of Training: Independent Living/Supported Living Frequency: Monthly Metric: Number of new staff trained within first three months of employment. Data Source to Evaluate: Human Resources & Training</p> <p>Name of Training: Residential Living Options Frequency: Monthly Metric: Number of new staff trained within first three months of employment. Data Source to Evaluate: Human Resources & Training</p>
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3.	Cont'd from above						<p><u>Community Training/Orientation</u> Name of Training: Supported Living Services Orientation Frequency: Monthly Metric: Number of Orientations Held Annually Data Source to Evaluate: Case Management</p> <p><u>Dissemination of Information</u> Type of Event: Town Hall – In Home Supportive Services Frequency: Annual Metric: Increase Number of Attendees Data Source to Evaluate: Public Information</p> <p>Type of Event: Consumer and Family In-Home Supportive Services Training w/Client Rights Advocate Frequency: Annual Metric: Increase Number of Attendees Data Source to Evaluate: Public Information</p>
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Public Policy Performance Measures (Required)

	Goal	Measure	Statewide Average June 2020	NLACRC June 2020	Statewide Average June 2021	NLACRC June 2021	Activities Summary
4.	Decrease the percentage of children living in larger facilities	Number and percent of minors living in facilities serving greater than 6 <ul style="list-style-type: none"> Intermediate Care Facilities (ICF) Skilled Nursing Facilities (SNF) Community Care Facilities (CCF) 	0.04% 68	0.01% 1	0.03% 59	0.01% 2	<p align="center">NLACRC Plan to Address Goal:</p> <p><u>New Staff Orientation/Training</u> Name of Training: Residential Living Options Frequency: Monthly Metric: Number of new staff trained within first three months of employment. Data Source to Evaluate: Human Resources & Training</p> <p><u>Name of Training:</u> Service Standards Frequency: Monthly Metric: Number of new staff trained within first three months of employment. Data Source to Evaluate: Human Resources & Training</p> <p><u>Resource Development</u> Type of Service: Client/Parent Support Behavior Intervention Training (048) or Parent Coordinated Behavioral Intervention Program (077) Metric: Current Number of vendors Data Source: SANDIS</p>
			0.02% 35	0.00% 0	0.02% 30	0.00% 0	
			0.00% 5	0.00% 0	0.00% 7	0.01% 1	
			0.02% 28	0.01% 1	0.01% 22	0.01% 1	

Public Policy Performance Measures (Required)							
	Goal	Measure	Statewide Average June 2020	NLACRC June 2020	Statewide Average June 2021	NLACRC June 2021	Activities Summary
5.	Decrease the percentage of adults living in larger facilities	Number and percent of adults living in facilities serving greater than 6 <ul style="list-style-type: none"> Intermediate Care Facilities (ICF) Skilled Nursing Facilities (SNF) Community Care Facilities (CCF) 	2.06% 3,618	2.56% 300	1.84% 3,323	2.23% 271	NLACRC Plan to Address Goal: <u>New Staff Orientation/Training</u> Name of Training: Residential Living Options Frequency: Monthly Metric: Number of new staff trained within first three months of employment. Data Source to Evaluate: Human Resources & Training Name of Training: Service Standards Frequency: Monthly Metric: Number of new staff trained within first three months of employment. Data Source to Evaluate: Human Resources & Training
		• Intermediate Care Facilities (ICF)	0.52% 904	1.08% 127	0.45% 812	1.00% 122	
		• Skilled Nursing Facilities (SNF)	0.61% 1,068	0.59% 69	0.55% 985	0.53% 65	
		• Community Care Facilities (CCF)	0.94% 1,646	0.89% 104	0.85% 1,526	0.69% 84	

Public Policy Performance Measures (Required)

	<i>Goal</i>	<i>Measure</i>	<i>Statewide Average June 2020</i>	<i>NLACRC June 2020</i>	<i>Statewide Average June 2021</i>	<i>NLACRC June 2021</i>	<i>Activities Summary</i>
6.	Increase the percentage of adult consumers that are employed in Integrated settings with competitive wages.	Separate measures for this goal are included below as numbers 6a. through 6d. See below for data on each separate measure.					<p>NLACRC Resource Availability & Development Plan to Address Goal:</p> <p>Resource Availability & Development Competitive Integrative Employment (CIE) Metric: Total Number of Vendors who offer CIE as of 12/31/2021 Progress Measurement: Total Number of Vendors who offer CIE as of 12/31/2022 Data Source: Community Services Employment Specialist</p> <p>Paid Internship Program (PIP) Metric: Total Number of Vendors who offer PIP as of 12/31/2021 Progress Measurement: Total Number of Vendors who offer PIP as of 12/31/2022 Data Source: Community Services Employment Specialist</p> <p>Increased Employment Opportunities for Consumers Competitive Integrative Employment (CIE) Metric: Total Number of Consumers in CIE as of 12/31/2021 Progress Measurement: Total Number of Consumers in CIE as of 12/31/2022 Data Source: Community Services & Case Management</p> <p>Paid Internship Program (PIP) Metric: Total Number of Consumers in PIP as of 12/31/2021 Progress Measurement: Total Number of Consumers in PIP as of 12/31/2022 Data Source: Community Services & Case Management</p>

6.	Cont'd from above		<p><u>Service Access & Equity Grant</u> Type of Grant: NLACRC is submitting a request for an Employment Specialist to help build relationships with small business owners in underserved areas. Metric: Total Number of Contacts Made per Month Data Source: Diversity, Equity, and Inclusion Department <i>*DDS will render outcomes/decisions by January 31, 2022.</i></p> <p><u>Outreach & Engagement to Increase Employment for Consumers</u> Frequency: Monthly Metric: Total Number of Contacts Made at Colleges and Career Centers Data Source: Diversity, Equity, and Inclusion Department</p> <p><u>Individualized Program Plans</u> Strategy: All individuals who are eligible and want to work will have an IPP goal and objective in each plan. Metric: Total Number of IPPs with employment goals/outcomes Data Source: SANDIS (explore technology)</p> <p><u>Dissemination of Information</u> Type of Event: Town Hall – Department of Rehabilitation Frequency: Annual Metric: Increase Number of Attendees Data Source to Evaluate: Public Information</p>
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Public Policy Performance Measures - Employment (Required)

Measures for Goal 6:

6a.	<i>Measure</i>	<i>Jan. through Dec. 2018 CA</i>	<i>Jan. through Dec. 2018 NLACRC</i>	<i>Jan. through Dec. 2019 CA</i>	<i>Jan. through Dec. 2019 NLACRC</i>
	<p><u>(Consumer earned income (ages 16 and above) From Employment Development Department [EDD])</u></p> <p>Quarterly number of consumers with earned income</p> <p>Percentage of consumers with earned income</p> <p>Average annual wages for consumers</p>	<p>27,526</p> <p>16%</p> <p>\$10,317</p>	<p>1,597</p> <p>14%</p> <p>\$12,194</p>	<p>28,170</p> <p>16%</p> <p>\$11,327</p>	<p>1,689</p> <p>14%</p> <p>\$13,334</p>
6b.	<i>Measure</i>	2018			
	<p><u>(From Cornell University Disability Status Report)</u></p> <p>Annual earnings of consumers ages 16-64 compared to people with all disabilities in California.</p> <p><i>(*Data for 2018 is the most recent available. The Cornell University 2019 Disability Status Report was not available at the time that this report was finalized.)</i></p>	\$47,600			



Calendar Year(s): **2022 DRAFT**

Public Policy Performance Measures - Employment (Required)					
6c.	Measure	July 2014 - June 2015 Statewide	July 2014 - June 2015 NLACRC	July 2017 - June 2018 Statewide	July 2017 - June 2018 NLACRC
	<p>(From National Core Indicator (NCI) Adult Consumer Survey) Percentage of adults who reported having integrated employment as their goal in their IPP.</p> <p><i>(Note: Data is not available for 2016 because the NCI Surveys are conducted every three years.)</i></p>	27%	28%	29%	26%
6d.	Measure	2018-19 CA Avg.	2019-20 NLACRC Avg.	2018-19 CA Avg.	2019-20 NLACRC Avg.
	<p>(From data collected manually from service providers by regional centers) Number of adults who were placed in competitive integrated employment following participation in a Paid Internship Program.</p> <p>Percentage of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program.</p> <p>Average hourly or salaried wages and for adults who participated in a Paid Internship Program.</p> <p>Average hours worked per week for adults who participated in a Paid Internship Program.</p> <p>Average wages for adults engaged in competitive, integrated employment, on behalf of whom incentive payments have been made.</p>	9 13% \$12.45 17 \$12.76	3 7% \$13.34 16 \$13.30	8 9% \$13.31 16 \$13.52	5 11% \$13.78 15 \$14.08

6d. (cont'd)	Measure	2018-19 CA Avg.	2019-20 NLACRC Avg.	2018-19 CA Avg.	2019-20 NLACRC Avg.
	<p><u>(From data collected manually from service providers by regional centers) (cont'd)</u></p> <p>Average hours worked for adults engaged in competitive, integrated employment, on behalf of whom incentive payments have been made.</p> <p>Total # of incentive payments made for the fiscal year for the following amounts.</p> <p style="text-align: right;">Incentive amount:</p> <p style="text-align: right;">\$1,500</p> <p style="text-align: right;">\$1,250</p> <p style="text-align: right;">\$1,000</p>	<p style="text-align: center;">22</p> <p style="text-align: center;">27</p> <p style="text-align: center;">39</p> <p style="text-align: center;">43</p>	<p style="text-align: center;">22</p> <p style="text-align: center;">41</p> <p style="text-align: center;">47</p> <p style="text-align: center;">41</p>	<p style="text-align: center;">21</p> <p style="text-align: center;">22</p> <p style="text-align: center;">28</p> <p style="text-align: center;">34</p>	<p style="text-align: center;">20</p> <p style="text-align: center;">27</p> <p style="text-align: center;">33</p> <p style="text-align: center;">36</p>

**Public Policy Performance Measures – Related to Reducing Disparities and Improving Equity in Purchase of Services
(Two Required)**

	Goal	Measure	Activities Summary
7.	<p>Ensure that consumers and families have access to services and supports regardless of age, diagnosis, ethnicity, or language</p>	<p>Indicator showing the relationship between annual authorized services and expenditures by individual’s residence type and ethnicity</p> <p>Data for this measure that is separated by residence type is included below as numbers 7a. through 7f. See below for this data.</p>	<p>NLACRC Plan to Address Goal:</p> <p><u>Diversity, Equity, and Inclusion Initiative</u> Tentative Timeline: June 30, 2022 Metric: All NLACRC staff trained in culture competency and implicit bias Data Source to Evaluate: Training & Diversity, Equity, and Inclusion <i>*In Development: NLACRC has partnered with Inclusion Counts who will complete an Equity Report and help NLACRC establish metrics.</i></p> <p><u>Enhanced Service Coordination</u> Tentative Timeline: Begin recruitment for six newly established positions who will serve 1:40 by January 30, 2022. Metric: Number of Specialists hired & number of consumers/families served Data Source to Evaluate: Human Resources</p> <p><u>Deaf & Hard of Hearing Specialist</u> Tentative Timeline: Begin recruitment for newly established positions by January 30, 2022. Metric: Position Filled Data Source to Evaluate: Human Resources</p> <p><u>Participant Choice Specialists</u> Tentative Timeline: Begin recruitment for newly established positions by January 30, 2022. Metric: Position Filled Data Source to Evaluate: Human Resources</p>

7.	<i>Cont'd from above</i>		<p><u>Service Access & Equity Grant</u> Type of Grant: Grassroots Outreach Metric: Total Number of Contacts Made per month Data Source: Diversity, Equity, and Inclusion Department *DDS will render decisions/outcomes by January 31, 2022</p> <p><u>NLACRC Recruitment of Service Coordinators</u> Tentative Timeline: Active recruitment for open positions Frequency: Recruiting goal to hire a minimum of 5 CSCs per month Metric: Reduction in the number of CSC vacancies Data Source to Evaluate: Human Resources</p> <p><u>Community Engagement & Relationships</u> Type of Event: Cafecito Entre Nos (“Coffee Amongst Us”) Frequency: Monthly Metric: Increase Number of Attendees Data Source to Evaluate: Diversity, Equity, and Inclusion</p> <p>Type of Event: Alianza De Hombres (“Men’s Group”) Frequency: Monthly Metric: Increase Number of Attendees Data Source to Evaluate: Diversity, Equity, and Inclusion</p> <p><u>New Staff Orientation/Training</u> Name of Training: Service Standards Frequency: Monthly Metric: Number of new staff trained within first three months of employment. Data Source to Evaluate: Human Resources & Training</p> <p>Name of Training: Person Centered Planning Frequency: Monthly Metric: Number of new staff trained within first three months of employment. Data Source to Evaluate: Human Resources & Training</p>
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7.	<i>Cont'd from above</i>		<p>Name of Training: Lanterman Act Training Frequency: Monthly Metric: Number of new staff trained within first three months of employment. Data Source to Evaluate: Human Resources & Training</p> <p><u>Dissemination of Information</u> Type of Event: Aprendiendo Entre Nos (“Learning Amongst Us”) Frequency: 6 times per year Metric: Increase Number of Attendees Data Source to Evaluate: Diversity, Equity, and Inclusion</p> <p>Type of Event: Festival Educacional Frequency: Annual Metric: Increase Number of Attendees Data Source to Evaluate: Public Information</p> <p>Type of Event: Purchase of Service Public Meetings Frequency: Annual Metric: Increase Number of Attendees Data Source to Evaluate: Public Information</p> <p>Type of Event: Town Hall – Family Support Services Frequency: Annual Metric: Increase Number of Attendees Data Source to Evaluate: Public Information</p> <p>Type of Activity: Grassroots Outreach & Community Engagement Contacts Frequency: Monthly Metric: Increase Number of community contacts monthly by geographic area Data Source to Evaluate: Diversity, Equity, and Inclusion Unit</p> <p>Type of Activity: Printed Information Provided to Community Frequency: Monthly Metric: Number of contacts with community partners for materials by geographic area Data Source to Evaluate: Public Information & Diversity, Equity, and Inclusion Unit</p>
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7.	<i>Cont'd from above</i>		Type of Activity: Electronic Information Provided to Community Frequency: Monthly Metric: Number of opened emails with materials provided to community by geographic area Data Source to Evaluate: Public Information & Diversity, Equity, and Inclusion Unit.
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Data for Goal 7's Measure:

	<i>Residence Type</i>	<i>2018-19</i>	<i>2019-20</i>
7a	<i>Home</i>	<i>American Indian or Alaska Native</i> 0.39 ----- <i>Asian</i> 0.68 ----- <i>Black/ African American</i> 0.71 ----- <i>Hispanic</i> 0.70 ----- <i>Native Hawaiian or Other Pacific Islander</i> 0.45 ----- <i>White</i> 0.69 ----- <i>Other Ethnicity or Race</i> 0.66	<i>American Indian or Alaska Native</i> 0.40 ----- <i>Asian</i> 0.63eew5 ----- <i>Black/ African American</i> 0.72 ----- <i>Hispanic</i> 0.70 ----- <i>Native Hawaiian or Other Pacific Islander</i> 0.70 ----- <i>White</i> 0.67 ----- <i>Other Ethnicity or Race</i> 0.67

Data for Goal 7's Measure:

	<i>Residence Type</i>	<i>2018-19</i>	<i>2019-20</i>
7b	ILS/SLS	American Indian or Alaska Native 0.68 ----- Asian 0.84 ----- Black/ African American 0.82 ----- Hispanic 0.84 ----- Native Hawaiian or Other Pacific Islander 1.00 ----- White 0.86 ----- Other Ethnicity or Race 0.87	American Indian or Alaska Native 0.95 ----- Asian 0.80 ----- Black/ African American 0.81 ----- Hispanic 0.82 ----- Native Hawaiian or Other Pacific Islander N/A ----- White 0.84 ----- Other Ethnicity or Race 0.77

Data for Goal 7's Measure:

	<i>Residence Type</i>	<i>2018-19</i>	<i>2019-20</i>
7c	Institutions	American Indian or Alaska Native N/A ----- Asian N/A ----- Black/ African American 0.57 ----- Hispanic 0.72 ----- Native Hawaiian or Other Pacific Islander N/A ----- White 0.09 ----- Other Ethnicity or Race N/A	American Indian or Alaska Native N/A ----- Asian N/A ----- Black/ African American 0.58 ----- Hispanic 0.23 ----- Native Hawaiian or Other Pacific Islander N/A ----- White 0.05 ----- Other Ethnicity or Race 0.00

Data for Goal 7's Measure:

	<i>Residence Type</i>	<i>2018-19</i>	<i>2019-20</i>
7d	Residential	American Indian or Alaska Native 0.94 ----- Asian 0.90 ----- Black/ African American 0.90 ----- Hispanic 0.90 ----- Native Hawaiian or Other Pacific Islander 0.94 ----- White 0.89 ----- Other Ethnicity or Race 0.88	American Indian or Alaska Native N/A ----- Asian 0.87 ----- Black/ African American 0.88 ----- Hispanic 0.89 ----- Native Hawaiian or Other Pacific Islander 0.94 ----- White 0.83 ----- Other Ethnicity or Race 0.87

Data for Goal 7's Measure:

	<i>Residence Type</i>	<i>2018-19</i>	<i>2019-20</i>
7e	Med/Rehab/ Psych	American Indian or Alaska Native N/A ----- Asian 0.65 ----- Black/ African American 0.71 ----- Hispanic 0.70 ----- Native Hawaiian or Other Pacific Islander 1.00 ----- White 0.77 ----- Other Ethnicity or Race 0.73	American Indian or Alaska Native N/A ----- Asian 0.18 ----- Black/ African American 1.13 ----- Hispanic 0.50 ----- Native Hawaiian or Other Pacific Islander N/A ----- White 0.75 ----- Other Ethnicity or Race 0.99

Data for Goal 7's Measure:

	<i>Residence Type</i>	<i>2018-19</i>	<i>2019-20</i>
7f	Other	American Indian or Alaska Native N/A ----- Asian 0.72 ----- Black/ African American 0.90 ----- Hispanic 0.58 ----- Native Hawaiian or Other Pacific Islander N/A ----- White 0.71 ----- Other Ethnicity or Race 0.97	American Indian or Alaska Native 0.00 ----- Asian 0.34 ----- Black/ African American 0.96 ----- Hispanic 0.64 ----- Native Hawaiian or Other Pacific Islander N/A ----- White 0.81 ----- Other Ethnicity or Race 0.00

**Public Policy Performance Measures – Related to Reducing Disparities and Improving Equity in Purchase of Services
(Two Required)**

	<i>Goal</i>	<i>Measure</i>	<i>Ethnicity</i>	<i>2018-19</i>	<i>2019-20</i>	<i>Activities Summary</i>
8.	Ensure that consumers and families have access to services and supports regardless of age, diagnosis, ethnicity, or language	Number and percent of individuals receiving only case management services by ethnicity and age <ul style="list-style-type: none"> • Birth to age two, inclusive • Age three to 21, inclusive • Twenty-two and older 	American Indian or Alaska Native Asian Black/African American Hispanic Native Hawaiian or Other Pacific Islander White Other Ethnicity or Race Total	Birth to 2: 0 (0%) 3 to 21: 9 (39%) 22+: 3 (25%) Birth to 2: 3 (1%) 3 to 21: 314 (33%) 22+: 78 (15%) Birth to 2: 5 (2%) 3 to 21: 480 (32%) 22+: 205 (18%) Birth to 2: 8 (0%) 3 to 21: 2,677 (34%) 22+: 663 (21%) Birth to 2: 0 (N/A) 3 to 21: 2 (22%) 22+: 1 (14%) Birth to 2: 9 (1%) 3 to 21: 1,163 (31%) 22+: 497 (13%) Birth to 2: 11 (1%) 3 to 21: 355 (28%) 22+: 67 (18%) Birth to 2: 36 (1%) 3 to 21: 5,000 (32%) 22+: 1,514 (17%)	Birth to 2: 0 (0%) 3 to 21: 5 (31%) 22+: 2 (40%) Birth to 2: 1 (0%) 3 to 21: 333 (32%) 22+: 91 (16%) Birth to 2: 1 (0%) 3 to 21: 469 (31%) 22+: 216 (19%) Birth to 2: 9 (0%) 3 to 21: 2,685 (31%) 22+: 729 (22%) Birth to 2: 0 (0%) 3 to 21: 4 (57%) 22+: 0 (0%) Birth to 2: 7 (1%) 3 to 21: 1,140 (30%) 22+: 533 (13%) Birth to 2: 8 (1%) 3 to 21: 393 (29%) 22+: 71 (20%) Birth to 2: 26 (0%) 3 to 21: 5,029 (31%) 22+: 1,642 (17%)	Same Activities as Goal 7.

9.	<i>Cont'd from above</i>		<p>Native Hawaiian or Other Pacific Islander</p> <p>White</p> <p>Other Ethnicity or Race</p>	<p>Birth to 2, Consumers – 0% Birth to 2, Expenditures – 0% 3 to 21, Consumers – 0% 3 to 21, Expenditures – 0% 22+, Consumers – 0% 22+, Expenditures – 0%</p> <p>Birth to 2, Consumers – 20% Birth to 2, Expenditures – 23% 3 to 21, Consumers – 24% 3 to 21, Expenditures – 32% 22+, Consumers – 43% 22+, Expenditures – 56%</p> <p>Birth to 2, Consumers – 16% Birth to 2, Expenditures – 13% 3 to 21, Consumers – 8% 3 to 21, Expenditures – 8% 22+, Consumers – 4% 22+, Expenditures – 4%</p>	<p>Birth to 2, Consumers – 0% Birth to 2, Expenditures – 0% 3 to 21, Consumers – 0% 3 to 21, Expenditures – 0% 22+, Consumers – 0% 22+, Expenditures – 0%</p> <p>Birth to 2, Consumers – 19% Birth to 2, Expenditures – 21% 3 to 21, Consumers – 23% 3 to 21, Expenditures – 31% 22+, Consumers – 43% 22+, Expenditures – 55%</p> <p>Birth to 2, Consumers – 17% Birth to 2, Expenditures – 14% 3 to 21, Consumers – 8% 3 to 21, Expenditures – 7% 22+, Consumers – 4% 22+, Expenditures – 4%</p>	
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Compliance Measure (Required)							
	Goal	Measure	Statewide Average June 2020	NLACRC June 2020	Statewide Average June 2021	NLACRC June 2021	Activities Summary
10.	Increase the percentage of individuals with current CDERs	Number and percent of individuals (Status 1 or 2) Current Client Development Evaluation Report (CDER) or Early Start Report (ESR)	98.34% 301,310	98.96% 23,054	98.39% 310,715	99.13% 23,778	<p>NLACRC Plan to Address Goal:</p> <p>Name of Training: CDER/Person Centered Planning Training</p> <p>Frequency: Monthly</p> <p>Metric: Number of new staff trained within first three months of employment.</p> <p>Data Source to Evaluate: Human Resources & Training</p>

Compliance Measures (Required). Activities Optional				
<i>Measures</i>	<i>Audit Compliance in all Regional Centers as of December 2019</i>	<i>NLACRC Audit Compliance as of December 2019?</i>	<i>Audit Compliance in all Regional Centers as of December 2020</i>	<i>NLACRC Audit Compliance as of December 2020?</i>
1. Passes independent audit	86%	YES	This data is not currently available.	YES
2. Passes DDS audit	100%	YES	This data is not currently available.	YES
3. Audits vendors as required (FY2018-19 vs. FY2019-2020)	81%	YES	This data is not currently available.	*
4. Didn't overspend operations budget	100%	YES	This data is not currently available.	YES
5. Participates in federal waiver	100%	YES	This data is not currently available.	YES
<i>Measure</i>	<i>Statewide Average as of December 2019</i>	<i>NLACRC Baseline as of December 2019</i>	<i>Statewide Averages of December 2020</i>	<i>NLACRC Baseline as of December 2020</i>
6. CDER/ESR Currency	95.33%	95.73%	This data is not currently available.	98.92%

Compliance Measures (Required). Activities Optional

<i>Measure</i>	<i>Statewide Average as of December 2019</i>	<i>NLACRC Baseline as of December 2019</i>	<i>Statewide Averages of December 2020</i>	<i>NLACRC Baseline as of December 2020</i>
7. Intake/assessment timelines for consumers ages 3 and above.	97.56%	98.53%	This data is not currently available.	100%
<i>Measure</i>	<i>Statewide Average as of December 2019</i>	<i>NLACRC Baseline as of December 2019</i>	<i>Statewide Average as of December 2020</i>	<i>NLACRC Baseline as of December 2020</i>
8. IPP Development (WIC requirements)	99.05%	N/A – NLACRC was not reviewed for the measure during this period.	This data is not currently available.	97.90%

<i>Measure</i>	<i>Statewide Average as of December 2019</i>	<i>NLACRC Baseline as of December 2019</i>	<i>Statewide Average as of December 2020</i>	<i>NLACRC Baseline as of December 2020</i>
9. Individualized Family Service Plan (IFSP) Requirements Met**	84.90%	86.33%	This data is not currently available.	86.2%

*DDS Department Directive 01-041520 waived the requirements of Article III, Section 9, paragraph (c) of the Department’s regional center contract.

**The IFSP calculation methodology was changed from composite to average in 2017 in order to more accurately reflect the regional center’s performance by only including children reviewed during monitoring and not all Early Start consumers.

Data source for statewide averages: <https://www.dds.ca.gov/rc/dashboard/performance-contracts/>.

“Outside of the box” performance measures:

- 1) Increase recruitment for in San Fernando Valley, Antelope Valley, and Santa Clarita Valley.
 - b. Measurable goal: Expand recruitment platforms to include Social Media (Facebook, Instagram, etc.), Print Media (Santa Clarita Signal, Antelope Valley Press, etc.), Online Recruitment Resources (LinkedIn, NLACRC Website, Indeed, ZipRecruiter, Foundationlist.org, DiversityJobs, etc.), Partnering with local entities (AJCC, CSUN, etc.), Utilizing Temporary Agencies (Royal Staffing, HRCS, Robert Half, etc.), Employee Referrals, and Participating in Job Fairs
- 2) Increase service provider access to trainings to increase quality of services
 - a. Measurable goal: Schedule trainings for service providers with reputable subject matter experts to provide growth opportunities
- 3) Increase educational opportunities for Community Services staff development
 - a. Measurable goal: Schedule trainings for Community Services Specialists to be kept informed and up to date of best practices

North Los Angeles County Regional Center

Board of Trustees

FY 2021-22 Presentation/Training Schedule

Date	Presentation/Training/Length	Presenter(s)
7/24/2021	Board Governance (1.5 hours)	Deirdre Maloney, Making Momentum LLC
08/2021	Whistleblower Policy	Michele Marra, Chief Organization Development Officer
9/15/2021	Legislative Advocacy (2 hours)	Michelle Heid, Legislative Consultant
10/27/2021 AA Committee	Regional Center POS & OPS Contracting Process (30 minutes)	Kim Rolfes, Chief Financial Officer
11/20/2021	Lanterman Developmental Disabilities Services Act Overview (2 hours)	Ruth Janka, Executive Director
01/2022	Cultural Competency	Inclusion Counts, LLC and Dr. Fernandez, DEI Supervisor
02/2022	Vendorization, Quality Assurance and Resource Development	Evelyn McOmie, Community Services Director Arshalous Garlanian, Community Services Manager
3/23/2022 AA Committee	Audits, Financial Statements, Tax Returns and Financial Focus for Board Members (1 hour)	Tom Huey, CPA, Windes LLC
04/2022	Implicit Bias Training	Inclusion Counts, LLC and Dr. Fernandez, DEI Supervisor
05/2022	Conflict of Interest Training	Michele Marra, CODO

Board trainings can be held before, during or separate from board meetings.

North Los Angeles County Regional Center
Board of Trustees Policy

Executive Director's Evaluation

The Lanterman Act requires regional center boards to provide annual evaluations of their executive directors. The Executive Committee has responsibility for the executive director's evaluation as well as contract negotiation. To ensure confidentiality, the following procedure will be used.

- Trustees with 3 or more months of time served are required to participate in the evaluation. Prior board membership, membership on the Vendor or Consumer Advisory Committee or Board Internship Program will accumulate months of service. Failure to submit a signed evaluation to the Board President by the scheduled date will be treated as resignation from the Board, unless discussed with the Board President and there is agreement to grant an extension. The board president will be available to help board members who ask for assistance.
- Blank evaluations will be reviewed by the board at the September board meeting. All eligible board members will have an opportunity to bring concerns/issues regarding any areas of performance in which the executive director needs to improve during the executive director's current performance period. If a board member has identified a deficit in the executive director's performance, the board member should bring this to the attention of the board president or any elected officer to be addressed at an executive session of the Executive Committee during the months of October through January. Upon confirmation of the need for improved performance, the board president or designated member of the Executive Committee will meet with the executive director regarding the performance deficit identified, the improvement needed and any performance recommendations made by the Executive Committee.
- The executive director evaluations will be distributed for completion at the February board meeting. Board members will have 1 month to complete the evaluation which is due to the board president and board attorney by the March board meeting.
- The board president or designee will review the performance evaluations and direct legal counsel to create a summary report, the CODO will be responsible for all other non-performance evaluation information for inclusion in the review conducted by the Negotiation/Compensation Committee. After review by the Negotiation/Compensation Committee and presented to the Executive Committee, the evaluation will be reviewed, in executive session, by the full board. The board attorney will be present at the discretion of the Negotiating/Compensation Committee to provide support as it relates to the executive director's performance evaluation. Three

copies of the final letter will be produced: the original will be provided to the CODO, a copy along with all board inputs will be stored and secured at the board attorney's office and a copy will go to the executive director. No other copies of the evaluation or board member inputs will be made.

- Negotiations – Refer to the Executive Director's Performance Evaluation Timeline.

North Los Angeles County Regional Center
Board of Trustees

Executive Director’s Performance Evaluation Timeline

Time Period	Actions
<u>August</u>	<ul style="list-style-type: none"> • The chief organizational development officer (CODO) will review with the new board president his/her responsibilities and the process surrounding the executive director’s performance evaluation.
<u>September</u> Board Meeting	<ul style="list-style-type: none"> • The executive director’s performance evaluation process and blank performance evaluations are reviewed with the board members. • The board president will create a negotiating committee and provide the members’ names to the CODO.
<u>October - January</u>	<ul style="list-style-type: none"> • All eligible board members will have an opportunity to bring concerns/issues regarding any areas of performance in which the executive director needs to improve during the executive director’s current performance period. If a board member has identified a deficit in the executive director’s performance, the board member should bring this to the attention of the board president or any elected officer to be addressed at an executive session of the Executive Committee during the months of October through January. Upon confirmation of the need for improved performance, the board president or designated member of the Executive Committee will meet with the executive director regarding the performance deficit identified, the improvement needed and any performance recommendations made by the Executive Committee.
<u>January</u>	<ul style="list-style-type: none"> • The CODO, deputy director/chief financial officer, director of finance and board attorney will meet with the board president and the negotiating committee to review the performance evaluation and compensation process.
<u>January</u> Executive Committee Meeting	<ul style="list-style-type: none"> • The negotiating committee will request external compensation data from the CODO.
<u>February</u> Board Meeting	<ul style="list-style-type: none"> • Blank executive director evaluation forms are distributed for board members to complete. Completed evaluations are due to the board president and board attorney by the March board meeting. • Board members with less than 3 months of service <u>do not</u> complete evaluation forms. All other board members <u>must</u> complete an evaluation form or will be considered to have resigned from the board. • The negotiating committee will meet with the executive director.

<p><u>March</u> Board Meeting</p>	<ul style="list-style-type: none"> • Completed executive director evaluation forms are due to the board president and board attorney. The board attorney will retain all executive director evaluation forms and summaries.
<p><u>April</u> Executive Committee Meeting</p>	<ul style="list-style-type: none"> • The board attorney will complete and provide a summary report of the executive director’s evaluation and review with the negotiating committee (in executive session). • The CODO, deputy director/chief financial officer, and director of finance will meet with the negotiating committee to provide the compensation data for review and provide any requested additional information.
<p><u>May</u> Board Meeting</p>	<ul style="list-style-type: none"> • The negotiating committee provides a summary of the compensation and/or contract changes (in executive session). The board attorney will be present at the discretion of the Negotiating/Compensation Committee to provide support as it relates to the executive director’s performance evaluation. The executive session will be placed at the beginning of the board meeting agenda.
<p><u>June</u></p>	<ul style="list-style-type: none"> • The CODO will prepare the documentation necessary to process the negotiating committee’s compensation and/or contract changes as appropriate. • The CODO will schedule a meeting with the executive director and provide the board president with all required documents needed for the meeting (e.g. compensation, employment contract changes, etc.). Performance review information will be provided by the board attorney. • Copies of all signed documents will be provided to the CODO to allow for the timely processing of compensation information.

North Los Angeles County Regional Center

Executive Director Performance Evaluation

Completed by: Name: _____

Board committees on which you have served:

_____	_____
_____	_____
_____	_____

Board offices you have held:

_____	_____
_____	_____
_____	_____

Sources of information: director’s reports; committee reports; monthly financial reports; audit reports; special incident reports; quality assurance reports; feedback relative to the performance-based contract; status of board self-audits and board goals; DDS feedback; personnel reports from human resources; ARCA reports; feedback from Festival Educacional; consumer survey results; information provided in board meetings; action logs.

The rating categories for this evaluation are:

Outstanding / Exceeds Expectations / Meets Expectations / Needs Improvement *

* “Needs Improvement” is not appropriate unless previously communicated to the Executive Committee for action. Any time the executive director’s performance in any category needs improvement, board members should identify the area for corrective action.

All eligible board members will have an opportunity to bring concerns/issues regarding any areas of performance in which the executive director needs to improve during the executive director's current performance period. If a board member has identified a deficit in the executive director's performance, the board member should bring this to the attention of the board president or any elected officer to be addressed at an executive session of the Executive Committee during the months of October through January. Upon confirmation of the need for improved performance, the board president or designated member of the Executive Committee will meet with the executive director regarding the performance deficit identified, the improvement needed and any performance recommendations made by the Executive Committee.

A.	Board Functions	Yes	No
1	Does the executive director support the regional center’s programs and policies?		
2	Does the board have the information it needs to carry out its responsibilities?		
3	Is help and guidance provided to the board in setting policy?		
4	Are important items identified for board attention?		
5	Does the executive director clearly communicate policy decisions and actions to the board through regular reports?		
6	Does the executive director understand and communicate information on legislative issues?		
7	Do board members feel comfortable asking the executive director for help in understanding issues?		
8	Does the executive director effectively convey board goals and policies to the staff, consumers, service providers, and appropriate community agencies?		
9	Does the executive director provide adequate staff and technical assistance to committees?		
10	Does the executive director effectively represent the board with other agencies (e.g. the Association of Regional Center Agencies (ARCA), local public agencies, appropriate community agencies)?		
11	Does the executive director give the board information about possible problems and suggest plans of action?		
12	Are individual committee goals / actions combined into an overall plan for the board?		
13	Is appropriate board training provided?		
14	Are the annual fiscal audits (results of a review by an outside accounting firm) reported to the board?		
15	Does the board have a signed contract with DDS?		
16	Are the goals of the performance-based contract being met?		

C.	Center Representation and Community Support	Yes	No
1	Is the executive director in touch with local legislators and their staff?		
2	Does the executive director effectively convey board goals and policies to the staff, consumers, service providers, and appropriate community agencies?		
3	Is information distributed to the community?		
4	Does the executive director maintain communication lines to the service provider community?		
5	Does the executive director effectively represent the center at ARCA?		
6	Does the regional center work with public and private organizations (generic resources) to maximize the provision of services to consumers?		
7	Does the executive director and other staff meet on a regular basis with community and provider groups to share information and solve problems?		
8	Are self-advocacy groups supported?		

Summary rating and comments on the executive director’s performance in this area:

Outstanding
 Exceeds Expectations
 Meets Expectations
 Needs Improvement

In this category, what do you feel are the executive director’s greatest strengths?

For this category, what could the executive director change that would benefit him and/or the regional center most?

North Los Angeles County Regional Center

Consumer Services Committee

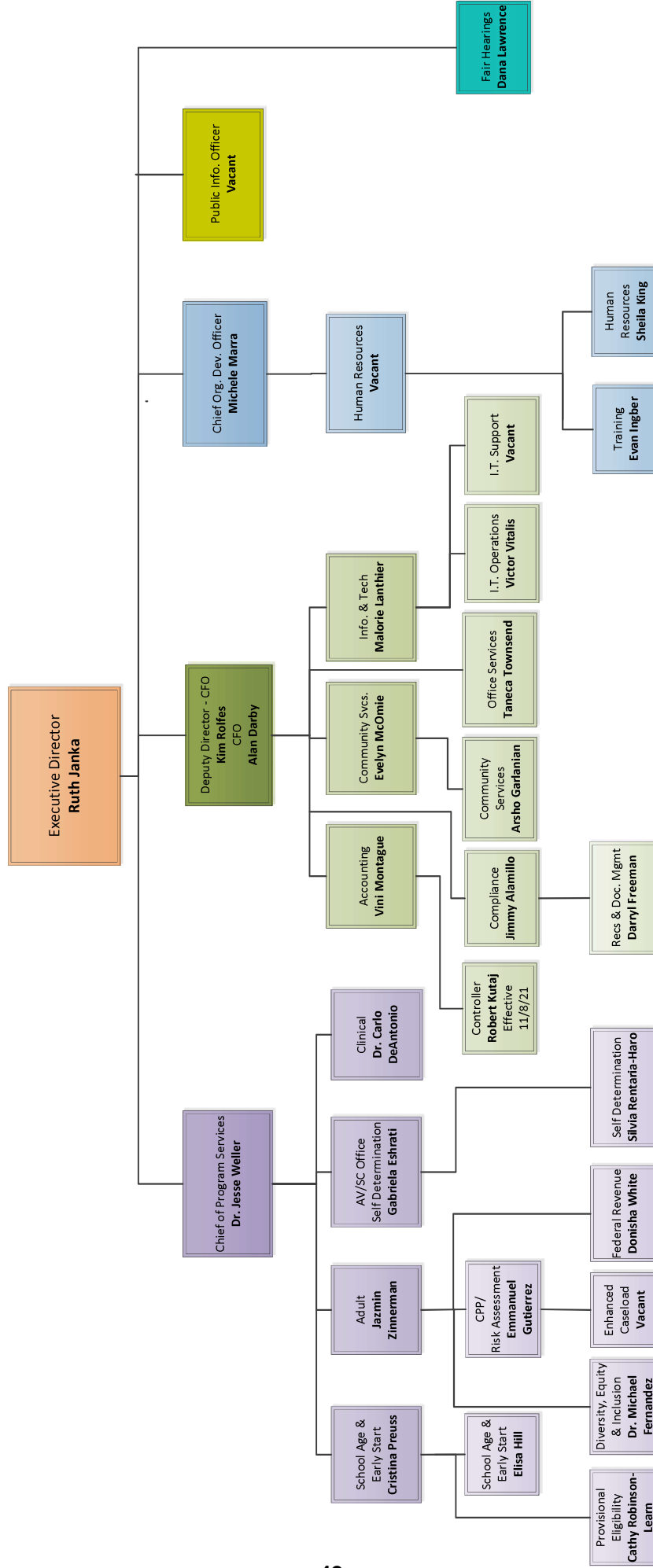
Priorities for FY 2021-22

1. Monitor progress in the implementation of the center's self-determination program.
2. Propose strategies for increasing access to services in the center's communities of color, including participation in alternative nonresidential services delivery.
3. Monitor service delivery for compliance with Home and Community-Based Services (HCBS) waiver, statutory and regulatory requirements.
4. Propose and advocate for caseload ratios that will result in effective service coordination for unique populations such as self-determination and consumers/families who are not accessing the services authorized in their Individual Program Plans (IPPs).
5. **Support individuals in obtaining and maintaining competitive employment opportunities and/or internships.**



[priorities.2122] Approved: July 21, 2021

North Los Angeles County Regional Center Organizational Overview



North Los Angeles County Regional Center
Board of Trustees Meeting
Director's Report
November 10, 2021

A. State/Local Updates

1. Payment Error Rate Measurement Audit

Every three years, California participates in the Payment Error Rate Measurement (PERM) review conducted by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). The objective of PERM is to identify erroneous payments through a review of randomly selected sample of HCBS claims from all regional centers.

Expenditure claims will be randomly selected for services provided during fiscal year July 1, 2021 and ending June 30, 2022. For each sampled claim, regional centers will be required to send records such as Individual Program Plans, attendance records, and case management notes to the CMS (via a CMS contractor) for review as well as duplicate copies to DHCS. The actual records required will vary depending on the type of service associated with the selected claim.

2. Affordable Housing in the Antelope Valley!

Supervisor Kathryn Barger will provide \$300,000 in discretionary funds earmarked for community development to Penny Lane Centers to ensure the timely completion of Imagine Village II – a new project that will provide housing for low-income families located in Lancaster. The project will provide 80 units.

3. DDS Call for Ornaments for Annual Capitol Tree Lighting

Deadline for submission of ornaments to DDS for placement on the Capitol's Christmas tree is November 12, 2021. The Capitol's tree will be lit by a child served by the regional center in a ceremony the first week of December with Governor Newsom and First Partner Jennifer Siebel Newsom, a tradition since 1983 started by Governor Deukmejian.

B. COVID

1. Statistics

LA County Public Health COVID Update as of Monday, November 8, 2021

<http://publichealth.lacounty.gov>

Current Hospitalizations: 655; 15% of people testing positive.

Test Positivity Rate: 1.1%

Of 996 new cases reported on 11/8/2021, 140 were children between 5-11 years old. Since March of 2020, 400 children who tested positive for COVID 19 were hospitalized.

o **Statewide Regional Center COVID Data– September Statistics:**

Per the 10/8/21 DDS report, there have been 1,193 new cases (an increase of 511 as compared to August) and 20,029 positive cases cumulatively. There are 60 new hospitalizations and 16 deaths

for September; respectively 660 hospitalizations and 789 deaths cumulatively based on all known COVID cases.

- **NLACRC COVID Statistics up through October 31, 2021 (cumulative and monthly data):** DDS received reports of 41 new cases in the month of September, 1,313 positive cases total; 0 hospitalizations and 0 deaths in the month of September. Per NLACRC's internal data, we have had 189 hospitalizations total and 59 deaths to date. Over the last three weeks, NLACRC consumers reporting COVID-19 positivity varied between 0 and 2 cases weekly, with no hospitalizations.

2. COVID19 Vaccine (Pfizer) for Children 5-11

- a. LA County Public Health announced they expect 900,000 children between 5-11 who will likely become eligible for the vaccine; and expects to receive 300,000 doses by the end of this week. Parents can also check with their child's pediatrician to access the vaccine. Network of 900 providers countywide available to provide the vaccine.

3. COVID19 Vaccine Mandate for Service Providers

- a. Service providers are reporting they are receiving requests from consumers and families to demonstrate proof of vaccination.

4. COVID19 Vaccine Mandate to Enter Indoor Portion of Covered Location (Eff. 11/4/2021)

- a. **Impact of LA County vaccine mandate to enter indoor locations** including restaurants (cafes, fast food, coffee shops included), gyms and fitness venues including recreation facilities, entertainment venues including shopping centers, bowling alleys, game centers, museums, malls; personal care establishments including nail salons, hair salons, barbershops; **city facilities**. Proof of vaccination or negative COVID test required for entry into **outdoor mega events** (5,000 – 9,999 attendees).

5. COVID-19 Vaccine Booster Shots

- a. **Eligibility for Pfizer** booster shot at six month or more after initial series are individuals 65+, 18+ who live in l/t care settings, 18+ with underlying medical condition, and 18+ who work or live in high risk settings.
- b. Individuals who received **Moderna** vaccine **should** receive a booster dose are those at risk for increased hospitalization, 65+, 18+ who reside in l/t care facility, 50-64 years with underlying medical conditions or at increased risk due to social inequities.
- c. Individuals who **may** receive a **Moderna** booster dose are 18-49 with underlying medical conditions or increased risk of social inequities, 18-64 who are at risk of exposure or transmission due to occupational or institutional setting.
- d. Anyone who received a **Johnson and Johnson** vaccine **should obtain a** booster shot of any brand.
- e. **Note: booster shots are not required, and 9/28/21 Public Health Order does not require booster shots.**

6. Return to Workspace

a. Vaccination Policy Requirement

CalOSHA is now requiring companies to develop a vaccination policy, the Center's policy is in progress.

b. COVID Prevention Plan

Updated to include the vaccine mandate for employees pursuant to the local and state public health orders.

7. DDS Guidance/Directives

10/27/2021 Directive (01-102721) – Extension of Waivers, Modifications and Directives Due To COVID-19

Extends timelines into December for majority of directives, with the exception of the waiver for half day billing requirements which expires 11/26/21. Further, effective 11/3/2021, the authority for regional center executive directors to approve rate adjustments for supplemental staffing services in residential settings has been rescinded; these rate adjustment requests must go through the Department’s approval process.

8. Traditional and Alternative Service Delivery Data

Active authorizations as October 14, 2021 for various service types revealed that 78% of services are being provided through traditional service delivery while 22% are provided through alternative service delivery. The data revealed that programs such as infant development, supported employment, work activity programs, and creative arts program service were mostly traditional, while activity center, behavior management and adult development center services were largely provided through alternative service delivery. About a 1/3 of community integration services were alternative service delivery, the remaining 2/3rd of participants were through traditional.

C. Non-COVID Related

1. NEVHC Grant \$250,000

Northeast Valley Health Corporation (NEVHC) is a nonprofit public benefit corporation whose mission is to provide quality safe and comprehensive primary health care to medically underserved residents in the San Fernando and Santa Clarita Valleys of LA County. In partnership with North LA County Regional Center (NLACRC), NEVHC proposes to expand early identification and assessment of children with developmental delays and suspected developmental disabilities through to use of developmental care coordinators who will function under the supervision of the physicians at NEVHC. The developmental care coordinators will train clinic staff on the proper use and implementation of developmental screening and/ or assessment instruments. They will coordinate with patients/ families ahead of scheduled appointments so that the developmental screenings are completed before the pediatric visit and will coordinate referrals to Regional Center Early Intervention Programs. They will also provide follow up and coordination for families of children with developmental concerns to make sure that these families are able to connect with needed resources as well as providing intervention strategies that can be implemented prior to Early Start services being initiated.

2. Communications

Feedback regarding the number of communications sent suggests oversaturation – we are revising our strategy during an interim period to provide a weekly bulletin until we develop a yearly communication plan to meet the needs of our community.

3. Staffing

Ambitious recruitment is in process for both case management and non case management positions! 20 new hires were onboarded on Monday, November 8, 2021. We have 9 new hires (7 CSCs, 1 Nurse Consultant and 1 Risk Assessment Supervisor) projected for December, as of this report.

NLACRC is recruiting for the Emergency Management Coordinator and two Enhanced Service Coordination Specialists to serve individuals with low or no Purchase of Service expenditures. We will be posting the Deaf Services Specialist position next week.

4. Diversity, Equity and Inclusion Initiative

Listening Session Nov 2, 2021 for Consumers and Families received 42 RSVPs and 18 participants. The Center offered to authorize another listening session however Inclusion Counts stated not needed due to amount of participation in other platforms. The Center offered to send a questionnaire to those individuals who RSVP'd however could not attend, to solicit their feedback and Inclusion Counts agreed. The Center anticipates an Equity Report from Inclusion Counts sometime in mid-December 2021.

The Center has added a new member to the Disparity Committee, Ms. Rosie Sigala, the found of the AV Seed and Grow, a parent advocacy group in the Antelope Valley.

5. Community Engagement

The topic for this month's **Town Hall** is "**Supported Employment, Competitive Integrated Employment and Transition Services from the Department of Rehabilitation**" presented by Christina Coswatte, Community Resources and Development Specialist and Brenda Seiden, Staff Services Manager at the Department of Rehabilitation. The Town Hall is scheduled for Thursday, **11/18/2021** from **1:30 – 3:00 p.m.** and will be recorded.

There will also be an **Employment Roundtable** with Dr. Fung from **Stanford University** to discuss the **Neurodiversity Project** and **collaboration with Google** regarding employment for people with Autism. The Roundtable is scheduled for Wednesday, **11/17/2021** from **3:00 – 4:00 p.m.**

Upcoming Support and Consumer Advocacy Group Meetings include: Cafecito Entre Nos (11/18/21 @ 11:00 a.m.), Black & African American Support Group (12/1/21 @6:30 p.m.), Filipino Support Group (11/15/21 @ 6:30 p.m.), Self-Advocacy Group Meeting (11/16/21 @ 10:45 a.m.), Parents of Adult Consumers Support Group (11/17/21 @ 6:30 p.m.), Men's Roundtable and Cultivar y Crecer (11/12/21 @ 6:30 p.m.) Alianza de Hombres (12/14/21 @ 7:00 p.m.).

Additionally, the **Family Focus Resource Center** coordinates several support groups including "Black & African American Family Focus Support Group" and the "Parent Check-In and Chat" (as well as some of the groups noted above).

Please see **NLACRC's Calendar of Events**, which includes a **link** for the **Family Focus Resource Center**, for information regarding more support groups, training opportunities, dates, times and links.

6. Upcoming Educational Training Opportunities

“**Different Learners, Different Thinkers**” series presented by the Learning Rights Law Center is scheduled for 11/15/21 @ 1 pm.

Family Focus Resource Center is presenting “**Ley Lanterman y Estrategias de IPP Parte 2**” on 11/12/2021 @ 10:00 a.m., “**IEP Basics**” and “**Advanced IEP**” workshops and more.

Please see NLACRC’s Calendar of Events, which includes a **link** for the Family Focus Resource Center, for information regarding dates, times and links for these trainings and more.

7. Special Incident Reports

The Center received 64 special incident reports in October, 4 of which occurred in months prior to October. None of the incidents of death in October were reported as COVID related. No significant increases or trends noted.

8. Quality Assurance

For the month of October, Community Services conducted 97 unannounced, in-person visits (Community Care Facilities (CCF), Intermediate Care Facilities (ICFs), and Family Home Agencies); 32 virtual annual reviews, and 19 “other” in-person and virtual meetings, including Home Community Based Services Interviews, 7 Day Visit, Special Incident Report Follow Up, and Corrective Action Plan Follow Up.

Five (5) Corrective Action Plans were issued in October, related to compliance with admission agreement terms, administrator and staff qualifications, conditions posing a threat to health and safety, consumer rights and failure to provide services specified in a consumer’s IPP.

9. Consumer Statistics

As of October 31, the Center served 29,865 consumers and applicants, including 4,572 in Early Start and 24,182 in the Lanterman program. The Center’s San Fernando Valley Office serves a total of 18,740 individuals, Antelope Valley serves 7,635 and the Santa Clarita Office serves 3,401.

Special Incident Reports in October 2021

Special Incidents	Children	Adults	Total
Other	1	52	53
Death	0	7	7
			60

Special Incident Reports From Prior Months & Reported in October 2021

Special Incidents	Children	Adults	Total
Other	0	2	2
Death	0	2	2
			4
TOTAL			64

Special Incident Types Report
August 2021 through October 2021 & October 2020

Reasonably Suspected Abuse	21-Oct	21-Sep	21-Aug	20-Oct
Physical Abuse/Exploitation	1	3	1	4
Sexual Abuse/Exploitation	0	0	0	1
Fiduciary Abuse/Exploitation	0	1	0	2
Emotional/Mental Abuse/Exploitation	1	0	6	6
Physical and/or Chemical Restraint	0	1	3	5
Total:	2	5	10	18
Neglect				
Failure to Provide Care to Elderly/Adult	4	4	0	3
Failure to Provide Medical Care	1	0	0	1
Failure to Prevent Malnutrition	0	0	0	0
Failure to Prevent Dehydration	0	0	0	1
Failure to Protect from H/S Hazards	1	5	2	2
Failure to Assist w/ Personal Hygiene	0	0	0	1
Failure to Provide Food/Cloth/Shelter	0	0	0	0
Total:	6	9	2	8
Serious Injuries/Accidents				
Lacerations	3	4	7	5
Puncture wounds	0	0	0	0
Fractures	5	3	2	4
Dislocations	1	0	1	0
Bites	0	0	0	1
Internal Bleeding	0	2	2	0
Medication Errors	8	9	12	11
Medication Reactions	2	0	0	0
Burns	0	0	0	0
Total:	19	18	24	21
Unplanned/Unscheduled Hospitalization				
Respiratory Illness	9	12	8	9
Seizure Related	3	4	1	4
Cardiac Related	3	2	4	7
Internal Infections	7	8	11	7
Diabetes	0	0	2	3
Wound/Skin Care	1	1	2	4
Nutritional Deficiencies	1	4	4	2
Involuntary Psych Admission	5	5	4	11
Total:	29	36	36	47
Victim of Crime				
Robbery	0	0	1	0
Aggravated Assault	1	5	5	2
Larceny	1	1	0	2
Burglary	0	0	0	0
Rape or Attempted Rape	1	3	1	0
Total:	3	9	7	4
Other				
Missing Person-Law Notified	2	5	2	3
Death	9	13	10	17
Total:	11	18	12	20
Total Incidents*	70	95	91	118

***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 of Death Children		Incidents from prior months and reported in October	
Age:			
Inc. Date:			

Incidents of Death Adults		Incidents from prior months and reported in October	
Age: 62 Inc. Date: 7/13/21	Consumer lived with family. His mother reported that he passed away at home due to cancer.	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. NLACRC Community Services was notified of this incident.	
Age: 66 Inc. Date: 9/29/21	Consumer lived with family. He had been receiving hospice care. His sister reported that he passed away. Cause of death was reported to be heart-related.	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. NLACRC Community Services was notified of this incident.	

Other Incidents Children		Incidents from prior months and reported in October	
Age:			

Inc. Date:			
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	Description	Action	Final Disposition
Other Incidents Adults		Incidents from prior months and reported in October	
Age: 32 Inc. Date: 9/28/21	Consumer resides in a CCF. He let his associate borrow his car, but the car was not returned. He reported the car as stolen and filed a police report.	CSC to follow up. Law Enforcement and NLACRC Community Services were notified of this incident.	
Age: 44 Inc. Date: 9/30/21	Consumer resides in a CCF. Staff noticed her lips were swollen. Her doctor suspected angioedema from a reaction to medication. She was taken to the ER. ER doctor confirmed the diagnosis and advised to discontinue the medication.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	

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

	Description	Action	Final Disposition
Incidents of Death Adults			
Age: 25 Inc. Date: 10/20/21	Consumer lived in a CCF. His mother reported that he passed away while in the hospital, due to complications from liquids found in his brain.	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: 49 Inc. Date: 10/6/21	Consumer received Independent Living services. Mother reported that she passed away in the hospital ER, due to a rare lung 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. NLACRC Community Services was notified of this incident.	
Age: 53 Inc. Date: 10/7/21	Consumer received Supported Living services. He had a heart attack at work. Paramedics took him to the hospital. He passed away due to cardiac arrest.	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. NLACRC Community Services was notified of this incident.	
Age: 57 Inc. Date: 10/13/21	Consumer lived with family. Hospital nurse reported that he passed away due to sepsis.	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. NLACRC Community Services was notified of this incident.	
Age: 59 Inc. Date: 10/25/21	Consumer lived in an ICF-DD/N. He was taken to the hospital due to high blood pressure, and low oxygen with labored breathing. He passed away soon after being admitted.	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, NLACRC Community Services and Nurse Consultant were notified of this incident.	

	Description	Action	Final Disposition
Age: 70 Inc. Date: 10/25/21	Consumer lived in a CCF. He was in the hospital for treatment of pneumonia. 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. Community Care Licensing, Long Term Care Ombudsman, and NLACRC Community Services were notified of this incident.	
Age: 79 Inc. Date: 10/24/21	Consumer lived in a Skilled Nursing facility. She was in the hospital for treatment of pneumonia. She passed away from complications which led to cardiac arrest.	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. NLACRC Community Services was notified of this incident.	

	Description	Action	Final Disposition
Other Incidents Children			
Age: 11 Inc. Date: 10/24/21	Consumer lives in a Foster home. He and another child became physically aggressive with each other. The children were separated, and then he became destructive of property. Foster father held consumer's arms and applied pressure to his knees, resulting in both foster father and consumer falling to the floor. Foster father got on top of him, applying his body weight to him, until he agreed to calm down. Staff failed to intervene.	CSC to follow up. Child Protective Services and NLACRC Community Services were notified of this incident.	

	Description	Action	Final Disposition
Other Incidents Adults			
Age: 20 Inc. Date: 10/16/21	Consumer resides in a CCF. Nurse arrived to give her bi-weekly injection, but the medication was not available to be given. The medication had been called in, but it was not at the pharmacy.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 21 Inc. Date: 10/12/21	Consumer lives with family. He told his mother that he wanted to commit suicide. He injected himself with extra medication. His mother took him to the hospital. He was admitted for a psychiatric hold.	CSC to follow up. NLACRC Community Services and Psychiatry Consultant were notified of this incident.	
Age: 25 Inc. Date: 10/2/21	Consumer resides in a CCF. She called 911 due to severe nausea and stomach pain. Paramedics took her to the	CSC to follow up. NLACRC Community Services and Nurse	

	Description	Action	Final Disposition
	hospital. The doctor believed that her new medication caused the pain and advised her to stop taking it.	Consultant were notified of this incident.	
Age: 25 Inc. Date: 10/20/21	Consumer lives with family. She was upset that staff would not let her go with her male friend unsupervised. She walked out of the home to a store where the friend was waiting and they left in his car. Police were contacted for a missing person's report.	CSC to follow up. Community Care Licensing, Law Enforcement, and NLACRC Community Services were notified of this incident.	
Age: 27 Inc. Date: 10/1/21	Consumer receives Supported Living services. Both staff members were reported to have been consuming alcoholic beverages during their shift.	CSC to follow up. NLACRC Community Services was notified of this incident.	
Age: 28 Inc. Date: 10/1/21	Consumer receives Independent Living services. His foot was swollen and he was unable to walk on it. His mother took him to the hospital. He was admitted for wound treatment.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 28 Inc. Date: 10/2/21	Consumer resides in a CCF. He became verbally and physically aggressive toward his parents. 911 was called. He was taken to the hospital, and admitted for a psychiatric hold.	CSC to follow up. Community Care Licensing, Law Enforcement, NLACRC Community Services and Psychiatry Consultant were notified of this incident.	
Age: 28 Inc. Date: 10/17/21	Consumer resides in a CCF. Two days earlier, he had been admitted to the hospital for a psychiatric hold. Shortly after discharge, he had another behavioral episode. His parents called 911. He was admitted to the hospital for a 14 day hold.	CSC to follow up. Community Care Licensing, Law Enforcement, NLACRC Community Services and Psychiatry Consultant were notified of this incident.	
Age: 28 Inc. Date: 10/10/21	Consumer receives Supported Living services. He mistakenly took his evening medications in the morning. He was	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	

	Description	Action	Final Disposition
	taken to urgent care, and advised to skip medications for the rest of the day.		
Age: 28 Inc. Date: 10/16/21	Consumer receives Independent Living services. She was fired from her job, and expressed wanting to kill herself. Crisis hotline contacted police. She was taken to the hospital, and admitted for a psychiatric hold.	CSC to follow up. Law Enforcement, NLACRC Community Services and Psychiatry Consultant were notified of this incident.	
Age: 28 Inc. Date: 10/28/21	Consumer receives Independent Living services. She was treated earlier in the day at urgent care for a urinary tract infection. Later that night, she had a seizure. Staff was advised to call 911. She was taken to the hospital, and admitted for evaluation and treatment.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 28 Inc. Date: 10/29/21	Consumer resides in a CCF. He was attempting to run out of his room and lost his footing, which resulted in him hitting his ear on a door handle. Staff called 911. The ear was treated with liquid bandages.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 30 Inc. Date: 10/12/21	Consumer resides in a CCF. The nurse left his medication to be injected by him. He refused to inject himself. A pill form of the medication was requested, but he missed his dosage in the meantime.	CSC to follow up. Community Care Licensing, Long Term Care Ombudsman, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 30 Inc. Date: 10/19/21	Consumer lives with family. He reported that his trainer made offensive comments about his sexuality.	CSC to follow up. Adult Protective Services and NLACRC Community Services were notified of this incident.	
Age: 31 Inc. Date: 10/1/21	Consumer lives with family. While she was at work, a homeless man hit her in the back of the head when she was outside sweeping. Her supervisor called police, and the man was arrested.	CSC to follow up. Law Enforcement and NLACRC Community Services were notified of this incident.	

	Description	Action	Final Disposition
Age: 33 Inc. Date: 10/6/21	Consumer resides in a CCF. A staff member reportedly struck him when they were on a group outing at a restaurant.	CSC to follow up. Community Care Licensing and NLACRC Community Services were notified of this incident.	
Age: 33 Inc. Date: 10/8/21	Consumer resides in a CCF. She reported that she was touched sexually at work by her boyfriend who is a co-worker. She repeatedly asked him to stop but he would not stop.	CSC to follow up. Community Care Licensing, Law Enforcement and NLACRC Community Services were notified of this incident.	
Age: 34 Inc. Date: 10/4/21	Consumer resides in a CCF. He asked staff to take him to a store to pay his bill. When staff was talking with an attendant, he left the store. Police were contacted. He notified his uncle the next day that he was in Mexico. He missed his medications due to his elopement.	CSC to follow up. Community Care Licensing, Law Enforcement, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 38 Inc. Date: 10/23/21	Consumer resides in an ICF. She missed her morning and evening doses of a medication for two days. The medication had been requested, but had not been received.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 38 Inc. Date: 10/29/21	Consumer resides in an ICF/DD-H. His oxygen level was low. 911 was called. He was taken to the ER, and admitted to the hospital for treatment of sepsis and pneumonia.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 39 Inc. Date: 10/1/21	Consumer resides in an ICF/DD-H. He appeared to be in pain, and one thigh looked larger than the other. He was taken to the ER. He was diagnosed with bilateral hip fractures, and referred to an orthopedist.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 39 Inc. Date: 10/21/21	Consumer resides in an ICF/DD-H. He was reported to be non-compliant and threatening toward staff. His doctor	CSC to follow up. Department of Health Services, NLACRC Community	

	Description	Action	Final Disposition
	referred him to the hospital for a psychiatric hold.	Services and Psychiatry Consultant were notified of this incident.	
Age: 43 Inc. Date: 10/20/21	Consumer resides in a CCF. She hit her foot on a tray table as she was putting it away. She expressed being in pain, and the foot appeared to be swollen. She was taken to her primary doctor and diagnosed with a fracture in the foot.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 44 Inc. Date: 10/2/21	She complained of burning during urination, and had blood in her urine. She was taken to the hospital, and admitted for treatment of a urinary tract infection.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 45 Inc. Date: 10/4/21	Consumer resides in a CCF. She received lab results showing that she had a urinary tract infection. Staff took her to the hospital per doctor advisement. She was admitted for treatment.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 47 Inc. Date: 10/6/21	Consumer receives Supported Living services. His expected morning staff did not arrive, so he administered his morning medication himself after the designated time it is to be taken.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 48 Inc. Date: 10/1/21	Consumer receives Supported Living services. Staff found him on the floor with blood dripping from his nose. He had a seizure and had hit his face on the floor. He was taken to the hospital, and admitted for evaluation and treatment.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 50 Inc. Date: 10/10/21	Consumer resides in an ICF-DD/N. He had vomited, and staff noticed bloody drainage from his catheter. His blood pressure was high. He was taken to the	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	

	Description	Action	Final Disposition
	hospital, and admitted for treatment of pneumonia with atelectasis.		
Age: 51 Inc. Date: 10/13/21	Consumer resides in a CCF(RCFE). She put too much pressure on her right shoulder while lying in bed, and dislocated the shoulder. She was taken to the ER, and given a sling. She was advised to follow up with an orthopedic specialist for revision surgery.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 59 Inc. Date: 10/2/21	Consumer receives Supported Living services. She fell while an aide assisted in transferring her from the toilet to her wheelchair. She later reported knee pain and swelling. An x-ray of the knee showed a fracture. She was taken to the ER, and fitted with a full leg cast.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 59 Inc. Date: 10/2/21	Consumer resides in a CCF. He began to choke while eating. Staff performed Heimlich maneuver and he coughed up the food. Then he gasped and went into cardiac arrest. Paramedics were able to resuscitate him. He was taken to the hospital, and admitted for treatment.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 59 Inc. Date: 10/7/21	Consumer resides in a CCF. He was having trouble breathing. Paramedics were called. They gave him oxygen and took him to the hospital. He was admitted for treatment of pneumonia.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 59 Inc. Date: 10/25/21	Consumer resides in an ICF-DD/N. He had high blood pressure, and low oxygen with labored breathing. 911 was called. He was taken to the ER, and admitted to the hospital for evaluation and treatment.	CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident.	

	Description	Action	Final Disposition
Age: 60 Inc. Date: 10/19/21	Consumer receives Supported Living services. Case manager noticed that staff had not given his morning medication as instructed.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 62 Inc. Date: 10/2/21	Consumer resides in a CCF. He was pale, and had low pressure. Staff called 911. He was taken to the ER, and admitted to the hospital for evaluation and treatment. He was transferred to the ICU due to cardiac arrest.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 62 Inc. Date: 10/9/21	Consumer receives Supported Living services. She had two seizures while at her mother's home. The next day, she was weak and unbalanced, refusing to eat or drink. She was taken to the ER, and admitted to the hospital for evaluation and treatment.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 62 Inc. Date: 10/17/21	Consumer lives with family. She was walking unsteadily so staff helped her to the floor to minimize impact of a fall. 911 was called. She was taken to the ER, and diagnosed with a fracture in her leg. Her knee was placed in a splint.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 62 Inc. Date: 10/20/21	Consumer lives with family. Her sister called 911 due to abdominal discomfort and lethargy. Paramedics took her to the ER. She was admitted to the hospital for treatment of a blood clot in her lung and kidney dysfunction.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 62 Inc. Date: 10/20/21	Consumer receives Supported Living services. He complained of body aches and had a fever. Staff took him to the ER. He was admitted to the hospital for treatment of a urinary tract infection, as well as low potassium and sodium levels.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	

	Description	Action	Final Disposition
Age: 63 Inc. Date: 10/1/21	Consumer receives Supported Living services. Both staff members were reported to have been consuming alcoholic beverages during their shift.	CSC to follow up. NLACRC Community Services was notified of this incident.	
Age: 64 Inc. Date: 10/20/21	Consumer resides in a CCF. A resident was walking behind her and stepped on her shoe, which caused her to trip. She hit her face on the ground and suffered a gash above her eyebrow. She was taken to the ER, and received sutures to close the wound.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 70 Inc. Date: 10/16/21	Consumer resides in a CCF. His oxygen level was low. Staff called 911. Paramedics took him to the hospital. He was admitted for treatment of pneumonia.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 71 Inc. Date: 10/1/21	Consumer receives Supported Living services. She was lethargic, refusing to eat, and had low blood pressure. Staff called 911. Paramedics took her to the ER. She was admitted to the hospital for treatment of a urinary tract infection.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 71 Inc. Date: 10/8/21	Consumer resides in a CCF. Staff noticed blood in the bowl after he used the toilet. A body check showed a laceration on his perineum. He was taken to the hospital, and received stitches to close the wound.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 72 Inc. Date: 10/30/21	Consumer resides in a CCF. She threw up and was unusually quiet. Staff called paramedics. She was taken to the ER, and admitted to the hospital for treatment of sepsis.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 73 Inc. Date: 10/12/21	Consumer resides in an ICF/DD-H. He is staying in a rehab facility, and was taken	CSC to follow up. Community Care Licensing, Department of Health	

	Description	Action	Final Disposition
	to the ER because he was unresponsive. He was alone there for several hours with no advocate. Staff did not advise EMTs of his need for a communication book due to being non-verbal.	Services, Adult Protective Services, Long Term Care Ombudsman, Law Enforcement, and NLACRC Community Services were notified of this incident.	
Age: 75 Inc. Date: 10/6/21	Consumer receives Supported Living services. Staff noticed his morning medications on the table during her afternoon shift. He said that he forgot to take them.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 76 Inc. Date: 10/13/21	Consumer resides in a CCF. Her oxygen levels were low. She was taken to the ER. A chest x-ray showed some infiltrates in the lungs. She was admitted to the hospital for treatment.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 76 Inc. Date: 10/22/21	Consumer resides in a CCF. Staff noticed that her oxygen level was low. 911 was called. Paramedics took her to the ER. She was admitted to the hospital for treatment of respiratory failure.	CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 76 Inc. Date: 10/17/21	Consumer resides in an ICF/DD-H. She looked tired and pale. Her blood pressure was high, and oxygen was low. Staff called 911. Paramedics took her to the hospital. She was admitted for treatment of a urinary tract infection.	CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 76 Inc. Date: 10/19/21	Consumer resides in an ICF/DD-H. While in the hospital, she got out of bed and fell. She had bruising, and was diagnosed with a facial fracture. Her doctor said that no treatment was necessary.	CSC to follow up. Department of Health Services, Long Term Care Ombudsman, NLACRC Community Services and Nurse Consultant were notified of this incident.	
Age: 76 Inc. Date: 10/24/21	Consumer resides in an ICF/DD-H. Her oxygen level was low. 911 was called. Paramedics took her to the ER. She was	CSC to follow up. Department of Health Services, NLACRC Community	

	Description	Action	Final Disposition
	admitted to the hospital for treatment of pneumonia.	Services and Nurse Consultant were notified of this incident.	

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	8	8	8	7	7	7	8	8			
# Annual Facility Monitoring Visits	0	24	25	28	20	14	8	6	18	32			175
# Unannounced Visits	24	92	84	66	63	156	77	112	45	97			816
# Corrective Action Plans Issued	1	0	1	3	0	0	2	2	4	5			18
*Substantial Inadequacies Cited:													
1.Threat to Health or Safety								1	1	2			
2.Provision of fewer staff hours than req'd				1					1				
3.Violations of Rights				1					2	1			
4.Failure to implement consumer's IPP			1	1			1		1	2			
5.Failure to comply with Admission Agreement	1			5			2	3	2	8			
6.Deficiencies handling consumers' cash resources													
7.Failure to comply with staff training reqs			1				1			2			
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.										1			
13.Failure to submit Special Incident Report	1			1			1	1					
*per Title 17 §56054(a)	2	0	2	9	0	0	5	5	7	16			

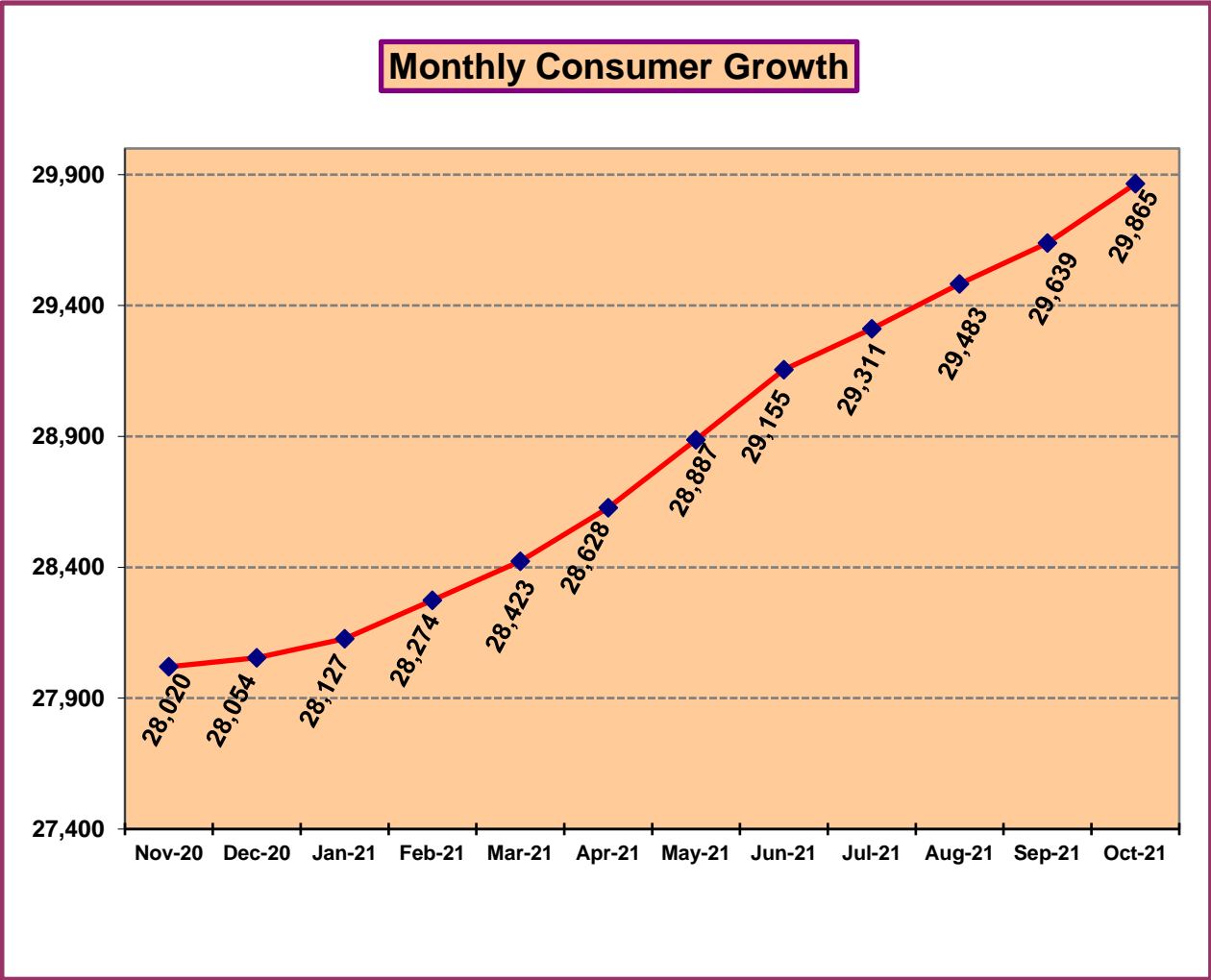
**NORTH LOS ANGELES COUNTY REGIONAL CENTER
MONTHLY STATISTICS RECAP
As of October 2021**

	November 2020 Total	October 2021 Total	Increase/ Decrease	% Change
ALL VALLEYS				
Total Non-Early Start	23,551	24,182	631	2.68%
Total Early Start	3,777	4,572	795	21.05%
Unit Supervisor Cases (*)	40	136	96	240.00%
Self Determination Specialist (*)	32	64	32	100.00%
Prenatal Services	0	0	0	#DIV/0!
Development Center	16	11	-5	-31.25%
Enhanced Case Mgmt	30	26	-4	-13.33%
Specialized 1:25 Caseloads	0	17	17	#DIV/0!
Pending Transfer	82	66	-16	-19.51%
Intake Services	492	791	299	60.77%
TOTAL ALL VALLEYS	28,020	29,865	1,845	6.58%
SAN FERNANDO VALLEY				
Adult Services	6,145	6,221	76	1.24%
Adult Unit Supervisor (*)	1	7	6	600.00%
Transition Services	2,896	3,058	162	5.59%
Transition Unit Supervisor (*)	4	29	25	625.00%
School Age Services	5,769	5,857	88	1.53%
School Age Unit Supervisor (*)	20	42	22	110.00%
Early Start Services	2,484	2,894	410	16.51%
Early Start Unit Supervisor (*)	2	2	0	0.00%
Early Start Intake Unit Supervisor (*)	0	0	0	#DIV/0!
Prenatal Services	0	0	0	#DIV/0!
Development Center	16	11	-5	-31.25%
Enhanced Case Mgmt	30	26	-4	-13.33%
Specialized 1:25 Caseloads	0	17	17	#DIV/0!
Pending Transfer	82	66	-16	-19.51%
Intake Services	322	479	157	48.76%
Self Determination Specialist (*)	15	31	16	106.67%
TOTAL	17,744	18,740	954	5.38%
ANTELOPE VALLEY				
Self Determination Specialist (*)	5	18	13	260.00%
Adult Services	2,158	2,361	203	9.41%
Adult Unit Supervisor (*)	1	12	11	1100.00%
Transition Unit	1,660	1,926	266	16.02%
Transition Unit Supervisor (*)	4	9	5	125.00%
School Age Services	2,206	1,994	-212	-9.61%
School Age Unit Supervisor (*)	8	35	27	337.50%
Early Start Services	807	1,042	235	29.12%
Intake Services	170	312	142	83.53%
TOTAL	7,001	7,635	677	9.67%
SANTA CLARITA VALLEY				
Self Determination Specialist (*)	12	15	3	25.00%
Adult Services	893	919	26	2.91%
Transition Services	572	615	43	7.52%
School Age Services	1,252	1,231	-21	-1.68%
Early Start Services	486	636	150	30.86%
TOTAL	3,203	3,401	198	6.18%

* 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
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	149	0.53%
Mar-21	28,423	205	0.72%
Apr-21	28,628	259	0.90%
May-21	28,887	268	0.93%
Jun-21	29,155	156	0.54%
Jul-21	29,311	172	0.59%
Aug-21	29,483	156	0.53%
Sep-21	29,639	226	0.76%
Oct-21	29,865		
Total		1,845	
Average		168	
Percent Chg		6.58%	



October 2021 CSC Caseload Ratio

San Fernando Valley								
Adult Services	Consumers	Ser. Coord.	Case Ratio	Opening	Hold	Floater	OD	Assoc.
Adult Unit I	1,045	11	95.0	1			1	
Adult Unit II	1,021	12	85.1			1		
Adult Unit III	21							
Adult Unit IV	1,086	13	83.5					
Adult Unit V	1,035	12	86.3				1	
Adult Unit VI	1,000	11	90.9	1				
Adult Unit VII	1013	11	92.1	1				
Adult Unit Supervisor*	7							
Total	6,221	70	88.9	3		1	2	
Transition Services	Consumers	Ser. Coord.	Case Ratio	Opening	Hold	Floater	OD	Assoc.
Transition Unit I	976	11	88.7	1		1		
Transition Unit II	988	11	89.8				1	
Transition Unit III	1,094	11	99.5	1				
Transition Unit Supervisor*	29							
Total	3,058	33	92.7	2		1	1	
School Age Services	Consumers	Ser. Coord.	Case Ratio	Opening	Hold	Floater	OD	Assoc.
School Age III	1,092	12	91.0					
School Age IV	1,074	12	89.5				1	
School Age V	1,051	11	95.5	1				
School Age VI	1,033	10	103.3	2				
School Age VII	934	11	84.9	1				
School Age VIII	673	8	84.1	1				
School Age Unit Supervisor*	42							
Total	5,857	64	91.5	5			1	
Early Start Services	Consumers	Ser. Coord.	Case Ratio	Opening	Hold	Floater	OD	Assoc.
Early Start 1 (Status 1 & 2)	695							
Early Start 1 Intake	88							
Early Start 1 Total	783	10	78.3	1				3
Early Start 2 (Status 1 & 2)	683							
Early Start 2 Intake	101							
Early Start 2 Total	784	10	78.4	1				
Early Start 3 (Status 1 & 2)	512							
Early Start 3 Intake	105							
Early Start 3 Total	617	11	56.1			1		
Early Start 4 (Status 1 & 2)	625							
Early Start 4 Intake	85							
Early Start 4 Total	710	11	64.5					
Status 1 Over 36 mo.	26							
Early Start Unit Supervisor*	2							
Early Start Intake Unit Supervisor*	1							
Total	2,894	42	68.9	2		1		3
Total Non-Early Start	15,136	167	90.6	10		2	4	
Total Early Start	2,894	42	68.9	2		1		3
Total	18,030	209	86.3	12		3	4	
SFV Self Determination Specialist*	31	2						
Intake Services	Consumers	Ser. Coord.	Case Ratio	Opening	Hold	Floater	OD	Assoc.
Antelope Valley	479	5	95.8					1
AV Self Determination Specialist*	18	1						
Adult Unit I	986	8	123.3	3				
Adult Unit II	1,004	9	111.6	3				
Adult Unit III	371	4	92.8					
Total	2,361	21	112.4	6				
AV Adult Unit Supervisor*	12							
Transition Unit I	1,108	10	110.8	2			1	
Transition Unit II	818	9	90.9					
Total	1,926	19	101.4	2			1	
AV Transition Supervisor*	9							
School Age I	851	9	94.6	2				
School Age II	953	9	105.9	3			1	
School Age III	190	2	95.0			2		
Total	1,994	20	99.7	5		2	1	
AV School Age Supervisor*	35							
AV Early Start 1 (Status 1 & 2)	570							
AV Early Start 1 Intake	217							
AV Early Start 1 Total	787	8	98.4	3				
AV Early Start 2 (Status 1 & 2)	99							
AV Early Start2 Intake	55							
AV Early Start 2 Total	154	3	51.3	1				
Status 1 Over 36 mo.	16							
Early Start Unit Supervisor*	1							
Early Start Intake Unit Supervisor*								
Total Non-Early Start	6,282	60	104.7	13		2	2	
Total Early Start	941	11	85.5	4				
Total	7,223	71	101.7	17		2	2	
Intake Services	312	3	104.0					1
Santa Clarita Valley								
Consumers	Ser. Coord.	Case Ratio	Opening	Hold	Floater	OD	Assoc.	
SCV Self Determination Specialist*	15			1				
Adult Unit	919	11	83.5		1			
Transition Unit I	152	2	76.0					
Transition Unit II	463	5	92.6					
Total	615	7	87.9					
School Age Unit I	943	10	94.3	1				
School Age Unit II	288	3	96.0	1				
Total	1,231	13	94.7	2				
Early Start (status 1 & 2)	555							
Early Start Intake	81							
Early Start Total	636	10	63.6			1		
Status 1 Over 36 mo.	6							
Total	7,859	84	94.7	19		3	4	

October 2021 CSC Caseload Ratio								
Total Non-Early Start	2,765	31	89.2	2		1		
Total Early Start	636	10	63.6			1		
Total	3,401	41	83.0	2		2		
All Valleys	Consumers	Ser. Coord.	Case Ratio	Opening	Hold	Floater	OD	Assoc.
Total Non-Early Start	24,183	258	93.7	25		5	6	
Total Early Start	4,471	63	71.0	6		2		3
Total Early Start (Status 1 & 2)	3,739							
Total Early Start Intake	733							
*Self Determination Specialist	64	3		1				
*Total Non Early Start Supervisor	134							
*Total Early Start Supervisor Status 1&2	2							
*Total Early Start Supervisor Intake	1							
Total Status 1 Over 36 mo.	48							
Sub-total	28,654	324	88.4	32		7	6	
Intake Services	791	8	98.9					2
Prenatal Services								
Provisional Eligibility	99	2	49.5	1				
Enhanced Caseloads				2				
Development Center	11							
Enhanced Case Management	26	1		1				
Specialized 1:25 Caseloads	17	2		1				
Pending Transfer	66							
Shared-in	8							
Shared-out	27							
Medicaid Waiver	10,058							
Total	29,865	337	88.6	37		7	6	5
Total	=	387	369					
* Numbers not part of ratio count, but counted on Total Summary section								

Self Determination Program Report - Implementation Updates

November 1, 2021

North Los Angeles County Regional Center Statistics

Participants have completed Orientation: **346** (200 since it opened to everyone)

Total number of budgets that are certified: **81**

Total number of budgets that are in the certification process: **28**

Total number of spending plans that are approved: **65**

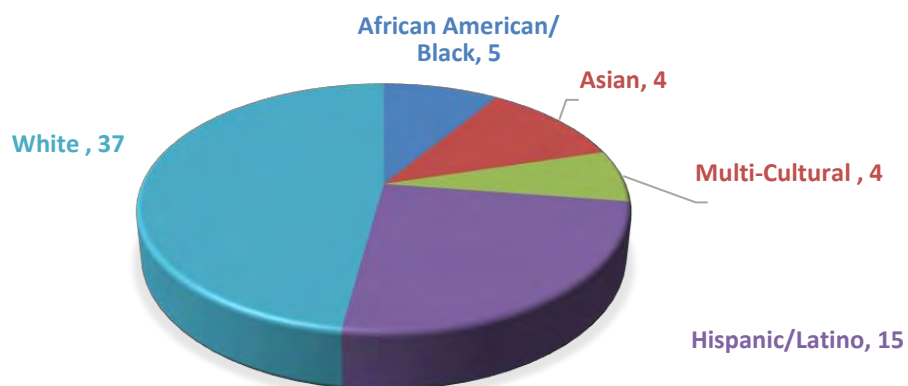
Total number of spending plans in progress: **16**

Total number of PCP's completed: **81**

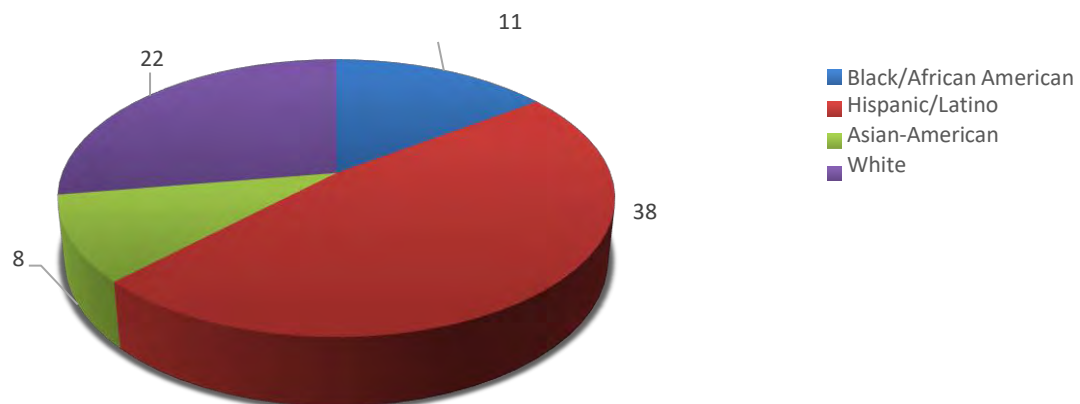
Total number of participants that have opted out of SDP after enrolled: **1**

Total number of participants that have transitioned into SDP: **65**

PARTICIPANTS WHO HAVE TRANSITIONED - 65



Participants that opted out -79 selected through lottery



Statewide Implementation Updates

- DDS appointed Katie Hornberger as the Acting Ombudsperson
- On the DDS website you will find:
 - Information about the office
 - Information about Katie
 - A form to fill out if you need help
 - The Ombudsperson Office email address & toll-free phone number:
 - SDP.Ombudsperson@dds.ca.gov
 - 1-877-658-9731

NLACRC Implementation Updates

- Participant Choice Specialists
 - NLACRC received funding for two positions and they will be allocated to:
 - Antelope Valley
 - San Fernando Valley
- Informational & Orientation Meetings continue monthly
 - DDS is developing a standardized Orientation
- SDP Workbooks available on website in English and Spanish – released on 9/30/2021
- NLACRC Opening for Self Determination Local Volunteer Advisory Committee
 - Applications accepted through October 31, 2021.
 - Interviews will take place in November 2021
- NLACRC has the following allocations to support the implementation of SDP:
 - FY 2019/20: 109,258.00
 - FY 2020/21: 149,328.00
 - FY 2021/22: 149,331.00 (new)
 - *Priorities identified:* Recruitment and Training for Independent Facilitators, Joint Training on SDP Principles & Program Logistics, Small Group and Individualized Coaching, SDP Orientation Supports/Workgroups/Resource Fair, and Translation & Interpretation Services.
- SDP Allocations: Claudia Wegner and Melissa Longmire have executed contracts for coaching. Disability Voices United has an executed contract for a resource fair!
- SDP Virtual Resource Fair- December 8, 2021 from 5:30pm to 8pm.
- SDP Local Volunteer Advisory Committee – November 18, 2021.
 - Please note, effective October 2021 – **new start time is 6:30PM**
 - Katie Hornberger will be attending the November meeting.

Resources:

- Disability Voices United – SDP Connect Meetings (Wednesdays at 4:30PM)
- Self Determination Program Service Definitions:
https://www.dds.ca.gov/wp-content/uploads/2019/05/SDP_Service_Definitions.pdf

FMS Providers Serving NLACRC Catchment Area & Languages:

Available FMS Services	FMS Model	Languages Spoken
Accredited	Bill Payer, Co-Employer	English, Spanish, Russian, Tagalog
Acumen	Bill Payer, Sole Employer	English and Spanish
ARCC Center	Bill Payer, Co-Employer, Sole Employer	English and Spanish
Aveana Support Services	Bill Payer and Co-Employer (with nursing through home health agency only)	English, Spanish, Vietnamese, Cantonese, Mandarin and Trieu Chau
The Emlyn Group	Bill Payer, Sole Employer and Co-employer	English only
GT Independence	Bill Payer, Sole Employer, Co-Employer	All Languages are supported to assist Individuals in the language of their choice
Mains'l	Bill Payer, Sole Employer, and Co-employer	English
Public Partnership LLC	Bill Payer and Sole-Employer	English, Spanish, Mandarin, Cantonese, Tagalog, Vietnamese, Korean

Draft

**NORTH LOS ANGELES COUNTY REGIONAL CENTER
Administrative Affairs Committee Meeting
Wednesday, October 27, 2021
6:15 pm**

COMMISSIONERS PRESENT

Lilliana Windover
Anne Wimmer
Kim Rolfes, Chief Executive Officer, NLACRC
Leticia Garcia
Alan Darby
Ana Quiles
Brian Davies
Tim Banach
Curtis Wang
David Coe
Jeremy Sunderland
Jesse Weller
Lillian A Martinez
Michele Marra
Ruth Janka, Executive Director, NLACRC
Tiffani Jones-Newman
Vini Montague
Ana Quiles
Marianne Davis
Michele Marra
Vini Montague
Sheila King
Cheryl Blizin, Executive Assistant, NLACRC
Angelina Martinez

COMMISSIONERS ABSENT

Kevin Shields

OTHERS PRESENT

Shelly Hash, Interpreter
Lucy Paz, Spanish Translator
Mike S, Recording Secretary, Minutes Services

- I. **CALL TO ORDER/ESTABLISH QUORUM**
Anna started the meeting at 6:28, establishing a quorum.

- II. **PUBLIC INPUT**
Kim noted that there is a minute taker in the meeting to support with meeting minutes.

III. CONSENT ITEMS

Approval of Agenda

MOTION: Lety **MOVED** to approve the Agenda. Lillian **SECONDED** the motion and it **PASSED** with unanimous consent.

Approval of Prior Meeting Minutes

MOTION: Marianne **MOVED** to approve the September 29th meeting minutes with the revisions that had been sent out to the members. Lety **SECONDED** the motion and it **PASSED** with unanimous consent.

IV. COMMITTEE BUSINESS

1. Regional Center Purchase

Kim stated there will be training with the contract process. She explained the differences between Purchase of Service contracts and Operating contracts, noting where they are different and similar. She discussed statutes, regulations, board policies, business practices, and guidelines in their contract with DDS such as zero tolerance abuse policies, drug free environments, when board permissions are necessary, insurance, training, etc. Kim addressed that they want to make sure they are complying with the requirements but also providing quality service. She stated that if those standards are not being met, then a contract can be terminated, providing an example, and noting that the providers have an opportunity to appeal. Kim stated that DDS monitors this through auditing to verify staffing ratios, billing services, and startup funds used, with different facilities requiring slightly different audits.

Marianne asked how the Zero Tolerance Abuse policy is monitored. Kim stated that proof of training is tracked. Marianne asked how many audits need to be done. Kim stated that DDS requires 4% of the groups for each type of group, but they do more than that. She added if a provider runs into this problem, they have an opportunity to address it rather than being immediately terminated. Marianne suggested a similar approach being used in homes with individuals with disabilities. Anne stated that she could talk with a program coordinator to try and find groups like that, as they do have some. Kim noted that residential locations aren't required to go through the same checks as on-site projects.

V. FINANCIAL REPORT

1. Total Expenses

Alan presented total expenses for September as \$53 million, with PoS at 48.8%, and operations at 4.2% YTD being \$147 million. He stated that PoS is \$133.3 million which comprises 20% of the budget and Operations is \$13.7 million which comprises 20% as well. Administrative Operating Expenses are at 15.6% and should stay around 15%, so is correctly trending. He stated that expenses are forecasted to continue as budgeted.

2. COVID-19 Expenditure Tracker

Vini stated that the expenditure tracker for FY 2020 is due to DDS by October 5th. She stated Operations were \$171,696 and PoS would be projected at \$19.5 million, but there remain some outstanding bills. He stated that FY 2021 Operations reported

\$623,963 and PoS projecting \$70.9 million. He stated the FY 2022 operations were projected at \$232,535 and the School Year for 2022 PoS expenditure was projected at \$24,464,000. She provided statewide comparisons of other Regional Centers in contexts.

3. Cares Act

Alan stated that they received \$991,000 from the Cares act and has already used \$976,000, with September being slightly over \$1,000. He stated they will need to use the remaining \$14,263 by December 31st.

VI. DDS CONTRACT CHANGES

1. Page 79 – word and verbiage changes
2. Page 106 - date change, must request and receive approval before entering a lease agreement.
3. Page 115 - emergency planning preparedness and response and recovery. Defining emergency, steps to take, key personnel for emergency activities, training and community engagement, generators/batteries/emergency kits. DDS got funding and are working with regional centers to allocate the resources. Use for people in at-risk areas for fires, earthquakes, or other situations.
4. Page 119 - requirements for Board of Directors training plan. Requires training to board and monitoring responsibility with review and approve method of training to make sure people are engaged. Required to post training and support to board members. By December 15 require comprehensive training every year including board governance, role and responsibilities, conflict of interest, whistleblower policies, and linguistic and cultural competency as a basis. Also want to know frequency of training, how long it lasts, qualifications/affiliations of trainer, posting on website
5. Page 121 - Medicaid enrollment requirements for regional centers. Started as a requirement for 2019 and got \$50,000 for allocating budget during that timeline. Now board members need to go for screening to make sure not responsible for crimes of abuse or fraud. By April 1st next year, need board approved policy/bylaws for respective roles and responsibilities for day to day operations as well as facilitators for board members for support. For individuals in court system, going to need to keep data for minute orders and diversion plans that will be implemented in January. Working on technology that will help facilitate getting the data. Have to give 14 day notice for someone being moved into Porterville developmental center will documentation.
6. Page 125 - new positions in allocations, emergency coordinator, deaf services specialist, participant choice specialist
7. Page 127 - 1-40 caseload maintained for individuals with low purchases of service. Purchased 2000 or less in prior physical year. Reporting caseload data by March first and provide to state by the 10th, but for FY 2022& 2023, also want date October 1 and to state October 10. Prepping for funding coming in to hire service coordinators to note hiring goals.
8. Page 130 - cleans up contract terms
9. Page 141 - regional centers required to have a privacy officer and a security officer, and if the person changes to notify them in 10 calendar days.
10. Page 142 - adding more requirements for compliance to protect confidential data that the regional centers have. Adding NIST, need for encrypted laptop/desktops/tables and technical recovery plan, plus annual performance tabletop test of recovery plan. They already do this and they do theirs in March.
11. Page 145 - protecting data and security, changed verbiage
12. Page 148 - verbiage changes

13. Page 151- regional center providing Medicaid and disclosure information. Board of trustees provide private information and identify executive director or interim executive director. 35 days to do this after becoming a board director. Every 5 years or sooner. TIN number change, 50% or more change in BoD. She stated they will host separate training to do that to walk members through the process.

Jessie noted there are currently individuals in DDS data that need bilingual services, but they will be going through to see who among them is still active so they can be properly provided for. He stated the Consumer Services Committee will likely overlook that process. Anna asked on the timeframe to get that moving. Jessie said the job description was created and will be released soon.

VII. TBS APPROVAL OF CONTRACTS

Alan said American Living Skills provide 1 to 1 independent living service, day program for adult consumers to be more independent and functional. He stated they will be starting a 5 year contract with the group beginning August 2001 through July 31 2021. Projected cost is \$117,558 per year so \$587,790 for the 5 year term. He stated that the payment rate would be reimbursed to the service provider based on the rate, with DDS set rate being \$38.70 per hour. They would serve in San Fernando Valley providing IOS services.

Lety asked if the date would change once the contract was approved. Ana stated that they started the work first and then are approving now.

MOTION: Lety **MOVED** to approve the contract. The motion was **SECONDED** by Jeremy and **PASSED** with unanimous consent.

VIII. INTERMEDIATE CARE FACILITY STATE PLAN AMENDMENTS

1. ICF Fall Receivables

Vini stated that for FY 2022, they are expecting -\$1.9 million and FY 2021 still has outstanding receivables with the cash impact of - \$715,201. FY 2020 collected - \$89,300 and FY 2019 - \$9,385. Overall they have - \$2,768,000.

Vini stated that the ICF program pays for day and transportation services, and people living in ICF facilities. Vini explained that DDS bills the federal government, the federal government then is sent to the state controller's office and then they send that money to the ICF Facilities. He stated they then have 30 days to submit payments to North LA. The process then overall take 6-8 months to recover their money. He stated that if ICF doesn't submit to North LA, the report delinquency to DDS who in turn works with the Department of Health to recover the money, which is why they are still getting some money back from 2019.

IX. HR HUMAN RESOURCE REPORT

Michelle presented the monthly HR report, stating that there were 34 CSC and 34 non-CSC positions vacant, with 572 positions filled and 634 authorized. She stated they will be adding a few positions opening this week. She stated there were 10 separations for retirements, 3 for personal reasons including hours, vaccination, or finding other employment, 2 for other reasons, and 1 for an unknown reason, but this month saw a decrease in separations. Michelle stated that among other positions, where there were temps there were asterisks. She stated there were currently two vacant CSC supervisors in Antelope Valley. Michelle stated that all Regional Center staff would need to be vaccinated by November 30th and on

Monday they would start accelerated CSC hiring panels, and would likely do the same with non-CSC positions, as the panels were successful a couple years prior. She stated they are expanding recruitment platforms and at the next meeting she would provide an update on the timeline related to recruitment platform utilization and rewriting job positions. Michelle requested feedback from the committee if they had any comments.

X. HEALTH CARE RESOLUTION

Michelle stated that in December 2019, North LA ratified a contract with the union agreeing to provide bargaining unit employees which they would provide to management, non-bargaining, and retiree militants for \$700 towards their health career. She stated this would be effective as of January 1st, 2022 and there was no action necessary by the committee.

XI. RECRUITMENT POLICY

Michelle presented a draft of the recruitment policy and requested feedback to help capture values they wish to promote such as diversity, equity, and inclusion as they fill positions.

Ana recommended they send feedback rather than reviewing the policy.

Marianne said she would like to see discussion of building a pipeline more explicitly. Michelle recommended placing it in Section 6.1. Marianne recommended making sure that the panels are diverse and inclusive. She also requested that the wording be clear to her as if she didn't know much in relation to the Regional Center, in the case that the executives wouldn't be able to come and everyone would still be on the same page. Michelle also mentioned discussing the branding of the regional center as what they may offer in additional trainings or other positives. Michelle said as they rewrite the descriptions they will include the benefits.

Ana stated they should ensure job descriptions reflect the brand and benefits of the organization including specific growth opportunities. Michelle said her team is putting together highlights that might include loan forgiveness or other opportunities.

Lety asked about referral incentives, as many of their applicants join through that method. Michelle stated that if the recommended individual is hired, then the person who recommended is given an incentive. She stated that they can work on specific figures for the board to approve through Impact Operations Committee to see what amount is competitive for an incentive. Lety requested seeing timelines for how long they wait to post a job after an opening and how long the hiring process should take. Michelle said the timeline is in the works. Lety suggested considering not just hiring Masters but waving that if the individual already has experience in a similar position. Presenting at job fairs in Fernando Valley, Antelope Valley, and Santa Clarita Valley would all be helpful.

Ana suggested laying out policy and procedure culture for the hiring process as well, such as a score system for interviews that can be modifiable, especially for those with knowledge or experience in environments similar to the ones they work with. She also suggested offering jobs to consumers as well on a regular basis, so they aren't just telling their providers to do so. She stated in that way it would more fully encapsulate equal opportunity employment, whether it be individuals with disability or family of individuals with disability.

Michelle said she would work with the team and bring back a draft. Jeremy also recommended allowing stakeholders to apply. Lety asked if that would pose a conflict of interest. Ana stated that they would simply not be placed with their family members.

Michelle stated that they are still looking for an HR director, but there is a candidate and they are scheduling an interview.

XII. REPORT OF PERSONAL CLASSIFICATION

Michelle stated that CalPERS and the California Code of Regulations requires pay schedules approved by the Board of Trustees. She stated in 2019 they moved from a step method to a cola method. She presented the salary schedule for 2021 and 2021-2022. As the individuals fell outside of the range of the cola payment, they will need to adjust their maximum range by presenting to the board at their next meeting.

Lety asked if there was a Union for executives. Ana responded that there is a Union, SEIU 721, for non-management individuals who are a part of the bargaining unit, so payroll and executive assistants don't have a Union.

MOTION: Lety **MOVED** to approve the salary schedules for 2021 and 2021-2022. The motion was **SECONDED** by Jeremy and **PASSED** with unanimous consent.

XIII. ORGANIZATIONAL CHART

Michelle stated they were looking at how to best utilize their resources, and for that decided to create a Public Information Officer position as a 5th executive, to remove the organizational development department, and provide the officer with 2 public information specialists; a legislative specialist and an emergency coordinator. She stated they would likely move the training supervisor under the HR director.

Lety asked if community services would be under the Deputy Director after Kim leaves and Alan takes over. Michelle said that was correct. Lety asked if the Deputy Director would handle things outside of the CFO's scope. Ruth stated the CFO is responsible for community service, information technology, and fiscal accounting, all of which will remain the same. The Deputy Director would step in when she is needed. Lety asked under what department the position would be placed. Ruth said that it had moved around in the past.

MOTION: Lety **MOVED** to approve the new position mentioned. The motion was **SECONDED** by Lillian and **PASSED** with unanimous consent.

XIV. SECTION I REPORT

Kim provided an overview of their leases for the Fernando Valley, Antelope Valley, and Santa Clarita offices. She stated that rent is funded through DDS based on reports.

XV. UPDATE ON TIMELINE ZPA

Alan stated there would be a meeting Tuesday, November 2nd with the selection committee and another meeting that Friday. He stated that through December 31st, they would stick to the schedule.

XVI. AUDIT REPORTS

Michelle said that their audit for FY 2020 and 2021 had no findings, which they had already put on their website.

XVII. OUTCOME WORKERS COMP

Michelle stated that they had verified payroll expenses to make sure they weren't underpaying and ended up receiving a \$175,000 refund.

XVIII. BOARD POLICY ON AWARDING STARTUP DEVELOPMENT FUNDING

Michelle stated that in the contract changes, they would update board policy on awarding startup and development funding. She stated the changes would be adjusting policy to make it more reflective of the contract language. Pursuants would be referred to the Board of Trustees, and then it would be communicated when startup funds will be provided. She stated that they would need to present this as an action to the board, so she will return with feedback for final approval in January, presented under Committee Meeting Action Items.

MOTION: Lety **MOVED** to take the proposal to the board for review. The motion was **SECONDED** by Lillian and **PASSED** with unanimous consent.

XIX. NEXT BOARD MEETING ITEMS

1. Minutes of October 27
2. Contracting Processes
3. Training materials
4. Financial report provided
5. Relief funds
6. Development funding policy
7. Final GT's audit report
8. Approval of Contracts
9. Monthly HR report

MOTION: Approval of the items for the next board meeting. The motion was **APPROVED** with unanimous consent.

XX. EXECUTIVE SESSION

The meeting was closed for an Executive Session at 8:49pm and resumed back to open session at 9:44 pm.

XXI. ADJOURNMENT

Hearing no other business, Ana adjourned the meeting at 9:45 pm.

HUMAN RESOURCES REPORT

Open Positions on Hold	Open Positions Vacant	Positions Filled as of October 31st	FY21/22 Authorized Positions	New Hires as of October 31st	Separations as of October 31st	Annualized Turnover Rate
0	73	572	639	16	10	0.15%

FY21/22 Authorized Positions	Positions Added Based on FY 21/22 Growth
639	25

Open SC Positions: 38

Service Coordinators	Department/ Location	Open as of Date
CSC-BIL-SPECIALIZED	AD - SFV	Nov-20
CSC - BIL ^	SA - SFV	Feb-21
CSC - BIL	SA - SFV	Mar-21
CSC - BIL	SA - AV	Mar-21
CSC	AD - AV	Apr-21
CSC^	AD - SFV	Jun-21
CSC	AD - AV	Jun-21
CSC - BIL	ES - AV	Jul-21
CSC - BIL	SA - SFV	Jul-21
CSC - BIL^	ES - AV	Jul-21
CSC - BIL^	SA - AV	Aug-21
CSC	ES - AV	Aug-21
CSC -FL SPECL	SA - AV	Sep-21
CSC - BIL	AD - AV	Sep-21
CSC - BIL	TRANS - AV	Sep-21
CSC - BIL^	ES - AV	Sep-21
CSC	SA - SFV	Sep-21
CSC^	SA - SCV	Sep-21
CSC	ES - SFV	Sep-21
CSC^	TRANS - AV	Sep-21
CSC - BIL^	AD - SFV	Sep-21
CSC - BIL^	SA - SFV	Sep-21
CSC - BIL^	SA - AV	Sep-21
CSC ^	SA - SFV	Sep-21
CSC-BIL^	SA - AV	Sep-21
CSC^	AD - AV	Sep-21
CSC	ES - SFV	Oct-21
CSC	SA - AV	Oct-21
CSC	AD - AV	Oct-21
CSC^	AD - AV	Oct-21
CSC	SA - SCV	Oct-21
CSC -SDP SPECL	SD - SCV	Oct-21
CSC	SA - AV	Oct-21
CSC - BIL	TRANS - SFV	Oct-21
CSC - BIL OD SPECL	CON SVCS - SCV	Oct-21
CSC - BIL OD SPECL	AD - SFV	Oct-21
CSC - BIL ENH CASELOAD SPECL	CON SVCS - AV	Oct-21
CSC - BIL ENH CASELOAD SPECL	AD - SFV	Oct-21

*Projected to be filled on November 8, 2021

*Temporary Support Provided

Open Other Positions: 35

All Other Positions	Department/ Location	Open as of Date
Resource Developer Specialist	Comm Svcs - SFV	Jan-20
HR Director	HR - SFV	Oct-20
Jr Accountant	Accounting - SFV	Jan-21
Executive Admin Assistant	Executive Admin - SFV	Apr-21
Intake Associate	Intake - SFV	Apr-21
Consumer Svcs Supervisor	Adult VIII - SFV	Apr-21
Consumer Svcs Supervisor	Trans - AV	May-21
Executive Administrative Asst - Bil	Executive Admin - SFV	May-21
Consumer Svcs Specialist-HCBS	Community Svcs - SFV	May-21
Nurse Consultant	Clinical Svcs - SFV	May-21
Accounting Specialist^	Accounting - SFV	May-21
Payroll Specialist	Payroll - SFV	Jun-21
Contract and Compliance Specl	Community Svcs - SFV	Jun-21
Consumer Svcs Supervisor	AD - SFV	Jul-21
Office Assistant II^	ES/SA - SFV	Jul-21
Controller^	Accounting - SFV	Jul-21
HR Specialist I*	HR - SFV	Aug-21
Office Assistant II - Bil	Office Services - SCV	Aug-21
IT Specialist II	IT - SFV	Aug-21
Branch Office Supervisor	AD - SCV	Aug-21
IT Specialist I	IT - SFV	Aug-21
Office Services Assistant - Bil ^	Office Services - SFV	Sep-21
Risk Assessment Supervisor	Risk Assessment - SFV	Sep-21
Risk Assessment Specialist	Risk Assessment - SFV	Sep-21
Transfer Coordinator	Consumer Svcs - SFV	Sep-21
Resource Developer	Community Svcs - SFV	Sep-21
Intake Associate	Intake - SFV	Sep-21
Office Assistant II	Intake - AV	Sep-21
Office Assistant II - Bil	Recs & Doc Mgmt - SFV	Oct-21
Public Information Supervisor	Public Information - SFV	Oct-21
Vendor Coordinator^	Community Svcs - SFV	Oct-21
Consumer Svcs Supervisor	ES - SFV	Oct-21
Psychologist	Clinical - SFV	Oct-21
Community Living Specialist	AD - SFV	Oct-21
Emergency Management Coord	PI - SFV	Oct-21

Total Terms: 10

Position	Separation Reason	Term Month
CSC	Personal	Oct-21
CSC	Retirement	Oct-21
CSC	Retirement	Oct-21
Public Information Supervisor	Retirement	Oct-21
CSC	Personal	Oct-21
CSC	Other	Oct-21
Psychologist	Personal	Oct-21
Community Living Specialist	Retirement	Oct-21
CSC	Other	Oct-21
CSC	Unknown	Oct-21

Release of Positions From Hold: 0

Month FY 21/22	Positions Released From Hold
July	0
August	0
September	0
October	0
November	0
January	0
February	0
March	0
April	0
June	0

On Hold Positions FY 21/22 0

Hold Positions	Dept/ Location	Hold as of Date

CALCULATION

FY 21/21 Authorized Positions	639
Open Positions On Hold	0
Open Positions Vacant	-73
Separations as of October 31, 2021	-10
Sub Total	556
Add - New Hires as of October 31, 2021	16
Positions Filled as of October 31, 2021	572

Positions Filled as of October 31, 2021	572
New Hires as of October 31, 2021	-16
Sub Total	556
Add - Open Positions On Hold	0
Add - Open Positions Vacant	73
Add - Separations as of October 31, 2021	10
FY 21/22 Authorized Positions	639

PROMOTIONS & TRANSFER TRACKING

Oct-21

PROMOTIONS

VENDOR COORDINATOR
CSC
CSC-SD SPECL

ACCOUNTING SPECIALIST
CSC SPECL-FL
CONSUMER SRVCS SUPV

LATERAL TRANSFERS

CONSUMER SRVCS SUPV
CONSUMER SRVCS SUPV

CONSUMER SRVCS SUPV
CONSUMER SRVCS SUPV

DEMOTIONS

North Los Angeles County Regional Center
Consumer Advisory Committee Meeting Minutes (Via Zoom)
November 3, 2021

Present: Caroline Mitchell, Chair, Pam Aiona, Suzanne Paggi, and Cynthia Samano – Committee Members

Susan Good, Mary Hylan, Melinda Tenan, Lillian Martinez/Board Member, Jessica Gould/Presenter, and Lucy Paz/Spanish Interpreter - Guests

Evan Ingber, Juan Hernandez , Jose Rodriguez, Jennifer Williamson, and Ana Maria Parthenis-Rivas – Staff

Absent: Bill Abramson, Lesly Forbes, Destry Walker

I. Call to Order & Introductions

Caroline Mitchell, chair, called the meeting to order at 11:06 am and introductions were made.

II. Consent Items

- A. Approval of Agenda
M/S/C (S. Paggi/P. Aiona) to approve the agenda as presented.
- B. Approval of Minutes October 6th Meeting
S. Paggi mentioned that L. Garcia was not present at the October 6th meeting, and therefore, did not present the topic.
M/S/C (P. Aiona/S. Paggi)

III. Committee Business

- A. Presentation: Lanterman Housing Alliance (Jessica Gould)
J. Gould provided an overview and answered questions.
- B. Proposed Committee Policy Revision Re: meeting attendance
J. Williamson provided an overview and answered questions.
M/S/C (S. Paggi/C. Samano) to approve the change(s) to the policy as presented.
- C. Review of Instructions for Using “Teams” (Evan Ingber, NLACRC Training and Development Supervisor)
E. Ingber provided a review of the revised Instructions for Using “Teams” and answered questions.
The committee provided feedback for minor edits to the formatting.
S. Paggi asked if documents to consumers could be sent out in Braille and J. Williamson responded that to her knowledge, materials from NLACRC have

not been sent to consumers in Braille and that consumer could contact their service coordinator if they need assistance in this regard.

- D. Training/Presentation Calendar
- C. Samano suggested a Holiday Cooking training/presentation be added to the calendar.
- S. Paggi asked if the committee could have a virtual holiday get together. C. Mitchell said she would bring it to the board.

IV. Identify Agenda Items for the Next Board Meeting

- A. Minutes from the November 3rd Meeting
- B. Propose a virtual holiday get together in December.

V. Announcements / Information / Public Input

- A. No Meeting in December
- B. Festival Educacional: Saturday, November 6th at 8:30 a.m.
- C. Board of Trustees Recruitment for FY22-23, applications accepted until December 15th
- D. Virtual Town Hall – Employment services presented by the Department of Rehabilitation, Thursday, November 8th at 1:30 p.m.
- E. Office Closures: Thursday, November 11th/Veterans Day, Thursday, November 25th and Friday, November 26th/Thanksgiving
- F. Next meeting: January 5th 2022

S. Paggi – Stated that the number of recent emails she received was overwhelming.

C. Samano – Asked about Play Sports. Parent Mentor hotline can assist with registration.

S. Paggi – Suggested a proof of vaccine app on cell phones.

VI. Adjournment

Caroline Mitchell adjourned the meeting at 12:28 p.m.

Submitted by,



First Name, Last Name

Executive Administrative Assistant

[camin_nov3_2021]



North Los Angeles County Regional Center
Consumer Advisory Committee

Policies & Procedures

Bylaws

The Consumer Advisory Committee is established as a standing committee in Article VII., Section 10, of the bylaws of the Board of Trustees of the North Los Angeles County Regional Center, pursuant to Welfare and Institutions Code Sections 4622(G) and 4626. -The committee is responsible for providing the center's Board of Trustees with recommendations on issues important to consumers, such as legislation or services and supports provided by NLACRC or other publicly-funded entities.

Appointment of Committee Chairperson and Vice-Chairperson

The Consumer Advisory Committee chair shall be a member of the Board of Trustees and elected by the Board of Trustees. The term of office shall be one year with no limitations on the number of terms. However, the Nominating Committee should give consideration to alternating their nomination for the position among eligible board members. Election of the committee chair will occur at the time of the regular board elections. The Nominating Committee will also recommend the nomination of a vice chair.

Membership

The Consumer Advisory Committee shall be composed of adult consumers who reside in the regional center's catchment area and participate in ~~4~~ 5 Consumer Advisory Committee meetings during any 12-month period.

Meeting Frequency

The Consumer Advisory Committee shall meet monthly, except in July and December. A copy of the scheduled meetings will be provided to the Board of Trustees. Other meetings may be scheduled and called by the chairperson of the committee.

Relationship to the Board of Trustees

- Submission of Advice:

The Consumer Advisory Committee, as a standing committee of the Board of Trustees, shall submit advice through reports submitted by its chairperson/designee to the board.

- Training:

The Consumer Advisory Committee shall schedule an orientation and training session for its members annually after new members are seated.

- Staff Support:

Staff support shall be provided through the executive director of the regional center.

North Los Angeles County Regional Center
Executive Committee Meeting Minutes
October 27, 2021

Present: Leticia Garcia, Lillian Martinez, Angelina Martinez, Marianne Davis, and Ana Quiles -**Committee Members**

Absent: Jeremy Sunderland

Ruth Janka, Michele Marra, Kim Rolfes, Dr. Jesse Weller, Alan Darby, Liliana Windover & Cheryl Blizin – **Staff Members**

Guest: Minutes Services - Mike

I. Call to Order

Lety Garcia, President, called the meeting to order at 9:45 p.m.

II. Public Input

No public input.

III. Consent Items

A. Approval of Agenda – (*Page 2*)

M/S/C (L Martinez/A. Martinez) To approve the agenda as presented.

B. Approval of Minutes from the September 29th Meeting - (*Page 4*)

M/S/C (A. Martinez/L. Martinez) To approve the minutes as presented.

IV. Committee Business

A. Whistleblower Compliance Activity Follow Up

1. Whistleblower Complaint Process

Based on the feedback received from this committee during the last meeting regarding complaints about professional conduct, the following steps have been taking to ensure investigations pursue all

possible sources of information relevant to the complaint:

- Establish monthly cross-departmental meetings to assign complaints to the appropriate venue.
- Assigned investigator will be required to request information from the following sources: Human Resources, DDS complaint log, second director's line, reception call logs, and general call center, in order to determine if there were other prior complaints.

Per counsel's recommendation, only two terms should be used, substantiated and unsubstantiated, meaning not enough evidence to substantiate complaint.

2. Follow-up regarding non consent sexual relations incident report

This incident report was investigated by Adult Protective Services and their conclusion was the allegation was unsubstantiated.

B. Employee Retention Strategies

Our demographics are shifting; therefore, the following steps will be taken to match our retention strategies to match the shifting demographics.

- The center received feedback from recruiters and human resources staff regarding staff compensation and the challenges with competing for candidates in the current employment market. Human Resources and Fiscal Department will be reviewing compensation analysis proposals to determine next steps.
- The center will also solicit feedback from staff regarding longevity starting November 15th to obtain retention recommendations for our organization.
- We are also looking at revising our job descriptions to reflect our values of diversity, equity, and inclusion.

C. Board Member iPads

The center purchased and secured 22 iPads, including a contract for 2 years for internet services or connectivity. However, only 3 iPads are being used by board members. We are looking at ways to deploy and use the remaining iPads.

Going forward, it was recommended when contract for internet services expired, to buy an internet plan individually.

ACTION: Agenda Item for next Board Meeting: Availability of iPads for Board Members including training on how to use them.

D. Diversity, Equity & Inclusion Policy Development Timeline

Once the center obtains the equity report due in mid-December, the center will start working on creating the steering committee and policy development. Timeline: Early 2022.

E. Board Budget vs Expenditures

1. FY 2021-22 – (*Packet 14*)

The FY 2021-22 Board Budget vs Expenditures report was presented to the Committee. The total budget is \$101,500, year-to-date expenditures are \$9,518.04, and the remaining balance is \$91,981.96.

F. DDS 2021-22 Service Access and Equity Grant

The center is planning to submit two proposals:

1. Workforce & Employment Project.
2. Grassroots Community Outreach and Engagement Project.

We are on target to submit these proposals before the deadline of November 3, 2021.

G. Strategic Planning Update

The Strategic Planning Committee (SPC) met with Ami Sullivan, consultant to discuss the following:

- Reviewing interview questions
- Establishing list of individuals for 1:1 leadership interviews

- Communication process between consultant and strategic planning committee.
- Proposed Timeline for development of the strategic plan
- Monthly instead of quarterly SPC meetings will occur in order to develop the center's strategic plan. Next meeting: November 1st at 6:00 pm.

H. Annual Strategic Planning Update (*Page 16*)

A PowerPoint presentation with the Five-Year Strategic Plan Year 4 (FY 2021-22) was reviewed with members of this committee.

ACTION: The committee recommended to include a copy of this presentation in the SPC packet for meeting on November 1st.

I. FY 22-23 Board Training Plan (*Page 54*)

The CY2022 Board Training Plan was reviewed with members of this committee. The following is the minimum requirement trainings:

- Board Governance
- Whistleblower Policy
- Conflict of Interest Policy
- Linguistic and Cultural Competency

ACTION:

1. FY 21-22 Board Training Plan: It was recommended to move the date of the Conflict of Interest scheduled in May 2022 to June 2022 (during our board member orientation) in order to comply with DDS annual requirement which is due by August 1st.
2. It was also recommended to establish definitive dates instead of months for the board training programs and to schedule these trainings during the evening or weekends.

J. Ana Quiles Conflict of Interest Resolution (COI) Plan Resubmission (*Page 55*)

Ana Quiles identified a COI in the previous fiscal year. A resolution plan was

created and approved by State Council and DDS for one year which will expire soon, therefore a new COI plan needs to be resubmitted. Since there were no changes to her COI, the COI resolution plan will remain the same as last year.

M/S/C (L. Martinez/A. Martinez) To approve the resubmission of the COI for Ana Quiles as presented.

K. ARCA Delegate and ARCA Alternate Nomination Process

The two years term for NLACRC ARCA delegate and alternate will expire by the end of this fiscal year. Questions were discussed as of what the process is to solicit new ARCA delegates.

ACTION: Information will be obtained from ARCA regarding the recruitment process and then the policy should be updated to reflect the process for soliciting a delegate and alternate.

V. **Center Operations**

A. COVID-19

1. COVID-19 Vaccine Mandate for Services Providers

The California State extended its order mandating the regional centers provider to have proof of vaccination by November 30, 2021. Requests have been received from consumers and families to demonstrate proof of vaccination. Our services coordinators are also required to comply with vaccination mandate.

2. COVID-19 Vaccine Booster Shots

Vaccine booster shots are now available for both Pfizer and Moderna. These are recommended however are not required as part of the public health vaccine mandates.

B. Northeast Valley health Corporation (NEVHC) Grant of \$250,000

NEVHC received a grant of \$250,00 to help increase developmental screenings.

NEVHC's mission is to provide quality safe and comprehensive primary health care to medically underserved residents in the San Fernando and Santa Clarita Valleys.

C. Communications

Feedback regarding the number of communications sent suggests oversaturation. We are revising our strategy during an interim period to provide a weekly bulletin until we develop a yearly communication plan to meet the needs of our community

D. Staffing

The following position has been created:

- Deaf Services Specialist Position under the Community Services Department.
- Emergency Management Coordinator
- 6 positions including a supervisor under the Enhance Service Coordination Unit.

E. Self Determination Program

- The center is number one in the State for enrollment in the SDP program. Ruth and Dr. Weller met with SDP Local Advisory chair to talk about program implementation and coordinating an SDP fair.
- SDP workbook is available as of September 30th.
- DDS announced the appointment of Katie Hornberger as the Acting Ombudsperson for SDP. Katie will be attending the SDP Local Volunteer Advisory Committee in November.
- Next SDP Local Advisory Committee will be on November 18th at 6:30 pm.

F. Performance Contract

Staff have developed metrics for Performance Contract to be reviewed at Strategic Planning Committee next Monday. Any needed updates will be made and then contract will be reviewed by the board at the November 10 meeting, and if further updates are needed, we will seek board approval for the Executive Committee to approve at the November 23rd meeting.

G. Diversity, Equity and Inclusion Initiative

Completed their listening session on October 14th with 57 participants for public, October 25th with 54 participants for staff, and the consumer event is scheduled November 2nd with 24 registered.

H. Community Engagement

- Town Hall scheduled on Thursday, October 21st has been rescheduled to Friday, October 29th at 12:00 pm. This town hall will be regarding “Personal Safety & Disaster Preparedness” by L. Vance Taylor, Chief, Office of Access & Functional Needs at California Governor’s Office of Emergency Services.
- November 18th Town Hall will be on the topic of employment services presented by the Department of Rehabilitation.
- NLACRC will also host an employment roundtable with Stanford University on November 17th.

I. Legislative Town Hall

Legislative Town Hall has been scheduled on November 30th from 6:00 pm to 7:30 pm. Topics include affordable housing, mental health awareness and increasing regional center service access and equity.

J. DDS Call for Ornaments for Annual Capitol Tree Lighting

Reminder that the deadline for sending ornaments to DDS for the annual Capitol Tree Lighting Ceremony is Friday, November 12.

VI. Board Meeting Agenda Items

- A. Minutes of the October 27th Meeting
- B. Board Members' iPads and Training
- C. Board Budget vs Expenditures for FY 2021-22
- D. Annual Strategic Plan Update
- E. Ana Quiles Conflict of Interest Resolution Plan Resubmission
- F. FY 2021-22 and FY 2022-23 Board Training Plans

VII. Announcements / Information Items

- A. Next Meeting: Wednesday, November 23rd at 7:30 pm

VIII. Adjournment

Lety adjourned the meeting at 11:24 pm.

Submitted by,

Liliana Windover

Liliana Windover

Executive Administrative Assistant

[ecmin_Oct29_2021]



North Los Angeles County Regional Center
Government & Community Relations Committee Meeting Minutes
October 20, 2021

Present: Nicholas Abrahms, Cathy Blin, Sylvia Brooks-Griffin, Christina Cannarella, David Coe, Gabriela Herrera, Sharoll Jackson, Jennifer Koster, Angelina Martinez, Alma Rodriguez, Rocio Sigala, Jennifer Siguenza, Deshawn Turner, Jeremy Sunderland, Chair, and Suad Bisogno – Vendor Advisory Representative – Committee Members

Leticia Garcia, Ana Quiles, Victoria Berry, Kimberly Burmudez, Alexander Farkas, HIPAA Attorney, and Tal Grinblat, Intellectual Property Attorney – Guests

Ruth Janka, Michele Marra, Kim Rolfes, Jesse Weller, Jennifer Williamson, Sara Iwahashi, Evan Ingber, Gabriela Eshrati, Emmanuel Gutierrez, Cristina Preuss, Sandra Rizo, and Ana Maria Parthenis-Rivas – Staff Members

Absent: Christina Cannarella, Michelle Heid – Legislative Educator

I. Call to Order & Introductions

J. Sunderdland called the meeting to order at 7:35 p.m.
Introductions of the attorneys were made and S. Iwahashi’ s retirement was announced.

II. Public Input

J. Sunderland shared that he had an accident last week.

III. Consent Items

A. Approval of Agenda

M/S/C (A. Martinez/G. Herrera) To approve the agenda as modified:

F. Feedback from the Community Regarding Our Communications

G. Commonly Coordinated Brochure Insert Mockup

B. Minutes of August 18th Meeting

M/S/C - There was no motion to approve the minutes of the August 18th

meeting.

IV. Committee Business

A. Social Media

1. Human Interest Stories

Counsel, A. Farkas and T. Grinblat provided an overview and answered questions related to legal requirements and implication regarding sharing human interest stories, the development of posting criteria and consent forms for persons who take a photos or videos and persons who appear in photos and videos.

Action: Attorneys to meet and provide recommendations at next meeting how we can share information and what would be needed to limit exposure. In addition to the recommendation between the HIPAA and IP attorneys, identify what kinds of releases would be needed in order to share information.

2. Facebook Live Broadcast

A status was provided as it relates to our Business Associates Agreement

Action: Report out at next meeting on the status of BAA.

Action: A. Farkas will look into FB's willingness to sign a BAA.

3. Closed Captioning

This was discussed in regard to the BAA above.

4. Instagram Account Update

We now have the following handles: English NorthLACountyRC and Spanish: NLACRCEspanol

A communication will be sent out to the community.

We will launch our YouTube channel shortly and will take that opportunity to announce our handle.

Recommendation: Use the handle on all of our communications.

Action: Get the handle: NLACRCoifficial; look into whether we can get this handle verified on Instagram.

M/S/C (L. Garcia/D. Coe) to use NLACRCoifficial as Instagram handle.

5. Videos on YouTube

J. Williamson provided an update on the agency's YouTube activity.

6. Increasing Social Media Followers

J. Williamson provided an overview of the development of a plan to increase social media followers. Process of seeking a social media consultant, reviewing social media and promotion of social media, creating Instagram, posting on YouTube, increasing, and diversifying communications, and adding Tik Tok.

7. Facebook Analytics

J. Williamson provided an update on the Facebook analytics.

B. Legislative Update

1. Legislative Town Hall

In the process of finalizing invitations to 5 legislators will be sent October 21st, once sent begin promotion.

2. Legislative Academy Training

a. Recording

Action: Michelle Heid was unable to attend tonight's meeting. Update status at next month's meeting.

b. Correction on feedback from training survey

After the last committee meeting, the survey results were reviewed, and we found that there were three long form questions that were answered that were inadvertently not reported:

J. Williamson provided a review of the three long form questions. This feedback will be shared with the Legucator if not already done.

3. Legislative Bills

J. Williamson provided an overview of the updates to the legislative bills.

4. Local Legislative Grass Roots Visits

M. Heid was unable to attend tonight's meeting to provide an update. She will provide an update at the next meeting.

5. Legucator Report

J. Williamson offered to take any questions that the committee may have related to the Legucator Report to M. Heid. The committee recommended that Michelle Heid provide an alternate Legucator if she is going to be absent to attend the Government and Community Relations Committee meeting

- C. NLACRC Consumer and Family Guide Update
Based on the current timeline, the goal is to have it completed, both English and Spanish, by the end of December and anticipate that it will be posted on the website by January 1, 2022. J. Williamson and M. Marra will assess the outstanding actions to confirm the timeline.
Action: Prior to the next meeting a specific timeline will be provided after getting commitments from the contractors, i.e., graphic designer, translator, printer, etc.
Action: Release both English and Spanish version at the same time.
- D. Local Grass Roots Marketing and Outreach Plan
M. Marra provided an overview of the local grass roots marketing and outreach plan.
J. Weller provided an overview of the Outreach Specialist grant.
Action: Add AV Seed and Grow
Action: M. Marra will inquire from Dr. Weller and R. Sigala about the RC that has had a successful mobile outreach.
Action: Look into Peach Jar again.
- E. Keeping legislators informed about pending issues.
M. Marra provided an overview on the different activities we participate in to keep our legislators informed.
- F. Feedback from the community.
We received feedback that we are oversaturating with our communications. A consumer parent asked that we go back to providing a newsletter once a week. To address this feedback, we will be meeting with a media consultant, Kearns West, to come up with specific strategies for each of the different platforms.
- G. Commonly Coordinated Brochure Insert Mockup
M. Marra provided an overview of an insert which will be used within the Commonly Coordinated Brochures, which will be published in both English and Spanish.
Action: Include an * indicating that there may be exceptions. Reference the assessment tools (respite and any others). Include in IPP letters.
- H. Utilizing Plain Language on DDS Directives
M. Marra recommends an introduction in plain language in lieu of providing the entire directive in plain language. The language in the directives is very technical and when we attempt to use plain language, it may remove the spirit and intent behind the directive. Therefore, we will provide a plain language introduction.
- I. Board Audit:

1. Does the Center have a training and information plan that meets the requirements of statute, contracts, and board policy?
The correct question is: Does the center's training and information plan include a sufficient variety of training and communication methods to reach all of the center's constituents?
E. Ingber provided an overview of the center's training and information plan.
2. Are there sufficient financial and human resources available to carry out the center's training and information plan?
J. Williamson provided an overview.
Action: Provide a timeline and identify additional resources and provide a plan for the Grassroots Outreach plan.

V. Board Meeting Agenda Items

- A. Minutes of the October 20th Meeting

VI. Announcements / Information / Public Input

- A. Next Meeting: Wednesday, November 17th, at 7:00 p.m.

VII. Adjournment 9:48 pm

Submitted by:



Ana Maria Parthenis-Rivas
Executive Administrative Assistant

[gcrmin_aug18_2021]



Draft

**NORTH LOS ANGELES COUNTY REGIONAL CENTER
Post-Retirement Medical Trust Committee Meeting
Wednesday, October 27, 2021
5:30 pm**

MEMBERS PRESENT

Leticia Garcia, Chair
Ruth Janka, Executive Director, NLACRC
Alan Darby
Jeremy Sunderland
Ana Quiles
Kim Rolfes, Chief Executive Officer, NLACRC
Cheryl Blizin, Executive Assistant, NLACRC
Anne Wimmer
Brian Davies
Tim Banach
Curtis Wang
David Coe
Jesse Weller
Lillian A Martinez
Michele Marra
Tiffani Jones-Newman
Vini Montague

MEMBERS ABSENT

OTHERS PRESENT

Shelly Hash, Interpreter
Lucy Paz, Spanish Translator
Mike S, Recording Secretary, Minutes Services

I. CALL TO ORDER/ESTABLISH QUORUM

Lety called the meeting to order at 5:31 pm, noting that a quorum had been met.

II. PUBLIC INPUT

Kim announced that they will be using Minutes Services for the preparation of the minutes.

III. CONSENT ITEMS

A. Approval of Agenda

MOTION: Jeremy **MOVED** to approve the agenda from September 29, 2021. The motion was **SECONDED** by Kim and **PASSED** by unanimous consent.

B. Approval of Prior Meeting Minutes

MOTION: Jeremy **MOVED** to approve the July 28th meeting minutes with an amendment that the Board president not be marked absent. The motion was **SECONDED** by Ana and **PASSED** by unanimous consent.

Lety mentioned that she would leave the meeting at 5:55 pm to get her son and be back by 6:10 pm.

IV. COMMITTEE BUSINESS

I. High Mark Capital Report

Anne stated they are continuing to see growth though there was a slight drop in the last quarter. She stated with worries about the delta variant, there had been drops in the market but it has recovered and since the onset of covid, the unemployment rate has lowered back down again. Anne stated that the Federal Reserve will keep loan interest until the end of the year and will taper their liquidity program for the market. Inflation rates are slightly higher than the government had hoped for but they saw good growth in their markets.

II. PRMT Retirement Medical Trust

Anne stated that as of October 20th, they had \$43,031,000. Equities are at 59%, fixed income and bonds are at 29%, alternatives are at 9.4%, and there is cash available. She stated that they had grown assets based on investment performance and board contributions. She stated they are holding assets at the moment but make adjustments to their portfolio from time to time, ensuring that it is diverse. Anne compared that month's progress to the previous month.

Lety asked about fees. Anne stated they were not included to see the growth without the fees. Lety requested dollar amounts in growth rather than percentages for gross and net. Lety asked about year-to-date growth. Anne stated that it grew 17.95%

Anne stated that the UAL Trust is for retiree pension is a newer account and the investment objective is different because it is a shorter term plan with a fixed income at 50.9%. She stated that the investments in this are similar to that in the Post-Retirement Medical Trust.

Lety inquired on the growth related to the markets. Anne responded by providing information on the investments and which market they compare and elaborated on what they compare.

Tim asked if the investments were presented in a blended index. Anne said they don't currently have one; and that she would make one after further assessing the request for one.

Lety left the meeting.

III. Economic Charts

Anne presented the economic charts for GDP, Personal Consumption Expenditure, and Capital spending. She also addressed inflation, unemployment rates, and the treasury curve.

IV. PRMT Market Value

a. Post-retirement Medical Trust

Kim stated the trust is currently \$32,220,000 with fees being deducted and replaced by the Center to keep the trust whole. While the trust has experienced marketups and downs, there is now \$16.4 million more than what the Center has contributed

into the trust. The last contribution to the PRMT was in 2019, because have focusing their funding to the Accrued Liability Trust.

b. UAL Market Value

Kim stated the current market value is \$4,389,000 with their contribution of \$3,687,000 while also replacing fees that were taken. She stated they are in process replacing the disbursement made to CalPERS in the amount of \$252,368. It was shared that the Regional Center lump sum payments to CalPERS must be made by July every year, and by doing so, the Center receives a small discount on the annual lump sum payment due to Cal PERS., It was reported that the fees statement for the PRMT account for the quarter ended September 30th hasn't arrived. There is a planned contribution of \$358,000 planned for 2021. Total contribution for FY 2020 was \$3 million and for FY 2021 will be \$2 million. The board has approved contribution for the previous year and this fiscal year, though more might be added if there are no outstanding bills or projects. Another update will be given to the committee in January to prepare for a final recommendation to the board in April for continuing forward. She stated that as of June 30th, they had met about 90.4% of their goal, and if the goal is met, they can consider where to allocate funds if needed elsewhere.

V. US Bank Purchase

Tim noted that US Bank had purchased Union Bank in September 2021. As changes have not yet taken place, there is no worry, but they hold trusts with Union Bank and US Bank so it is important to be aware of. US Bank had previously bought part of Union Bank before and had respected contracts and is rated one of the top banks in terms of ethics, so Tim stated there likely will only be changes in how they pay their fees. Kim stated that fees will likely stay the same, and she will present further on those at the next meeting.

Lety joined back the meeting.

VI. BOARD MEETING AGENDA ITEMS

1. Minutes Approval for October 27th
2. Statement of Current PRMT Trust Value
3. Current CalPERS UAL Trust Value

V. ANNOUNCEMENTS

Anne noted that it's Kim's last meeting with the committee, and Kim was acknowledged.

VI. NEXT MEETING

The next meeting is scheduled for Wednesday, January 26th, 2022

VII. ADJOURNMENT

Hearing no other business, Ana adjourned the meeting at 6:27 pm

North Los Angeles County Regional Center
Strategic Planning Committee Meeting Minutes
November 1, 2021

Present: Orli Almog (VAC), Marianne Davis, Lety Garcia, Ruth Janka, Lillian Martinez, Ana Quiles, Kim Rolfes, Curtis Wang, Jesse Weller, Sharoll Jackson, and Christina Cannarella - Committee Members

Cheryl Blizin, Michele Marra, Evelyn McOmie, Jennifer Williamson, Alan Darby, Jennifer Williamson, and Sandra Rizo – Staff Members

Ami Sullivan, Rosalyn Daggs - Guests

Lucy Paz – Interpreter

Mike – Minutes Services

Absent: Michael Fernandez

I. Call to Order & Introductions

Marianne Davis, chair, called the meeting to order at 6:02 p.m. Introductions were made.

II. Public Input

There was no public input

III. Consent Items

A. Approval of Agenda

M/S/C (R. Janka/) To approve the agenda as modified.

Agenda items IV.A and IV.B will be moved to after letter J, and letter C will be the new IV.A.

B. Approval of Minutes of August 2nd Meeting

M/S/C (C. Wang/S. Jackson) To approve the minutes as presented.

Sharoll Jackson was not present at the last meeting as she didn't know she was part of this committee and she didn't receive the materials.

Minutes from the October 18th meeting with Ami Sullivan were not available and will be provided by the next meeting in February 2022.

IV. Committee Business

- A. Frequency of SPC Meetings: Discuss/vote to move meetings from quarterly to monthly for duration of Strategic Planning Process

Proposed dates for monthly Strategic planning mtg. – 1st Monday of the month until the March 2022 retreat. Date are December 6, 2021, January 3, 2022, January 31, 2022, February 28, 2022 and retreat in March 2022. Proposed time will be 6-8 p.m. for these meetings.

- B. Determine process for communicating with SPC – Kinetic Flow – SPC – Board, SPC Meeting Schedule

Process for communicating with SPC/Kinetic Flow will be streamlined. Point person to communicate between Ami/SPC committee will be Ruth/Sandra. Ami will communicate with Ruth/Sandra and Ruth/Sandra will communicate with SPC members and vis versa. If there are any issues/questions/concerns from SPC members, they will address Ruth/Sandra, and Ruth/Sandra will contact Ami.

- C. Determine process for approving documents/processes

The process for approving documents in between meetings will be to use the 50% quorum as the majority for decision making – decision by quorum to keep deadline.

- D. Propose/Approve list of individuals for the Leadership Interviews

Add a member from CAC, Jessica Gould, self-advocate, former Board member to list. Expand to Early Start, Adults, Transition, and representation from the three valleys. Jason Francisco as point person for DDS, Kathleen Secchi from SC FFRC, someone from Dept. of Mental Health.

Kati Hornberger, add SDP consumer/parent, Josefina Romo, Sofia Cervantes from State Council, Kristine Gutierrez, Kathleen Secchi, FFRC, Principal at Leitchman, someone from Dept of Rehab, a physician (C. Canarrelli will find someone). Dr DeAntonio, LAUSD, Timothy Sweeny from Miller Career & Transition Center, Ryan Morse, principal at Leitchman.

- E. Review/Provide input for the Leadership Interview Questions

Could Strategic Committee members answer some of the questions? Add question about crisis intervention, which may be part of mental health area. How well does NLACRC respond to crisis? – Add a question as to how individual became engaged with the RC? What generated the engagement? What introduced you to using the RC?

- F. Identify local organizations/do outreach and best strategy for connecting with stakeholders. What is the plan to get final survey out to consumers and families?

How will we reach individuals that are non-verbal, can't read/write etc.? Individuals that don't have family and cannot be easily reached e.g., residential homes/intermediate care facilities, difficult to reach, etc. With HCBS CMS Final Rule coming up, it will be very important to make sure we get this information out to as many consumers as possible. Important to hear the needs from direct care providers who are caring for consumers on a daily basis. An in-depth PCP is going to be important.

Reach out to Cathy Blin who has family member in residential setting to get suggestions on how to reach this group. Ruth/Lety will reach out to Cathy Blin. Recommend that Jessica Gould be an interviewer, Christina Cannarella volunteered to partner with Ami to do interviews.

- G. Discuss retreat dates/schedule (March 11th/12th 2022 or March 12th/20th or Other)

Newhall has new hotel in Downtown Newhall – This is mid-way for AV/SFV. Agreed upon dates are March 11th & 12th - 2hrs on Friday, 6 hrs. on Saturday. Start time on Friday will be 6-8 p.m., and 9am-3pm on Saturday.

ACTION: Ruth to look for hotel in Santa Clarita.

- H. Review of Proposed Timeline: changes, concerns, suggestion

We will try to stick to the proposed timelines. It was proposed to move June 20th date to an earlier date. Also, the week of April 13th will not work for Ruth, March 28th will work for Ruth instead of April 4th.

- I. FY 21-22 Committee Priorities

This agenda item was tabled till the next committee meeting.

- J. Diversity, Equity & Inclusion Policy Steering Committee

Committee was provided with brief background on the development of the Diversity, Equity & Inclusion Policy Steering Committee and how it differs from the Disparity Committee.

Timeline agreed upon for group composition is November 1, 2021 which will include 3 Board members, 3 NLACRC staff, 3 External Stakeholders, and 1 Legal Counsel. Recommendation was made to

include people that have experience with policy making and connection with the population we are trying to connect with. CFO volunteered to assist Chief of Program Services with counsel representation. The first DEI Policy Steering Committee meeting will be in January 2022 at which point the meeting schedule will be set-up.

Chief of Program Services will provide an update at the next Strategic Planning Committee meeting.

K. Performance Contract Updates

1. Draft CY 2022 Performance Contract with Metrics

The Executive Director and the Chief of Program Services reviewed the draft Performance Contract for FY 2022, and input and recommendations were provided by committee members. One of the recommendations was to add SDP as part of the training for Service Coordinators.

L. Community Integrated Employment/Paid Internship Program (CIE/PIP)

1. 1st Quarter CIE and PIP Activities

Report was reviewed with committee members and presenter touched on micro enterprise for individuals with DD. Copy of report was included in the committee's packet on page 44

2. Statewide DDS CIE/PIP Summary Reports: No Reports

No summary report was available for DDS CIE/PIP

M. 1st Quarter Report on Program Closures

Report was reviewed with committee members and a copy was included in the committee's packet on page 45.

N. 1st Quarter Report on New Vendorizations

Report was reviewed with committee members and a copy was included in the committee's packet on page 46.

O. Update on Health and Safety Waiver Exemptions

1. Submissions: No Report

Working on reports non have been processed yet.

2. Approvals: No Report

Working on reports non have been processed yet.

P. Strategic Plan Year 4 Update

Defer till next meeting.

V. Board Meeting Agenda Items

- A. Minutes of the November 1st Meeting
- B. DDS Approval of 2021 Performance Contract
- C. 1st Quarter Report on CIE/PIP Activities
- D. 1st Quarter Report on Program Closures
- E. 1st Quarter Report on New Vendorizations
- F. Tentative dates for retreat
- G. Update on Strategic Plan discussed at this meeting
- H. Diversity, Equity & Inclusion Policy Steering Committee
- I. Recruitment Composition

VI. Announcements / Information / Public Input

- A. Next Meeting: Monday, February 7, 2021 at 6:00 p.m. will be December 6th.

Public Input:

Lety attended Foothill Autism Alliance event for teenagers with Autism. The event offered workshops on relationships/sexuality – Brought to this committee to help promote the agencies' activities – More to come.

Christina met with chancellor at LA Valley College regarding inclusion, equity, and diversity to support more regional center consumers at community colleges.

VII. Adjournment

- M. Davis adjourned the meeting at 9:42 pm.

Submitted by,

Sandra Rizo

Executive Admin. Assistant

[spcmin_Nov1_2021]



**NLACRC 2021-22 Board of Trustees
Committee Attendance**

12-Month Attendance Board Members	Jul-21							Aug-21							Sep-21					Oct-21								
	AA	EC	CS	GCR	CAC	VAC	PRMT	AA	EC	CS	GCR	CAC	VAC	SPC	NC	AA	EC	CS	GCR	CAC	VAC	AA	EC	CS	GCR	CAC	NC	VAC
Nicholas Abrahms			P	P					P	Ab	Ab								Ab				P	P	Ab			
Cathy Blin									P	P													P	P				
Sylvia Brooks Griffin			P	P					P	P													P	P				
Christina Cannarella			P	P					P	Ab													Ab	Ab				
Marianne Davis	Ab	Ab		P				P	P					P		Ab	Ab					P	P					
Leticia Garcia	P	P		P			P	P	P					P		P	P					P	P			P		P
Gabriela Herrera			P	P						Ab	Ab												P	P				
Sharoll Jackson				P						P	P		P	P						P			P	P			P	
Deshawn Turner			P							Ab	Ab												Ab	P				
Jennifer Koster			P	P						P	P												P	P				
Angelina Martinez		P		P					Ab		P					P						P		P		P		
Lillian Martinez	P	P						P	P					P		P	P					P	P					
Caroline Mitchell												Ab							Ab						P	P		
Ana Laura Quiles	P	P		P			P	Ab	Ab					P		P	P					P	P					P
Jeremy Sunderland	P	P		P			P	P	P	P	P				P	Ab						P	Ab		P		P	P
David Coe			P	P						P	P												P	P				
Jennifer Siguenza			P	P						P	Ab												Ab	P				
Alma Rodriguez			P	P						P	P												P	P				
Rocio Sigala			P	P						Ab	Ab												P	P				
Curtis Wang														P														

P = Present Ab = Absent

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

**NLACRC 2021-22 Board of Trustees
Committee Attendance**

12-Month Attendance Board Members	Nov-21							Dec-21	Jan-22								Feb-22									
	AA	EC	CS	GCR	CAC	VAC	SPC	All Dark	PRMT	AA	EC	CS	GCR	CAC	VAC	AHB	NC	AA	EC	CS	GCR	CAC	VAC	SPC	AHB	NC
Nicholas Abrahms																										
Cathy Blin																										
Sylvia Brooks Griffin																										
Christina Cannarella							P																			
Marianne Davis							P																			
Leticia Garcia							P																			
Gabriela Herrera																										
Sharoll Jackson							P																			
Deshawn Turner																										
Jennifer Koster																										
Angelina Martinez																										
Lillian Martinez							P																			
Caroline Mitchell					P																					
Ana Laura Quiles							P																			
Jeremy Sunderland																										
David Coe																										
Jennifer Siguenza																										
Alma Rodriguez																										
Rocio Sigala																										
Curtis Wang							P																			

**NLACRC 2021-22 Board of Trustees
Committee Attendance**

12-Month Attendance Board Members	Mar-22							Apr-22							May-22							Jun-22							Total Absences		
	AA	EC	CS	GCR	CAC	VAC	NC	AA	EC	CS	GCR	CAC	VAC	PRMT	NC	AA	EC	CS	GCR	CAC	VAC	SPC	NC	AA	EC	CS	GCR	CAC		VAC	NC
Nicholas Abrahms																															4
Cathy Blin																															0
Sylvia Brooks Griffin																															0
Christina Cannarella																															3
Marianne Davis																															4
Leticia Garcia																															0
Gabriela Herrera																															2
Sharoll Jackson																															0
Deshawn Turner																															3
Jennifer Koster																															0
Angelina Martinez																															1
Lillian Martinez																															0
Caroline Mitchell																															2
Ana Laura Quiles																															2
Jeremy Sunderland																															2
David Coe																															0
Jennifer Siguenza																															2
Alma Rodriguez																															0
Rocio Sigala																															2
Curtis Wang																															0

North Los Angeles County Regional Center
 FY 2021-22 Board of Trustees
 Board and Committee Time Report

Fiscal Year 2021-2022

(Rounded to the nearest quarter of an hour.)

Committee	Jul-21				Aug-21				Sep-21			
	Start	End	Total Time	Rounded	Start	End	Total Time	Rounded	Start	End	Total Time	Rounded
Ad Hoc Bylaws												
Administrative Affairs	6:24 PM	9:06 PM	02:42	2:45	6:02 PM	8:04 PM	02:02	2:00	6:00 PM	8:33 PM	2:33 AM	2:30
Board Meeting					6:31 PM	9:13 PM	02:42	2:45	6:32 PM	8:59 PM	2:27 AM	2:30
Consumer Services	6:03 PM	8:05 PM	02:02	2:00	6:02 PM	8:02 PM	02:00	2:00				
Executive	9:07 PM	11:08 PM	02:01	2:00	8:13 PM	9:50 PM	01:37	1:30	8:40 PM	11:00 PM	2:20 AM	2:15
Government and Community Relations	8:06 PM	10:30 PM	02:24	2:30	8:07 PM	10:42 PM	02:35	2:30				
Nominating												
Nominating												
Nominating												
Nominating												
Post Retirement Medical Trust	5:33 PM	6:23 PM	00:50	0:45								
Strategic Planning					6:03 PM	8:24 PM	02:21	2:15				
Vendor Advisory					9:32 AM	12:02 PM	02:30	2:30	9:32 AM	10:47 AM	1:15 AM	1:15

North Los Angeles County Regional Center
 FY 2021-22 Board of Trustees
 Board and Committee Time Report

Fiscal Year 2021-2022

(Rounded to the nearest quarter of an hour.)

Committee	Oct-21				Nov-21				Dec-21	
	Start	End	Total Time	Rounded	Start	End	Total Time	Rounded	Start	End
Ad Hoc Bylaws										
Administrative Affairs	6:28 PM	9:45 PM	03:17	3:15						
Board Meeting	6:32 PM	8:43 PM	02:11	2:15						
Consumer Services	6:03 PM	7:33 PM	01:30	1:30						
Executive	9:45 PM	11:24 PM	01:39	1:45						
Government and Community Relations	7:35 PM	9:48 PM	02:13	2:15						
Nominating	5:37 PM	6:39 PM	01:02	1:00						
Nominating										
Nominating										
Nominating										
Post Retirement Medical Trust	5:31 PM	6:27 PM	00:56	1:00						
Strategic Planning					6:02 PM	9:42 PM	03:40	3:45		
Vendor Advisory	9:34 AM	11:27 AM	01:53	2:00						

North Los Angeles County Regional Center
 FY 2021-22 Board of Trustees
 Board and Committee Time Report

Fiscal Year 2021-2022

(Rounded to the nearest quarter of an hour.)

Committee	Jan-22				Feb-22				Mar-22			
	Start	End	Total Time	Rounded	Start	End	Total Time	Rounded	Start	End	Total Time	Rounded
Ad Hoc Bylaws												
Administrative Affairs												
Board Meeting												
Consumer Services												
Executive												
Government and Community Relations												
Nominating												
Nominating												
Nominating												
Nominating												
Post Retirement Medical Trust												
Strategic Planning												
Vendor Advisory												

North Los Angeles County Regional Center

ALPHABET SOUP

AAIDD	- American Association on Intellectual and Developmental Disabilities
AAP	- Adoption Assistance Program
AB	- Assembly Bill (State)
ABLE Act	- The “Achieving a Better Life Experience” (ABLE) Act of 2014
ACRC	- Alta California Regional Center
ADA	- Americans with Disabilities Act
ADC	- Adult Development Center
AFPF	- Annual Family Program Fee
AIS	- ARCA Information Systems
ARCA	- Association of Regional Center Agencies
ARFPSHN	- Adult Residential Facility for Persons with Specialized Healthcare Needs
BCBA	- Board-Certified Behavior Analyst
CAC	- Consumer Advisory Committee
CAL-ARF	- California Association of Rehabilitation Facilities
CAL-TASH	- The Association for Persons with Severe Handicaps
CARF	- Commission on Accreditation of Rehabilitation Facilities
CASA	- Community Advocacy Services Association
CASHPCR	- California Association of State Hospitals-Parent Councils for the Retarded
CCF	- Community Care Facility
CCL	- Community Care Licensing
CCR	- California Code of Regulations
CCS	- California Children’s Services (State and County)
CDCAN	- California Disability Community Action Network
CDE	- Comprehensive Diagnostic Evaluation
CDER	- Client Development Evaluation Report
CIE	- Competitive Integrated Employment
CMS	- Centers for Medicare and Medicaid Services (formerly HCFA)
CMIS	- Client Management Information System
COEC	- Community Outreach and Education Committee (ARCA)
COLA	- Cost of Living Adjustment
CP	- Cerebral Palsy
CPES	- Community Provider of Enrichment Services
CPP	- Community Placement Plan
CRDP	- Community Resource Development Plan
CSC	- Consumer Service Coordinator

CSLA	- Community Supported Living Arrangement
CVRC	- Central Valley Regional Center
DAC	- Day Activity Center
DCFS	- Department of Children and Family Services (County)
DD	- Developmental Disabilities
DD Council	- State Council on Developmental Disabilities
DDS	- Department of Developmental Services (State)
DHCS	- Department of Health Care Services
DHS	- Department of Health Services (State)
DOE	- Department of Education (State and Federal)
DOF	- Department of Finance
DOH	- Department of Health
DOR/DR	- Department of Rehabilitation
DPSS	- Department of Public Social Services (County)
DRC	- Disability Rights California (formerly Protection & Advocacy, Inc.)
DSM	- Diagnostic and Statistical Manual of Mental Disorders
DSP	- Direct Support Professional
DSS	- Department of Social Services (State)
DOR	- Department of Rehabilitation (State)
DRC	- Disability Rights California (formerly Protection & Advocacy)
DTT	- Discrete Trial Training
DVU	- Disability Voices United
EBSH	- Enhanced Behavioral Support Home
ECF	- Exceptional Children's Foundation
EDD	- Employment Development Department (State)
EDMS	- Electronic Document Management System
ELARC	- Eastern Los Angeles Regional Center
EPSDT	- Early and Periodic Screening, Diagnosis, and Treatment
FACT	- Foundation for Advocacy, Conservatorship, and Trust of CA
FCPP	- Family Cost Participation Program
FDC	- Fairview Developmental Center
FEMA	- Federal Emergency Management Assistance
FETA	- Family Empowerment Team in Action
FHA	- Family Home Agency
FMS	- Financial Management Service
FNRC	- Far Northern Regional Center
FSA	- Flexible Spending Account

GGRC	- Golden Gate Regional Center
HCBS	- Home and Community Based Services (Waiver)
HCFA	- Health Care Financing Administration (now called CMMS)
HIPAA	- Health Insurance Portability and Accountability Act
HOPE	- Home Ownership for Personal Empowerment
HRC	- Harbor Regional Center
HUD	- Housing and Urban Development (Federal)
ICB Model	- Individualized Choice Budget Model
ICC	- Inter-agency Coordinating Council
ICC	- Integrated Community Collaborative/Intregadoras
ICF	- Intermediate Care Facility
ICF/DD	- Intermediate Care Facility/Developmentally Disabled
ICF/DD-H	- Intermediate Care Facility/Developmentally Disabled-Habilitative
ICF/DD-N	- Intermediate Care Facility/Developmentally Disabled-Nursing
ICF/SPA	- Intermediate Care Facility/State Plan Amendment
IDEA	- Individuals with Disabilities Education Act
IDEIA	- Individuals with Disabilities Education Improvement Act
IDP	- Individual Development Plan
IDT	- Inter-disciplinary Team
IEP	- Individual Educational Plan
IFSP	- Individual Family Service Plan
IHP	- Individual Habilitation Plan
IHSS	- In-Home Supportive Services
ILC	- Independent Living Center
ILS	- Independent Living Services
IMD	- Institutes of Mental Disease
IPP	- Individual Program Plan
IRC	- Inland Regional Center
ISP	- Individual Service Plan
KRC	- Kern Regional Center
LACHD	- Los Angeles County Health Department
LACDMH	- Los Angeles County Department of Mental Health
LACTC	- Los Angeles County Transportation Commission
LADOT	- Los Angeles Department of Transportation (City)
LAUSD	- Los Angeles Unified School District

LCSW	- Licensed Clinical Social Worker
LDC	- Lanterman Developmental Center
LEA	- Local Education Agency
LICA	- Local Interagency Coordination Area
LRC	- Lanterman Regional Center
MCH	- Maternal and Child Health
MFCC	- Marriage, Family and Child Counselor
MHRC	- Mental Health Rehabilitation Center
MMIS	- Medicaid Management Information System
MSW	- Masters in Social Work
NADD	- National Association for the Dually Diagnosed
NASDDDS	- National Association of State Directors of Developmental Disabilities Services
NBRC	- North Bay Regional Center
NLACRC	- North Los Angeles County Regional Center
OAH	- Office of Administrative Hearings
OCRA	- Office of Client Rights Advocacy
OPS	- Operations funds (for Regional Centers)
OSEP	- Office of Special Education Programs
OSERS	- Office of Special Education and Rehabilitative Services
OSHA	- Occupational Safety and Health Administration
OT	- Occupational Therapy
PAI	- Protection and Advocacy, Inc. (now called Disability Rights CA)
PDD	- Pervasive Developmental Disorder
PDC	- Porterville Developmental Center
PDF	- Program Development Fund
PEP	- Purchase of Service Expenditure Projection (formerly SOAR)
PEPRA	- Public Employees' Pension Reform Act
PERS	- Public Employees' Retirement System
PET	- Psychiatric Emergency Team
PIP	- Paid Internship Program
PL 94-142	- Public Law 94-142 (Right to Education Bill)
PMRT	- Psychiatric Mobile Response Team
POLST	- Physician Orders for Life-Sustaining Treatment
POS	- Purchase of Services funds (for Regional Centers)
PRMT	- Post-Retirement Medical Trust

PRRS	- Prevention Resources and Referral Services
PRUCOL	- Permanently Residing in the U.S. Under Color of the Law
PT	- Physical Therapy
QMRP	- Qualified Mental Retardation Professional
RC	- Regional Center
RCEB	- Regional Center of the East Bay
RCFE	- Residential Care Facility for the Elderly
RCOC	- Regional Center of Orange County
RCRC	- Redwood Coast Regional Center
RDP	- Resource Development Plan
RFP	- Request for Proposals
RRDP	- Regional Resource Development Project
RSST	- Residential Service Specialist Training
SARC	- San Andreas Regional Center
SB	- Senate Bill (State)
SCDD	- State Council on Developmental Disabilities
SCIHLP	- Southern CA Integrated Health and Living Project
SCLARC	- South Central Los Angeles Regional Center
SDRC	- San Diego Regional Center
SDC	- Sonoma Developmental Center
SDP	- Self-Determination Program
SDS	- Self-Directed Services
SEIU	- Service Employees' International Union
SELPA	- Special Education Local Plan Area
SG/PRC	- San Gabriel/Pomona Regional Center
SLS	- Supported Living Services
SMA	- Schedule of Maximum Allowances (Medi-Cal)
SNF	- Skilled Nursing Facility
SOAR	- Sufficiency of Allocation Report (see PEP)
SOCCO	- Society of Community Care Home Operators
SPA	- State Plan Amendment
SRF	- Specialized Residential Facility
SSA	- Social Security Administration
SSDI	- Social Security Disability Insurance
SSI	- Supplemental Security Income
SSP	- State Supplementary Program

TASH	- The Association for the Severely Handicapped
TCRC	- Tri-Counties Regional Center
UAP	- University Affiliated Program
UCI	- Unique Client Identifier
UCP	- United Cerebral Palsy
UFS	- Uniform Fiscal System
VAC	- Vendor Advisory Committee
VIA	- Valley Industry Association (Santa Clarita Valley)
VICA	- Valley Industry & Commerce Association (San Fernando Valley)
VMRC	- Valley Mountain Regional Center
WAP	- Work Activity Program
WIOA	- Workforce Innovation and Opportunity Act

[alphabetsoup] January 7, 2021

North Los Angeles County Regional Center
Board of Trustees

Meeting Evaluation

Name: _____

Comments: _____

1. Did the meeting follow the agenda? Yes ___ No ___

2. Did the meeting begin as scheduled? Yes ___ No ___

3. Did the meeting end as scheduled? Yes ___ No ___

4. Did you receive written or verbal information about the issues on the agenda? Yes ___ No ___

5. Did the information received enable you to make informed decisions? Yes ___ No ___

6. Did the issues concern:

a. Consumers? Yes ___ No ___

b. Board operations? Yes ___ No ___

c. Committee business? Yes ___ No ___

d. Center operations? Yes ___ No ___

e. None of the above? (please specify below)

7. Did you feel prepared to participate in the meeting? Yes ___ No ___

8. What would you like more information about?

