



North Los Angeles County Regional Center

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

1

MEMORANDUM

Date: September 13, 2024

To: **Consumer Services Committee**
Nicholas Abrahams, George Alvarado, Cathy Blin, James Henry, Anna Hurst, Kelley Coleman, Jennifer Koster, Alma Rodriguez, Vivian Seda, Rocio Sigala, Sharon Weinberg

From: Sandra Rizo
Executive Administrative Assistant

Re: Information and materials for Consumer Services Committee meeting on **Wednesday, September 18, 2024, at 6:00 p.m. (via Zoom)**

Enclosed is the packet for the next Consumer Services Committee meeting. Please review this information in preparation for the meeting.

Date/Time: Wednesday, September 18, 2024, at 6:00 p.m.

Please **click the link** below to join the Zoom meeting automatically.

Join Zoom Meeting

<https://us06web.zoom.us/j/83052858093?pwd=CMxW8JIRuMUAIQhrfAnFpEWJur2Khe.1>

The information below is only needed if you are joining the meeting by phone or if you are using phone audio.

Meeting ID: 830 5285 8093

Passcode: 804526

Dial by your location

- 408 638 0968 US
- 669 444 9171 US

If you have any questions, please email boardsupport@nlacrc.org

Thank you!

Enclosures

c: Cristina Preuss, Evelyn McOmie, Vini Montague, Betsy Monahan, Donna Rentsch, Silvia Renteria-Haro, Dana Lawrence – Staff

Anna Quiles – Board Member



CONSUMER SERVICES COMMITTEE – *Via Zoom*

Wednesday, September 18, 2024

6:00 p.m.

~ AGENDA ~

I. Call to Order & Introductions

II. Public Input

III. Meeting Agenda - Page 2

IV. Consent Items

A. Approval of Minutes from the April 17, 2024, Meeting – Page 4

V. Committee Business

A. Annual Committee Orientation – (Evelyn)

1. Policies & Procedures – Page 11

2. Bylaws Statement – Page 13

3. Board Audit Section – Page 15

4. Action Log for FY 23-24 – Page 16

5. Core Values for Policy Development – Page 26

B. Review and Finalize Committee Priorities for Next FY 2024-25 – (Evelyn) – Page 27

C. Review Approved copy of Committee Critical Calendar for FY 2024-25 – (Evelyn) – Page 28

D. Volunteer to Serve as Committee Chair

VI. Committee Action Items

A. Ensure CSCs disseminate accurate information re: DDS directive on Social Recreation Update – (Evelyn)

B. SDLAC Role within Committee Discussion – (Rosie)

C. Review Revisions to Service Standards E.S. Eligibility - Case Finding & Public Info Section – (Evelyn) - Page 31

D. Purchase of Services (POS) Expenditure Survey Response Summary Report – (Evelyn) Page 43

VII. Committee (report) Updates

A. Purchase of Service (POS) Annual Report to DDS for FY 2022-23 – (Evelyn) – Page 48

B. Semi-Annual Purchase of Service (POS) Expenditure Data Report – (Cristina) – Page 90

C. Self-Determination Program Report - (Silvia) - Page 107

I. SDLVAC Board Liaison Report - (Silvia) - Page 113

D. Semi-Annual Consumer Competitive Employment Report – (Vini) – Page 115

E. Semi-Annual Consumer Diagnostic Report - (Evelyn) – Deferred

F. Semi-Annual NOAs by Ethnicity/Location/Services & Age Range Report – (Evelyn) – Deferred

G. Semi-Annual 4731 Report – (Dana) - Page 119

H. 4th Quarter Intake Data by Location Report (footnote added) – (Evelyn) - Page 128

I. 4th Quarter NOAs/Appeals Report (April-June 2024) – (Evelyn) - Deferred

J. 4th Quarter Disparity Committee Report – (Cristina) - Page 129

VIII. Review of Meeting Action Items

- A. Consumer Services Committee Action Log 2024-25 - *Page 131*

IX. Board Meeting Agenda Items

- A. Minutes of the September 18, 2024, Meeting
- B. Purchase of Service (POS) Annual Report to DDS for FY 2022-23
- C. Semi-Annual Purchase of Service (POS) Expenditure Data Reports
- D. Committee Priorities for Next FY 2024-25
- E. Service Standards Revisions – E.S. Eligibility – Case Finding & Public Info Section

X. Announcements / Information Items / Public Input

- A. Committee Attendance - *Page 132*
- B. Next Meeting: November 20, 2024, at 6:00 p.m.

XI. Adjournment

North Los Angeles County Regional Center
Consumer Services Committee Meeting Minutes

April 17, 2024

Present: Rocio Sigala, Alma Rodriguez, Cathy Blin, George Alvarado, Nicholas Abrahms, James Henry, Curtis Wang, Anna Hurst, Michael Costa, Vivien Seda, Erica Beall– Committee Members

Kimberly Visokey, Evelyn McOmie, Gabriella Eshrati, Cristina Preuss, Donna Rentsch, Elisa Hill– Staff Members

Ana Quiles, Lillian A. Martinez, Andrew McElhinney - DDS, Nicholas Mendoza – Coach for George Alvarado, Jasmine Barrios- Minutes Services, Lori Walker- SDLVAC Co-Chair, Richard Dier- SDLVAC Co-Chair, Ismael Maldonado, Joseina Romo, Soccirri Curameng, Jose Javana, Teresa Luciana, Brain Balance - Palmdale, Socorro Curameng, Mrs. Reyes Adriana, Rosie, Ana Liz, (no last name given) - Guests

Absent: Jennifer Koster, Kelsi Levingston, Sharmila Brunjes, Juan Hernandez

I. Call to Order & Introductions

Rocio Sigala called the meeting to order at 6:02 pm.

II. Public Input

Richard Dier, Co-Chair of the SDLAC, made a request that the Committee continue dialogue with the SDLAC in regards to participation in Board Meetings on agenda items that are related to SDP.

George Alvarado invited the Committee to his upcoming basketball game.

Lori Walker, the Co-Chair of the SDLAC, she stated that she is hopeful that she and Richard Dier will be considered for non-voting representation of the SDLAC at Board Meetings and will more consistent relationship with the Committee itself to collaborate on issues that affect consumers.

Ismael Maldonado, a Consumer, shared that May is Mental Health Month and that there will be a fair on May 5th from 11a-5p in Pacoima.

Lilian Martinez, Board Member, shared a Directive from DDS dated February 6th regarding Social Recreation on page 53 of the Social Standards. She requested that the Committee review the information as it pertains to issues with Social Recreation.

III. Consent Items

A. Approval of Agenda

M/S/C (C. Wang/G. Alvarado) To approve the agenda as presented.

B. Approval of Minutes of February 21st Meeting

M/S/C (G. Alvarado/C. Wang) To approve the meeting minutes as presented.

IV. Committee Business - Evelyn McOmie

A. Early Start Presentation on Provisional Eligibility – Elisa Hill

Elisa Hill introduced herself as the Consumer Services Early Start Manager for all 3 NLA locations. Elisa reviewed the information as presented in the packet. Highlights include:

Early Start

- Early Start serves infants and toddlers from birth to 36 months. The Early Start Program provides early intervention services to eligible children.
- Services include: Speech therapy, physical therapy, occupational therapy, Child Development and behavioral services.
- Eligibility criteria include:
 - 25% or greater developmental delay in one or more developmental domains (cognition, motor skills, expressive communication, receptive communication, social-emotional and adaptive).
 - At high risk of having substantial developmental disability due to a combination of bio-medical risk factors.
 - Have been diagnosed with an Established Risk condition (known etiology with a high probability of leading to a developmental delay such as Down Syndrome)
- Goals for Early Start
 - Minimize delays in development as early as possible
 - Close the gap as children enter the school system, reducing the need for special education services
 - Maximize a child's potential to live independently as an adult.
 - Maximize the ability of families to meet their child's special needs

Provisional Eligibility Program

- This is a Lanterman Act program for children under age 5 who have not been diagnosed with a developmental disability, but have a disability that is not solely physical in nature and significant functional limitations in at least 2 of the following areas:
 - Self-care
 - Receptive and expressive language
 - Learning

- Mobility
 - Self-Direction
- Children will be able to access NLA services under the Lanterman Act. Some common family support services that NLA offers include respite and personal assistance based on need. NLA will also help provide assistance and information about referrals and services through the school district.
- Process for Provisional Eligibility:
 - CSC will provide the parent/caregiver with information on available NLA services and will help families access any generic or community resources
 - A provisionally eligible child will have a review of available information prior to age 5 to determine if a substantially handicapping developmental disability is present, at which time the child will be transferred to the School-Age unit.
 - Provisional Eligibility is not an extension of Early Start.
 - If parents or therapists have concerns, CSCs will encourage parents to be referred to our clinical department.
 - A child is automatically reviewed for Provisional eligibility if the child is determined to be not eligible under the Lanterman Act
 - A CSC discusses programs after age 3, such as community-based programs, special education through the school district, and a referral to our clinical department to determine Lanterman and Provisional eligibility
- Discussion at the transition IFSP
 - If a child is determined eligible for the provisional program at age 3, the child will be assigned to a CSC in the provisional eligibility unit.
 - Parents will receive information regarding resources, services, and support available to children and families.
 - Family support services may be provided, similarly to the Lanterman-eligible children.
 - CSCs remind parents that the Provisional Eligibility Program is not an extension of Early Start with regards to service provision.
 - Once a child is in the Provisional Eligibility Program, eligibility will be reviewed at 4 years 9 months as the provisional program ends at the 5th birthday.
- Implementation. Based on the new Trailer-Bill Language NLACRC has developing the following:
 - Public Information will post on our website the new information received on provisional eligibility for early start. Provisional eligibility will also have its section on the website.
 - Provisional Eligibility FAQs will be provided to families at the Transition IFSP.
 - Training refresher to all ES CSCs regarding this directive and the expectation to provide information to families, including available services for families and children, such as family support services.
 - Revising documents as needed, such as the eligibility letter, eligibility determination, and FAQ's.

- ES to continue to send cases to the clinical department to determine status eligibility at 2.9
- Continue to ensure that CSCs are knowledgeable on provisional eligibility
If a child is not eligible, a Notice of Action will be sent along with information about the Fair-Hearing Process to appeal the decision.

B. Draft Critical Calendar

The revised Critical Calendar was reviewed as presented in the packet.

M/S/C (G. Alvarado/C. Blin) To approve the draft critical calendar as presented.

Board Support will add the revised Critical Calendar to the next Board Meeting agenda.

C. Board Audit

1. Does any action impact the availability or quality of services?

Evelyn answered the question as follows:

“Funding received from the Department for gross positions allows for NLA hiring efforts to move forward. This will allow the regional center to continue to focus on reducing caseloads for service coordination. In addition to that, service providers have received the second installment of rate reform, resulting in a 50% increase in the rate as per the recommendations of the burden associate rates study.

It is important for the remainder of the funding to be issued by the Department for service providers to continue to maintain the availability of resources for the individuals served”.

2. Ensure the Community Placement Plan goals are being met

Evelyn McOmie answered the questions as follows:

NLA’s Community Resource Development plan is now in place and focuses on the development of resources for individuals with challenging needs in the Community, and the CRC is currently developing 6 specialized facilities. Furthermore, for this current fiscal year, additional funding was awarded by the Department for Fiscal Year 23-24, allowing the regional center to RFP for an additional 5 specialized facilities.

Since NLA has met the plan for the DC movers, it is recommended that this board audit question be removed or revised to reflect the Community development resource plan known as CRDP plan for the Committee’s critical calendar for Fiscal year 24-25.”

V. Committee Action Items

A. Semi-Annual Purchase of Services (POS) Expenditure Data Public Meeting update-
Evelyn McOmie

The POS meeting was held on March 26th with 61 attendees and on March 27th with 108 attendees. A survey was posted from March 12th to April 10th on the NLA website and was posted on all NLA social media in addition to email blasts. The survey was issued in

English, Spanish, Tagalog, Farsi and Armenian. A report on the survey will be presented at the next CSC and in addition, it is recommended that data received will be added to the Community feedback and taken into consideration when the semi-annual POS Data Expenditure Report is presented to the Committee.

B. Notification method to community to educate families re: options when losing services update– Cristina Preuss

Cristina stated that families expressed concerns about services being terminated. Reminders that for any review of services, an assessment with parent/consumer is required prior to any termination of services have gone out to all CSCs. It was noted that there had been no continued issues reported, but supervisors will continue to monitor the situation.

During the discussion, there were questions raised in the chat regarding Spanish interpretation during the meeting. Cristina stated that on the meeting flyer, a notice is listed that states those who have interpretation need to contact Board Support to request. The Committee proposed that Spanish interpretation be available for the first hour of the meeting and can be extended if needed. Board Support will coordinate

VI. Committee Report Updates

A. Self-Determination Program Report – Gabriela Eshrati

The SDP Report is presented in the packet.

As of April 1st:

Participants have completed Orientation: 805 (increased by 28)

Total number of budgets that are certified: 398 (increased by 12)

Total number of budgets that are in the certification process: 3

Total number of spending plans that are approved: 346

Total number of spending plans in progress: 49

Total number of PCPs completed: 389

Total number of participants that have opted out of SDP after enrolled: 4

Total number of Inter-Regional Center Transfers (out):3

Total number of participants that have fully transitioned into SDP with approved spending plans and active SDP IPPs: 346 (increased by 28)

1. SDLVAC Board Liaison Report

The report was reviewed as presented in the packet. It was noted that the Committee wrote a letter of support for Senate Bill 1281, advancing equity and access to self-determination program.

The Committee requested that NLA review the link on the State Council Statewide Orientation Flyer as it is not currently working. In addition, there was a request to translate the flyer into a Spanish version. The Committee requested that NLA create a notification process for those who would like a physical copy of the SDP Workbook. In addition, it was determined that Gabriela will review the vendor listings for 099 and 024 to indicate what alternate languages are provided by the vendor, if any.

Gabriela announced that she spoke with the Ombudsman, who informed her that there had been no resolution to the GT 1% non-payroll burden.

Lillian Martinez shared concerns regarding SDP services that are not being authorized. Gabriela stated that anytime services are denied, a Notice of Proposed Action is issued. She is available to Lillian to discuss this issue further if she has not had a resolution. Lillian clarified that there is continued concern regarding how that process is not aligned with the February 6th DDS Directive. Evelyn stated that NLA is already in discussion with DDS regarding this issue and will provide feedback and noted that the Service Standards are in the process of being revised with guidance by DDS. Any revisions on Social Recreation will be shared with the Committee once available.

- B. 3rd Quarter Intake Data by Location Report – Evelyn McOmie
Evelyn reviewed the information as presented in the packet.

January Intake Case Total: 1017
Over 120 Days: 29
% Over 120 Days: 2.85 %

February Intake Case Total: 967
Over 120 Days: 53
% Over 120 Days: 5.48 %

March Intake Case Total: 976
Over 120 Days: 76
% Over 120 Days: 7.79 %

It was noted that there was a significant increase in wait times from Quarter 2. Reasons for this include carryover of the gross total. The Committee expressed concern about this trend. Evelyn will evaluate the data for clarity.

- C. 3rd Quarter NOAs/Appeals Report – *deferred*
- D. 3rd Quarter Disparity Committee Report – Cristina Preuss
Cristina reviewed the information as presented in the packet.
The next meeting will take place on March 14th from 9am-11am.

VII. Meeting Action Item Review

- A. Add “Approval of Revised Critical Calendar” to the next Board Meeting agenda (Board Support)
- B. Arrange for a Spanish Interpreter to attend the first portion of the meeting with the option to be extended as needed. (Board Support)
- C. Assess the broken link for the State Council Statewide Orientation Flyer and determine if the flyer is available in Spanish (Gabriela Eshрати)
- D. To add a notification on how to obtain a physical copy of the SDP Workbook for those who

- need one. (Gabriela Eshrati)
- E. To confirm the information on alternate languages that Vendors provide on the 099 and 024 Vendor spreadsheets. (Gabriela Eshrati)
- F. To create a footnote for the Intake Data Report (Evelyn McOmie)
- G. Send a calendar invite to the Board Members for the Disparity Committee Meetings. (Board Support)
- H. To ensure that CSCs are disseminating accurate information regarding DDS' February Directive on Social Recreation (Evelyn McOmie)
- I. To add "SDLAC Role within Committee" as an agenda item for the next Committee Meeting agenda. (Board Support).

VIII. Board Meeting Agenda Items

- A. Minutes of the April 17th Meeting

Rocio requested that "SDLAC Role Within Committee: be added as an agenda item for the next Committee Meeting.

IX. Announcements / Information Items / Public Input

- A. Committee Attendance
- B. Next Meeting: TBD at 6:00 pm

Evelyn shared that the Family Fair will be held in May, and information is beginning to be disseminated. SV Fair is May 17th, and the AV Fair is May 11th. In addition, the Town Hall will be April 18th at 1pm.

X. Adjournment

Rocio Sigala adjourned the meeting at 7:11 p.m.

Submitted by:

Kimberly Visokey

Executive Administrative Assistant

(The majority of these minutes are taken from the Minutes Service submission and reviewed/edited as presented herein by NLACRC staff.*



North Los Angeles County Regional Center
Consumer Services Committee

Policies & Procedures

Bylaws

The Consumer Services Committee is a standing committee of the Board of Trustees of the North Los Angeles County Regional Center, Inc., established in Article VII., Section 6, of the bylaws.

The chairperson is selected by the members of the committee. The duties of the Consumer Services Committee are to review and recommend standards and policy consistent with the needs of regional center consumers with regard to: 1) regional center services such as consumers' rights, case management, health, psychological and community development; and 2) services provided by agencies outside the regional center.

Process

The Consumer Services Committee meets on a monthly basis, but can meet more frequently if needed. The agenda is prepared by the chairperson of the committee and the executive director or his/her designee. Present at the committee meetings are the executive director or a designee (who acts as the secretary for the committee) and staff of the center requested to participate by the executive director. The committee may invite the participation of consumers or representatives of other agencies as appropriate. Meetings of the committee are open to any interested party.

Content

The Consumer Services Committee may address issues assigned by the Board of Trustees, brought to the attention of the committee by the executive director, or presented by a member of the committee.

The Consumer Services Committee is responsible for review of all consumer-related matters, including but not limited to:

- Review of and recommendations for NLACRC Service Standards.
- Analysis and recommendations regarding planning in the areas of consumer services.
- Consideration of data reporting from consumer management and clinical services to aid the board in policy determination.

- Recommendations for response to the Department of Developmental Services (DDS) requiring policy determination in consumer services areas.
- Recommendations regarding evaluation in consumer-related areas.
- Scheduling board training in consumer-related areas.
- Monitor community placement plans.

Section 5. Nominating Committee.

(a) Composition. The membership of the Nominating Committee shall consist of not less than four (4) members. The Nominating Committee members will elect their own chairperson. A quorum shall consist of 50% of the members of the Nominating Committee.

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

(c) Duties. The duties of the Nominating Committee shall be to collect, categorize, screen, and keep on file at the principal office all applications submitted to the Regional Center for the Board designated business. These applications shall be kept confidential; only the Board President, Executive Director, Secretary, and members of the Nominating Committee (including the Vendor Advisory Committee representative) may have access to them.

(1) Selection of Board Members. The Nominating Committee shall have the responsibility to seek out and select qualified candidates for presentation and election as Trustees of the Regional Center, as provided for at Section 7 of Article IV of these Bylaws.

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

(3) Selection of Vendor Advisory Committee Members. The Nominating Committee shall submit to the Board a slate of providers to be elected to the Vendor Advisory Committee by the Board at its regularly scheduled June meeting.

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

Section 6. Consumer Services Committee.

(a) Composition. The Consumer Services Committee shall select its chairperson. A quorum shall consist of 50% of the members of the Consumer Services Committee.

(b) Term of Members. The term of members shall be set at one (1) year.

(c) Duties. The duties of the Consumer Services Committee shall be to review and recommend standards and policy consistent with the needs of Regional Center consumers with regard to:

(1) Regional Center services such as consumers' rights, case management, intake, assessment, and community development.

(2) Services provided by agencies outside the Regional Center.

Section 7. Government and Community Relations Committee.

(a) Composition. The Government and Community Relations Committee shall select its chairperson. A quorum shall consist of 50% of the members of the Government and Community Relations Committee.

(b) Term of Members. The term of members shall be set at one (1) year.

(c) Duties. The duties of the Government and Community Relations Committee shall be to:

(1) Review any pending legislation pertinent to people with developmental disabilities and to coordinate contacts with legislators representing the catchment area or responsible for introducing, reviewing or acting upon legislation affecting the segment of the population served by this Regional Center; and

(2) To inform and educate the diversified communities served by the Regional Center as to the purposes, policies and operational procedures of the organization; and to serve as a clearing-house for all public awareness forums.

Section 8. Administrative Affairs Committee.

(a) Composition. The Treasurer shall be the chairperson. A quorum shall consist of 50% of the members of the Administrative Affairs Committee.

(b) Term of Members. The term of members shall be set at one (1) year.

(c) Duties. The duties of the Administrative Affairs Committee shall be to review and monitor contract obligations; review and monitor the budget; report expenditures to the Board; recommend policy in personnel matters regarding hiring, salaries, retention and related issues; and recommend policies affecting other areas of administrative services.

Consumer Services Committee

I. Knowledge

- A. Lanterman Act.
- B. Applicable contract provisions, including performance contract provisions.
- C. Implication of legislation enacted during the fiscal year.
- D. How the center's budget has a negative effect on consumer services.
- E. Current service standards.
- F. Appeal and hearing process.

II. Skills

- A. Conducting effective meetings.
- B. Developing effective policy.
- C. Conducting public hearings.

III. Dangers

- A. Ignoring the statutory and contractual requirements in developing service standards and policies.
- B. Deferring difficult decisions to staff.
- C. Attempting to develop a perfect policy which offends no one.

IV. Consumer Services Committee Questions

- A. Do the mission statement and philosophy of the center provide adequate guidance in establishing consumer services policy? (review annually)
- B. Are the service standards consistent with the center's mission and philosophy? (review annually)
- C. Has the committee received a report on the types and numbers of requests for exceptions, exceptions granted/denied, informal appeals and their disposition, formal appeals and their disposition, and litigation and its disposition?
- D. Are community placement plan goals being met?

North Los Angeles County Regional Center

Consumer Services CommitteeFY 2023-24 Action Log

Meeting Date	Subject	Action Text
07/19/2023	Approval of Agenda	M/S/C (C. Wang/ A. Hurst) To approve the agenda as presented
	Approval of Minutes of April 19th Meeting	M/S/C (S. Brunjes/R. Sigala) To approve the meeting minutes as presented. The motion passed with abstentions from Anna Hurst, Curtis Wang, and Michael Costa
	Item IV.A Committee Meetings	M/S/C (R. Sigala/C. Blin) To continue meeting on a bimonthly schedule for FY23-24. Action Item: Send updated Board & Board Committee List to include board member Alma Rodriguez as member of the Consumer Services Committee and redistribute list to board members via board support e-mail
	Item IV.B Review Committee Priorities for next FY 2023-24 (Evelyn/ Elizabeth)	M/S/A (Rosie/Curtis) Motion to approve the Committee Priorities as modified. Send copy of modified Priorities to committee members. Action Item: Evelyn to send final draft, email via board support e-mail asking for a Motion to approve as modified. Five priorities total as discussed at length. <ol style="list-style-type: none"> 1. Strategies for increased access to services. 2. Develop strategies addressing disparities to increase POS exp for families of color. 3. Propose reduced caseload ratios (self-determination & consumers/fam no accessing their IPP's services) 4. Implementation/monitor for self-determination program

Meeting Date	Subject	Action Text
		5. HCBS waiver, monitor service deliver, compliance and regulatory requirements.
	<u>Item V.A</u> Strategic Plan Focus Area for Committee Update (Elizabeth)	<u>Action Item</u> Review Strategic Plan Focus Areas at Executive Committee meeting
	<u>Item V.C</u> SIR Final Disposition Update (Elizabeth)	<u>Action Item</u> Committee agreed to present SIR Final disposition report semi-annually (August/January) at the board of trustees committee meeting.
	<u>Item V.E</u> Early Start IDEA Part C Service Standards Draft	M/S/A (/) Motion to approve addition of draft language for Early Start IDEA Part C in the Case Finding & Public Information section of the Service Standards. <u>Action Item:</u> Add approved draft of ES IDEA Part C language to the August Board of Trustees Agenda for review and final approval and submission to DDS.
	<u>Item V.F</u> Revise Committee Critical Calendar (Elizabeth)	<u>Action Item:</u> Update committee critical calendar to reflect updated reporting of various reports – revision of critical calendar will be sent to committee members via board support for approval.
	Specialized Case Management Unit (Evelyn)	<u>Action Item:</u> Evelyn will report out on the Specialized Case Management Unit and tracking systems in place e.g., reports to DDS, etc. at next mtg. in November as Sept. is a scheduled training for the board.

Meeting Date	Subject	Action Text
	<p><u>Item VI.B</u> Purchase of Services (POS) Data Semi-Annual Report Update</p>	<p><u>Action Item:</u> Report will be presented at the February and September committee meetings going forward. Malorie offered to present a report at the November committee meeting since there will be no Committee meeting in September due to annual board & VAC Leg. Training held in lieu of this committee.</p>
	<p><u>Item VI.D</u> Monthly Consumer Competitive Employment Report</p>	<p>M/S/C (R. Sigala/C. Blin) To approve the presentation of the data on Consumer Competitive Employment by Ethnicity on a biannual basis.</p>
	<p><u>Item VI.E</u> Intake Data by Location Report</p>	<p>M/S/C (R. Sigala/G. Alvarado) To approve the presentation of the Intake Data by Location Report on a quarterly basis.</p>
	<p><u>Item VI.F&G</u> Consumer Diagnostic Report & Consumer Diagnostic Report by Age</p>	<p>VI.F - M/S/C (R. Sigala/C. Blinn) To approve the presentation of the revised Consumer Diagnostic Report to be presented to the Committee on a biannual basis.</p> <p>VI.G - M/S/C (R. Sigala/C. Blin) To approve the presentation of the Consumer Diagnostic Report by Age combined with the Consumer Diagnostic Report for review on a biannual basis.</p> <p><u>Action Item</u> Committee agreed to change frequency of these reports from quarterly to semi-annually and to combine the reports into one report with grand total at the bottom of page – Always have previous and current quarter for comparison.</p>
	<p><u>Item VI.H, I, K & N</u> Consumer Intake Report, Exceptions Report, Appeals Reports by Ethnicity/Office and</p>	<p>VI.H - M/S/C (R. Sigala/S. Brunjes) To approve the removal of the 4th Quarter Consumer Intake Report Services from Committee review.</p> <p>VI.I - M/S/C (R. Sigala/S. Brunjes) To approve the removal of the 4th Quarter Exceptions Report from Committee review.</p>

Meeting Date	Subject	Action Text
	the Community Resource Dev. Plan (CRDP) Report	<p>VI.K - Voting on this item is same as item H, I, K & N.</p> <p>VI.N - M/S/C (R. Sigala/C. Blin) To approve the removal of the CRDP Report from Committee review.</p> <p>Action Item: Committee agreed to remove/eliminate these reports from critical calendar.</p>
	Item VI.J Appeals Report	<p>Action Item Appeals report, combine pages 254 & 258 data and remove appeals percentage column. Report out quarterly.</p>
	Item VI.L NOAs by Ethnicity/Location /Services & Age Range	<p>M/S/C (R. Sigala/C. Blinn) To approve the removal of the pertinent reports on pages 254-259 and to revise page 261 to report that data for the current and previous quarter and to include services and eligibility comparisons to be presented on a biannual basis.</p> <p>NOAs report, keep page 260 & 261 and combine service and eligibility info from page 254 current quarter and previous quarter. Remove graph. Report out semi-annually.</p>
	Item: VI.M 4731 Complaints Report	<p>M/S/C (R. Sigala/C. Blinn) To approve the review of this report on a biannual basis with consideration open for an annual review in future.</p> <p>Action Item Committee agreed to change frequency of this report from quarterly to semi-annually.</p>
	Item VI.O Final Disposition Report	<p>M/S/C (R. Sigala/C. Wang) To approve the review of the Final Disposition Report on a biannual basis at the Board of Trustees Committee</p>

Meeting Date	Subject	Action Text
09/20/2023	Approval of Agenda	<p>M/S/C (C. Blin/C. Wang) To approve the Agenda with the following Revisions:</p> <ul style="list-style-type: none"> • Add Item 5.D to include a discussion on family members as Service Providers <p>Changing the name for Item 5.D to ‘Proposal to Approve reporting out quarterly’</p>
	Approval of Minutes from the July 19th Meeting	<p>M/S/C (N. Abrahms/C. Blin) To approve the Minutes with the follow Revision: Add that Alma Rodriguez was in attendance</p>
	Item IV. B Approve Committee Priorities	<p>M/S/C (N. Abrahms/S. Brunjes) To approve the FY23-24 Committee List of Priorities.</p> <p>Action Item: Take to the Board the FY23-24 Committee List of Priorities for approval.</p>
	Item V.B Proposal Board Support	<p>Action Item: An update on QC will be shared with the Committee.</p> <p>Action Item: A report on CCF vendor compliance will be shared with the Committee. (Quality Assurance Staff)</p>
	Item V.C Non-EVV	<p>Action Item: A report on quality checks for non-EVV providers</p> <p>M/S/A (A. Hurst/Nicholas) To add program to non-EVV required to move to Executive Committee to direct to VAC. Motion approved.</p> <p>Action Item: Looking into volunteer program options for Committee to work on.</p>
	Item V.D Report Quarterly	<p>M/S/C (A. Quiles/A. Hurst) Motion to report out quarterly on the disparity committee report. Motion passed.</p>

Meeting Date	Subject	Action Text
	Item V.E Including Parents, Guardians, and/or Conservators as Service Providers Discussion	Action Item: Discussion on this topic will be added to the next committee meeting Agenda. Adjourn 8:39 pm

Meeting Date	Subject	Action Text
11/15/2023	Approval of Agenda	M/S/C (G. Alvarado/C. Wang) To approve the agenda as revised.
	Approval of Minutes of September 20th Meeting	M/S/C (G. Alvarado/C. Wang) To approve the meeting minutes as presented.
	Item IV. Committee Business A. Board Audit I. Ensure Service Standards are consistent with NLA's Mission, Vision and Values Statements	ACTION: Update service standards to include information on Social Recreation. (Evelyn McOmie) M/S/C (C. Blin/G. Alvarado) To approve the revision to the service standards as presented.
	Item V. Committee Action Items B. Parents/Guardians as Service Coordinators	ACTION: Reach out to other Regional Centers to find out if any of them currently have a process in place regarding parents/guardians as CSCs. (Evelyn McOmie)

Meeting Date	Subject	Action Text
		<p>ACTION: Look into the bandwidth to create a workgroup to address the concerns related to parents/guardians as CSCs. (Evelyn McOmie)</p>
	<p>Item V. Committee Report Updates</p> <p>A. SDP Report 1. SDLVAC Board Liasion Report</p>	<p>ACTION: To determine a contact at DDS who is able to address the GTI 1% non-payroll expense to clarify the resolution (Gabriela Eshrati)</p>
		Adjourn 8:03 pm

Meeting Date	Subject	Action Text
2/21/24	II. Public Input	<p>ACTION: Email flyers from Jose Rodriguez to the Committee (Board Support)</p> <p>ACTION: Discuss notification methods to the community to educate families regarding options when losing services. (Ana Quiles, Rocio Sigala and Cristina Preuss)</p>

Meeting Date	Subject	Action Text
	III. Consent Items A. Approval of Agenda B. Approval of Minutes of November 15 th Meeting	M/S/C (G. Alvarado/C. Wang) To approve the agenda as revised. M/S/C (G. Alvarado/C. Wang) To approve the meeting minutes as presented.
	IV. Committee Report Updates A. Semi-Annual Purchase of Services (POS) Expenditure Data Reports	ACTION: Meet with Ana Quiles regarding the Semi-Annual Purchase of Services Expenditure Data Reports (Cristina Preuss)
	X. Adjournment	Adjourned at 8:14 pm

Meeting Date	Subject	Action Text
4/17/2024	Approval of Agenda	M/S/C (C. Wang/G. Alvarado) To approve the agenda as presented.
	Approval of Minutes of the February 21 st Meeting	M/S/C (G. Alvarado/C. Wang) To approve the meeting minutes as presented.
	Item IV. Draft Critical Calendar	MM/S/C (G. Alvarado/C. Blin) To approve draft critical calendar as presented.

Meeting Date	Subject	Action Text
		ACTION: Add "Approval of Revised Critical Calendar" to the next Board Meeting agenda (Board Support)
	Item V. Notification Method to Community	ACTION: Arrange for Spanish Interpreter to attend the first portion of the meeting with the option to be extended as needed. (Board Support)
	Item VI. SDP Report 3 rd Quarter Intake Data Report Disparity Committee Report	ACTION: Assess the broken link for the State Council Statewide Orientation Flyer and to determine if the flyer is available in Spanish (Gabriela Eshrati) ACTION: To create a notice to announce the process on how to obtain a physical copy of the SDP Workbook for those who need one. (Gabriela Eshrati) ACTION: To add a notification on how to obtain a physical copy of the SDP Workbook for those who need one. (Gabriela Eshrati) ACTION: To confirm information on alternate languages that Vendors provide on the 099 and 024 Vendor spreadsheets. (Gabriela Eshrati) ACTION: To create a footnote for the Intake Data Report (Evelyn McOmie) ACTION: Send a calendar invite to the Board Members for the Disparity Committee Meetings. (Board Support)

Meeting Date	Subject	Action Text
		ACTION: To ensure that CSC's are disseminating accurate information regarding DDS' February Directive on Social Recreation (Evelyn McOmie)
	VIII Board Meeting Agenda Items	ACTION: To add "SDLAC Role within Committee" as an agenda item for the next Committee Meeting agenda. (Board Support).
		Adjourn 7:11 pm

North Los Angeles County Regional Center
Consumer Services Committee

Core Values for Policy Development

Purpose

The NLACRC Board of Trustees will adopt values-based service standards and policies. The values reflect the Board's commitment to consider consumers and their family members first when developing and monitoring the service standards and policies it adopts.

Values

The Consumer Services Committee will use the following core values to guide policy development:

- Policies will empower consumers and their family members to advocate on their own behalf.
- Policies will facilitate consumers to obtain the highest level of independence.
- Policies will foster and encourage individual choices.
- Policies will accommodate and respect cultural diversity.
- Policies will reflect NLACRC's commitment to the provision of quality services for consumers.
- Policies will reflect a commitment to proven state-of-the-art services.
- Policies will support families in caring for consumers at home when this is their decision.
- Policies will promote full participation in education, work, living arrangements and leisure, as well as social activities.
- Policies will recognize consumers' civil rights and their rights to be treated with dignity and respect, regardless of the magnitude of the individual's developmental disability.

North Los Angeles County Regional Center

Consumer Services Committee

Priorities for FY 2024-25

- 1. Propose strategies for increasing access to services in the Center's communities, including participation in alternative nonresidential services delivery.**
- 2. Address disparities by developing strategies to increase POS expenditures within families of color.**
- 3. Propose and advocate for reduced 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).**
- 4. Monitor progress in the implementation of the center's self-determination program.**
- 5. Monitor service delivery for compliance with Home and Community-Based Services (HCBS) waiver, statutory and regulatory requirements**



[priorities.2324] Approved:

NLACRC
Consumer Services Committee
CRITICAL CALENDAR
FY 2024-25

<i>Month</i>	<i>Activity</i>
<i>July</i>	Committee does not meet in July
<i>August</i>	Committee does not meet in August
<i>September</i>	<p>Committee elects a chairperson for the current fiscal year.</p> <p>Orientation for new committee. Committee reviews their policies & procedures, Bylaws Statement, Board Audit Section, Action Log for previous fiscal year, and Core Values for Policy Development. Committee revises the documents, if needed.</p> <p>Committee is provided with copies of their approved critical calendar for the new fiscal year.</p> <p>Committee finalizes their priority issues for this fiscal year and presents them to the Board of Trustees next month for approval.</p> <p>Committee reviews the Purchase of Service Annual Report to DDS for FY 2022-23</p> <p>Committee is given their monthly update on the Self-Determination Program</p> <p>Committee reviews the semi-annual Consumer Competitive Employment Report</p> <p>Committee reviews the semi-annual Consumer Diagnostic Report</p> <p>Committee reviews the semi-annual NOAs by Ethnicity/Location/Services & Age Range Report</p> <p>Committee reviews the semi-annual 4731 Report</p> <p>Committee reviews the 4th Quarter Intake Data by Location Report (April-June)</p> <p>Committee reviews the 4th Quarter NOAs/Appeals Report (April-June)</p> <p>Committee reviews the 4th Quarter Disparity Committee Report (April-June)</p> <p>Committee reviews semi-annual Purchase of Service (POS) Expenditure Data Reports</p>

<i>October</i>	Annual Board & VAC Legislative Training will be held in October
<i>November</i>	<p>Committee is given their monthly update on the Self-Determination Program.</p> <p>Committee reviews the 1st Quarter Intake Data by Location Report (July-September)</p> <p>Committee reviews the 1st Quarter NOAs/Appeals Report (July-September)</p> <p>Committee reviews the 1st Quarter Disparity Committee Report (July-September)</p> <p><u>Board Audit:</u></p> <ul style="list-style-type: none"> • Ensure the Service Standards are consistent with the center’s mission, vision, and values statement. • Review the center’s mission, vision, and values statement to determine if the center is providing adequate guidance in establishing consumer services policy.
<i>December</i>	No Committee meetings in December
<i>January</i>	Committee does not meet in January
<i>February</i>	<p>Committee reviews semi-annual Purchase of Service (POS) Expenditure Data Reports</p> <p>Committee is given their monthly update on the Self-Determination Program</p> <p>Committee reviews the semi-annual Consumer Competitive Employment Report</p> <p>Committee reviews the semi-annual Consumer Diagnostic Report</p> <p>Committee reviews the semi-annual NOAs by Ethnicity/Location/Services & Age Range Report</p> <p>Committee reviews the semi-annual 4731 Report</p> <p>Committee reviews the 2nd Quarter Intake Data by Location Report (October-December)</p> <p>Committee reviews the 2nd Quarter NOAs/Appeals Report (October-December)</p> <p>Committee reviews the 2nd Quarter Disparity Committee Report (October-December)</p> <p><u>Board Audit:</u></p>

	Has the Board properly referred Service Standards issues to this committee?
<i>March</i>	Committee does not meet in March.
<i>April</i>	<p>Committee reviews and approves the committee's draft critical calendar for next fiscal year.</p> <p>Committee is given their monthly update on the Self-Determination Program</p> <p>Committee reviews the 3rd Quarter Intake Data by Location Report (January-March)</p> <p>Committee reviews the 3rd Quarter NOAs/Appeals Report (January-March)</p> <p>Committee reviews the 3rd Quarter Disparity Committee Report (January-March)</p> <p><u>Board Audit:</u></p> <ul style="list-style-type: none"> • Does any action impact the availability or quality of services? • Ensure that the Community Placement Plan goals are being met.
<i>May</i>	Committee does not meet in May
<i>June</i>	No Committee meetings in June

[CCal.2024-25- Approved 06/12/2024]



North Los Angeles County Regional Center

Service Standards

Adopted by the Board of Trustees
January 11, 2023

*Approved by the
Department of Developmental Services
September 19, 2023*

TABLE OF CONTENTS

Contents

TABLE OF CONTENTS	1
INTRODUCTION (<i>Approved: July 22, 2010</i>).....	4
I. CASE FINDING AND PUBLIC INFORMATION (<i>Approved: November 18, 2022</i>).....	7
INTAKE AND ASSESSMENT.....	8
II. PRENATAL/GENETICS/AT RISK (<i>Approved: July 22, 2010</i>).....	
III. EARLY START PROGRAM (<i>Approved: November 16, 2018</i>)	
INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP).....	
PROCEDURES FOR IFSP DEVELOPMENT, REVIEW, AND EVALUATION.....	
PARTICIPANTS IN INITIAL AND ANNUAL IFSP MEETINGS AND PERIODIC REVIEWS.....	
CONTENT OF THE IFSP	
INTERIM IFSP.....	
DESIGNATION OF SERVICES ON THE IFSP.....	
BASIS FOR THE PROVISION OF SERVICES THROUGH REGIONAL CENTER.....	
INTERNAL REVIEW PROCESS PRIOR TO PROVISION OF SERVICES THROUGH THE REGIONAL CENTER.....	
TRANSFER	
TRANSITION FROM EARLY INTERVENTION SERVICES.....	
EARLY START APPEALS AND COMPLAINTS.....	
IV. INDIVIDUAL PROGRAM PLAN (IPP) DEVELOPMENT (<i>Approved: November 16, 2018</i>).....	
PARTICIPANT-DIRECTED SERVICES.....	
SOURCE OF FUNDING IDENTIFICATION & ACQUISITION.....	
INTERAGENCY DISPUTE RESOLUTION.....	
SERVICE COORDINATION	
ANNUAL STATEMENTS.....	
V. FAMILY SUPPORTS AND LIVING ARRANGEMENTS (<i>Approved: March 23, 2022</i>)	
FAMILY SUPPORT SERVICES & RESPITE.....	
RESPITE SERVICES.....	
CHILDREN.....	
ADULTS.....	
DAY CARE SERVICES.....	
CHILDREN.....	
ADULTS.....	
PERSONAL ASSISTANTS.....	
CHILDREN.....	
ADULTS.....	

CAMPING, SOCIAL RECREATION AND NONMEDICAL THERAPIES

OTHER FAMILY SUPPORT SERVICES.....

LICENSED RESIDENTIAL SERVICES.....

INDEPENDENT LIVING SERVICES.....

SUPPORTED LIVING SERVICES.....

STANDARDIZED ASSESSMENT QUESTIONNAIRE.....

RENT, MORTGAGE, AND LEASE PAYMENTS

IN-HOME SUPPORT SERVICES.....

SEX OFFENDERS.....

VI. SOCIAL RECREATION, CAMP, AND NON-MEDICAL THERAPIES *(Approved: July 29, 2024)*.....

SOCIALIZATION, LEISURE, AND RECREATION SKILLS.....

NON-MEDICAL THERAPIES AS HABILITATION, THERAPY, OR TREATMENT.....

VII. EDUCATIONAL AND VOCATIONAL SERVICES *(Approved: March 23, 2022)*.....

SCHOOL AGE.....

SPECIAL EDUCATION.....

ADULTS.....

COMPETATIVE INTEGRATED EMPLOYMENT.....

PAID INTERNSHIP PROGRAM.....

TAILORED DAY SERVICE

VOUCHERED COMMUNITY-BASED TRAINING SERVICE

SENIORS

VIII. CLINICAL SERVICES *(Approved: March 23, 2022)*.....

HEALTH CARE SERVICES.....

PHYSICAL AND OCCUPATIONAL THERAPY

BEHAVIORAL SERVICES

SPEECH AND COMMUNICATION THERAPY

COUNSELING SERVICES.....

EXPERIMENTAL TREATMENTS/DEVICES.....

IX. LEGAL STATUS AND PROTECTIONS *(Approved: October 8, 2018)*

CONSERVATORSHIP.....

DIVERSION

PEER REVIEW OF BEHAVIOR MODIFICATION INTERVENTIONS THAT MAY CAUSE PAIN OR TRAUMA

PRIVACY AND CONFIDENTIALITY AND RELEASE OF CONSUMER PROTECTED HEALTH INFORMATION.....

NOTICE OF PRIVACY PRACTICES.....

MINIMUM NECESSARY USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION.....

COMPLAINTS

PROHIBITED ACTIVITIES-NO RETALIATION OR INTIMIDATION.....

SAFEGUARDS.....

BUSINESS ASSOCIATES.....

TRAINING AND AWARENESS.....

SANCTIONS.....

COOPERATION WITH PRIVACY OVERSIGHT AUTHORITIES

INVESTIGATION AND ENFORCEMENT

HUMAN IMMUNODEFICIENCY VIRUS (HIV)/ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).....

HIV/AIDS EDUCATION

HIV TESTING

CONFIDENTIALITY AND RELEASE OF HIV/AIDS RELATED CONSUMER INFORMATION.....

HIV/ AIDS AND SERVICE PROVISION.....

X. TRANSPORTATION SERVICES (*Approved: May 14, 2012*).....

XI. APPEAL PROCESS (*Approved: September 19, 2023*).....

ADEQUATE NOTICE.....

AUTHORIZED REPRESENTATIVE

INFORMAL MEETING

MEDIATION.....

FAIR HEARING.....

ACCESS TO RECORDS.....

North Los Angeles County Regional Center Service Standards INTRODUCTION

North Los Angeles County Regional Center (NLACRC) is guided by the Lanterman Developmental Disabilities Services Act in the provision of services and supports for persons with developmental disabilities and their family members. The Act specifies activities and obligations the center must discharge to meet its responsibilities. NLACRC fully accepts these responsibilities and will endeavor to meet the needs of consumers¹ within the constraints of its budget.

As part of the activities conducted on behalf of a consumer by the NLACRC, services and supports may be purchased for a consumer as identified on his or her Individual Program Plan (IPP). However, consideration must first be given to viable generic and natural services and supports available to the consumer. Services and supports purchased on behalf of a consumer by the NLACRC must take into consideration the needs, preferences, and choices of the consumer. Services and supports should be flexible and individually tailored to the consumer and, where appropriate, his or her family. Finally, services and supports must be effective in meeting the goals and objectives on the consumer's IPP and reflect a cost-effective use of public resources.

Services and supports purchased on behalf of a consumer by NLACRC must assist the consumer to achieve the greatest self-sufficiency possible and to exercise personal choice. Furthermore, such services and supports, within the context of the IPP, must show a high preference to choices that result in allowing a minor to live with his or her family, an adult to live as independently as possible in the community, and a consumer of any age to interact with persons without disabilities in positive and meaningful ways. To ensure consumers have viable access to quality services and supports within their home communities, NLACRC will work in a collaborative effort with the Area Board and other private or public organizations to provide:

- **Information** - NLACRC will provide consumers with quality and timely information about options. Consumers cannot make informed choices without current and complete information about generic, community and vendored support services. Information may be disseminated in collaboration with the Area Board.
- **Advocacy** - NLACRC will advocate for publicly funded agencies to meet their legal responsibilities to serve consumers. NLACRC may conduct systems advocacy jointly with the Area Board and will work collaboratively with Disability Rights California to provide comprehensive advocacy training.

¹ This includes an adult or child with a developmental disability and/or a family member(s) who has primary or legal responsibility for a minor child who has a developmental disability

- **Options** - NLACRC will encourage and facilitate the creation of quality service and support options for consumers. In collaboration with NLACRC's Vendor Advisory Committee, community best practices standards will be developed and implemented.
- **Consumer Choice and Responsibility** - NLACRC will respect the choices of consumers and acknowledges their ability to accept responsibilities that may be consistent with those for persons without disabilities of the same age.
- **Excellence** - NLACRC accepts its responsibility for adopting policies that ensure the center is effectively and efficiently managed. Accordingly, the Board of Trustees ensures that services are purchased within the framework of the law and service standards as set forth by the board.
- **Responsiveness** - NLACRC will respond to the urgent and critical needs of consumers and/or their family members in a timely and professional manner. The center's Board of Trustees envisions that an appropriate response will be consistent with the consumer's or their family member's situation and may entail exercising greater flexibility as well as creativity in applying the center's service standards. In addition, the center maintains an after-hours business line, (818) 778-1900, to provide consumers, their family members and service providers in immediate need with access to the center.

NLACRC's service standards and policies do not include all possible therapies. Potential therapies will be considered upon review by NLACRC clinicians within the context of the planning team² process. NLACRC clinicians are California-licensed and/or board-certified health care professionals who may include, but are not limited to, physicians, psychologists, board certified behavior analysts, registered nurses, dentists, pharmacists, and registered dental assistants who are NLACRC staff or contractors.

NLACRC is prohibited from purchasing experimental treatments, therapeutic services or devices that have not been clinically determined or scientifically proven to be effective or safe or for which risks, and complications are unknown. In view of the often-complex nature of consumers' needs, it is recognized that some individual circumstances have not been anticipated by these service standards or service needs that occur infrequently. This may include other services and supports not specified in these standards. In such cases, the executive director may review staff recommendations and authorize purchase of service requests.

2 Planning team means the individual with the developmental disability, the parents or legally appointed guardian of a minor, or the legally appointed conservator of an adult consumer, one or more regional center representatives, including the designated service coordinator pursuant to subdivision (b) of section 4640.7 and any individual, including the service provider, invited by the parents or legally appointed guardian of a minor, or the legally appointed conservator of an adult consumer.

In adopting these standards, the Board of Trustees is acting in its role of establishing the service philosophy, standards, and general policy for NLACRC. The board delegates responsibility for the general management of NLACRC and the establishment of operational policies and procedures consistent with these standards to the executive director pursuant to this action.

I. CASE FINDING AND PUBLIC INFORMATION

Service and Procedural Standards

PHILOSOPHY

NLACRC is committed to regular and ongoing case finding activities in its service area to promote participation in the regional center system by eligible persons and their families. Case finding activities are closely interrelated with outreach, public information and human resource development activities.

Outreach should address not only the general public but also special target groups such as non-English speaking populations and/or high risk/high incidence populations or geographical areas. Public information should be designed to improve public awareness of the special needs of persons with developmental disabilities and to promote positive public images and full community participation. Human resource development should encourage new professionals and paraprofessionals to enter the field of developmental services and enhance the skills of those already working in it.

Case finding efforts may be both direct and indirect. Outreach efforts must be multilingual and culturally appropriate. Case finding and outreach beyond the NLACRC service area will be coordinated with Area Board 10 and the Southern California regional centers.

DEFINITION

Case finding and public information encompass a broad variety of activities by NLACRC staff which result in dissemination of information concerning regional center services and enhanced community awareness. Case finding results in new applications for NLACRC services. Public information results in increased knowledge and positive attitudes on the part of the public. Human resource development results in improved consumer services as a result of more and better-qualified persons working in the field. Case finding is also closely associated with prevention activities. (See Section II, Prenatal/Genetics/At Risk.)

POLICY

It is NLACRC's policy to conduct a well-rounded schedule of case finding, outreach, public information and human resource development activities utilizing the center's staff as appropriate. Activities shall take a variety of forms including community presentations; development and distribution of multi-language materials; media outreach; maintenance of lending materials for staff, parents, and professionals; and sponsorship or promotion of related educational events such as classes, workshops and conferences. Bilingual needs and cultural values are given important consideration in the implementation of all related case finding, public information and human resource development activities.

INTAKE AND ASSESSMENT

PHILOSOPHY

NLACRC will conduct intake activities and provide assessment services in accordance with the Lanterman Developmental Disabilities Services Act.

Individuals are to be accepted for intake and assessment without regard to religion, ethnic origin, sex, or degree of disability. Financial resources of the applicant and/or his/her family are not a factor in eligibility for NLACRC services. No individual referred may be denied intake and assessment services unless there is adequate documentation that he/she does not have a developmental disability.

DEFINITIONS

Intake is the 15-day period following a request for assistance. Intake includes, but is not limited to, information and advice about the nature and availability of services provided by regional centers and other agencies in the community. Intake also includes a decision to conduct an assessment for eligibility; provision of an appropriate referral, if applicable; and a review of the Megan's Law website to determine if an applicant over the age of 16 is required to register as a sex offender pursuant to Penal Code 290. Effective July 1, 2011, at the time of the intake and assessment for Early Start or Lanterman Act services, the consumer, or where appropriate, parents, legal guardian or conservator shall provide documentation and information of any health benefits (including insurance cards, etc.) under which the consumer is eligible to receive health benefits. If the consumer has no such benefits, NLACRC will not use that fact to negatively impact the services that the consumer may or may not receive from the regional center.

Assessment refers to those services that determine whether a person has a developmental disability as defined in the Lanterman Developmental Disabilities Services Act.

POLICY

Any individual believed to have a developmental disability, or any individual at risk of parenting an infant with a developmental disability will be given the opportunity to receive initial intake and assessment services. Initial intake, the determination to assess an individual suspected of having a developmental disability, shall be made within 15 working days following the initial request for assistance.

Lanterman Eligibility

The assessment to determine eligibility shall be completed within 120 days following the initial intake. Assessment shall be performed as soon as possible and in no event more than 60 days following initial intake where any delay would expose the client to unnecessary risk to his or

her health and safety or to significant further delay in mental or physical development, or the client would be at imminent risk of placement in a more restrictive environment, including applicants ordered by the courts to be assessed.³

NLACRC will assess within a 45-day timeframe any individual who was previously evaluated by NLACRC and found not eligible for regional center services, who returns to NLACRC within a 24-month timeframe, with a qualifying regional center diagnosis based on evaluation from a third party.

Assessment may include collection and review of historical diagnostic data, provision or procurement of necessary tests and evaluations and summarization of developmental levels and service needs. In determining if an individual meets the definition of developmental disability NLACRC may consider evaluations and tests, including, but not limited to, intelligence tests, adaptive functioning tests, neurological and neuropsychological tests, diagnostic tests performed by a physician, psychiatric tests, and other tests or evaluations that have been performed by, and are available from other sources. Assessment may also include an observation in a secondary setting (e.g., site evaluation or at a designated location in the community). Eligibility assessments may be funded by existing generic resources. In the event that funding from generic resources is not available, NLACRC will fund the eligibility evaluation.

In consultation with the family and with their written consent, an observation in a secondary setting (e.g., a site evaluation or designated location in the community) may be conducted by a licensed clinical psychologist when clinically indicated for diagnostic clarification.

Early Start Eligibility

Any child under age 3 that has a disability or is at risk of having a disability may be eligible. Children may be eligible if they meet one of the criteria listed below:

- Have a developmental delay of at least 25% in one or more of the following six areas: cognitive development, physical and motor development, including vision and hearing; expressive communication development; receptive communication development; social or emotional development, or adaptive development.
- Have an established risk condition of known etiology, with a high probability of resulting in delayed development, including fetal alcohol syndrome, or
- Be considered at high risk of having a substantial developmental disability due to a combination of biomedical risk factors of which are diagnosed by qualified personnel.

This may include children who:

³ Per Welfare and Institutions Code, Section 709.

- Were born prematurely or had low birth weight
- Have extensive medical issues or have been hospitalized for a long period of time
- Have chromosomal conditions such as Down Syndrome, Rett Syndrome, and others
- Had prenatal exposure to drugs or alcohol
- Are showing signs of developmental delays
- Experienced significant birth trauma
- Experienced neglect or abuse
- Have limited hearing, vision, or use of limbs

Each infant or toddler birth through 2 years of age referred for evaluation for early intervention services shall have a timely, comprehensive, multi-disciplinary evaluation of his or her needs and level of functioning in order to determine eligibility within 45 days as per Early Start regulations. **An infant or toddler shall be assessed 90 days prior to third birthday to determine eligibility for Lanterman services or Provisional eligibility program.**

There are several ways to determine an infant's and toddler's eligibility including informed clinical opinion from a qualified professional, conducting an evaluation, a review the child's history and development, gathering information from other sources including family members, other caregivers, medical providers, social workers and educators and a review of pertinent records. Also, the evaluation must be conducted in the native language of the child.

Under IDEA Part C it defines native language as the language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child. For evaluations and assessments, if determined developmentally appropriate, the language normally used by the child should be the language in which the evaluations are conducted. Native language is further defined for an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, as the mode of communication that is normally used by the individual (such as sign language, braille, or oral communication). During the evaluation phase, native language will be considered, and as such, arrangements to ensure the evaluations are completed in the native language will take place, either by ensuring the assessor can communicate in the native language or through interpretation services.

Provisional Eligibility

The regional center, after an infant or toddler has been determined eligible for early intervention services, will determine if the child is also provisionally eligible for regional center services. The regional center will assess an infant or toddler who qualifies for early intervention services but has not been found to have a developmental disability or to be provisionally eligible, at least 90 days before they turn 3 years of age, for purposes of determining their ongoing eligibility for regional center services. The Provisional Eligibility also allows for regional center services ~~on a provisional basis~~ for children ages 3-4 without a formal diagnosis of an intellectual or developmental disability. ~~An infant or toddler eligible for early intervention services shall be assessed by the regional center at least 90 days to the date that they~~

~~turn three years of age for purposes of determining their ongoing eligibility for regional center services.~~ If a child does not have a developmental disability, provisional eligibility shall end when the child is five years of age unless an appeal is filed.

NLACRC will utilize available and appropriate assessments and data, which may include secondary observations if clinically indicated and relevant for diagnostic clarification of a regional center eligible diagnosis. With parent agreement, NLACRC will assess children for ongoing regional center eligibility prior to exiting Early Start at age 3 and prior to exiting the Provisional Eligibility program at age 5.

If the applicant is denied eligibility for regional center services, the applicant will be informed, in writing, of their right to the fair hearing process and any recommendations for services from other agencies made by the staffing team.

Responses to survey questions in English and Tagalog (no Spanish or Armenian responses were received)

Purchase of Service Survey Questions

7 Responses 07:53 Average time to complete Closed Status

1. Who is completing the survey?

Individual served by the regional center	2
Family member	5
Guardian	0
Other	0



2. What is the age of the individual served by the regional center?

0 to 2	0
3 to 4	0
5 to 22	2
23 to 44	2
45 and older	3



3. Where does the individual served by the regional center live?

Antelope Valley	2
San Fernando Valley	2
Santa Clarita Valley	2
Other	1



Mga Tanong sa Survey ukol sa Pagbili ng Serbisyo:

6 Responses 03:12 Average time to complete Closed Status

1. Sino ang kumukumpleto ng survey?

Indibidwal na pinaglilingkuran ng regional center	5
Miyembro ng pamilya	1
Tagapangalaga	0
Iba pa (pakitukoy)	0



2. Ano ang edad ng indibidwal na pinaglilingkuran ng regional center?

0 hanggang 2	1
3 hanggang 4	1
5 hanggang 22	3
23 hanggang 44	1
45 at pataas	0



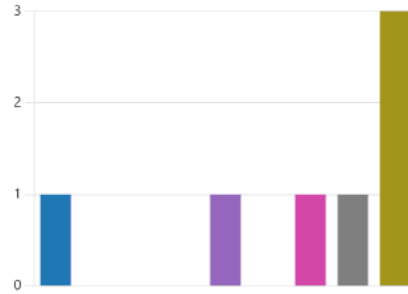
3. Saan nakatira ang indibidwal na pinaglilingkuran ng regional center?

Antelope Valley	0
San Fernando Valley	3
Santa Clarita Valley	2
Iba pang Lungsod (pakitukoy)	1



4. How did you learn about the North Los Angeles County Regional Center's (NLACRC) services?

Consumer Service Coordinator	1
NLACRC website	0
NLACRC Facebook or other soci...	0
NLACRC News You Can Use em...	0
NLACRC brochures about services	1
Other publications about region...	0
Family Focus Resource Center (F...	1
From others (parents, vendors, ...	1
Other	3



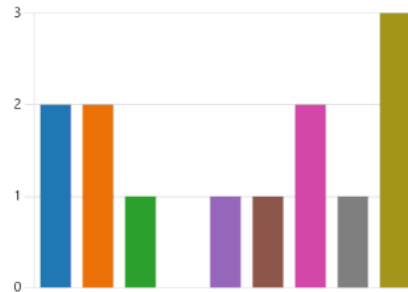
5. Are you using all of North Los Angeles County Regional Center (NLACRC) approved services?

Yes	2
No	3



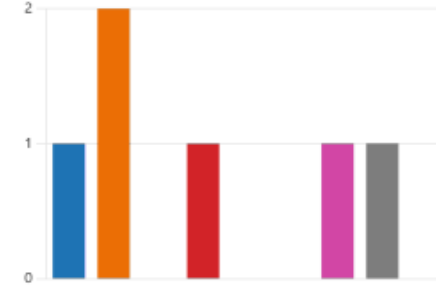
6. Which services approved by North Los Angeles County Regional Center (NLACRC) have you NOT been able to use?

Respite	2
Adaptive skills	2
Personal Assistance	1
Day Program/Individualized Day...	0
Supported Employment/Vocatio...	1
Supported Living	1
Independent Living	2
Participant Directed	1
Other	3



4. Paano mo nalaman ang tungkol sa mga serbisyo ng North Los Angeles County Regional Center (NLACRC)?

Consumer Service Coordinator	1
Website ng NLACRC	2
Facebook o iba pang social med...	0
Mga email ng Balitang Maaari ...	1
Mga brochure ng NLACRC tung...	0
Iba pang lathalain tungkol sa m...	0
Family Focus Resource Center (F...	1
Mula sa iba pa (mga magulang, ...	1
Iba pa (pakitukoy)	0



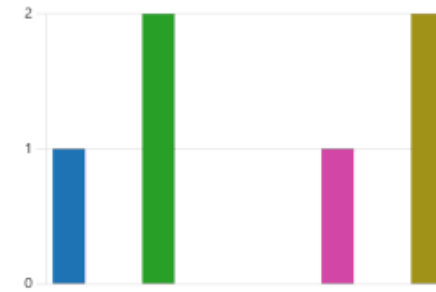
5. Ginagamit mo ba ang lahat ng aprubadong serbisyo ng North Los Angeles County Regional Center (NLACRC)?

Oo	2
Hindi	3



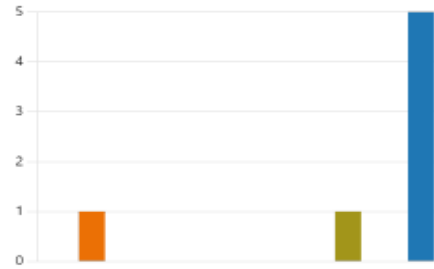
6. Aling mga serbisyong inaprubahan ng North Los Angeles County Regional Center (NLACRC) ang HINDI mo nagagamit?

Pahinga	1
Mga kasanayan sa pag-angkop	0
Personal na Tulong	2
Programang sa Araw/Mga Pang-in...	0
Suportadong Pagtatrabaho/Mg...	0
Suportadong Pamumuhay	0
Independiyenteng Pamumuhay	1
Pinamamahalaan ng Kalahok	0
Iba pa (pakitukoy)	2



7. Can you check the reason why you have NOT used the approved services? (for each service type - check all that apply)

- The individual served by the reg... 0
- Service provider does NOT have... 1
- The individual served by the reg... 0
- Service provider does NOT have... 0
- Service provider does NOT have... 0
- Service provider cannot provide... 0
- The individual served by the reg... 0
- The individual served by the reg... 0
- The individual served by the reg... 1
- The individual served by the reg... 0
- Other 5



8. What services has North Los Angeles County Regional Center (NLACRC) NOT approved?

- Respite 0
- Adaptive skills 0
- Personal Assistance 1
- Day Program/Individualized Day... 0
- Supported Employment 0
- Supported Living 0
- Independent Living 0
- Participant Directed Services 0
- Residential Program 1
- Other 1



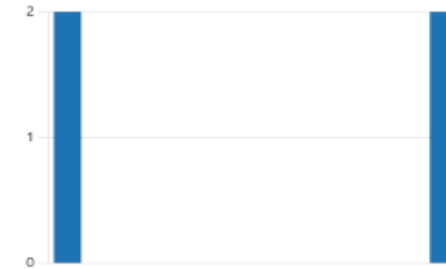
9. Are there services that you think are still needed that NLACRC has NOT authorized?

- Yes 1
- No 4



7. Maaari mo bang lagyan ng check ang dahilan kung bakit HINDI mo nagagamit ang mga aprubadong serbisyo? (para sa bawat uri ng serbisyo - lagyan ng check ang lahat ng naaangkop)

- Ang indibidwal na pinaglilingkur... 2
- Ang service provider ay WALAN... 0
- Ang indibidwal na pinaglilingkur... 0
- Ang service provider ay WALAN... 0
- Ang service provider ay WALAN... 0
- Hindi nakapagbigay ng serbisyo... 0
- Ang iskedyul ng trabaho/pamilya... 0
- Ang indibidwal na pinaglilingkur... 0
- Ang indibidwal na pinaglilingkur... 0
- Ang indibidwal na pinaglilingkur... 0
- Iba pa (pakitukoy) 2



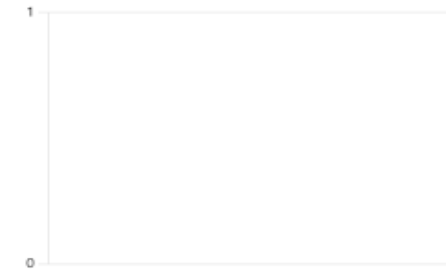
8. Mayroon bang mga serbisyo na sa tingin mo ay kailangan na HINDI pa inaaprubahan ng NLACRC?

- Oo 5
- Hindi 1



9. Anong mga serbisyo ang HINDI inaaprubahan ng North Los Angeles County Regional Center (NLACRC)?

- Pahinga 0
- Mga kasanayan sa pag-angkop 0
- Personal na Tulong 0
- Programa sa Araw/Mga Pang-in... 0
- Suportadong Pagtatrabaho 0
- Suportadong Pamumuhay 0
- Independiyenteng Pamumuhay 0
- Mga Serbisyo na Pinamamahala... 0
- Programang Pantirahan 0
- Iba pa (pakitukoy) 0



NLACRC's POS FY 2022-23 SURVEY RESPONSES

10. Are there services that are NOT available from the regional center? (If yes, please specify)

● Yes	2
● No	0
● Other	4



11. If the answer is "No", have you found an alternative provider

● Yes	0
● No	1



12. If North Los Angeles County Regional Center (NLACRC) denied a service and you disagreed, did you receive a written notice, called a Notice of Action*? *A Notice of Action explains the reason why the North Los Angeles County Regional Center (NLACRC) did NOT/could NOT agree to the service request.

● Yes	0
● No	2
● Does NOT Apply	5



13. If you received a Notice of Action from the North Los Angeles County Regional Center (NLACRC), did it also include information about the fair hearing process?

● Yes	1
● No	0
● Does NOT Apply	5



10. May mga serbisyo ba na HINDI makukuha mula sa regional center?

Oo	0
Hindi	0
Kung oo, anong uri ng serbisyo?...	0

11. Kung ang sagot ay "Hindi", nakahanap ka na ba ng alternatibong provider?

Oo	0
Hindi	0

12. Kung ang North Los Angeles County Regional Center (NLACRC) ay tumanggi sa pagbigay ng serbisyo at hindi ka sumang-ayon, nakatanggap ka ba ng nakasulat na abisong tinatawag na Notice of Action*? *Ipinapaliwanag ng Notice of Action ang dahilan kung bakit HINDIpumayag/HINDI makapayag ang North Los Angeles County Regional Center (NLACRC) na ibigay ang hinihinging serbisyo.

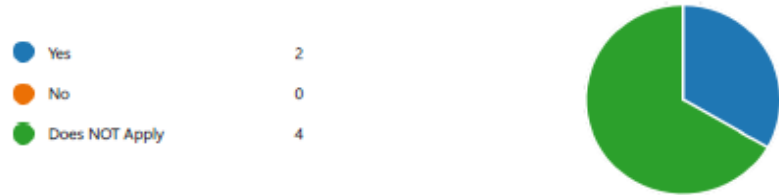
Oo	0
Hindi	0
HINDI Naaangkop	0

13. Kung nakatanggap ka ng Notice of Action mula sa North Los Angeles County Regional Center (NLACRC), kasama rin ba rito ang impormasyon tungkol sa proseso ng patas na pagdinig?

Oo	0
Hindi	0
HINDI Naaangkop	0



14. If you received a Notice of Action from the North Los Angeles County Regional Center (NLACRC), did it include information about how to get help with a fair hearing?



15. Please feel free to leave any additional feedback or suggestions including any additional services that NLACRC can offer to meet your needs.

2 Responses Latest Responses

14. Kung nakatanggap ka ng Notice of Action mula sa North Los Angeles County Regional Center (NLACRC), kasama ba rito ang impormasyon kung paano makakakuha ng tulong para sa isang patas na pagdinig?

Oo	0
Hindi	0
HINDI Naaangkop	0

15. Mangyaring huwag mag-atubiling mag-iwan ng anumang karagdagang feedback o mungkahi kabilang ang anumang karagdagang serbisyo na maaaring ialok ng NLACRC upang matugunan ang iyong mga pangangailangan.

0 Responses Latest Responses

Response #1: When RC started, I asked for speech therapy for 5 years. Since I had a new worker every year, I never got feedback from anyone, so I gave up asking. Then when he was to move to a new program, I would search & tell RC which one I wanted, we did not agree & they finally gave in. Long journey. I hope RC has improved. He now lives at ARC with no \$ help from RC. Please let me know if you would like any more info, I know I could help.

Response #2: I Don't Even Know If Any Service Im Supposed To Get Is Denied Or Not Or Even If I Can Have Them All Or Not! Im Completely In The Dark On This issue And Do Not Know anything about It at all Nor Am i Even Interested! End Of Discussion!!!!



DEPARTMENT OF DEVELOPMENTAL SERVICES
REGIONAL CENTER PURCHASE OF SERVICE PUBLIC MEETINGS SUMMARY, RECOMMENDATIONS
AND PLAN TO PROMOTE EQUITY AND REDUCE DISPARITIES ANNUAL REPORT TEMPLATE

As indicated in Welfare and Institutions (W&I) Code section 4519.5(g) and (i), regional centers are required to hold public meetings for community members within three months of posting annual purchase of service data on their websites. Regional centers submit an annual report to the Department of Developmental Services (Department) by May 31st. The Department reviews and provides feedback to the regional centers on the report, prior to its posting by August 31st. The following pages include the required components of the report. A list of questions is provided to assist regional centers when preparing the report in addition to the inclusion of regional center's public meeting notes, public comments, presentation materials and a plan with recommendations for increasing equitable access in purchase of services and supports-

Regional center name: **North Los Angeles County Regional Center**

Person filling out report: **Cristina Preuss**

Date of completion: **May 31, 2024**

PROPER MEETING COMMUNITY INCLUSION

W&I Code section 4519.5 (g)"...each regional center shall meet with stakeholders (community members) in one or more public meetings regarding the (purchase of service) data... consider the language needs of the community and shall schedule the meetings at times and locations designed to result in a high turnout by the public and underserved communities."

1. **How many meetings did your regional center conduct?** **2**
2. **Did your regional center hold at least one meeting by March 31st?** **Yes**
3. **How were the meetings scheduled to accommodate community participation? Select all that apply.**
 - Webinar (e.g., GoToMeeting, YouTube)
 - Virtual platform (e.g., Zoom)
 - In-person
 - Hybrid
 - Other

If "Other" selected enter here.

PROPER MEETING NOTIFICATION

W&I Code section 4519.5(g)

"...regional centers shall inform the department of the scheduling of those public meetings 30 days prior to the meeting. Notice of the meetings shall also be posted on the regional center's internet website 30 days prior to the meeting and shall be sent to individual stakeholders and groups representing underserved communities in a timely manner."

4. **Was the Department informed at least 30 days prior to ALL meetings?** **Yes**
5. **How was the Department informed?** **OCO Email**



6. Were notices of ALL meetings held, posted on the regional center's website 30 days prior to each meeting(s)? **Yes**
7. Select the best option that represents when individual community members impacted by disparities and barriers to equitable access to services and supports were informed? 3 weeks' notice
8. What outreach efforts were utilized to inform individual community members impacted by disparities and barriers to equitable access to services and supports of the meetings(s)? Select all that apply.
- Newsletter/Eblast
 - POS meeting specific email
 - Public meeting
 - Social media
 - Community partners
 - Website (e.g., event page or calendar)
 - Blog post
 - Everbridge or another type of automated phone recording
 - Mail
 - Text
 - Phone call by regional center staff
 - Other

If "Other" selected enter here.

CULTURALLY AND LINGUISTICALLY APPROPRIATE

W&I Code section 4519.5(g)

"The regional center shall provide participants of these meetings with the data and any associated information related to improvements in the provision of developmental services to underserved communities and shall conduct a discussion of the data and the associated information in a manner that is culturally and linguistically appropriate for that community, including providing alternative communication services."

9. What languages were offered during the meeting(s)? Select all that apply.

- English
- Spanish
- Mandarin
- Cantonese
- Hmong
- Korean
- Vietnamese
- ASL
- Other

Armenian, Tagalog, and Farsi.

10. Did the meeting(s) include any of the following? Select all that apply.

- Meeting(s) held in several languages
- Closed captioning provided

- Materials were provided in several languages
- Information was presented in plain language (i.e. easy to understand)
- Other

If "Other" selected enter here.

11. Describe how the cultural and linguistic needs of the communities were considered.

Based on the center's demographics, it was determined to have interpretation available for the top 5 languages for our community: English, Spanish, Armenian, Farsi, and Tagalog. The public meetings also had small breakout rooms with interpretations in the preferred language mentioned above. As our Spanish speaking population is the largest, we had 2 breakout rooms to ensure space capacity.

ACTIONS TO IMPROVE PUBLIC ATTENDANCE AND PARTICIPATION

W&I Code section 4519.5(i)(1)(A)

"Actions the regional center took to improve public attendance and participation at stakeholder meetings, including, but not limited to, attendance and participation by underserved communities."

12. Was the goal or purpose of the meeting communicated? If so, describe how?

Yes, information about the purpose of the meeting was provided through the presentation and through mailing and advertisement on NLACRC's website.

13. What methods were used to provide an environment that allowed attendees to feel comfortable and interact with each other? Select all that apply.

- Allowed for small group conversations
- Introduced staff in attendance
- Allowed attendees to introduce themselves
- Provided chat rooms (e.g., zoom chat function)
- Chat feature was enabled
- Opportunity for public comment
- Provided opportunities to ask questions
- Other

Offered additional surveys in different languages, which were made available 2 weeks before and after the public meetings.

14. Based on attendance did you observe any of the following? Select all that apply.

- Attendees engaged in public comment
- Innovative ideas suggested by attendees
- Diverse perspectives shared by attendees
- Attendees requested additional explanation/clarification on the information shared
- Other

If "Other" selected enter here.

15. Overall, how many individuals from the public attended the meeting(s)? Select best estimate. 100-200

16. What efforts did the regional center take to improve public attendance and participation, including any new strategies? Select all that apply.

- Collaborated with community partners
- Offered focus groups
- Offered meetings in multiple languages
- Offered multiple meeting opportunities
- Outreach through group meetings
- Outreach via flyers/public service announcements/social media
- Provided translated materials
- Shared via Everbridge
- Offered meetings virtually
- Offered meetings during non-business hours or on weekends
- Not applicable
- Other

If "Other" selected enter here.

17. Who were the meeting(s) attendees? Select all that apply.

- Self-advocates
- Parents/family members
- Regional center staff
- Board members
- Community advocates
- Community based organizations
- Department staff
- Other

Service providers.

18. List the names of the partner agencies, community partners, and community-based organizations that participated in the meeting(s).

ICC, DOR, SCDD, FFRC, LVAC, OCRA, CHLA, and 24hr Homecare.

COPIES OF MINUTES AND ATTENDEE COMMENTS

W&I Code section 4519.5 (i)(1)(B)

"Copies of minutes from the meeting and attendee comments"

19. Does the regional center report include a copy of the meeting minutes (notes) and a copy of the raw attendee comments? **Yes**

20. Which of the following themes reflect what attendees expressed as important, challenges and barriers faced? Select as top concern, concern or not a concern for each.

	Top Concern	Concern	Not a Concern
Regional center services satisfaction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case management satisfaction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of regional center knowledge/service options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of community trainings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Concern with language and cultural competency	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Service coordinator/staff training concerns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Caseload concerns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Communication/outreach concerns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lack of regional center trust	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Unmet needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Service accessibility concerns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transportation issues	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rates and vendorization concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vendor concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lack of community, regional center, and other community member collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Need for advocacy training and support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

21. Were there any additional topics or themes mentioned in the meeting(s) that are not listed in question 20? Please list and indicate if they were a top concern (mentioned by multiple people).

N/A

IDENTIFIED DISPARITIES IN THE POS DATA

W&I Code section 4519.5 (i)(1)(C)

“Whether the data...indicate a need to reduce disparities in the purchase of services among consumers in the regional center’s catchment area.”

22. Did the regional center report data about number of instances when written copies of individual program plans (IPP) were provided at the request of consumers or their legal representatives more than 45 days for threshold languages and 60 days for non-threshold languages after request was made? **No**
23. Summarize the type of disparities that were identified and discussed (e.g., by race/ethnicity, primary language, residence, age, diagnosis, etc.)

See Exhibit A of the attached report.

REGIONAL CENTER'S RECOMMENDATIONS AND PLANS TO PROMOTE EQUITY AND REDUCE DISPARITIES

W&I Code section 4519.5 (i)(1)(C)

"...If the data do indicate that need, the regional center's recommendations and plan to promote equity, and reduce disparities, in the purchase of services."

24. What other venues were utilized, in addition to holding the POS annual meetings, to gather information to develop the regional center's recommendations and plan¹ to promote equity and reduce disparities? Select all that apply.

- Other regional center meetings
- Feedback requested from support groups
- Recommendations from focus groups
- Surveys
- Call for public input (e.g., social media, eblasts, website)
- Other

If "Other" selected enter here.

25. Does the regional center's attached report include how the prior year's recommendations and plan were implemented? **Yes**

REPORTS POSTED ON INTERNET WEBSITES

W&I Code section 4519.5 (c)(1)(B)

"...Commenting December 31, 2023, each regional center shall post its data uniformly with all other regional centers, using the same criteria, format, and organization."

26. Did the regional center post its data as provided by the Department on December 19, 2023? **Yes**

W&I Code section 4519.5 (i)(1)(C)(2)

"Each regional center and the department shall annually post the reports required by paragraph (1) ²on its website by August 31."

27. Did the regional center post on its website the report developed from public meetings and all its required elements pursuant to W&I Code section 4519.5(i)(C)(1)? **Yes**

¹ Regional center to attach recommendations and plan.

² W&I Code section 4519.5(i)(C)(1)



North Los Angeles County Regional Center

NLACRC's PURCHASE OF SERVICE (POS) ANNUAL REPORT FY 2022-23

PROPER MEETING COMMUNITY INCLUSION

- ❖ In compliance with W&I Code section 4519.5 (g), please note the following:
 - Two (2) public meetings were held:
 - one on Tuesday, March 26, 2024 at 10:00 am and one on Wednesday, March 27, 2024 at 6:00 pm.
 - In an effort to accommodate community participation, these meetings were conducted virtually via Zoom.

PROPER MEETING NOTIFICATION

- ❖ In compliance with W&I Code section 4519.5 (g), please note the following:
 - The Department was informed at least 30-days prior to both meetings via OCO Email.
 - Notices for the meetings were posted on NLACRC's website 30-days prior to each meeting.
 - Individual community members impacted by disparities and barriers to equitable access to services and supports were informed with 3 weeks' notice.
 - The following outreach efforts were utilized to inform community members impacted by disparities and barriers to equitable access to services and supports of the meetings:
 - Newsletter/Ebalst
 - POS meeting specific email
 - Public meeting
 - Community partners
 - Website event page and calendar

CULTURALLY AND LINGUISTICALLY APPROPRIATE

- ❖ In compliance with W&I Code section 4519.5 (g), please note the following:
 - The following languages were offered during the meetings:
 - English
 - Spanish
 - Armenian
 - Tagalog
 - Farsi
 - The meetings included the following:
 - Meetings were held in several languages.
 - Closed captioning was provided.
 - Materials were provided in several languages:
 - Presentation: English & Spanish
 - Flyers: English, Spanish, Armenian, Farsi, & Tagalog
 - Information was presented in plain language.
 - The cultural and linguistic needs of the communities were considered as follows:
 - Based on the center's demographics, it was determined to have interpretation available for the top 5 languages for our communities: (Spanish, Armenian, Farsi, Tagalog, and English). The public meetings also had small breakout rooms with interpretations in the preferred language mentioned above. As our Spanish speaking population is the largest, we had 2 breakout rooms to ensure space capacity.



ACTIONS TO IMPROVE PUBLIC ATTENDANCE AND PARTICIPATION

- ❖ In compliance with W&I Code section 4519.5(i)(1)(A), please note the following:
 - The goal or purpose of the meeting was communicated through the presentation and through electronic mailing and advertisement on NLACRC's website.
 - The following methods were used to provide an environment that allowed attendees to feel comfortable and to interact with each other:
 - Allowed for small group conversations.
 - Introduced staff in attendance.
 - Allowed attendees to introduce themselves.
 - Provided chat rooms, via the Zoom chat function.
 - Chat feature was enabled.
 - Opportunity for public comment.
 - Provided opportunities to ask questions.
 - Offered additional surveys in different languages, which were made available for 2 weeks before and after the public meetings.
 - Based on attendance, the following was observed:
 - Attendees engaged in public comment.
 - Diverse perspectives were shared by attendees.
 - Attendees requested additional explanation/clarification on the information shared.
 - Between 100-200 individuals from the public attended the meetings.



ACTIONS TO IMPROVE PUBLIC ATTENDANCE AND PARTICIPATION (continued)

- The following efforts were taken by NLACRC to improve public attendance and participation:
 - Collaborated with community partners by requesting that community-based members that attend the Disparity Committee disseminate the information to increase attendance.
 - Offered focus groups.
 - Offered meetings in multiple languages.
 - Outreach through group meetings.
 - Outreach via flyers/public service announcements/social media.
 - Provided translated materials.
 - Offered meetings virtually.
 - Offered meetings during non-business hours.
- The following were attendees at the meetings:
 - Self-advocates.
 - Parents/family members.
 - Regional center staff.
 - Board members.
 - Community advocates.
 - Community-based organizations.
 - Department staff.
 - Service providers.
- The following partner agencies, community partners, and community-based organizations participated in the meetings:
 - ICC, DOR, SCDD, FFRC, LVAC, OCHRA, CHLA, AND 24hr Homecare.



COPIES OF MINUTES AND ATTENDEE COMMENTS

- ❖ In compliance with W&I Code section 4519.5 (i)(1)(B), please note the following:
 - Screenshots and links to presentation materials, copies of attendee comments (minutes), survey questions and responses are attached as **Exhibit A**.
 - The following themes reflect what attendees expressed as important, changes and barriers faced:

	Top Concern	Concern	Not a Concern
Regional center services satisfaction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case management satisfaction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of regional center knowledge/service options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of community trainings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Concern with language and cultural competency	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Service coordinator/staff training concerns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Caseload concerns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Communication/outreach concerns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lack of regional center trust	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Unmet needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Service accessibility concerns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transportation issues	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rates and vendorization concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vendor concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lack of community, regional center, and other community member collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Need for advocacy training and support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



IDENTIFIED DISPARITIES IN THE POS DATA

- ❖ In compliance with W&I Code section 4519.5(i)(1)(C), please note the following:
 - NLACRC report data about number of instances when written copies of individual program plans (IPP) were not provided at the request of consumers or their legal representatives more than 45 days for threshold languages and 60 days for non-threshold languages after request was made.
 - The types of disparities that were identified and discussed are attached as **Exhibit B**.

REGIONAL CENTER'S RECOMMENDATIONS AND PLANS TO PROMOTE EQUITY AND REDUCE DISPARITIES

- ❖ In compliance with W&I Code section 4519.5(i)(1)(C), please note the following:
 - The following other venues were utilized, in addition to holding the POS annual meeting, to gather information to develop the NLACRC's recommendations and plan to promote equity and reduce disparities:
 - Other regional center meetings
 - Feedback requested from support groups
 - Recommendations from focus groups
 - Surveys
 - NLACRC's prior year's recommendations and plan have been implemented as follows:
 - See attached **Exhibit C**

REPORTS POSTED ON INTERNET WEBSITES

- ❖ In compliance with W&I Code section 4519.5(c)(1)(B), please note the following:
 - NLACRC posted its data as provided by the Department on December 19, 2023.
 - NLACRC posted the report developed from public meetings and all its required elements pursuant to W&I Code section 4519.5(i)(C)(1) on NLACRC's website.



Links to presentations: English POS (Purchase of Service) Presentation: [PDF](#) Español Presentación POS (Compra de Servicios): [PDF](#)

Fiscal Year (FY) 2022-2023
Presented by Santos Rodriguez, MSW
March 26, 2024 & March 27, 2024

1

Welcome!

- We have language interpretation available in Spanish, Armenian, Tagalog, and Farsi. Please let us know in the chat if you need help connecting.
- We've turned on closed captions.
- After the data presentation, we'll have breakout room discussions where we can discuss further.

2

How to Listen to the Zoom meeting in your Primary Language:

- Click on 'Interpretation' in your meeting or webinar controls.
- Choose your primary language.
- If you only want to hear the translated language, click 'Mute Original Audio' (this step is optional).

Notes:

- Make sure you're using your computer's audio or VoIP to join the meeting. If you dial in or use the 'call me' feature, you won't be able to listen to language interpretation.
- If you're in a language channel, you can speak and your voice will be broadcasted back into the main audio channel when you unmute yourself.

3

Meeting Agreements

- Please keep your microphone muted until the designated Q&A session at the end of the presentation when we enter our Community Breakout Rooms.
- Please keep in mind that this presentation is being recorded so we ask you to refrain from sharing personal information that may be compromised.
- Encourage others to share and give them the space to do so.
- Thank you for being mindful of other attendees.

4

Get to know our Presenter: Santos Rodriguez, MSW

Santos Rodriguez has been employed at NLACRC since July 2016, initially serving as a Consumer Service Coordinator for the Transition Unit. In March 2022, Santos was promoted to Consumer Services Supervisor for the Enhanced Service Coordination Unit, a role within a DSG pilot program.

Santos holds a BA in Religious Studies with an emphasis in Theology of the American from UC Santa Barbara, as well as a master's in social work (MSW) from CSUN. During Santos's MSW program, he completed fieldwork in the community and clinical settings, including providing case management support during the COVID-19 pandemic.

Prior to joining NLACRC, Santos worked for two years as a case manager in the Federal Benefits department of an advocacy firm focused on supporting individuals with disabilities. Before that, Santos served as a program coordinator for a federally funded tutoring program, overseeing tutors and students across various school districts, including LAUSD and New York City Public Schools.

5

NLACRC's Mission is to create a community where each individual with a developmental disability has the opportunity to live a healthy, productive and inclusive life.

6

Today's Meeting Agenda

- Our Mission: What We Do**
- Purpose of Today's Meeting**
- Let's Review the Data Together**
- How NLACRC is Addressing the Disparities**
- Future Goals**
- Community Break Out Rooms**

7

ABOUT NLACRC

- NLACRC is 1 of 21 regional centers in California.
- NLACRC is the largest of the 7 regional centers in LA County.
- We serve consumers in San Fernando Valley, Santa Clarita Valley, and Antelope Valley.
- We served a total of 34,228 consumers as of June 30, 2023

Active Consumers: 33,492	Active Applicants in Intake: 3,224	Active Consumers in Developmental Centers: 44	Active Consumers with shared Regional Centers: 1
--------------------------	------------------------------------	---	--

8

Purpose of Today's Meeting

The purpose of this meeting today is to discuss important data related to developmental services for underserved communities.

- Who?** Each regional center (organizations that provide services) meets with stakeholders (people who have an interest in these services).
- When?** We hold the meeting within three months of compiling the data.
- What?** We discuss data about developmental services.
- Why?** To improve how these services are provided to underserved communities.
- How?** The discussion is done in a way that respects different cultures and languages.

9

Exhibit A



Before we Review the Data Together

Sometimes we see differences in NLACRC expenditures because:

- Where the services are located.
- Where the client or person served lives.
- Whether or not generic resources, services, and supports are available.
- The unique needs of the disability.

NLACRC wants the public to be fully informed about the data that is presented.

There are some differences between the data we are presenting today, regarding NLACRC's current census and the actual services purchased and used by our clients and persons served.

10

In some cases:

- Expenditures may be counted twice.
- Expenditures may not capture all services received by a consumer.
- NLACRC combines race and ethnicity data, but the U.S. Census Bureau separates these categories.
- The "other" category includes people who identify as multicultural or other race/ethnicity.

11

NLACRC DATA REVIEW

NLACRC Individuals by Diagnosis

Total Individuals Served: 37,423*

Diagnosis	Count	Percentage
Autism	16,750	45%
Intellectual Disability	5,377	14%
Other	9,982	27%
Category 16	1,457	4%
Cerebral Palsy	608	1%
Epilepsy	249	1%

12

NLACRC DATA REVIEW Cont.

NLACRC Individuals by Age Group

Total Individuals Served: 37,423*

Age Group	Count	Percentage
Age 3-21 Years	19,252	52%
Age 22 and Older	15,579	42%
Birth to Age 2	7,292	20%

13

NLACRC DATA REVIEW Cont.

NLACRC Individuals by Ethnicity or Race

Total Individuals Served: 37,423*

Ethnicity or Race	Count	Percentage
Hispanic	17,871	47.75%
White	9,843	26.30%
Black / African American	3,535	9.45%
Asian	2,234	5.97%
Other / Multi-Cultural	3,882	10.37%
American Indian or Alaska Native	38	0.10%
Native Hawaiian or Pacific Islander	20	0.05%

14

NLACRC DATA REVIEW Cont.

NLACRC Individuals by Language

Total Individuals Served: 37,423*

Language	Count	Percentage
English	28,711	77%
Spanish	7,912	21%
All Other Languages	746	2%
Vietnamese**	-	-
Chinese / Mandarin / Other**	-	-

15

NLACRC Language Representation for FY 2022-2023

Language	Count
English	24,763
Spanish	7,054
Armenian	232
Farsi	113
Russian	60
Tagalog	62
ASL	29
Vietnamese	44
Korean	37
Arabic	28

16

NLACRC DATA REVIEW Cont.

NLACRC Individuals by Residence Type

Total Individuals Served: 37,423*

Residence Type	Count
Family Home	32,540
Independent Living or Supported Living	1,828
Foster Home	1,330
Community Care Facility / Group Home	1,150
ICF Feeding/Infused Feeding Facility (IIF)	630
Other**	207

17

Before We Review the Expenditure Data Together:

Definitions:

- **POS:** Purchase of Service - When a specific service is approved for someone by a specific provider.
- **Expenditures:** Cost of services that was paid for by the Regional Center - The money spent by the Regional Center to pay for the approved services.
- **Authorization:** Cost of services approved - The amount of money approved for the services needed.
- **Per Capita:** Per Person - This is the average cost or amount per persons served.
- **FY:** Fiscal Year- This means the financial year, which runs from July to June.

18

INFORMATION POS DATA DOES NOT TRACK:

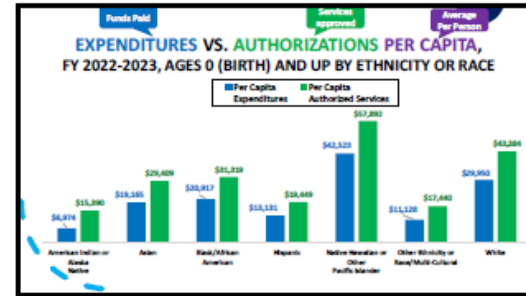
- Unrelated Diagnoses
- Legal Status
- Gender Identity
- Income
- Sexual Orientation

19

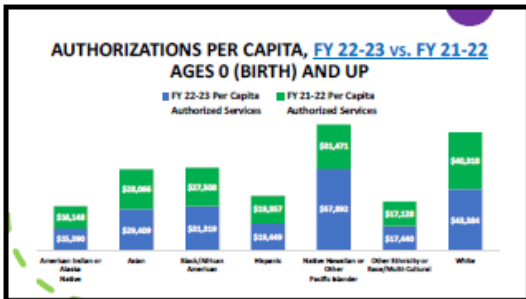
PURCHASE OF SERVICES (POS) DATA DOES NOT INCLUDE:

- Any Services coordinated through a Generic Resource such as:
 - Contracted Services
 - In-Home Support Services (IHSS)
 - Medi-Cal
 - Medicare
 - Private Insurance
 - School System
 - Social Work as a service
 - Supplemental Security Income (SSI)

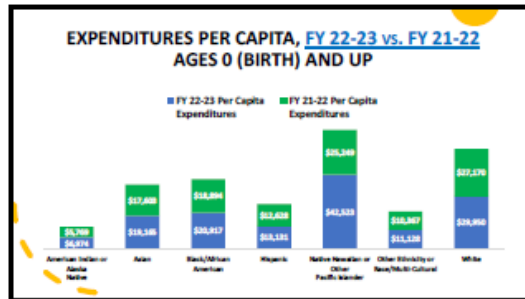
20



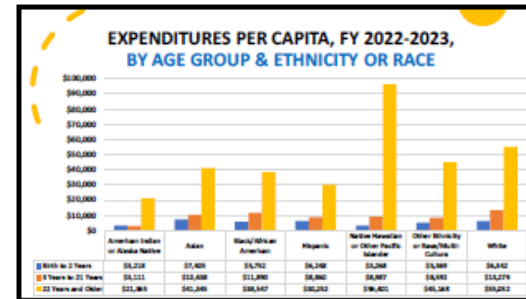
21



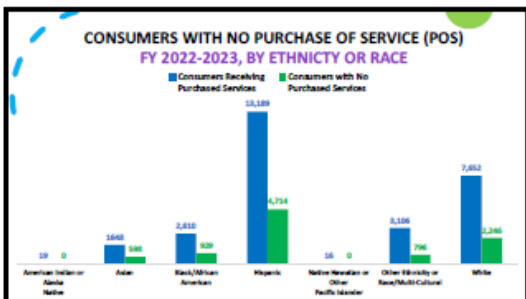
22



23



24



25



26

Service Access & Equity (SAE) Grantees

- Partners' Hope Project:** Outreach to trial communities to provide information to families regarding regional center systems. Provide I.C. training and technical assistance to parents about the assessment process. Developed a tool kit for parents to engage school systems. Provide information to health care providers regarding the importance of early identification and referral to regional center for services.
- Grow Cultural/Independent Facilitator Specialization Training:** Provide opportunities for more intensive training in "specialty" areas that will help our facilitators gain skills to work with users of 03 based on independence. Program has an advisory committee, quarterly series, self-advocacy speaker's bureau, and ADA/multicultural advanced independent facilitator training.
- Track, Apply, Assess, and Meeting (TRACE):** Helping families in the Antelope Valley area by providing information and creating support systems. Offer support group every Wednesday from 11 am to 12 pm. Monthly activities to build a set of networks and coalitions. Goal is to educate and advocate to reduce isolation among families and inform individuals about the regional center system. All age groups.

27



Service Access & Equity (SAE) Grants (Cont.)

Children's Hospital LOS ANGELES

Parent Navigators to Pediatric Clinics to Support Service Access
Provide parent support and trainings regarding state and referral information for Regional Center services. Increase outreach efforts through parent navigators to the Native American community and the deaf and hard of hearing community.

Coalition for Public Health Initiatives Serving Individuals with Developmental Disabilities in California
The association members will work on public health initiatives to address specific challenges facing individuals with disabilities in California across the lifespan. Includes IDEA, IDEA 105 and 109 partners, CDC, and advocate organizations. Self-led or joint-led. CDC Clinics in order to screen different medical conditions on ID individuals. Project has a series of fact sheets around specific areas, and each task force will produce a written set of guidelines on health topics for each issue area.

El Paso de California Healthcare Coordinating Project
Workshop objectives to regional center purchase of services by improving our system of support and services, and organize political power for the Latino disability community.

Early Intervention Family Navigator
Conduct in-person outreach to families and hospital personnel at family-friendly (NICU) departments located throughout Los Angeles and Ventura Counties. Working with families of children with visual impairments. Conduct outreach to NICU and pediatric units to provide additional support and information about Regional Center services and referrals, Medicaid, WIC, and housing resources. Support group and ongoing playdates in the community. A resource guide for families will be created and neighborhood office hours informed consultation aspect of their support group.

The Arc

Wayfinder

28

DEIB Unit & Parent and Family Support Specialists

LAH Los Angeles Spring 2022 Fair

West Valley Day of Service

Bobby's Family's Market

LA County's Probation Resource Fair

NLACRC Festival Educativa

Lyds of a Mother

29

FUTURE GOALS

Through the Language Access Plan, we continue to:

#1 Assess accessibility & develop response plan

- Identify/install needed emergency response equipment to ensure access (Deaf +)
- Review, update, post linguistically accessible signage

#2 Improve language access to the community

- Identify translation/interpreter needs for meeting use (i.e., board, public, etc.)
- Increase number of translation / interpreter agencies for POS & Operations use

30

#3 Additional Outreach Activities

- Continuous Outreach activities
- Outreach Listening sessions
- Outreach meetings to diverse communities/community leaders
- Deaf+ outreach
- Native American outreach
- Parent University
- Self-Advocacy Academy

#4 Website Redesign

- Identify areas to improve
- Translate documents and web content
- Conduct community advisory panel review
- Include videos in different languages

31

Please stay in touch with us!

Social Media Links:

Instagram English: @NLACRCofficial
Instagram Español: @NLACRCespañol

Facebook: www.facebook.com/NLACRC/
Facebook Español: www.facebook.com/NLACRCespañol

Website: <https://www.nlacrc.org/>

X (Twitter): @NLACRC - <http://twitter.com/NLACRC>

32

Other Helpful Resources

- Common Services Brochures: <https://www.nlacrc.org/publications-templates/publications-common-services-brochures>
- Guide for Consumers and families: <https://www.nlacrc.org/publications-templates/publications-guide-for-consumers-and-families>
- NLACRC's calendar of events: <https://www.nlacrc.org/about-us/calendar-of-events>
- Service Standards:
 - English: <https://www.nlacrc.org/home/show-published-content/6757257241592172000>
 - Spanish: <https://www.nlacrc.org/home/show-published-content/6757257241592172000>

33

We invite you to join a breakout room of a language of your preference.

Le invitamos a participar en un grupo en el idioma de su preferencia.

ما از شما دعوت میکنیم که به یک اتاق جدا که مختص زبان دلخواه شما است بپیوندید

Հրավիրում ենք Ձեզ տեղափոխվել Ձեր նախընտրած լեզվի համար հատկացված սենյակ

Inilmbitahan namin kayong sumali sa breakout room base sa inyong wika.

Click on Breakout Rooms

34

Спасибо

감사합니다

شکریہ

გთხოვთ მადლობას

धन्यवाद

תודה רבה

ကျေးဇူးတင်ပါသည်

გთხოვთ მადლობას

35



Attendee comments (minutes):

POS – Notes – Meeting English Room 1 – March 26, 2024

Asked by:	Question/Feedback:	Answer:
R.V. Parent Navigator CHLA	Can we have Access to the PP?	It will be posted on website
A.R.	What is the percentage of the DEIB and Enhanced Caseload activities? Are a lot of these things getting implemented or are they already in place?	We are already implementing them and they were grantees that we are collaborating with. If you want to get information on support groups please visit our website.
R.V. Parent Navigator CHLA	Additional outreach activities were mentioned, can we refer families to attend these activities?	Sure, and they should be listed on website and social media. All services, support groups, and meetings are held throughout the month. Families can contact CSC if they need generic resources or support groups, their CSC can provide that information.
R.S. CHLA	Question #2 -In general, accessing services when we are working with a client. Right now there are families that can't get a call back from their CSC and can't get ahold of a CSC. Families qualify for services but are unable to get services such as respite care.	We provide list of vendors, if they are unable to get services from vendors let NLA know, it is important to know if a vendor is not able to provide services needed. If they want respite services we have participant directed services and Conversion workers. Families can choose providers or vendored services. Consumers can discuss options for service providers with CSC when they are vetting services. All consumers review and sign the IPP with CSC and CSC reviews SDP option. Options are outlined in IPP and client is informed.
R.V. Parent Navigator CHLA	For Early Start speech therapy start at 18 months, however; many times when there is a referral for child under 18 for language developmental delay, families are denied saying that they don't qualify.	We would look into it

	Is there another type of service that can be offered instead of denying for those services? Maybe we can get infant stimulation while we wait for child to turn 18 months.	
A.R.	Families don't know the various services they can qualify for, if they don't know they don't ask, CSC should be providing the information but doesn't appear to be the case. There are a lot of families that have \$0 POS dollars, a lot of families are familiar with respite but there is a lot of confusing about social rec for example: When I inform families about those program families are surprise and they have a hard time accessing those services. For Transitions age there is a disconnect, they know about the services they qualify for but families are not familiar with them.	We have our common service brochures that outline the commons services for each age group. We will look into that
R.V. Parent Navigator CHLA	CSC may not be able to attend IEP, and if they attend, what is their role? As far as CSC attending the IEP, can they help advocate for family? Families reported that CSC will attend but will not be able to speak.	CSC will attend transition IEP and exit IEP. There are times where we are not invited to these meetings. If families have difficulty with IEP, encourage them to involve CSC in IEP. When we are invited to IEPs to help parent review or include our education advocate to support in IEP.
R.	Consumers concerned with policy that NLA doesn't cover services that are within 30 miles from residence, 30 miles tends to be <u>far</u> which becomes a barrier. All ages.	All ages or Early Start? We will look into it



	<p>Reimbursement for social rec.; the new FMS for social rec will pay for services but they are stating that they wont until NLA will pay first, which creates delay.</p> <p>AV geographical distance is always a concern.</p> <p>Limited resources, limited vendors, ex: if you get social rec but no local vendors, families are placed on on-call basis to wait for an open spot.</p>	
A.R	<p>Accountability, post pandemic there was more accountability, individuals were in the office more and teleworking wasn't a big option. Now the working environment has changed, some regionals have staff come into the office only 2-3 times a week but since that has become an option it is difficult to contact a person, and getting individuals to return calls is a challenge. I advise families to email staff in order to have a paper trail. It went from family friendly, where calls were returned in 24-48 hrs to now they got up to 6 months for returned calls.</p> <p>CSC turnover causes families not to have contact with CSC for up to 6 months or doesn't know who they are assigned to. Concerns not being addressed, and contacts not being made.</p> <p>We have families who are not internet savvy and can't access website.</p> <p>Need better continuity of care and provide families confidence that they can contact CSC.</p>	<p>On our website we have a list of contacts to contact incase families have difficulty contacting their CSC. OD are also available to assist families. Any families is encouraged to contact Officer of the Day for any concerns if needed</p>

A.R.	<p>Question #3: Activities for inv that have more challenging behaviors or physical issues so they can participate and gain social skills and get additional support. Yes, social rec</p>	<p>Social rec? We have social rec option If a consumer has additional behavior concerns they are referred to behavior services</p>
R.V. Parent Navigator CHLA	<p>Consumers with complex diagnosis looking for nursing care; however, there are limited nursing care services. Can there be recruitment.</p> <p>Patients with G tube have parents that can take a course to learn to care for the G tube at home; however, CSC have not allowed parents to do the respite care. NLA requires nursing care for the care of G tube.</p>	<p>That is an area where we have challenges, we have agencies that have limited staff.</p> <p>Case Managers are in contact with vendors to identify staff availability. Csc will make the determination of the level of care needed. CSC will review medical requests and determine level medical care. some times other services are offered like PA for parents who need additional assistance. There are exceptions where it is determined that a certain level of care is needed. We want to always make sure that we are providing the proper level of care to meet the consumers medical needs.</p>
R.V. Parent Navigator CHLA	<p>Do more outreach for services in remote areas; there are limited resources in remote areas, for example, there is no one to do adaptive skills.</p>	<p>We are always developing more access to resources. We are working on an expo fair to provide access to generic resources and vendors</p>
R.	<p>Other regional centers do fun outdoor activities like animal experience like visiting a local zoo to engage consumers, things like that would be great for our regional center to offer.</p>	<p>Different social options are available. We will always try and provide options for the individuals that we serve</p>
R.V. Parent Navigator CHLA	<p>NLA has a release form that families can sign; however, we have not been able to get in Spanish, is it available in Spanish?</p>	<p>We do have it in Spanish and will email it to you, please provide email and we will email it to you.</p>
<p>Session concluded at 11:20am, all attendees finished their feedback.</p>		



POS – Notes – Meeting English Room 2 – March 26, 2024

Asked by:	Question/Feedback:	Answer:
Q1. V.B. FFRC	Format of data, more detailed data to include language needs	Thank you for your feedback
Q2. .V.B. FFRC	Main barrier- not being able to reach service coordinator	We have heard from families and working on a solution
Q3. T.H.	Language barrier-hard to find interpreters	We will make note of that
Q4. T.H.	More vendor outreach needed, no group homes for deaf clients	We will share with the team
Q5. .V.B. FFRC	There needs to be more Training for parents and orientations of services for all ages. Changing the times of the current orientations. <u>Recording of workshops</u>	Thank you
Q6. J.K. MPH	Vendor Process; more funding for bilingual staff to get paid equally.	Yes, we understand that lack of Funding has been a challenge for all, and we are working hard to get more funds.

POS – Notes – Meeting Spanish Room 1 & 2 (breakout rooms combined) – March 26, 2024

Asked by:	Question/Feedback:	Answer:
M.L. ICC Integradora	<p>One of the barriers that families are facing frequently is the lack of CSCs that is impacting the Latino community. It's like when mothers say, "Well, my son needs a service. Who do I ask?" There's no coordinator.</p> <p>The other thing is the social recreational services. The recreational services should be faster and easier, and in reality, that's taking too long. I'm not saying only with you, the majority of RCs, there are families that are owed for months or years. This is really impacting the numbers, when the families do not have the way to pay for a recreational service, they stop paying.</p> <p>Without a CSC, the families do not have anyone and once services/ the authorization is done, there's no one to reauthorize them.</p> <p>Also, these meetings are important for families to have their input.</p> <p>RC has a high number of families, and these meetings are a way where mothers can participate and provide feedback on how they can help and how services can be improved so we are able to see changes and work together to make those changes in order to help the families. It is difficult when there are a lot of clients,</p>	<p>Internally, we know we don't have many CSCs, but many units are vacant, and this impacts how we collaborate and communicate. We have been working to increase the number of people that are hired. We have a contract with an external company that is helping us bring in new hires, but as you know we must provide the proper training for them, so they feel comfortable taking the cases, but we are working on that for the families and the companies that don't know who to call.</p> <p>In regards the recreational services, we were finally able to receive the FMS. The FMS is going to help the communities because we know that in the past if families did not have the money to pay for a ballet class for their children, they couldn't wait until they get reimburse months later so this FMS will help the families because families will not have to pay from their own pockets making it more easier and faster. There are 6-7 companies that received funding from the district to offer socialization services and classes for children. Unfortunately, when this was implemented, we didn't have time to implement it ourselves before the families came to us. It took us a bit of time, but now that summer is coming, we have everything aligned so now we can have</p>



POS – Notes – Meeting Spanish Room 1 & 2 (breakout rooms combined) – March 26, 2024

	<p>but these meetings are very important, and the attendance of the families is very limited.</p>	<p>better services and access and not too much delay in services.</p> <p>If you know any families that were not able to be here today or cannot be there tomorrow, please tell them that we have our survey online, that's another way to share their input and the survey will be available for the next 2 weeks.</p>
L. CHLA Parent Navigator	<p>Can there be more help for families in other areas such as transportation? One of the new services we offer is to provide families with transportation when they come for a medical appointment but for therapy it is a bit different and sometimes families do not want the therapies because they cannot go due to lack of transportation and we know your RC covers a big area and I want to know what you guys are doing to assist consumer with transportation?</p> <p>I'm also a bit disoriented with the statistics that you provided at the beginning, I thought you have more people that speak Spanish, and they are not being represented. How does your number compare to the number of this side of the county.? Why Spanish people are not coming to RC? We would like the intake packet to be smaller. It can be 1-2 pages.</p> <p>We would like to have a universal application for all RCs.</p>	<p>The number of clients that have registered give us the information of what language they speak, Spanish, English, Arminian, Tagalog or any other language. That's the information that we get from the families and clients. We serve the SC AV, SFV, there is no limitations as of what % we serve. Lately we have been working with CHLA, our DEIB team & our PFSS to ensure all the families and whoever works with families are provided with all types of information in any language if they live in this area.</p> <p>A lot of families put that the families only note one language even though they speak 3 different languages at home. A lot of times, the analysis might not represent 100% of what we have because we have a lot of people here in the valley that speak Spanish. We want families to feel more comfortable.</p> <p>We want our publication and videos to be in different languages, so families feel more comfortable accessing the information and know that we are here.</p>

		<p>In regards the transportation based on our regulation if transportation is provided by a generic resource (medical insurance), we don't have the responsibility to ensure the families are receiving the service. If the transportation is for a child of 0-3 (ES), services that include speech, physical, normally those are offered at home because according to our regulations those services must be provided in a home environment.</p> <p>If for some reason families do not want services at home, we can find a place for them to go and receive those services, but this is a conversation that they need to have with their CSC.</p> <p>As per ES regulation, we can help the family get a reimbursement for transportation, but that must be discussed with their CSC. If it is an adult that wants to participate in an adult program, round trip transportation is funded. Right now, it is very confusing when we receive a case that comes from San Diego because we have different forms and documents that they used to make their evaluations and families get confused so it's better to have one for all 21 RCs.</p>
F.P. (OCRA)	I wanted to thank you for all the information. These presentations are very useful, the comments from everyone	I have a question for you, what kind of activities would you like for RC to explore? I know that OCRA works with the Hispanic



	<p>have been very informative. Our offices have been helping families and I'm just here listening.</p> <p>It would be better if we could include the families in meetings so they can contribute their input but that's something I can discuss with my supervisor and then provide a report to RC.</p>	<p>community and that helps us have a different type of perspective because you also provide direct services for families.</p>
D.C. ICC Integradora	<p>I have admired NLACRC because they had a collaboration with ICC where they would conduct forms, so families were to be included and maybe share their challenges.</p> <p>I also wanted to ask about outreach, what is RC doing to find reach people in small towns in those places like antelope valley?</p> <p>Another challenge is that zoom might go away. Not having virtual meetings might affect parents that are not able to meet with their CSC. Our organization is not in favor of this because if CSC has 80 cases, the CSC is not going to drive for an hour to meet with the families. I know families that haven't seen their CSC in 3 years.</p>	<p>We have community learning forums conducted in different languages, we discuss different speakers and topics monthly. We would like for more people to join. We also have "ask Mariana" so families can learn techniques, or activities that they need to have as caregivers if the child has a disability. We also have the Townhalls</p> <p>The only thing that we have eliminated is in person Cafecito.</p> <p>Cynthia and Sandy work at the AV and they have been making connections with school, attending fairs, and outreach.</p>
S. ICC Parent	<p>The only person helping me is from ICC. I never knew about services such as recreational services. RC never communicates with us. It took a year to communicate with my worker.</p>	<p>Hearing your concerns of not knowing what type of services are available. If you are not able to contact your CSC please let us know.</p>
Y. ICC Parent	<p>I'm speaking in general; I have been with ICC. I know a lot of mothers that don't receive any notifications or information from their CSCs. They don't</p>	<p>I thank you because you are representing people. Like we said in this room, we have take notes of your concerns. If you</p>

	<p>motivate parents instead, they scare them, and I don't think that's okay. During the pandemic, I asked for more services, and I felt threatened when my CSC told me I was going to lose my other services if I changed the services.</p>	<p>work with families, please fill out the survey.</p>
--	---	--

POS – Notes – Meeting Spanish Room 2 (refer to Meeting notes for Room 1, breakout rooms for Spanish 1 & 2 were combined as only 2 members joined room 2)

POS – Notes – Meeting Armenian – March 26, 2024

Asked by:	Question/Feedback:	Answer:
J.K. MPH	The vendor "Creative Minds" informed us that they have currently approved CFS services, providing training and flyers. The vendor would like to meet with Santos to discuss scheduling the training sessions.	Outreach Language Specialist will follow up.

The Armenian Breakout room closed at 10:50 AM as no one else joined the room.



POS – Notes – Meeting Tagalog – March 26, 2024

Asked by:	Question/Feedback:	Answer:
C.C.	Provide suggestion to tell families about resources Children's Hospital can provide to families when a child is diagnosed with disability. Personal experience they have been helpful for families. Requesting information for Waive Finder Family Services	Kristine agreed to provide WayFinder Family Service information after the presentation.
J.L.	Question about data presented during meeting as she was late to join. Stated that most parents are in the denial stage in the beginning. Asians are well known for being smart. Family members are mostly in the medical field in which they get suggestions from.	The data was presented based on race, language, diagnosis of consumers. Kristine agreed that the presentation can be shared to them after.
C.C.	Question about data relating to Filipino families. Shared personal perspective that Filipino families are not really represented within NLACRC because they are "in denial" about child's diagnosis.	Thank you for your feedback and your concerns.
B.	Came into meeting late. Asked if horse therapy is now covered in Social Recreation and the FMS.	Kristine answered yes and suggested they must contact their CSC for Social Rec. She will also share the Social Rec Resource Guide.
L.H.	No questions or feedback as she came in late.	Kristine noted to questions or feedback.
A.	Feedback was she got approved but hasn't received any services yet. She was asked to apply for IHSS and SSI, but doctor hasn't signed records yet. Expressed frustration that enrolling and applying to activities is hard. Asked if it's possible to just recommend a provider for them.	Kristine got the parent's information to follow up for a consult. She will also share the Social Rec Resource Guide.
B.	Shared that they have attended SDP orientation.	Kristine affirmed.

C.C.	Shared to Bella about FMS and reimbursement program, and qualification for services.	Kristine affirmed that they would have to contact CSC to initiate the FMS process.
R.S.	Missed the presentation, asking about transferring to Inland Empire this summer and if anyone knows resources there. Expressed that he was not satisfied with services at school and feels like there's some type of service that is lacking. He prefers ABA as a one-on-one service for his child.	Kristine affirmed.
J.L.	Responds to Rob and asked if his child is receiving BII at school since ABA is at the center. Shared similar experience with her son and affirmed him that it's going to be difficult and hard, but he will learn as he goes.	Thank you for your feedback and your concerns.
B.	Responds to Rob Sales about ABA services. Suggests that ABA services also be used for socialization opportunities.	Thank you for your feedback and your concerns.
V.D	Provides positive feedback and appreciation for Kristine's patience and persistence. Asked for copy of presentation. Asked for several information: Conservatorship, Understanding SSI, IHSS, CalABLE, Trust, ILS, and Tax Docs provided to her child.	Kristine agreed to provide presentation. She will be following up with parent for a consult.
M.MC	Shared that she has no contact with Service Coordinator, and Officer of the Day did not respond from months ago. Her case is currently vacant.	Kristine will be following up with parent for a consult.



POS – Notes – Meeting English Room 1 – March 27, 2024

Question/Comment from: (community member name)	Question/Feedback:	Answer:
F.G. ICC	<p>Breakout sessions is a fiasco. It is a barrier to access to equity. ICC has been a collaborating partner and continues to be and we weren't mentioned during presentation, why was ICC omitted? Presentation gets a 10, it looks pretty and it has nice visuals, but the nitty gritty of disparity is still there.</p> <p>Largest groups doesn't seem to be improving, it's getting worse. Those are things that we need to deal with.</p> <p>How was the data for other received? When these are people who opted in to be in that category and identified as such. I want to see a breakdown of category by ethnicity, this is probably 3rd largest group served and most impacted and no one is understating what "other" means, I want to understand the category of "other"</p>	Thank you
Question 2		
W.T.	<p>I provide support to NLA clients and generic services. Lisa Carrey is here to provide access not only to NLA but to other generic resources. Issues that we face and calls that we get is the inability to assess someone to speak to somebody that is consistent, I think NLA is already aware. The issue is the amount of CSCs that are available and the workload of the CSCs and just being able to call the mainline and being able to get someone that can actually provide support and even calling the OD and leaving a voicemail and not getting call back within 24-48 hours.</p> <p>That's the feedback that I get and have experience. I might call and get somebody really good or might not. We need consistency in order to make sure the clients are receiving consistent services.</p>	<p>Thank you for your input. I do want to let you know that if there is an individual that is on an open case load where there is no assigned coordinator those calls automatically go to the operator. Everyone on a caseload that we have staff for, has a voicemail that will direct you to who their supervisor is if that you can reach if they are not responding.</p> <p>We also have a list on our website of various managers supervisors,</p>

	Consumers are getting the repercussion and consequences of the lack of staff	directors, they can contact if they are not receiving any response or assistance.
Question 3		
C.K.	<p>I have a few clients as an independent facilitator, if there could be team building activities within NLA to be supportive and collaborate to ask for help from each other. I feel like there is miscommunication sometimes from clients about some of the barriers and issues, so that if they are struggling to feel trust. And on the flip side social workers don't know where to access information. Everyone is an island of their own thoughts and information maybe that's a struggle that carries over.</p> <p>I have gotten the support I needed for my clients but in general I wanted to respond to providing some input. some of the barriers is the miscommunication, things come up that are difference of opinions or maybe the client doesn't understand all the rules and it stays there and doesn't move forward because it's left alone.</p>	<p>I appreciate that information. We do have roundtable monthly for the SDP program hopefully you are participating in that. We have various support groups and internally we have many sites that case management can go to looking to access information. We also have a series of up to 55 virtual training programs that every service coordinator needs to do. If you are having a certain situation where a service coordinator is having a difficult time, please reach out to us.</p> <p>Through the SDP program we have 7 specialist that is assigned a case that is going into SDP to assist our service coordinator through the process from start to finish.</p> <p>I appreciate your input</p>
M.	I have a 32 year old son who just recently started receiving services from NLA. I am grateful for Maria Lopez and Gabriela Romero at ICC for helping me get connected to NLA. All the ICC group is great and thank you NLA for approving services for my son.	Thank you for your feedback



	<p>CSC has been addressing all my son's needs. I'm grateful and hope all moms get the help they need. It took me many years to get the help and hope other moms that needed get it too. My son never received services prior to NLA. If it wasn't for the ICC group I wouldn't know about NLA. I am a single mother and didn't know about NLA, maybe if he would have received services before maybe he would be better. Jessica Arias, our CSC, thank you for addressing all of my son's needs and ICC thank you for helping me and for supporting me.</p>	
--	---	--

POS – Notes – Meeting English Room 2 – March 27, 2024

Question/Comment from: (community member name)	Question/Feedback:	Answer:
Question 1		
Lisa Carey	Does data presented include SDP participation ? Lots of Disparities in SDP	Not sure, but can ask.
Question 2		
Fernando	Breakout rooms feel segregated. all attendees should be together and be allowed to ask questions. Break down of who are the "other" category. Split data, traditional and SDP Quarterly meetings will help families understand data better	We will share your concerns with the team.
Question 3		
Lisa Carey	Not enough staff and resources for FMS in SDP. Not enough staff at nlacrc, case workers not knowledgeable on services. Families being told by csc there is not much more RC can do after child reaches age 3.	There are lots of components and more to learn about SDP. as we receive information, we make sure families are informed. We are actively looking and working to hire more staff. Families should be informed about lanterman services before clients turns three years of age.
Question 4		
Fernando	More Support for service coordinators to better support families.	We do have staff available to train and assist new service coordinators.
Question 5		
Fernando	Need to include families in decision-making. Engage community to participate. Bring back trust and respect of community.	We will take your comments in consideration as we plan future presentations.



POS – Notes – Meeting Spanish Room 1 – March 27, 2024

Question/comment from: (name of attendee)	Question/Feedback:	Answer:
O	One year w/out a RC. I do not have a CSC and my son only has respite services, no therapies. I have waited from my CSC, and she never resolved anything.	We cannot resolve your individual case in this platform, but we hope to resolve your issue. Currently we know that all RCs have had a change in staff, and we have not been able to provide the services needed. We have contracted with an agency to assist with hiring of temporary staff. We know that impact of not having service coordinator and we are working on hiring CSC to provide the services to our clients. Families may call the Office of the Day or the Family Advocates for assistance if you are currently without a CSC and they can help you.
K.	I am a bit stressed over the SDP process, and I am sure that like me there are other families. You should train the CSCs to learn to respect parent especially single parents like me. I also have not seen the Cafecito Entre Nos meetings advertised	We are looking at the SDP process with guidance from DDS. With regards to Cafecito, they are still there, the Aprendiendo session has changed to Community Forums that touch on various topics. We saw the success that this platform had so we decided to do the same in other languages on a monthly basis with different topics. Cafecitos are still active every 3 months.
R.	We feel that it is important to have ICC as they are our support as parents. We would like to have in-person ICC meetings in AV to express our concern, especially on SDP.	We are expanding and we are looking at having more meeting in-person. We want to start a platform called Conversation with the Director for everyone to come and speak and express

		how they feel. Please check our website starting in April for more information.
R.C.	It is very hard to navigate this system and sometimes the CSCs do not help at all. I was able to find ICC and they have assisted in this difficult system. We need lots of information, assistance, and guidance.	With regards to training, we have unfortunately lost a lot of CSCs and we are aware that sometimes the communication and collaboration is not always there. Our goal is to provide services to people with dev. Disabilities and we are focusing not only on training, but also on tools that may assist families. We are working on Parent University, which will have many of the resources needed by families. We want you to know that we are trying to work as much as we can to move forward not backwards and have heard from our consumers, families, and the community. We are working on making changes and have attended legislative meetings in the community to advocate for our services to advocate that the governor does not cut our services so that we can continue to hire more CSCs. We encourage families to contact your legislators to advocate for continued funding to our system.
I.G.	The last CSC has not come to provide services. She never offered respite services. The CSC would cancel meetings and would only come by to try to have me sign a document. I have not been	It is unfortunate to hear that your experience has not been positive, as this is not our practice/mission. If you know that a CSC is not meeting your needs, you have the right to change service



	receiving services from the RC since 2021 and my daughter needs services. All of this has been very frustrating. The first CSC was good, but the second one was not.	coordinators. You may also contact the supervisor to find out what is happening with your case/services. We have a new brochure that has the services that can be provided to consumers/families which has been posted on our website. You may also contact the officer of the day or the parent advocate.
E.G.	Why do we have barriers now? We have been working with NLA for the past 5 years. I ask that our collaboration continue, but with direct services.	We have never intended to remove ICC from our platforms, but we do have now other resources available to families to learn and grow. We are creating other forums as the work that we do is based on the needs of the people we serve. We want more opportunities and resources for families.
M.R.	I have seen the change at the RC with respect to the CSCs. They are more attentive and provide information, but I have to follow-up with my CSC when she does not call me back. I also want ICC meetings to continue as they have been extremely helpful.	We want to assure you that the ICC meeting have not terminated. They continue to take place, but the schedule has changed as there are other resources/platforms/forums that are being provided to consumer and families.
A.	What are the dates for the ICC meetings, if in fact they have not been removed?	The next Cafecito is April 11 th , and the Aprendiendo Entre Nos meetings have new platforms such as Community Learning Forums, with various topics which are monthly for families to participate and learn. The next Community Learning Forum will also be on April 11 th at 9:30 a.m. before Cafecito, which is at 11 am.

O.	I have a child with down syndrome, and we have been without a CSC for a year. My child only has respite and right now we don't have any other services. I did talk to my previous CSC, but she never got back to me. My son needs services. He has behavioral problems at school so please take that into consideration,	Thank you for sharing your concerns but at this meeting, we won't be able to assist with everything, but we can address your concerns. We are aware that for some reason employees come and go. Currently, we have a contract with an agency, and this will give us the opportunity to start working faster. Next week we have 15 people starting as CSCs. I want you to know that we are working on hiring more people. Right now, people can call the OD or the family specialist like Cynthia that works in the AV and Maria that works in the SFV. If they have any questions in regards services.
K.	I'm here representing my 2 children so they can be successful in the future. I'm sad and stressed because of how difficult and lengthy the SDP process is. We (my family) have been disrespected and I'm very sorry that we had to experience that. The reason that I'm here is so this can be changed. You need to train your CSCs better. We also want to see if we can keep Cafecito Entrenos because at this meeting we will get the help we need.	In regards SDP, all the RCs have been reviewing the SDP process to see how it can be faster. Along with DDS, we have explored the options that we have such as revising the format, etc. In regards Cafecito, the meetings are still available, we just had to reorganize them. What we have now it's a Community Learning Forums. Community forums are being provided with translation so the families can learn more information. We offer it monthly and every month there are different topics. Another forum is "Ask Mariana", those are in Spanish with translation in English. We want to also provide Tagalog, Farsi, Arminian to all different demographics.



	<p>my child and it's very hard to navigate RC services. I don't know if they don't have good training for the CSCs and we need help. Having a child with special needs is not easy and we need someone to help us get what we need. It's very frustrating when a CSC instead of helping, they put more barriers. As single mother, I don't not have the time to go over everything and it feels like I'm drowning.</p>	<p>"University for Parents" so parents can discuss and analyze the resources available. Like you said, you might not be here in the future so what are you leaving for those that need help. We are looking into getting feedback. Please communicate with other participants because we need their feedback. RC is not the only organization that can help you. There are more federal, state places that can work with us to help you better.</p> <p>We are currently waiting for a budget from the state. The governor needs to create a budget and we heard that there might be cuts in this year's budget because they think that social, recreational services are not needed. Next week, I will be going to Sacramento to advocate so they don't cut our funding. If they give us the proper budget, we could hire more CSCs, we can lower the cases so CSCs will be able to provide more help and better-quality services. I recommend you talk to your senators so they can help us at some time.</p>
M.G.	<p>I have a 16-year-old with Autism. In my case, things were fine at the beginning until they started switching my CSC. The last CSC that was here didn't even mention respite services. She would just come to collect a signature and I would have to</p>	<p>I'm very sorry that you had to experience that. Like I was saying, when there is concern or when there is no CSC assigned to the case, or when no one is answering, you have the right to complain. We have the OD to help in case there's</p>

	<p>go downstairs to sign. I went to RC's office to talk to someone and unfortunately, I got the same answer there. MY CSC was never at the office and when I called, they would tell me she was not there. Since 2020, I don't receive any services. My child wants to go to school. I want to reactive my case because my child needs the services. The 1st csc was good but the second one never got back to me or did anything to help.</p>	<p>no CSC assigned. We have the family specialists so they can provide you with information that you need. We created more publications to make families aware of services and flyers with definitions of services. What we want is for you to have that information available so you can ask your CSC for services in case the CSC does not provide you with any information. What I would recommend is for you to call the OD, Cynthia or Telma so they can help you. Please provide mother with GI & insert information.</p>
E.G.	<p>I want to be transparent with you. There's a lot of barriers that affect families. Internally sometimes CSCs do not like the participation with ICC because our work brings transparency to families. ICC is the only organization that takes a grant and helps the families, some other agencies offer training, but they don't provide direct support like us. It was sad to see that ICC was removed from the grants group. We have work with RC for the past 5 years and we don't cost RC a dime, the last thing I want you to know is that is good that RC is reaching the other communities, but this should never affect the most needed community such as the Hispanic community. Please continue to collaboration with ICC and keep the meetings that</p>	<p>We have never thought about removing ICC because you guys provide support to different valleys and all over the state. You are a very strong organization. We would like for someone to work with us. Please send me an email so we can plan for the future. We are creating forums, having meetings with the families and with the community. What we do is based on the needs of the community. We want to improve our system, we want more funds, more things for families. Before we didn't have camp for recreational services, this year we don't know that is coming but please keep supporting us and provide your feedback. After this presentation, we have already put a survey on our page that</p>



	were scheduled for the past 5 years.	we would like for you to answer. If you know of any other families, please let them know to complete the survey because the mor information we get, the more we can help.
M.R.	I have noticed the changes of CSCs. I would like for them to keep the services that were agreed in the IPP. We have to call them and be chasing them for them to answer. I know that little by little changes are happening. I would like for ICC to continue with the meetings like Cafecitos, it's very important for us mothers to have that support. Please do not remove them.	Cafecitos continue. We have the forums, Ask Mariana, etc. I would like to know what topics you would like to discuss. We know there are some topics that are more important than others.
A.	Complained about FFRC. They don't offer proper help. I was there Friday, and they didn't help with anything. I asked questions and they didn't help or wanted to help until I signed a paper where it stated they were going to help me. It was early in the morning, it was a program, but I can't remember the name, I believe it was "Aprendiendo Entrenos" I'm the SFV and it was this past Friday.	Please contact Cynthia. We will check because we didn't have "Aprendiendo entrenos" this past Friday.



POS – Notes – Meeting Spanish Room 2 – March 27, 2024

Question/Comment from: (community member name)	Question/Feedback:	Answer:
Started in room 1 at 6:51 pm		
K.I.ICC	So, ICC will not participate in the groups? It is because since January I have not seen anything.	Thank you for your comment.
R. ICC	<p>What I would like to share is that ICC needs to participate because they are our support. NLA should restart collaborating with ICC. I think NLA should offer an in-person meeting for us to share our concerns, conversate, and NLA hear our concerns. Parents need support from the ICC as they do not know the law. ICC has helped me a lot, and I have learned a lot.</p> <p>My concern is SDP, as there has been a delay since January with my case.</p> <p>Do you have an approximate date of when we will meet? That way it gives us hope.</p>	<p>CP- We are looking to expand our in-person services, although we are not fully out of COVID. We are looking to offer something like Coffee with the Director. We understand that ICC is here to help and support families.</p> <p>Please refer to our website, and information will be shared.</p>
R.C.	We need to learn, I just started to join these types of meetings. It is difficult to navigate the RC system. Unfortunately, CSCs don't help. She found ICC and they have helped her a lot. I needed someone to help so my son could go to college and CSC told her there was no help. The RC needs to help us. I need help to ensure my child has a future when I am no longer here. I don't know if the CSCs need more training. Having a child with Special needs is very hard and we must learn from O. We need guidance.	<p>We thank you for sharing your concerns and comments. We are reviewing our training curriculum as we have heard from families that the meetings are not informative.</p> <p><i>(moved to room2)</i></p>
N.	My heart breaks when I see the report and see that Hispanics continue to have less, and English and Pacific Islander families are higher.	Thank you for your comment.

	I have been without a CSC for 1 year and I am waiting for Social Rec. I have talked to the ODS and Emmanuel and they don't help or do anything. I was told I would be assigned a CSC and nothing. They question me why I want the service. I have been paying out of pocket for my son to receive Music Therapy and Social Rec. No one cares. NLA says they are trying to hire, but when they hire the CSCs don't know about the services. NLA says that we want to integrate, but they are lies.	
M.L. ICC	From my understanding during the POS meeting as a mother and ICC Integradora, the RC needs to report on the money received. I did not see any real details of how much money they received, how many clients they served, and how many clients had O POS. From my understanding, The RC should have provided that information. NLA is offering classes and training, but it feels like there is conflict as ICC cannot be part of it. There is a big disparity with Hispanics. There are gaps and a lot of data missing about how NLA manages the funds.	Thank you for your comment.
K	<p>I have a son who is 18 years old and I am concerned about him, I want to learn about the services available for young adults. I think the NLA needs to focus on SDP, as we don't have vendors, and we as parents must find the vendors.</p> <p>We need the RC to take the lead, we don't just want to hear about what you will do but want you to act.</p> <p>We moms want our children to learn how to be independent as we won't be here forever.</p> <p>It is tough for us to navigate the RC, and ICC has helped us.</p> <p>RC a government agency, we expect the same thing from you.</p>	Thank you for your comment.



	Act and show us the progress you have made.	
M.A. ICC	<p>Thank you for opening the doors to individuals of all languages. My preference would be instead of having two Spanish rooms that we are all in one room, so I can hear what the others share.</p> <p>How are the consumers being informed about everything presented today, as her son is a consumer, and she did not get informed?</p> <p>I was in room 1 and changed to room 2, but before I left, I made a comment and Cristina let me know that this session was not the platform for that to be discussed. I want to know if this is not the platform what is it?</p>	Thank you for your comment.
M.	<p>From my understanding the POS meeting is supposed to be for the community, what are you doing to invite the community and for them to share their comments? Year to year, we hear the same thing. All the 21 RCs do have similarities... and it is disparity and discrimination. Every year we hear the same thing, that they will hire new staff and train them. The RCs should train families on the same things that staff are learning.</p> <p>A family not knowing what services are available is like going to a restaurant without a menu.</p> <p>General information should be more clear, simple, and detailed.</p> <p>Share information about events with the families via text, voicemail, and email. Be more specific and different languages.</p> <p>What is the RC doing to reach families for them to know what an available? For SDP what are we doing to inform them and help with the transition to SDP?</p>	Thank you for your comment.
G.	I am a mother of a boy in RC. I want to know where I can go to know how much money	Thank you for your comment.

	<p>NLACRC received, how much was left over, and how many clients you have with no POS. There is a big disparity between Latinos and Pacific Islanders, they received \$40,000 more.</p> <p>This meeting was important for her as last year. As parents, the RC needs to tell us how much money we receive. With all the money that NLA returned we could have trained staff, provided services to the consumers, and focused on other ideas.</p> <p>For example, I have met families who have a son/daughter who is 30 years old, and they don't even have respite, that is a shame.</p> <p>NLA received millions and millions of dollars, and millions of dollars were returned. NLA must tell us about the money they received.</p>	
R.	<p>We need ICC to return, we need them to guide and teach us. For example, I call for help and the CSC says she is in training. Who can help then? ICC helps us.</p> <p>NLA needs to provide more information on and support for the SDP, the waitlist is too long. We need to go hand and hand with the RC.</p>	Thank you for your comment.
M.	<p>ICC came to change the relationship with the RC.</p> <p>To help with system changes.</p> <p>The RCs need an organization of parents for parents that is outside of the RC.</p> <p>I learned how to collaborate with the RC.</p> <p>ICC is a collaboration that can help the RC collaborate with families and make systematic changes. All moms agree that ICC needs to return as they have seen changes.</p> <p>Working with RC we encounter obstacles:</p> <ul style="list-style-type: none"> • like not knowing or having info, we need to work on informing families • Hispanic families have a lot of barriers • A lot of time is wasted with denials 	Thank you for your comment.



	<ul style="list-style-type: none">The children are the ones more impacted by the RC not sharing info or services.	
G.ICC	<p>Continue to train the CSCs. CSCs make errors and a lot of time is wasted. It is frustrating when you ask us for our opinion, and nothing is done. CSCs tell us I don't know but let me ask and I will get back to you, we trust them, and nothing is done.</p>	<p>Thank you for your comment.</p>



Purchase of Service Survey Questions:

1. Who is completing the survey?
 - a. Individual served by the regional center
 - b. Family member
 - c. Guardian
 - d. Other (please specify)
2. What is the age of the individual served by the regional center?
 - a. 0 to 2
 - b. 3 to 4
 - c. 5 to 22
 - d. 23 to 44
 - e. 45 and older
3. Where does the individual served by the regional center live?
 - a. Antelope Valley
 - b. San Fernando Valley
 - c. Santa Clarita Valley
 - d. Other City (please specify)
4. How did you learn about the North Los Angeles County Regional Center's (NLACRC) services?
 - a. Consumer Service Coordinator
 - b. NLACRC website
 - c. NLACRC Facebook or other social media
 - d. NLACRC News You Can Use emails
 - e. NLACRC brochures about services
 - f. Other publications about regional center services, for example Office of Client's Rights Advocacy and State Council on Developmental Disabilities
 - g. Family Focus Resource Center (FFRC)
 - h. From others (parents, vendors, or at a conference)
 - i. Other (please specify)
5. Are you using all of North Los Angeles County Regional Center (NLACRC) approved services?
 - a. Yes
 - b. No
6. Which services approved by North Los Angeles County Regional Center (NLACRC) have you **NOT** been able to use?
 - a. Respite
 - b. Adaptive skills
 - c. Personal Assistance
 - d. Day Program/Individualized Day Services
 - e. Supported Employment/Vocational Services
 - f. Supported Living
 - g. Independent Living
 - h. Participant Directed
 - i. Other (please specify)

7. Can you check the reason why you have **NOT** used the approved services? (for each service type - check all that apply)
 - a. The individual served by the regional center may **NOT** be fully informed about the service that is going to be provided.
 - b. Service provider does **NOT** have staff available to provide the service.
 - c. The individual served by the regional center is on a waitlist for the service.
 - d. Service provider does **NOT** have a bilingual staff available to provide the service.
 - e. Service provider does **NOT** have a particular staff person available, for example, a male staff person.
 - f. Service provider cannot provide services during the time that it is needed.
 - g. The individual served by the regional center's work/family schedule makes it hard for them to participate in the service.
 - h. The individual served by the regional center decided during COVID to stop in-person services and remote service delivery doesn't work.
 - i. The individual served by the regional center has services from other places* which currently meet the needs. *This can include services from places such as IHSS (In Home Supportive Services), Department of Rehabilitation, school, or health insurance
 - j. The individual served by the regional center may **NOT** feel comfortable having others in the home.
 - k. Other (please specify)
8. Are there services that you think are still needed that NLACRC has **NOT** authorized?
 - a. Yes
 - b. No
9. What services has North Los Angeles County Regional Center (NLACRC) **NOT** approved?
 - a. Respite
 - b. Adaptive skills
 - c. Personal Assistance
 - d. Day Program/Individualized Day Services
 - e. Supported Employment
 - f. Supported Living
 - g. Independent Living
 - h. Participant Directed Services
 - i. Residential Program
 - j. Other (please specify)
10. Are there services that are **NOT** available from the regional center?
 - a. Yes
 - b. No
 - c. If yes, what type of service? (Fill in the blank)
11. If the answer is "No", have you found an alternative provider?
 - a. Yes
 - b. No
12. If North Los Angeles County Regional Center (NLACRC) denied a service and you disagreed, did you receive a written notice, called a Notice of Action*? *A Notice of Action explains the reason

- why the North Los Angeles County Regional Center (NLACRC) did **NOT**/could **NOT** agree to the service request.
- a. Yes
 - b. No
 - c. Does **NOT** Apply
13. If you received a Notice of Action from the North Los Angeles County Regional Center (NLACRC), did it also include information about the fair hearing process?
 - a. Yes
 - b. No
 - c. Does **NOT** Apply
 14. If you received a Notice of Action from the North Los Angeles County Regional Center (NLACRC), did it include information about how to get help with a fair hearing?
 - a. Yes
 - b. No
 - c. Does **NOT** Apply
 15. Please feel free to leave any additional feedback or suggestions including any additional services that NLACRC can offer to meet your needs.

Responses to survey questions in English and Tagalog (no Spanish or Armenian responses were received):

Purchase of Service Survey Questions

7 Responses

07:53 Average time to complete

Closed Status

1. Who is completing the survey?

Individual served by the regional center	2
Family member	5
Guardian	0
Other	0



2. What is the age of the individual served by the regional center?

0 to 2	0
3 to 4	0
5 to 22	2
23 to 44	2
45 and older	3



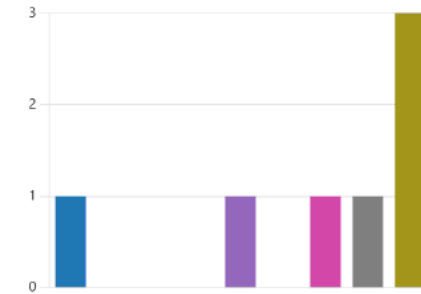
3. Where does the individual served by the regional center live?

Antelope Valley	2
San Fernando Valley	2
Santa Clarita Valley	2
Other	1



4. How did you learn about the North Los Angeles County Regional Center's (NLACRC) services?

Consumer Service Coordinator	1
NLACRC website	0
NLACRC Facebook or other social media	0
NLACRC News You Can Use email	0
NLACRC brochures about services	1
Other publications about regional center	0
Family Focus Resource Center (FFRC)	1
From others (parents, vendors, etc.)	1
Other	3



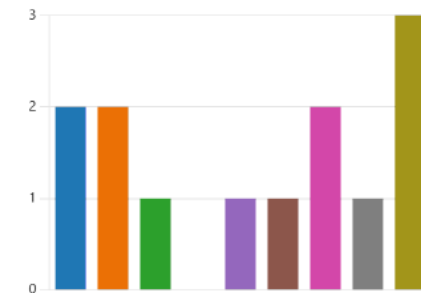
5. Are you using all of North Los Angeles County Regional Center (NLACRC) approved services?

Yes	2
No	3



6. Which services approved by North Los Angeles County Regional Center (NLACRC) have you NOT been able to use?

Respite	2
Adaptive skills	2
Personal Assistance	1
Day Program/Individualized Day...	0
Supported Employment/Vocational	1
Supported Living	1
Independent Living	2
Participant Directed	1
Other	3



7. Can you check the reason why you have NOT used the approved services? (for each service type - check all that apply)

- The individual served by the reg... 0
- Service provider does NOT have... 1
- The individual served by the reg... 0
- Service provider does NOT have... 0
- Service provider does NOT have... 0
- Service provider cannot provide... 0
- The individual served by the reg... 0
- The individual served by the reg... 0
- The individual served by the reg... 1
- The individual served by the reg... 0
- Other 5



8. What services has North Los Angeles County Regional Center (NLACRC) NOT approved?

- Respite 0
- Adaptive skills 0
- Personal Assistance 1
- Day Program/Individualized Day... 0
- Supported Employment 0
- Supported Living 0
- Independent Living 0
- Participant Directed Services 0
- Residential Program 1
- Other 1



9. Are there services that you think are still needed that NLACRC has NOT authorized?

- Yes 1
- No 4



10. Are there services that are NOT available from the regional center? (If yes, please specify)

- Yes 2
- No 0
- Other 4



11. If the answer is "No", have you found an alternative provider

- Yes 0
- No 1



12. If North Los Angeles County Regional Center (NLACRC) denied a service and you disagreed, did you receive a written notice, called a Notice of Action*? *A Notice of Action explains the reason why the North Los Angeles County Regional Center (NLACRC) did NOT/could NOT agree to the service request.

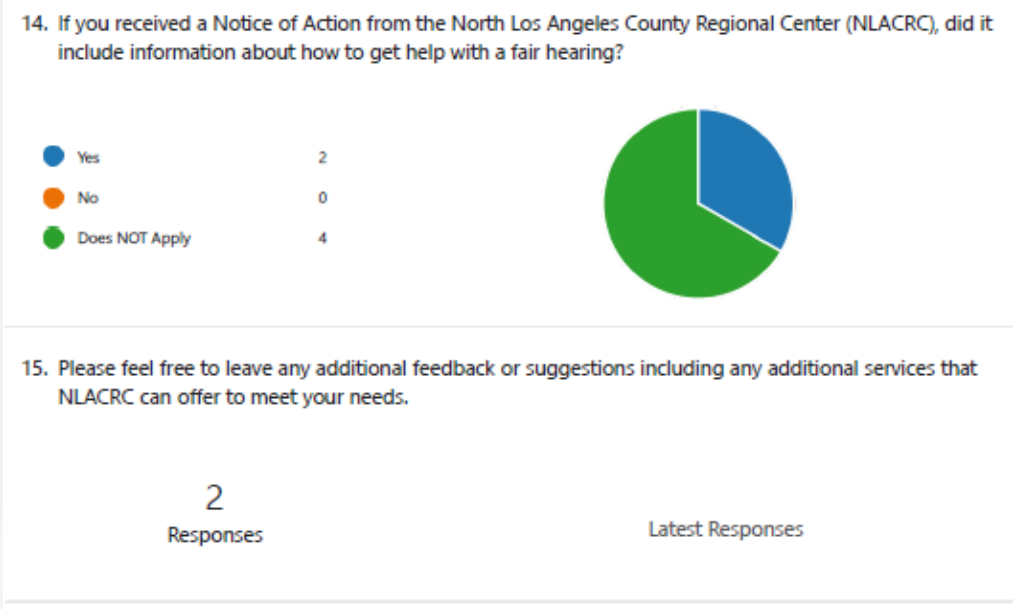
- Yes 0
- No 2
- Does NOT Apply 5



13. If you received a Notice of Action from the North Los Angeles County Regional Center (NLACRC), did it also include information about the fair hearing process?

- Yes 1
- No 0
- Does NOT Apply 5





Response #1: When RC started, I asked for speech therapy for 5 years. Since I had a new worker every year, I never got feedback from anyone, so I gave up asking. Then when he was to move to a new program, I would search & tell RC which one I wanted, we did not agree & they finally gave in. Long journey. I hope RC has improved. He now lives at ARC with no \$ help from RC. Please let me know if you would like any more info, I know I could help.

Response #2: I Don't Even Know If Any Service Im Supposed To Get Is Denied Or Not Or Even If I Can Have Them All Or Not! Im Completely In The Dark On This issue And Do Not Know anything about It at all Nor Am i Even Interested! End Of Discussion!!!!



Mga Tanong sa Survey ukol sa Pagbili ng Serbisyo:

6 Responses 03:12 Average time to complete Closed Status

1. Sino ang kumukumpleto ng survey?

● Indibidwal na pinaglilingkuran n...	5
● Miyembro ng pamilya	1
● Tagapangalaga	0
● Iba pa (pakitukoy)	0



2. Ano ang edad ng indibidwal na pinaglilingkuran ng regional center?

● 0 hanggang 2	1
● 3 hanggang 4	1
● 5 hanggang 22	3
● 23 hanggang 44	1
● 45 at pataas	0



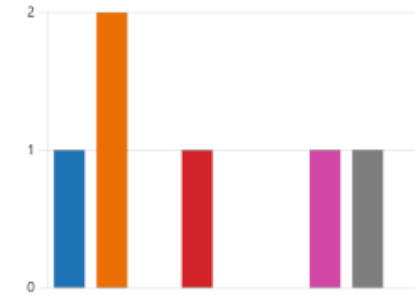
3. Saan nakatira ang indibidwal na pinaglilingkuran ng regional center?

● Antelope Valley	0
● San Fernando Valley	3
● Santa Clarita Valley	2
● Iba pang Lungsod (pakitukoy)	1



4. Paano mo nalaman ang tungkol sa mga serbisyo ng North Los Angeles County Regional Center (NLACRC)?

● Consumer Service Coordinator	1
● Website ng NLACRC	2
● Facebook o iba pang social med...	0
● Mga email ng Balitang Maari ...	1
● Mga brochure ng NLACRC tung...	0
● Iba pang lathalain tungkol sa m...	0
● Family Focus Resource Center (F...	1
● Mula sa iba pa (mga magulang, ...	1
● Iba pa (pakitukoy)	0



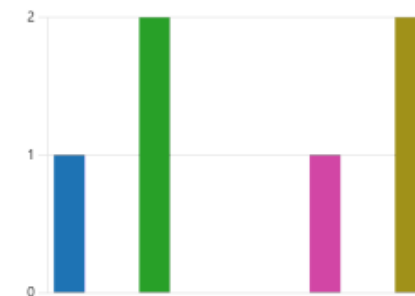
5. Ginagamit mo ba ang lahat ng aprubadong serbisyo ng North Los Angeles County Regional Center (NLACRC)?

● Oo	2
● Hindi	3



6. Aling mga serbisyong inaprubahan ng North Los Angeles County Regional Center (NLACRC) ang HINDI mo nagagamit?

● Pahinga	1
● Mga kasanayan sa pag-angkop	0
● Personal na Tulong	2
● Programa sa Araw/Mga Pang-in...	0
● Suportadong Pagtatrabaho/Mg...	0
● Suportadong Pamumuhay	0
● Independiyenteng Pamumuhay	1
● Pinamamahalaan ng Kalahok	0
● Iba pa (pakitukoy)	2



7. Maaari mo bang lagyan ng check ang dahilan kung bakit HINDI mo nagagamit ang mga aprubadong serbisyo? (para sa bawat uri ng serbisyo - lagyan ng check ang lahat ng naaangkop)

- Ang indibidwal na pinaglilingkur... 2
- Ang service provider ay WALAN... 0
- Ang indibidwal na pinaglilingkur... 0
- Ang service provider ay WALAN... 0
- Ang service provider ay WALAN... 0
- Hindi nakapagbigay ng serbisyo... 0
- Ang iskedyul ng trabaho/pamilya... 0
- Ang indibidwal na pinaglilingkur... 0
- Ang indibidwal na pinaglilingkur... 0
- Ang indibidwal na pinaglilingkur... 0
- Iba pa (pakitukoy) 2



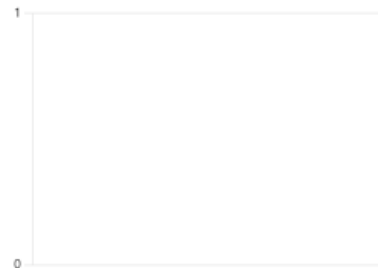
8. Mayroon bang mga serbisyo na sa tingin mo ay kailangan na HINDI pa inaaprubahan ng NLACRC?

- Oo 5
- Hindi 1



9. Anong mga serbisyo ang HINDI inaprubahan ng North Los Angeles County Regional Center (NLACRC)?

- Pahinga 0
- Mga kasanayan sa pag-angkop 0
- Personal na Tulong 0
- Programa sa Araw/Mga Pang-in... 0
- Suportadong Pagtatrabaho 0
- Suportadong Pamumuhay 0
- Independiyenteng Pamumuhay 0
- Mga Serbisyo na Pinamamahala... 0
- Programang Pantirahan 0
- Iba pa (pakitukoy) 0



10. May mga serbisyo ba na HINDI makukuha mula sa regional center?

- Oo 0
- Hindi 0
- Kung oo, anong uri ng serbisyo?... 0

11. Kung ang sagot ay "Hindi", nakahanap ka na ba ng alternatibong provider?

- Oo 0
- Hindi 0

12. Kung ang North Los Angeles County Regional Center (NLACRC) ay tumanggi sa pagbigay ng serbisyo at hindi ka sumang-ayon, nakatanggap ka ba ng nakasulat na abisong tinatawag na Notice of Action*? *Ipinapaliwanag ng Notice of Action ang dahilan kung bakit HINDI pumayag/HINDI makapayag ang North Los Angeles County Regional Center (NLACRC) na ibigay ang hinihinging serbisyo.

- Oo 0
- Hindi 0
- HINDI Naaangkop 0

13. Kung nakatanggap ka ng Notice of Action mula sa North Los Angeles County Regional Center (NLACRC), kasama rin ba rito ang impormasyon tungkol sa proseso ng patas na pagdinig?

- Oo 0
- Hindi 0
- HINDI Naaangkop 0

14. Kung nakatanggap ka ng Notice of Action mula sa North Los Angeles County Regional Center (NLACRC), kasama ba rito ang impormasyon kung paano makakakuha ng tulong para sa isang patas na pagdinig?

- Oo 0
- Hindi 0
- HINDI Naaangkop 0



15. Mangyaring huwag mag-atubiling mag-iwan ng anumang karagdagang feedback o mungkahi kabilang ang anumang karagdagang serbisyo na maaaring ialok ng NLACRC upang matugunan ang iyong mga pangangailangan.

0
Responses

Latest Responses



The types of disparities that were identified and discussed:

Ethnicity or Race		
Hispanic	17,871	47.75%
White	9,843	26.30%
Other/Multi Cultural	3,882	10.37%
Black/African American	3,535	9.45%
Asian	2,234	5.97%
American Indian or Alaska Native	38	0.10%
Native Hawaiian or Pacific Islander	20	0.05%
Total:	37,423	

Primary Language		
English	28,711	77%
Spanish	7,912	21%
All Other Languages	746	2%
*Vietnamese		
*Cantonese / Mandarin		

Language Representation	
English	24,763
Spanish	7,054
Armenian	232
Farsi	113
Tagalog	62
Russian	60
Vietnamese	44
Korean	37
Arabic	29
ASL	29

Residence Type	
Family Home:	32,540
Independent or Supported Living	1,576
Foster Home	1,330
Community Care Facility/Group Home	1,150
ICF Facility/Skilled Nursing Facility	620
**Other	207

Diagnosis		
Epilepsy:	249	1%
Cerebral Palsy:	608	1%
Category 5:	1,457	4%
Other:	9,082	24%
Intellectual Disability:	9,277	25%
Autism:	16,750	45%
Total:	37,423	

Age		
Birth to Age 2:	7,592	20%
Age 3-21 Years:	19,252	52%
Age 22 and Older:	10,579	28%
Total:	37,423	

*In accordance with DDS Data De-Identification Guidelines, counts of one through ten have been suppressed.

*In accordance with DDS Data De-Identification Guidelines, complementary cells have been suppressed.

**Other housing types may include Acute General Hospital, CTF, Developmental Center, Rehab Centers, Sub-Acute, Homeless, Psychiatric Treatment Facility.

Exhibit B



NLACRC's prior year's recommendations and plan have been implemented as follows:

<p>Inclusion, Equity, and Diversity</p>	<p>The Inclusion, Equity and Diversity Board Policy was developed, and the language was added to our HR documentation.</p> <p>Bridging Voices conducted training for all staff in 2023 and currently for 2024, there are four (4) additional cohorts that include Cultural Proficiency topics. A Train the Trainer group has also been created for ongoing, year-round training for staff as they are onboarded. Additionally, through the growth of the Diversity, Equity, Inclusion & Belonging Unit (DEIB), a group of Outreach Language Specialists have been providing support and consultations to the families from different demographic groups, including Armenian, Farsi, Tagalog, and Spanish speaking communities.</p>
<p>Staff and Community Trainings, Engagement, and Events</p>	<p>In response to the Department's proposed performance measure for consumers' service plan to demonstrate person centered standards, NLACRC has developed the Person Centered IPP Guide and IFSP Guide as easy-to-use information to assist staff with understanding and developing person centered IPPs. Additionally, we have offered plain language training to improve our written communications with our communities.</p> <p>In addition to the New Parent Orientation, NLACRC hosts Community Learning Forums; Town Halls; Different Thinkers, Different Learners; Cafecito; Armenian, Farsi, Tagalog, and Black/African American Support Groups.</p> <p>Due to our continuous efforts to provide information to the community and individual that we serve, the presentations previously mentioned have continued and have evolved as part of the resources for families.</p> <p>In addition, we have developed an insert of service definitions translated in Armenian, Farsi, Tagalog, and Spanish, which provide information on each of the services available based on age groups to assist families. During IPP planning.</p>
<p>Language Access</p>	<p>In addition to facilitating Spanish translation during our public meetings, NLACRC has added translation in Armenian, Farsi and Tagalog and we continue to have available IPPs translated in family's preferred language.</p>
<p>NLACRC's Guide for Consumers and Families</p>	<p>We translated the Guide for Consumers and Families into Armenian, Tagalog, and Farsi and this publication is available for distribution during outreach events.</p>
<p>Common Services Brochure</p>	<p>We translated the Common Services Brochure into Armenian, Tagalog, and Farsi and this publication is available for distribution during outreach events.</p>

Exhibit C



<p>Local Grassroots Outreach</p>	<p>The DEIB team has established partnerships and connections with multiple community-based organizations to offer training and technical assistance, informational sessions and consultations regarding regional center systems and services.</p>
<p>Parent and Family Support Specialists</p>	<p>Parent and family Support Specialists continue to assist families through consultations, trainings, and presentations to ensure understanding about the regional center systems and services.</p> <p>We have an additional two (2) Spanish speaking outreach language specialists to assist Spanish speaking families during outreach events and community collaboratives.</p>
<p>NLACRC Website/Email/Social Media</p>	<p>The website is going through revamping to provide an easier way to access information, resources, and the newsletter. The new version will be launched in September 2024.</p>
<p>NLACRC Disparity Committee and Partnerships with Community-Based Organizations (CBOs)</p>	<p>The NLACRC Disparity Committee is comprised of NLACRC staff, board members and community partners, as well as all stakeholders in our disparity-related efforts. Our community partners on the committee include:</p> <ul style="list-style-type: none"> • Family Focus Resource Center (FFRC) • Integrated Community Collaborative (ICC) • State Council on Developmental Disabilities (SCDD) • PathPoint • Mixteco Indígena Community Organizing Project (MICOP), • So'oh-Shinálí Sister Project, • USC in collaboration with Children's Hospital L.A. • UCLA's Tarjan Center • LALGBTQ Center <p>Through monthly meetings, the committee has been involved in discussions to improve POS expenditure, survey development for POS presentation, data analysis on disparity. The efforts of this committee continue to be an improvement of services, closing the gap on disparity and increase of informational opportunities for families and individuals we serve.</p>
<p>Caseload Reduction</p>	<p>Recruitment, retention, and re-engagement have been the three (3) focus areas from the organization to hire staff for the case management department to ensure a manageable caseload ratio. Additionally, we will be conducting an employee survey to determine activities recommended by staff for engagement and morale improvement.</p>



Enhanced Service Coordination	The Enhanced Service Coordination Unit continues to provide enhanced case management services to a total of 240 consumers and their families who have utilized zero to under \$1,999 of purchase of services, per Fiscal Year, through the regional center.
On-Duty (OD) Specialist Call Center	Due to the growth of our caseloads and by analyzing data, a decision was made to have ODS assigned back to each department and utilizing the floor OD model to make sure calls and requests are responded to in a timely manner.
Strategic Plan	<p>The strategic plan includes 5 Focus areas: Diversity, Equity, Inclusion, and Belonging; Development and Growth of Engaged Workforce; Employment and Day Services; Health and Wellness; and Safe, Affordable, and Accessible Housing. NLACRC continues to create opportunities to meet goals for each of the focus areas.</p> <ol style="list-style-type: none"> 1. DEIB – conducts outreach to communities, provides informational sessions to community-based organizations; is available for consultations to support families and consumers; develops focus groups to get feedback from diverse communities; facilitates support groups in different languages; translates available presentations in Armenian, Tagalog, Farsi, and Spanish. 2. Workforce – review of current training models for new and existing employees to provide tools that can be used during daily work activities. Creation of engagement activities to boost morale and to have professional growth opportunities available. 3. Employment – continue to engage in the community with potential employment opportunities for consumers to have more choices for work experience. 4. Wellness – activities available for staff to create life/work balance and to have ways to support a healthy work environment. 5. Housing – continue looking for options related to housing to have available for consumers that choose to live independently.
Legislative Advocacy Empowerment & Training	NLACRC continues to participate in annual ARCA grassroots events to speak with legislators about the needs of our communities and how legislation can support consumers and families through the assistance of the Legislative Educator Consultant and teams representing NLACRC have conducted visits to local legislators as well as staff members have participated in their sponsored events in the community.



NLACRC Mid-Year Top 5 Greatest Expenditures By Service Code FY 2024-Living at Home

Service Code	Paid in FY24	# of consumers	Per Capita	Total Budget %
62- Personal Assistant	\$ 58,171,773	3,978	\$ 14,623	16%
862- In Home Respite	\$ 44,804,635	11,413	\$ 3,926	12%
805-Infant Development Prog	\$ 27,396,197	7,894	\$ 3,471	8%
55-Community Integration	\$ 21,362,061	1,656	\$ 12,900	6%
605-Adaptive Skills Training	\$ 17,380,689	2,196	\$ 7,915	5%
Total	\$ 169,115,355	27,137	\$ 6,232	46%

Sorted by Paid Amount. Highest to lowest.

	Paid in FY24	# of consumers
Total FY 2023 Expenditures	\$ 364,453,745	29,220

Service Code	Paid in FY24	# of consumers	Per Capita	Total Budget %
62- Personal Assistant	\$ 58,171,773	3,978	\$ 14,623	16%
55-Community Integration	\$ 21,362,061	1,656	\$ 12,900	6%
605-Adaptive Skills Training	\$ 17,380,689	2,196	\$ 7,915	5%
862- In Home Respite	\$ 44,804,635	11,413	\$ 3,926	12%
805-Infant Development Prog	\$ 27,396,197	7,894	\$ 3,471	8%
Total	\$ 169,115,355	27,137	\$ 6,232	46%

Sorted by Per Capita amount. Highest to lowest

	Paid in FY24	# of consumers	Per Capita	Total Budget %
Total FY2024 at Home Expenditures	\$ 220,300,055	26,058	\$ 8,454	60%

Service Code 062 - Personal Assistant - FY24

Age Groups	Paid in FY24	# of consumers	Per Capita
24-39	\$ 16,332,470	841	\$ 19,420
18-23	\$ 10,234,174	598	\$ 17,114
8-12	\$ 9,447,120	860	\$ 10,985
13-17	\$ 9,079,842	708	\$ 12,825
3-7	\$ 6,450,512	689	\$ 9,362
40-59	\$ 5,180,293	225	\$ 23,024
60-plus	\$ 1,418,692	54	\$ 26,272
0-2	\$ 28,670	3	\$ 9,557
Total	\$ 58,171,773	3,978	\$ 14,623

Ethnicity	Paid in FY24	# of consumers	Per Capita
Hispanic	\$ 25,943,546	1,768	\$ 14,674
White	\$ 19,048,629	1,218	\$ 15,639
African American	\$ 5,683,134	415	\$ 13,694
Asian	\$ 3,595,987	261	\$ 13,778
Other	\$ 3,900,477	316	\$ 12,343
Total	\$ 58,171,773	3,978	\$ 14,623

Diagnosis	Paid in FY24	# of consumers	Per Capita
AU	\$ 32,467,889	2,439	\$ 13,312
ID	\$ 21,953,909	1,294	\$ 16,966
OD	\$ 1,813,652	124	\$ 14,626
CP	\$ 1,513,547	78	\$ 19,404
EP	\$ 331,950	21	\$ 15,807
No Diagnosis	\$ 90,825	22	\$ 4,128
Total	\$ 58,171,773	3,978	\$ 14,623

Location	Paid in FY24	# of consumers	Per Capita
SFV	\$ 37,592,011	2,483	\$ 15,140
AV	\$ 13,822,138	923	\$ 14,975
SCV	\$ 6,215,100	480	\$ 12,948
Closed/Inactive	\$ 342,050	55	\$ 6,219
Provisional/ESC/IRT	\$ 200,474	37	\$ 5,418
Total	\$ 58,171,773	3,978	\$ 14,623

Data Collected February 7, 2024

Service Code 862 - In Home Respite - FY24

Age Groups	Paid in FY24	# of consumers	Per Capita
8-12	\$ 10,874,985	2,742	\$ 3,966
3-7	\$ 9,481,511	2,804	\$ 3,381
13-17	\$ 8,781,193	2,175	\$ 4,037
24-39	\$ 7,163,051	1,664	\$ 4,305
18-23	\$ 6,390,908	1,545	\$ 4,137
40-59	\$ 1,806,662	388	\$ 4,656
60-plus	\$ 228,172	54	\$ 4,225
0-2	\$ 78,153	41	\$ 1,906
Total	\$ 44,804,635	11,413	\$ 3,926

Ethnicity	Paid in FY24	# of consumers	Per Capita
Hispanic	\$ 24,392,519	5,852	\$ 4,168
White	\$ 10,008,312	2,688	\$ 3,723
African American	\$ 4,394,472	1,169	\$ 3,759
Asian	\$ 2,845,101	785	\$ 3,624
Other	\$ 3,164,231	919	\$ 3,443
Total	\$ 44,804,635	11,413	\$ 3,926

Diagnosis	Paid in FY24	# of consumers	Per Capita
AU	\$ 29,052,437	7,627	\$ 3,809
ID	\$ 12,822,996	2,991	\$ 4,287
OD	\$ 1,614,062	399	\$ 4,045
CP	\$ 712,355	171	\$ 4,166
No Diagnosis	\$ 304,349	161	\$ 1,890
EP	\$ 298,436	64	\$ 4,663
Total	\$ 44,804,635	11,413	\$ 3,926

Location	Paid in FY24	# of consumers	Per Capita
SFV	\$ 28,066,585	6,774	\$ 4,143
AV	\$ 11,604,718	2,825	\$ 4,108
SCV	\$ 4,349,261	1,363	\$ 3,191
Closed/Inactive	\$ 270,710	219	\$ 1,236
Provisional/ESC/IRT	\$ 513,361	232	\$ 2,213
Total	\$ 44,804,635	11,413	\$ 3,926

Data Collected February 7, 2024

Service Code 805 - Infant Development Program - FY24

Age Groups	Paid in FY24	# of consumers	Per Capita
0-2	\$ 18,773,141	5,343	\$ 3,514
3-7	\$ 8,622,721	2,472	\$ 3,488
8-12	\$ 335	1	\$ 335
Total	\$ 27,396,197	7,816	\$ 3,505

Ethnicity	Paid in FY24	# of consumers	Per Capita
Hispanic	\$ 14,107,544	3,958	\$ 3,564
White	\$ 5,396,908	1,489	\$ 3,625
Other	\$ 5,116,236	1,636	\$ 3,127
Asian	\$ 1,460,319	327	\$ 4,466
African American	\$ 1,315,190	406	\$ 3,239
Total	\$ 27,396,197	7,816	\$ 3,505

Diagnosis	Paid in FY24	# of consumers	Per Capita
No Diagnosis	\$ 22,396,618	6,935	\$ 3,230
AU	\$ 3,428,094	668	\$ 5,132
ID	\$ 1,394,623	181	\$ 7,705
CP	\$ 83,473	9	\$ 9,275
EP	\$ 56,284	10	\$ 5,628
OD	\$ 37,104	13	\$ 2,854
Total	\$ 27,396,197	7,816	\$ 3,505

Location	Paid in FY24	# of consumers	Per Capita
SFV	\$ 16,013,113	3,867	\$ 4,141
Closed/Inactive	\$ 3,795,424	1,745	\$ 2,175
AV	\$ 3,897,201	1,108	\$ 3,517
SCV	\$ 2,604,628	694	\$ 3,753
Provisional/ESC/IRT	\$ 1,085,831	402	\$ 2,701
Total	\$ 27,396,197	7,816	\$ 3,505

Data Collected February 7, 2024

Service Code 055 - Community Integration - FY24

Age Groups	Paid in FY24	# of consumers	Per Capita
24-39	\$ 13,772,031	1,210	\$ 11,382
18-23	\$ 4,949,520	501	\$ 9,879
40-59	\$ 2,309,124	201	\$ 11,488
60-plus	\$ 318,587	29	\$ 10,986
13-17	\$ 12,800	5	\$ 2,560
Total	\$ 21,362,061	1,946	\$ 10,977

Ethnicity	Paid in FY24	# of consumers	Per Capita
Hispanic	\$ 9,063,901	833	\$ 10,881
White	\$ 6,959,944	610	\$ 11,410
African American	\$ 2,073,181	218	\$ 9,510
Asian	\$ 1,876,814	162	\$ 11,585
Other	\$ 1,388,222	123	\$ 11,286
Total	\$ 21,362,061	1,946	\$ 10,977

Diagnosis	Paid in FY24	# of consumers	Per Capita
AU	\$ 9,856,728	894	\$ 11,025
ID	\$ 9,786,095	891	\$ 10,983
OD	\$ 927,714	97	\$ 9,564
CP	\$ 568,218	42	\$ 13,529
EP	\$ 223,305	22	\$ 10,150
Total	\$ 21,362,061	1,946	\$ 10,977

Location	Paid in FY24	# of consumers	Per Capita
SFV	\$ 13,486,025	1,172	\$ 11,507
AV	\$ 4,046,645	430	\$ 9,411
SCV	\$ 3,661,856	311	\$ 11,774
Closed/Inactive	\$ 41,867	19	\$ 2,204
Provisional/ESC/IRT	\$ 125,669	14	\$ 8,976
Total	\$ 21,362,062	1,946	\$ 10,977

Data Collected February 7, 2024

Service Code 605-Adaptive Skills Training - FY24

Age Groups	Paid in FY24	# of consumers	Per Capita
18-23	\$ 5,766,208	661	\$ 8,723
24-39	\$ 4,620,128	349	\$ 13,238
13-17	\$ 3,578,629	610	\$ 5,867
8-12	\$ 2,002,419	346	\$ 5,787
3-7	\$ 789,902	184	\$ 4,293
40-59	\$ 614,105	41	\$ 14,978
60-plus	\$ 9,298	4	\$ 2,324
0-2	\$ -	1	\$ -
Total	\$ 17,380,689	2,196	\$ 7,915

Ethnicity	Paid in FY24	# of consumers	Per Capita
1 - Hispanic	\$ 7,949,385	1,046	\$ 7,600
2 - White	\$ 5,820,618	647	\$ 8,996
4 - Asian	\$ 1,334,621	170	\$ 7,851
3 - African American	\$ 1,217,551	176	\$ 6,918
5 - Other	\$ 1,058,514	157	\$ 6,742
Total	\$ 17,380,689	2,196	\$ 7,915

Diagnosis	Paid in FY24	# of consumers	Per Capita
AU	\$ 10,882,642	1,388	\$ 7,841
ID	\$ 5,215,734	602	\$ 8,664
OD	\$ 719,634	129	\$ 5,579
CP	\$ 334,738	34	\$ 9,845
EP	\$ 181,867	20	\$ 9,093
_No Diagnosis	\$ 46,074	23	\$ 2,003
Total	\$ 17,380,689	2,196	\$ 7,915

Location	Paid in FY24	# of consumers	Per Capita
SFV	\$ 11,804,611	1,319	\$ 14,067
SCV	\$ 2,520,209	334	\$ 12,783
AV	\$ 2,843,517	482	\$ 8,957
Provisional/ESC/IRT	\$ 174,917	45	\$ 7,397
Closed/Inactive	\$ 37,435	16	\$ 3,957
Total	\$ 17,380,689	2,196	\$ 7,915

Data Collected February 7, 2024

Service Code 062 - Personal Assistant - FY24				Service Code 862 - In Home Respite - FY24				Service Code 805 - Infant Development Program - FY24				Service Code 055 - Community Integration - FY24				Service Code 605-Adaptive Skills Training - FY24			
Age Groups	Paid in FY24	# of consumers	Per Capita	Age Groups	Paid in FY24	# of consumers	Per Capita	Age Groups	Paid in FY24	# of consumers	Per Capita	Age Groups	Paid in FY24	# of consumers	Per Capita	Age Groups	Paid in FY24	# of consumers	Per Capita
24-39	\$ 16,332,470	841	\$ 19,420	8-12	\$ 10,874,985	2,742	\$ 3,966	0-2	\$ 18,773,141	5,343	\$ 3,514	24-39	\$ 13,772,031	1,210	\$ 11,382	18-23	\$ 5,766,208	661	\$ 8,723
18-23	\$ 10,234,174	598	\$ 17,114	3-7	\$ 9,481,511	2,804	\$ 3,381	3-7	\$ 8,622,721	2,472	\$ 3,488	18-23	\$ 4,949,520	501	\$ 9,879	24-39	\$ 4,620,128	349	\$ 13,238
8-12	\$ 9,447,120	860	\$ 10,985	13-17	\$ 8,781,193	2,175	\$ 4,037	8-12	\$ 335	1	\$ 335	40-59	\$ 2,309,124	201	\$ 11,488	13-17	\$ 3,578,629	610	\$ 5,867
13-17	\$ 9,079,842	708	\$ 12,825	24-39	\$ 7,163,051	1,664	\$ 4,305	Total	\$ 27,396,197	7,816	\$ 3,505	60-plus	\$ 318,587	29	\$ 10,986	8-12	\$ 2,002,419	346	\$ 5,787
3-7	\$ 6,450,512	689	\$ 9,362	18-23	\$ 6,390,908	1,545	\$ 4,137					13-17	\$ 12,800	5	\$ 2,560	3-7	\$ 789,902	184	\$ 4,293
40-59	\$ 5,180,293	225	\$ 23,024	40-59	\$ 1,806,662	388	\$ 4,656					Total	\$ 21,362,061	1,946	\$ 10,977	40-59	\$ 614,105	41	\$ 14,978
60-plus	\$ 1,418,692	54	\$ 26,272	60-plus	\$ 228,172	54	\$ 4,225									60-plus	\$ 9,298	4	\$ 2,324
0-2	\$ 28,670	3	\$ 9,557	0-2	\$ 78,153	41	\$ 1,906									0-2	\$ -	1	\$ -
Total	\$ 58,171,773	3,978	\$ 14,623	Total	\$ 44,804,635	11,413	\$ 3,926									Total	\$ 17,380,689	2,196	\$ 7,915
Ethnicity	Paid in FY24	# of consumers	Per Capita	Ethnicity	Paid in FY24	# of consumers	Per Capita	Ethnicity	Paid in FY24	# of consumers	Per Capita	Ethnicity	Paid in FY24	# of consumers	Per Capita	Ethnicity	Paid in FY24	# of consumers	Per Capita
Hispanic	\$ 25,943,546	1,768	\$ 14,674	Hispanic	\$ 24,392,519	5,852	\$ 4,168	Hispanic	\$ 14,107,544	3,958	\$ 3,564	Hispanic	\$ 9,063,901	833	\$ 10,881	1 - Hispanic	\$ 7,949,385	1,046	\$ 7,600
White	\$ 19,048,629	1,218	\$ 15,639	White	\$ 10,008,312	2,688	\$ 3,723	White	\$ 5,396,908	1,489	\$ 3,625	White	\$ 6,959,944	610	\$ 11,410	2 - White	\$ 5,820,618	647	\$ 8,996
African American	\$ 5,683,134	415	\$ 13,694	African American	\$ 4,394,472	1,169	\$ 3,759	Other	\$ 5,116,236	1,636	\$ 3,127	African American	\$ 2,073,181	218	\$ 9,510	4 - Asian	\$ 1,334,621	170	\$ 7,851
Other	\$ 3,595,987	261	\$ 13,778	Asian	\$ 2,845,101	785	\$ 3,624	Asian	\$ 1,460,319	327	\$ 4,466	Asian	\$ 1,876,814	162	\$ 11,585	3 - African American	\$ 1,217,551	176	\$ 6,918
Asian	\$ 3,900,477	316	\$ 12,343	Other	\$ 3,164,231	919	\$ 3,443	African American	\$ 1,315,190	406	\$ 3,239	Other	\$ 1,388,222	123	\$ 11,286	5 - Other	\$ 1,058,514	157	\$ 6,742
Total	\$ 58,171,773	3,978	\$ 14,623	Total	\$ 44,804,635	11,413	\$ 3,926	Total	\$ 27,396,197	7,816	\$ 3,505	Total	\$ 21,362,061	1,946	\$ 10,977	Total	\$ 17,380,689	2,196	\$ 7,915
Diagnosis	Paid in FY24	# of consumers	Per Capita	Diagnosis	Paid in FY24	# of consumers	Per Capita	Diagnosis	Paid in FY24	# of consumers	Per Capita	Diagnosis	Paid in FY24	# of consumers	Per Capita	Diagnosis	Paid in FY24	# of consumers	Per Capita
AU	\$ 32,467,889	2,439	\$ 13,312	AU	\$ 29,052,437	7,627	\$ 3,809	No Diagnosis	\$ 22,396,618	6,935	\$ 3,230	AU	\$ 9,856,728	894	\$ 11,025	AU	10,882,642	\$ 1,388	\$ 7,841
ID	\$ 21,953,909	1,294	\$ 16,966	ID	\$ 12,822,996	2,991	\$ 4,287	AU	\$ 3,428,094	668	\$ 5,132	ID	\$ 9,786,095	891	\$ 10,983	ID	\$ 5,215,734	\$ 602	\$ 8,664
OD	\$ 1,813,652	124	\$ 14,626	OD	\$ 1,614,062	399	\$ 4,045	ID	\$ 1,394,623	181	\$ 7,705	OD	\$ 927,714	97	\$ 9,564	OD	719,634	\$ 129	\$ 5,579
CP	\$ 1,513,547	78	\$ 19,404	CP	\$ 712,355	171	\$ 4,166	CP	\$ 83,473	9	\$ 9,275	CP	\$ 568,218	42	\$ 13,529	CP	334,738	\$ 34	\$ 9,845
EP	\$ 331,950	21	\$ 15,807	No Diagnosis	\$ 304,349	161	\$ 1,890	EP	\$ 56,284	10	\$ 5,628	EP	\$ 223,305	22	\$ 10,150	EP	181,867	\$ 20	\$ 9,093
No Diagnosis	\$ 90,825	22	\$ 4,128	EP	\$ 298,436	64	\$ 4,663	OD	\$ 37,104	13	\$ 2,854	Total	\$ 21,362,061	1,946	\$ 10,977	_No Diagnosis	46,074	\$ 23	\$ 2,003
Total	\$ 58,171,773	3,978	\$ 14,623	Total	\$ 44,804,635	11,413	\$ 3,926	Total	\$ 27,396,197	7,816	\$ 3,505					Total	\$ 17,380,689	2,196	\$ 7,915
Location	Paid in FY24	# of consumers	Per Capita	Location	Paid in FY24	# of consumers	Per Capita	Location	Paid in FY24	# of consumers	Per Capita	Location	Paid in FY24	# of consumers	Per Capita	Location	Paid in FY24	# of consumers	Per Capita
SFV	\$ 37,592,011	2,483	\$ 15,140	SFV	\$ 28,066,585	6,774	\$ 4,143	SFV	\$ 16,013,113	3,867	\$ 2,175	SFV	\$ 13,486,025	1,172	\$ 11,507	SFV	\$ 11,804,611	1,319	\$ 14,067
AV	\$ 13,822,138	923	\$ 14,975	AV	\$ 11,604,718	2,825	\$ 4,108	Closed/Inactive	\$ 3,795,424	1,745	\$ 3,517	AV	\$ 4,046,645	430	\$ 9,411	SCV	\$ 2,520,209	334	\$ 12,783
SCV	\$ 6,215,100	480	\$ 12,948	SCV	\$ 4,349,261	1,363	\$ 3,191	AV	\$ 3,897,201	1,108	\$ 3,753	SCV	\$ 3,661,856	311	\$ 11,774	AV	\$ 2,843,517	482	\$ 8,957
Closed/Inactive	\$ 342,050	55	\$ 6,219	Closed/Inactive	\$ 270,710	219	\$ 1,236	SCV	\$ 2,604,628	694	\$ 2,701	Closed/Inactive	\$ 41,867	19	\$ 2,204	Provisional/ESC/IRT	\$ 174,917	45	\$ 7,397
Provisional/ESC/IRT	\$ 200,474	37	\$ 5,418	Provisional/ESC/IRT	\$ 513,361	232	\$ 2,213	Provisional/ESC/IRT	\$ 1,085,831	402	\$ 3,505	Provisional/ESC/IRT	\$ 125,669	14	\$ 8,976	Closed/Inactive	\$ 37,435	16	\$ 3,957
Total	\$ 58,171,773	3,978	\$ 14,623	Total	\$ 44,804,635	11,413	\$ 3,926	Total	\$ 27,396,197	7,816	\$ 3,505	Total	\$ 21,362,062	1,946	\$ 10,977	Total	\$ 17,380,689	2,196	\$ 7,915

RESIDENCE: HOME -062-Personal Assistant - By Diagnosis

FY 2024

AV - AU					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 13,044	\$ 12,022	\$ 10,138	\$ 7,724	\$ 10,425
3-Transition	\$ 15,117	\$ 22,316	\$ 15,007	\$ 16,287	\$ 19,465
4-Adult	\$ 14,663	\$ 17,184	\$ 13,933	\$ 15,824	\$ 14,006

AV - ID					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 9,863	\$ 17,493	\$ 10,148	\$ 21,267	\$ 8,568
3-Transition	\$ 14,540	\$ 11,961	\$ 16,487	\$ 11,609	\$ 11,170
4-Adult	\$ 23,244	\$ 15,295	\$ 21,744	\$ 12,923	\$ 17,884

AV - CP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 10,701	\$ -	\$ 21,296	\$ -	\$ -
3-Transition	\$ 3,231	\$ 21,901	\$ 16,697	\$ -	\$ -
4-Adult	\$ 21,639	\$ 62,578	\$ 53,971	\$ -	\$ -

AV - EP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 8,986	\$ -	\$ -	\$ -	\$ 16,324
3-Transition	\$ 1,080	\$ -	\$ -	\$ -	\$ 16,583
4-Adult	\$ 19,721	\$ -	\$ -	\$ -	\$ -

AV - OD					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 8,723	\$ 17,386	\$ 20,308	\$ -	\$ 5,323
3-Transition	\$ 11,173	\$ 3,677	\$ 14,956	\$ -	\$ 15,265
4-Adult	\$ -	\$ 14,386	\$ 19,822	\$ -	\$ 8,825

SCV - AU					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 8,525	\$ 7,743	\$ 5,264	\$ 6,654	\$ 7,226
3-Transition	\$ 18,884	\$ 10,229	\$ 14,433	\$ 10,147	\$ 8,704
4-Adult	\$ 21,925	\$ 25,008	\$ 15,628	\$ 19,713	\$ 12,394

SCV - ID					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 13,062	\$ 6,645	\$ 15,409	\$ 9,163	\$ 12,561
3-Transition	\$ 5,588	\$ 12,249	\$ 24,160	\$ 3,297	\$ 34
4-Adult	\$ 22,586	\$ 26,632	\$ 24,071	\$ 22,465	\$ 20,514

SCV - CP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ 7,908	\$ -	\$ -	\$ -
3-Transition	\$ 12,858	\$ 16,170	\$ 6,097	\$ -	\$ -
4-Adult	\$ 8,185	\$ 25,364	\$ -	\$ 42,916	\$ -

SCV - EP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ -	\$ -	\$ -	\$ -	\$ -
4-Adult	\$ -	\$ -	\$ -	\$ -	\$ -

SCV - OD					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 15,995	\$ 16,210	\$ 8,211	\$ -	\$ 19,525
3-Transition	\$ 15,480	\$ 5,546	\$ 23,164	\$ -	\$ -
4-Adult	\$ 15,420	\$ -	\$ -	\$ 15,820	\$ -

SFV - AU					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 10,171	\$ 11,215	\$ 10,948	\$ 12,192	\$ 9,729
3-Transition	\$ 19,044	\$ 16,538	\$ 12,344	\$ 14,372	\$ 14,566
4-Adult	\$ 20,878	\$ 19,937	\$ 20,497	\$ 19,502	\$ 18,036

SFV - ID					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 12,610	\$ 12,554	\$ 13,699	\$ 5,568	\$ 12,366
3-Transition	\$ 13,934	\$ 15,665	\$ 5,228	\$ 14,966	\$ 18,435
4-Adult	\$ 17,454	\$ 22,318	\$ 21,787	\$ 17,311	\$ 20,857

SFV - CP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ 7,528	\$ -	\$ -	\$ -
3-Transition	\$ 7,375	\$ 22,930	\$ -	\$ -	\$ 46,340
4-Adult	\$ 36,226	\$ 24,913	\$ 2,695	\$ 24,950	\$ -

SFV - EP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 9,817	\$ 18,582	\$ -	\$ -	\$ -
3-Transition	\$ 12,508	\$ 9,085	\$ -	\$ -	\$ -
4-Adult	\$ 23,526	\$ 37,977	\$ -	\$ -	\$ 5,383

SFV - OD					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 13,805	\$ 13,054	\$ 7,107	\$ 2,439	\$ -
3-Transition	\$ 30,788	\$ 10,435	\$ 2,496	\$ 21,531	\$ -
4-Adult	\$ 17,856	\$ 32,698	\$ 7,076	\$ -	\$ 10,726

RESIDENCE: HOME - 605-Adaptive Skills Training - By Diagnosis

FY 2024

AV - AU					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 3,980	\$ 6,505	\$ 3,318	\$ 791	\$ 2,401
3-Transition	\$ 5,775	\$ 5,186	\$ 4,672	\$ 5,972	\$ 3,374
4-Adult	\$ 15,242	\$ 8,498	\$ 7,340	\$ 9,699	\$ -

AV - ID					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 9,679	\$ 5,341	\$ 6,593	\$ 16,258	\$ 5,694
3-Transition	\$ 5,492	\$ 5,397	\$ 3,905	\$ 5,691	\$ 7,062
4-Adult	\$ 9,241	\$ 4,443	\$ 9,069	\$ -	\$ -

AV - CP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 4,886	\$ 1,417	\$ -	\$ -	\$ -
3-Transition	\$ 5,589	\$ 13,224	\$ -	\$ -	\$ 202
4-Adult	\$ -	\$ -	\$ -	\$ -	\$ -

AV - EP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ 3,011	\$ -	\$ 7,535	\$ -	\$ -
4-Adult	\$ -	\$ -	\$ -	\$ -	\$ -

AV - OD					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 2,124	\$ 4,790	\$ 6,370	\$ 20,030	\$ 8,902
3-Transition	\$ 4,972	\$ 8,644	\$ 4,610	\$ 12,842	\$ 101
4-Adult	\$ 12,222	\$ 2,080	\$ -	\$ -	\$ -

SCV - AU					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 3,109	\$ 3,487	\$ 5,994	\$ 8,067	\$ 3,653
3-Transition	\$ 6,327	\$ 6,192	\$ 5,701	\$ 5,919	\$ 7,120
4-Adult	\$ 9,286	\$ 9,209	\$ 14,379	\$ 13,058	\$ 7,920

SCV - ID					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 10,507	\$ 8,198	\$ 11,141	\$ 18,705	\$ 3,773
3-Transition	\$ 5,916	\$ 11,709	\$ -	\$ 14,972	
4-Adult	\$ 10,988	\$ 16,780	\$ 11,140	\$ 10,523	\$ 16,063

SCV - CP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ 532	\$ -	\$ -	\$ -
3-Transition	\$ -	\$ -	\$ -	\$ -	\$ -
4-Adult	\$ -	\$ 15,874	\$ -	\$ -	\$ -

SCV - EP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ -	\$ 3,698	\$ 3,367	\$ -	\$ -
4-Adult	\$ -	\$ 7,040	\$ -	\$ -	\$ -

SCV - OD					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 6,100	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ 2,209	\$ 914	\$ -	\$ -	\$ -
4-Adult	\$ 7,769	\$ 3,459	\$ -	\$ -	\$ 5,700

SFV - AU					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 6,036	\$ 5,933	\$ 4,935	\$ 4,273	\$ 5,015
3-Transition	\$ 8,845	\$ 8,711	\$ 12,441	\$ 8,044	\$ 9,608
4-Adult	\$ 13,256	\$ 16,639	\$ 15,698	\$ 11,750	\$ 23,904

SFV - ID					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 6,571	\$ 4,414	\$ 15,206	\$ 11,081	\$ 3,610
3-Transition	\$ 7,373	\$ 7,325	\$ 5,372	\$ 7,184	\$ 7,552
4-Adult	\$ 13,000	\$ 17,805	\$ 15,309	\$ 9,308	\$ -

SFV - CP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 1,925	\$ 1,998	\$ -	\$ -	\$ -
3-Transition	\$ 7,963	\$ 5,288	\$ -	\$ 15,610	\$ -
4-Adult	\$ 11,178	\$ 52,504	\$ 5,476	\$ -	\$ -

SFV - EP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ 716	\$ -	\$ 8,025	\$ -
3-Transition	\$ 4,252	\$ -	\$ 17,412	\$ -	\$ 23,332
4-Adult	\$ 8,332	\$ 50,392	\$ -	\$ 547	\$ -

SFV - OD					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 8,468	\$ 3,599	\$ -	\$ 4,823	\$ -
3-Transition	\$ 5,808	\$ 4,011	\$ 18,234	\$ -	\$ -
4-Adult	\$ 4,664	\$ 4,536	\$ 3,296	\$ 12,481	\$ -

RESIDENCE: HOME - 862 - In Home Respite - By Diagnosis

FY 2024

AV - AU					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 4,122	\$ 3,052	\$ 3,868	\$ 2,417	\$ 3,273
3-Transition	\$ 4,657	\$ 3,431	\$ 4,080	\$ 4,645	\$ 3,653
4-Adult	\$ 4,442	\$ 3,621	\$ 4,152	\$ 2,841	\$ 3,836

AV - ID					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 3,976	\$ 4,394	\$ 4,701	\$ 2,462	\$ 1,827
3-Transition	\$ 4,422	\$ 4,159	\$ 4,748	\$ 5,503	\$ 4,355
4-Adult	\$ 4,862	\$ 3,598	\$ 3,712	\$ 5,587	\$ 3,820

AV - CP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 5,110	\$ 3,613	\$ 2,879	\$ -	\$ -
3-Transition	\$ 2,828	\$ 6,138	\$ 4,907	\$ -	\$ 882
4-Adult	\$ 4,729	\$ 1,196	\$ -	\$ -	\$ 7,411

AV - EP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 6,836	\$ -	\$ -	\$ -	\$ 790
3-Transition	\$ 2,752	\$ 3,672	\$ 5,844	\$ -	\$ 4,107
4-Adult	\$ 4,304	\$ 6,500	\$ 5,253	\$ -	\$ -

AV - OD					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 3,816	\$ 3,002	\$ 3,523	\$ -	\$ 4,126
3-Transition	\$ 5,483	\$ 2,786	\$ 3,890	\$ 4,830	\$ 7,574
4-Adult	\$ 5,695	\$ 3,663	\$ 3,570	\$ -	\$ 8,739

SCV - AU					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 3,223	\$ 2,662	\$ 2,281	\$ 2,385	\$ 3,317
3-Transition	\$ 3,631	\$ 2,349	\$ 4,200	\$ 3,209	\$ 3,902
4-Adult	\$ 4,590	\$ 2,923	\$ 5,672	\$ 4,417	\$ 3,124

SCV - ID					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 4,954	\$ 2,559	\$ 2,748	\$ 1,759	\$ 2,238
3-Transition	\$ 2,517	\$ 3,449	\$ 1,214	\$ 3,287	\$ 2,043
4-Adult	\$ 4,845	\$ 4,007	\$ 4,194	\$ 2,659	\$ 2,686

SCV - CP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 2,238	\$ 2,580	\$ -	\$ -	\$ 7,946
3-Transition	\$ 5,165	\$ 4,280	\$ 3,530	\$ 1,800	\$ -
4-Adult	\$ 2,103	\$ 2,969	\$ -	\$ 7,291	\$ 7,062

SCV - EP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ 1,140	\$ 4,998	\$ -	\$ -
3-Transition	\$ -	\$ 1,519	\$ -	\$ -	\$ -
4-Adult	\$ -	\$ -	\$ -	\$ -	\$ -

SCV - OD					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 5,447	\$ 9,172	\$ 5,473	\$ 4,551	\$ 5,307
3-Transition	\$ 4,688	\$ 3,795	\$ 4,330	\$ 5,310	\$ -
4-Adult	\$ 5,840	\$ -	\$ 3,850	\$ 3,213	\$ -

SFV - AU					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 3,988	\$ 4,073	\$ 3,580	\$ 3,865	\$ 3,702
3-Transition	\$ 4,366	\$ 3,859	\$ 3,832	\$ 3,937	\$ 3,297
4-Adult	\$ 4,520	\$ 3,868	\$ 3,664	\$ 4,873	\$ 4,286

SFV - ID					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 4,336	\$ 4,470	\$ 5,213	\$ 3,871	\$ 2,854
3-Transition	\$ 4,422	\$ 4,726	\$ 3,482	\$ 3,971	\$ 6,193
4-Adult	\$ 4,867	\$ 4,257	\$ 3,791	\$ 4,262	\$ 4,168

SFV - CP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 4,748	\$ 4,009	\$ 3,130	\$ -	\$ 4,107
3-Transition	\$ 5,518	\$ 3,125	\$ 5,124	\$ -	\$ 874
4-Adult	\$ 4,533	\$ 5,136	\$ 1,646	\$ 4,353	\$ -

SFV - EP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 4,866	\$ 3,030	\$ -	\$ -	\$ -
3-Transition	\$ 6,825	\$ 1,641	\$ 7,299	\$ -	\$ -
4-Adult	\$ 5,856	\$ 7,149	\$ -	\$ -	\$ 1,963

SFV - OD					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ 3,710	\$ 8,522	\$ 6,311	\$ 1,514	\$ 1,632
3-Transition	\$ 3,862	\$ 3,399	\$ 3,566	\$ 5,243	\$ 1,294
4-Adult	\$ 3,710	\$ 8,522	\$ 6,311	\$ 1,514	\$ 1,632

RESIDENCE: HOME - 055 - Community Integration - By Diagnosis

FY 2024

AV - AU					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ 10,308	\$ 7,243	\$ 7,013		\$ 3,523
4-Adult	\$ 9,060	\$ 10,869	\$ 10,231	\$ 5,865	\$ 14,722

AV - ID					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ 9,987	\$ 8,634	\$ 4,519	\$ -	\$ 3,187
4-Adult	\$ 9,902	\$ 8,954	\$ 9,662	\$ 7,950	\$ 8,455

AV - CP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ -	\$ 778	\$ -	\$ -	\$ -
4-Adult	\$ -	\$ 6,910	\$ 12,155	\$ -	\$ -

AV - EP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ -	\$ -	\$ -	\$ -	\$ -
4-Adult	\$ 10,568	\$ 6,122	\$ -	\$ -	\$ -

AV - OD					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ 15,259	\$ 1,858	\$ 7,645	\$ -	\$ -
4-Adult	\$ 8,594	\$ 8,386	\$ 10,688	\$ -	\$ 11,381

SCV - AU					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ 11,599	\$ 7,146	\$ 8,440	\$ 6,705	\$ 7,421
4-Adult	\$ 10,589	\$ 12,705	\$ 11,952	\$ 13,348	\$ 12,049

SCV - ID					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ 3,066	\$ 2,711	\$ -	\$ -	\$ -
4-Adult	\$ 12,067	\$ 14,167	\$ 8,126	\$ 12,247	\$ 17,974

SCV - CP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ -	\$ -	\$ -	\$ -	\$ -
4-Adult	\$ 26,101	\$ 18,517	\$ -	\$ -	\$ -

SCV - EP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ -	\$ -	\$ -	\$ -	\$ -
4-Adult	\$ -	\$ 6,324	\$ -	\$ -	\$ -

SCV - OD					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ 979	\$ -	\$ -	\$ -	\$ -
4-Adult	\$ -	\$ 10,553	\$ -	\$ -	\$ 9,863

SFV - AU					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ 12,197	\$ 9,350	\$ 7,918	\$ 10,705	\$ 9,645
4-Adult	\$ 11,243	\$ 11,411	\$ -	\$ 12,516	\$ 13,417
12,930					

SFV - ID					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ 10,153	\$ 8,179	\$ -	\$ 11,628	\$ 8,062
4-Adult	\$ 11,231	\$ 13,764	\$ 9,499	\$ 11,024	\$ 13,917

SFV - CP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ -	\$ -	\$ -	\$ 17,202	\$ -
4-Adult	\$ 15,257	\$ 17,029	\$ -	\$ 6,388	\$ 8,864
12,375					

SFV - EP					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ -	\$ -	\$ -	\$ -	\$ -
4-Adult	\$ 12,771	\$ 11,713	\$ -	\$ -	\$ 9,007

SFV - OD					
Sub Department	Hispanic	White	African American	Asian	Other
2-School Age	\$ -	\$ -	\$ -	\$ -	\$ -
3-Transition	\$ 6,028	\$ 14,558	\$ -	\$ 14,160	\$ 11,073
4-Adult	\$ 7,390	\$ 9,509	\$ 15,264	\$ 21,968	\$ 14,643

NLACRC Top 5 Greatest Expenditures By Service Code FY 2023-Living at Home

Service Code	Paid in FY23	# of consumers	Per Capita	Total Budget %
62- Personal Assistant	\$ 111,852,530	4,278	\$ 26,146	17%
862- In Home Respite	\$ 83,450,970	11,014	\$ 7,577	12%
805-Infant Development Prog	\$ 46,854,037	9,035	\$ 5,186	7%
55-Community Integration	\$ 37,030,366	1,935	\$ 19,137	5%
605-Adaptive Skills Training	\$ 32,205,580	2,599	\$ 12,392	5%
Total	\$ 311,393,483	28,861	\$ 10,789	46%

Sorted by Paid Amount. Highest to

Total FY 2022 Expenditures	Paid in FY23	# of consumers
	\$ 677,762,510	30,871

Service Code	Paid in FY23	# of consumers	Per Capita	Total Budget %
62- Personal Assistant	\$ 111,852,530	4,278	\$ 26,146	17%
55-Community Integration	\$ 37,030,366	1,935	\$ 19,137	5%
605-Adaptive Skills Training	\$ 32,205,580	2,599	\$ 12,392	5%
862- In Home Respite	\$ 83,450,970	11,014	\$ 7,577	12%
805-Infant Development Prog	\$ 46,854,037	9,035	\$ 5,186	7%
Total	\$ 311,393,483	28,861	\$ 10,789	46%

Sorted by Per Capita amount. Highest to

Total FY2022 at Home Expenditures	Paid in FY23	# of consumers	Per Capita	Total Budget %
	\$ 397,251,266	27,600	\$ 14,393	59%

POS Expenditures Entire FY23
Data collected August 2023

NLACRC Top 5 Greatest Expenditures By Service Code FY 2024-Living at Home

Service Code	Paid in FY24	# of consumers	Per Capita	Total Budget %
62- Personal Assistant	\$ 58,171,773	3,978	\$ 14,623	16%
862- In Home Respite	\$ 44,804,635	11,413	\$ 3,926	12%
805-Infant Development Prog	\$ 27,396,197	7,894	\$ 3,471	8%
55-Community Integration	\$ 21,362,061	1,656	\$ 12,900	6%
605-Adaptive Skills Training	\$ 17,380,689	2,196	\$ 7,915	5%
Total	\$ 169,115,355	27,137	\$ 6,232	46%

Sorted by Paid Amount. Highest to lowest.

Total FY 2023 Expenditures	Paid in FY24	# of consumers
	\$ 364,453,745	29,220

Service Code	Paid in FY24	# of consumers	Per Capita	Total Budget %
62- Personal Assistant	\$ 58,171,773	3,978	\$ 14,623	16%
55-Community Integration	\$ 21,362,061	1,656	\$ 12,900	6%
605-Adaptive Skills Training	\$ 17,380,689	2,196	\$ 7,915	5%
862- In Home Respite	\$ 44,804,635	11,413	\$ 3,926	12%
805-Infant Development Prog	\$ 27,396,197	7,894	\$ 3,471	8%
Total	\$ 169,115,355	27,137	\$ 6,232	46%

Sorted by Per Capita amount. Highest to lowest

Total FY2024 at Home Expenditures	Paid in FY24	# of consumers	Per Capita	Total Budget %
	\$ 220,300,055	26,058	\$ 8,454	60%

FY24 POS Expenditures up to December 2023
Data Collected February 7, 2024

Service Code 062 - Personal Assistant FY23

Age Groups	Paid in FY23	# of consumers	Per Capita
24-39	\$ 31,367,093	874	\$ 35,889
8-12	\$ 19,420,221	947	\$ 20,507
13-17	\$ 18,420,238	811	\$ 22,713
18-23	\$ 18,257,449	642	\$ 28,438
3-7	\$ 12,166,905	716	\$ 16,993
40-59	\$ 9,289,156	225	\$ 41,285
60-Plus	\$ 2,908,276	60	\$ 48,471
0-2	\$ 23,192	3	\$ 7,731
Total	\$ 111,852,530	4,278	\$ 26,146

Ethnicity	Paid in FY23	# of consumers	Per Capita
Hispanic	\$ 48,792,840	1,905	\$ 25,613
White	\$ 37,040,581	1,298	\$ 28,537
African American	\$ 11,845,670	442	\$ 26,800
Other	\$ 7,201,295	341	\$ 21,118
Asian	\$ 6,972,144	292	\$ 23,877
Total	\$ 111,852,530	4,278	\$ 26,146

Diagnosis	Paid in FY23	# of consumers	Per Capita
AU	\$ 61,928,271	2,609	\$ 23,736
ID	\$ 42,940,428	1,392	\$ 30,848
OD	\$ 3,230,239	147	\$ 21,974
CP	\$ 2,734,695	86	\$ 31,799
EP	\$ 711,072	23	\$ 30,916
No Diagnosis	\$ 307,826	21	\$ 14,658
Total	\$ 111,852,530	4,278	\$ 26,146

Location	Paid in FY23	# of consumers	Per Capita
SFV	\$ 71,776,719	2,643	\$ 27,157
AV	\$ 27,066,732	1,006	\$ 26,905
SCV	\$ 11,859,568	490	\$ 24,203
Provisional/ESC/IRT	\$ 219,644	30	\$ 7,321
Closed/Inactive	\$ 929,867	109	\$ 8,531
Total	\$ 111,852,530	4,278	\$ 26,146

Data collected August 2023

Service Code 062 - Personal Assistant - FY24

Age Groups	Paid in FY24	# of consumers	Per Capita
24-39	\$ 16,332,470	841	\$ 19,420
8-12	\$ 9,447,120	860	\$ 10,985
13-17	\$ 9,079,842	708	\$ 12,825
18-23	\$ 10,234,174	598	\$ 17,114
3-7	\$ 6,450,512	689	\$ 9,362
40-59	\$ 5,180,293	225	\$ 23,024
60-plus	\$ 1,418,692	54	\$ 26,272
0-2	\$ 28,670	3	\$ 9,557
Total	\$ 58,171,773	3,978	\$ 14,623

Ethnicity	Paid in FY24	# of consumers	Per Capita
Hispanic	\$ 25,943,546	1,768	\$ 14,674
White	\$ 19,048,629	1,218	\$ 15,639
African American	\$ 5,683,134	415	\$ 13,694
Asian	\$ 3,595,987	261	\$ 13,778
Other	\$ 3,900,477	316	\$ 12,343
Total	\$ 58,171,773	3,978	\$ 14,623

Diagnosis	Paid in FY24	# of consumers	Per Capita
AU	\$ 32,467,889	2,439	\$ 13,312
ID	\$ 21,953,909	1,294	\$ 16,966
OD	\$ 1,813,652	124	\$ 14,626
CP	\$ 1,513,547	78	\$ 19,404
EP	\$ 331,950	21	\$ 15,807
No Diagnosis	\$ 90,825	22	\$ 4,128
Total	\$ 58,171,773	3,978	\$ 14,623

Location	Paid in FY24	# of consumers	Per Capita
SFV	\$ 37,592,011	2,483	\$ 15,140
AV	\$ 13,822,138	923	\$ 14,975
SCV	\$ 6,215,100	480	\$ 12,948
Closed/Inactive	\$ 342,050	55	\$ 6,219
Provisional/ESC/IRT	\$ 200,474	37	\$ 5,418
Total	\$ 58,171,773	3,978	\$ 14,623

Data Collected February 7, 2024

Service Code 862 - In Home Respite - FY23

Age Groups	Paid in FY23	# of consumers	Per Capita
8-12	\$ 19,973,694	2,613	\$ 7,644
13-17	\$ 16,857,946	2,154	\$ 7,826
24-39	\$ 13,859,761	1,616	\$ 8,577
3-7	\$ 16,478,862	2,597	\$ 6,345
18-23	\$ 12,290,145	1,564	\$ 7,858
40-59	\$ 3,404,513	374	\$ 9,103
60-Plus	\$ 486,175	62	\$ 7,842
0-2	\$ 99,873	34	\$ 2,937
Total	\$ 83,450,970	11,014	\$ 7,577

Ethnicity	Paid in FY23	# of consumers	Per Capita
Hispanic	\$ 45,362,151	5,624	\$ 8,066
White	\$ 19,305,671	2,706	\$ 7,134
African American	\$ 7,877,156	1,092	\$ 7,214
Asian	\$ 5,426,214	747	\$ 7,264
Other	\$ 5,479,778	845	\$ 6,485
Total	\$ 83,450,970	11,014	\$ 7,577

Diagnosis	Paid in FY23	# of consumers	Per Capita
AU	\$ 52,996,861	7,275	\$ 7,285
ID	\$ 25,161,453	2,981	\$ 8,441
OD	\$ 2,813,097	372	\$ 7,562
CP	\$ 1,399,792	174	\$ 8,045
EP	\$ 590,916	63	\$ 9,380
No Diagnosis	\$ 488,850	149	\$ 3,281
Total	\$ 83,450,970	11,014	\$ 7,577

Location	Paid in FY23	# of consumers	Per Capita
SFV	\$ 52,669,504	6,537	\$ 8,057
AV	\$ 21,359,683	2,639	\$ 8,094
SCV	\$ 8,105,884	1,314	\$ 6,169
Closed/Inactive	\$ 761,568	344	\$ 2,214
Provisional/ESC/IRT	\$ 554,330	180	\$ 3,080
Total	\$ 83,450,969	11,014	\$ 7,577

Data collected August 2023

Service Code 862 - In Home Respite - FY24

Age Groups	Paid in FY24	# of consumers	Per Capita
8-12	\$ 10,874,985	2,742	\$ 3,966
13-17	\$ 8,781,193	2,175	\$ 4,037
24-39	\$ 7,163,051	1,664	\$ 4,305
3-7	\$ 9,481,511	2,804	\$ 3,381
18-23	\$ 6,390,908	1,545	\$ 4,137
40-59	\$ 1,806,662	388	\$ 4,656
60-plus	\$ 228,172	54	\$ 4,225
0-2	\$ 78,153	41	\$ 1,906
Total	\$ 44,804,635	11,413	\$ 3,926

Ethnicity	Paid in FY24	# of consumers	Per Capita
Hispanic	\$ 24,392,519	5,852	\$ 4,168
White	\$ 10,008,312	2,688	\$ 3,723
African American	\$ 4,394,472	1,169	\$ 3,759
Asian	\$ 2,845,101	785	\$ 3,624
Other	\$ 3,164,231	919	\$ 3,443
Total	\$ 44,804,635	11,413	\$ 3,926

Diagnosis	Paid in FY24	# of consumers	Per Capita
AU	\$ 29,052,437	7,627	\$ 3,809
ID	\$ 12,822,996	2,991	\$ 4,287
OD	\$ 1,614,062	399	\$ 4,045
CP	\$ 712,355	171	\$ 4,166
EP	\$ 298,436	64	\$ 4,663
No Diagnosis	\$ 304,349	161	\$ 1,890
Total	\$ 44,804,635	11,413	\$ 3,926

Location	Paid in FY24	# of consumers	Per Capita
SFV	\$ 28,066,585	6,774	\$ 4,143
AV	\$ 11,604,718	2,825	\$ 4,108
SCV	\$ 4,349,261	1,363	\$ 3,191
Closed/Inactive	\$ 270,710	219	\$ 1,236
Provisional/ESC/IRT	\$ 513,361	232	\$ 2,213
Total	\$ 44,804,635	11,413	\$ 3,926

Data Collected February 7, 2024

Service Code 805 - Infant Development Program FY - 23

Age Groups	Paid in FY23	# of consumers	Per Capita
3-7	\$ 20,793,029	3,945	\$ 5,271
0-2	\$ 26,053,421	5,089	\$ 5,120
8-12	\$ 7,587	1	\$ 7,587
Total	\$ 46,854,037	9,035	\$ 5,186

Ethnicity	Paid in FY23	# of consumers	Per Capita
Hispanic	\$ 23,370,694	4,484	\$ 5,212
White	\$ 9,390,612	1,772	\$ 5,299
Other	\$ 9,019,889	1,830	\$ 4,929
Asian	\$ 2,785,561	452	\$ 6,163
African American	\$ 2,287,281	497	\$ 4,602
Total	\$ 46,854,037	9,035	\$ 5,186

Diagnosis	Paid in FY23	# of consumers	Per Capita
No Diagnosis	\$ 35,916,566	7,739	\$ 4,641
AU	\$ 8,274,832	1,038	\$ 7,972
ID	\$ 2,389,104	231	\$ 10,342
CP	\$ 131,906	11	\$ 11,991
OD	\$ 41,444	8	\$ 5,181
EP	\$ 100,184	8	\$ 12,523
Total	\$ 46,854,037	9,035	\$ 5,186

Location	Paid in FY23	# of consumers	Per Capita
Closed/Inactive	\$ 10,286,351	3,025	\$ 3,400
SFV	\$ 24,571,970	3,814	\$ 6,443
SCV	\$ 4,284,950	673	\$ 6,367
AV	\$ 5,817,620	1,149	\$ 5,063
Provisional/ESC/IRT	\$ 1,893,147	374	\$ 5,062
Total	\$ 46,854,038	9,035	\$ 5,186

Data collected August 2023

Service Code 805 - Infant Development Program - FY24

Age Groups	Paid in FY24	# of consumers	Per Capita
3-7	\$ 8,622,721	2,472	\$ 3,488
0-2	\$ 18,773,141	5,343	\$ 3,514
8-12	\$ 335	1	\$ 335
Total	\$ 27,396,197	7,816	\$ 3,505

Ethnicity	Paid in FY24	# of consumers	Per Capita
Hispanic	\$ 14,107,544	3,958	\$ 3,564
White	\$ 5,396,908	1,489	\$ 3,625
Other	\$ 5,116,236	1,636	\$ 3,127
Asian	\$ 1,460,319	327	\$ 4,466
African American	\$ 1,315,190	406	\$ 3,239
Total	\$ 27,396,197	7,816	\$ 3,505

Diagnosis	Paid in FY24	# of consumers	Per Capita
No Diagnosis	\$ 22,396,618	6,935	\$ 3,230
AU	\$ 3,428,094	668	\$ 5,132
ID	\$ 1,394,623	181	\$ 7,705
CP	\$ 83,473	9	\$ 9,275
OD	\$ 37,104	13	\$ 2,854
EP	\$ 56,284	10	\$ 5,628
Total	\$ 27,396,197	7,816	\$ 3,505

Location	Paid in FY24	# of consumers	Per Capita
Closed/Inactive	\$ 3,795,424	1,745	\$ 2,175
SFV	\$ 16,013,113	3,867	\$ 4,141
SCV	\$ 2,604,628	694	\$ 3,753
AV	\$ 3,897,201	1,108	\$ 3,517
Provisional/ESC/IRT	\$ 1,085,831	402	\$ 2,701
Total	\$ 27,396,197	7,816	\$ 3,505

Data Collected February 7, 2024

Service Code 055 - Community Integration - FY 23

Age Groups	Paid in FY23	# of consumers	Per Capita
24-39	\$ 24,478,842	1,227	\$ 19,950
18-23	\$ 8,056,133	475	\$ 16,960
40-59	\$ 4,002,384	200	\$ 20,012
60-Plus	\$ 475,387	28	\$ 16,978
13-17	\$ 17,620	5	\$ 3,524
Total	\$ 37,030,366	1,935	\$ 19,137

Ethnicity	Paid in FY23	# of consumers	Per Capita
Hispanic	\$ 15,735,684	841	\$ 18,711
White	\$ 12,412,579	619	\$ 20,053
Asian	\$ 3,038,485	154	\$ 19,730
African American	\$ 3,569,757	206	\$ 17,329
Other	\$ 2,273,860	115	\$ 19,773
Total	\$ 37,030,366	1,935	\$ 19,137

Diagnosis	Paid in FY23	# of consumers	Per Capita
ID	\$ 17,510,219	915	\$ 19,137
AU	\$ 16,447,652	851	\$ 19,327
OD	\$ 1,747,574	97	\$ 18,016
CP	\$ 961,616	51	\$ 18,855
EP	\$ 363,307	21	\$ 17,300
Total	\$ 37,030,366	1,935	\$ 19,137

Location	Paid in FY23	# of consumers	Per Capita
SFV	\$ 24,024,174	1,185	\$ 20,274
AV	\$ 6,777,701	398	\$ 17,029
SCV	\$ 5,997,753	313	\$ 19,162
Closed/Inactive	\$ 124,116	29	\$ 4,280
Provisional/ESC/IRT	\$ 106,621	10	\$ 10,662
Total	\$ 37,030,365	1,935	\$ 19,137

Data collected August 2023

Service Code 055 - Community Integration - FY24

Age Groups	Paid in FY24	# of consumers	Per Capita
24-39	\$ 13,772,031	1,210	\$ 11,382
18-23	\$ 4,949,520	501	\$ 9,879
40-59	\$ 2,309,124	201	\$ 11,488
60-plus	\$ 318,587	29	\$ 10,986
13-17	\$ 12,800	5	\$ 2,560
Total	\$ 21,362,061	1,946	\$ 10,977

Ethnicity	Paid in FY24	# of consumers	Per Capita
Hispanic	\$ 9,063,901	833	\$ 10,881
White	\$ 6,959,944	610	\$ 11,410
Asian	\$ 1,876,814	162	\$ 11,585
African American	\$ 2,073,181	218	\$ 9,510
Other	\$ 1,388,222	123	\$ 11,286
Total	\$ 21,362,061	1,946	\$ 10,977

Diagnosis	Paid in FY24	# of consumers	Per Capita
ID	\$ 9,786,095	891	\$ 10,983
AU	\$ 9,856,728	894	\$ 11,025
OD	\$ 927,714	97	\$ 9,564
CP	\$ 568,218	42	\$ 13,529
EP	\$ 223,305	22	\$ 10,150
Total	\$ 21,362,061	1,946	\$ 10,977

Location	Paid in FY24	# of consumers	Per Capita
SFV	\$ 13,486,025	1,172	\$ 11,507
AV	\$ 4,046,645	430	\$ 9,411
SCV	\$ 3,661,856	311	\$ 11,774
Closed/Inactive	\$ 41,867	19	\$ 2,204
Provisional/ESC/IRT	\$ 125,669	14	\$ 8,976
Total	\$ 21,362,062	1,946	\$ 10,977

Data Collected February 7, 2024

Service Code 605-Adaptive Skills Training - FY 23

Age Groups	Paid in FY23	# of consumers	Per Capita
18-23	\$ 10,412,597	786	\$ 13,248
24-39	\$ 8,626,258	401	\$ 21,512
13-17	\$ 6,776,620	700	\$ 9,681
8-12	\$ 3,604,070	403	\$ 8,943
3-7	\$ 1,756,733	259	\$ 6,783
40-59	\$ 964,017	44	\$ 21,909
60-Plus	\$ 65,287	5	\$ 13,057
0-2	\$ -	1	\$ -
Total	\$ 32,205,580	2,599	\$ 12,392

Ethnicity	Paid in FY23	# of consumers	Per Capita
Hispanic	\$ 14,405,692	1,225	\$ 11,760
White	\$ 10,914,893	783	\$ 13,940
Asian	\$ 2,966,208	205	\$ 14,469
African American	\$ 2,146,063	219	\$ 9,799
Other	\$ 1,772,724	167	\$ 10,615
Total	\$ 32,205,580	2,599	\$ 12,392

Diagnosis	Paid in FY23	# of consumers	Per Capita
AU	\$ 19,321,351	1,601	\$ 12,068
ID	\$ 10,104,392	719	\$ 14,053
OD	\$ 1,428,771	165	\$ 8,659
CP	\$ 774,102	46	\$ 16,828
EP	\$ 261,699	46	\$ 5,689
No Diagnosis	\$ 315,265	22	\$ 14,330
Total	\$ 32,205,580	2,599	\$ 12,392

Location	Paid in FY23	# of consumers	Per Capita
SFV	\$ 21,747,784	1,546	\$ 14,067
SCV	\$ 4,857,701	380	\$ 12,783
AV	\$ 4,917,150	549	\$ 8,957
Closed/Inactive	\$ 261,158	66	\$ 3,957
Provisional/ESC/IRT	\$ 421,628	57	\$ 7,397
Total	\$ 32,205,421	2,598	\$ 12,396

Data collected August 2023

Service Code 605-Adaptive Skills Training - FY24

Age Groups	Paid in FY24	# of consumers	Per Capita
18-23	\$ 5,766,208	661	\$ 8,723
24-39	\$ 4,620,128	349	\$ 13,238
13-17	\$ 3,578,629	610	\$ 5,867
8-12	\$ 2,002,419	346	\$ 5,787
3-7	\$ 789,902	184	\$ 4,293
40-59	\$ 614,105	41	\$ 14,978
60-plus	\$ 9,298	4	\$ 2,324
0-2	\$ -	1	\$ -
Total	\$ 17,380,689	2,196	\$ 7,915

Ethnicity	Paid in FY24	# of consumers	Per Capita
1 - Hispanic	\$ 7,949,385	1,046	\$ 7,600
2 - White	\$ 5,820,618	647	\$ 8,996
4 - Asian	\$ 1,334,621	170	\$ 7,851
3 - African American	\$ 1,217,551	176	\$ 6,918
5 - Other	\$ 1,058,514	157	\$ 6,742
Total	\$ 17,380,689	2,196	\$ 7,915

Diagnosis	Paid in FY24	# of consumers	Per Capita
AU	\$ 10,882,642	1,388	\$ 7,841
ID	\$ 5,215,734	602	\$ 8,664
OD	\$ 719,634	129	\$ 5,579
CP	\$ 334,738	34	\$ 9,845
EP	\$ 181,867	20	\$ 9,093
_No Diagnosis	\$ 46,074	23	\$ 2,003
Total	\$ 17,380,689	2,196	\$ 7,915

Location	Paid in FY24	# of consumers	Per Capita
SFV	\$ 11,804,611	1,319	\$ 14,067
SCV	\$ 2,520,209	334	\$ 12,783
AV	\$ 2,843,517	482	\$ 8,957
Provisional/ESC/IRT	\$ 174,917	45	\$ 7,397
Closed/Inactive	\$ 37,435	16	\$ 3,957
Total	\$ 17,380,689	2,196	\$ 7,915

Data Collected February 7, 2024



North Los Angeles County Regional Center

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

Self Determination Program Report - Implementation Updates

September 1, 2024

North Los Angeles County Regional Center Statistics

Participants have completed Orientation from 2019-Present: **913** (increased by 22)

Total number of budgets that are certified: **483** (increased by 21)

Total number of spending plans that are approved: **414**

Total number of spending plans in progress: **68**

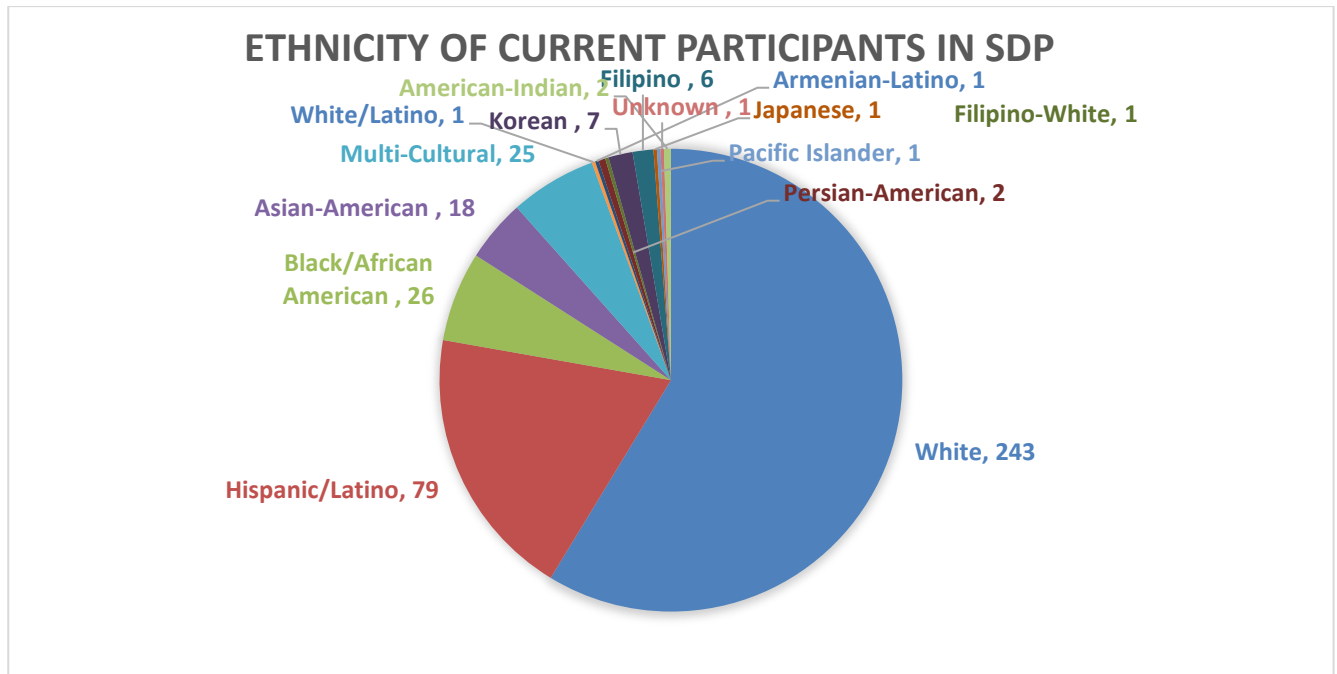
Total number of PCP's completed: **446** (increased by 19)

Total number of participants that did not continue after receiving budget: **3**

Total number of participants that have opted out of SDP: **7** (increased by 1)

Total number of Inter-Regional Center Transfers (out): **5** (increased by 1)

Participants that have fully transitioned into SDP with approved spending plans and active SDP IPPs: **414** (21 transitions)



Transitions based on ethnicity:

White- 17

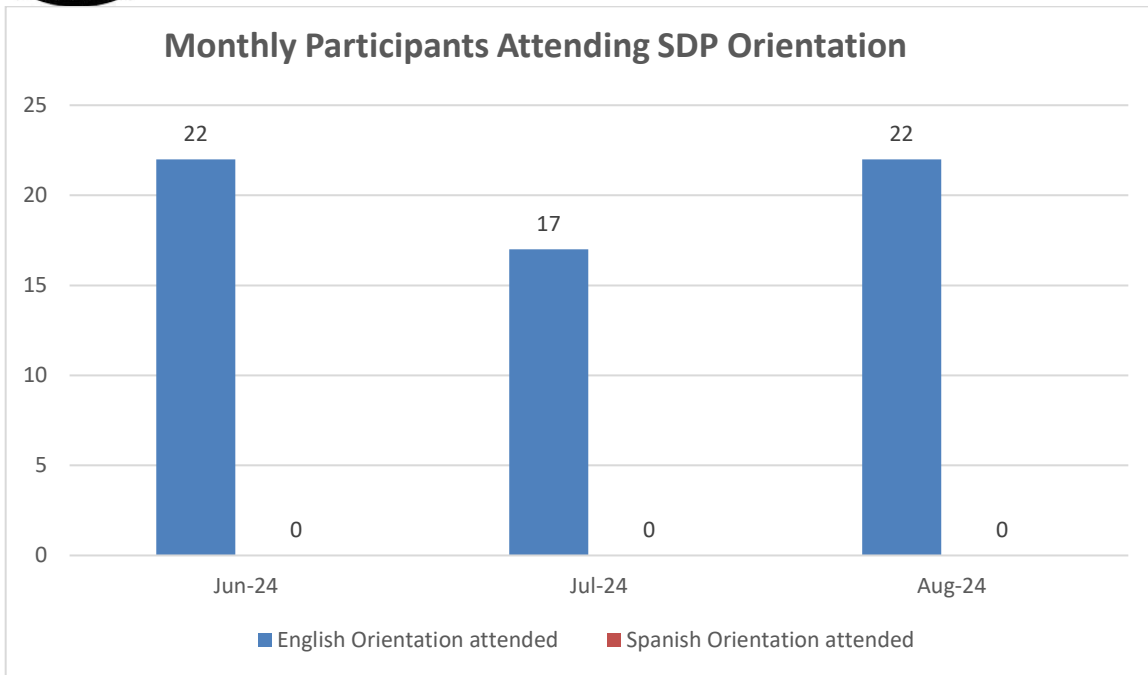
Latino/Hispanic-2

Multi-cultural: 2

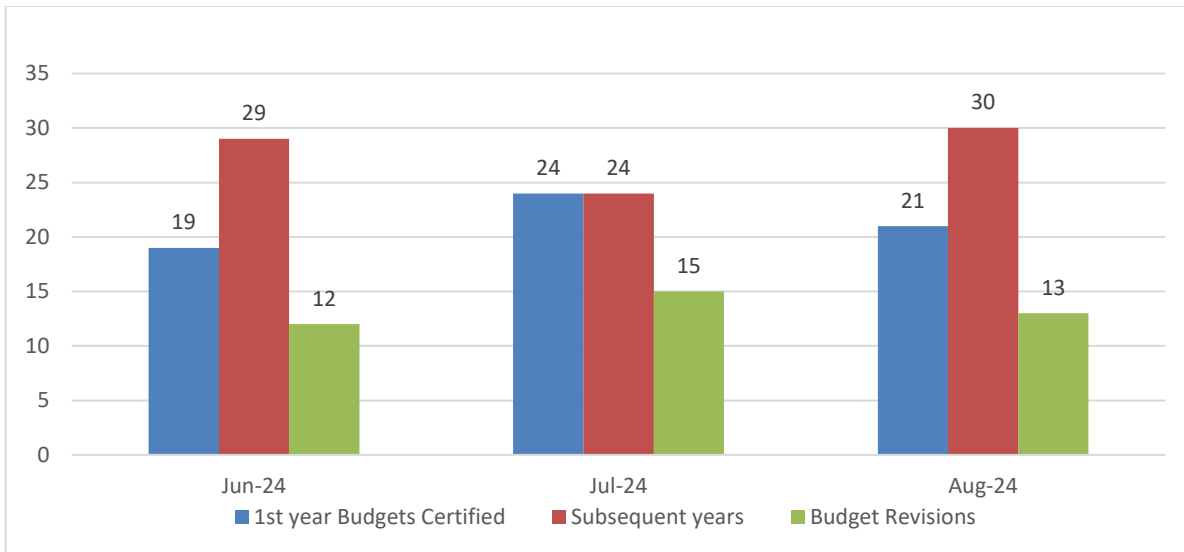


North Los Angeles County Regional Center

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



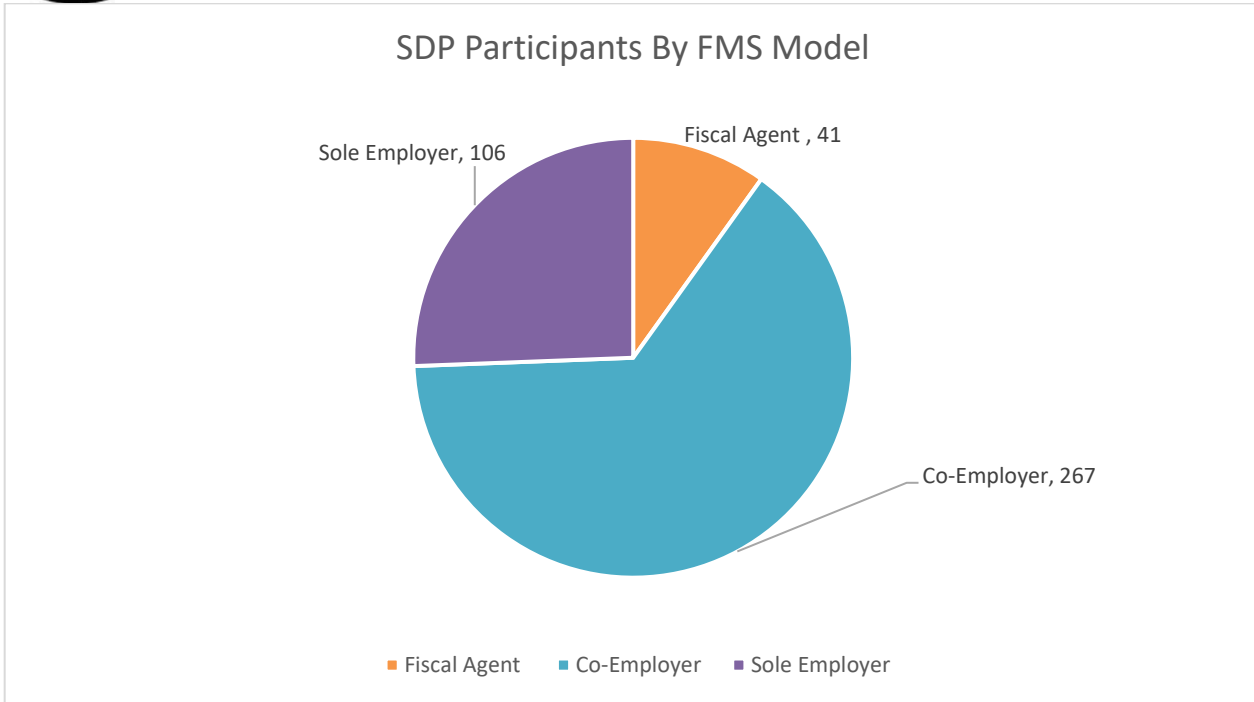
Monthly Budgets Certified





North Los Angeles County Regional Center

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

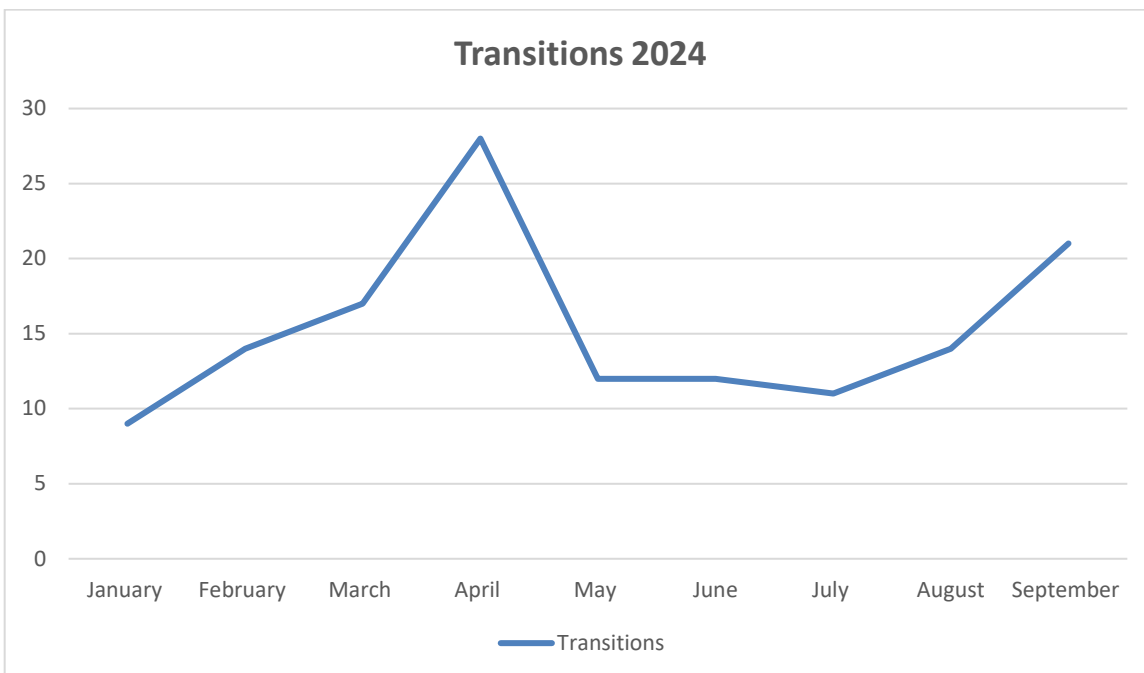


Transitions this month:

Bill Payer: 1

Co-Employer: 16

Sole Employer: 4



Total this year: 103



North Los Angeles County Regional Center

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

NLACRC Implementation Updates/ information:

- NLACRC has a vacant position in the SDP Local Volunteer Advisory Committee. The committee members must reflect the multicultural diversity and geographic profile of the NLACRC catchment area. Our committee is currently seeking applicants who meet at least one of the following preferred criteria:
 - **Hispanic/Latino**
 - **African American**
 - **People with Developmental Disabilities (consumers)**
- SDP Orientation is available:
 1. Through State Council <https://scdd.ca.gov/sdp-orientation/>
 2. Virtual through NLACRC on the 1st Monday of the month in English and 3rd Monday of the month in Spanish (unless there is a holiday, day may change).
RSVP: selfdetermination@nlacrc.org
 - Next Virtual Orientation meetings:
 - Monday October 7, 2024 (English) from 9AM-12:00PM
 - Monday October 21, 2024 (Spanish) from 9AM-12:00PM
 3. Virtually available at any time (24/7) through NLACRC website: [Self-Determination Orientation | NLACRC](#).
- Self Determination Support Group – October 2, 2024 at 4:30pm via Zoom. [Meeting Registration - Zoom](#)
- SDP Local Volunteer Advisory Committee- Thursday October 17 from 6:30PM-8:30PM
 - The meeting will be held virtually. The Zoom link can be found on NLACRC’s calendar [Self Determination Local Advisory Committee Meeting | Calendar of Events | NLACRC](#)
Everyone is welcomed to attend meetings!
- Support for participants and families: NLACRC has coaches available to support with SDP transition process or if you are in the program and need assistance. Ask your CSC for a referral.
 - Claudia Cares Consulting
 - The Legacy Center
- NLACRC & SDP Local Volunteer Advisory Committee Best Practices Subcommittee
 - The Best Practices Subcommittee is reviewing workflows and processes related to NLACRC’s implementation of Self Determination. The committee meets monthly.

Resources:

- Disability Voices United – SDP Connect Meetings (Every other Wednesday at 4:30-6pm) [Upcoming Events | Disability Voices United](#)
- Self Determination Program Service Definitions:
https://www.dds.ca.gov/wp-content/uploads/2019/05/SDP_Service_Definitions.pdf

FMS Agencies	Model	Language Spoken:	Accepting participants?	Employee Burden Cost	Budget Limits	Contact Info
Acumen	Bill Payer, Sole Employer	English & Spanish But have translators for other languages.	Yes. Consult required and it may take up to 2 months to transition.	15.1%	\$200,000	Yvette Torres (424) 210-8810 yvettet@acumen2.net
Aveanna	Bill Payer and Co-Employer (with nursing through home health agency only)	English, Spanish, Vietnamese, Cantonese, Mandarin and Trieu Chau	Consult required. Date to be given my FMS agency.	13.6% + 3.3% sick pay They advise consumers to go with 20% just in case.	Anything above \$150,000 requires additional review. They have a "hard limit" of \$200,000.000 annually.	(866) 979-1182 fmsinfo@aveanna.com
Cambrian	Bill Payer, Co- Employer	English, Spanish, Vietnamese, Tagalog, Farsi	Yes	25%	Budgets over \$120,000 require review.	David Ellis (562) 498-1800 Ext. 2231 davide@cfms1.com
Casa Fiscal/Essential Pay	Bill Payer, Co-employer	English, Spanish, Mandarin	No	22%	None	(510) 336-2900 (833) 268-8530 contact@essentialpay.com
GT Independence	Bill Payer, Sole Employer, Co-Employer	All Languages are supported to assist Individuals in the language of their choice	Require a certified budget & spending plan draft to start onboarding process.	Co-employer 24% Sole Employer-18% All FMS models-Non-payroll burden 1%	None	Terrasel Jones (877) 659-4500 tjones@gtindependence.com
Mains'l	Bill Payer, Sole Employer, and Co- employer	English Only	Require certified budget & spending plan draft to start onboarding process.	16.5% for Sole Employer 17.5% for Co-employer	None	Jason Bergquist (866) 767-4296 jmbergquist@mainsl.com

Ritz	Bill Payer, Co-Employer	English, Spanish & Mandarin	New clients- visit website to fill out an inquiry form. Waitlist-June 2024	22.75%-Co- employer	\$120,000	Website: Ritzfms.com Kitleng Pui kpui@ritzvocal.com (626)-600-4703
Action	Bill Payer, Co-Employer, Sole Employer	English & Spanish	Yes, new clients call and leave message or fill out a contact us request on the website.	25%-Co- employer 17% Sole Employer	No budget limits	Main office: (310) 867-8882 Website: actionfms.com Email: contact@actionfms.com
SequoiaSD, Inc.	Bill Payer, Co-Employer, Sole Employer	English, Spanish, Translation available for other languages	Yes, but have certified budget.	22.5% Co- employer 21.64% Sole- Employer	\$250,000	Website: sequoiasd.com sequoiaenrollment@sequoiasd.com
FMS Pay LLC	Bill Payer	English Spanish Translation available for other languages	Waiting list until June 2024.	N/A	No budget limit	Phone: (858) 281-5910 Website: www.myfmspay.com
FACT	Bill Payer, Co-Employer, Sole Employer	Unknown	Waiting list	Unknown	Unknown	Jessica.burnett@factfamily.org

**LOS ANGELES COUNTY REGIONAL CENTER
Board Member Reporting Out Form**

Name: Silvia Renteria-Haro
Meeting: SDLVAC
Date of Meeting: August 15, 2024

1.	Number of Attendees	30
2.	Public Input:	<ul style="list-style-type: none"> • Lori shared: NLA SDP Email: selfdetermination@nlacrc.org NLACRC website: www.nlacrc.org Committee Direct Email: nlacrcsdlac@gmail.com SDP DVU Connect NLACRC Support Group- 1st Wednesday of the month. IF Round Table- 2nd Thurs of the month. • Lia from State Council- Announced that they are interviewing Regional Center consumer. She shared resources, upcoming trainings, and a work opportunity. • Autism Society announced that they continue to provide IF training. They have different levels of training for those that need additional training. • Deborah Rocha is a social recreation provider who offers equine-assisted activities. She advertised her services. • Clover Advocates advertised their IF Support Group. They help IFs start their business.
3.	Points of Discussion:	<ul style="list-style-type: none"> • The committee needs a note taker. State Council rep stated that minutes are not mandatory, however AI options will be explored. • Fernando (from ICC) to help coordinate inviting Master Plan committee members to speak to SDLAC.
4.	Reported out to Committee/Meeting:	<ul style="list-style-type: none"> • Alex Kopilevich announced it was his last meeting as a committee member. NLACRC will advertise the opening, however based on the diversity needs of our catchment area, we are seeking applications that meet the following criteria: Latino/Hispanic; African American and/or Self-Advocates. • Chair report: -NLACRC entered a special contract. Lori connected with Max from Columbus Consultants and she is having a meeting with him prior to the next committee meeting. Lori invited DVU to attend. • RFP Plans: <u>RFP for 2024/2025</u> IF Individual and Group Coaching \$84,412.41 Support Group with Translation \$13,200 IF Coaching \$25,000 Joint Training \$5,000 DVU Conference Sponsorship for 2026 \$2,500 Total \$130,112.41 <u>RFP Reallocation for 2023/2024</u> Reallocation from DVU of \$34,675 IF Individual and Group Coaching to Legacy Center

		<p>\$16,087.50</p> <p>IF Individual and Group Coaching to Claudia Cares</p> <p>\$16,087.50</p> <p>DVU Conference Sponsorship for 2025 \$2,500</p>
5.	Area of Concerns:	<ul style="list-style-type: none"> • Clover Advocates expressed concern with NLACRC's practice of not providing consumer/families with list of IF's. Silvia explained that IF lists can feel restrictive. In past conversations with DVU and a former SDLAC Chair, we decided to stay away from lists, to avoid making SDP feel like the traditional service. At the time of orientation NLACRC offers the link to State Council, DVU, and IF Network.
6.	Action Items:	<ul style="list-style-type: none"> • Committee Members to revamp Goal 5 of the old Committee Centered Plan by Monday. • Lori to incorporate the revised Goal 5 into the new Committee Centered Plan and send to Regional Center for posting. • Lori to ask the Columbus organization representative to speak at the next SDLAC meeting. • NLACRC to review SDP links in their website to ensure they are all working, • NLACRC to post the SDLAC vacant position. • NLACRC to post additional RFP for the areas that are pending.
7.	Questions for the Board:	
8.	Miscellaneous	

**North Los Angeles County Regional Center
Consumer Competitive Employment Data
by Residence Type
June 2024**

Residence Type	January-24	June-24	Jan vs June	January-24	June-24	Jan vs June	January-24	June-24	Jan vs June	January-24	June-24	Jan vs June
	All Competively Employed Consumers	All Competively Employed Consumers	All Competively Employed Consumers	Working Age Consumers with NO Employment	Working Age Consumers with NO Employment	Working Age Consumers with NO Employment	Total Consumers	Total Consumers	Total Consumers	% Employed	% Employed	% Employed
Home of Parent/Family/Guardian/Family/Foster Home	1,531	1,585	54	12,024	12,289	265	13,555	13,874	319	11.29%	11.42%	0.13%
Independent Living/Supported Living	447	442	(5)	1,080	1,064	(16)	1,527	1,506	(21)	29.27%	29.35%	0.08%
Out-Of-Home Residential Facility	231	229	(2)	913	926	13	1,144	1,155	11	20.19%	19.83%	-0.37%
ICF Facilities	16	19	3	476	475	(1)	492	494	2	3.25%	3.85%	0.59%
Hospital/Rehabilitation/Treatment Center	2	4	2	139	144	5	141	148	7	1.42%	2.70%	1.28%
Other	4	6	2	47	50	3	51	56	5	7.84%	10.71%	2.87%
Transient/Homeless	3	3	0	25	26	1	28	29	1	10.71%	10.34%	-0.37%
Correctional Insitution/Youth Authority/Jail	0	1	1	18	17	(1)	18	18	0	0.00%	5.56%	5.56%
Out-Of-State	0	0	0	4	3	(1)	4	3	(1)	0.00%	0.00%	0.00%
Total	2,234	2,289	55	14,726	14,994	268	16,960	17,283	323	13.17%	13.24%	0.07%
Age Range	14 to 90 years	14 to 90 years	14 to 90 years	14 to 90 years	14 to 90 years	14 to 90 years						

**North Los Angeles County Regional Center
Consumer Competitive Employment Data
by Ethnicity
June 2024
Data as of: 06/30/2024**

Ethnicity	January-24	June-24	Jan vs June	January-24	June-24	Jan vs June	January-24	June-24	Jan vs June	January-24	June-24	Jan vs June
	All Competively Employed Consumers	All Competively Employed Consumers	All Competively Employed Consumers	Consumers with NO Employment	Working Age Consumers with NO Employment	Working Age Consumers with NO Employment	Total Consumers	Total Consumers	Total Consumers	% Employed	% Employed	% Employed
American Indian or Alaska Native	3	4	1	12	10	(2)	15	14	(1)	20.00%	28.57%	8.57%
Asian	120	119	(1)	951	978	27	1,071	1,097	26	11.20%	10.85%	-0.36%
Black/African American	316	314	(2)	1,652	1,687	35	1,968	2,001	33	16.06%	15.69%	-0.36%
Hispanic	797	832	35	6,594	6,756	162	7,391	7,588	197	10.78%	10.96%	0.18%
Native Hawaiian/Other Pacific Islander	0	0	0	8	8	0	8	8	0	0.00%	0.00%	0.00%
Other Ethnicity or Race/Multicultural	113	122	9	750	768	18	863	890	27	13.09%	13.71%	0.61%
White	885	898	13	4,759	4,787	28	5,644	5,685	41	15.68%	15.80%	0.12%
Total	2,234	2,289	55	14,726	14,994	268	16,960	17,283	323	13.17%	13.24%	0.07%
Age Range	14 to 90 years	14 to 90 years	14 to 90 years	14 to 90 years	14 to 90 years	14 to 90 years						

North Los Angeles County Regional Center

June 2024

Data as of: 06/30/2024

Residence Type Consumers without Employment Age Groups

Residence Type	14 to 17 Yrs	18 to 25 Yrs	26 to 45 Yrs	46 to 59 Yrs	60+ Yrs	Grand Total
Home of Parent/Family/Guardian/Family/Foster Home	3,321	4,459	3,783	544	182	12,289
Independent Living/Supported Living	-	31	425	307	301	1,064
Out-Of-Home Residential Facility	5	70	401	210	240	926
ICF Facilities	1	9	152	123	190	475
Hospital/Rehabilitation/Treatment Center	11	18	37	32	46	144
Other	4	11	20	6	9	50
Transient/Homeless	-	1	19	5	1	26
Correctional Insitution/Youth Authority/Jail	-	9	7	-	1	17
Out-Of-State	1	1	1	-	-	3
Grand Total	3,343	4,609	4,845	1,227	970	14,994

Ethnicity Consumers without Employment Age Groups

Ethnicity	14 to 17 Yrs	18 to 25 Yrs	26 to 45 Yrs	46 to 59 Yrs	60+ Yrs	Grand Total
American Indian or Alaska Native	2	5	2	1	-	10
Asian	192	330	326	98	32	978
Black/African American	353	489	631	134	80	1,687
Hispanic	1,781	2,348	2,092	383	152	6,756
Native Hawaiian/Other Pacific Islander	-	1	6	1	-	8
Other Ethnicity or Race/Multicultural	257	256	222	25	8	768
White	758	1,180	1,566	585	698	4,787
Grand Total	3,343	4,609	4,845	1,227	970	14,994

North Los Angeles County Regional Center

June 2024

Data as of: 06/30/2024

Residence Type Consumers with Employment Age Groups

Residency Type	14 to 17 Yrs	18 to 25 Yrs	26 to 45 Yrs	46 to 59 Yrs	60+ Yrs	Grand Total
Home of Parent/Family/Guardian/Family/Foster Home	1	427	1,000	124	33	1,585
Independent Living/Supported Living	-	11	243	113	75	442
Out-Of-Home Residential Facility	-	16	133	53	27	229
ICF Facilities	-	-	8	2	9	19
Hospital/Rehabilitation/Treatment Center	-	-	2	1	1	4
Other	-	-	4	1	1	6
Transient/Homeless	-	-	2	1	-	3
Correctional Insitution/Youth Authority/Jail	-	-	1	-	-	1
Out-Of-State	-	-	-	-	-	-
Grand Total	1	454	1,393	295	146	2,289

Ethnicity Consumers with Employment Age Groups

Ethnicity	14 to 17 Yrs	18 to 25 Yrs	26 to 45 Yrs	46 to 59 Yrs	60+ Yrs	Grand Total
American Indian or Alaska Native	-	2	1	-	1	4
Asian	-	17	80	14	8	119
Black/African American	-	37	237	27	13	314
Hispanic/Latino	1	214	496	99	22	832
Native Hawaiian/Other Pacific Islander	-	-	-	-	-	-
Other Ethnicity or Race/Multicultural	-	31	80	10	1	122
White	-	153	499	145	101	898
Grand Total	1	454	1,393	295	146	2,289

Welfare and Institutions Code Section 4731 Consumers' Rights Complaints Survey

Fiscal Year 2023-2024

The purpose of this survey is to obtain information on Welfare and Institutions (W&I) Code section 4731 consumers' rights complaints. This information is used to meet the requirements of W&I Code section 4519.2(c), which requires the Department of Developmental Services (Department) to update the Legislature annually with the number of complaints filed at each regional center, to include the following information:

1. The subject matter of complaints filed (see subject matter codes and descriptions).
 2. How complaints were resolved (see resolution codes and descriptions).
 3. The timeframe within which resolutions to those complaints were provided by the regional center.
 4. Demographic information, as identified by the Department, about consumers on whose behalf the complaint was filed.
- Note: Demographic information is not required to complete the survey.**

Record information for all W&I Code section 4731 complaints filed with the regional center during the reporting quarter. Please refer to the Instructions tab prior to completing the survey.

Regional Center		NLACRC				Date	10-Jul-24					
Contact Person		Dana Lawrence		Email Address	dlawrence@nlacrc.org		Phone Number	818-756-6394				
Consumer UCI	Consumer Initials	Information Not Required				Date Complaint Received by Regional Center	Date Proposed Resolution Sent to Consumer	Subject Matter of Complaint (List each issue identified in the complaint) <small>To add more rows, click the (+) icon located in the left margin</small>	Subject Code	How Complaint was Resolved (List how each issue in "Subject Matter of Complaint" was resolved)	Resolution Code	Root Cause of Complaint (Provide a brief description of each subject matter)
		Date of Birth	Age at the Time Complaint Received by Regional Center <small>(Age will auto-populate when columns C and G are entered)</small>	Ethnicity	Primary Language of Consumer							
						5.21.24	6.27.24	1. IPP Development/Implementation	1	No violation identified	7	Parent alleged NLACRC did not prepare, implement or monitor IPP and failed to provide needed services.
								2. Notice of Proposed Action	2	Training was provided to regional center and/or vendor staff	4	Although not alleged, during course of investigation NLACRC determined a NOPA was not provided.
								3.				
								4.				
								5.				
								6.				
								7.				
								8.				
								9.				
								10.				
								11.				
								12.				
								13.				
								14.				
								15.				
						3.14.24	5.15.24	1. Vendor Requirements	9	Complaint was out-of-scope of W&I §4731	9	Parent alleged GT Independence miscalculated consumer's budget and did not respond to inquiries.
								2.				
								3.				
								4.				
								5.				
								6.				
								7.				
								8.				
								9.				
								10.				
								11.				
								12.				
								13.				
								14.				
								15.				

				5.20.24	6.17.24	1. IPP Development/Implementation	1	No violation identified	7	Parent alleged NLACRC did not conduct IPP meeting.
						2.				
						3.				
						4.				
						5.				
						6.				
						7.				
						8.				
						9.				
						10.				
						11.				
						12.				
						13.				
						14.				
						15.				
				3.19.24	4.2.24	1. Service Coordination	5	No violation identified	7	Parent alleged NLACRC failed to assign CSC.
						2.				
						3.				
						4.				
						5.				
						6.				
						7.				
						8.				
						9.				
						10.				
						11.				
						12.				
						13.				
						14.				
						15.				
				4.10.24	5.8.24	1. Vendor Requirements	9	Complaint was out-of-scope of W&I §4731	9	Sister alleges United Cerebral Palsy failed consumer in the last 2 months of her life.
						2.				
						3.				
						4.				
						5.				
						6.				
						7.				
						8.				
						9.				
						10.				
						11.				
						12.				
						13.				

						14.				
						15.				
				4.10.24	5.8.24	1. IPP Development/Implementation	1	Complaint was out-of-scope of W&I §4731	9	Sister alleges NLACRC failed to include her in IPP planning meetings.
						2.				
						3.				
						4.				
						5.				
						6.				
						7.				
						8.				
						9.				
						10.				
						11.				
						12.				
						13.				
						14.				
						15.				
				3.27.24	5.1.24	1. Provision of Records	4	Complaint was out-of-scope of W&I §4731	9	Sister alleges United Cerebral Palsy failed to provide her records.
						2.				
						3.				
						4.				
						5.				
						6.				
						7.				
						8.				
						9.				
						10.				
						11.				
						12.				
						13.				
						14.				
						15.				
				3.8.24	4.8.24	1. WIC 4502	6	No violation identified	7	Parent alleged that NLACRC made errors in consumer's SDP budget leading to service interruption.
						2. Vendor Requirements	9	Complaint was out-of-scope of W&I §4731	9	Parent alleged Aveanna had poor customer service when communicating with NLACRC leading to service interruption.
						3.				
						4.				
						5.				
						6.				
						7.				
						8.				
						9.				
						10.				
						11.				

						12.				
						13.				
						14.				
						15.				
				5.9.24	6.3.24	1. Vendor Requirements	9	Complaint was out-of-scope of W&I §4731	9	Parent alleged ILS provider refused to return rent and security deposit.
						2.				
						3.				
						4.				
						5.				
						6.				
						7.				
						8.				
						9.				
						10.				
						11.				
						12.				
						13.				
						14.				
						15.				
				4.22.24	5.15.22	1. Provision of Records	4	No violation identified	7	Parent alleged NLACRC did not provide consumer's records.
						2. IPP Development/Implementation	1	No violation identified	7	Parent alleged NLACRC did not include him in IPP meetings.
						3. Notice of Proposed Action	2	No violation identified	7	Parent alleged NLACRC discontinued services without notification.
						4.				
						5.				
						6.				
						7.				
						8.				
						9.				
						10.				
						11.				
						12.				
						13.				
						14.				
						15.				
				4.2.24	4.30.24	1. Notice of Proposed Action	2	Training was provided to regional center and/or vendor staff	4	Consumer alleged NLACRC did not approve or deny requests for services/supports.
						2.				
						3.				
						4.				
						5.				
						6.				
						7.				
						8.				
						9.				

						10.				
						11.				
						12.				
						13.				
						14.				
						15.				
				5.23.24	6.21.24	1. IPP Development/Implementation	1	No violation identified	7	Parent alleged NLACRC did not implement services in a timely manner.
						2. Service Coordination	5	No violation identified	7	Parent alleged NLACRC did not provide meaningful support with requested services.
						3. IPP Development/Implementation	1	Training was provided to regional center and/or vendor staff	4	Although not alleged, during course of investigation NLACRC determined a list of agreed upon services was not provided.
						4. Notice of Proposed Action	2	Training was provided to regional center and/or vendor staff	4	Although not alleged, during course of investigation NLACRC determined a NOPA was not provided.
						5. IPP Development/Implementation	1	Training was provided to regional center and/or vendor staff	4	Although not alleged, during course of investigation NLACRC determined CSC did not reconvene within 15 days following request for services/supports.
						6.				
						7.				
						8.				
						9.				
						10.				
						11.				
						12.				
						13.				
						14.				
						15.				
				5.23.24	6.21.24	1. IPP Development/Implementation	1	No violation identified	7	Parent alleged NLACRC did not implement services in a timely manner.
						2. Service Coordination	5	No violation identified	7	Parent alleged NLACRC did not provide meaningful support with requested services.
						3. IPP Development/Implementation	1	Training was provided to regional center and/or vendor staff	4	Although not alleged, during course of investigation NLACRC determined a list of agreed upon services was not provided.
						4. Notice of Proposed Action	2	Training was provided to regional center and/or vendor staff	4	Although not alleged, during course of investigation NLACRC determined a NOPA was not provided.
						5. IPP Development/Implementation	1	Training was provided to regional center and/or vendor staff	4	Although not alleged, during course of investigation NLACRC determined CSC did not reconvene within 15 days following request for services/supports.
						6.				
						7.				
						8.				
						9.				
						10.				
						11.				
						12.				
						13.				
						14.				
						15.				
						1. WIC 4502	6	No violation identified	7	Parent alleged respite services included in IPP were not provided. NLACRC determined vendors not available.
						2. Service Related	8	Complaint was out-of-scope of W&I §4731	9	Parent alleged NLACRC required higher level of care.
						3.				
						4.				
						5.				
						6.				
						7.				

				5.13.24	6.10.24	8.						
						9.						
						10.						
						11.						
						12.						
						13.						
						14.						
						15.						
				5.21.24	6.12.24	1. Service Coordination	5	No violation identified	7	Parent alleged NLACRC failed to assign CSC.		
								2. IPP Development/Implementation	1	Training was provided to regional center and/or vendor staff	4	Parent alleged IPP not held in timely manner.
								3.				
								4.				
								5.				
								6.				
								7.				
								8.				
								9.				
								10.				
								11.				
								12.				
								13.				
								14.				
								15.				
				4.17.24	5.9.24	1. IPP Development/Implementation	1	No violation identified	7	Parent alleged NLACRC failed to provide services in IPP.		
								2. Service Coordination	5	Complaint was out-of-scope of W&I §4731	9	Parent alleged NLACRC CSC "coached" parent on how to maximize social services
								3. WIC 4502	6	Complaint was out-of-scope of W&I §4731	9	Parent alleged NLACRC failed to investigate allegations of IHSS fraud.
								4. WIC 4502	6	Complaint was out-of-scope of W&I §4731	9	Parent alleged NLACRC CSC behaved in improper manner.
								5.				
								6.				
								7.				
								8.				
								9.				
								10.				
								11.				
								12.				
								13.				
								14.				
								15.				
						1. Service Coordination	5	No violation identified	7	Advocate alleged consumer has not had CSC for some time.		
						2. Service Coordination	5	Training was provided to regional center and/or vendor staff	4	Although not alleged, during course of investigation NLACRC determined no letter was sent within 10 days of permanent change in CSC.		
						3. Notice of Proposed Action	2	Training was provided to regional center and/or vendor staff	4	Although not alleged, during course of investigation NLACRC determined a NOPA was not provided.		
						4. IPP Development/Implementation	1	Training was provided to regional center and/or vendor staff	4	Although not alleged, during course of investigation NLACRC determined CSC did not reconvene within 15 days following request for services/supports.		
						5.						

				4.24.24	5.31.24	6.				
						7.				
						8.				
						9.				
						10.				
						11.				
						12.				
						13.				
						14.				
						15.				
				5.1.24	5.30.24	1. WIC 4502	6	Vendor Plan of Corrective was required	5	Consumer alleged Pyles & Associates staff pushed and wrestled them causing injury.
						2. WIC 4502	6	Allegations were inconclusive	8	Consumer alleged vendor, REM, eavesdropped on telephone conversations.
						3. Vendor Requirements	9	Allegations were inconclusive	8	Consumer alleged REM staff denied outings in retaliation.
						4. Vendor Requirements	9	Complaint was out-of-scope of W&I §4731	9	Consumer alleged REM did not prevent housemate from injuring herself.
						5. Vendor Requirements	9	Complaint was out-of-scope of W&I §4731	9	Consumer alleged REM failed to provide same support as housemate.
						6. WIC 4502	6	Vendor Plan of Corrective was required	5	Although not alleged, during course of investigation NLACRC determined Pyles & Associates staff used improper restraint procedure.
						7. Vendor Requirements	9	Vendor Plan of Corrective was required	5	Although not alleged, during course of investigation NLACRC determined REM failed to adhere to mandated reporting requirements.
						8.				
						9.				
						10.				
						11.				
						12.				
						13.				
						14.				
						15.				
				4.5.24	5.13.24	1. Service Related	8	Complaint was out-of-scope of W&I §4731	9	Parent alleged NLACRC did not continue services Aid Paid Pending.
						2. Notice of Proposed Action	2	Training was provided to regional center and/or vendor staff	4	Although not alleged, during course of investigation NLACRC did not issue a timely NOPA.
						3.				
						4.				
						5.				
						6.				
						7.				
						8.				
						9.				
						10.				
						11.				
						12.				
						13.				
						14.				
						15.				
						1. Vendor Requirements	9	Complaint was out-of-scope of W&I §4731	9	Parent alleged GT Independence imposed 1% burden rate.
						2. Vendor Requirements	9	Complaint was out-of-scope of W&I §4731	9	Parent alleged GT Independence's burden rate is in violation of contract with regional center.
						3. IPP Development/Implementation	1	Complaint was out-of-scope of W&I §4731	9	Parent alleged NLACRC does not have right to pay burden rate.

4.15.24	5.7.24	4. Vendor Requirements	9	Complaint was out-of-scope of W&I §4731	9	Parent alleged GT Independence assessed fees improperly.		
		5. Service Coordination	5	Complaint was out-of-scope of W&I §4731	9	Parent alleged NLACRC and DDS failed to protect consumer from illegally imposed fees.		
		6. Vendor Requirements	9	Complaint was out-of-scope of W&I §4731	9	Parent alleged GT Independence refuses to pay consumer's staff.		
		7. Vendor Requirements	9	Complaint was out-of-scope of W&I §4731	9	Parent alleged GT Independence ceased communications.		
		8.						
		9.						
		10.						
		11.						
		12.						
		13.						
		14.						
		15.						
		4.25.24	5.15.24	1. WIC 4502	6	Training was provided to regional center and/or vendor staff	4	Consumer alleged NLACRC CSC bullied and harassed him.
				2.				
				3.				
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
5.28.24	6.25.24	1. Vendor Requirements	9	Complaint was out-of-scope of W&I §4731	9	Parent alleged Mayhall Home's administrator's voice mail is not set up.		
		2. Vendor Requirements	9	Complaint was out-of-scope of W&I §4731	9	Parent alleged Mayhall Home's administrator is not responsive.		
		3. WIC 4502	6	No violation identified	7	Parent alleged Mayhall Home did not purchase clothing for consumer and he was forced to wear another consumer's clothing.		
		4. WIC 4502	6	No violation identified	7	Parent alleged consumer was provided medication not prescribed properly.		
		5. Vendor Requirements	9	Complaint was out-of-scope of W&I §4731	9	Parent alleged Mayhall Home blamed her for consumer vomiting.		
		6.						
		7.						
		8.						
		9.						
		10.						
		11.						
		12.						
		13.						
		14.						
		15.						
		1. Service Coordination	5	Change in service coordinator occurred	2	Parent alleged NLACRC did not respond to request for new CSC.		

						4.8.24	5.15.24	2. Regional Center 20-Working-Day Timeline	3	Change in regional center policy and/or procedures were implemented	3	Although not alleged, NLACRC did not meet the 4731 statutory timeline.
								3.				
								4.				
								5.				
								6.				
								7.				
								8.				
								9.				
								10.				
								11.				
								12.				
								13.				
								14.				
								15.				
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												
13.												
14.												
15.												
								1.				
								2.				
								3.				
								4.				
								5.				
								6.				
								7.				
								8.				
								9.				
								10.				
								11.				
								12.				
								13.				
								14.				
								15.				

**North Los Angeles County Regiona Center
Intake Data by Location Report 2024**

4 Quarter (April -June)

Month	Intake cases (total)	Over 120 days	% over 120 days
January	1017	29	2.85%
February	967	53	5.48%
March	976	76	7.79%

SFV/SCV total	Over 120	% Over
598	10	1.67%
566	30	5.30%
583	32	5.49%

AV total	Over 120	% Over
419	19	4.53%
399	23	5.76%
393	44	11.20%

Month	Intake cases (total)	Over 120 days	% over 120 days
April	981	47	4.79%
May	1078	54	5.01%
June	1111	36	3.24%

SFV/SCV total	Over 120	% Over
556	11	1.98%
652	15	2.30%
678	11	1.62%

AV total	Over 120	% Over
425	36	8.47%
426	39	9.15%
433	25	5.77%

The fluctuation in the percentage of Intake cases over 120 days is related to record growth in the number of cases referred to Intake for assessments. In the first quarter of 2024, NLACRC received a record number of intake requests, combined with a record number of Early Start and Provisional cases (which all need psychological evaluations).

From Jan-March 2024 NLACRC received 1,186 Intake requests; Jan- March 2023: 954 Intake requests.

NLACRC currently has 18 psychologists actively performing assessments. NLACRC is scheduling an average of 332 psychological assessment appointments per month.

Name: Cristina Preuss
Meeting: Disparity Committee

1.	Dates:	Quarter: 4TH (April/May/June) 2024
2.	Topics of discussion:	<p>Legislative advocacy. Develop a leadership program. NLACRC to create an engaging employment program for individuals who are served by the system.</p> <p>Three questions to discuss and brainstorm as a committee: What are some activities that as a committee we can develop or participate in? Within your organization, what are the disparity barriers you have encountered? What type of information do you feel families need to receive to decrease the disparity?</p> <p>Key topic suggestions for committee subgroups: <u>Emergency Preparedness:</u> It is crucial to advocate for emergency preparedness training for our consumers, inclusive emergency plans, and for response personnel to receive appropriate training on interacting with individuals with IDD. Focus to develop trainings, resources and informational handouts for community and clients.</p> <p><u>Competitive Employment Opportunities:</u> It is important to advocate for the development and funding of new competitive employment opportunities for our adult consumers. We should also advocate for policies that encourage businesses to hire individuals with IDD and provide necessary workplace accommodations. Focus to develop policies for businesses to hire individuals with IDD with necessary workplace accommodations.</p> <p><u>Healthcare Access:</u> Our consumers need improved medical services and better access to healthcare professionals trained in IDD, including mental health services. Focus on advocacy and information to communities and clients as well to medical providers regarding health services and access to healthcare professionals trained in IDD, including mental health services.</p>
3.	Resource Information from committee members:	<p>ICC- Main focus on integration where services engage the community. Path Point- Promotoras Team. Provide Spanish translators. Outreach kits that include materials and information from other organizations. CHLA- Rising Community Grant- vendorization trainings. New CA initiative- 500 apprentices to be trained https://www.dir.ca.gov/DAS/Grants/California-Youth-Apprenticeship-Grant.html</p> <p>FFRC- Navigators program. 4 navigators- 3 Spanish speaking 1 African American. Providing application assistance- general services and NLACRC services. AV Seed and grow- Parent training and education advocacy.</p>

4.	Reported out to Committee/Meeting:	<p>Mega Expo Fair-All ages. AV May 11 and SFV May 17.</p> <p>Farsi Speaking Support Group-1st Wednesday of the month 6:30-8pm.</p> <p>Deaf sensitive training will reschedule in September.</p> <p>Lanterman Act is in Spanish already.</p> <p>Using a disparities framework that is available in the published literature – enables DDS and grantees to discern if there is a disparity in availability, accessibility, acceptability, quality, and utilization of supports and services at the individual (persons with lived experience of IDD), family, community, organizational, and systems levels.</p>
5.	Area of Concerns:	<p>The real challenge is getting the individuals to be employed, trained and ready to be accepted by employers.</p> <p>Master plan: What is our end game as a team? What can other members provide.</p> <p>Accessing providers for Social Recreation-Lack of vendors in the AV area.</p>
6.	Action Items:	<p>A legislative handout with talking points will be developed to assist committee members during local visits.</p>

North Los Angeles County Regional Center

Consumer Services CommitteeFY 2024-25 Action Log

Meeting Date	Subject	Action Text
09/18/2024	Approval of Agenda	M/S/A (/) Motion to approve the Agenda as presented.
	Approval of Minutes of July 17 th Meeting	M/S/A (/) Motion to approve the Minutes as presented.
11/20/2024	Approval of Agenda	M/S/A (/) Motion to approve the Agenda as presented.
	Approval of Minutes of September 18 th Meeting	M/S/A (/) Motion to approve the Minutes as presented.
02/19/2025	Approval of Agenda	M/S/A (/) Motion to approve the Agenda as presented.
	Approval of Minutes of November 20 th Meeting	M/S/A (/) Motion to approve the Minutes as presented.
04/16/2025	Approval of Agenda	M/S/A (/) Motion to approve the Agenda as presented.
	Approval of Minutes of February 19 th Meeting	M/S/A (/) Motion to approve the Minutes as presented.

FY 2023-24	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
Consumer Services Committee		Dark		Dark		Dark	Dark		Dark		Dark	Dark	Absences
Rocio Sigala	P		P		P			P		P			0
Alma Rodriguez	P		P		P			P		P			0
Anna Hurst	P		P		P			Ab		P			1
Cathy Blin	P		P		P			Ab		P			1
Curtis Wang	P		P		P			P		P			0
George Alvarado	P		Ab		P			P		P			1
James Henry								*AB		P			0
Jennifer Koster			P		P			P		Ab			1
Juan Hernandez			P		P			P		Ab			1
Kelsi Levingston								*P		Ab			1
Sharmila Brunjes	P		P		P			P		Ab			1
Nicholas Abrahms	P		P		P			P		P			0
Michael Costa	P		Ab		P			P		P			1
Vivian Seda	P		P		P			Ab		P			1
Erica Beall (VAC Rep)	P		Ab		P			P		P			1

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)