



North Los Angeles County Regional Center

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

MEMORANDUM

Date: September 23, 2024

To: **Executive Committee:**
Ana Quiles, Sharmila Brunjes, Leticia Garcia, Brian Gatus, Rocio Sigala,
Alma Rodriguez, Andrew Ramirez

From: Kimberly Visokey, Executive Administrative Assistant

Re: Information for the next Executive Committee meeting on
Thursday, September 26, 2024 at 6:30 pm

.....

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

The meeting will be held remotely via Zoom.

Join Zoom Meeting

<https://us06web.zoom.us/j/83476480256?pwd=BtvpmbD2KjLYjWbLiC32UvUrT9nR.1>

Meeting ID: 834 7648 0256

Passcode: 663916

If you have any questions, or **if you are unable to attend the meeting**, please send us an email to boardsupport@nlacrc.org.

Thank you!

c: Angela Pao-Johnson, Executive Director, Evelyn McOmie, Deputy Director, Vini Montague, Chief Financial Officer, Betsy Monahan, Human Resources Director, Gabriella Eshrati, Consumer Services Director, Donna Rentsch, Consumer Services Director

Attachments



EXECUTIVE COMMITTEE

Thursday, September 26, 2024, at 6:00 pm - Via Zoom

~AGENDA~

I. Call to Order and Introductions

- A. Angela Pao-Johnson, NLACRC Executive Director

II. Committee Member Attendance/Quorum

III. Agenda (Page 2)

IV. Consent Items

- A. Approval of Minutes from the August 22, 2024, Meeting (*Page 3*)

V. Public Input – Agenda Items

VI. Action Items

- A. Approval of Board Priorities FY 24-25 – Ana Quiles (*Page 8*)
- B. Approval of the FY 24-25 Board Critical Calendar – Ana Quiles (*Page 9*)
- C. Approval of the updated EC FY 24-25 Meeting Schedule – Ana Quiles (*Page 17*)

VII. Committee Business

- A. Review Whistleblower Policy and Report Submission Status – Betsy Monahan (*Page 18*)
- B. Review the Purchase of Service Annual Report FY 2023-2024 - Cristina Preuss
- C. Determine the cost, location, and date of the Annual Board Dinner for FY 24-25 (Deferred)
- D. Determine the cost, location, and date of the Annual Board Retreat for FY 24-25 (Deferred)
- E. Review of the Special Contract Language (SCL) Deliverables Matrix – Ana Quiles
- F. Legal Support for Board functions – Ana Quiles
- G. Board of Trustees Quarterly In-Person Meetings – Ana Quiles

VIII. Center Operations- Cristina Preuss (Page 37)

IX. Review of Committee Action Log Items (Item Owner and Due Date)

X. Board Meeting Agenda Items

XI. Announcements / Public Input/Information Items

- A. Next meeting Thursday, November 21, 2024, at 6:00 PM
- B. Committee Attendance (*Page 39*)

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

XIII. Adjournment



North Los Angeles County Regional Center
Executive Committee Meeting Minutes

August 22, 2024

Present: Ana Quiles, Lety Garcia, Brian Gatus, Rocio Sigala, Alma Rodriguez, Sharmila Brunjes -
Committee Members

Cristina Preuss, Evelyn McOmie, Vini Montague, Betsy Monahan, Arezo Abedi, Kimberly Visokey – **Staff**

David Lester, Mark Wolfe – DDS Tech Advisor, Tresa Oliveri – DDS Tech Advisor, Xochitl Gonzalez – DDS, Richard Deir - **Guests**

Absent: Andrew Ramirez

I. Call to Order

Ana Quiles called the meeting to order at 6:31 pm.

II. Committee Member Attendance/Quorum

III. Public Input – Agenda Items

None

IV. Consent Items

- A. Approval of Minutes from the May 30th Meeting
- B. Approval of Minutes from the July 8th Special Meeting
- C. Approval of Minutes from the July 24th Special Meeting

M/S/C (Rocio Sigala / Lety Garcia) To approve the Minutes of the May 30th, July 8th, and July 24th meetings.

V. Public Input / Agenda Items – There was none

VI. Closed Session / Personnel

M/S/C (Rocio Sigala / Lety Garcia) To enter a closed session at 6:36 pm.

M/S/C (Alma Rodriguez / Lety Garcia) To exit the closed session at 7:11 pm.

VII. Action Items

- A. Approval of Board Priorities FY 24-25 – Ana Quiles
Ana led the discussion regarding the Board Priorities. It was noted that the Board Priorities were not listed in the Board Manual, prompting a discussion on the committee's priorities. After the discussion, this item was deferred.

B. Approval of Contracts (New Vendor) -Vini Montague
1. Empowering Lives PL2295-076

Vini Montague introduced a new service provider, Empowering Lives for Success, operating in Antelope Valley, Santa Clarita Valley, and San Fernando Valley, for a five-year contract with a maximum amount of \$1,125,003. Brian raised concerns about the lack of a process to check providers' history for abuse allegations. Vini clarified that the Community Services Department handles the vetting process for new providers, including reviewing their program design and staff resumes. Tresa and Mark explained that the board has the right to vote on contracts but does not vet vendors, which is the regional centers' responsibility. Evelyn shared that the Community Services Department conducts annual vendorization and quality assurance training. The board discussed adding the location of service provision to contracts for transparency.

M/S/C (Lety Garcia / Sharmila Brunjes) To approve the Empowering Lives PL2295-076 contract

Discussion continued with regards to the vetting process. It was suggested to add the location of service provision to contracts for transparency.

M/S/C (Lety Garcia / Brian Gatus) To make the discussed updates to the contract template and send to Administrative Affairs.

C. Bank Accounts Authorized Signers - Vini Montague
Board Resolution to Remove Brian Winfield (DDS) & Add Michi Gates (DDS) was presented.

M/S/C (Lety Garcia / Sharmila Brunjes) To approve, on behalf of the Board, changing the bank account signers, removing Brian Winfield (DDS) & adding Michi Gates (DDS)

D. Approval of DDS Special Contract Matrix (Draft) -Ana Quiles
The committee reviewed a matrix for the DDS Special Language contract.

M/S/C (Brian Gatus / Alma Rodriguez) To approve matrix for the DDS Special Language contract.

E. Approval of Conflict Resolution Plans – Betsy Monahan
Betsy presented Conflict Resolution plans for three board members, Ana Quiles, Rocio Sigala, and Vivian Seda.

M/S/C (Lety Garcia / Alma Rodriguez) To Conflict Resolution plans for, Ana Quiles, Rocio Sigala, and Vivian Seda, with one abstention from Rocio Sigala.

VIII. **Committee Business**

- A. Annual Committee Orientation- Cristina Preuss
 1. Committee Policies & Procedures and Bylaws
 2. Board Audit Section
- B. Review Whistleblower Policy and Report Submission Status – Betsy Monahan
Betsy reported that she is working on updating their whistleblower policies
- C. Review the Purchase of Service Annual Report FY 2023-2024 (Deferred)
- D. Determine the cost, location, and date of the Annual Board Dinner for FY 24-25
The committee discussed the organization of the annual board dinner and retreat, with a focus on finding a suitable indoor venue due to concerns about the outdoor environment. The team considered various locations, including a local animal-assisted therapy center and office spaces, and will continue to explore options. The possibility of showcasing some of their providers was also suggested.
- E. Determine the cost, location, and date of the Annual Board Retreat for FY 24-25
Included above, in VIII.D
- F. ARCA Liaison Report – Lety Garcia
Lety reviewed her June arca report that was included in the meeting packet. Additionally, she informed the committee of the creation of an ARCA folder on the SharePoint drive, noting the accessibility of ARCA information to Board members through the use of this folder.
- G. Updates on Special Contract Language (SCL) Deliverables – Cristina Preuss & Ana Quiles
Cristina and Ana updated the committee on the progress of the Special Contract Language items. The committee discussed the timeline, with a focus on the need for efficiency and timely completion. They agreed on the importance of prioritizing the implementation and fulfilling of obligations under the special language contract.
- H. Approved Board Critical Calendar – Ana Quiles
Ana presented the Approved Board Critical Calendar to the committee. Lety and Ana discussed errors in the Board Critical Calendar. The team also discussed the need to update the Critical Calendar to ensure that approved critical calendars for committees match the Board of Trustees Calendar.
- I. Approved Executive Committee Critical Calendar – Ana Quiles
Ana presented the Approve Executive Committee Critical Calendar to the committee.

J. Self Determination Program (SDP) Statute and Local Volunteer Advisory Committee LVAC Policy – Cristina Preuss

Cristina Reviewed the SDP Statute and the Board’s Policy Statement for SDP Volunteer Advisory Committee Liaison. Ana then announced the appointment of Board of Trustees member, Kelley Coleman as the SDP LAVC Liaison.

IX. Center Operations- Cristina Preuss

Cristina gave a brief overview of the Center Operations:

Legislative Governor Newsom signed REVISED 2024-2025 state budget bills and 5 trailer bills (HEALTH, MANAGED CARE ORGANIZATION TAX, EDUCATION FINANCE, STATE GOVERNMENT, TAXATION). Cristina reviewed the changes that came into effect as soon as the bill was signed by the Governor (July 2, 2024).

IPP template Regional Centers received a directive requiring the establishment of a standardized individual program plan (IPP) template and standardized procedures that are consistent with person-centered services planning requirements described in the Federal Medical Home and Community Based Final Rules (42 Code of Federal Regulations 441.301(c)(1-3)). Cristina highlighted the IPP template components.

Master Plan Updates The California Health and Human Services Agency meeting dates for the Master Plan Work Groups are listed in the report that was included in the meeting packet.

The Direct Service Professional (DSP) Training Stipend Program will remain open until August 31, 2024, and all courses must be completed by that date. All other aspects of the DSP Training Stipend Program remain the same.

Center Operations: Total # positions filled: 748; Total # of positions authorized: 949; Total # of new hires since January 1, 2024: Total – 153 / CSCs – 123; July New Hires: 1st cycle and 2nd cycle.: 7.1.24 – 9 / 7.15.24 – 8 / 7.29.24 – 6

Consumer Statistics:

As of August 1, 2024, the Center had 37,155 consumers and applicants.

Center Updates:

Best Start extended an invitation to Antelope Valley Parent and Family Support Specialist and Spanish speaking Outreach Language Specialist to participate in Zero to Three: The Growing Brain Train the Trainer workshop in June as well as to attend the Zero to Three Learn 2-day Conference on July 31 and August 1, 2024.

Introducing IDEA Specialist, Mayra Loza

The IDEA Specialist can help parents understand child's rights for the educational needs and can provide information about IDEA, which is a law for children with disabilities to receive a free, appropriate, and public Education. The IDEA Specialist can provide guidance through the process for eligibility and to develop an individual educational plan. Parents can ask their service coordinator for a consultation with IDEA specialist.

Community Events and Educational Training Opportunities

Cristina highlighted several upcoming events that are listed in the report that was included in the meeting packet.

VI. Review of Committee Action Items

- Vinnie, to add contract template updates to Administrative Affairs agenda
- Board Support to send training calendar to entire board
- Anna and Kimberly to update Primary Board Activities and add to September agenda
- Christina and Kimberly to bring options and budgets for retreat and/or dinner to next EC meeting
- Board Support to review Board Critical Calendar and make necessary changes, comparing to other committee calendars
- Kimberly to include approved contract in board packet
- Kimberly to include updated training calendar in board packet
- Betsy to present updated whistleblower policies to staff and board for acknowledgement
- Christina to bring Columbus organization's assessment report to board once approved by DDS
- Anna to schedule SDP liaison orientation for Kelly Coleman
- Kimberly to upload ARCA information to SharePoint folder as received from Letty

VII. Adjournment

Ana Quiles, Committee Chair, adjourned the meeting at 8:52 pm.

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

Board of Trustees F.Y. 2024-25 Board Priorities

1. Monitor the deliverables of the 2024-26 Special Contract Language
2. Implement and monitor the ~~new~~ 2022-2026 Strategic Plan for NLACRC.
3. Continue to support consumers and their families by offering a variety of quality supports and services to meet existing and emerging needs.
4. Identify and monitor strategies to increase service access and equity for all consumers.
5. Support and actively advocate for the sustainability of the entitlement of services within the regional center system and within NLACRC catchment areas.
6. Create awareness and actively promote the services offered by the regional center to consumers and families.
7. Build partnerships with community organizations, school districts, and other generic service providers.



North Los Angeles County Regional Center
Board of Trustees

CRITICAL CALENDAR FOR FY 2024-25

JULY

New Board Officers, Board Members, and Vendor Advisory Committee Members are seated.

Board Member Orientation

Board Retreat

Commented [KV1]: Should this be removed or moved?

AUGUST

(All committees review their actions from the previous year.)

Board of Trustees Meeting (Zoom)

- A group photograph is taken for the center's website when the meeting is in person.
- The Human Resources Director reviews the board's responsibilities and the process surrounding the Executive Director's Performance Evaluation with the Board President.
- Review DDS Contract

Administrative Affairs Committee (AA)

- Review DDS Contract

Consumer Advisory Committee (CAC) Meeting & Orientation

Executive Committee (EC) Meeting & Orientation

- Schedule and conduct Annual Legislative board training.
- Determine the location, date, and cost of the Annual Board Retreat.
- Determine the location, date, and cost of the Board of Trustees Dinner.

Government/Community Relations (GCRC) Meeting & Orientation

Nominating Committee (NC) Meeting & Orientation

~~Quarterly~~ Post-Retirement Medical Trust Committee (PRMT) Meeting & Orientation

Commented [KV2]: These meetings are no longer quarterly

Quarterly Strategic Planning Committee (SPC) Meeting & Orientation

- ~~Establish annual goals and metrics~~

Commented [KV3]: This is not on the SPC Critical Calendar

Vendor Advisory Committee (VAC) Meeting & Orientation

- A group photograph is taken for the center's website when the meeting is in person.

Public Meetings are held this month to get community input into the Center's Performance Contract for next calendar year.

SEPTEMBER

Board of Trustees Meeting (Zoom)

- The Human Resources Director reviews the Executive Director's evaluation process and the Evaluation Form with the Board.
- The Board President creates a Negotiating Committee and provides their names to the Human Resources Director.

Administrative Affairs Committee (AA) Meeting & Orientation

Consumer Advisory Committee (CAC) Meeting

Consumer Services Committee (CSC) Meeting & Orientation

- Review 4731 Quarterly Report.

Executive Committee (EC) Meeting

- Whistleblower Compliance Officer (HR Director) gives the Committee an Annual Report on compliance activity.
- ~~Update on NLACRC's Strategic Plan~~

Nominating Committee (NC)

- Holds an Educational Session for potential Board Applicants (if needed).
- Board and VAC members with expiring terms are sent applications to indicate interest in serving another term (responses due by September 30)

Vendor Advisory Committee (VAC) Meeting

Commented [KV4]: Not on the EC or SPC Critical Calendars

Commented [KV5]: Part of the NC Critical Calendar for Sept. previously listed in December

OCTOBER

Board of Trustees Meeting - In-Person at the NLACRC Chatsworth office / Virtual Option offered.

Commented [KV6]: Added Text based on the vote for In-Person meetings on 9/11

- Annual Update on NLACRC's Strategic Plan.
- All Board Members review the center's Whistleblower Policy and sign the acknowledgment.

Consumer Advisory Committee (CAC) Meeting

Executive Committee (EC) Meeting

- ~~The Human Resources Director and Chief Financial Officer meet with the Board President and the Negotiating Committee to review the Performance Evaluation and Compensation Process. (This can also be done in November.)~~

Commented [KV7]: This is on the EC Critical Calendar for January, so moved to January on the Board Critical Calendar

Government/Community Relations Committee (GCRC) Meetings

Nominating Committee (NC) Meeting

- ~~Holds an Educational Session for potential Board Applicants (if needed).~~

Commented [KV8]: Added Text based on the NC Critical Calendar

Vendor Advisory Committee (VAC) Meeting

NOVEMBER

Board of Trustees Meeting (Zoom)

- Board members with expiring terms and eligible for re-nomination are sent forms to complete to indicate continued interest. Forms are due back via boardsupport@nlacrc.org by December 15th.

Administrative Affairs Committee (AA) Meeting

Consumer Advisory Committee (CAC) Meeting

Consumer Services Committee (CSC) Meeting

Executive Committee (EC) Meeting

Quarterly Strategic Planning Committee (SPC) Meeting

- Strategic Plan – 1st Quarter Status Update

Vendor Advisory Committee (VAC) Meeting

DECEMBER

Annual Consumer Advisory Committee (CAC) holiday party

~~Annual Board of Trustees holiday party.~~

Commented [KV9]: Is this to remain on the calendar?

(The board is “dark” in December - no board or board committee Meetings will be held.)

~~Board and Vendor Advisory Members with expiring terms who are eligible for re-nomination received forms in November to indicate their interest in serving an additional term, forms are due by December 15th.~~

Commented [KV10]: Part of the NC Critical Calendar in September so removed here and added to September.

JANUARY

Board of Trustees Meeting

- Discussion is held about board officers for next fiscal year; recommendations for officers are made and interest for serving as an officer is solicited.
- The Human Resources Director and Chief Financial Officer will meet with the Board President, External Counsel, and the Negotiating Committee to review the Performance Evaluation and Compensation Process.

~~Consumer Advisory Committee (CAC) Meeting~~

Commented [KV11]: CAC Will not be meeting in January 2025

Executive Committee (EC) Meeting

- ~~The Human Resources Director, and CFO, meet with the Board President and the Negotiating Committee to review the performance evaluation and compensation process.~~
- The Negotiating Committee requests external compensation data from the Chief Human Resources Officer.
- Committee begins discussion about the next Annual Board Retreat.
- Committee identifies locations for the Board Retreat and Board Dinner.

Commented [KV12]: Added Text based on the EC Critical Calendar

Government/Community Relations (GCRC) Meeting

Nominating Committee (NC) Meeting

- Board Self-Evaluation will be sent out this month.
- Discussion to be held about board officers for next fiscal year. Recommendations for officers are made and interest for serving as an officer is solicited.

Commented [KV13]: Additional Text based on the NC Critical Calendar

~~Quarterly Post-Retirement Medical Trust Committee Meeting~~

Commented [KV14]: The PRMT meetings are no longer Quarterly and this meeting no longer happens in January.

Vendor Advisory Committee (VAC) Meeting

FEBRUARY

Board of Trustees Meeting (Zoom)

- Blank Executive Director Evaluation Forms are distributed for Board Members to complete. Board members with less than 3 months of service do not complete evaluations. All other Board Members must complete an evaluation or will be considered to have resigned from the board. The completed forms are due to External Counsel and the Board President prior to the March Board Meeting.
- The Negotiating Committee meets with the Executive Director.

Administrative Affairs Committee (AA) Meeting

- Audited Financial Statement is presented.

Consumer Advisory Committee (CAC) Meeting

Consumer Services Committee (CSC) Meeting

- Review 4731 Quarterly Report.

Executive Committee (EC) Meeting

Nominating Committee (NC) Meeting

Quarterly Strategic Planning Committee Meeting

- Strategic Plan – 2nd Quarter Status Update

Vendor Advisory Committee (VAC) Meeting

Strategic Planning Committee (SPC)

- Review Draft FY24-25 Performance Contract.

Commented [KV15]: This meeting is on the SPC meeting schedule for Feb., but the SPC Critical Calendar shows a meeting in Jan. and not Feb.

MARCH

Board of Trustees Meeting (Zoom)

- Audited Financial Statement is presented for approval.
- Present Draft FY 24-25 Performance Contract for approval.
- Completed Executive Director Evaluation Forms are due to External Counsel and the Board President.

Consumer Advisory Committee (CAC) Meeting

Executive Committee (EC) Meeting

- Executive Director's Evaluation Forms due to External Counsel and the Board President.

Commented [KV16]: This is not mentioned on the EC Critical Calendar. Should this be under BOT

Government/Community Relations (GCR) Committee Meeting

- Review Board Recognition Applications, if applicable.

Nominating Committee (NC) Meeting

Vendor Advisory Committee (VAC) Meeting

APRIL

Board of Trustees Meeting (~~Antelope Valley Office~~)

Commented [KV17]: In-person and Location not yet determined

- Approve FY24-25 Performance Contract.
- 2025-26 Committee Critical Calendars and Meeting Schedules due for approval

Commented [KV18]: Recommended additional text

Administrative Affairs Committee (AA) Meeting

Consumer Advisory Committee (CAC) Meeting

Consumer Services Committee

- Review 4731 Quarterly Report.

Executive Committee (EC) Meeting

- Committee reviews drafts of Board Master and Critical Calendars for next fiscal year
- Review Purchase of Service Annual Report.
- The Human Resources Director and Chief Financial Officer meet with the Negotiating Committee to provide the compensation data for review and provides any requested additional information.
- Executive Director's Evaluation to be completed and a Summary Report is reviewed (in Executive Session).

Nominating Committee (NC) Meeting

- ~~Committee interest for next board year is solicited via boardsupport@nlacrc.org from returning board members.~~

Commented [KV19]: This is not on the NC Critical Calendar

~~Quarterly Post Retirement Medical Trust Committee Meeting~~

- ~~Actuary Presentation of NLACRC's Actuarial Report~~

Commented [KV20]: The PRMT meetings are no longer Quarterly and this meeting has been moved to May.

Vendor Advisory Committee (VAC) Meeting

- A new chair is nominated to serve next fiscal year.

MAY

Board of Trustees Meeting (~~San Fernando Valley Office~~)

Commented [KV21]: In-person and Location not yet determined

- Nominating Committee presents their recommended nominees and re-nominees for next fiscal year.
- Electronic election ballots are distributed to board members.
- The Negotiating Committee provides a summary of the compensation and/or contract changes for the Board's approval (in Executive Session). The Executive Session will be placed at the beginning of the Board Meeting Agenda.
- A Training is given on the DDS Conflict of Interest statements.
- NLACRC's Form 990 Tax Return is presented to the Board for their review and acceptance.

- Presentation of NCI Data.
- Presentation of 2025-26 Board Critical Calendar
- ~~Committee assignments are recommended by the Board President for approval for the next fiscal year.~~

Formatted: Font: 12 pt

Commented [KV22]: Additional text for consideration

Commented [KV23]: Moved from the NC Committee

Administrative Affairs Committee

- NLACRC's Form 990 Tax Return is presented.
- Recommend to Board regarding ARCA dues for upcoming fiscal year.
- Recommend to the Board to authorize an officer to secure insurance in June for next fiscal year.

Consumer Advisory Committee (CAC) Meeting

Executive Committee Meeting

- Committee discusses board goals for the next fiscal year.

Government/Community Relations Meetings

- Select Board Recognition Awardee/s, if applicable.

Nominating Committee

- ~~Committee assignments are recommended for the next fiscal year.~~
- ~~The recommended slate of officers and nominees for Board, Board Interns, and VAC are presented.~~

Commented [KV24]: Not part of the NC Critical Calendar

Commented [KV25]: Added Text based on the NC Critical Calendar

Post-Retirement Medical Trust Committee Meeting

- Actuary Presentation of NLACRC's Actuarial Report

Commented [KV26]: The PRMT meetings are no longer Quarterly and this meeting was moved from April to May.

Quarterly Strategic Planning Committee Meeting

- Strategic Plan – 3rd Quarter Status Update.

Vendor Advisory Committee (VAC) Meeting

- A new chair is elected to serve next fiscal year.

JUNE

Board of Trustees Meeting (Zoom)

- Board discusses board's proposed primary activities for the next fiscal year.
- Election results are announced for Board Members, Board Officers, Board Interns, and Vendor Advisory Committee for the next fiscal year.
- Nominating Committee presents final committee assignments for board approval for the next fiscal year.
- Conflict of Interest statements are distributed to Board members. (Statements must be

- signed by Board members and returned for review prior to July 1st.)
- Confidentiality statements must be completed by board members, for filing, for next fiscal year.
 - Medi-Cal Clearance Forms must be completed by new board members for next fiscal year.
 - The Human Resources Director will prepare the documentation necessary to process the Negotiating Committee's Compensation and/or contract changes as appropriate.
 - The Human Resources Director will schedule a Meeting with the Executive Director and provide the Board President with all required documents needed for the Meeting (e.g. compensation, performance review information, employment contract changes, etc.)
 - Copies of all signed documents will be provided to the Human Resources Director to allow for the timely processing of compensation information.

~~Consumer Advisory Committee (CAC) Meeting~~

~~Vendor Advisory Committee (VAC) Meeting~~

Annual Board Dinner

[ccal.2024-25] Approved: 06/12/2024

Commented [KV27]: These meetings are not on the committee schedules. June is a Dark month, other than the Board of Trustees meeting



North Los Angeles County Regional Center

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Executive Committee Meetings Schedule - Monthly

FY 2024-25

~ No meeting in July 2024~

Thursday, August 22, 2024
6:30 p.m.

Thursday, September 26, 2024
6:~~30~~0 p.m.

Thursday, October 24, 2024
6:00 p.m.

Thursday, November 21, 2024
6:~~30~~0 p.m.

(Moved to the 3rd Thursday of the month due to Thanksgiving being on the 4th Thursday of the month)

~ No meeting in December 2024~

Thursday, January 23, 2025
6:00 p.m.


Thursday, February 27, 2025
6:00 p.m.

Thursday, March 27, 2025
6:00 p.m.

Thursday, April 24, 2025
6:00 p.m.

Thursday, May 22, 2025
6:30 p.m.

~ No meeting in June 2025 ~

	WHISTLEBLOWER – NLACRC EMPLOYEES AND BOARD MEMBERS		
	POLICY & PROCEDURE		
Category: ORG-MISC	Effective Date: August 29, 2009	Version No.: 6	Revision Date: August 15, 2024

REGIONAL CENTER WHISTLEBLOWER POLICY FOR NLACRC EMPLOYEES AND BOARD MEMBERS

This policy is adopted to comply with the Department of Developmental Services (DDS) Regional Center/Employee and Board Member Complaint Process Filing and Contact Information Guidelines. Accordingly, NLACRC has adopted this policy for complaints by Employees and Board Members.

1. General

This policy is to provide a guide and structure to assist any NLACRC employee or board member who wishes to report any perceived improper regional center activity and/or improper vendor/contractor activity and be protected from retaliation when doing so. As set forth herein, a whistleblower is an employee or a member of the Board of Trustees of the Center (hereinafter referred to as the “trustee”), who in good faith¹ reports any “improper regional center activity” and/or “improper vendor/contractor activity” committed by an employee, a trustee, or a vendor/contractor.

Whistleblower complaints, for purposes of this policy, are defined as the reporting of an “improper regional center or vendor/contractor activity.”

An “improper regional center activity” means an activity by a regional center, or an employee, officer or board member of a regional center, in the conduct of regional center business, that is a violation of state or federal law or regulation; violation of contract provisions; fraud or fiscal malfeasance; misuse of governmental property or constitutes gross misconduct, incompetency, or inefficiency.

An “improper vendor/contractor activity” means an activity by a vendor/contractor, or an employee, officer, or board member of a vendor/contractor, in the provision of State funded services, that is a violation of a state or federal law or regulation; violation of contract provisions; fraud or fiscal malfeasance; misuse of government property; or constitutes gross misconduct, incompetency, or inefficiency.

¹ Here, the term “good faith” shall be deemed to contain the same meaning as California Labor Code §1102.5, which protects employees who disclose reasonably based suspicions of illegal activity.

<p align="center">WHISTLEBLOWER – NLACRC EMPLOYEES AND BOARD MEMBERS (cont'd)</p>	<p align="center">Version No. 5</p>	<p align="center">Revision Date: August 15, 2024</p>
<p align="center">Category: ORG-MISC</p>		

NLACRC’s Whistleblower policy protects employees and the trustees from any form of retaliation for the good faith reporting of perceived improper activity committed by employees, the trustees or any other person. In short no adverse action will be taken against the person filing the complaint simply because a complaint has been filed. Employees and the trustees are expected to adhere to the highest standards of business and personal ethics in discharging their duties and responsibilities. As employees and representatives of NLACRC, we are obligated to comply with all applicable laws and regulations with honesty and integrity.

2. Persons Permitted to File Complaints

This policy applies to reports of improper activity by all NLACRC trustees and NLACRC employees, including employees in the San Fernando Valley, Antelope Valley, and Santa Clarita Valley offices.

3. Responsibility and Obligation to Comply with Policy

It is the responsibility of all employees and all trustees to comply with this policy and to report perceived improper activity to the Center’s Compliance Officer.

4. Procedure For Filing a Complaint

4.1 To make a complaint, contact the Compliance Officer. The Compliance Officer is either the Human Resources Director, or, if the complaint involves the Human Resources Director, then the Executive Director. Also, as a separate option, a complaint may be made directly to DDS, the Board of Trustees or the Board’s Executive Committee. The Compliance Officer or the Board of Trustees will notify the sender to acknowledge receipt of the complaint and provide an assigned investigation case number within five (5) business days. All reports will be promptly investigated, and appropriate corrective action will be taken by NLACRC if warranted by the investigation.

<p align="center">WHISTLEBLOWER – NLACRC EMPLOYEES AND BOARD MEMBERS (cont'd)</p>	<p align="center">Version No. 5</p>	<p align="center">Revision Date: August 15, 2024</p>
<p align="center">Category: ORG-MISC</p>		

a. **North Los Angeles County Regional Center**

An individual who wishes to file a complaint with Human Resources may contact:

- Human Resources Director
Phone: (818) 756-6125
Fax: (818) 756-6440
Email: whistleblower@nlacrc.org

9200 Oakdale Avenue, Suite 100
Chatsworth, CA 91311

b. **Board of Trustees, Executive Committee or Specific Officer of the Board**

To make a complaint to the Board of Trustees, the Board's Executive Committee, or to a specific officer of the board (President, Immediate Past President, 1st Vice-President, 2nd Vice President, Treasurer, or Secretary), the contact information is as follows:

- Board of Trustees or Board of Trustees' Executive Committee
(Please specify what officer of the Board of Trustees you wish to send your complaint to, if applicable.)
Phone: (818) 756-6118
Fax: (818) 756-6140
Email: boardsupport@nlacrc.org

9200 Oakdale Ave, Suite 100
Chatsworth, CA 91311

<p align="center">WHISTLEBLOWER – NLACRC EMPLOYEES AND BOARD MEMBERS (cont'd)</p>	<p align="center">Version No. 5</p>	<p align="center">Revision Date: August 15, 2024</p>
<p align="center">Category: ORG-MISC</p>		

c. **Department of Developmental Services (DDS)**

A complaint may be filed with DDS by contacting:

- Community Services Division
Phone: (833) 538-3723
Fax: (916) 654- 3641
Email: Appeals@dds.ca.gov

1215 O Street, MS 8-20
Sacramento, CA 95814

4.2 NLACRC requires a clear and concise statement of the alleged improper activity and any evidence you have to support the allegation. NLACRC encourages employees and board members to notify the Compliance Officer in good faith when they have reason to believe that any “improper regional center activity” and/or “improper vendor/contractor activity,” as those terms are defined in part 1 of this policy, has occurred.

If you do not provide a name or other information (witnesses or documents) that clearly identifies the person you are alleging has engaged in improper activity, and the regional center where that person works or is a board member, we may not have sufficient information to investigate. Copies of documents, rather than originals, should be submitted as they cannot be returned.

Although complaints may be filed anonymously, it is extremely difficult and often impossible to investigate if insufficient information is provided and we have no means to contact you to gather basic facts. In such cases, NLACRC may not be able to effectively investigate the allegations.

The Center may seek an appropriate impartial party, such as arbitrator, organizational ombudsman, investigator, or mediator or the Center’s corporate counsel, to investigate suspected improper activity and to make recommendations to the Center. The Center will inform the Board’s Executive Committee of recommendations by the appropriate impartial party, including appropriate corrective action.

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4.3 The Compliance Officer shall notify the Executive Committee of any whistleblower complaint and inform the committee of the resolution of the matter.

5. Policy When Complaints Are Filed

5.1 For this policy, the Compliance Officer is the Human Resources Director. The Executive Director will serve as the Compliance Officer in the event the alleged or suspected improper activity involves the Human Resources Director. Also, as a separate option, a complaint may be made directly to the Board of Trustees or the Board’s Executive Committee.

5.2 The Center encourages employees and trustees to notify the Compliance Officer in good faith when they have reason to believe that any “improper vendor/contractor activity” or “improper regional center activity,” as those terms are defined in part 1 of this Policy, has occurred.

5.3 No employee or trustee who in good faith reports improper activity shall suffer harassment, retaliation, or adverse employment consequence. In short, no adverse action will be taken against a person filing a complaint, simply because a complaint has been filed. This Whistleblower Policy is intended to encourage and enable employees and trustees to raise serious concerns with the NLACRC, to permit NLACRC to address the concerns prior to seeking resolution outside the Center.

5.4 Improper activity violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. In accordance with Section 7 below, reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation, or to comply with other laws and obligations.

5.5 The Compliance Officer responsible for investigating and resolving all reported whistleblower complaints, shall advise the Executive Director and the Board of Trustee’s Executive Committee of each complaint that is filed, and the ongoing progress of the investigation. The Compliance Officer is required to report to the Executive Committee at least annually on compliance activity. In addition, the Compliance Officer or the Board of Trustees will notify the sender to acknowledge receipt of the complaint and provide an investigation case number within five (5) business days.

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All reports will be promptly investigated, and appropriate corrective action will be taken by NLACRC if warranted by the investigation. The Compliance Officer responsible for investigating and resolving all reported whistleblower complaints shall advise the Executive Director and Board of Trustee’s Executive Committee of each complaint that is filed, and ongoing progress of the investigation. The Compliance Officer is required to report to the Executive Committee at least annually on compliance activity.

- 5.6 The Regional Center will provide to DDS a whistleblower report log, at least monthly, outlining the following data:
- a. If a complaint is received, the Date complaint received.
 - b. Complainant type, if known, for whistleblower complaints (e.g., regional center staff, service provider, community member, etc.).
 - c. Date acknowledgement of receipt was sent to complainant.
 - d. Investigation case number assigned to complainant.
 - e. Summary of the nature of the complaint;
 - f. Details of investigation;
 - g. Results of investigation; and
 - h. Corrective action taken, if applicable.

6. This Policy is Consistent with the State’s Directive Entitled “Department of Developmental Services Whistleblower Complaint Process,” dated July 28, 2010

To comply with the DDS Directive dated July 28, 2010, this policy will:

- 6.1 Allow for multiple employees within the Regional Center to be available to accept complaints. More specifically, the Compliance Officer is the Human Resources Director, except that if the complaint involves the Human Resources Director, the Compliance Officer is the Executive Director. Also, complaints may be made directly to the Board of Trustees President, or to DDS.
- 6.2 As noted in 6.1 above, allow direct access to the Board of Trustees President for the purpose of filing complaints.
- 6.3 Protect any person making a complaint from retaliation. More specifically, the Regional Center will not retaliate against any complainant.
- 6.4 Follow the Regional Center procedure set forth in part 5 above to investigate and take appropriate action on complaints, including complaints of retaliation.
- 6.5 Ensure complainant confidentiality as provided in Section 7 of this Policy,

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consistent with the State’s Whistleblower Policy, including consumer health and safety.

6.6 Provide for the notification of employees, board members, consumers/families, and vendors community of the existence of both the Regional Center and the State’s Whistleblower policy within thirty (30) days of the effective date of the Regional Center’s policy and annually thereafter.

In addition, NLACRC will ensure that this Whistleblower Policy will be posted on the Regional Center’s website within thirty (30) days after being adopted.

7. Confidentiality

NLACRC will do everything possible to maintain the confidentiality of a complainant making a whistleblower complaint. However, in the rare circumstances where NLACRC is unable to maintain confidentiality due to its statutory responsibilities (including ensuring the health and safety of consumers and regional center contract compliance), or due to its need to address the improper activity, NLACRC will attempt to inform the complainant of its need to disclose information prior to releasing identifying information. Additionally, the identity of the complainant may be revealed to appropriate law enforcement agencies conducting a criminal investigation.


8. Notification and Dissemination of Policy

NLACRC will provide for the notification of employees and board members, of the existence of this policy within thirty (30) days of the effective date of the policy, and annually thereafter.

In addition, NLACRC will ensure that the regional center’s Whistleblower Policies are posted on the regional center’s website within thirty (30) days after being adopted.

ACKNOWLEDGMENT AND AGREEMENT TO COMPLY

I acknowledge that I have read and understand the rules regarding the Regional Center Whistleblower Policy for NLACRC Employees and Board Members. I understand that compliance with the foregoing policy and procedure is a condition of employment and Board Membership at NLACRC.

	WHISTLEBLOWER – NLACRC VENDORS, CONTRACTORS AND OTHERS		
	POLICY & PROCEDURE		
Category: ORG-MISC	Effective Date: August 28, 2009	Version No.: 6	Revision Date: August 15, 2024

REGIONAL CENTER WHISTLEBLOWER POLICY FOR VENDORS, CONTRACTORS AND OTHERS

This policy is adopted to comply with the Department of Developmental Services (DDS) Regional Center or Vendor/Contractor Whistleblower Complaint Process Filing and Contact Information guidelines. Accordingly, NLACRC has adopted this policy for complaints by vendors, contractors and others.

1. Definition of Regional Center or Vendor, Contractor, and Others Whistleblower Complaints

This policy confirms that both NLACRC and DDS permit and will investigate complaints filed not only by regional center employees and regional center trustees, but also complaints filed by vendors, contractors, consumers, families, and others. Whistleblower complaints, for purposes of this policy, are defined as the reporting of an “improper regional center or vendor/contractor activity.”

- An “improper regional center activity” means an activity by a regional center, or an employee, officer, or board member of a regional center, in the conduct of regional center business, that is a violation of a state or federal law or regulation; violation of contract provisions; fraud or fiscal malfeasance; misuse of governmental property or constitutes gross misconduct, incompetency, or inefficiency.
- An “improper vendor/contractor activity” means an activity by a vendor/contractor, or an employee, officer, or board member of a vendor/contractor, in the provision of DDS funded services, that is a violation of a state or federal law or regulation; violation of contract provisions; fraud or fiscal malfeasance; misuse of government property; or constitutes gross misconduct, incompetency, or inefficiency.

2. DDS Complaint Processes Available for Use

DDS has a variety of complaint appeal processes available to vendors/contractors, agencies, facilities, parents, and consumers. These include Consumer Rights Complaints; Early Start Complaints, Due Process Requests, and Mediation

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Conference Requests; Lanterman Act Fair Hearing Requests; Title 17 Complaints; Citizen Complaints and Comments 9 (see <http://www.dds.ca.gov/Complaints/Homes.cfm> for list). Each of these complaint and appeal processes has separate and distinct procedures for resolution. This policy relates only to the regional center or vendor/contractor Whistleblower complaints as described above.

3. Confidentiality

Both NLACRC and DDS will do everything possible to maintain the confidentiality of a complainant making a whistleblower complaint. However, in the rare circumstances where DDS is unable to maintain confidentiality due to its statutory responsibilities (including ensuring the health and safety of consumers and regional center contract compliance), the Department will attempt to inform the complainant of its need to disclose information prior to releasing identifying information. Additionally, the identity of the complainant may be revealed to appropriate law enforcement agencies conducting a criminal investigation.

4. About Filing a Complaint

NLACRC and DDS require a clear and concise statement of the improper activity and any evidence you have to support the allegation.

If you do not provide a name or other information (witnesses or documents) that clearly identifies the person you are alleging has acted improperly, and the regional center or vendor/contractor where that person works, we may not have sufficient information to investigate. Copies of documents, rather than originals, should be submitted as they cannot be returned.

Although complaints may be filed anonymously, it is extremely difficult and often impossible to investigate if insufficient information is provided and we have no means to contact you to gather basic facts. In such cases, NLACRC or DDS may not be able to effectively investigate the allegations.

<p align="center">WHISTLEBLOWER – NLACRC VENDORS, CONTRACTORS AND OTHERS (cont'd)</p>	<p align="center">Version No. 6</p>	<p align="center">Revision Date: August 15, 2024</p>
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5. How to File Whistleblower Complaint

5.1 Department of Developmental Services (DDS)

A complaint may be filed with DDS by contacting:

- Office of Community Appeals and Resolutions
1215 O Street, MS 8-20
Sacramento, CA 95814

Voice: (833) 538-3723

Fax: (916) 654-3641

Email: Appeals@dds.ca.gov

Please Note: If the complaint is in regard to Early Start Services, DDS will require that an Early Start Complaint Investigation Request form (DS 1827) be completed. That form can be found at <https://www.dds.ca.gov/general/appeals-complaints-comments/early-start-complaint-process/>.

5.2 North Los Angeles County Regional Center

A Complaint may be filed with NLACRC by filing it with the Human Resources Director, the Executive Director, or the Board of Trustees President; the contact information is as follows:

- Human Resources Director
- Phone: (818) 756-6125
- Fax: (818) 756-6440
- Email: whistleblower@nlacrc.org

9200 Oakdale Avenue, Suite 100
Chatsworth, CA 91311

- Executive Director
- Phone: (818) 756-6360
- Fax: (818) 756-6140

9200 Oakdale Avenue, Suite 100
Chatsworth, CA 91311

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- Board of Trustees President
Phone: (818) 756-6118
Fax: (818) 756-6140

9200 Oakdale Avenue, Suite 100
Chatsworth, CA 91311

6. Policy When Complaints Are Filed With NLACRC

- 6.1 For this policy, the NLACRC Compliance Officer is the Human Resources DirectorHuman Resources Director. The Executive Director will serve as the Compliance Officer in the event the alleged or suspected improper activity involves the Human Resources DirectorHuman Resources Director. Also, as a separate option, a complaint may be made directly to the Board of Trustees President.
- 6.2 The center encourages vendors/contractors, agencies, facilities, parents, and consumers, as well as NLACRC employees and trustees to notify the Compliance Officer in good faith¹ when they have reason to believe that any “improper vendor/contractor activity” or “improper regional center activity,” as those terms are defined in part 1 of this policy, has occurred.
- 6.3 No vendor, contractor, agency, facility, parent, consumer, employee, or trustee shall suffer retaliation for making a good faith report, based on a reasonable belief, that there has been a violation of this Policy.
- 6.4 The Compliance Officer or the Board of Trustees President will notify the sender to acknowledge receipt of the complaint and provide an investigation case number within five (5) business days. All reports will be promptly investigated, and appropriate corrective action will be taken by NLACRC if warranted by the investigation. The Compliance Officer responsible for investigating and resolving all reported whistleblower complaints shall advise the Executive Director and the Board of Trustee’s Executive Committee of each complaint that is filed, and the ongoing progress of the investigation. The Compliance Officer is required to report to the Executive Committee at least annually on compliance activity.

¹ Here, the term “good faith” shall be deemed to contain the same meaning as California Labor Code §1102.5, which protects employees who disclose reasonably based suspicions of illegal activity.

<p style="text-align: center;">WHISTLEBLOWER – NLACRC VENDORS, CONTRACTORS AND OTHERS (cont'd)</p>	<p style="text-align: center;">Version No. 6</p>	<p style="text-align: center;">Revision Date: August 15, 2024</p>
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- 6.5 The Regional Center will provide to DDS a whistleblower report log, at least monthly, outlining the following data:
- a. If a complaint is received, the Date complaint received;
 - b. Complainant type, if known, for whistleblower complaints (e.g., regional center staff, service provider, community member, etc.);
 - c. Date acknowledgement of receipt was sent to complainant;
 - d. Investigation case number assigned to complainant;
 - e. Summary of the nature of the complaint;
 - f. Details of investigation;
 - g. Results of investigation; and
 - h. Corrective action taken, if applicable.

7. This Policy is Consistent With the State’s Directive Entitled “Department of Developmental Services Whistleblower Complaint Process,” dated July 28, 2010

To comply with the DDS Directive dated July 28, 2010, this policy will:

- 7.1 Allow for multiple employees within the regional center to be available to accept complaints. More specifically, the Compliance Officer is the Human Resources Director, except that if the complaint involves the Human Resources Director, the Compliance Officer is the Executive Director. Also, complaints may be made directly to the Board of Trustees President, or to DDS.
- 7.2 As noted in part 7.1 above, allow direct access to the Board of Trustees President for the purpose of filing complaints.
- 7.3 Protect any person making a complaint from retaliation. More specifically, the Regional Center will not retaliate against any complainant.
- 7.4 Follow the Regional Center procedure set forth in part 6 above to investigate and take appropriate action on complaints, including complaints of retaliation.
- 7.5 Ensure complainant confidentiality as provided in Section 3 of this Policy, consistent with the State’s Whistleblower Policy, including consumer health and safety.
- 7.6 Provide for the notification of employees, board members, consumers/families, and vendor community of the existence of both the Regional Center and the State’s Whistleblower policy within thirty (30) days of the effective date of the

<p align="center">WHISTLEBLOWER – NLACRC VENDORS, CONTRACTORS AND OTHERS (cont'd)</p>	<p align="center">Version No. 6</p>	<p align="center">Revision Date: August 15, 2024</p>
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Regional Center's policy and annually thereafter.

In addition, the NLACRC will ensure that this Whistleblower Policy will be posted on the Regional Center's website within thirty (30) days after being adopted.



Time Period: 7/1/2023 - 6/30/2024

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
5/22/2023 ¹	NLACRC Employee	2023-EWB-001 ¹	unknown ¹	Issues with Work environment and Culture, discrimination, retaliation.	1. Chief Consumer and Community Services Officer and HR Manager conducted 19 employee interviews between June - August 2023. 2. Consumer Services management personnel also	Some concerns were substantiated . 1. Improve supervisory support for employees including, but not limited to, workplace processes such as, POS authorizations and documentation of addendums and IPPs. 2.Improve training programs and plans for employees existing and new employees. 3.Take measures to enhance office collaboration, culture and team engagement. 4.Take measures to enhance open door culture and ability to interact with others, or ask for help or support, without fear of retaliation or bullying.	1. All management and supervisory personnel attended in-person Unlawful Harassment and Retaliation policy training on 9/21/2023. 2. Location in question submitted a monthly teambuilding and collaboration plan in September 2023, which was approved for implementation.	9/22/2023	Parita Burnee, (former) CHRO ¹
9/15/2023 10/10/2023 date unknown	NLACRC Employee	2023-EWB-002 ²	Postal letters sent anonymously with return address to NLA	1. Discrimination against Black/African American consumers and vendors by the (now former) Services Director; 2. Said Director does not timely approve POS for consumers; 3. Said Director uses profanity and denies services to Black/African American consumers; 4. Bullying and harassment in the workplace; 5. Seeking removal of (former) ED and Services Director 6. Failure to properly train CSCs during NSO 7. Failure to listen to CSCs 8. CSCs smoke marijuana at work and consume alcohol during breaks.	1. Investigation referred to Ogletree Deakins law firm for independent investigation on 11/02/2023. 2. Law firm conducted 14 interviews at location in question during period of 11/29/2023 - 12/07/2023. 3. Law firm provided NLACRC with investigative summary as of 1/04/2024.	Per the 1/04/2024 summary report, "Taking into account the witness interviews and documentation, the Investigator was unable to substantiate the allegations of the complaint."	Information not available within report.	1/4/2024	Betsy Monahan, HR Director
11/2023 1/09/2024	NLACRC Employee	2023-EWB-003 ²	unknown ²	Code of Conduct + Whistleblower complaint lodged re: allegations that a Board Trustee/officer filmed and posted social media videos that: 1. Intimated physical violence against NLACRC Service Coordinators, and 2. Intimating that their child who is a consumer, received additional financial benefit due to their Trustee status.	1. Former ED referred investigation to Ogletree Deakins law firm for independent investigation on 1/09/2024. 2. Investigation scope limited to identify if employee concerns were valid and able to be substantiated. 3. Law firm conducted 10 interviews with: Trustee, former ED, former CHRO, interim ED, and 6 confidential witnesses.	Per the 3/05/2024 summary report, "Based on the review of the above-described evidence, there is evidence to substantiate that the alleged conduct violated the Whistleblower Policy."	1. Make Board of Trustees' Code of Conduct public and transparent; this is now read to begin every public Board and Board Committee meeting. 2. Established NLACRC Code of Conduct, which was published to both internal staff and the outside community publicly. Note: Board member's resignation from the Board was accepted in writing by the Board President on 3/29/2024.	3/25/2024	Betsy Monahan, HR Director
3/22/2024	NLACRC Board Member	2024-BWB-001	unknown ²	Code of Conduct complaint lodged re: allegations that a Board Trustee: 1. Raised their voice to another board trustee during a closed session of a Committee meeting; 2. Used profane language when speak with board trustees during that same meeting.	Internal investigation conducted.	1. Raised their voice to another board trustee during a closed session of a Committee meeting; Substantiated by investigator . 2. Used profane language when speak with board trustees during that same meeting. Unsubstantiated .	Information not available within report.	6/10/2024	Betsy Monahan, HR Director

¹ Case number retroactively applied, and date of acknowledgement is unknown, that information was not provided by individual who completed submission.

² Case numbers retroactively applied; information summarized from summary documentation that pre-dates the employment of the submitting individual.

**NLACRC
FY23/24 Whistleblower Board Report**

#	FY	Service Provider ("S") or Employee ("E")	Vendor	Allegation	Date Received	Status	Cross Reported and/or Referred to Gov't Agency*						Investigatory Steps Taken:					Outcome			
							DDS	DHS	CCL	DOL	CPS**	APS**	Omb.**	Interviews	Audit of Records	Site Visit	Oversight Agency Report Review		Outside of Scope		
1	23/24	S	█	1. Staff not assisting with paying utility bills. 2. Staff not assisting with meal preparation. 3. Staff not providing support managing health. 4. Staff not assisting with money management.	8/4/2023	Closed	✓								✓	✓	✓			1. Unsubstantiated 2. Unsubstantiated 3. Unsubstantiated 4. Unsubstantiated	
2	23/24	S	█	1. Staff burglarized family home.	9/27/2023	Closed									✓	✓				1. Unsubstantiated	
3	23/24	S	█	1. Fraudulent billing 2. Documents were not released to complainant. 3. HIPPA violation 4. Misinformation provided to family	7/28/2023	Closed									✓	✓				1. Unsubstantiated 2. Unsubstantiated 3. Unsubstantiated 4. Unsubstantiated	
4	23/24	S	█	1. Staff physically and verbally abused resident.	9/15/2023	Closed	✓		✓						✓	✓	✓	✓		1. Substantiated	
5	23/24	S	█	1. Staff not properly trained. 2. Staff without guidance on providing supports. 3. Staff uncertain agency contact for reporting emergencies. 4. Staff without valid CPR and First Aid certification.	10/19/2023	Closed	✓								✓	✓				1. Unsubstantiated 2. Substantiated 3. Substantiated 4. Substantiated	
6	23/24	S	█	1. Agency employees are not Live Scanned. 2. Unlicensed staff providing speech therapy services. 3. Agency is not licensed to provide speech therapy services. 4. Fraudulent reports by unlicensed speech. 5. Agency submits reports to NLACRC, stating that consumers are seen by licensed speech therapy providers.	2/5/2024	Closed	✓								✓	✓		✓		1. Unsubstantiated 2. Substantiated 3. Substantiated 4. Substantiated 5. Substantiated	
7	23/24	S	█	1. Failure to report PT license on probation. 2. Unlicensed PT/PTAs. 3. PTA's providing services in the absence of a PT. 4. Failure to report and bill accurately.	2/12/2024	Closed										✓			✓		1. Substantiated 2. Substantiated 3. Substantiated 4. Substantiated
8	23/24	S	█	1. Client's Rights violation (consent). 2. Staff reporting client to Law Enforcement 3. Client Rights (consent) 4. Agency harassing and threatening 5. Client Rights (alleged Blackmail) 6. Unprofessional staff protocol 7. staff performing duties outside scope 8. Unprofessional Staff protocol 9. Unprofessional Staff protocol	3/12/2024	Closed									✓	✓					1. Inconclusive 2. Substantiated 3. Substantiated 4. Unsubstantiated 5. Unsubstantiated 6. Inconclusive 7. Substantiated 8. Unsubstantiated 9. Inconclusive

**NLACRC
FY23/24 Whistleblower Board Report**

#	FY	Service Provider ("S") or Employee ("E")	Vendor	Allegation	Date Received	Status	Cross Reported and/or Referred to Gov't Agency*						Investigatory Steps Taken:					Outcome	
							DDS	DHS	CCL	DOL	CPS**	APS**	Omb.**	Interviews	Audit of Records	Site Visit	Oversight Agency Report Review		Outside of Scope
9	23/24	S	█	Improper termination of services.	3/26/2024	Closed								✓	✓				1. Substantiated
10	23/24	S	█	1. Staff manipulated family member 2. Staff has Power of Attorney. 3. Allegation of Fraud 4. Unprofessional staff action	4/9/2024	Closed								✓	✓		✓		1. Inconclusive 2. Substantiated. 3. Substantiated 4. Inconclusive
11	23/24	S	█	1. Unprofessional staff 2. Unprofessional staff action 3. Staff raised their voice and was told to move faster. 4. Staff stroked client cheek, was demeaning.	4/25/2024	Closed								✓	✓				1. Unsubstantiated 2. Inconclusive 3. Inconclusive 4. Inconclusive
12	23/24	RC	█	1. Complainant not included in IPP. 2. Annual IPP not completed. 3. Improper RC action 4. RC did not advocate 5. Improper placement 6. Lack of assessment of placement 7. IPP not implemented 8. Wellness check not conducted 9. SIR not submitted 10. Lack of monitoring, advocacy, case management.	4/29/2024	Closed	✓							✓	✓				1. Unsubstantiated 2. Substantiated 3. Unsubstantiated 4. Unsubstantiated 5. Unsubstantiated 6. Inconclusive 7. Unsubstantiated 8. Unsubstantiated 9. Unsubstantiated 10. Unsubstantiated
13	23/24	S	█	1. Lack of communication with family 2. Lack of communication with RC 3. Lack of communication with medical facility. 4. IPP goals not shared with medical facility. 5. Client Rights (personal itmes) 6. Wellness check not conducted. 7. Client Rights 8. SIR not submitted 9. Financial Fraud.	4/29/2024	Closed	✓							✓	✓				1. Inconclusive 2. Unsubstantiated 3. Unsubstantiated 4. Substantiated 5. Inconclusive 6. Inconclusive 7. Substantiated 8. Unsubstantiated 9. Unsubstantiated
14	23/24	S	█	1. Alleges a consumer was left unattended in a patio for hours.	5/7/2024	Closed	✓									✓			1. Unsubstantiated
15	23/24	S	█	1. Client's rent being paid late. 2. Mismanagement of funds. 3. Improper staff action.	6/27/2024	Closed								✓	✓				1. Unsubstantiated 2. Substantiated 3. Unsubstantiated
Total																	15		

* All services With oversight entities were cross-reported.
** Entity takes investigatory lead; NLACRC does not interfere with investigation; NLACRC action contingent on Entity outcome



Time Period: 8/16/2024 - 9/15/2024

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by
8/29/2024	Community Member	2024-EWB-001	9/4/2024	Former AV office employee (employed March - June 2023), now community member, reporting 1. whistleblower retaliation by former CHRO and former Executive Director back in April 2023, 2. payroll violations in June 2023, and 3. current applicant retaliation.	1. Individual alleged complaint made to (former) ED but it was provided to (former) CHRO for investigation. 2. Individual alleges constructive discharge and that delivery of final paychecks violated 72-hour rule. 3. Individual alleges they have applied for a position and have not been called for an interview and therefore believes this is retaliatory behavior. 4. Individual alleges the careers website is inactive.	1. Individual alleged complaint made to (former) ED but it was provided to (former) CHRO for investigation. Individual's complaint was they were allegedly seeking accommodation, when they were actually seeking a policy/practice exception, which was denied and found unwarranted. - Unsubstantiated 2. Individual alleges constructive discharge and that delivery of final paychecks violated 72-hour rule. Individual resigned on 6/5/23 to a supervisor without notice, and when HR sought to have time for questions and gather information, individual did not respond or said they did not have time. Individual never raised concerns alleged either before or after their resignation until now. NLA has trackable proof of signature delivery of final paycheck parcel, within the 72-hour timeframe. - Unsubstantiated. 3. Individual alleges they have applied for a position and have not been called for an interview. NLA HR has zero records of application for the individual since 3/09/2023, including review of recordable data from prior RPO company. - Unsubstantiated 4. Individual alleges the careers website is inactive. NLA careers website is active and operational on www.nlacrc.org. - Unsubstantiated	Response of review of claims sent via email and US Certified Mail to complainant with copy of documentation from #2 for their records.	9/4/2024	Betsy Monahan, HR Director
8/30/2024	NLACRC Employee	2024-EWB-002	9/3/2024	Report of gossip, favoritism, sarcasm and retaliation by AV Office "branch manager"	1. Replied to whistleblower's email on 9/3/24 and again on 9/10/24 and requested additional information (e.g. text screenshots, etc.) for support. Whistleblower has not responded to request via email or phone to-date. 2. Interviewed NLACRC manager assigned to AV Office work location on 9/09/24 regarding the general allegations provided in email.	1. Based upon information provided in initial complaint, Compliance Officer is unable to substantiate basic and general allegations within the complaint. 2. Despite the request for information (incl. witnesses, documents) requested on 9/03/24 and 9/10/24, and requests (same dates) for a clear identification of the person allegedly involved, no other response or information provided; insufficient information.		9/13/2024	Betsy Monahan, HR Director
8/30/2024	Client	2024-CWB-001	9/3/2024	1. Alleged hours inflation by vendor PXXXX (redacted) 2. Alleged confidentiality breach by delivering un-redacted Invoice History Detail Report to client seeking hours usage detail (7 instances)	1. Referred to Community Services (A. Garsalanian) and Contracts/Privacy (M. Mitchell) to investigate.	Pending; investigation still ongoing as of report submission date.		Open	Betsy Monahan, HR Director



NLACRC Whistleblower Complaint Log

7/18/2024 - 7/31/2024	Service Provider	2024-SPWB-001	7/17/2024	DDS received WB Complaint against intermediate care facility identifying allegations of verbal abuse; staff concerns with accessing agency vehicle safety, giving resident food away; physical plant creating a health and safety for the residents.	<p>Allegations: 1. House Manager verbally abuses and yells at individuals receiving services.</p> <p>2. Staff have to walk far to get to the house van, which is not safe.</p> <p>3. The House Manager takes food that is possibly intended for individuals served, or gives it to staff.</p> <p>4. Staff allegedly have given clients double doses of their medication. Staff are not following medication protocols and training.</p> <p>5. The house floor is uneven which is a safety hazard.</p>	<p>1. House Manager verbally abuses and yells at individuals receiving services. Staff and residents were interviewed, no confirmed reports, very happy with service delivery. - Unsubstantiated</p> <p>2. Staff have to walk far to get to the house van, which is not safe. Unsubstantiated</p> <p>3. The House Manager takes food that is possibly intended for individuals served, or gives it to staff. Unsubstantiated</p> <p>4. Staff allegedly have given clients double doses of their medication. Inconclusive Staff are not following medication protocols and training. Substantiated</p> <p>5. The house floor is uneven which is a safety hazard. CDPH substantiated and issued plan of correction. - Substantiated</p>	Cross reported to licensing CDPH. NLA submitted formal response to DDS.	8/30/2024	Arshalous Garlanian, Community Services Director
8/26/2024	Service Provider	2024-SPWB-002	8/26/2024	DDS received WB Complaint against licensed home alleging use of alcohol; physical abuse; appropriate services are not being provided; lack of appropriate response to seizure; health and safety for the residents.	<p>Allegations: 1. Owner keeps alcohol in his office and drinks on the job.</p> <p>2. Individuals served were hit by an owner(s)/ administrator(s)</p> <p>3. When staff report such incidents to owner(s), no action is taken.</p> <p>4. There are instances where services are not provided to individuals, or appropriately provided, including those with high-level needs/behaviors. For example, Some clients are supposed to receive speech therapy but they do not. Also, Some clients are taken on outings or to shopping centers that trigger behavioral issues.</p> <p>5. Medical incidents are not properly handled, such as when individuals have seizures.</p> <p>6. The food in the home is expired, which has caused clients to get sick.</p> <p>7. Individuals served are not properly cared for (e.g. not fed or bathed, teeth are not brushed, clothes are ripped).</p>	<p>OPEN</p> <p>QA investigating complaint; formal response to DDS due 10/7/2024</p>	Cross reported to licensing CCLD	Open	Arshalous Garlanian, Community Services Director
9/4/2024	Service Provider	2024-SPWB-003	9/4/2024	DDS received Complaint about a non-vendored Soc Rec service within another RC's catchement area.	Details of complaint not provided	Insufficient information.	RC response to DDS.	9/25/2024	Arshalous Garlanian, Community Services Director
9/13/2024	Service Provider	2024-SPWB-004	9/13/2024	Former HR Manager for a service provider (HXXXXX, redacted) alleging concerns of improper behavior by the director of the service provider, including improper billing concerns.	<p>Allegations: 1. Discrimination and harassment, either by the director to staff or harassing behavior is ignored by the director.</p> <p>2. Billing is being processed by director's family member, who is allegedly a minor.</p> <p>3. Illegal pay practices and lack of pay transparency in violation of state law</p> <p>4. Director did not inform clients or families of staff with positive COVID infections during Aug 2024.</p> <p>Referred to Community Services (A. Garlanian) to assist with the investigation.</p>	Open /pending update from Comm Services		Open	Betsy Monahan, HR Director



Time Period: 7/15/2024 - 8/15/2024

Add'l Comments: No complaints received during this time period.

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Nature of Complaint	Investigation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Submitted/Logged by



North Los Angeles County Regional Center

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

Director's Report September 2024

Legislative:

Voter registration- September 17 was **National Voter Registration Day!** NLACRC has provided information through our website to our communities on how we can elevate the importance of engaging with candidates at all levels to lift the needs of our communities, individuals that we serve and families, and to plan to vote on or before **Election Day, November 5.** Activities that are suggested are:

1. Engage in Non-Partisan Electoral Advocacy.
2. Share Your Activities on social media.
3. Sign Up to Vote Early or Send in a Mail-In Ballot.

Everyone's vote matters.

Center Operations:

Staffing Data

Total # positions filled: 754

Total # of positions authorized: 952

August New Hires

- 1st cycle: 7
- 2nd cycle: 4

Center Updates:

The Columbus Organization is conducting Employee Driven Self-Managed Work Groups to provide input and explore collaborative discussions as part of the special contract agreement. The areas to receive feedback are workspace utilization, recruitment and retention of staff and case management support and stabilization

Public Information is thrilled to announce that [NLACRC's new website is officially live!](#) This project has been a collaborative effort with all internal departments.

Community services department has scheduled Vendor fairs for this month at the SFV and AV offices for an opportunity for staff to get acquainted with our service providers.

Through our annual membership with VICA (Valley Industry and Commerce Association) we participated in the local officeholder's luncheon on 8/29/2024 to hear from local elected officials

representing the City of Los Angeles and other Valley cities and for networking opportunities with fellow business leaders.

Consumer Statistics:

As of September 17, 2024, the Center served 37,706 consumers and applicants.

Special Events:

Upcoming ARCA Academy event that was held on Friday, September 6th and Saturday, September 7th held by the Inland Regional Center.

Community Events and Educational Training Opportunities

NLACRC's Calendar of Events: [Calendar of Events | NLACRC](#)

*Additional training and support groups are offered as well! Please see NLACRC's Calendar of Events, which includes a link for the Family Focus Resource Center, for information regarding dates, times and links for these events, trainings and more.

Family Focus Resource Center: [Events | California State University, Northridge \(csun.edu\)](#)

*Additionally, the Family Focus Resource Center coordinates several support groups including "Black & African American Family Focus Support Group" "Mamas Latinas Grupo de Apoyo" and the "Parent Check-In and Chat". Please see NLACRC's Calendar of Events, which includes a link for

the Family Focus Resource Center, for information regarding more support groups, training opportunities, dates, times, and links.

Upcoming Disability Organization Events/Activities

State Council on Developmental Disabilities next council meeting - September 24, 2024

Disability Rights California's next board meeting - September 20, 2024

Local Volunteer Advisory Committee (LVAC SDP)- September 19, 2024

FY 2024-25	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Total Absences	Total Hours
Executive Committee														
Meeting Length	Dark					Dark						Dark		
Ana Quiles, Chair		P											0	1.40
Sharmila Brunjes		P											0	1.40
Leticia Garcia		P											0	1.40
Brian Gatus		P											0	1.40
Rocio Sigala		P											0	1.40
Alma Rodriguez		P											0	1.40
Andrew Ramirez		Ab											1	0.00

Meeting Time 1.40

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)