



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: February 27, 2025

To: **Executive Committee:**
Juan Hernandez, Sharmila Brunjes, Curtis Wang, Anna Hurst, Leticia Garcia,

From: Lindsay Granger

Re: Information for the next Executive Committee meeting on
Thursday, February 27, 2025 at 6:00 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=BtvpmibD2KjLYjJwbliC32UvUrT9nR.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, Donna Rentsch, Consumer Services Director, Silvia Renteria-Haro, Director of Client Services

Attachments

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EXECUTIVE COMMITTEE

Thursday, February 27, 2025, at 6:00 pm - Via Zoom

~AGENDA~

- I. **Call to Order and Introductions** (1 min)
- II. **Committee Member Attendance/Quorum** (1 min)
- III. **Agenda** (2 min)
 - A. Approval of Agenda for the February 27, 2025, Meeting (page 3)
- IV. **Public Input – Agenda Items** (3 min per person / 3 attendees max)
- V. **Consent Items** (2 min)
 - A. Approval of Minutes from the November 21, 2024, Meeting (page 5)
- VI. **Action Items**
 - A. Policy for Recording of Meetings – Megan Mitchell (10 min) (page 8)
 - B. DDS Revisions to NLACRC Bylaws – Juan Hernandez (15 min) (page 10)
- VII. **Committee Business**
 - A. Discussion on Parliamentary Training – Megan Mitchell (10 min)
 - B. Monthly Whistleblower Reports for December 2024, January 2025, and February 2025 – Betsy Monahan (10 min) (page 14)
 - C. Review of the current ED Evaluation and Board Policy on ED Evaluation – Besty Monahan (5 min) (page 17)
 - D. Approval of the legal-reviewed NLACRC Whistleblower Policy – Betsy Monahan (5 min) (page 26)
 - E. Approval of the legal-reviewed NLACRC Standards of Conduct Policy – Betsy Monahan (5 min) (page 46)
 - F. Discussion on Conflict of Resolution Plan for Jacquie Colton – Betsy Monahan (5 min)
 - G. Update on NLACRC Strategic Plan – Angela Pao-Johnson (5 min) (page 52)
 - H. Review the Purchase of Service Annual Report FY 2023-2024 – Angela Pao- Johnson (5 min)
Deferred
 - I. Review of the Special Contract Language (SCL) Deliverables Matrix – Angela Pao-Johnson (10 min) (page 61)
 - J. Update and Discussion on Annual Board Event/Awards Ceremony and Retreat for FY 24-25 Workgroup (5 min)
 - K. Discussion on Committee Assignments for New Board Members – (5 min) (page 71)
- IX. **Center Operations** Angela Pao-Johnson (5 min)
- XI. **Board Meeting Agenda Items** (1 min)



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XII. Announcements / Public Input/Information Items *(3 min per person / 3 attendees max)*

- A. Next meeting Thursday, March 27, 2025, at 6:00 PM
- B. Committee Attendance *(page 72)*

XIII. Adjournment

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

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



North Los Angeles County Regional Center
Minutes Of The Executive Committee Meeting
November 21, 2024, 6:30 p.m.

MEMBERS:

Ana Quiles, Brian Gatus, Sharmila Brunjes, Leticia Garcia, Alma Rodriguez, Andrew Ramirez

STAFF:

Angela Pao-Johnson, Vini Montague, Betsy Monahan, Megan Mitchell, Kimberly Visokey

GUESTS:

Aaron Abramowitz - Legal Counsel, Mark Wolfe - DDS Tech Advisor, Tresa Oliveri - DDS Tech Advisor, Jacqueline Gaytan – DDS, Richard Dier, Carly DeNure - Minutes Solutions Inc.

ABSENT:

Rocio Sigala

1. **CALL TO ORDER**

There being a quorum present, and adequate and proper notice of the meeting having been given, the meeting was called to order at 6:46 p.m.

2. **COMMITTEE MEMBER ATTENDANCE**

The President reminded Board members to identify themselves prior to making a motion and reviewed the NLACRC Board of Trustees Civility Code.

3. **AGENDA**

4. **PUBLIC INPUT – AGENDA ITEMS**

There was no public input regarding the agenda.

5. **CONSENT ITEMS**

M/S/C (Andrew Ramirez / Brian Gatus) to approve the minutes of the Executive Committee meeting held on October 24, 2024, as presented. Motion carried.

6. **ACTION ITEMS**

6.1 **New Board Member Onboarding Plan**

The Committee agreed to defer the new member onboarding plan until legal counsel has had a chance to further discuss the requirements with DDS.

6.2 **Board Training Plan**

M/S/C (Andrew Ramirez / Brian Gatus) to approve the Board training plan and submit it to DDS in advance of the December 15, 2024, deadline.

ACTION – NLACRC staff will send the approved Board training plan to DDS immediately to meet the December 15, 2024, deadline.

Angela Pao-Johnson noted that the training plan was deferred until this meeting to confirm with DDS that training material could be provided within 84 days. NLACRC is currently on track for training meetings to take place. Angela Pao-Johnson stated that she will update the Committee on whether the nine individuals who recently received training will need to re-do the training after DDS policy reviews.

6.3 Annual Board Event and Annual Board Retreat for FY 2024-25 Workgroups

M/S/C (Andrew Ramirez / Lety Garcia) to create a working group for the annual Board event and a working group for the annual Board retreat, to be scheduled in 2025.

ACTION – Kimberly Visokey and NLACRC staff will send an invitation for a date in January to Board members for meetings to discuss the annual Board event and the annual Board retreat.

The Committee clarified that each work group shall be open to all Board members, who can then determine their work group's Chair.

6.4 Parliamentary Training

The current parliamentarian on the Board does not currently have training available to them.

ACTION – Megan Mitchell will investigate parliamentary training for Board members and specifically the appointed parliamentarian on the Board, the Second Vice President.

7. COMMITTEE BUSINESS

7.1 Update on NLACRC Strategic Plan

Tresa Oliveri noted that the current NLACRC website includes a strategic plan and notice that progress will be updated annually, but it has not been updated for two years.

Angela Pao-Johnson updated the Committee that based on Board member feedback, the NLACRC will narrow its scope in its strategic plan by choosing one endeavour per focus area to implement, and only add additional endeavours when the first is in progress. NLACRC staff will present their suggestions at the next meeting of the Strategic Planning Committee.

ACTION – Kimberly Visokey and NLACRC staff will investigate what strategic plan information is available to the public on the center's website and what updates are required.

7.2 Review of Whistleblower Policy

The review of the whistleblower policy was deferred.

7.3 Review of the Purchase of Service Annual Report FY 2023-2024

Vini Montague reviewed the purchase of service annual report FY 2023-2024 as submitted to DDS, including a report on public consultations on purchase of service discrepancies. This report was previously submitted to DDS on time. Vini Montague noted the purchase of service report is created annually, and the next public meetings will be held in March 2025 to review the 2024 fiscal year.

7.4 Review of the Special Contract Language (SCL) Deliverables Matrix

Angela Pao-Johnson reviewed the SCL deliverables matrix with the committee, noting that dark green items are those which have a single deliverable due date and have been submitted. Light green items have ongoing deliverables at regular cadences, but the first deliverable has been made.

Angela-Pao Johnson highlighted the following items:

- Board governance bylaws have been submitted, and DDS agreed that they should come before Board policies and procedures.
- The Board member training plan will be submitted on November 21, 2024, and training will take place throughout the year.

- Existing policies have been reviewed by legal and submitted to DDS, but policies to be approved by the Board, adopted by DDS, and then trained, are noted in white.
- The Board of Directors recruitment plan was submitted to DDS.
- The Board of Directors onboarding plan was on track for submission but is currently under review by legal counsel, who are in contact with DDS.
- The workforce development deliverable was submitted on Friday, November 15, 2024.
- The enhancing culture deliverable is ongoing.
- The plan of action regarding community relationships was submitted on Friday, November 15, 2024.
- Onboarding of the Executive Director was completed.
- Whistleblower complaints are being submitted to DDS every 30 days.

ACTION – Kimberly Visokey will verify if standard operating procedures were sent to DDS, or only policy items.

7.5 Recording of Meetings

ACTION – Megan Mitchell will prepare a draft policy on the recording of meetings to be ready for the January 23, 2025, Executive Committee meeting.

Following presentation to the Committee, the policy will be reviewed in a Board of Trustees meeting in February 2025.

8. CENTER OPERATIONS REPORT

Angela Pao-Johnson provided the center operations report.

9. BOARD MEETING AGENDA ITEMS

The following items will be presented during the next Board of Trustees meeting:

- The Board training plan will be sent to the Board for its information, as the plan will be sent to DDS by December 15, 2024, prior to the next Board meeting.
- The Board onboarding plan may be ready for the next Board meeting, pending Ernie Cruz's response is in a reasonable timeframe.
- New bylaws may be ready for the next Board meeting as an action item, pending DDS review and comments.

10. NEXT MEETING

The date of the next Executive Committee meeting is January 23, 2025, at 6:00 p.m.

11. ADJOURNMENT

The meeting was adjourned at 7:22 p.m.

Submitted by:

Kimberly Visokey

Executive Administrative Assistant

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



North Los Angeles County Regional Center
Board of Trustees

Recording of Board and Committee Meetings Policy

1. General

The purpose of the Recording Meetings Policy is to establish guidelines regarding the recording of the portions of North Los Angeles County Regional Center's Board of Trustee meetings that are open to the public. The intent of this policy is to strike a balance between the legitimate uses of audio and video recordings, and concerns including compliance with the law, privacy, and protection of intellectual property. NLACRC keeps records of its meetings in the form of written meeting minutes which summarize meeting proceedings and document key decisions. With the move to more online meetings, and the emergence of new recording technologies, NLACRC Board of Trustees needs to document the circumstances under which it will use recording technologies to document meetings.

2. Committee Meetings Affected

This policy applies to the portions of all meetings that are open to the public, including Board of Trustee meetings and all Board Committee meetings.

3. Policy

Rationale:

NLACRC keeps records of its meetings in the form of written meeting minutes which summarize meeting proceedings and document key decisions. With the move to more online meetings, and the emergence of new recording technologies, NLACRC Board of Trustees needs to document the circumstances under which it will use recording technologies to document meetings.

Consent:

Any open meeting may be recorded by any person attending without the need to first obtain the consent. The Trustee presiding over the open meeting shall inform all in attendance that the proceedings may be recorded by any individual present without further notice or consent absent a finding by the Board of Trustees that such recording would disrupt proceedings. (Welfare and Institutions Code (WIC), Section 4660(d)).

It should be made clear to all participants, that recordings that are preserved may be subject to the California Public Records Act, effective for regional centers in 2026.

Maintenance and Destruction of Recordings:

The only person who can record a meeting is the meeting host (or designate) and all recordings must be destroyed by the host (or designate) unless exempted as detailed above. No recordings are to be shared by the host, without the express written consent of all who participated in the meeting. Transcripts based on the recording may be shared with the board secretary or meeting note taker. NLACRC shall maintain all recordings and written comments submitted as testimony on agenda items for no less than two years in accordance with WIC 4661(a).

In some instances, it may be prudent to have the meeting notes or minutes reviewed by a relevant body or individual and the accuracy of the minutes adequately confirmed before the recording is deleted. For example, a committee may decide to maintain the recording just long enough for the committee to review the meeting minutes and, once the minutes are approved, promptly delete the recording. Any questions regarding the need to maintain the recording should be addressed to the General Counsel.

NLACRC shall properly address any related intellectual matters such as Recordings containing copyrighted materials and therefore subject to additional rights.

Related Laws

California Welfare and Institutions Code (WIC), Section 4660(d) – 4661(a)

California Penal Code 632(c)

California Government Code 11121 - 11124

**DDS REVIEW OF NLACRC BYLAWS
FEEDBACK AND RECOMMENDATIONS
DECEMBER 2024**

General Recommendations/Suggestions

- Create a Table of Contents
- Consistency needed throughout bylaws in reference to DDS as the Department
- Consider reducing the number of officers (such as eliminating 2nd VP and assigning Parliamentarian duties to the Secretary)
- Consider reducing the number of Committees or frequency of meetings. Other alternative is to move Strategic Planning to an Ad Hoc committee,
- Consider reducing the number of Board Meetings; this would allow time for a Board Retreat that would allow education & training topics to be discussed.
 - Committees identified in the bylaws include:
 - Executive Committee
 - Nominating Committee
 - Consumer Services Committee
 - Government and Community Relations Committee
 - Administrative Affairs Committee
 - Vendor Advisory Committee
 - Consumer Advisory Committee
 - Strategic Planning Committee
- ARCA delegate duties are listed in NLA's bylaws (Article V, Section 10); however, there is no instrument to monitor or determine whether the duties as described are occurring. Alternative would be to require a reporting instrument or to remove this from the bylaws and assign this language in either a committee policy or somewhere else.

Article IV, Section 1

- (d) to read, "To ensure that the Regional Center provides necessary training, including on issues of linguistic and cultural competency, and support to its Trustees to facilitate their understanding of, and to participate in the observation of ~~in~~, the business affairs of the Regional Center in these Bylaws." (This would address what has been at the heart of some of the challenges with the Board – their attempts at active participation in business affairs)
- Remove (h) as section 1(f) already define verbatim the power to establish special committees.
- (g) and section 1(i) are also repetitive. Recommend removing Article IV Section 1(i).

Article IV, Section 2

- (b) recommend removal of the print below. Solely specify that required records to be kept at the Principle Executive Office of the Corporation.
 - (b) The Board shall cause to be kept open to the inspection of any person entitled thereto and making proper demand thereof, among other things, a

book of minutes of all meetings of the Board, and adequate and correct books of account of the properties and business transactions of the Corporation, all in the form prescribed by law and showing the details required by law. The Board shall designate by resolution where such records shall be kept; in the absence of any such designation, such records shall be kept at the Principal Executive Office of the Corporation, as such Office is designated in Article I, Section 1

- (e) and (f) **Delete entire section regarding Annual Report.** This was added by Board President and previous legal counsel last year. Everything requested under this section is part of the annual independent audit and is duplicative of the audit. The Board will receive this same information as part of the annual. This section requires it in advance of the audit which creates a workload impact for duplicate information.
- (k) replace “Regional Center” Contract Policy to “Board’s” Contract Policy

Article IV, Section 4

- Section 4(a-e) covers the initial components of WIC 4622. Recommend inserting (f) from WIC 4622 requirement that members of the board shall not be permitted to serve more than 7 years within each 8 year period.
- (i) amend first sentence to read: “Every current Board member...”
- (i) amend second to last sentence to read: “Every new Board member must complete and file a Conflict of Interest Reporting Statement no later than thirty (30) days after being selected, appointed, or elected.”
- (k) Last sentence is duplicative and covered in (i), (j) and the beginning of (k).

Article IV, Section 6

(b) reference to 4(k) needs to be updated to 4(j).

Article IV, Section 7

- (a) change reference of “DDS” to “the Department” for consistency
- (c) revise and make reference to Article IV, Section 5 for definition of “Vendor Trustee”
- Last paragraph after (d) references scheduling a “hearing”. Is this meant to be a “motion”? Also, last sentence indicates “Board’s findings”. Should this be “Board’s majority vote”?

Article IV, Section 8

- (e) amend second sentence to read: “If a Board member(s) ~~would like a~~ requests that the vote be conducted by written ballot, ~~they~~ the requesting Board member(s).”
- (g)(1) update “...of this Section ~~7~~ 8”.
- (h) posted agendas only include the meeting start time and do not designate a timeframe for the meeting. How will this provision be enforced? Is there another methodology that could be recommended?

Recommended change: “For purposes of this section, an absence shall mean any meeting in which a Trustee is not present for greater than 25% of the timeframe designated in the Agenda for the meeting (e.g. if the Agenda for a Board Meeting designates a total meeting time of 2 hours, any individual absent for greater than 30 minutes will be considered absent even if the actual board meeting time of 2 ½ hours, an individual absent for 30 minutes will not be considered absent even if the actual board meeting is adjourned after 1 hour and 45 minute). meeting time. The meeting time is determined by the amount of time from when the meeting is called to order to when it is adjourned.”

- (h) eliminate multiple notices of absences and have just 1 final notice that an additional absence and the board member will be removed from the board.

Article IV, Section 10

- (b) reference to Executive Committee being able to call a special meeting, is it by a majority of the Executive Committee or by unanimous agreement of the Executive Committee?
- (c) first sentence update reference from Section 9 to 10.

Article IV, Section 11

- First paragraph, third sentence update from “directors” to “Trustees”.
- Second paragraph, first sentence is reference to Article IV, Section 5 supposed to be updated to Section 8?

Article V, Section 3

- Term of office is covered earlier in these bylaws, see Article IV, Section 8, titled "Election and Term of Office." Suggest consolidating this down and only having it found in one place, with all provisions in one section.
- Second sentence states: “An officer may be removed with or without cause by a vote of two-thirds (2/3) of the total membership of the Board.” This conflict with what is in Article IV, Section 8, Subsection G indicates that removal for cause only requires a majority vote, whereas removal without good cause requires a 2/3 vote.
- Reinstate term limits for Board President and other officers of the board. Recommend reviewing bylaws from other regional centers and seeking technical assistance from the Technical Assistance Team. Consider, for example, the following:
 - one-year terms for officer positions with reelection terms being one-year, or
 - A maximum of two consecutive terms for the officer positions
 - Term limits shall follow WIC section 4622(f), which stipulates members of the governing board shall not be permitted to serve more than seven years within each eight-year period

Article V, Section 4

- Vacancies is covered in Article IV, Section 9, titled "Vacancies." Suggest consolidating so that all provisions related to Vacancies are found in one section.

Article VII, Section 3

- (c) recommended edit: "Minutes are to be kept of all committee meetings and kept on file at the Principal Executive Office of the Corporation..."

Article VII, Section 4

- (d) recommend striking the following in the fourth sentence: "The Executive Committee may conduct its business in an informal manner in that full and formal Parliamentary Procedures need not be followed except that the affirmative vote of a majority of committee members present at a duly called meeting shall be necessary to transact the business of the committee., ~~except as provided in Subsection (d) of this Section 4.~~" Subsection (d) titled "Action Without Meeting" was in the previous version of the bylaws, and it was stricken.

Article VII, Section 5

- (a) change "members" to "Trustees"
- (c) recommended edit: "(c) Duties. The duties of the Nominating Committee shall be to collect, categorize, screen, and keep on file at the Principal Executive Office of the Corporation..."
- (c)(3) recommend consideration to strike existing language and change language to: "Pursuant to Welfare & Institutions Code Section 4622, the Board shall establish a Vendors Advisory Committee. The Vendor Advisory Committee shall recruit, screen and recommend applicants for membership. The Vendor Advisory Committee shall select its own members." Ensure consistency in language with Article VII, Section 9(c).

Article VIII, Section 1

- Title of Section 1 is the same as Section 2. Recommend change the title of Section 1 to "Maintenance of Records".



Time Period: 11/16/2024 - 12/15/2024

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
8/30/2024	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. Garsalian) and Contracts/Privacy (M. Mitchell) to investigate.	Open		Open	Betsy Monahan, HR Director
10/4/2024	Service Provider	24-091301 24-091302	10/4/2024	Personnel qualifications; Agency practices; Billing practices; Service Delivery;	1. Employees were told they had to provide services while they had Covid-19. 2. Employees do not have appropriate qualifications to provide services (occupational therapy/physical therapy/speech therapy) and services are not delivered in the natural environment. 3. Improper billing and documentation. For example: a. Vendor is billing for services that are not provided (i.e., late cancellations) b. Asking parents to sign documentation to bill the regional center for services not provided c. An employee is paid to complete in-home evaluations but only completes the evaluations by calling parents. 4. The program owner has unauthorized employees filing documents containing social security numbers or other sensitive information, even though these records are only legally accessible to certain individuals.	1. Employees were told they had to provide services while they had Covid-19. - Unsubstantiated 2. Employees do not have appropriate qualifications to provide services (occupational therapy/physical therapy/speech therapy) and services are not delivered in the natural environment. - Substantiated 3. Improper billing and documentation. For example: a. Vendor is billing for services that are not provided (i.e., late cancellations) - Unsubstantiated b. Asking parents to sign documentation to bill the regional center for services not provided - Unsubstantiated c. An employee is paid to complete in-home evaluations but only completes the evaluations by calling parents. - Substantiated 4. The program owner has unauthorized employees filing documents containing social security numbers or other sensitive information, even though these records are only legally accessible to certain individuals. - Substantiated	Closed 11/14/2024; NLACRC submitted response letter to DDS	12/4/2024	Arshalous Gartalian, Community Services Director
10/16/2024	Community Member	2024-SPWB-011	11/14/2024	Service is being provided by family member residing in the home. Respite services are being claimed, but not always rendered;	1. Services are being provided by a family member residing in the home. 2. Hours are billed for services not actually rendered. 3. Worker/Family Member used alternative address to qualify as the worker.	Services are being provided by a family member residing in the home. - Substantiated 2. Hours are billed for services not actually rendered. Inconclusive 3. Worker/Family Member used alternative address to qualify as the worker. - Inconclusive	Closed	12/10/2024	Arshalous Gartalian, Community Services Director
10/22/2024	Community Member	2024-SPWB-012	10/22/2024	Medication support not being provided; Staff are asked not to report medication errors.	1. Medications are not being administered by staff and are not reminding clients to take their medication. 2. Management is not telling staff to report medication errors to the regional center.	1. Medications are not being administered by staff and are not reminding clients to take their medication. Unsubstantiated 2. Management is not telling staff to report medication errors to the regional center. Unsubstantiated	Open		Arshalous Gartalian, Community Services Director
11/12/2024	NLACRC Employee	24-110801	11/12/2024	Alleged sexual harassment (hostile work environment); fear of retaliation. Complaint tendered directly to DDS, date at left is the date complaint was referred to NLACRC from DDS OCO.	1. Supervisor is intimidating, bullying, harassing and sexually harassing staff in the workplace. 2. Staff fear supervisor retaliation and therefore have not come forward to make any formal complaints. NLACRC engaged Ogletree Deakins law firm to independently investigate allegations and report results and recommended corrective actions.	Per 12/12/24 report findings from Ogletree Deakins: 1. Supervisor is intimidating, bullying, harassing and sexually harassing staff in the workplace. - Insufficient evidence to substantiate 2. Staff fear supervisor retaliation and therefore have not come forward to make any formal complaints. - Insufficient evidence to substantiate	Closed 12/12/2024; NLACRC delivered response letter to DDS	12/12/2024	Betsy Monahan, HR Director
11/13/2024	NLACRC Employee	2024-EWB-003	11/14/2024	Alleged concern of failure to follow proper internal NLACRC position transfer process; member of Management exhibiting alleged antagonistic behaviors.	1. Member of management circumvented the existing transfer processes to fill a departmental position. 2. Employees report antagonistic and inconsistent behaviors with a member of Management.	Open	Open		Betsy Monahan, HR Director
11/15/2024	Service Provider	24-102101	11/15/2024	Medication support not being provided; Staff are asked not to report medication errors, DSP Stipend; and Billing.	1. Medications are not being administered by staff and are not reminding clients to take their medication. 2. Management is not telling staff to report medication errors to the regional center. 3. Employees who do not provide direct services are paid the direct support professional stipend. (This allegation was referred to the Department's Audit Section.) 4. Vendor is billing for services that are not provided. (This allegation was referred to the Department's Audit Section.)	1. Medications are not being administered by staff and are not reminding clients to take their medication. Unsubstantiated 2. Management is not telling staff to report medication errors to the regional center. Unsubstantiated 3. Employees who do not provide direct services are paid the direct support professional stipend. (Per DDS this allegation was referred to the Department's Audit Section.) 4. Vendor is billing for services that are not provided. (Per DDS this allegation was referred to the Department's Audit Section.)	Open; Pending Response Letter to DDS		Arshalous Gartalian, Community Services Director
11/19/2024	NLACRC Employee	24-102803 and 24-110101	11/19/2024	Multiple breaches of conflict of interest involving hiring processes and security concerns by a member of Management. Complaint tendered directly to DDS, date at left is the date complaint was referred to NLACRC from DDS OCO.	1. Management employee inappropriately influenced the hiring process for a family friend with zero prior relevant functional experience. 2. Management employee circumvented a fair, transparent hiring process. 3. Management employee disregards security standards. NLACRC engaged Ogletree Deakins law firm to independently investigate allegations and report results and recommended corrective actions.	Open	Open		Betsy Monahan, HR Director
12/6/2024	NLACRC Employee	24-110103	12/6/2024	Multiple allegations of policy/procedure issues experienced by employees. Complaint tendered directly to DDS, date at left is the date complaint was referred to NLACRC from DDS OCO.	1. Manipulation of ESR reports for the benefit of department audits. 2. Failure to adhere to requirements of ES Reporting. 3. Supervisor permits collective use of single credentials to approve POS authorizations. 4. NLACRC training is inadequate. 5. Employees are wrongfully terminated for reporting incidents and/or bringing concerns to management. 6. NLACRC does not ensure COI statements are filed or brought up-to-date. 7. Favoritism occurs between managers and employees. NLACRC engaging employment counsel law firm to independently investigate allegations and report results and recommended corrective actions.	Open	Open		Betsy Monahan, HR Director



Time Period: 12/16/2024 - 1/15/2025

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
8/30/2024	Client	2024-CWB-001	9/3/2024	1. Alleged hours inflation by vendor PXXXX (redacted)	1. Agency providing 20 hrs of services and billing for 30 hrs. Charging families extra for distant travel to provide service.	1. Agency providing 20 hrs of services and billing for 30 hrs. Charging families extra for distant travel to provide service. Inconclusive.	Closed	1/13/2025	Arshalous Garlanian, Community Services Director
10/22/2024	Community Member	2024-SPWB-012	10/22/2024	Medication support not being provided; Staff are asked not to report medication errors.	1. Medications are not being administered by staff and are not reminding clients to take their medication. 2. Management is not telling staff to report medication errors to the regional center.	1. Medications are not being administered by staff and are not reminding clients to take their medication. Unsubstantiated 2. Management is not telling staff to report medication errors to the regional center. Unsubstantiated	Closed	1/13/2025	Arshalous Garlanian, Community Services Director
11/13/2024	NLACRC Employee	2024-EWB-003	11/14/2024	Alleged concern of failure to follow proper internal NLACRC position transfer process; member of Management exhibiting alleged antagonistic behaviors.	1. Member of management circumvented the existing transfer processes to fill a departmental position. 2. Employees report antagonistic and inconsistent behaviors with a member of Management.	1. Member of management circumvented the existing transfer processes to fill a departmental position. Unsubstantiated 2. Employees report antagonistic and inconsistent behaviors with a member of Management. Insufficient/Inconclusive	Closed	1/14/2025	Betsy Monahan, HR Director
11/15/2024	Service Provider	24-102101	11/15/2024	Medication support not being provided; Staff are asked not to report medication errors; DSP Stipend; and Billing	1. Medications are not being administered by staff and are not reminding clients to take their medication. 2. Management is not telling staff to report medication errors to the regional center. 3. Employees who do not provide direct services are paid the direct support professional stipend. (This allegation was referred to the Department's Audit Section.) 4. Vendor is billing for services that are not provided. (This allegation was referred to the Department's Audit Section.)	1. Medications are not being administered by staff and are not reminding clients to take their medication. Unsubstantiated 2. Management is not telling staff to report medication errors to the regional center. Unsubstantiated 3. Employees who do not provide direct services are paid the direct support professional stipend. (Per DDS this allegation was referred to the Department's Audit Section.) 4. Vendor is billing for services that are not provided. (Per DDS this allegation was referred to the Department's Audit Section.)	Open; Pending Response Letter to DDS		Arshalous Garlanian, Community Services Director
11/19/2024	NLACRC Employee	24-102803 and 24-110101	11/19/2024	Multiple breaches of conflict of interest involving hiring processes and security concerns by a member of Management. Complaint tendered directly to DDS; date at left is the date complaint was referred to NLACRC from DDS OCO.	1. Management employee inappropriately influenced the hiring process for a family friend with zero prior relevant functional experience. 2. Management employee circumvented a fair, transparent hiring process. 3. Management employee disregards security standards. NLACRC engaged Ogletree Deakins law firm to independently investigate allegations and report results and recommended corrective actions.	Open / Investigation in Progress	Open		Betsy Monahan, HR Director
12/6/2024	NLACRC Employee	24-110103	12/6/2024	Multiple allegations of policy/procedure issues experienced by employees. Complaint tendered directly to DDS; date at left is the date complaint was referred to NLACRC from DDS OCO.	1. Manipulation of ESR reports for the benefit of department audits. 2. Failure to adhere to requirements of ES Reporting. 3. Supervisor permits collective use of single credentials to approve POS authorizations. 4. NLACRC training is inadequate. 5. Employees are wrongfully terminated for reporting incidents and/or bringing concerns to management. 6. NLACRC does not ensure COI statements are filed or brought up-to-date. 7. Favoritism occurs between managers and employees. NLACRC engaged Berger Kahn employment law firm to independently investigate allegations and report results and recommended corrective actions.	Open / Investigation in Progress	Open		Betsy Monahan, HR Director
12/12/2024	Community Member	2024-SPWB-013	12/12/2024	Conflict of interest as SDP IF refers to own vendored program.	1. Conflict of interest as Independent Facilitator refers families in SDP to vendored business (socialization Program) owned by Independent Facilitator. 2. Socialization Program closure during Winter Break without advanced notice to SDP families. 3. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds.	Referred to SDP Ombudsmen; CM meeting with DDS to further review	Open		Arshalous Garlanian, Community Services Director



Time Period: 1/15/2025 - 2/15/2025

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
11/15/2024	Service Provider	24-102101	11/15/2024	Medication support not being provided; Staff are asked not to report medication errors; DSP Stipend; and Billing.	<ol style="list-style-type: none"> 1. Medications are not being administered by staff and are not reminding clients to take their medication. 2. Management is not telling staff to report medication errors to the regional center. 3. Employees who do not provide direct services are paid the direct support professional stipend. (This allegation was referred to the Department's Audit Section.) 4. Vendor is billing for services that are not provided. (This allegation was referred to the Department's Audit Section.) 	<ol style="list-style-type: none"> 1. Medications are not being administered by staff and are not reminding clients to take their medication. - <u>Unsubstantiated</u> 2. Management is not telling staff to report medication errors to the regional center. - <u>Unsubstantiated</u> 3. Employees who do not provide direct services are paid the direct support professional stipend. - (Per DDS this allegation was referred to the Department's Audit Section.) 4. Vendor is billing for services that are not provided. - (Per DDS this allegation was referred to the Department's Audit Section.) 	No	1/24/2025	Arshalous Garlanian, Community Services Director
11/19/2024	NLACRC Employee	24-102803 and 24-110101	11/19/2024	Multiple breaches of conflict of interest involving hiring processes and security concerns by a member of Management. Complaint tendered directly to DDS; date at left is the date complaint was referred to NLACRC from DDS OCO.	<ol style="list-style-type: none"> 1. Management employee inappropriately influenced the hiring process for a family friend with zero prior relevant functional experience. 2. Management employee circumvented a fair, transparent hiring process. 3. Management employee disregards security standards. <p>NLACRC engaged Ogletree Deakins law firm to independently investigate allegations and report results and recommended corrective actions.</p>	Open / Investigation in Progress	Open		Betsy Monahan, HR Director
12/6/2024	NLACRC Employee	24-110103	12/6/2024	Multiple allegations of policy/procedure issues experienced by employees. Complaint tendered directly to DDS; date at left is the date complaint was referred to NLACRC from DDS OCO.	<ol style="list-style-type: none"> 1. Manipulation of ESR reports for the benefit of department audits. 2. Failure to adhere to requirements of ES Reporting. 3. Supervisor permits collective use of single credentials to approve POS authorizations. 4. NLACRC training is inadequate. 5. Employees are wrongfully terminated for reporting incidents and/or bringing concerns to management. 6. NLACRC does not ensure COI statements are filed or brought up-to-date. 7. Favoritism occurs between managers and employees. <p>NLACRC engaged Berger Kahn employment law firm to independently investigate allegations and report results and recommended corrective actions.</p>	Based on the independent investigation conducted by Berger Kahn, <ol style="list-style-type: none"> 1. Manipulation of ESR reports for the benefit of department audits. - <u>Unsubstantiated</u> 2. Failure to adhere to requirements of ES Reporting. - <u>Unsubstantiated</u> 3. Supervisor permits collective use of single credentials to approve POS authorizations. - <u>Unsubstantiated</u> 4. NLACRC training is inadequate. - <u>Unsubstantiated</u> 5. Employees are wrongfully terminated for reporting incidents and/or bringing concerns to management. - <u>Unsubstantiated</u> 6. NLACRC does not ensure COI statements are filed or brought up-to-date. - <u>Unsubstantiated</u> 7. Favoritism occurs between managers and employees. - <u>Unsubstantiated</u> 	Closed	2/6/2025	Betsy Monahan, HR Director
12/12/2024	Community Member	2024-SPWB-013	12/12/2024	Vendors have not been paid through FMS vendor; Conflict of interest. SDP Funds not being managed appropriately.	<ol style="list-style-type: none"> 1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds. 	<ol style="list-style-type: none"> 1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds. <p><i>Referred to SDP Ombudsmen; CM meeting with DDS to further review</i></p>	Open		Arshalous Garlanian, Community Services Director

North Los Angeles County Regional Center

Executive Director Performance Evaluation

Completed by: Name: _____

Board committees on which you have served:

_____	_____
_____	_____
_____	_____

Board offices you have held:

_____	_____
_____	_____
_____	_____

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

The rating categories for this evaluation are:

Outstanding / Exceeds Expectations / Meets Expectations / Needs Improvement *

NLACRC Executive Director Performance Evaluation

- All eligible Board Members will have the opportunity to bring concerns/issues regarding any areas of performance in which the Executive Director needs to improve during the Executive Director's current performance period.

- "Needs Improvement" should only be used if the following has occurred:
 - The issue has been identified by a Board Member and documented in writing to the Board President or an elected officer;
 - The issue has been addressed at an Executive Session of the Executive Committee during the months between October to January;
 - The Executive Committee has confirmed that there is a need for improvement;
 - The Board President or designated member of the Executive Committee has met with the Executive Director regarding the performance deficit identified, the improvement needed, and any performance recommendations made by the Executive Committee; and
 - The Executive Director has been provided with a full performance review period to address the issue.

NLACRC Executive Director Performance Evaluation

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

NLACRC Executive Director Performance Evaluation

A.	Board Functions (continued)	Yes	No
17	Are monthly financial reports provided to the board?		
18	Are possible financial problems identified clearly and early?		
19	Are the Purchase of Service Expenditure Projection (PEP) reports reviewed by the board?		
20	If required, does the center have a credit line?		
21	Is a critical calendar of necessary actions issued each year?		
22	Is an annual status of insurance coverage provided to the board?		
23	Are potential legal problems and options clearly explained?		

Summary rating and comments on the Executive Director’s performance in this area:

Outstanding Exceeds Expectations Meets Expectations Needs Improvement

In this category, what do you feel are the Executive Director’s greatest strengths?

For this category, what could the Executive Director change that would benefit her/him and/or theregional center most?

NLACRC Executive Director Performance Evaluation

B.	Center Operations	Yes	No
1	Does the center have a personnel manual and union contract that are legally compliant and consistent with the DDS contract?		
2	Have important changes in employment practices that could affect the level of case management services provided to consumers or employee morale been clearly explained to the board?		
3	Are union related issues being monitored and reported?		
4	Does the center have a staff development plan that supports its business?		
5	Are new program requirements anticipated and are needed resources developed?		
6	Are service standards current and reviewed by DDS?		
7	Are the rights of consumers safeguarded and promoted?		

Summary rating and comments on the Executive Director’s performance in this area:

Outstanding Exceeds Expectations Meets Expectations Needs Improvement

In this category, what do you feel are the Executive Director’s greatest strengths?

For this category, what could the Executive Director change that would benefit her/him and/or the regional center most?

NLACRC Executive Director Performance Evaluation

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

Summary rating and comments on the Executive Director’s performance in this area:

Outstanding Exceeds Expectations Meets Expectations Needs Improvement

In this category, what do you feel are the Executive Director’s greatest strengths?

For this category, what could the Executive Director change that would benefit her/him and/or the regional center most?

It is very important that you provide comments in this section:

D.	Do you recommend that the board renews the Executive Director's contract?	Yes	No
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Summary rating and comments on the Executive Director's overall performance:

Outstanding Exceeds Expectations Meets Expectations Needs Improvement

Overall, what do you feel are the Executive Director's greatest strengths?

Overall, what could the Executive Director change that would benefit her/him and/or the regional center most?


North Los Angeles County Regional Center
Board of Trustees Policy

Executive Director's Evaluation

The Lanterman Act requires regional center boards to provide annual evaluations of their Executive Directors. The Executive Committee has responsibility for the Executive Director's evaluation as well as contract negotiation. The Negotiating/Compensation Committee will be comprised of three (3) members of the Executive Committee that includes the Board President, first vice-president and/or immediate past president or another member of the Executive Committee. To ensure confidentiality, the following procedure will be used.

- Trustees with 3 or more months of time served are required to participate in the evaluation. Prior board membership, membership on the Vendor or Consumer Advisory Committee or Board Internship Program will accumulate months of service. Failure to submit a signed evaluation to the Board President or their designee by the scheduled date will be treated as resignation from the Board, unless discussed with the Board President and there is agreement to grant an extension. The Board President will be available to help board members who ask for assistance.
- Blank evaluations will be reviewed by the board at the September Board meeting. All eligible board members will have an opportunity to bring concerns/issues regarding any areas of performance in which the Executive Director needs to improve during the Executive Director's current performance period. "Needs Improvement" should only be used if the following has occurred:
 - The issue has been identified by a board member and documented in writing to the board president or an elected officer;
 - The issue has been addressed at an Executive Session of the Executive Committee during the months between October to January;
 - The Executive Committee has confirmed that there is a need for improvement;
 - The Board President or designated member of the Executive Committee has met with the Executive Director regarding the performance deficit identified, the improvement needed, and any performance recommendations made by the Executive Committee; and
 - The Executive Director has been provided with a full performance review period to address the issue.
- The Executive Director evaluations will be distributed for completion at the February Board meeting. Board members will have 1 month to complete the evaluation which is due to the Legal Counsel by the March Board meeting.

- The Board President may include the Negotiating Committee when meeting with the Executive Director for the purpose of discussing any contract and/or compensation requests that need to be considered by the committee.
- Upon receipt of the Board Member evaluations, Legal Counsel will review the performance evaluations and create a summary report, the CODO will be responsible for all other non-performance evaluation information for inclusion in the review conducted by the Negotiation/Compensation Committee. After review by the Negotiation/Compensation Committee and presented to the Executive Committee, the evaluation will be reviewed, in Executive session, by the full board. Legal counsel will be present at the discretion of the Negotiating/Compensation Committee to provide support as it relates to the Executive Director's performance evaluation. Three copies of the final letter will be produced: the original will be provided to the CODO, a copy along with all board inputs will be stored and secured at the Legal Counsel's office and a copy will go to the Executive Director. No other copies of the evaluation or board member inputs will be made.
- The Board President will decide whether they will discuss the evaluation with the Executive Director alone, or with the Negotiating Committee if they so desire.
- Negotiations – Refer to the Executive Director's Performance Evaluation Timeline.

	WHISTLEBLOWER – NLACRC EMPLOYEES AND BOARD MEMBERS		
	POLICY & PROCEDURE		
Category: ORG-MISC	Effective Date: August 29, 2009	Version No.: 7	Revision Date: November 21, 2024

NLACRC WHISTLEBLOWER POLICY FOR REPORTS BY EMPLOYEES AND BOARD MEMBERS

1. General Policy

This Whistleblower Policy (“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 for Whistleblower Complaints.

For purposes of this Policy, a whistleblower is a regional center employee or a member of the Board of Trustees (which also may be referred to as the trustee(s) or Board member(s)), who in good faith¹ reports, raises a concern, asks questions, or makes a complaint about any “improper regional center activity” and/or “improper vendor/contractor activity,” as defined in this Policy below, committed by a regional center, an employee, a trustee, or a vendor/contractor.

Our continued success relies on maintaining a work environment that promotes integrity and trust. We seek to earn and maintain the trust of our community, employees, consumers, family members, vendors and regulators. To that end, we strive to maintain the highest standards of ethical and legally compliant behavior in all of our activities, avoiding actions that could lead to even the appearance of violations of the law or improper regional center activity or improper vendor/contractor activity as defined in this Policy below.

Whistleblower complaints, for purposes of this Policy, are defined as the reporting in good faith (defined below at section 5.1) of an “improper regional center activity” or “improper 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

¹ For purposes of this policy, reporting in “good faith” means making a genuine attempt to provide honest and accurate information about violations of the law, improper regional center activity or vendor/contract activity, as defined by this Policy, even if the information proves to be unsubstantiated or mistaken.

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.

This Policy protects employees and Board trustees from any form of retaliation for the good faith reporting of an improper activity as defined above. In short, no adverse action will be taken against the person filing the complaint simply because a complaint has been filed in good faith.

2. Individual Responsibility

Legal compliance and ethical conduct are everyone’s responsibility. All employees of NLACRC (*i.e.*, NLACRC employees based in the San Fernando Valley, Antelope Valley, and Santa Clarita Valley offices) as well as NLACRC board trustees, no matter where they may be working from, have an obligation to comply with this policy and to report any suspected or actual violation of the law and any improper conduct as defined above – by any employee, board member or vendor/contractor of a regional center. There is a separate policy for whistleblower reports [ADD TITLE RE: WB for vendors, contractors and others if we want to continue second policy].

3. Additional Responsibilities of Leaders

Leadership, managers and others who supervise employees have additional responsibilities, listed below. One of the most important responsibilities of Leaders is taking action if they receive a report or observe or experience conduct that violates this Policy.

It is especially important for leaders, managers and those who supervise employees to understand that while employees may make a report under this policy in writing, a written complaint or otherwise specific format is not required. Employees making reports pursuant to this Policy may do so informally and the following should be considered as making a report upon which the leader must act: raising concern(s), asking question(s), or complaining about violations of the law, Company policy, or improper regional center activity or improper vendor/contractor activity as defined in this Policy. Leaders may also observe, or experience, conduct that may be in violation of this Policy. In such instances, leaders must act by reporting it to the appropriate Compliance Officer or Human Resources Director listed in 4a below.

Not only are leadership, managers and others who supervise employees expected to comply with this Policy, but they are also expected to:

- **Lead by example.** Exemplify high standards of ethical business conduct in both spoken words and actions. Your team members will follow your lead.
- **Be a resource for others.** Discuss this Policy with employees and others as appropriate to reinforce the importance of ethical behavior and compliance.
- **Promote respect and compliance.** Create an environment in which employees are comfortable asking questions or raising issues.
- **Respond quickly and effectively.** When a concern is brought to your attention, make sure that it is treated seriously and with due respect for everyone involved.
- **Support those who raise a concern.** Never take or allow retaliatory action against someone for reporting a concern or suspected violation in good faith.

4. Procedures For Making a Report

All employees and Board Members have a responsibility to report, in good faith, any violations or suspected improper activity as defined in this Policy as well as any suspected retaliation, any of NLACRC's internal policies or procedures, or any laws or regulations.

We encourage employees to speak up with concerns without fear of retaliation.

4.1 You may raise any questions or report any suspected or actual violations of law, improper activity as defined in this Policy, or other internal policies or procedures, including doing so anonymously, via:

(1) The Compliance Officer (who is the Human Resources Director), or Human Resources as listed below;

(2) Executive Director

(3) DDS;

(4) Board of Trustees or Executive Committee

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 (e.g., 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

c. Department of Developmental Services (DDS)

A Whistleblower complaint may be filed with DDS by contacting:

- Office of Community Appeals and Resolutions
Phone: (833) 538-3723
Fax: (916) 654- 3641
Email: Appeals@dds.ca.gov

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

This process is only for the Regional Center or Vendor/Contractor Whistleblower complaints as described in this document. DDS has a variety of complaint and appeal processes available to vendors/contractors, agencies, facilities, parents, and consumers. These include Consumer Rights Complaints; Early Start Complaints, Due Process Requests, and Mediation Conference Requests; Lanterman Act Fair Hearing Requests; Title 17 Complaints; Citizen Complaints and Comments.

See <http://www.dds.ca.gov/Complaints/Home.cfm> for list

Each of these complaint and appeal processes has separate and distinct procedures for resolution.

4.2 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.

4.3 **We will need a clear and concise statement of the alleged improper activity and any evidence you have to support the allegation.** Complaints under this Policy may be written or oral, but in either form should provide as much detail as possible about the conduct being reported. While NLACRC prefers for complaints to be made in writing for administrative reasons, there is no required complaint form. If the Compliance Officer, supervisor and/or manager receives or has only verbal information regarding the reported concern under this Policy, all details of the report must be reported to NLACRC's whistleblower hotline contact information, discussed above in section 4a..

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 or vendor/contractor 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 (see section 4.1), if insufficient information is provided and we have no means to contact you, we may not be able to investigate your allegation.

It is extremely difficult and often impossible to investigate if insufficient information is provided and we have no means to contact you to gather facts. In such cases, NLACRC may not be able to effectively evaluate or investigate the allegations absent sufficient detail.

4.4 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.

NLACRC requires managers and supervisors to report information they have that provides reason to believe activity in violation of this Policy has occurred to the Compliance Officer or appropriate alternate reporting option.

4.5 The Center may seek an appropriate impartial party, such as arbitrator, organizational ombudsman, investigator, mediator or the Center's outside legal 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, during scheduled Executive Committee meetings, no less than annually and when stipulated, on a monthly basis.

5. No Retaliation

- 5.1 NLACRC strictly prohibits retaliation against any person who reports, in good faith, a suspected or actual violation of law, this policy or other regional center policies and procedures. Reporting “in good faith” means making a genuine attempt to provide honest and accurate information, even if the information proves to be unsubstantiated or mistaken.

NLACRC also prohibits retaliation because of an individual’s participation in an Agency investigation. Anyone who engages in retaliatory conduct will be subject to disciplinary action, including termination of employment or engagement.

Bottom Line: There is no room in our culture for retribution against anyone who acts in good faith when they ask questions, raise concerns, make a complaint, or participate in an investigation.

NLACRC takes reports of violations of law, this Policy, or Agency policy very seriously. Employees who falsify such reports or who provide false information in an Agency investigation will be subject to corrective action, up to and including termination of employment or engagement.

There is an expectation and entitlement to an environment free of retaliation for bringing forward good faith complaints under this Policy, as well as for protected complaints protected under applicable federal, state and local law.

If you believe you have experienced retaliation for making a good faith complaint under this Policy, you should report the matter immediately, and any such report will be addressed as a separate incident of “improper regional center activity” to be investigated under the report and investigation process previously discussed above.

- 5.2 **The Regional Center will provide to DDS every 30 days, a report of whistleblower complaints received under this Policy. This report shall contain, at a minimum, the following information for each complaint submitted: (1) Date complaint received; (2) Complainant type, if known, for whistleblower complaints (e.g., regional center staff, service provider, community member, etc.); (3) Date acknowledgement of receipt was sent to complainant; (4) Nature of complaint; (5) Details of investigation; (6) Results of investigation; and (7) Corrective action taken, if applicable.**

6. Confidentiality

NLACRC will do everything possible to maintain the confidentiality of a complainant making a whistleblower complaint *if the complainant requests confidentiality* without impeding the investigation. However, in the rare circumstances, determined on a case by case basis, where NLACRC is unable to maintain confidentiality due to its statutory responsibilities (for example, including ensuring the health and safety of consumers and regional center contract compliance; need to conduct a good faith and thorough investigation; or to comply with other laws and obligations to investigate, address and correct alleged improper activity), NLACRC will attempt to inform the complainant of its need to disclose certain information prior to releasing identifying information. Additionally, the identity of the complainant may be revealed to appropriate law enforcement agencies conducting a criminal investigation.

Notwithstanding the required language of the DDS in this Policy, nothing in this Policy should be interpreted as, and the NLRCRC will not apply or enforce the Policy to interfere with, restrain or coerce employees in the exercise of their rights under Section 7 of the National Labor Relations Act, which guarantees covered individuals the right to self-organization, to form, join, or assist labor organizations, to bargain collectively through representatives of their own choosing, and to engage in other concerted activities for the purpose of collective bargaining or other mutual aid or protection, as well as the right to refrain from any or all such activities.

7. State Directive

This Policy is Consistent with the State’s Directive Entitled “Department of Developmental Services Whistleblower Complaint Process,” dated July 28, 2010, and does all of the following:

- **Allows for multiple employees within the Regional Center to be available to accept complaints.**
- **Includes the required process to access the Board of Directors for the purpose of filing complaints.**
- **Ensures that the Policy clearly indicates that the regional center will not retaliate against any complainant.**
- **Ensures that a process is in place to investigate and take appropriate action on complaints, including complaints of retaliation.**
- **Addresses complainant confidentiality, consistent with the State’s Whistleblower Policy, including consumer health and safety.**

8. Notification and Dissemination of Policy


NLACRC will provide for the notification of employees and board members by either hard copy or electronic/digital distribution, of the existence of both NLACRC's and DDS's Whistleblower policies and requirement for posting and maintaining this Policy prominently on NLACRC's website within thirty (30) days of the effective date of the Policy, and annually thereafter. In addition, NLACRC will ensure that the regional center's and DDS's Whistleblower Policies are posted prominently on the regional center's website within thirty (30) days after being adopted.

NLACRC also will:

- Inform, as part of eligibility determination and vendorization processes, all new clients/families and new vendors of the regional center's and the DDS's Whistleblower policies.**
- Review this Policy and provide, at minimum, annual training to all board members regarding the regional center's governing board's approved Whistleblower Policy to include, but not be limited to the board's role in implementing the policy.**
- Submit to DDS by December 15 of each year, a proposed comprehensive board training plan for the next calendar year with training topics to include, at a minimum a review of board governance (e.g., board members' role and responsibilities), conflict of interest and whistleblower policies, and linguistic and cultural competency.**
- Utilize other communication mechanisms in use at NLACRC to provide notification to employees, board members, consumers/families, and vendor community of the existence of both NALCRC's and DDS's Whistleblower complaint process and the right to make reports of improper activity to the DDS.**

ACKNOWLEDGMENT AND AGREEMENT TO COMPLY

I acknowledge that I have read and understand this Policy. I understand that compliance with this Policy is a condition of employment and also a condition of Board Membership at NLACRC.

	WHISTLEBLOWER – NLACRC EMPLOYEES AND BOARD MEMBERS		
	POLICY & PROCEDURE		
Category: ORG-MISC	Effective Date: August 29, 2009	Version No.: 7	Revision Date: November 21, 2024

NLACRC WHISTLEBLOWER POLICY FOR REPORTS BY EMPLOYEES AND BOARD MEMBERS

1. General Policy

This Whistleblower Policy (“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 for Whistleblower Complaints.

For purposes of this Policy, a whistleblower is a regional center employee or a member of the Board of Trustees (which also may be referred to as the trustee(s) or Board member(s)), who in good faith¹ reports, raises a concern, asks questions, or makes a complaint about any “improper regional center activity” and/or “improper vendor/contractor activity,” as defined in this Policy below, committed by a regional center, an employee, a trustee, or a vendor/contractor.

Our continued success relies on maintaining a work environment that promotes integrity and trust. We seek to earn and maintain the trust of our community, employees, consumers, family members, vendors and regulators. To that end, we strive to maintain the highest standards of ethical and legally compliant behavior in all of our activities, avoiding actions that could lead to even the appearance of violations of the law or improper regional center activity or improper vendor/contractor activity as defined in this Policy below.

Whistleblower complaints, for purposes of this Policy, are defined as the reporting in good faith (defined below at section 5.1) of an “improper regional center activity” or “improper 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

¹ For purposes of this policy, reporting in “good faith” means making a genuine attempt to provide honest and accurate information about violations of the law, improper regional center activity or vendor/contract activity, as defined by this Policy, even if the information proves to be unsubstantiated or mistaken.

<p style="text-align: center;">WHISTLEBLOWER – NLACRC</p> <p style="text-align: center;">EMPLOYEES AND BOARD MEMBERS</p>	<p style="text-align: center;">Version No.</p> <p style="text-align: center;">7</p>	<p style="text-align: center;">Revision Date:</p> <p style="text-align: center;">November 21, 2024</p>
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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.

This Policy protects employees and Board trustees from any form of retaliation for the good faith reporting of an improper activity as defined above. In short, no adverse action will be taken against the person filing the complaint simply because a complaint has been filed in good faith.

2. Individual Responsibility

Legal compliance and ethical conduct are everyone’s responsibility. All employees of NLACRC (*i.e.*, NLACRC employees based in the San Fernando Valley, Antelope Valley, and Santa Clarita Valley offices) as well as NLACRC board trustees, no matter where they may be working from, have an obligation to comply with this policy and to report any suspected or actual violation of the law and any improper conduct as defined above – by any employee, board member or vendor/contractor of a regional center. There is a separate policy for whistleblower reports [**ADD TITLE RE: WB for vendors, contractors and others if we want to continue second policy**].

3. Additional Responsibilities of Leaders

Leadership, managers and others who supervise employees have additional responsibilities, listed below. One of the most important responsibilities of Leaders is taking action if they receive a report or observe or experience conduct that violates this Policy.

It is especially important for leaders, managers and those who supervise employees to understand that while employees may make a report under this policy in writing, a written complaint or otherwise specific format is not required. Employees making reports pursuant to this Policy may do so informally and the following should be considered as making a report upon which the leader must act: raising concern(s), asking question(s), or complaining about violations of the law, Company policy, or improper regional center activity or improper vendor/contractor activity as defined in this Policy. Leaders may also observe, or experience, conduct that may be in violation of this Policy. In such instances, leaders must act by reporting it to the appropriate Compliance Officer or Human Resources Director listed in 4a below.

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Not only are leadership, managers and others who supervise employees expected to comply with this Policy, but they are also expected to:

- **Lead by example.** Exemplify high standards of ethical business conduct in both spoken words and actions. Your team members will follow your lead.
- **Be a resource for others.** Discuss this Policy with employees and others as appropriate to reinforce the importance of ethical behavior and compliance.
- **Promote respect and compliance.** Create an environment in which employees are comfortable asking questions or raising issues.
- **Respond quickly and effectively.** When a concern is brought to your attention, make sure that it is treated seriously and with due respect for everyone involved.
- **Support those who raise a concern.** Never take or allow retaliatory action against someone for reporting a concern or suspected violation in good faith.

4. Procedures For Making a Report

All employees and Board Members have a responsibility to report, in good faith, any violations or suspected improper activity as defined in this Policy as well as any suspected retaliation, any of NLACRC’s internal policies or procedures, or any laws or regulations.

We encourage employees to speak up with concerns without fear of retaliation.

4.1 You may raise any questions or report any suspected or actual violations of law, improper activity as defined in this Policy, or other internal policies or procedures, including doing so anonymously, via:

- (1) The Compliance Officer (who is the Human Resources Director), or Human Resources as listed below;
- (2) Executive Director
- (3) DDS;

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(4) Board of Trustees or Executive Committee

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 (e.g., 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

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

A Whistleblower complaint may be filed with DDS by contacting:

- Office of Community Appeals and Resolutions
Phone: (833) 538-3723
Fax: (916) 654- 3641
Email: Appeals@dds.ca.gov

1215 O Street, MS 8-20

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Sacramento, CA 95814

This process is only for the Regional Center or Vendor/Contractor Whistleblower complaints as described in this document. DDS has a variety of complaint and appeal processes available to vendors/contractors, agencies, facilities, parents, and consumers. These include Consumer Rights Complaints; Early Start Complaints, Due Process Requests, and Mediation Conference Requests; Lanterman Act Fair Hearing Requests; Title 17 Complaints; Citizen Complaints and Comments.

See <http://www.dds.ca.gov/Complaints/Home.cfm> for list

Each of these complaint and appeal processes has separate and distinct procedures for resolution.

- 4.2 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.
- 4.3 **We will need a clear and concise statement of the alleged improper activity and any evidence you have to support the allegation.** Complaints under this Policy may be written or oral, but in either form should provide as much detail as possible about the conduct being reported. While NLACRC prefers for complaints to be made in writing for administrative reasons, there is no required complaint form. If the Compliance Officer, supervisor and/or manager receives or has only verbal information regarding the reported concern under this Policy, all details of the report must be reported to NLACRC's whistleblower hotline contact information, discussed above in section 4a..

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 or vendor/contractor 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 (see section 4.1), if insufficient information is provided and we have no means to contact you, we may not be able to investigate your allegation.

It is extremely difficult and often impossible to investigate if insufficient information is provided and we have no means to contact you to gather facts. In such cases, NLACRC

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may not be able to effectively evaluate or investigate the allegations absent sufficient detail.

- 4.4 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.

NLACRC requires managers and supervisors to report information they have that provides reason to believe activity in violation of this Policy has occurred to the Compliance Officer or appropriate alternate reporting option.

- 4.5 The Center may seek an appropriate impartial party, such as arbitrator, organizational ombudsman, investigator, mediator or the Center’s outside legal 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, during scheduled Executive Committee meetings, no less than annually and when stipulated, on a monthly basis.

5. No Retaliation

- 5.1 NLACRC strictly prohibits retaliation against any person who reports, in good faith, a suspected or actual violation of law, this policy or other regional center policies and procedures. Reporting “in good faith” means making a genuine attempt to provide honest and accurate information, even if the information proves to be unsubstantiated or mistaken.

NLACRC also prohibits retaliation because of an individual’s participation in an Agency investigation. Anyone who engages in retaliatory conduct will be subject to disciplinary action, including termination of employment or engagement.

Bottom Line: There is no room in our culture for retribution against anyone who acts in good faith when they ask questions, raise concerns, make a complaint, or participate in an investigation.

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NLACRC takes reports of violations of law, this Policy, or Agency policy very seriously. Employees who falsify such reports or who provide false information in an Agency investigation will be subject to corrective action, up to and including termination of employment or engagement.

There is an expectation and entitlement to an environment free of retaliation for bringing forward good faith complaints under this Policy, as well as for protected complaints protected under applicable federal, state and local law.

If you believe you have experienced retaliation for making a good faith complaint under this Policy, you should report the matter immediately, and any such report will be addressed as a separate incident of “improper regional center activity” to be investigated under the report and investigation process previously discussed above.

- 5.2 The Regional Center will provide to DDS every 30 days, a report of whistleblower complaints received under this Policy. This report shall contain, at a minimum, the following information for each complaint submitted: (1) Date complaint received; (2) Complainant type, if known, for whistleblower complaints (e.g., regional center staff, service provider, community member, etc.); (3) Date acknowledgement of receipt was sent to complainant; (4) Nature of complaint; (5) Details of investigation; (6) Results of investigation; and (7) Corrective action taken, if applicable.

6. Confidentiality

NLACRC will do everything possible to maintain the confidentiality of a complainant making a whistleblower complaint *if the complainant requests confidentiality* without impeding the investigation. However, in the rare circumstances, determined on a case by case basis, where NLACRC is unable to maintain confidentiality due to its statutory responsibilities (for example, including ensuring the health and safety of consumers and regional center contract compliance; need to conduct a good faith and thorough investigation; or to comply with other laws and obligations to investigate, address and correct alleged improper activity), NLACRC will attempt to inform the complainant of its need to disclose certain information prior to releasing identifying information. Additionally, the identity of the complainant may be revealed to appropriate law enforcement agencies conducting a criminal investigation.

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Notwithstanding the required language of the DDS in this Policy, nothing in this Policy should be interpreted as, and the NLRCRC will not apply or enforce the Policy to interfere with, restrain or coerce employees in the exercise of their rights under Section 7 of the National Labor Relations Act, which guarantees covered individuals the right to self-organization, to form, join, or assist labor organizations, to bargain collectively through representatives of their own choosing, and to engage in other concerted activities for the purpose of collective bargaining or other mutual aid or protection, as well as the right to refrain from any or all such activities.

7. State Directive

This Policy is Consistent with the State’s Directive Entitled “Department of Developmental Services Whistleblower Complaint Process,” dated July 28, 2010, and does all of the following:

- **Allows for multiple employees within the Regional Center to be available to accept complaints.**
- **Includes the required process to access the Board of Directors for the purpose of filing complaints.**
- **Ensures that the Policy clearly indicates that the regional center will not retaliate against any complainant.**
- **Ensures that a process is in place to investigate and take appropriate action on complaints, including complaints of retaliation.**
- **Addresses complainant confidentiality, consistent with the State’s Whistleblower Policy, including consumer health and safety.**

8. Notification and Dissemination of Policy

NLACRC will provide for the notification of employees and board members by either hard copy or electronic/digital distribution, of the existence of both NLACRC’s and DDS’s Whistleblower policies and requirement for posting and maintaining this Policy prominently on NLACRC’s website within thirty (30) days of the effective date of the Policy, and annually thereafter. In addition, NLACRC will ensure that the regional center’s and DDS’s Whistleblower Policies are

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posted prominently on the regional center’s website within thirty (30) days after being adopted.

NLACRC also will:

- Inform, as part of eligibility determination and vendorization processes, all new clients/families and new vendors of the regional center’s and the DDS’s Whistleblower policies.
- Review this Policy and provide, at minimum, annual training to all board members regarding the regional center’s governing board’s approved Whistleblower Policy to include, but not be limited to the board’s role in implementing the policy.
- Submit to DDS by December 15 of each year, a proposed comprehensive board training plan for the next calendar year with training topics to include, at a minimum a review of board governance (e.g., board members’ role and responsibilities), conflict of interest and whistleblower policies, and linguistic and cultural competency.
- Utilize other communication mechanisms in use at NLACRC to provide notification to employees, board members, consumers/families, and vendor community of the existence of both NALCRC’s and DDS’s Whistleblower complaint process and the right to make reports of improper activity to the DDS.

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ACKNOWLEDGMENT AND AGREEMENT TO COMPLY

I acknowledge that I have read and understand this Policy. I understand that compliance with this Policy is a condition of employment and also a condition of Board Membership at NLACRC.

Policy

We strive to provide a professional and congenial work environment. An integral part of this type of work environment is for employees to treat each other with dignity, respect, consideration and professionalism during the performance of their work duties and to follow NLACRC's work rules.

Scope

This policy applies to all NLACRC employees, at all levels when employees are interacting with employees, contingent workers, independent contractors, vendors, consumers, board members, advocates, consumers or family members, or other persons with whom a NLACRC employee interacts in the course of conducting business and when performing NLACRC job and when performing NLACRC job duties.

Prohibited Conduct

The following NLACRC standards, while by way of example only and not all-inclusive, are in effect at NLACRC. These standards apply equally to all and are for the protection of all employees, NLACRC's consumers, NLACRC, and any person with whom a NLACRC employee interacts with during the performance of job duties. More specifically, the following conduct is prohibited and may result in discipline up to and including immediate termination.

1. Falsification, unethical or illegal manipulation of, or material omission from, NLACRC records, including but not limited to employment applications, timekeeping records, payroll records, financial records, consumer records, and/or other business records, or other materially false or dishonest statements or actions in the course of NLACRC work or your job duties.
2. Inappropriate or unauthorized use of NLACRC software, computer networks, inter/intra/extra nets, email, fax, phone, letterhead, or other NLACRC forms or documents.
3. Unauthorized entrance or access to offices, records, files or work areas.
4. Possession of a weapon on NLACRC premises or while performing job duties off premises.
5. Hitting, pushing, or otherwise striking another person or threatening physical harm or engaging in or threatening any other workplace violence (either open or implied) to another person while on NLACRC premises, while performing job duties off premises, or arising out of NLACRC business. Prohibited conduct also includes engaging in conduct that impacts the safety of an employee.
6. Intentionally or negligently damaging Company property or the property of

another.

7. Recording the work time of another employee or allowing any other employee to record your work time, or falsifying any time card, either your own or another employee's;
8. Failing to promptly report a work-related injury or illness;
9. Provoking a fight or fighting during working hours on NLACRC premises or while performing job duties off premises.
10. Failure to observe working schedules, including breaks for rest periods and meal periods.
11. Leaving work for any reason during normal working hours without obtaining permission (except for bona fide meal and rest periods).
12. Failure to notify a supervisor when unable to report to work.
13. Working overtime without authorization, off the clock work, or working a schedule other than the one you have been approved to work for non-exempt personnel.
14. Negligent and/or willful behavior causing significant unsafe condition, damage, or destruction to property of NLACRC, consumers or family members, fellow employees or other persons.
15. Fraud, theft, embezzlement, unauthorized taking of property of NLACRC, consumers, board members, advocates, consumers or family members, or other persons with whom a NLACRC employee interacts in the course of conducting business.
16. The use of unprofessional, abusive, profane, or threatening language toward employees, contingent workers, independent contractors, vendors, consumers, Unauthorized review, disclosure, or distribution of confidential or proprietary information of NLACRC or its consumers. This can include (but is not limited to) review of consumer information not officially authorized as assigned to an employee's caseload, regardless of that consumer's familial or other relationship with that employee.
17. Sleeping on the job.
18. Harassing, discriminatory, or retaliatory behavior or action toward employees, contingent workers, independent contractors, vendors, consumers, board members, advocates, consumers or family members, or other persons with whom a NLACRC employee interacts in the course of conducting business in violation of the Unlawful Harassment, Discrimination, & Retaliation Policy.

19. Gross Misconduct, while this is not an all-inclusive list, some examples of gross misconduct would be bribery, falsifying information, any type of harassment and engaging in any illegal activity.
20. Other violation of NLACRC policy or misconduct that NLACRC determines warrants disciplinary action.
21. Illegal or inappropriate use of drugs or alcohol or other prohibited substances on NLACRC premises or while performing job duties.
22. Any outside employment or other activities or relationships that create any actual or potential conflicts of interest. A conflict of interest is defined as a conflict between the private interest and the official responsibilities of an employee of NLACRC. A conflict of interest includes (but is not limited to):
 - Selling, offering to sell, or soliciting to sell products or services of any kind to NLACRC consumers, and families of consumers or vendors.
 - Accepting personal gifts or entertainment, valued more than \$15.00, from vendors, consumers, suppliers, or potential suppliers.
 - Accepting cash, cash cards, or gift cards in any denomination or value from vendors, consumers, suppliers, or potential suppliers.
 - Working for suppliers, vendors, or consumers.
 - Using proprietary or confidential information of NLACRC for personal gain or to NLACRC's detriment.
 - Having a direct or indirect financial interest or relationship with a vendor, client, or supplier.
 - Using NLACRC assets or labor for personal use.
 - Acquiring any interest in property or assets of any kind for the purpose of selling or leasing to NLACRC.
23. Other violation of NLACRC policy.

It is NLACRC's expectation that all employees adhere to the above values and standards set forth in the Standards of Conduct Policy and all other NLACRC policies and procedures. Violations are cause for disciplinary action up to and including termination of employment. Further, unless provided otherwise by a collective bargaining agreement or an employment agreement signed by the Executive Director, it must be remembered that the employment relationship is based on mutual consent of the employee and NLACRC. Accordingly, either you or NLACRC can terminate, or alter, the employment relationship at will at any time, for any or no reason, with or without notice.

Policy

We strive to provide a professional and congenial work environment. An integral part of this type of work environment is for employees to treat each other with dignity, respect, consideration and professionalism during the performance of their work duties and to follow NLACRC's work rules.

Scope

This policy applies to all NLACRC employees, at all levels when employees are interacting with employees, contingent workers, independent contractors, vendors, consumers, board members, advocates, consumers or family members, or other persons with whom a NLACRC employee interacts in the course of conducting business and when performing NLACRC job and when performing NLACRC job duties.

Prohibited Conduct

The following NLACRC standards, while by way of example only and not all-inclusive, are in effect at NLACRC. These standards apply equally to all and are for the protection of all employees, NLACRC's consumers, NLACRC, and any person with whom a NLACRC employee interacts with during the performance of job duties. More specifically, the following conduct is prohibited and may result in discipline up to and including immediate termination.

1. Falsification, unethical or illegal manipulation of, or material omission from, NLACRC records, including but not limited to employment applications, timekeeping records, payroll records, financial records, consumer records, and/or other business records, or other materially false or dishonest statements or actions in the course of NLACRC work or your job duties.
2. Inappropriate or unauthorized use of NLACRC software, computer networks, inter/intra/extra nets, email, fax, phone, letterhead, or other NLACRC forms or documents.
3. Unauthorized entrance or access to offices, records, files or work areas.
4. Possession of a weapon on NLACRC premises or while performing job duties off premises.
5. Hitting, pushing, or otherwise striking another person or threatening physical harm or engaging in or threatening any other workplace violence (either open or implied) to another person while on NLACRC premises, while performing job duties off premises, or arising out of NLACRC business. Prohibited conduct also includes engaging in conduct that impacts the safety of an employee.
6. Intentionally or negligently damaging Company property or the property of another.
7. Recording the work time of another employee or allowing any other employee to record your work time, or falsifying any time card, either your own or another employee's;

8. Failing to promptly report a work-related injury or illness;
9. Provoking a fight or fighting during working hours on NLACRC premises or while performing job duties off premises.
10. Failure to observe working schedules, including breaks for rest periods and meal periods.
11. Leaving work for any reason during normal working hours without obtaining permission (except for bona fide meal and rest periods).
12. Failure to notify a supervisor when unable to report to work.
13. Working overtime without authorization, off the clock work, or working a schedule other than the one you have been approved to work for non-exempt personnel.
14. Negligent and/or willful behavior causing significant unsafe condition, damage, or destruction to property of NLACRC, consumers or family members, fellow employees or other persons.
15. Fraud, theft, embezzlement, unauthorized taking of property of NLACRC, consumers, board members, advocates, consumers or family members, or other persons with whom a NLACRC employee interacts in the course of conducting business.
16. The use of unprofessional, abusive, profane, or threatening language toward employees, contingent workers, independent contractors, vendors, consumers, unauthorized review, disclosure, or distribution of confidential or proprietary information of NLACRC or its consumers. This can include (but is not limited to) review of consumer information not officially authorized as assigned to an employee's caseload, regardless of that consumer's familial or other relationship with that employee.
17. Sleeping on the job.
18. Harassing, discriminatory, or retaliatory behavior or action toward employees, contingent workers, independent contractors, vendors, consumers, board members, advocates, consumers or family members, or other persons with whom a NLACRC employee interacts in the course of conducting business in violation of the Unlawful Harassment, Discrimination, & Retaliation Policy.
19. Gross Misconduct, while this is not an all-inclusive list, some examples of gross misconduct would be bribery, falsifying information, any type of harassment and engaging in any illegal activity.
20. Other violation of NLACRC policy or misconduct that NLACRC determines warrants disciplinary action.

21. Illegal or inappropriate use of drugs or alcohol or other prohibited substances on NLACRC premises or while performing job duties.
22. Any outside employment or other activities or relationships that create any actual or potential conflicts of interest. A conflict of interest is defined as a conflict between the private interest and the official responsibilities of an employee of NLACRC. A conflict of interest includes (but is not limited to):
 - Selling, offering to sell, or soliciting to sell products or services of any kind to NLACRC consumers, and families of consumers or vendors.
 - Accepting personal gifts or entertainment, valued more than \$15.00, from vendors, consumers, suppliers, or potential suppliers.
 - Accepting cash, cash cards, or gift cards in any denomination or value from vendors, consumers, suppliers, or potential suppliers.
 - Working for suppliers, vendors, or consumers.
 - Using proprietary or confidential information of NLACRC for personal gain or to NLACRC's detriment.
 - Having a direct or indirect financial interest or relationship with a vendor, client, or supplier.
 - Using NLACRC assets or labor for personal use.
 - Acquiring any interest in property or assets of any kind for the purpose of selling or leasing to NLACRC.
23. Other violation of NLACRC policy.

It is NLACRC's expectation that all employees adhere to the above values and standards set forth in the Standards of Conduct Policy and all other NLACRC policies and procedures. Violations are cause for disciplinary action up to and including termination of employment. Further, unless provided otherwise by a collective bargaining agreement or an employment agreement signed by the Executive Director, it must be remembered that the employment relationship is based on mutual consent of the employee and NLACRC. Accordingly, either you or NLACRC can terminate, or alter, the employment relationship at will at any time, for any or no reason, with or without notice.

NLACRC'S Special Contract Language Monthly Updates for the months of December 2024 and January 2025

I.C. Assessment of Delivery of Regional Center Services

- Caseload Ratios (Slide 2)
- Workforce Hiring and Retention (Slide 3)
- Early Start and Lanterman Act Intake and Assessment Timeline Requirements
 - Early Start Intake & Assessment Timelines (Slide 4)
 - Lanterman Act Intake & Assessment Timelines (Slide 5)
- Completion of IPPs as Statutorily Required (Slide 6)
- Timely Authorizations for Service (Slide 7)
- Vendor Payment Timelines (Slide 8)

II. B. 1. Training for Board Members

- Comprehensive annual training plan for all individuals serving on the Board (Slide 9)



I.C. Assessment of Delivery of Regional Center Services.

Contractor shall work with the consulting service in order to comply with the delivery of case management services by the regional center consistent with the requirements of the Lanterman Act. Contractor will work with the consulting service to establish strategies and measures to include, but not limited to, caseload ratios are significantly reduced and progress is made towards statutory compliance, ensuring case management activities align between staff duty statements/job descriptions, and that Lanterman Act values and requirements are being met. Contractor shall work collaboratively with the consulting service to assess the regional center's operations by utilizing measurable data points and other information needed to achieve progress and intended outcomes. Data points are to include, but are not limited to, **monthly data on service coordinator to consumer caseload ratios**, workforce hiring and retention, compliance with Early Start and Lanterman Act intake and assessment timeline requirements, completion of IPPs as statutorily required, timely authorizations for services, and vendor payment timelines.

Contractor will work with the consulting service to develop a plan regarding assessment and proposed remediation of regional center operational issues using measurable data points within 60 days from when the consulting service is retained.

Caseload Ratios

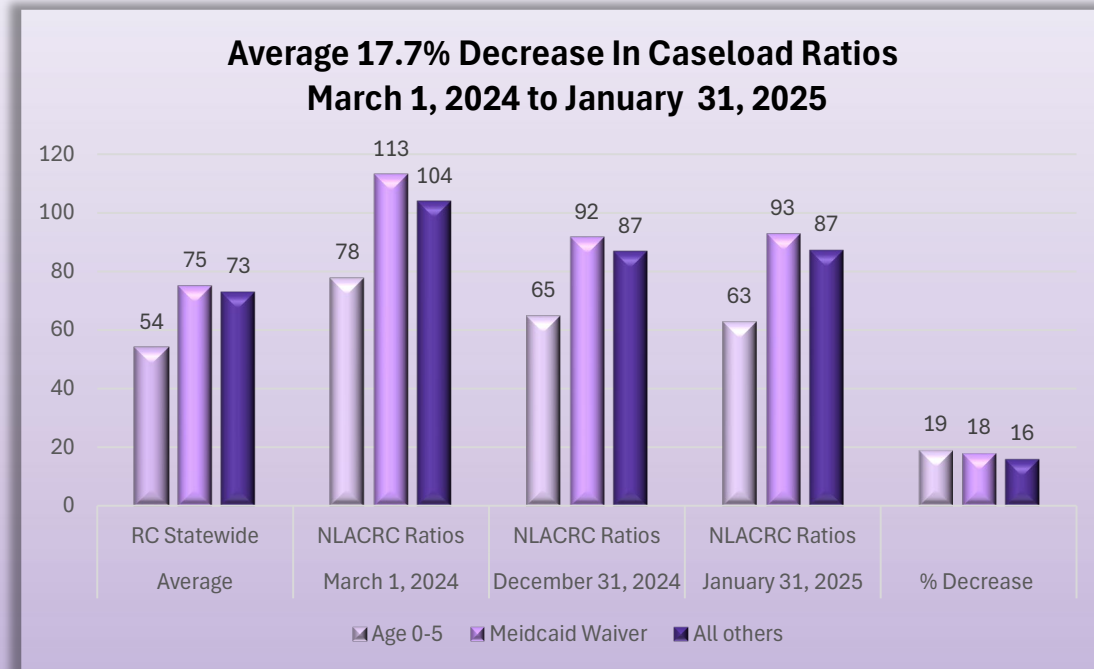
Current Status:

- 16 CSCs hired in December 2024
- 13 CSCs hired in January 2025
- 193 CSCs hired 3/1/24 – 1/31/25 (Avg: 19 per month)

Metrics:

- NLACRC continues to take the following steps to reduce caseload ratios:
 - Managers and Directors are included in the CSC interview process
 - Case management training to enhance service coordination skills and hands-on in the field training by CSC Lead Trainers
 - Monthly monitoring of caseload ratios and assignment of cases as positions are filled
 - Pilot modifications to CSC interviewing panels revised to include supervisory input
 - Recruiting Manager hired + 1 additional Recruiter added to team (6 EEs focused on CSC recruitment efforts)

Cadence: Monthly



I.C. Assessment of Delivery of Regional Center Services. (continued)

Contractor shall work with the consulting service in order to comply with the delivery of case management services by the regional center consistent with the requirements of the Act. Contractor will work with the consulting service to establish strategies and measures to include, but not limited to, caseload ratios are significantly reduced and progress Lanterman is made towards statutory compliance, ensuring case management activities align between staff duty statements/job descriptions, and that Lanterman Act values and requirements are being met. Contractor shall work collaboratively with the consulting service to assess the regional center's operations by utilizing measurable data points and other information needed to achieve progress and intended outcomes. Data points are to include, but are not limited to, monthly data on service coordinator to consumer caseload ratios, **workforce hiring and retention**, compliance with Early Start and Lanterman Act intake and assessment timeline requirements, completion of IPPs as statutorily required, timely authorizations for services, and vendor payment timelines. Contractor will work with the consulting service to develop a plan regarding assessment and proposed remediation of regional center operational issues using measurable data points within 60 days from when the consulting service is retained.

Workforce Hiring and Retention

Current Status:

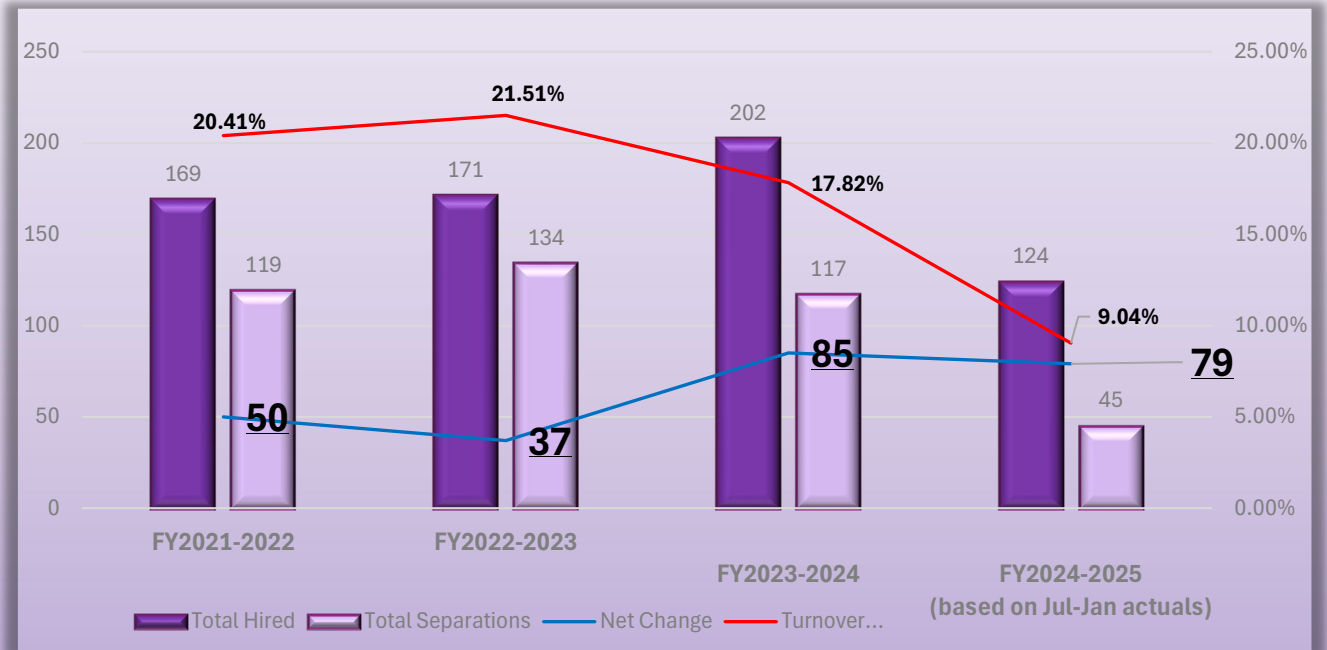
- Recruiting & Retention Focus Group proposal being reviewed; Identifying additional communication changes in job postings, etc.
- Pilot modifications to CSC interviewing panels revised to include supervisory input; 270+ interview hours available per month.
- Recruiting Manager hired + 1 additional Recruiter added to team (6 EEs focused on CSC recruitment efforts)

Metrics:

- Continued pace of 20-25 qualified hires per month
 - Forecasted to continue budgeted hires for growth
 - Reduced Days Open
 - Increased internal candidate applications
- Reduced turnover - %s Below prior NLACRC fiscal years and %s benchmarked at or below other Regional Centers

Cadence: Monthly

Average Net 79% Increase in Hiring Year-Over-Year (if annualized)



I.C. Assessment of Delivery of Regional Center Services. (continued)

Contractor shall work with the consulting service in order to comply with the delivery of case management services by the regional center consistent with the requirements of the Act. Contractor will work with the consulting service to establish strategies and measures to include, but not limited to, caseload ratios are significantly reduced and progress Lanterman is made towards statutory compliance, ensuring case management activities align between staff duty statements/job descriptions, and that Lanterman Act values and requirements are being met. Contractor shall work collaboratively with the consulting service to assess the regional center’s operations by utilizing measurable data points and other information needed to achieve progress and intended outcomes. Data points are to include, but are not limited to, monthly data on service coordinator to consumer caseload ratios, workforce hiring and retention, **compliance with Early Start** and Lanterman Act **intake and assessment timeline requirements**, completion of IPPs as statutorily required, timely authorizations for services, and vendor payment timelines. Contractor will work with the consulting service to develop a plan regarding assessment and proposed remediation of regional center operational issues using measurable data points within 60 days from when the consulting service is retained.

Early Start Intake and Assessment Timeline Requirements

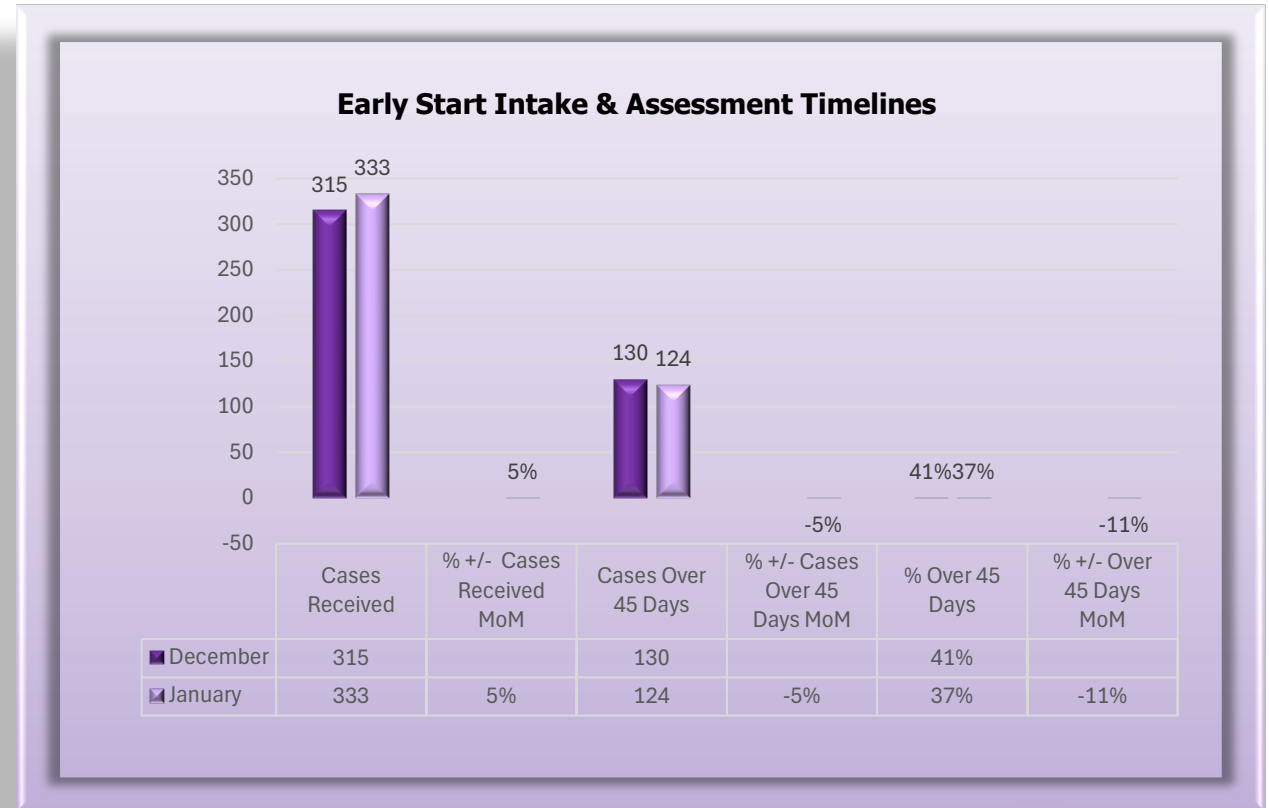
Current Status:

- Early Start Intake & Assessment Timelines:
 - November data is unreliable, given Early Start Director & Manager being out on leave.
 - % of cases over 45 days is historically higher during December due to the holidays.
 - Early Start Intake and Assessment Timelines were reduced in January, but still higher than expected as a result of appointment disruptions caused by the fires.

Metrics:

- Early Start Intake & Assessment Timelines:
 - NLACRC is working on updating the report to capture quarterly data.

Cadence: Monthly



I.C. Assessment of Delivery of Regional Center Services. (continued)

Contractor shall work with the consulting service in order to comply with the delivery of case management services by the regional center consistent with the requirements of the Act. Contractor will work with the consulting service to establish strategies and measures to include, but not limited to, caseload ratios are significantly reduced and progress Lanterman is made towards statutory compliance, ensuring case management activities align between staff duty statements/job descriptions, and that Lanterman Act values and requirements are being met. Contractor shall work collaboratively with the consulting service to assess the regional center's operations by utilizing measurable data points and other information needed to achieve progress and intended outcomes. Data points are to include, but are not limited to, monthly data on service coordinator to consumer caseload ratios, workforce hiring and retention, **compliance with Early Start and Lanterman Act intake and assessment timeline requirements**, completion of IPPs as statutorily required, timely authorizations for services, and vendor payment timelines. Contractor will work with the consulting service to develop a plan regarding assessment and proposed remediation of regional center operational issues using measurable data points within 60 days from when the consulting service is retained.

Lanterman Act Intake & Assessment

Timeline Requirements

Current Status:

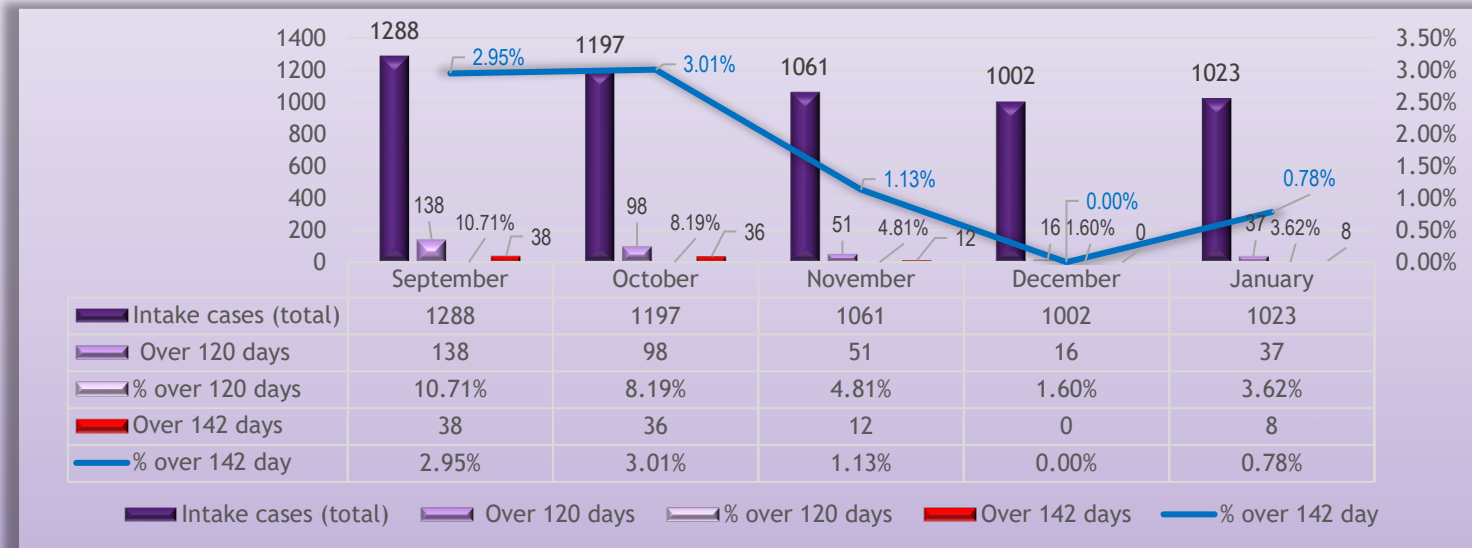
- Outliers that may be impacting the data for January which demonstrates a slight uptick in cases over 120 and 142 days:
 - Increase in # of intakes from previous month
 - The winter holidays
 - Appointment disruptions caused by the fires

Metrics:

- % within and % past statutory timelines.

Cadence: Monthly

Lanterman Act Intake & Assessment
September '24 - January '25
Point In Time



*Family cancellations and other scheduling difficulties outside of NLA's control were contributing factors to timelines being > 120 days.



I.C. Assessment of Delivery of Regional Center Services. (continued)

Contractor shall work with the consulting service in order to comply with the delivery of case management services by the regional center consistent with the requirements of the Act. Contractor will work with the consulting service to establish strategies and measures to include, but not limited to, caseload ratios are significantly reduced and progress Lanterman is made towards statutory compliance, ensuring case management activities align between staff duty statements/job descriptions, and that Lanterman Act values and requirements are being met. Contractor shall work collaboratively with the consulting service to assess the regional center's operations by utilizing measurable data points and other information needed to achieve progress and intended outcomes. Data points are to include, but are not limited to, monthly data on service coordinator to consumer caseload ratios, workforce hiring and retention, compliance with Early Start and Lanterman Act intake and assessment timeline requirements, **completion of IPPs as statutorily required**, timely authorizations for services, and vendor payment timelines.

Contractor will work with the consulting service to develop a plan regarding assessment and proposed remediation of regional center operational issues using measurable data points within 60 days from when the consulting service is retained.

Completion of IPPs as Statutorily Required

Current Status: IPPs (Provisional and Lanterman eligible consumers, excluding those under age 3)

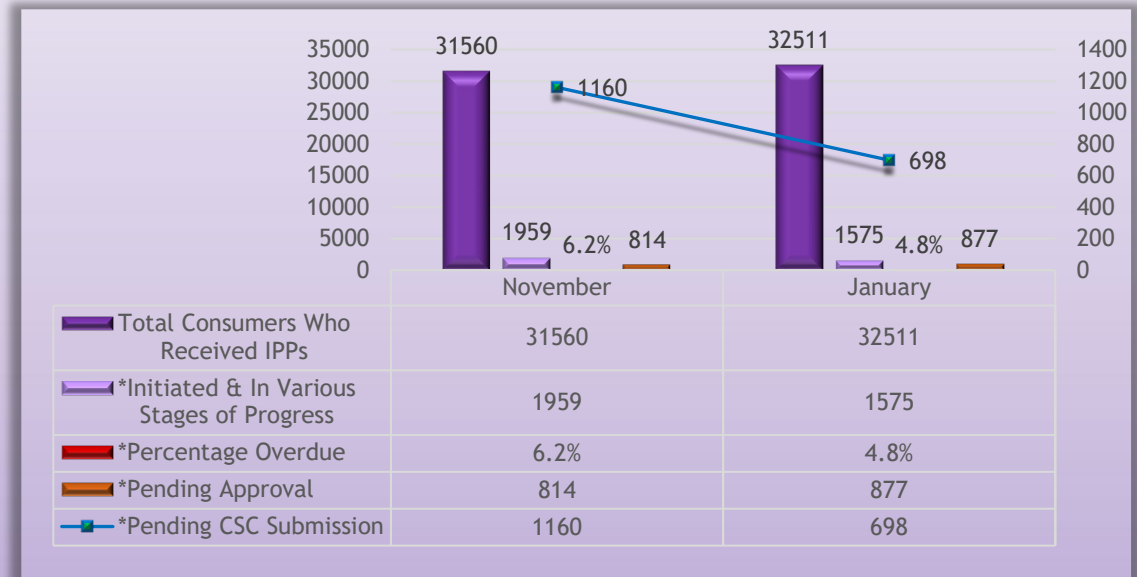
Outliers that may be impacting the data which demonstrates an uptick in the IPPs pending approval:

- Increase in the # of consumers who receive IPPs
- IPPs pending that carried over from the month prior
- The holidays in the month the data was collected

Metrics: % within and % past statutory timelines.

Cadence: Monthly

IPPs
As of January 31, 2025
(Provisional and Lanterman eligible consumers, excluding those under age 3)
*Overdue 31+ Days



I.C. Assessment of Delivery of Regional Center Services. (continued) of the Act. Contractor will work with the consulting service to establish strategies and measures to include, but not limited to, caseload ratios are significantly reduced and progress Lanterman is made towards statutory compliance, ensuring case management activities align between staff duty statements/job descriptions, and that Lanterman Act values and requirements are being met. Contractor shall work collaboratively with the consulting service to assess the regional center's operations by utilizing measurable data points and other information needed to achieve progress and intended outcomes. Data points are to include, but are not limited to, monthly data on service coordinator to consumer caseload ratios, workforce hiring and retention, compliance with Early Start and Lanterman Act intake and assessment timeline requirements, completion of IPPs as statutorily required, **timely authorizations for services**, and vendor payment timelines. Contractor will work with the consulting service to develop a plan regarding assessment and proposed remediation of regional center operational issues using measurable data points within 60 days from when the consulting service is retained.

Timely Authorizations for Services

Current Status:

- One big challenge in submitting timely authorizations is obtaining consumer and family signatures on the Individual Program Plan (IPP) after it has been created with service requests.
- As a result, service coordinators in most cases initiate authorizations in SANDIS prior to obtaining signatures. Service coordinators also provide a copy of the authorization request, once approved by the Supervisor, to service providers to allow service providers time to initiate services.
- NLACRC is actively exploring solutions to:
 - Minimize the gap between the authorization creation date and the purchase of service start date.
 - Expedite processes between the date an authorization request is entered into SANDIS and when an authorization number is generated and provided to service providers.

Authorization Creation Date vs Start Date by Calendar Month

Authorizations through January 31, 2025

Month Auth Created	Total Authorizations	Created Before Start Date		Created 0-30 Days After Start Date		Created 31-60 Days After Start Date		Created 60+ Days After Start Date		Created for Prior Fiscal Year		Created for 2PY	
		Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
07/2024	8324	1670	20.06%	4297	51.62%	0	0.00%	0	0.00%	2323	27.91%	34	0.41%
08/2024	6274	1654	26.36%	2955	47.10%	813	12.96%	0	0.00%	824	13.13%	28	0.45%
09/2024	7241	2052	28.34%	3338	46.10%	571	7.89%	751	10.37%	407	5.62%	122	1.68%
10/2024	7147	2685	37.57%	2827	39.56%	494	6.91%	820	11.47%	294	4.11%	27	0.38%
11/2024	6199	2255	36.38%	2748	44.33%	432	6.97%	622	10.03%	126	2.03%	16	0.26%
12/2024	6782	2349	34.64%	3011	44.40%	438	6.46%	781	11.52%	187	2.76%	16	0.24%
01/2025	5675	1839	32.41%	2515	44.32%	441	7.77%	458	8.07%	389	6.85%	33	0.58%
Averages	6806	2072	30.82%	3099	45.35%	456	6.99%	490	7.35%	650	8.92%	39	0.57%

*authorizations exclude 024 and 065



I.C. Assessment of Delivery of Regional Center Services. (continued)

Vendor Payment Timelines (continued)

Current Status:

- Payment Processing Policy:
 - Invoices received by the 6th of each month are paid by the end of that month.
 - Invoices submitted after the 6th may exceed a 30-day payment period due to the missed cut-off date.
- Payment Timelines:
 - 88.85% of invoices are paid within 30 days.
 - On average, 99.63% of invoices are paid within 60 days.

Metrics: Monitoring timelines (see graph)

Cadence: Monthly

Vendor Invoice Payment Timeline by Calendar Month
Invoices Paid Through January 31, 2025 *

Month Invoice Paid	Total Invoices	Paid Within 0-30 Days		Paid Within 31-60 Days		Paid Within 61-90 Days		Paid Within 91-120 Days		Paid Over 120 Days	
		Total	%	Total	%	Total	%	Total	%	Total	%
07/2024	2502	2193	87.65%	289	11.55%	7	0.28%	0	0.00%	13	0.52%
08/2024	2325	2051	88.22%	261	11.23%	0	0.00%	1	0.04%	12	0.52%
09/2024	2455	2076	84.56%	373	15.19%	5	0.20%	1	0.04%	0	0.00%
10/2024	2614	2296	87.83%	310	11.86%	2	0.08%	0	0.00%	6	0.23%
11/2024	2649	2587	97.66%	56	2.11%	0	0.00%	2	0.08%	4	0.15%
12/2024	2090	1846	88.33%	241	11.53%	1	0.05%	1	0.05%	1	0.05%
01/2025	2098	1840	87.70%	251	11.96%	7	0.33%	0	0.00%	0	0.00%
Averages	2390	2127	88.85%	254	10.78%	3	0.13%	1	0.03%	5	0.21%

* Comparison of the date Invoices are paid by NLACRC against the date Invoices are submitted by the Service Provider. Service Providers must submit invoices by the 6th of each month to be paid in same month. Invoices submitted after the 6th are paid in the subsequent month.

Invoices Submitted Through January 31, 2025 **

Month Invoice Paid	Total Invoices	Submitted Within 0-30 Days		Submitted Within 31-60 Days		Submitted Within 61-90 Days		Submitted Within 91-120 Days		Submitted Over 120 Days	
		Total	%	Total	%	Total	%	Total	%	Total	%
07/2024	2502	1977	79.02%	183	7.31%	102	4.08%	45	1.80%	195	7.79%
08/2024	2325	1940	83.44%	147	6.32%	64	2.75%	33	1.42%	141	6.06%
09/2024	2455	2054	83.67%	103	4.20%	53	2.16%	38	1.55%	207	8.43%
10/2024	2614	2073	79.30%	219	8.38%	50	1.91%	28	1.07%	244	9.33%
11/2024	2649	2299	86.79%	184	6.95%	53	2.00%	30	1.13%	83	3.13%
12/2024	2090	1846	88.33%	121	5.79%	63	3.01%	27	1.29%	33	1.58%
01/2025	2098	1809	86.22%	164	7.82%	49	2.34%	28	1.33%	48	2.29%
Averages	2390	2000	83.82%	160	6.68%	62	2.61%	33	1.37%	136	5.52%

** Comparison of the date Invoices are submitted by the Service Provider to NLACRC against the date the Invoice was generated in eBilling.



II. B.

1. Training for Board Members. Contractor and its legal counsel are required to develop a **comprehensive, annual training plan for all individuals serving on the Board.** The Board training plan shall include a training schedule, which must be submitted to the State for approval, as set forth in Article VII, Section 11 of this Contract. In addition, the training plan shall include training materials for the Board, which must be provided to the State for approval at least 90 days prior to the scheduled training. The training materials must encompass at least all the following topics:

- (1) overview of the current contract, including SCL, between Contractor and the State;
 - (2) the Board's role and its responsibilities under the Lanterman Act;
 - (3) the code of conduct or civility policy;
 - (4) the state and federal laws applicable to operating a non-profit corporation;
 - (5) maintaining appropriate boundaries between the role of Board and regional center staff; and (6) best practices related to Board governance, including but not limited to the Executive Director's role and responsibilities and the Board's role in providing goals for and oversight of the Executive Director, the composition and purpose of each board committee, distinctions between open and closed meetings, a code of ethics, conflict of interest requirements, community relations, and best practices related to fiscal oversight and accountability by a Board of Directors.
- a. Every Board member is required to attend each training or make-up session.
 - b. Contractor is required to create and post on its website an attendance record for each training or make-up session and provide a copy to the State within 10 business days after each session is completed.

Current Status:

- **Board Training Schedule Submission:**

- NLACRC has submitted its Board Training Schedule to the Department of Developmental Services (DDS).

- **Flexibility in Training Dates:**

- Training dates may need to remain flexible, as some sessions depend on the approval of the bylaws.

- **DDS Guidance:**

- DDS indicated that multiple trainings could be conducted in a single day if necessary.
- All training materials must still be submitted to DDS for review at least 90 days in advance.



NLACRC'S Special Contract Language Quarterly Update

I.B. Evaluation of Current and Ongoing Operations

- Policies and Procedures (Slide 2)
- Communication Systems – Ring Central Data (Slide 3)
- Communication Systems – Emails and Website (Slide 4)
- Complaint Process (Slide 5)
- Training (Slide 6)

III.A. Plan of Action for Personnel and Workplace Requirements

- Employment Policies and Procedures and Hire and Retain Consumer Service Coordinators (Slide 7)

IV.B. 1. Plan of Action Requirements to Improve Community Relationships

- Dissemination of Board of Trustees & Regional Center Information and Clear Vision & Values (Slide 8)
- Public Relations Plan and Vendor & Community Trainings (Slide 9)
- Community Engagement & Stakeholder Meetings (Slide 10)



I.B. Evaluation of Current and Ongoing Operations.

Contractor shall work with the consulting service to assess the regional center's operational infrastructure, processes for how decisions are made by regional center management, implementation of the Lanterman Developmental Disabilities Services Act (Lanterman Act), workforce deficits, and commitment to the success of the organization. This includes, but is not limited to, evaluating **policies and procedures**, communication systems, complaint processes, training, and regional center executive staff versus Board roles and responsibilities. Contractor will work with the consulting service to develop a plan regarding assessment and proposed remediation of operational infrastructure issues within 90 days from when the consulting service is retained.

Policies

Current Status:

- Legal Counsel received additional Standards of Conduct, Code of Conduct to review.
- Legal Counsel pending review of Employee Handbook as per additional revised January guidance from DDS.
- Board approval/adoption of revised/redline edited Whistleblower Policy from Legal Counsel presented to Board on 1/16/25, but due to lack of quorum that occurred, no actions/approvals taken. Will revisit/re-present upon full Board.
- Columbus did not deliver created/modified archive policies (as requested by NLACRC leadership) prior to their departure; activity still pending as lower priority to other active and high-visibility policies.

Metrics: Permanent products as completed.

Cadence: Quarterly (Next Report May 15th)

Procedures

Current Status:

- Columbus did not deliver created/modified archive SOPs (as requested by NLACRC leadership) prior to their departure; activity still pending as lower priority to other active and high-visibility process improvements (e.g., review/consideration/implementation of workgroup recommendations from staff).
- Person-Centered Consulting has guided this workgroup through the final presentation stages to leadership later in February 2025.
- Once hired, the Change Project Managers will form focused workgroups within departments to create the rest of our SOPs.

Metrics: Permanent products as completed.

Cadence: Quarterly (Next Report May 15th)



I.B. Evaluation of Current and Ongoing Operations. (continued)

Contractor shall work with the consulting service to assess the regional center’s operational infrastructure, processes for how decisions are made by regional center management, implementation of the Lanterman Developmental Disabilities Services Act (Lanterman Act), workforce deficits, and commitment to the success of the organization. This includes, but is not limited to, evaluating policies and procedures, **communication systems**, complaint processes, training, and regional center executive staff versus Board roles and responsibilities. Contractor will work with the consulting service to develop a plan regarding assessment and proposed remediation of operational infrastructure issues within 90 days from when the consulting service is retained.

Communication Systems

Current Status:

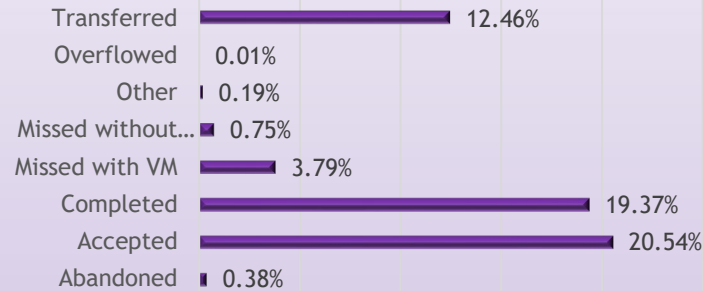
- 28.27% more inbound calls were answered in Q2 than in Q1.

Metrics: Data from Calls, Newsletters, Intranet, Website and Social Media will be reviewed routinely to optimize.

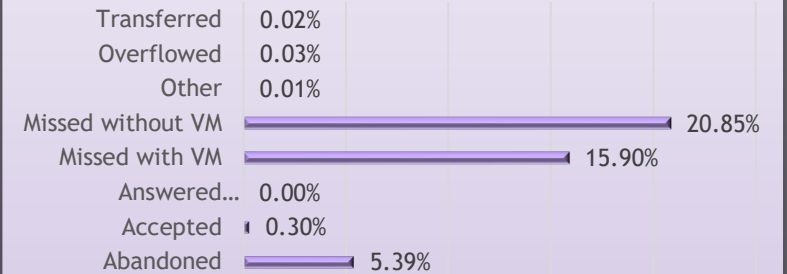
Cadence: Quarterly (Next Report May 15th)

Ring Central Call Data November 1, 2024 – January 31, 2024

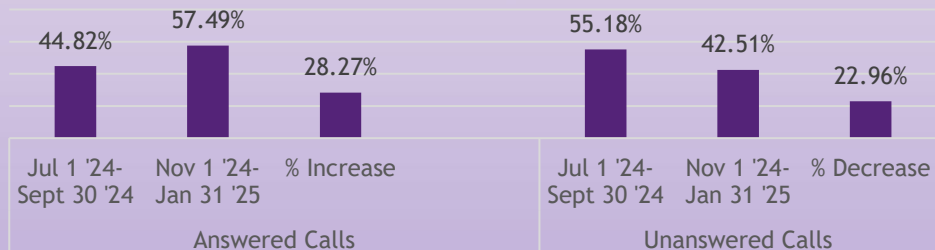
147,139 of 255,921 Calls Were Answered (57.49% Answered)



108,782 of 255,921 Calls Were Not Answered (42.51% Unanswered)



Percentage Increase/Decrease



I.B. Evaluation of Current and Ongoing Operations. (continued)

Contractor shall work with the consulting service to assess the regional center’s operational infrastructure, processes for how decisions are made by regional center management, implementation of the Lanterman Developmental Disabilities Services Act (Lanterman Act), workforce deficits, and commitment to the success of the organization. This includes, but is not limited to, evaluating policies and procedures, **communication systems**, complaint processes, training, and regional center executive staff versus Board roles and responsibilities. Contractor will work with the consulting service to develop a plan regarding assessment and proposed remediation of operational infrastructure issues within 90 days from when the consulting service is retained.

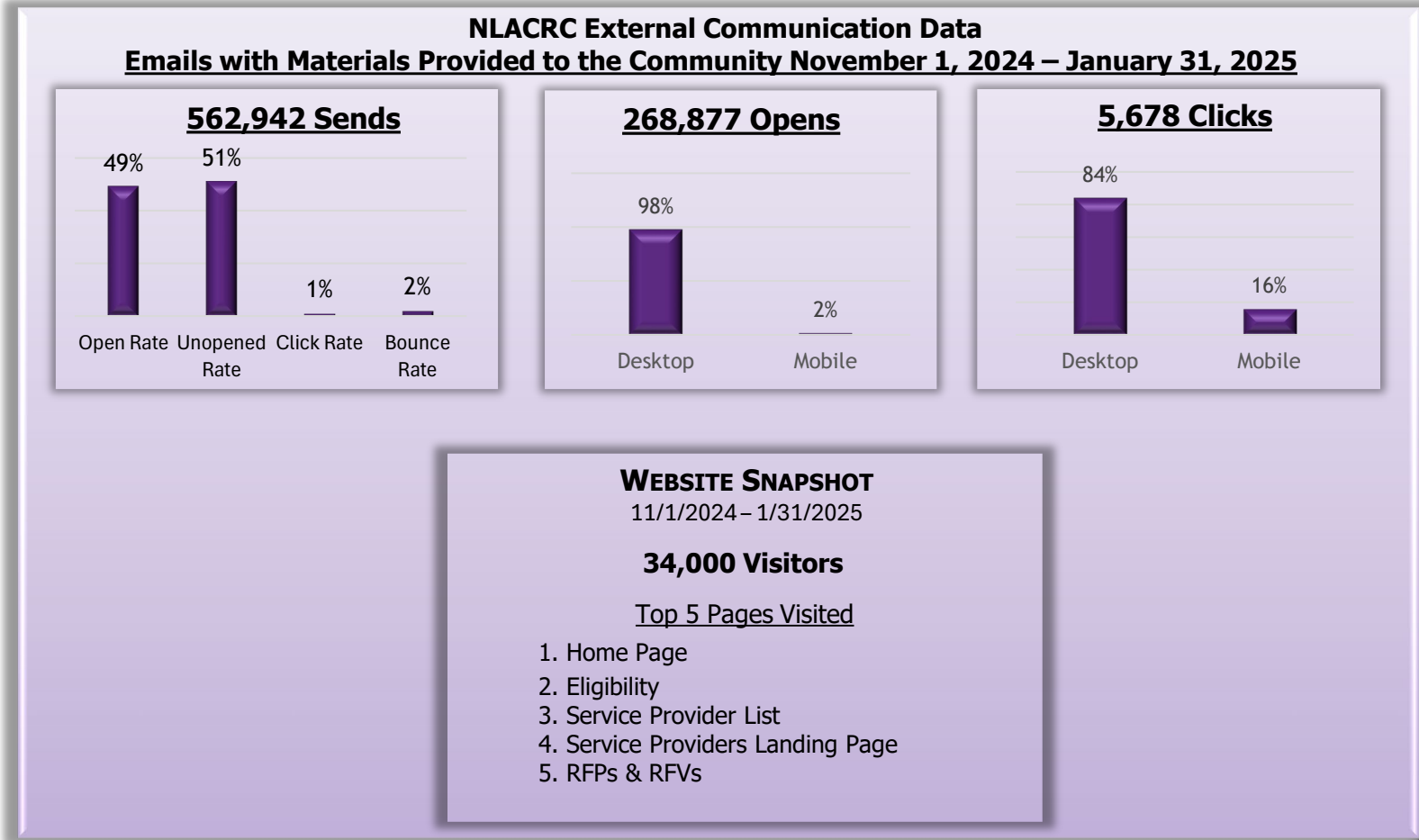
Communication Systems (continued)

Current Status:

- The decline in email engagement (open rates) is likely due to seasonal trends. From November 2023 to January 2024, NLACRC's email open rate was 7%.

Metrics: Newsletters, Intranet, Website and Social Media will be reviewed routinely to optimize.

Cadence: Quarterly (Next Report May 15th)



I.B. Evaluation of Current and Ongoing Operations. (continued)

Contractor shall work with the consulting service to assess the regional center’s operational infrastructure, processes for how decisions are made by regional center management, implementation of the Lanterman Developmental Disabilities Services Act (Lanterman Act), workforce deficits, and commitment to the success of the organization. This includes, but is not limited to, evaluating policies and procedures, communication systems, **complaint processes**, training, and regional center executive staff versus Board roles and responsibilities. Contractor will work with the consulting service to develop a plan regarding assessment and proposed remediation of operational infrastructure issues within 90 days from when the consulting service is retained.

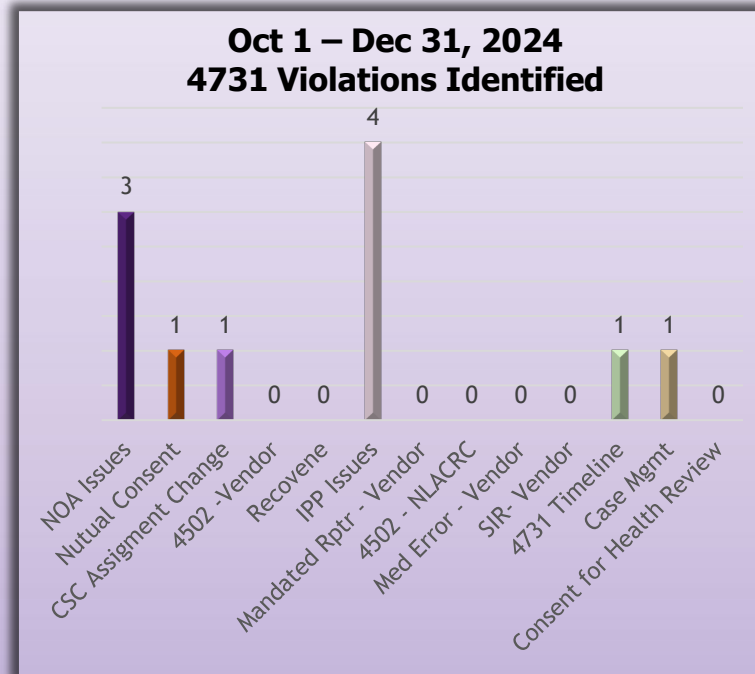
Complaint Processes

Current Status:

- The center continues to do its' due diligence in reviewing 4731 complaints; DDS and Fair Hearings have not overturned NLA's findings.
- Core violations found remain to be those regarding NOA issuance within statutory periods.
- DDS continues to uphold NLACRC findings when responses are appealed to DDS.

Metrics: Trainings will be developed surrounding the NOA Issues.

Cadence: Quarterly (Next Report May 15th)



I.B. Evaluation of Current and Ongoing Operations. (continued)

Contractor shall work with the consulting service to assess the regional center’s operational infrastructure, processes for how decisions are made by regional center management, implementation of the Lanterman Developmental Disabilities Services Act (Lanterman Act), workforce deficits, and commitment to the success of the organization. This includes, but is not limited to, evaluating policies and procedures, communication systems, complaint processes, **training, and regional center executive staff versus Board roles and responsibilities**. Contractor will work with the consulting service to develop a plan regarding assessment and proposed remediation of operational infrastructure issues within 90 days from when the consulting service is retained.

Training:

Current Status:

- NLACRC recently surveyed 50 new hires that completed their staff orientation training
 - New hire training path duration: approximately 5 months
- 62% of the new hires responded to the survey. All respondents agreed, with the majority expressing strong agreement, that the training increased their knowledge and job readiness.
- **Metrics:** Staff and New Hire Satisfaction Surveys.
- **Cadence:** Quarterly (Next Report May 15th)

Regional Center Executive Staff vs Board Roles and Responsibilities:

Current Status:

- See graphs.

Metrics:

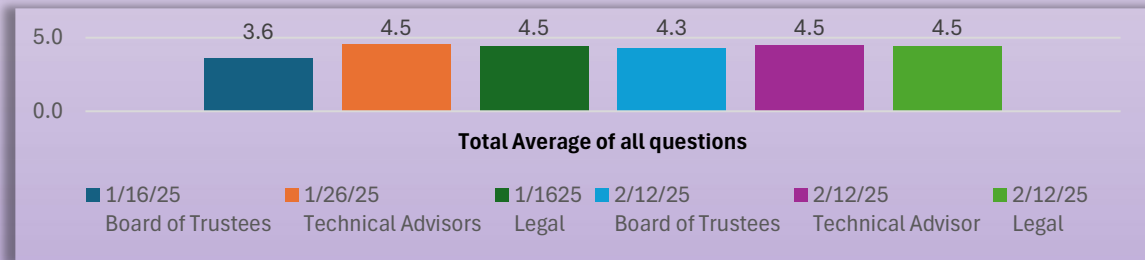
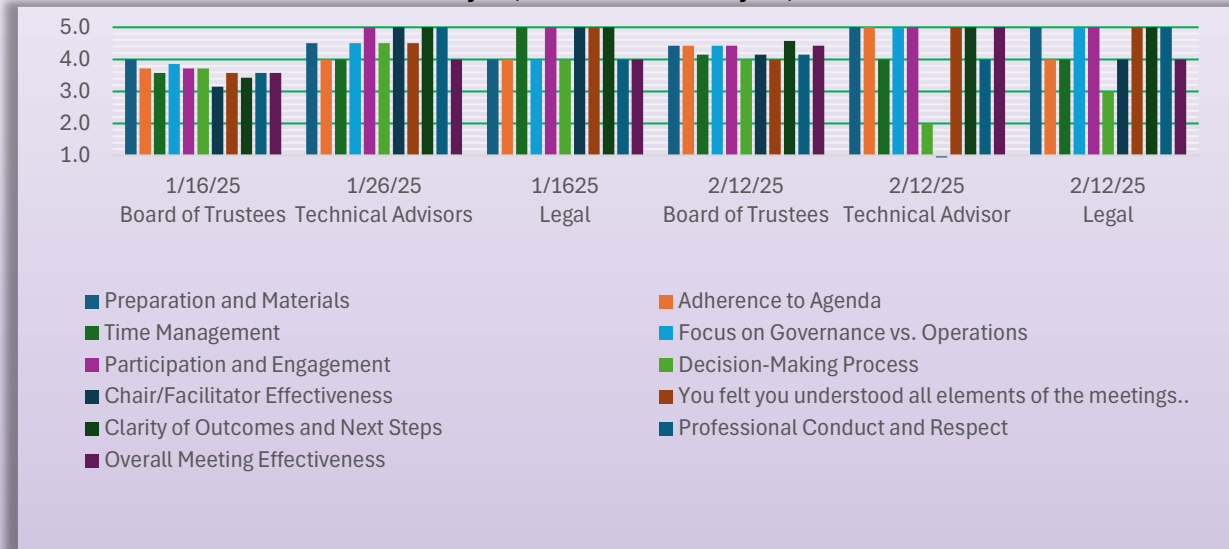
- Narrative reporting from technical advisors to inform DDS of progress
- Board of Trustees meeting evaluations

Cadence:

- Weekly

Board of Trustees Meeting Evaluations

January 16, 2025 and February 12, 2025



III.A. Plan of Action for Personnel and Workplace Requirements.

The State is informed that Contactor has experienced high turnover for its Human Resources Director position. Contractor has not been successful in hiring and retaining service coordination staff resulting in extraordinarily high caseload ratios. High service coordinator to consumer ratios has a direct impact on staff's ability to support consumers and families. Contractor shall take the following steps to address workforce and workplace stability at the regional center:

1. **Retains employment law counsel**, or a human resources specialist, either of which must be approved by the State, to review all of the regional center's employment policies and procedures, to conduct and/or facilitate staff training, and to ensure current compliance with all state and federal laws.
2. **With the support of the consulting service, execute the review, updating, or development of the regional center's employment policies and procedures** to improve workplace culture, morale, and maintain a workplace environment that is free from discrimination and harassment. Contractor must ensure that the regional center develops, reviews, or revises its code of conduct and non-retaliation policies to allow transparency and submission of complaints to Human Resources without fear of reprisal.
3. **With the support of the consulting service, develop a comprehensive plan for how the regional center will hire and retain sufficient service coordination staff** to significantly reduce caseload ratios for all age groups.

Retain Legal Counsel Current Status:

Completed

NLA, Columbus & Legal Counsel to Review/Update/Develop Policies & Procedures

Current Status:

- Legal Counsel received additional Standards of Conduct, Code of Conduct to review.
- Legal Counsel pending review of Employee Handbook as per additional revised January guidance from DDS.
- Board approval/adoption of revised/redline edited Whistleblower Policy from Legal Counsel presented to Board on 1/16/25, but due to lack of quorum that occurred, no actions/approvals taken. Will revisit/re-present upon full Board presence.
- Columbus did not deliver created/modified archive policies (as requested by NLACRC leadership) prior to their departure; activity still pending as lower priority to other active and high-visibility policies.

Metrics: Permanent Products

Cadence: Quarterly (Next Report May 15th)

Hire & Retain Sufficient Service Coordinators

Current Status:

- Talent Acquisition/Recruiting Manager hired 12/30/24
- Additional temp (experienced) HR Specialist I/Recruiter assignment started 1/07/2024
- Recruiting Manager recommended recruiting process changes to maximize sourcing and offer acceptances.
- Reviewing recommendations from Recruiting/Retention workgroup to identify those that can be adopted within existing parameters and agreements (e.g., per current CBA, etc.)

Metrics: Permanent Products

Cadence: Quarterly (Next Report May 15th)



IV.B. Plan of Action Requirements to Improve Community Relationships.

Contractor must take swift action to address and remediate the culture within the regional center which has a perception that employees are discouraged from raising issues. Contractor must take action to promote respect by the Board toward regional center staff. Contractor must also take swift action to improve its relationship with the community, address and remediate the Board's relationship and communication with their stakeholders, such as the individuals served and their families, service providers and community members. Contractor shall develop a plan of action to identify issues and concerns and promote open communication. Contractor shall take steps to create a culture of professionalism throughout the regional center. At a minimum, Contractor shall develop a plan of action that includes the following:

1. **Dissemination of board and regional center information;**
2. **Clear vision and values that are identified and communicated throughout the regional center;**
3. **Measurable goals and practices that support the vision and values of the regional center. Practices shall include general guidance pertaining to Board advocacy activities on behalf of regional center consumers;**
4. Public relations plan;
5. Vendor and community trainings; and
6. Community engagement and stakeholder meetings.

Dissemination of Board & Regional Center Information

Current Status:

- Per the Board's bylaws, NLA must post all committee and board meeting agendas 7 days prior to the meeting.
 - In this last quarter, 1 meeting agenda was posted within 7 days of the scheduled meeting (92% compliance, 1 out of 13 meetings).
- The board agreed to post board/committee packets on the Friday before each meeting.
 - In this last quarter, 1 meeting packet was posted after the Friday before the committee meeting (92% compliance, 1 out of 13 meetings).
- Once meeting minutes are approved, these should be posted by the Friday following the board meeting.
 - Given that NLA could not meet the minimum members for the board to operate, NLA approved the last 3 board/special meeting minutes at the 2/12 meeting.

Metrics: Report to DDS on Compliance with each Board & Committee Meeting

Cadence: Quarterly (Next Report May 15th)

Clear Vision & Values Identified and Communicated through NLA & Measurable Goals & Practices

Current Status:

- Helen Sanderson & Associates will begin working with NLA at the end of February.
- In NLACRC's last All Management Meeting (attended by 69 participants), managers responded with a 4.38 (on a scale of 1-5 with 1 being Strongly Disagree and 5 being Extremely Agree) favorability of how the meeting was conducted and the materials presented

Metrics:

- Improved outlook via Employee Survey on the following areas:
 - Confidence in the future of NLA: October 2024 Baseline - 54%, February 2025 Update: 50.6%, Decrease of 3.1%
 - Belief Action will be Taken Given Input: October 2024 Baseline - 20%, February 2025 Update: 35.4%, Increase of 15.2%

•Survey Participation:

- Employee participation in the February survey decreased by 11.9%.

•Potential Factors Affecting Outlook:

- The unexpected departure of the Columbus Organization.
- Increased transparency regarding the Special Contract Language, which many staff members were previously unaware of.

Cadence

- Quarterly (Next Report May 15th)



IV.B. Plan of Action Requirements to Improve Community Relationships. (continued)

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4. **Public relations plan;**
5. **Vendor and community trainings;** and
6. Community engagement and stakeholder meetings.

Public Relations Plan

Current Status:

- NLA has
 - Amended our Media Release allowing for testimonials from Employees and Individuals Served.
 - Is exploring partnering with several SoCal Regional Centers to advertise for careers at RCs
 - Launching a campaign for employees to be "Brand Ambassadors" for social media
 - Developed a pipeline for CSCs with CSUN
 - Will be hosting a Legislative Townhall on 2/25

Metrics:

- Permanent Products

Cadence

- Quarterly (Next Report May 15th)

Vendor & Community Trainings

Current Status:

- In NLACRC's last Vendor Advisory Committee, members responded with a 4.87 (on a scale of 1-5 with 1 being Strongly Disagree and 5 being Extremely Agree) favorability of how the meeting was conducted and the materials presented
- Ongoing Vendor Engagement: NLACRC regularly hosts meetings to gather vendor feedback and address questions. Key Meetings Include:
 - Monthly Vendor Advisory Committee and Subcommittee Meetings
 - Monthly Vendor Support Forums
 - Interagency Meetings with Residential Providers
 - NLACRC Employment Roundtables
 - Rate Reform Open Hours

Metrics:

- Permanent Products (e.g., training, proposal, etc.)

Cadence:

- Quarterly (Next Report May 15th)



IV.B. Plan of Action Requirements to Improve Community Relationships. (continued)

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4. Public relations plan;
5. Vendor and community trainings; and
6. **Community engagement and stakeholder meetings.**

Community Engagement & Stakeholder Meetings

Current Status:

- Ongoing Community Engagement: NLACRC regularly hosts or attends meetings, fairs, and events within the community:
 - Support Groups:
 - Armenian
 - Farsi
 - Filipino
 - LGBTQ
 - Spanish
 - African American
 - Schools
 - Community Based Organizations (CBOs)
 - Rate Reform Open Hours

Metrics:

- Permanent Products (e.g., training, proposal, etc.)

Cadence:

- Quarterly (Next Report May 15th)



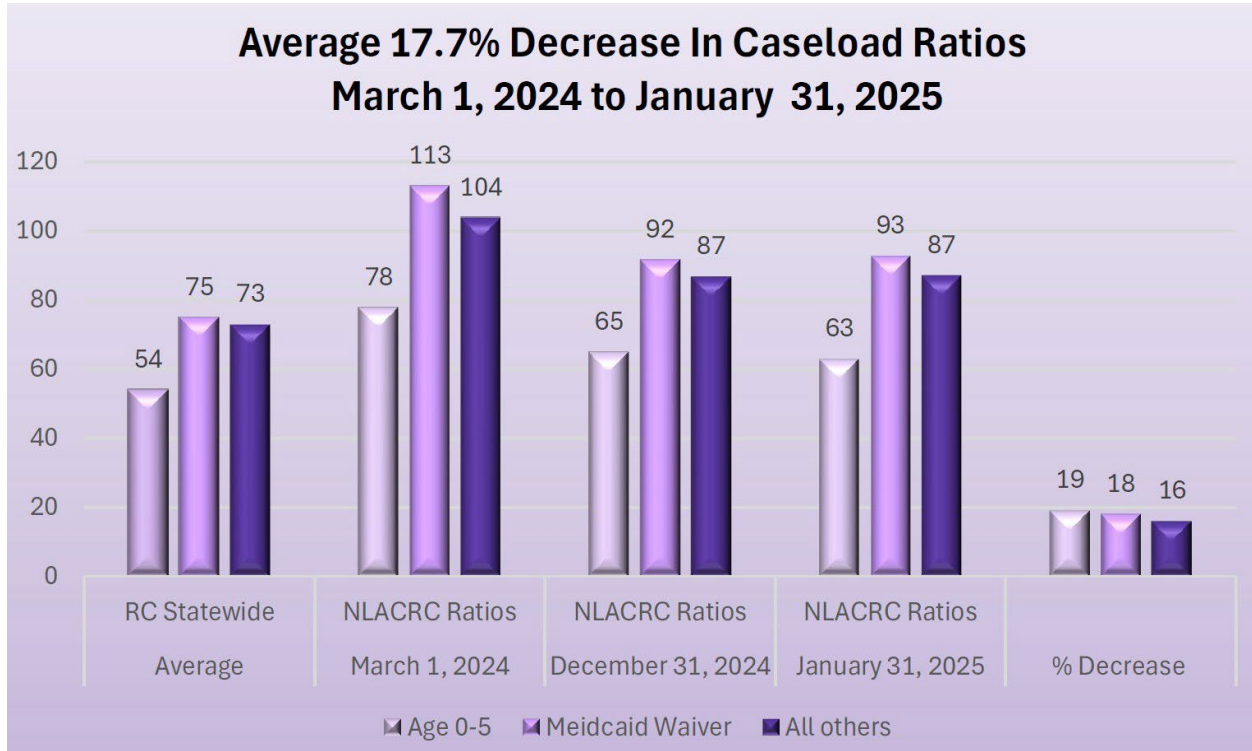


**North Los Angeles County Regional Center
Director's Report
February 2025**

I. NLACRC Spotlight:

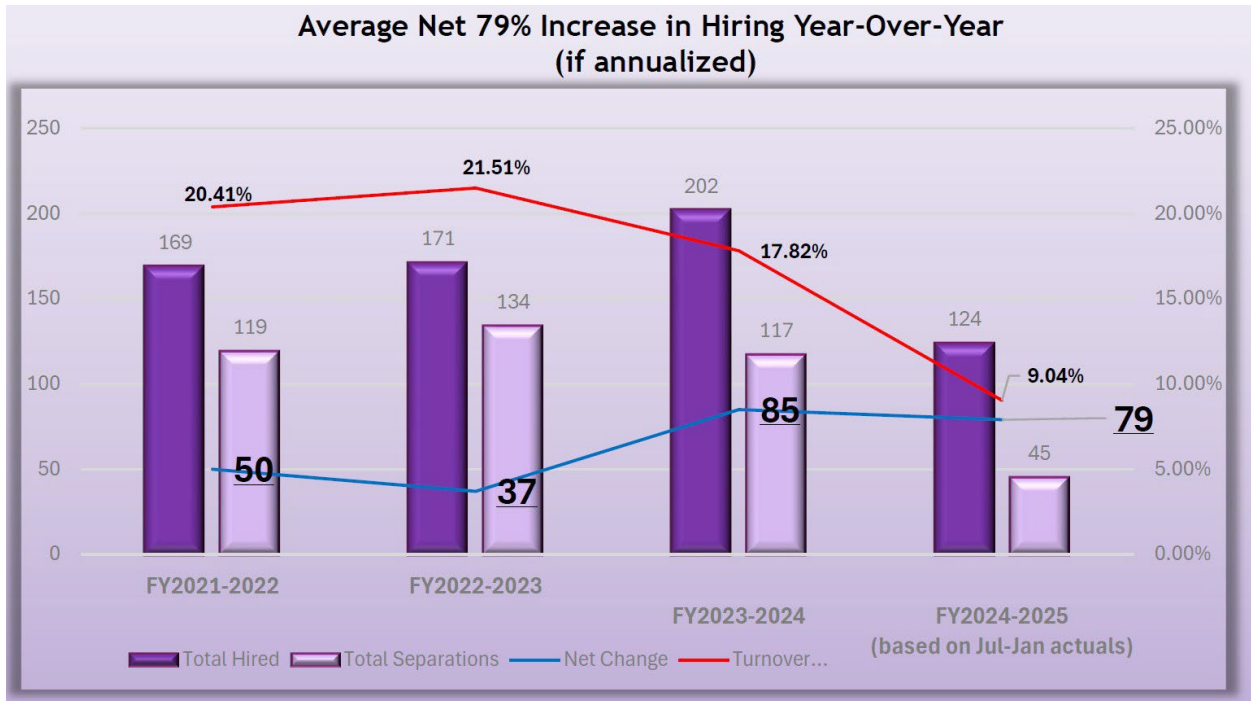
A. Caseload Ratios:

- i. Caseload Reduction: In just 11 months, we have successfully decreased caseload ratios by 17.7%
- ii. Future Projection: If Human Resources, maintains the current recruitment pace and retention rates remain steady, NLACRC is on track to meet the statewide average for caseload ratios within a year.



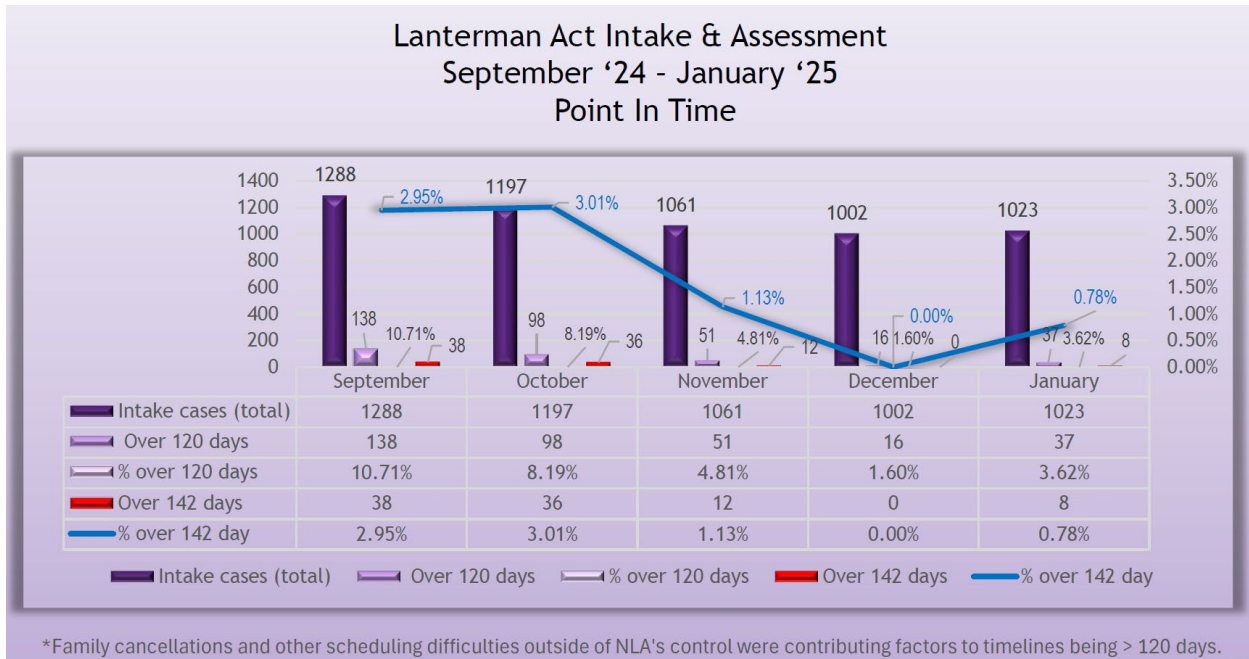
B. Recruiting

- i. Employee Growth: NLACRC has a net gain of 79 employees for FY 2024/25. With five months remaining, we are already about to surpass last year's performance for recruiting and retention.
- ii. Turnover Improvement: Our annualized turnover rate has dropped to 9.04%, a significant improvement from 17.82% last fiscal year.



C. Intake Volume and Timelines

- i. Intake Volume: NLACRC receives an average of 880 new intake consumers per month.
- ii. Net Growth: On average, we see a net increase of 215 individuals served each month.
- iii. Processing Timeliness: Despite this high volume, our team has been able to process intakes within the required 120-day timeframe 3.6% of the time, as stipulated by statute—an impressive feat given the demand.



D. Podcast

- i. NLACRC Podcast Pre-Production: NLACRC is in full pre-production for its podcast series.
- ii. Launch Timeline: The first podcast is scheduled for mid-March. The following series are currently under development, though additional topics may be added:
 1. Town Halls—Open discussion on key topics impacting the community.
 2. Community Learning Forums—Educational sessions on various subjects relevant to individuals and families.
 3. Self-Determination Program (SDP)—Information and updates on the Self-Determination Program.
 4. Early Start—Expert discussions on early intervention and services for young children.
 5. School Age—Insights from experts on navigating services for school-aged children.
 6. Transition—Guidance from experts on transitioning from school to adulthood.

7. Legislative News—Updates on policies and legislation affecting the developmental disabilities community.
8. NLACRC Internal News—Organizational updates and important announcements from NLACRC.
9. Adult Services—Expert-led discussions on services and supports for adults.

II. **Department Developmental Center (DDS) & ARCA Updates:**

A. **Family Needs Assessment tool—Next Steps**

- i. Following the kickoff webinar on the pilot tool for respite, daycare, and personal assistance, DDS decided to revise the tool to reduce its length and minimize duplication with the Individual Program Plan (IPP) process.
- ii. DDS is exploring potential use of newly available In-Home Support Services (IHSS) data to support the assessment of personal assistance needs. However, current data is limited to utilization rather than assessment metrics.

B. **Rate Model Implementation**

- i. Cash Flow: During their recent meeting, regional center chief financial officers raised concerns about potential cash flow issues due to higher payments resulting from the rate model implantation.
- ii. DDS will soon share the A-2 calculations (financial assessments to help evaluate contract funding), allowing regional centers (RCs) to determine if contract amounts align with their needs.
- iii. To increase visibility into contract limits and cash flow issues, Purchase of Service Expenditure Project (PEP) reports will be submitted again beginning in March.

C. **Early Start Payments for Quality Incentive Program (QIP)**

- i. Some Early Start providers recently reported missing expected QIP payments.
- ii. The issue appears to be related to delays in shifting children from Status 0 to Status 1, as services under Status 0 were ineligible for the incentive.
- iii. The intake standardization process will clarify the timeline for transitioning children to active Early Start status.

D. **Legislative Focus Areas**

- i. Themes emerging in discussion with legislative staff that may be featured in upcoming Budget hearings include:
 1. Disparities data and efforts to address inequities in service access.
 2. Progress on the Master Plan project and report updates.
 3. Caseload ratios and their impact on service delivery.

III. Center Updates:

A. **Recruitment:**

- i. Total # positions filled: 815
 1. Total # positions authorized: 985
- ii. February New Hires
 1. 1st cycle (2/10/2025): 6 (confirmed total)
 2. 2nd cycle (2/24/2025): 7 (unconfirmed total)

B. **Outreach:**

- i. Outreach Event: Parent Center Presentation at Lowman Special Education and Transition Center
 1. NLACRC, in partnership with Lowman Special Education & Transition Services, facilitated a presentation on regional center services for transition-age and adult individuals. The presentation provided an overview of available services and eligibility requirements. Additionally, NLACRC staff assisted four parents with individual consultations regarding regional center services.
- ii. Outreach Event: Effective Black Parenting Class
 1. With Project Joy, NLACRC conducted a presentation on regional center services and the application process for parents attending the Effective Black Parenting Class. The session provided guidance on available supports and how to access them. NLACRC staff also assisted parents in navigating the online application process for regional center services.
- iii. Outreach Event: Palmdale Aerospace Academy Resource Fair
 1. NLACRC participated in the Palmdale Aerospace Academy Resource Fair, hosted by the Palmdale School District. As part of its outreach to K-12 schools and eligibility requirements to students, parents, and educators. This event allowed NLACRC to connect with families and school staff, ensuring they had access to essential resources and support.
- iv. Outreach Event: Disability Health Fair
 1. NLACRC attended the Disability Health Fair at the LA LGBT Senior Center, focusing on disabled LGBTQ+ seniors. During the event, which had over 100 attendees, NLACRC staff provided information and literature on regional center services and eligibility. This outreach effort helped ensure that seniors in the LGBTQ+ community were aware of the available support and could connect with necessary services.
- v. Outreach Event: Presentation for Child and Family Center
 1. NLACRC presented to 78 employees at the Child and Family Center during their all-staff meeting. This session was designed to inform mental health clinicians and center staff about regional center services, eligibility requirements, and the application process. The presentation also included an

overview of available services, helping professionals better support individuals and families in need.

C. Consumer Statistics:

- i. Total served: 38,376
 1. Early Start: 5,041
 2. Lanterman: 30,775
- ii. Breakdown of three valleys:
 1. AV: 9,086 (Early Start & Lanterman)
 2. SCV: 4,225 (Early Start & Lanterman)
 3. SFV: 22,505 (Early Start & Lanterman)
- iii. All other categories not captured in Early Start, Lanterman, and Intake, such as Provisional, Enhanced, Specialized, and other which total: 1,194.

IV. Upcoming Disability Organization Events/Activities

- A. State Council on Developmental Disabilities next council meeting—March 18, 2025
- B. Disability Rights California's next board meeting—March 27, 2025
- C. Self Determination Local Advisory Meeting—March 20, 2025

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		
Juan Hernandez														
Sharmila Brunjes		P	P	P	P								0	4.25
Anna Hurst														
Curtis Wang														
Leticia Garcia		P	P	P	P								0	4.25

Meeting Time 1.25 1.00 1.00 0.75

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)