

AGENDA
INLAND COUNTIES REGIONAL CENTER, INC.
BOARD OF TRUSTEES MEETING
MONDAY, NOVEMBER 4, 2024 AT 5:00 PM
[Inland Regional Center](#)
[Conference Center – Board Room](#)
[1425 S. Waterman Avenue](#)
[San Bernardino, CA 92408](#)
or [Via Live Stream at Inlandrc.org/live](#)

Call to Order/Ms. O’Connell

Minutes of September 9, 2024 Board of Trustees Meeting/Ms. O’Connell Action

Public Input: Comments limited to 3 minutes per person. Action may not be taken on any item that is not on the Agenda. **In order to protect the rights of our consumers, comments should not include personal consumer information. If you have a specific issue or comment, contact your CSC or email your comments to Btrustees@inlandrc.org.** You may also submit Public Input Comments electronically via inlandrc.org/live.

Executive Director’s Report/Ms. Johnson Info

Director’s Reports/Directors Info

Committee Reports (Written Reports)

- | | |
|--|------|
| 1) Another Way/Ms. Gonzales | Info |
| 2) Executive Committee/Ms. O’Connell | Info |
| 3) Legislative Committee/Ms. Cummings | Info |
| 4) Master Trust Committee/Ms. Miller | Info |
| 5) Vendor Advisory Committee/Ms. Stewart | Info |

Old Business: None

New Business

- | | |
|--|--------|
| 1) Approval of VAC Committee Members/Ms. Stewart | Action |
| 2) Conservatorship Liaison Policy/Mr. Beckett | Action |
| 3) ARCA Board Delegate/Mr. Beckett | Info |
| 4) Salary Schedule Update/Mr. Beckett | Action |
| 5) Worker’s Comp Insurance/Ms. Steuwer | Action |
| 6) CPA Audit for FY ended 6/30/24/Ms. Steuwer | Info |

7) Approval of Another Way's 2024-25 Budget/Ms. Lara

Action

Trustee Input

Closed Session

- 1) Legal Matters (In accordance with Welfare & Institutions Code Section 4663(a)(5))
- 2) Employee Salaries and Benefits (In accordance with Welfare & Institutions Code Section 4663(a)(3))

Next Meeting: January 13, 2025

MINUTES OF SEPTEMBER 9, 2024
Inland Counties Regional Center, Inc.
Board of Trustees Meeting

BOARD PRESENT: Jay Connor; Carmela Garnica; Wes Head; Cynthia Jefferson; Mark Kendall; Alicia Lara; Theodore Leonard; Stephen May; Eric Naranjo; Maureen O'Connell; Briseida Ramirez; Rene Rojo; Gizelle Siojo; Teri Smith; Joshua Souder; April Stewart

BOARD MEMBERS ABSENT: Kiana Buffington

DIRECTORS PRESENT: Kurtis Franklin; Eric Hamler; Lavinia Johnson; Don Meza; Merissa Steuwer; Vince Toms

STAFF PRESENT:

GUEST PRESENT: Aminah Abdul-Hakim, DVU; Tina Ewing-Wilson, DVU; Gilda Giron, DVU; Judy Mark, DVU; Victoria Preciado, DVU

CALL TO ORDER: The meeting was called to order by Ms. O'Connell at 5:02 p.m.

MINUTES OF JULY 8, 2024 BOARD OF TRUSTEES MEETING: 1. Motion made to approve the minutes of the July 8, 2024 Board of Trustees Meeting M/S/C Rojo/Souder.

PUBLIC INPUT: Written statements were submitted.

1. Daisy Hoyer: Hello Board of Trustees, my name is Daisy Hoyer and I am the mother of Toby, an 11-year-old child with severe Autism. I would like some explanations as to why there is so much money sent back to the state when there are hundreds of parents literally fighting for services for their disabled children. I have fought endless times with service coordinators for appropriate services for my son only to be told no several times. I will continue to attend these board meetings until you approve the necessary services that my son deserves. My 3-year-old daughter was also at risk for Autism and she had some developmental delays that qualified her for early start. Right before turning 3, I got a letter stating that she did not qualify for Lanternman eligibility. She was never even formally evaluated by a psychologist! IRC came to this determination because her OT and infant teacher said she was doing "well." Let me ask you something Laviana...is this how you save money by not properly evaluating kids and just telling parents that the child doesn't qualify because they are doing "well" and you never even do a formal assessment or evaluation? This sounds illegal and unethical to me. I ask that you resolve this issue immediately and provide my daughter with a PROPER assessment that she is entitled to. We have already been in contact with the media regarding the issue of IRC denying services or not providing appropriate services while sending billions of dollars back to the state. Make this make sense. Thank you and see you at the next board meeting.
2. Nolan Hoyer: Hello, My name is Nolan Hoyer. Our IRC experience can be described as one of frustration, stress and exhausting effort. Among the many issues we have had getting services removed that are in need of increasing, we have had several serious

safety issues that have not been addressed. My wife is nine months pregnant and I work 12 hour shifts that are often back to back doing very intense work, and our time at home is involved heavily with caring for our children. Despite this, we had planned to attend the meeting in person. Our son has severe Autism and has high needs that require 24 hour supervision because of his dangerous behaviors. I will only mention one issue for now. We have been in desperate need for a cubby bed and have explained the need to Jonathan in July to no avail. We were very clear about the numerous things we have tried and told Jonathan that we had already sent an insurance denial letter back in March and the cubby bed was STILL not approved. He wakes up in the middle of the night with aggressive behaviors. This clearly qualifies for a cubby bed yet month after month nothing has happened despite our need being known. I constantly see my wife constantly struggling to fight for services that we clearly need yet there is no progress or very slow progress in making any services available. We had even started crisis intervention at one point and have very little to see from going that route. We are at the end of our rope. Please help us to get the services that are clearly needed. Thank you for your time.

3. Rose Pettengill: Hello board. This is my second time here as a grand parent and a great aunt to consumers, of which I love so much.

To follow up from my last attendance, I still have not heard back from anyone about meetings being held closer to riverside county consumers. The drive to get to San Bernardino just to get answers for consumers who's parents go ignored or given the run around, is unacceptable. The least you can do is arrange a chartered bus for us all, life as a special needs caregiver is hard enough on all our families, throwing in sitting in rush hour traffic for two hours just to make it to the in person meetings to ask you all face to face why families are being ignored and neglected - is unethical and unfair. My online submitted public comments are never read aloud which is why many of us prefer in person.

Meetings should be swapped between counties or riverside should have their own separate regional center.

Families shouldn't have to fight as hard as I've witnessed my daughter fighting for my grand son just to get services and supports in place in which these consumers are deserving of and entitled to. La times article states that irc has had \$46 million dollars reverted and sent back to the state due to the funds not being spent or used on consumers. But we have plenty documentation proving we as family members have requested services and supports or increases in existing services and supports from irc. Our distant family member Ezzy and his mother Amy have joined us today due to the push back and endless circles Amy is being put in when she requests services , supports and increases. Amy has given permission for me to comment about her and her family. I personally have tried to assist them with severe behaviors but it is too much for someone my age and the pay is not a livable wage for it to be worth it for me. Amy has requested a increase in respite to be able to pay someone a realistic livable wage who's willing to come consistently to help with her sons severe behaviors but irc , as usual, is sending her in endless circles justifying why she doesn't deserve the help. IRC keeps refusing to process her service requests for home maker and PA, both of which I am a witness to this family deserving and needing. We need answers from you today,

last meeting you all said someone would reach out to me with the issues I brought up at the meeting in may, yet no one has reached out to me, my contact information was provided to you on the public comment card back in may. Mr Eckrich has been tremendous help for my grandson and his entering sdp. Our loved ones can't afford waiting months on end for you to "get back to them" when you keep proving you don't follow up with people from these meetings. Please confirm right now you're refusing to help my loved ones and it will be my green light to set up protests outside these buildings as we are willing to do whatever it takes to be heard and ensure funding is going to help consumers who need it versus being sent back by the millions to the state due to being unutilized.

Thank you

4. Leslie Pacholoski: Hello it is good to see you all again here.

I'd like to provide an update to irc consumer my son Elijah. After working with Mr Eckrich , my son has had a smooth transition in sdp. It was not easy especially when discussing the need for more respite - something I've been begging irc for, for over a year. Despite the many unnecessary obstacles irc has parents go through for services and supports to become approved (especially respite), it has been a wonderful experience being in SDP and meeting my sons needs through all the wonderful that comes with SDP. Thank you Mr Eckrich for being attentive and listening to us to ensure my son can thrive in SDP.

Aside from this, there are some things I've been seeking answers to but have been unable to obtain from irc so I'm asking the board directly. I have mentioned this to Mr Eckrich but have been unable to resolve it although it's on his radar. Specifically I have been wondering why all of a sudden since entering SDP that a medi-cal waiver is needed when my son has always had medi-cal since he was born and before ever connecting with irc. I am confused on why this waiver was pushed on to us by IRC and would appreciate better understanding of it.

Secondly, I have been seeking irc help while in SDP to be able to have irc assist with getting approval from irc for our FMS for swimming to be pre paid for my son. In traditional we prepaid as this is how the business runs. Now in sdp, the business must wait an entire month until after services rendered and as I've mentioned to irc , this has put my son in bad standing with the business owners. They can't understand why aces FMS in sdp pays before services rendered but Mainsl insists on after services rendered. Irc approving prepayment would alleviate this issue and I'd appreciate an explanation for why it cannot be done.

Third, I am here today partially on behalf of my distant family member, Ezzy. I have permission from his family to speak about their issues. He, his mom and family are here today as well (now virtually due to in person being cancelled). I have personally sat with his mom Amy while emailing back and fourth with CSC Allie Anderson. Allie has given severe push back when Amy has made service requests specifically for home maker, PA, and increase in respite. Ms Anderson so far refuses to even process any service requests Amy has made on behalf of her son. Amy cannot find a reliable trustworthy respite provider due to irc capping and limiting respite at 20-30 hours a month. Amy's son has severe behaviors and 24 hour home care has rejected her son due to the severe behaviors. While Ms Anderson refuses to assist with finding a proper placement

for Amy's son to be able to have Pa and home maker, two things I can personally attest to them deserving and needing. It is unethical and unfair for irc to enable 24 hour home care refusing to take a client on due to severe needs. Isn't this why dds and regional centers exist ? To assist families experiencing obstacles due to our loved ones developmental disabilities. If irc is refusing to help and assist with severe needs due to a developmental disability - who is able to help?

Most of us are probably aware by now of the news article circulating titled "Nearly \$1 billion in funds left unspent by regional centers for disabled Californians", the data from this news article states that irc alone had \$46million dollars reverted due to not being spent or used to serve consumers.

Yet here I am with you all again, joined by other consumers and their families, who have been begging irc to assist with approving services and supports their children are entitled to under the Lanterman act. I can only go off my families own experience in addition to what is shared to me by other families including Amy's family. How does irc justify such a broken system where we're standing in front of you all (virtually) BEGGING for services and supports for our loved ones who are consumers , while knowing \$46 million dollars was sent back to the state due to it being unused ? One can only imagine Mrs Johnson and Mr Beckett if it was your salaries in jesprody the action you might take. Please stop ignoring , denying and neglecting families who continue begging for help. As previously mentioned to you all- the appeals process is set up to fail us and our children. We will continue showing up here if that's what it takes for irc to provide the services and supports our kids are entitled to under the Lanterman act.

Thank you all for your time

5. Omar: Hi, I'm Omar, (Provider)

I stand before you not just as an individual provider, but as a representative of a community that has been facing significant challenges and injustices in our work.

We are here today to address a critical issue that affects not only our livelihoods but also the quality of care we provide to those who depend on us. As providers, we have dedicated our lives to serving others, offering compassion, support, and expertise. Yet, despite our commitment and hard work, many of us have not been compensated for the full hours we work. Our checks have been consistently short, leaving us struggling to make ends meet. This is not just a minor inconvenience; it is a systemic issue that undermines our ability to provide the best care possible.

It's disheartening to see that the contributions of providers like us are often overlooked and undervalued, particularly when we are preferred providers those who work with family and friends. We bring a unique level of care and dedication to our roles, yet instead of being recognized for this, we often feel as though we are treated as less than. This is not only disrespectful; it is demoralizing. Our personal connections to those we serve should not lessen the value of our work or the compensation we receive.

Let's be clear: the responsibilities we take on are significant. We are not just caregivers; we are advocates, supporters, and sometimes the only source of stability for those we

serve. Our work requires skill, patience, and dedication qualities that should be recognized and rewarded appropriately. Most people would not take on the level of responsibility and commitment we exhibit for the wages we currently receive. It is time to acknowledge that the work we do is invaluable, and it deserves fair compensation.

We urge agencies like 24HHC and Cambrian to listen to our concerns and take immediate action to rectify these pay discrepancies. We need transparency in our payment processes and assurance that we will be compensated for every hour we work. It is essential that we are treated with the respect we deserve, regardless of our personal relationships with those we serve.

As providers, we must stand together to advocate for ourselves and for one another. We are a community, and our voices will not go unheard. We demand equitable pay for equitable work, and we will not settle for anything less.

In closing, let us unite to address these pressing issues. It's time for a change a change that honors our dedication and service. Together, we can create a future where providers are respected, valued, and compensated fairly for the incredible work we do. Thank you.

6. Cassie Smith: Hello I am a mother of 3,2 of whom are irc consumers. I attended a meeting in March and brought my concerns to you about how I was struggling to access services. About a month after that meeting a couple services I had requested were added and I was told reimbursements would begin. Unfortunately I did not receive reimbursements from then until July. I also was given preferred provider hours in April, but 24hhc did not onboard my provider in a timely manner I went without respite or coaching until mid August for my younger child. These services plus home maker and personal assistance for both children were not added until Jonathan eckrich contacted me and he was able to approve needed services. I was not given enough hours to help me recover from care of both boys but also for going out in the community. Jonathan wanted me to justify leaving my house for more than 10hrs a week. He did grant some hours for both boys, but I did not get to utilize the services over the summer due to 24hhc continually neglecting to do their job.

My providers have not been paid correctly if at all and the only reason I still have them to help is Because they are family and we are moving into sdg. Where I hope our fms is more diligent in their job.

In either case I have spent a yr fighting irc for these needed services. I've been met with it's parental responsibility to we don't offer those services. At what point does IRC step in and actually advocate for the disabled people you serve. The only reason I have been able to retain the amount of services i have is because I stuck this out. I contacted every one I could.

Only one csc has tried to advocate for us in these last 16yrs. I am glad for that, but I have been trying to implore IRC to give me more assistance since 2020. Prior to 2016 I had not utilized any services from irc since around 2010. I did seek help in 2014 and was sent to a nursing agency. Only one nurse worked with us for a short time while i was post partum. but she quit shortly after someone, potentially IRC called cps on me yet again for fraudulent claims. Just like what happened in 2010 when I stopped utilizing help. Irc nursing agency had called cps.

I am in full burn out after 16yrs of trying my hardest to keep my children safe and in their home. I did not realize the extent of my other children's needs until I finally became so overwhelmed I cannot continue this way. I am their only advocate and am the only one who will do every thing in my power to keep my children safe and in their home. I am simply asking irc to help me do this. Help me recover from the grueling work that is 24/7 care taking. I was able to take a short break over the summer as our schedule lightened and I was able to utilize the increased care hours for my older child. But 1 wk out of the yr and a few hours on the weekend is not enough. I cannot continue to fight irc for obviously needed services, equipment and activities. I did not even get into how irc help in the early childhood yrs would have helped my non speaking eldest child progress more easily. I believe if Karla torres would have taken my requests for help more seriously when my other 2 were infants we would not be struggling now. We should have received needed services then. My eldest started horse back riding earlier this yr&increased his word count by about 10 words. It helped increase his confidence aswell. I can only hope we can build on things as we progress in sdg. But I am trying to use what I have learned with my eldest to ensure my younger children can progress and stay on track. I don't appreciate irc throwing it in my face that I homeschool. I utilized public schools for the first 7yrs of my eldest educational career, 4diff schools attended from prek to 5th, they all were not a fit for my child and he did receive an adequate elementary education. I am taking measures to decrease the chance of the same results for my other 2 children who have adhd,autism,dyslexia and social anxiety. And I am getting results taking the path I have. I have been doing this job for 16yrs, I am experienced, knowledgeable and educated. I have a degree in early childhood education aswell as medical assisting. Many of my fellow support needs parents left careers to care for their children. We then get treated like we are not valuable members of our children's care team. Yes your csc's are this disrespectful, not all but several. You need to work on training them to treat disabled people and their families more respectfully.

Cassandra Smith
IRC consumer parent wildomar, CA

7. Joelle Amy Griffith: Hi my name is Joelle Amy Griffith. My son Hezekiah, we call him Ezzy, is an IRC client. He is 15 years old with severe autism. My son has very limited speech and he has severe self injury. Currently, he is wearing a restraining band 24/7 even during sleep hours. The restraining band was supposed to be a temporary solution to stop my son from hitting his chin and head. My son has found comfort in it as it helps stop himself from self harm. However, this limits his upper body mobility and also he recently found another way to self harm by pounding his head on the bunk bed post. My husband and I haven't been able to get a break when he's around because he requires constant supervision. We haven't had respite since January 2022. Say, if we were provided with another set or two hands to help with Ezzy, then Ezzy would have more opportunity away from the restraining band allowing him to utilize his arms more appropriately and freely if someone is there to guard him preventing him to whack his chin or head. Don't tell me it's not doable because I have seen it done at his occupational therapy. I recently asked for him to get respite again from my caseworker and she gave me 20 hours initially and later said she could increase to 30 hours.

As mentioned my son requires 24 hours care and with the low pay and little hours and his severity with self harm I can not find any one willing to help especially when they are

not getting enough hours in a month. It is important to hear me say that my CSC Allie has insisted that 24 hour home care has rejected my son due to severe behaviors while insisting on refusing helping to find another vendor who can offer PA, home maker, and social rec coaching. You've been included in these emails Mrs Johnson but have not replied to any of them. How can you justify being a entity who's sole purpose is to assist with support and services for those with developmental disabilities like my son, while justifying a broken system such as your main vendor refusing to on board families due to severe behaviors. If you are refusing to help- who can?

I have requested for a few services such as homemaker, personal assistant and social recreation coaching hours; however I feel that I'm hitting a wall not getting anything I have requested and my caseworker has have me running in circles. Mrs Johnson you were included in most emails between myself and our CSC Allie this past Friday 9/6/24, Allie was no help and kept sending me in circles to utilize the 20-30 hours of respite while I went in circles explaining I can't find a reliable caregiver for a unlivable wage with so few hours in this economy. You did not respond to any of the emails which is a big reason why my family and I were hoping to meet you in person at the board meeting which is now virtual.

Allie keeps justifying IRC refusing increases and refusal to process service requests such as home maker , PA and social rec coaching by telling me to switch to SDP. We all know the transition time can take months or even years. I keep begging for immediate help and continue being ignored and gaslit.

Since you ignore me and my emails, I'd like direct answers from you today as I cannot afford the gas or time it costs to come to San Bernardino every other month.

Can you please confirm it's protocol to refuse to even process a service request once it's made in writing ? If it's not then why are you joined in emails where your CSC you oversee is refusing to even process service requests others in this room are getting and didn't have as much push back to process , establish and be approved?

We have tried numerous pharmaceutical medications and he's now on 60 mg ziprasidone. Still, it is not working to its full effect. We've endured endless trial and errors trying various medications. What works the most and helps my son the most is this detox spray. We have tried it back in 2018 for quite a while and noticed words started forming little by little and he became more expressive. Also, I was able to potty trained him. However, we cannot afford the \$178 for 3-1 ounce bottle cost and it is not an option to get it through insurance due to it being holistic. Since my CSC refuses to even process any and all service requests I am requesting to you all to help me find a way to get him this detox spray to where it doesn't put our family in financial strain and debt. This detox spray helps his severe behaviors to where he can be calm and out in public and not harm himself. This is a life saving detox spray that is the only proven thing to work for my son.

You are failing my son and family with a broken system while \$46million dollars was sent back to the state due to being unutilized. This feels discriminatory against my son's special needs.

Thank you for your time.

Joelle Amy Griffith

8. Teresa Lindhardt: There is an extreme disconnect between children's services and adults. The transition is not smooth, and the support is non-existent. This is causing not only emotional problems but significant health issues regarding the hospitalization of my son numerous times this year. Services are not being provided despite many requests and meetings.

EXECUTIVE DIRECTOR'S REPORT: Ms. Johnson reported the following: 1. As of August 31, 2024, IRC reports a total of 53,208 consumers. 2. IRC currently employs 1,266 staff of which 839 are in case management. IRC's caseload ratio overall is 63 to 1. 3. Open Enrollment was held on August 28. Staff were given the opportunity to select their 2024-25 benefits. There is no increase in the employee's share of cost for medical, dental and vision. 4. This past weekend, IRC hosted the ARCA Academy held at the Doubletree on Friday evening and at IRC on Saturday. Approximately 112 people attended. 5. On September 11, IRC will be hosting an Early Start Vendor Fair. 6. On September 19, the ICF unit is hosting an ICF Vendor Fair and will include a Halloween Spooktacular. 7. On October 19, IRC will be hosting the Fall Festival Cultural Resource Fair at the Riverside Convention Center. 8. On November 16, IRC Community Engagement unit is collaborating with ASIE and the San Bernardino County Sheriff's Department to offer essential safety information, resource, and support from local organizations to individuals with autism and developmental disabilities. 9. On December 3, IRC ICF unit is hosting a Holiday Breakfast for ICF providers and consumers at IRC. The event will be funded by Sharon Barton-Maggio. 10. Ms. Johnson thanked Kurtis Franklin and CJ Cook for keeping everyone updated on the Line Fire. They have worked all weekend keeping the evacuation orders and warnings updated. She also thanked Dalila Balderas for providing referrals for consumers who were evacuated from their residence.

DIRECTOR'S REPORT: No questions

COMMITTEE REPORTS:

1. **ANOTHER WAY:** Ms. Gonzales submitted a written report. No questions from the Board.
2. **EXECUTIVE COMMITTEE:** The notes from the July and August Executive Committee were included in the board packet. No questions from the Board.
3. **LEGISLATIVE COMMITTEE:** Ms. Cummings submitted a written report. No questions.
4. **MASTER TRUST COMMITTEE:** Ms. Miller submitted a written report. The Board had no questions.
5. **VENDOR ADVISORY COMMITTEE:** No report.

OLD BUSINESS: None

NEW BUSINESS:

1. **DVU PRESENTATION:** Ms. Gilda Giron, Director at Disability Voices United and parent to 3 consumers wanted to share about their ambassador program and introduced the following:

Aminah Abdul-Harkin, Co-Chair of SDP Advisor Committee and mother to an IRC consumer shared their Mission Statement; Victoria Preciado, Ambassador Program and mother to a client who is part of the Self Determination program. Ambassadors are an essential link between DVU and the community. They are involved in observing IRC meetings and public events. They listen to the communities' concern and needs; Tina Ewing-Wilson, volunteer ambassador. She has completed the Self-Advocate Speakers Bureau Training Program. The program helps self-advocates learn to be effective public speakers. This program is free and you receive a certificate. She has found her voice and asked for a job because she wants to make a difference. She likes the way Ambassadors help bridge the gap between Regional Center and DVU and gives us the chance to break down some of the communication barriers that contribute to trust issues. They do something called "legislative advocacy", which means they help get laws changed or written to fix stuff on a larger scale.

Their free Emerging Leaders Program teaches how to do this kind of advocacy as well as teaches you to advocate for yourself. DVU offers a lot of education opportunities to clients and their families over zoom or in the communities. Most programs are free but some conferences are not.

For more information on Disability Voices United: <https://disabilityvoicesunited.org/>

2. **CASELOAD RATIO:** Mr. Toms directed the Board to page 27 of their board packet and went over IRC's Caseload Ratio report. IRC did not meet the required caseload ratios in 4 areas: 1. Consumers enrolled in the Home and Community-Based Services Waiver, 2. Consumers under six years of age. 3. Movers within the last 12 months and 4. Consumers with complex needs. Mr. Toms reviewed the steps already in place in order to close the gap in these 4 areas. **2. Motion made to approve the Caseload Ratio Plan as presented M/S/C Souder/Rojo.**
3. **PURCHASE OF SERVICE POLICY UPDATE:** Mr. Toms directed the Board to page 31. Two areas were updated. 1. Conference amount was changed to maximum of \$1,200 per family, per fiscal year. 2. Incontinence supplies was changed from \$150 per month to \$150 per month or \$1800 per fiscal year. **3. Motion made to approve the Purchase of Policy update as presented M/S/C Rojo/Kendall.**
4. **GUENTHER FOUNDATION GRANT AUTHORIZATION:** Ms. Lara stated that Another Way is requesting the Board to approve the proposed resolution authorizing Another Way to submit the grant application to the Henry L. Guenther Foundation. Another Way's request aligns with the purpose and principles of the Guenther Foundation. If awarded, funding will help pay for part of Another Way Coordinator's salary, dental work for consumers and a subscription to the Network for Good. **4. Motion made to approve the resolution authorizing Another Way to submit the grant application M/S/C Kendall/Leonard.**

TRUSTEE INPUT:

Mr. Rojo announced he will be helping out at a car show on September 14. Hair cuts, food and vendors will be available that day. He will get the information to Sandra who can share with the Board.

Mr. Naranjo announced his 7 years on the board is coming up. He will be taking the one year of absence as required and then will decide if he would like to return. If he doesn't see everyone again, he wanted to say it has been an honor to serve on this board.

Mr. Souder announced he too will be terming and believes this will be his last meeting. He hopes and prays he did this board some good. He thanked the Board for having him.

Ms. O'Connell thanked Eric and Joshua for serving on the Board and stated that they will be missed.

Mr. Connor announced that Salem is going to have a gala event at the Ontario Doubletree Hotel on Saturday, October 5th.

Mr. Kendall thanked Eric and Joshua for their service on the Board. He also thanked IRC's staff for working so diligently with these fires.

Mr. Leonard thanked Eric and Joshua and stated he enjoyed getting to know them. He thanked IRC employees for working diligently and putting all their time in with these fires. He received valuable information all weekend long. He also wanted to thank Sandra for all the work she does.

Mr. Naranjo stated he was concerned about the 8 comments that were presented today during Public Input. Ms. Johnson assured Mr. Naranjo that all these issues will be sent to the appropriate staff. Some of these issues have already been addressed. In regard to moving the Board Meetings to the southern part of Riverside County, that may be difficult to accomplish. For one, we would have to find a location to hold the meeting. She could travel but not sure it will be feasible for the entire board to travel. IRC has made it available for anyone to attend board meetings remotely.

Ms. O'Connell adjourned the meeting at 6:52 p.m.

Sincerely,

Alicia Lara
Board Secretary

Sandra Guzman
Assistant Secretary

MOTIONS FOR THE SEPTEMBER 9, 2024 BOARD OF TRUSTEES MEETING:

1. **Motion made to approve the minutes of the July 8, 2024 Board of Trustees Meeting M/S/C Rojo/Souder.**
2. **Motion made to approve the Caseload Ratio Plan as presented M/S/C Souder/Rojo.**
3. **Motion made to approve the Purchase of Policy update as presented M/S/C Rojo/Kendall.**
4. **Motion made to approve the resolution authorizing Another Way to submit the grant application M/S/C Kendall/Leonard.**

DRAFT

Director Adult Services
November 2024
Respectfully submitted by Don Meza

Adult Services Team Update: The adult services team is using a hybrid model of service. The CSCs are required to be in the office two days per week otherwise they are working in the field, or from home. The program managers have been asked to be in the office at least two days per week. The CSCs share office space and/or can drop in and schedule themselves to work in the office on days when their peers are working remotely. The case management teams have been completing in-person visits with consumers in a conscientious and safe manner. The focus of in-person visits has been with consumers residing in Board and Care, Specialized Facilities, Skilled Nursing Facilities, and for independent consumers with Supported Living services. In Adult services there are currently 12 case management teams with approximately 230 service coordinators that cover the two-county catchment. As we grow, we continue to add new staff which has resulted in smaller caseload ratios for the CSCs (a very good thing). The Intermediate Care Facilities (ICF) Unit had a Vendor Faire on October 29th and has scheduled a Holiday event to be held at IRC for their consumers on December 3, 2024, from 9:00 AM to Noon.

Work and Programs: Adult consumers continue to return to daily activities through “traditional” services. The consumers and families maintain the option, if requested, to continue receiving remote services until 6/30/2025. We are finalizing efforts to comply with the subminimum wage transition required by the HCBS Final Rule. Consumers and families have been informed that all subminimum wage positions will end effective 12/31/2024. The CSCs have been completing IDT meetings with the consumers at their programs to determine which work options will be best for them in the future. Many of the consumers have been transitioning to “layered” program services which can combine paid work and community activities. All consumers involved with “workshops”, can no longer be paid subminimum wage for their work effective January 2025.

Senior Services Highlights: Our Senior CSCs assist consumers and their families in obtaining referrals to medical professionals for common diseases of the elderly. There are referrals to endocrinologists for diabetes; rheumatologists for arthritis; cardiovascular specialist for cardiovascular disease. The most prevalent concern with a good majority of IRC Senior consumers is dementia and/or Alzheimer's Disease. Another issue that can create major change of lifestyle in a senior's life is their susceptibility to falls; and their inability to recover from falls. Their homes are always checked for safety hazards. One of the main contributors to falls in having “throw rugs” or “hoarding” conditions in their homes.

The Senior team frequently works in collaboration with APS; Age Wise; Family Caregiver Support; and the Public Guardian. The agency that they most often interact with is “In-Home Supportive Services”. An effort is made to create support systems from generic resources along with IRC's vendors, such as SLS, ILS, Nursing vendors, Respite vendors, and representative payee services.

The IRC Senior Units also work closely with the “IRC Clinical Team” for things such as medication management; dental services; and at times, medical anomalies that require a team of medical professionals to review and guide CSCs to referrals to appropriate medical professionals.

IRC Senior Units are also available to offer emotional support and at time, financial assistance through “Another Way” for burial funds when the consumer and/or family have no funds.

Inland Regional Center Children's Services

November 04, 2024, IRC Board of Trustees Report

Submitted by Felipe J. Garcia IRC Director of Children's Services

Greetings, as of October 15, 2024, we currently have 24,892 clients in Children's services. We continue to hire replacements as soon as possible to ensure that consumers have an Early Intervention Services Coordinator (EISC) or Consumer Services Coordinator (CSC).

Children services continue to grow and is constantly being assessed to address the needs of our consumers. As previously reported, we were approved to hire two additional Program Managers for the Riverside County area. We successfully hired two staff, mentioned below. Most recently, and due to the continuous growth in the Inland Empire, we were approved for two more Program Managers to help with the growth in both Counties (San Bernardino, Riverside). Children Services is a large group that has to be continuously restructured to meet our consumer needs.

Early Start Units

On 10/07/2024, Children's Services welcomed our new Early Start Program Manager, Jessica Quintero Robles. We currently have ten Early Start Units (five in Riverside and five in San Bernardino). The San Bernardino County Early Start units will be restructured to help with manager to staff ratios. Our six Status 0 Coordinators have been working independently since 09/01/2024 and they have quickly settled into their roles. Additionally, we have been able to address many of the missing backlog authorizations for our intake vendors. We continue to have Case Management growth positions for Early Start as we work towards hiring to meet the established requirement of 1:40 cases per EISC. Hiring is a continuous task since we continue to average more than 750 new referrals per month for both counties combined.

Preschool Units

As mentioned above, Children's Services will be receiving 2 growth Preschool units (one per county). These positions have been posted and interviewing will begin soon. We currently have five Preschool Units (three in Riverside County and two in San Bernardino County). Hiring Case Managers continues to be a priority for the Five Program Managers who oversee the Pre-School Units (ages 3-6). We continue to hire to meet the established requirements of 1:40 cases per Consumer Services Coordinator (CSC). We currently have 35 growth positions for Preschool Units.

School Age Units

On 10/21/2024, Children's Services welcomed our new School Age Manager, Monique Fayemiwo. We currently have nine School Age Units (five in Riverside and four in San Bernardino). School Age has been authorized additional growth positions and we continue to interview and backfill. Case transfers at age 14 continue.

Board of Trustees Quarterly Report - Respectfully Submitted by Vince Toms**November of 2024**

The following is a summary of statewide updates that affect our clients and vendors:

DDS Service Provider Directory – Data collection is now over and the number and email to the consulting company that led the project, Protiviti, are now closed. DDS is creating a support team for future guidance. The portal went live on 9-24-24 and providers were able to access and set up users and validate their information. The RCs are in the process of validating the data and we are waiting for information on when and how to pay out the incentive payments.

For any vendors that have not completed initial registration of their data to the portal are still eligible to do so and receive the one-time Quality Incentive Payment (QIP), if they do so by November 8, 2024. After that date, registration is still required, but there will be no QIP attached. The one-time incentive is available for vendors who register and validate their data. Both steps must be completed.

We have been requesting a list of IRC vendors that are still not registered, so we can reach out to them in time to get the QIP, but not currently in receipt of that data. We believe there are approximately 200 vendors that still must register.

Due to the Burns Rate Reform, IRC will not be accepting any new development requests or Letters of Intent from prospective vendors for any service codes that are going to be affected by the rate reform. We will compile a waiting list. Once the service codes are defined and we have moved all current vendors into the new codes, we will then update the program design templates and provide them to those on the waiting list. This will cut down on what would create extended timelines and confusion. It also allows us to focus attention on transitioning our current vendors. Any prospective vendor already in progress with a program design that is in the review will be allowed to continue, with the knowledge that it will most likely end up in extended timelines.

It appears that the 600 service codes will be the first to begin the transition. We are currently in receipt of the draft language and awaiting the final versions. This will cover behavioral services. It is imperative to note that the directive will supersede any current service descriptions and rate-setting, meaning vendors must come into compliance. Other services targeted at going in the initial phases include Family Home Agencies and Early Start services. Transportation is still a work in progress. Residential and Day Program services are farther along. Burnsteam@inladrc.org.

We have heard that there have been some major changes to the first two workbooks in the transportation section and new guidance will be issued before November 1st. It looks like they will ask vendors and RCs to determine a mileage rate, based on three months of data. They are looking at a formula of POS divided by miles to determine the rate per mile. That rate will then be subcategorized into six different categories based on vehicle size (small, medium and large) and either ambulatory or non-ambulatory. How to bill/pay is still under question, and this is not finalized but a work in progress. The main thing the transportation vendors must understand is that they will be asked to assist with data collection, and we will not have a lot of time to go back and forth.

Due to the change in the 055-service code, any social recreation vendor under that code will be transitioned to the 062-service code. The Competitive Integrated Employment (CIE) data for Fiscal Year 23/24 has been shared by DDS and IRC ranked first in the regional center system with 189 placements. We commend our day program vendors for their continuous efforts in securing jobs for our mutual clients. The Intermediate Care Facilities (ICF) Lag Funding has been extended through June 30, 2025. The intent is to assist the ICFs in their continued transition to Medi-Cal managed care.

IRC was in receipt of the 2024 first quarter data for the Early Start QIP. We were in process of producing the authorizations for payments, but as of 10-11-24 were told to stop by DDS as there was inconsistent data in some of the workbooks. DDS will issue updated workbooks, and we will restart the process. We have a total of 885 payments for 0-10 days, 374 for 11-15 days and 223 for 16-20 days. The total amount of QIPs is \$362,600.00 for the first quarter.

DDS is still in the process of creating the standardized intake process and is identifying workgroups to provide feedback. The DDS bilingual stipend is back on the forefront and work in being done to define it and operationalize it for the vendor community.

DDS DSP Internship program - This is a 30 hour a week program for up to 3 months. It will allow vendors to hire someone who may not have the skill level to be a DSP, be hired as an intern and learn the ropes with a vendor's mentor. It is a program to hopefully increase the roles of the DSPs in the system.

There is an incentive for the intern is that if they are hired with an RC vendor, then after 6 months of continuous employment and again at 12 months of continuous employment, then are eligible for a \$625.00 stipend after each milestone. The incentive for the vendors is that it is at no cost for them. They also do not have to do any of the employer items.

DDS has hired a consulting agency called All's Well and they will recruit, interview, do backgrounds, train and be the employer of record for all interns. They are the conduit for the vendor and will stay in communication with them during the intern's placement. So, all things related to this intern will be covered by All's Well. The end goal is that the intern is hired somewhere in that 3-month period. There are some basic requirements for both the interns and the vendors, which are on the DDS directive. Vendors must be in good standing with IRC and have a dedicated mentor to teach the intern.

If interested, the vendors can start the process by emailing DSPinternship@inlandrc.org. Once a vendor reaches out and shows interest, the QA point will email DDS and submit that vendor's information into the DDS platform. After DDS gets the information into the platform, they will engage All's Well to start the whole process with the vendor and then work on getting them an intern. Any issues with this program, like a vendor not being satisfied with an intern (example) must go through All's Well. All's Well will also supply DDS and IRC specific information and data on this program and make the \$625.00 payments. The program is essentially run through All's Well, once the vendor submits the initial information to IRC at the email address.

If there are any questions or comments, I can be reached at vtoms@inlandrc.org.



CURRENT PRIORITIES

- Continuing Atlas improvements
- Supporting IRC staff



DIVISION MANAGERS

Case Control

Denise Adame

Communications

Sandra Guzman

Information Technology

Marc Rinebolt

Facilities, Office Services & Procurement

Gabriel Ortiz

IT AND ADMIN SERVICES

ADMINISTRATIVE SERVICES

The Administrative Services has been working diligently to continue to meet the needs of an ever-growing IRC.

Jonathan De Leon joined our Office Services team as a CST II. We welcome Jonathan and are elated to have him on the team.

Our Case Control department has been as busy as ever with quickly processing information requests and intakes. We continue to progress with processing the backlog of paper records into the digitized system and have a plan in place to try and eliminate the bulk of the paper backlog later this year.

INFORMATION TECHNOLOGY

The Information Technology Department is continuing our work in supporting IRC staff. Our IT team recently collaborated with the HR Dept during our open enrollment period. We assisted by meeting with our carriers to go over changes made this year and tracked employee enrollment progress. I am happy to share that Brian Cobb has been promoted to IT Specialist for the IT Department. Brian has been with IRC since 2015. In this new role Brian will be working with our Atlas support team as well as reaching out to PM's to drop by team meetings to answer any questions and offer some insight into the current workings and coming updates to our case management system. IT is also expecting to fill three additional positions in the areas of Assistant Network Administrator, Information Security and Applications Support.

Inland Regional Center Transition Services & Special Services

November 2024 IRC Board of Trustees Report

Submitted by: Alan Munoz Secretary V of Transition Services and Specialty Services

Enhanced Service Coordinator Unit (ESC):

Inland Regional Center (IRC) has formed a new unit to provide coordination of services at a 1 to 40 coordinator to consumer ratio for clients in underserved communities with low or no purchased services (POS). This unit is called the Enhanced Service Coordination (ESC) Unit. This is an option for our low to no POS clients who live in underserved communities. This unit was developed to fulfill the enhanced service coordination mandate from DDS which is “intended to improve service access and delivery” by providing clients with “focused support and increased service coordination.” The uniqueness of enhanced service coordination includes the consideration of cultural, linguistic, systemic, and societal barriers and implementation of best practices to reduce such barriers through a service access and equity lens. The Program Manager of this unit is Lilliana Garnica. Ms. Garnica currently has 338 consumers enrolled in this program. All ten positions have been filled. Ms. Garnica and one of her team members are participating in the Cultural and Humility Training. Ms. Garnica continues to provide outreach efforts to provide training and knowledge.

Self Determination Program (SDP):

We have a total of 415 Self-Determination cases, with cases pending effective dates. Alejandra Rivera is the Program Manager who manages the Self Determination Program, and the Systems of Care positions. Our participant Choice Specialists (PCS) have been assisting in expanding awareness of self-determination service options through efforts to identify concerns and barriers to enrollment, reduce identified barriers and by providing information and training to consumers, families, IRC staff and providers about self-determination options. Ms. Rivera continues to collaborate closely with the Local Volunteer Advisory Committee (LVAC) to support implementation of the Self-Determination Program. The LVAC approved a conference/resource fair, being held on November 2nd, 2024, that will be provided by Ives Torres Foundation. The LVAC has also approved and provided Committee Center Planning training and book purchase facilitated by DVU. Lastly, the LVAC approved an Independent Facilitator Training that was awarded to the Autism Society Los Angeles in collaboration with Phoenix Facilitation. They will provide IF training to two 12-15 participant cohorts. One will be in English, and one cohort will be in Spanish. Training modules will include SDP fundamentals, SDP law and Directives, Intermediate training on budgets.

Ms. Rivera and her team host an Independent Facilitator (IF) roundtable virtually. This platform is for certified IFs to collaborate with IRC on SDP related topics. Additionally, the Self-Determination team will be restructuring in order to better serve individuals in the Self-Determination Program. This year there will be 10 CSCs assigned to Self-Determination case management and they will form a new unit under Ms. Rivera. She is also in the process of hiring another PCS.

Systems-Care Coordinator:

IRC's Systems of Care Coordinators are Rosalba Martinez and Sommer Schene-Arce. Ms. Martinez is the designated System of Care Coordinator for San Bernardino County. Mrs. Schene-Arce is the designated System of Care Coordinator for Riverside County. The System of Care Coordinators have been continuously collaborating with our partners to meet the needs of children and youth in foster care who have experienced severe trauma. IRC has Interagency Child, Youth and Family Services Memorandum of Understanding (MOU) with Riverside and San Bernardino Counties. These agreements outline the various local entities (required partners and collaborative partners) establishment of shared interagency responsibility, engagement, and resource allocation. Our systems of care coordinator participate in all required meetings, provide support to IRC's staff, and updates our partners on cases in addition to reporting data to DDS.

Medicaid Waiver

HCBS Medicaid Waiver (MW) programs allow California to receive Federal funds that support the notion to oversee the services and supports for the population of the developmentally disabled. Inland Regional Center has the highest number, which is approximately 23,004 enrollees. Department of Developmental Services (DDS) monitors MW enrollments and expects all Regional Centers (RC) to continue to increase enrollment on a monthly basis. All RC's HCBS programs are audited by state and federal reviewers. MW partners with representatives from the Department of Developmental Services and Department of Health Care Services to conduct quality review of cases once every two years. MW has 20 Senior CSCs and 9 CSTs. Carmelita Florentino has been hired for Program Manager for the Medicaid Waiver unit.

Transition Units:

Transition Units serves ages 14-22 years old. 7 Program Managers (PM) oversee these programs which are as follows:

- Mona Jaber-West End Transition
- Andrew Burdick-San Bernardino High Desert Transition
- Angelica Serrano-San Bernardino Transition
- Brandie Parhm-Riverside South Transition
- Elizabeth Tagle-Riverside Transition

- Amira Abdelmageed-Riverside East Transition
- Aymee Bezold- Riverside Lower Desert Transition

Announcements:

There is a total of 8,997 cases in all transition units. Our Transition Units are continuing to collaborate with school districts and Special Education Local Plan Areas (SELPA) on providing information about IRC's services for adults that are transitioning out of school and into a pre-vocational or vocational programs per consumer's Individual Program Plans.



Inland Regional Center Board Report
Submitted by Andrea Gonzales, Another Way Coordinator
Date: October 22, 2024

To: The Board of Trustees

Dear Board of Trustees,

With the holidays upon us I would like to take a moment and reflect on all the wonderful things that happened to Another Way in 2024. I would also like to share some updates on our upcoming holiday events.

To date we've served over 600 consumers and their families. Every week Volunteers from Another Way's Advisory Committee come together to review Requests for Aid. I'm happy to report that through this process we kept 33 individuals and families in their homes. All had received an eviction notice and were struggling to make the rent. For some, homelessness was at their doorstep and with help from our donors and sponsors, we were able to keep it at bay. In total we spent \$22,519.00 in rental assistance to help stabilize these individuals. In addition to rental assistance, we provided food, clothing, utility assistance, burial funds, eyeglasses and helped some of our consumers with citizenship. **In total, we spent over \$100,000 in Requests through the end of October, helping our consumers.**

This would not be possible without the generosity and goodwill of our sponsors and donors. In May Another Way hosted its 25th Anniversary Golf Tournament at Omni Rancho Las Palmas. Over 170 golfers participated in a day on the greens to raise funds for children and adults who have intellectual and/or developmental disabilities. We held our Mixer the night before and 100 people attended and celebrated 25 years of service with us. There was even an Anniversary Cake! At the banquet special guest Eneisha Reed shared how Another Way intervened and helped her and her family as they faced financial challenges.

In September, we hosted our 4th Annual Bowling Tournament. The tournament raised over \$18,000 and was very well attended with all 24 lanes full. The net proceeds from the tournament will be used to purchase thanksgiving meals for some of IRC's neediest families, which brings us to our next event, the Thanksgiving Food Drive Giveaway. If you missed out on the Golf and Bowling Tournament don't worry, you can volunteer at the Thanksgiving Food Distribution Event on **Saturday, November 23rd from 9am – 1:30pm at IRC**. We will be distributing Thanksgiving bags filled with stuffing, cranberry, potatoes, green beans, corn, yams and all the fixings. Plus, a \$20 Stater's Gift Card to purchase a turkey. This kicks off the holiday season and leads us to a much-cherished tradition – The Another Way Toy Drive.

Originally, the Toy Drive was a day when the youngest IRC consumers would gather at IRC for cookies and milk and the opportunity to take a photo with Santa Claus. Over the past 10 years the event has evolved and grown and is now a fun-filled afternoon complete with food, desserts, pictures with

Santa, music, stockings, and fun reindeer games. This year we're hoping to have a magician to help entertain the children. These festivities are made possible with help from our sponsors whose contributions support the day's activities. Any net proceeds are put to good use helping consumers throughout the year. We hope you can join us at this year's Toy Drive scheduled to take place on **Wednesday, December 11th from 3:30-6:30 pm. at Couture Events at 1480 S "E" Street in San Bernardino.** These events would not be possible without Another Way's awesome volunteers. There are 20 Advisory Committee members who take time out of their day to make sure everything is order and that the events go smoothly.

In addition to the events Another Way hosts there is also a grants program happening in the background. Grants help sustain Another Way's Safety-Net and Health and Wellness Program. In 2024 we wrapped up long-term grant funding from The California Wellness and Kaiser Permanente Foundations. We received new funding from the E. Rhodes and Leona B. Carpenter Foundation and others. Another Way also receives contributions from IRC's Leadership Team and Staff; 196 employees give to Another Way monthly. These donations total approximately \$27,000 a year.

As you can see there is much to be grateful for. From all of us at Another Way, we wish you a wonderful holiday season and a Happy New Year!

Andrea Gonzales
Another Way Coordinator

**INLAND REGIONAL CENTER
Board of Trustees
Executive Committee Meeting**

September 18, 2024

4:30 p.m.

EXECUTIVE COMMITTEE: Maureen O’Connell, Chair; Alicia Lara, Secretary; Jay Connor, Member at Large; Ted Leonard, Member at Large

STAFF/EX OFFICIO: Steve Beckett, General Counsel; Lavinia Johnson, Executive Director; Merissa Steuwer, Chief Financial Officer

RECORDING SECRETARY: Sandra Guzman, Executive Assistant

1. Master Trust Report: Merissa presented the portfolio for Master Trust as of August 2024
2. Public Comments at Board Meetings: Multiple comments were submitted and were read into the record. Public Comments should be limited to 3 minutes regardless if it is an in person comment or written. The Board Chair can use his/her discretion and can either read some, or say due to the length of it, comment will be entered in its entirety into the record. Comments should not be summarized. The best practice moving forward would be for the Chair to be the person to read the comments. Lavinia will check with Kurtis regarding using the timer and being able to cut the microphone off after the 3 minutes.
3. Final Draft IRC 18-month Performance Contract Report: A link for the 18-month hybrid listening session on November 4 from 4:00 – 5:00 will be sent out to the Board. This is a good way to be informed of what we are doing. We are doing a great job and would like all of you to hear it.
4. December Holiday Dinner: Last December we had a holiday dinner at Napoli’s. We would like to schedule one this year as well. Monday December 8th at 5:00 p.m. This will be a perfect opportunity to share a meal together and say goodbye to the members who will be terming out in November. Location will be left to Lavinia’s discretion.
5. February 14, 2025 Board Orientation/Training. We are looking at hiring Bruce Shasay to do the Board Governance training. Bruce is an attorney and has a lot of experience with regional center trainings. We are looking at Friday, February 14th from 9:00 – 2:00. Board Governance should be a more in-depth training and not a 30-minute training we have before a board meeting. February 14 will not work. Best to move the training to either the 7th or 21st of February.

Next Executive Committee Meeting: October 16, 2024

INLAND REGIONAL CENTER
Board of Trustees
Executive Committee Meeting

October 16, 2024

4:30 p.m.

EXECUTIVE COMMITTEE: Maureen O'Connell, Chair; Alicia Lara, Secretary; Jay Connor, Member at Large; Ted Leonard, Member at Large

STAFF/*EX OFFICIO*: Steve Beckett, General Counsel; Lavinia Johnson, Executive Director; Merissa Steuwer, Chief Financial Officer

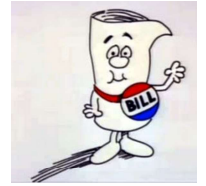
RECORDING SECRETARY: Sandra Guzman, Executive Assistant

1. Master Trust Report: Merissa presented the portfolio for Master Trust for September 2024
2. New Board Member Recommendation: This item will be tabled until next month.
3. ARCA Board Delegate: With the ARCA Board Delegate terming out, the Board needs to select a replacement and not pass the position on. We don't have anything formalized in our Bylaws but need to. We can add the role and responsibilities of a board delegate to the Bylaws. Since the current board delegate is a consumer, it will be a good idea not to appoint another consumer to this position. We need to give others the opportunity to gain this experience. Steve can work with Lavinia to put together the role and requirements of a Board Delegate. The Executive Committee could act as the Nominating Committee and make a recommendation to the full Board. Jay would like to recommend that the ARCA Representative should at least have one or two years on the Board. Everyone agreed. This item will be placed on the November Executive Committee Agenda for discussion.
4. Approval of New VAC Committee Member: The VAC Committee is requesting the Board's approval on 3 new members. This item will be placed on the November agenda.
5. Update from Legal Counsel on WB Complaint: The Board retained legal counsel to investigate a Whistleblower Complaint that was sent to the Board. The investigation was completed, and report was submitted to DDS. Legal counsel was waiting for instructions from DDS before releasing his report. After numerous unsuccessful attempts to contact DDS, he authorized Maureen to share his report with the Executive Committee. His investigation resulted in no wrongdoing, however, he did make a recommendation. He will be sending a letter to all parties involved.

6. November Board Meeting: We will have two board meetings on November 4th. First one at 4:00 p.m. to go over the 18-month Performance Contract and collect input following by a regular board meeting at 5:00 p.m.
7. Building the November Board Meeting Agenda: Add Worker's Comp Insurance for Merissa, approval of New VAC Members/April, discussion of ARCA Board Delegate/Steve, info item.



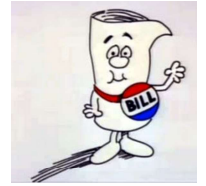
LEGISLATIVE REPORT
October 2024
 Respectfully Submitted by Jennifer Cummings
 Fair Hearings and Legal Affairs



Bill	Title	ARCA POSITION	Bill Outcomes (2023-2024)
AB 438	Pupils with exceptional needs: individualized education programs: postsecondary goals and transition services.		CHAPTERED
AB 1147	Disability Equity and Accountability Act of 2023.	Oppose Unless Amended	CHAPTERED
AB 1316	Emergency services: psychiatric emergency medical conditions.		CHAPTERED
AB 1584	Criminal procedure: competence to stand trial.	Concerns, Amends	DEAD
AB 1588	Affordable Internet and Net Equality Act of 2024.	Support	DEAD
AB 1822	Criminal defendant: mental competency to stand trial: Would make the incompetence provisions for a person who is mentally incompetent and charged with a misdemeanor that requires registration as a sex offender the same as those for a person who is charged with a felony (§§ 1370/1370.01 only).		DEAD
AB 1851	Drinking water: schoolsites: lead testing pilot program: Would create a pilot program to test (potable) school water for lead.		DEAD
AB 1876	Developmental services: individual program plans and individual family service plans: remote meetings. Would remove the remote sunset.		DEAD
AB 1906	Persons with disabilities: terminology: Changes terms across code related to “dependent person” and “dependent adult” to be “person with a disability” and “adult with a disability.” Sponsored by The Arc.		CHAPTERED
AB 1907	California Child and Family Service Review System: Child and Adolescent Needs and Strengths (CANS) assessment: Would make the CA Child and Family Service Review System include data from the Child and Adolescent Needs and Strengths assessment tool.		DEAD
AB 1911	Residential care facilities: complaints: Would let someone file a complaint with CDSS against an RCFE, and if it alleges imminent danger, would require an onsite investigation within a day. Longer timelines for other complaints, and also for the serious ones (30 days) after July 1, 2025.		DEAD
AB 1914	Community colleges: providers of care for individuals with developmental disabilities: model curriculum: Would require city colleges to develop a DSP certification program. Sponsored by The Arc.	Support	DEAD



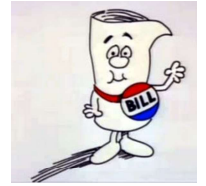
LEGISLATIVE REPORT
October 2024
 Respectfully Submitted by Jennifer Cummings
 Fair Hearings and Legal Affairs



Bill	Title	ARCA POSITION	Bill Outcomes (2023-2024)
AB 1925	Childcare and development programs: eligibility: Would add children eligible for IDEA services.	Support	DEAD
AB 1926	Health care coverage: chronic digestive diseases and inherited metabolic disorders: Would require health plans to cover various treatments for such diseases/disorders.		DEAD
AB 1938	Special education: inclusive practices and strategies: For deaf/hard of hearing/blind children, would define and mandate inclusive education practices.	Support	CHAPTERED
AB 1952	Special education: inclusive practices and strategies: Raises the foster payment “infant supplement” by an extra \$517.24/month.	Support	DEAD
AB 1975	Medi-Cal: medically supportive food and nutrition interventions: Would add such foods to Medi-Cal benefits for people with to-be-defined medical conditions.	Support	VETOED
AB 1977	Health care coverage: behavioral diagnoses: Would prohibit health plans from requiring an enrollee from having to be re-diagnosed with autism or PDD to keep their behavioral health coverage.	Support	VETOED
AB 1993	Residential care facilities for the elderly: maximum number of residents: Current law deems RCFEs to be a “residential use” of property for up to 6 residents. This would raise it to 10.		DEAD
AB 2002	Vehicles: public safety: Blue Envelope Program. Under the program, the bill would require the blue envelope to contain specified information for requesters with a condition or disability, as specified.	Sponsored by ARCA	DEAD
AB 2026	Disabilities: person-first terminology: Code cleanup to replace “developmentally disabled person” and similar forms with “person with developmental disabilities” And “emotionally disturbed” with "children who are emotionally disturbed."	Support	DEAD
AB 2075	Resident-Designated Support Persons Act: Would let a care facility resident designate a person who can visit even during a public health emergency.	Support	DEAD
AB 2121	CCFs – Placeholder in CDSS definitions of various facility types, including CCFs.		DEAD
AB 2200	Guaranteed Health Care for All: Single payer, including all regional center services.		DEAD
AB 2207	State boards and commissions: representatives of older adults: Adds, to a range of committees and councils, the ED of the CA Commission on Aging and the Director of the Department of Aging.		CHAPTERED



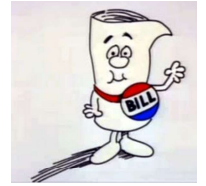
LEGISLATIVE REPORT
October 2024
 Respectfully Submitted by Jennifer Cummings
 Fair Hearings and Legal Affairs



Bill	Title	ARCA POSITION	Bill Outcomes (2023-2024)
AB 2237	Foster youth transfers: Intent language. Plan is to make the foster youth's transfer county take on the financing to ensure continuity of mental health care.		VETOED
AB 2300	Plastics and IV tubing: Would prevent the use of a specific doping agent in the manufacture of IV drip bags. I am not suggesting an opinion per se, but note that the product quality and cost impacts (if any!) might impact those in our population with significant medical involvement.	Support	CHAPTERED
AB 2317	Anaphylaxis and child care: Would require child care providers to have an anaphylaxis policy, and give employees who volunteer for training legal protections if they administer epinephrine.	Support	CHAPTERED
AB 2340	EPSDT services: Bans caps on medically-necessary EPSDT services in Medi-Cal (beneficiaries <21yo).	Support	CHAPTERED
AB 2352	Mental health and psychiatric advance directives.		DEAD
AB 2356	Personal and incidentals allowance: Raises it from \$35 to \$50 a month.	Support	DEAD
AB 2360	Developmental services: family services: counseling.	Support	DEAD
AB 2383	State Department of Developmental Services: services for children with developmental disabilities: training programs.		DEAD
AB 2397	Child support: special needs trusts.		CHAPTERED
AB 2417	Homelessness: California Interagency Council on Homelessness: Repeals various statutory references to Housing First policies.		DEAD
AB 2423	Developmental services: regional centers: rates: Requires the director to do, at a minimum, annual rate reviews for nonresidential, transport, and in-home respite services.	Support	CHAPTERED
AB 2428	Medi-Cal: Community-Based Adult Services: Raises CBAS rates in Medi-Cal to at least parity with fee-for-service.	Support	VETOED
AB 2446	Medi-Cal: diapers: Adds diapers as a benefit, including for children over three who need them due to a "physical, mental, neurological, or behavioral health condition."	Support	VETOED
AB 2510	Dental care for people with developmental disabilities: Would require DDS to contract with California Northstate University to do a statewide RC dental program to lower the need for sedation dentistry. Requires RCs to designate a lead staff and do other outreach/eligibility work.	Support	DEAD



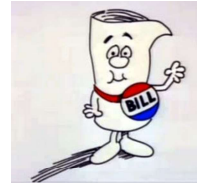
LEGISLATIVE REPORT
October 2024
 Respectfully Submitted by Jennifer Cummings
 Fair Hearings and Legal Affairs



Bill	Title	ARCA POSITION	Bill Outcomes (2023-2024)
AB 2541	Peace officer training: wandering: Requires POST to develop guidelines related to wandering, including related to autism. Consulted stakeholders include RCs.	Support	CHAPTERED
AB 2544	Background checks: Would let someone start doing child care at a CCF while an out-of-state background check is still pending, under certain circumstances. In cases where a positive check is returned, the facility would have to remove the employee within three business days.		DEAD
AB 2551	Crimes: elder abuse: Would move the definitional age floor from 65 to 60 for “elder” and 64 to 59 for “dependent adult.”		DEAD
AB 2701	Medi-Cal: dental cleanings and examinations: Would give everyone, regardless of age, two cleanings and two exams a year. (21+ currently only get one cleaning/exam annually).		DEAD
AB 2753	Rehabilitative and habilitative services: durable medical equipment and services: Would require plans that cover (re)habilitative services to cover DME and needed services/repairs of same when under doctor’s orders.	Support	DEAD
AB 2775	Community paramedicine: Extends sunset date (from 2024) for the Legislature to monitor and evaluate the implementation of community paramedicine and triage to alternate destination programs by local EMS agencies in California and determine whether these programs should be modified or extended before January 1, 2031.		DEAD
AB 2784	Special education: nonpublic, nonsectarian schools: waivers: Placeholder in the section that prohibits waivers of special ed costs without approval.		DEAD
AB 2821	Postsecondary education: students with disabilities: Adds new data collection on the universities, as relates to their programs for students with disabilities.	Support	CHAPTERED
AB 2830	Foster care: relative placement: family finding: When a social worker notifies relatives of a removed child, they provide various info. This would add to that list of helpful information “mental health supports, childcare, and financial assistance.”	Support	CHAPTERED
AB 2866	Pool safety: State Department of Social Services regulated facilities: Child day care facilities are exempt from some pool safety regs, including related to drowning prevention measures. This would repeal that exemption.	Support	CHAPTERED
AB 2941	Parents and youth: helpline and online support: Would require CDSS to contract with Parents Anonymous Inc. to create a helpline to provide support for parents/families.	Support	DEAD
AB 3020	2-1-1 Infrastructure Act.		DEAD



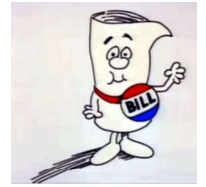
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Bill	Title	ARCA POSITION	Bill Outcomes (2023-2024)
AB 3030	Persons with disabilities: protection and advocacy agency: Spot bill in WIC §4901.		CHAPTERED
AB 3063	Pharmacies: compounding: Would let non-compounding pharmacies provide flavored medications.	Support	VETOED
AB 3079	In-Home Supportive Services program: undocumented related providers: Would require IHSS to find way to make non-citizens eligible for services, and for a non-citizen who's related to a recipient to be exempt from a background check.		DEAD
AB 3156	Medi-Cal: managed care plans: Spot bill with the intent of exempting regional center clients who are also fee-for-service Medi-Cal from mandatory enrollment in Medi-Cal managed care.		VETOED
AB 3169	Health facilities: spot - Dunno, but it could include SNFs... (and the ICF set).		DEAD
AB 3193	State acquisitions of goods and services: rehabilitation services: Existing law authorizes state agencies to enter into contracts for the acquisition of goods or services upon approval by the Department of General Services. This bill would authorize the Dept. of Rehabilitation to award contracts for rehabilitation services, provided that the value of the purchase is less than \$25,000 and involves, among other things, assistive technology devices and services.	Support	CHAPTERED
AB 3215	Medi-Cal: mental health services for children: spot – Maybe about behavioral health for Medi-Cal kids?		DEAD
AB 3229	Foster care: Would add deadline to require counties to do mandated MOUs with various county agencies for children and youth in foster care who have experienced severe trauma, by January 1, 2026.		CHAPTERED
AB 3291	Developmental services. Would require discussion at the IPP regarding caregiver succession planning no later than the consumer's 22 birthday.	Support	CHAPTERED
SB 37	Older Adults and Adults with Disabilities Housing Stability Act.	Support	In Senate - Consideration of Governor's veto pending.
SB 897	Pupil attendance: interdistrict attendance: school districts of choice.	Support	CHAPTERED
SB 1001	Death penalty: intellectually disabled persons: Would define when an intellectual disability occurs, for the purpose of death penalty exemption.		CHAPTERED
SB 1033	Health facilities: licensing and certification fees. Placeholder. Cf. TBL in the same section.		DEAD



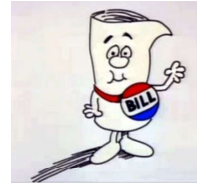
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Bill	Title	ARCA POSITION	Bill Outcomes (2023-2024)
SB 1043	Short-term residential therapeutic programs: spot – Do we interact with these? Placeholder intent language related to restraint use reporting.		CHAPTERED
SB 1082	Enhanced behavioral supports homes: Spot bill		DEAD
SB 1112	Medi-Cal: families with subsidized childcare: Would require DHCS and CDSS to do an MOU to better connect children to Medi-Cal, and to address alternative payment agencies.	Support	CHAPTERED
SB 1197	In-home respite services: resource families: For children and nonminor dependents with developmental disabilities on AFDC who live with a resource family, this bill would clarify that they are not prohibited from receiving in-home respite.	Support	CHAPTERED
SB 1245	In-home supportive services: licensed health care professional certification: The supportive services one receives in IHSS needs must be done under order of a “licensed health care professional;” this bill clarifies paramedical services are an option, and adds nurses/NPs to the long list of people who can certify when an IHSS applicant is unable to perform some ADLs independently.	Support	DEAD
SB 1257	Geographic Managed Care Pilot Project: County of San Diego: CalAIM: regarding way the County of San Diego does its CalAIM advisory boards.		CHAPTERED
SB 1281	Advancing Equity and Access in the Self-Determination Program Act: Requires DDS to standardize various parts of SDP and ensure equitable enrollment, moves some employer-related costs onto participants, ensure participants’ choice of providers is respected, exempt SDP from RC POS standards, “ensure that participants have a choice of FMS for all budget sizes,” and have DDS assess FMS options.		In Senate - Consideration of Governor's veto pending.
SB 1285	Driver’s licenses: disability identifier: Would have DMV add an option for voluntary self-disclosure of a disability that affects communication, and the inclusion of a symbol to that effect on driver’s licenses/ID cards. A doctor’s note would be required.		DEAD
SB 1354	Health facilities: payment source: Would require long-term care facilities to give their patients the same quality of care regardless of payment (e.g., Medi-Cal, private insurance, etc).	Support	CHAPTERED
SB 1362	Qualified ABLE Program: CalABLE accounts: funding: Would give \$250 to any ABLE account created after next July.	Support	DEAD



LEGISLATIVE REPORT
October 2024
 Respectfully Submitted by Jennifer Cummings
 Fair Hearings and Legal Affairs



Bill	Title	ARCA POSITION	Bill Outcomes (2023-2024)
SB 1384	Powered wheelchairs: repair: Wheelchair right-to-repair.	Support	CHAPTERED
SB 1392	Criminal procedure: competence to stand trial: Changing the 1370 competency process.		DEAD
SB 1400	Criminal procedure: competence to stand trial: Would remove the option of dismissal of misdemeanor charges for incompetent defendants.		CHAPTERED
SB 1406	Residential care facilities for the elderly: resident services.	Support	CHAPTERED
SB 1432	Health facilities. Care facility spot – Placeholder in HSC §1250, facility definitions.		DEAD
SB 1443	CA Interagency Council on Homelessness – Adds SCDD to the Council.	Support	DEAD
SB 1463	Developmental services: Self-Determination Program: Would create Deputy Director of Self-Determination position.		DEAD
SCR 98	TBI Awareness Month – Recognizes March as TBI Awareness Month.		CHAPTERED

Color Key: Blue - Developmental Services, Orange - Education, Green - Health



Board Report, November 2024

Submitted by Laura Miller
Trust Administrator

COMMITTEE MEMBERS

Tom Cosand, Bob McGuire,
Debra Mannon,
Stephen May, Evan Page,
Jack Padilla, Steve Spears,
Kevin Urtz,
and Treva Webster

Operations

Master Trust of California (MTC) assets include non-cash assets, such as pre-need burial plans, vehicles, homes, and medical equipment.

Discussing end-of-life planning can be a sensitive subject but, in many cases, after a beneficiary passes away, funds held in trust cannot be used for burial expenses. Our Trust Associates discuss pre-need planning with beneficiaries and families at the initial intake appointment and at the annual meeting.

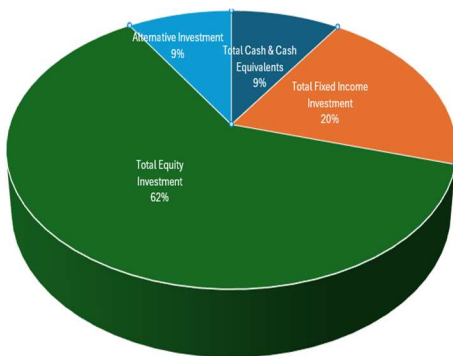
Pre-need burial plans can be utilized at the time of need at any funeral provider nationwide. The pre-need burial plans that we purchase are irrevocable and are not a countable asset for many benefit programs.

Access

Distributions to beneficiaries for August & September 2024 included the following items and services:

- Advocacy services
- Association dues
- Attendant care and companion services
- Birthday party expenses
- Bottled water
- Cell phone
- Cell phone, cable, and Wi-Fi bills
- Cleaning services
- Clothing
- Electronics
- Entertainment, recreation, gym membership
- Furniture and home décor
- Home repairs
- Hygiene products and Incontinence supplies
- Landscape services
- Legal fees
- Massage therapy
- Medical/dental/vision care expenses
- Pest control
- Pet care
- Swimming pool maintenance
- Pre-need burial
- Salon services
- Summer camp
- Utilities
- Vacations
- Vehicle insurance and registration

Pooled Fund Balance 09/2024
\$26,113,920.65



APPLICATION

VENDOR ADVISORY COMMITTEE

CONFIDENTIAL QUESTIONNAIRE FOR PERSONS INTERESTED IN VOLUNTARY PARTICIPATION

1. Name: LORRAINE VONDEAUXPETTE

2. Agency Name: MAINSTREAM TOURS, INC.

Address: [REDACTED]

Position with Agency: CEO

Business Phone: [REDACTED] Fax Number: N/A

Email Address: [REDACTED]

3. Representation (Please place a check mark where appropriate)

- | | |
|---|--|
| <input type="checkbox"/> Adult Day Programs | <input type="checkbox"/> Independent/Supported Living Services |
| <input type="checkbox"/> Health Facilities / ICF | <input type="checkbox"/> Specialist/Support Programs |
| <input type="checkbox"/> Infant/Children Programs | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential Services Level 2-3 | <input type="checkbox"/> Vocational Programs |
| <input type="checkbox"/> Residential Services Level 4 | <input type="checkbox"/> Adult Behavioral Management Programs |
| <input type="checkbox"/> Respite Programs | <input checked="" type="checkbox"/> Member At Large |

4. The Vendor Advisory Board Meets every other month for approximately two hours. Additional time is needed, as each representative is required to hold a sub-committee meeting with vendors in the specific category they represent. This is also every other month for approximately two hours. Your participation in other committees related to the vendor community may also be required. Can you make this commitment?

Yes No

5. Describe your experience serving people with developmental disabilities.

FOR OVER 30 YRS NOW, I HAVE HAD THE IMMENSE PRIVILEGE OF PROVIDING SERVICES TO PERSONS W/ DEVELOPMENTAL DISABILITIES. I HAVE OWNED AND OPERATED RESIDENTIAL FACILITIES, AND I CURRENTLY OWN AND OPERATE MAINSTREAM TOURS. AS A TRANSPORTATION VENDOR. I HAVE SERVED ON THE VAC BOARD BEFORE AND I THOROUGHLY ENJOYED IT.

6. Please explain how you can best represent this group.

My strengths are varied, but mostly my experience, my organizational skills and problem solving skills. Also, my desire to help further the interests of vendors, so that vendors can better serve consumers.

7. Number of Years in the DD Community: 30+

8. Why would you like to be involved with the VAC?

To disseminate information and help vendors coordinate efforts and improve consumer services.

Signature of Applicant: _____

Date: _____

4/16/2024

APPLICATION

VENDOR ADVISORY COMMITTEE

CONFIDENTIAL QUESTIONNAIRE FOR PERSONS INTERESTED IN VOLUNTARY PARTICIPATION

1. Name: **Robert Guzman**

2. Agency Name: **Shella Care Management Services, LLC**

Address: [REDACTED]

Position with Agency: **Chief Operating Officer**

Business Phone: [REDACTED]

Fax Number: **N/A**

Email Address: [REDACTED]

3. Representation (Please place a check mark where appropriate)

- | | |
|---|--|
| <input type="checkbox"/> Adult Day Programs | <input type="checkbox"/> Independent/Supported Living Services |
| <input type="checkbox"/> Health Facilities / ICF | <input type="checkbox"/> Specialist/Support Programs |
| <input type="checkbox"/> Infant/Children Programs | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential Services Level 2-3 | <input type="checkbox"/> Vocational Programs |
| <input type="checkbox"/> Residential Services Level 4 | <input type="checkbox"/> Adult Behavioral Management Programs |
| <input checked="" type="checkbox"/> Respite Programs | <input checked="" type="checkbox"/> Member At Large |

4. The Vendor Advisory Board Meets every other month for approximately two hours. Additional time is needed, as each representative is required to hold a sub-committee meeting with vendors in the specific category they represent. This is also every other month for approximately two hours. Your participation in other committees related to the vendor community may also be required. Can you make this commitment?

- Yes No

5. Describe your experience serving people with developmental disabilities.

Since joining *Shella* 2021, I have had a professional focus on serving the developmental community. However, having multiple family members that live with developmental diagnoses I've had nearly a lifetime of participating in and observing the commitment and courage consumer families face each day.

6. Please explain how you can best represent this group.

As a Respite operator, I represent the current generation of owners / operators and would bring that perspective. Additionally, I have a willingness to participate and a readiness to act.

7. Number of Years in the DD Community: **3+**

8. Why would you like to be involved with the VAC?

Besides having respect for the process itself, representing this group would be an honor. The hardworking, dedicated individuals that show up to and for the VAC are outstanding and have inspired me and I would like a chance to do the same.

Signature of Applicant: *Robert Guzman*

Date: *15 APR 2024*

APPLICATION

VENDOR ADVISORY COMMITTEE

CONFIDENTIAL QUESTIONNAIRE FOR PERSONS INTERESTED IN VOLUNTARY PARTICIPATION

1. Name: Sofia Benitez

2. Agency Name: 24 Hour Home Care

Address: [REDACTED]

Position with Agency: Sr. Community Partnerships Manager

Business Phone: [REDACTED] Fax Number: _____

Email Address: [REDACTED]

3. Representation (Please place a check mark where appropriate)

- | | |
|---|--|
| <input type="checkbox"/> Adult Day Programs | <input type="checkbox"/> Independent/Supported Living Services |
| <input type="checkbox"/> Health Facilities / ICF | <input type="checkbox"/> Specialist/Support Programs |
| <input type="checkbox"/> Infant/Children Programs | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential Services Level 2-3 | <input type="checkbox"/> Vocational Programs |
| <input type="checkbox"/> Residential Services Level 4 | <input type="checkbox"/> Adult Behavioral Management Programs |
| <input type="checkbox"/> Respite Programs | <input checked="" type="checkbox"/> Member At Large |

4. The Vendor Advisory Board Meets every other month for approximately two hours. Additional time is needed, as each representative is required to hold a sub-committee meeting with vendors in the specific category they represent. This is also every other month for approximately two hours. Your participation in other committees related to the vendor community may also be required. Can you make this commitment?

Yes No

5. Describe your experience serving people with developmental disabilities.

I have been in the disability services realm for the majority of my life, growing up with multiple loved ones with different abilities allowed me to begin supporting the Disability Services field at a young age. While in high school I was a part of an organization titled "Renaissance" that worked specifically with the "corner stone", which at the time was the term used instead of special needs, students on campus. I organized multiple dances

and became very good friends with some of those students, which really drove my passion for developmental disability advocacy and support. While in college, I became a certified Behavioral Technician and worked with children on ABA. Upon graduation the opportunity with 24 Hour Home Care arose and I joined as a staffing coordinator. I oversaw a caseload of more than 200 families along with our Personal Assistance program. I was then promoted to Community Partnerships Manager, and this role has allowed me to support Inland Regional Center and other partners in new ways. In my current role I bridge the gap between our agency and Inland Regional Center. I also participate in advocacy work with not only community organizations but also with Inland Regional Center, joining them at their Grassroots day with ARCA. My passion for disability services would make me a great candidate for member at large.

6. Please explain how you can best represent this group.

With the launch of Social Recreation back in 2022, Social Recreation has been a very prominent topic. We provide a 1:1 training service and through direct-to-consumer outreach I have come face to face with the questions and concerns surrounding the program. I would love to support and bridge gaps between Inland Regional Center, the community, and its vendors. Through my experience in outreach and advocacy I truly feel we can make a difference.

7. Number of Years in the DD Community: 10+ personally & academically, professionally about 5 years.

8. Why would you like to be involved with the VAC?

I would love to officially represent vendors. I have informally been representing them for the past three years and I would love to do this in a more organized way through the VAC. As a family member of someone who receives services, I have not only seen the internal process but am also very familiar with the vendor side of things. I would love to continue to support our community by bridging existing gaps and being a resource to the community on a broader scale.

Signature of Applicant: Sofia Benitez

Date: 04/11/2024

1.2.4 Agency Policies (Continued)

- 1.2.4(x) Policy on Conservatorships when: (1) Conservatorship duties have been delegated to IRC by DDS; (2) IRC has already been appointed as Conservator ; (3) there has been a nomination of DDS to be Conservator for an IRC Consumer; or (4) a Conservatee is in the process of applying for services with IRC.

Background

This policy addresses the role of IRC when: (1) IRC acts as the conservatorship designee of DDS pursuant to *Health & Safety Code* § 416.19(a); (2) IRC has already been appointed by a court as the Conservator of an IRC Consumer in non-DDS conservatorship cases filed prior to January 1, 2023; (3) there has been a nomination of DDS to be the Conservator of an IRC consumer; or (4) a Conservatee in a non-DDS conservatorship case is in the process of applying for services with IRC.

Effective January 1, 2023, a regional center may not be directly appointed as a conservator. However, DDS may still delegate its responsibilities as a conservator to a regional center pursuant to *Health & Safety Code* § 416.19(a).

Probate Code § 1812 provides in part as follows:

“(d) For any conservatorship petition filed on or after January 1, 2023, a regional center, as provided in Chapter 5 (commencing with Section 4620) of Division 4.5 of the Welfare and Institutions Code, or any employee or agent acting on a regional center’s behalf, shall not act as a conservator, but may act as the designee of the Director of Developmental Services, subject to Section 416.19 of the Health and Safety Code.”

Health & Safety Code § 416.19 provides as follows:

“(a) The services to be rendered by the director as adviser or as guardian or conservator of the person shall be performed through the regional centers or by other agencies or individuals designated by the regional centers.”

“(b) No later than January 1, 2024, the Director of Developmental Services shall develop guidelines to mitigate conflicts that may arise when a regional center is acting as the designee of the director for a conservatee, while at the same time is also responsible for service coordination activities pursuant to Section 4647 of the Welfare and Institutions Code for that same person. The guidelines shall also include a process for any conservatee or their legal representative to request assistance from the director or their designee if they are dissatisfied with a regional center’s performance in carrying out its responsibilities under this section.”

In addition to acting as the conservatorship designee of DDS pursuant to *Health & Safety Code* § 416.19(a), IRC has also been directly appointed as the Conservator in non-DDS conservatorship cases that were filed prior to January 1, 2023.

With respect to IRC’s role as the designee of DDS pursuant to *Health & Safety Code* § 416.19(a), this policy is intended to comply with the guidelines issued by DDS pursuant to *Health & Safety Code* § 416.19(b) in their letter to regional centers dated July 31, 2024.

1.2.4 Agency Policies (Continued)

Conservatorship Duties and Responsibilities

IRC has established the position of Conservatorship Specialist who will carry out the day-to-day conservatorship duties, whether in a DDS delegated conservatorship or when IRC has already been appointed by the court as the Conservator in non-DDS conservatorship cases. The Conservatorship Specialist shall do the following:

- Act as a liaison and point of contact for DDS staff (on DDS delegated conservatorships only) and/or IRC staff (on both DDS delegated conservatorships and on non-DDS conservatorships). Communicate and coordinate meetings between DDS legal staff, the CSC and IRC legal staff, as needed. Keep DDS, the CSC and IRC legal staff aware of any upcoming conservatorship court hearings.
- Maximize each Conservatee's autonomy and support each Conservatee in making their own decisions to the greatest extent possible.
- Make decisions on behalf of each Conservatee consistent with the Conservatee's preferences to the greatest extent possible, support each Conservatee's participation in the IPP review meeting and other meetings as requested by the Conservatee, and assist in resolving any concerns about the conservatorship or their regional center services.
- For each IPP meeting, consider if there are services and/or natural supports that will assist each Conservatee in becoming more independent and increasing their decision-making abilities; explore alternatives to conservatorship.
- Conduct in-person quarterly assessments of each Conservatee who are conserved by either DDS or IRC to ensure their needs are being met and addressed. Inform the Conservatee of all decisions made by IRC on their behalf; address any concerns with the Conservatee and the CSC in relation to each Conservatee's health, safety and well-being, living arrangements, violations of their rights, satisfaction of services or the need for additional services.
- Be responsible for the timely preparation and uploading of required documents due from the CSC to DDS to the DDS Portal including monthly reports, quarterly reports, IPPs, annual photographs of the Conservatee, and the comprehensive person-centered biennial assessments. Prepare similar documents and reports for each of the conservatees who are conserved directly by IRC.
- Prepare correspondence to the court, as needed.

Process for Requesting Assistance from DDS on Delegated Conservatorships

In those cases in which IRC is acting as the conservatorship designee of DDS pursuant to *Health & Safety Code* § 416.19(a), a Conservatee or their legal representative who is dissatisfied with IRC's performance in carrying out its delegated conservatorship responsibilities may request assistance from DDS in resolving their concerns through the following:

- The DDS Ombudsperson at: Ombudsperson@dds.ca.gov or (877) 658- 9731.
- The DDS Conservatorship Liaison office at: ddsconservatorship@dds.ca.gov or (833) 421-0061.

1.2.4 Agency Policies (Continued)

Additional Duties and Responsibilities of the Conservatorship Specialist

In addition to the above duties and responsibilities, the Conservatorship Specialist shall also do the following:

- Preliminarily review DDS Nomination Referral packets prepared by IRC staff; arrange for the Paralegal/General Counsel to review staff-prepared referral packets and/or meet with staff for case consultations and submit the referral packet to DDS.
- Oversee conservatorship cases for conservatees who are in the process of applying for regional center services through Intake. Communicate and coordinate with Intake staff in relation to the individual's intake application, assessments and eligibility determination.
- Provide specialized administrative support for, and work with, the General Counsel and Paralegal and provide backup administrative support for the General Counsel support staff.

Minimum Qualifications

The Conservatorship Specialist shall have the following minimum qualifications:

- High school diploma.
- Four years of increasingly responsible office and secretarial experience involving skilled typing, public contact and a variety of secretarial activities.
- Must have a general understanding of the Lanterman Developmental Disabilities Services Act and case management responsibilities.
- Must be familiar with IRC's file management program (Atlas).
- Knowledge of general office practices and procedures including business correspondence, filing, and operation of office equipment and computer software, including Microsoft Word, Excel, PowerPoint and Outlook.

Training

The Conservatorship Specialist shall receive a copy of the Handbook for Conservators published by the Judicial Council of California and shall receive training on conservatorship responsibilities including, but not limited to, trainings and information provided by DDS, ARCA, IRC's in-house training department, the General Counsel and Paralegal, and the San Bernardino County and Riverside County Superior Courts.

INLAND REGIONAL CENTER UPDATE TO SALARY SCHEDULE FOR FY 2024/25

Date of Exec. Committee Approval: N/A

Date of Board Approval: 11/4/2024

All Changes are Effective 7/1/2024 Unless Noted Otherwise

Salary Range	Job Code	Dept	Position	Starting Hourly Rate	Starting Bi-weekly	Starting Monthly	Starting Annual	Ending Hourly Rate	Ending Bi-weekly	Ending Monthly	Ending Annual	Comment
N	446	11	SDP Support Clerk	\$ 23.4503	\$ 1,876.02	\$ 4,064.72	\$ 48,776.62	\$ 32.9968	\$ 2,639.74	\$ 5,719.45	\$ 68,633.34	New position eff. 7/1/2024
N	590	11	Conservatorship Specialist	\$ 23.4503	\$ 1,876.02	\$ 4,064.72	\$ 48,776.62	\$ 32.9968	\$ 2,639.74	\$ 5,719.45	\$ 68,633.34	New position eff. 7/1/2024
QATF	724	21	Quality Assurance Trainee (Full-time)	\$ 23.6011	\$ 1,888.09	\$ 4,090.86	\$ 49,090.29	\$ 23.6011	\$ 1,888.09	\$ 4,090.86	\$ 49,090.29	New position eff. 7/1/2024
QATP	725	21	Quality Assurance Trainee (Part-time, 20 hrs/wk)	\$ 23.6011	\$ 944.04	\$ 2,045.43	\$ 24,545.14	\$ 23.6011	\$ 944.04	\$ 2,045.43	\$ 24,545.14	New position eff. 7/1/2024
UT	370	11	Application Support Specialist	\$ 28.4774	\$ 2,278.19	\$ 4,936.08	\$ 59,232.99	\$ 44.1779	\$ 3,534.23	\$ 7,657.50	\$ 91,890.03	New position eff. 7/1/2024
LA	371	11	Assistant Network Administrator	\$ 31.7441	\$ 2,539.53	\$ 5,502.31	\$ 66,027.73	\$ 46.9005	\$ 3,752.04	\$ 8,129.42	\$ 97,553.04	New position eff. 7/1/2024
UA	447	11	Employee Relations Specialist	\$ 33.0383	\$ 2,643.06	\$ 5,726.64	\$ 68,719.66	\$ 48.8125	\$ 3,905.00	\$ 8,460.83	\$ 101,530.00	New position eff. 7/1/2024
DB	265	11	Information Security (IS) Manager	\$ 56.4903	\$ 4,519.22	\$ 9,791.65	\$ 117,499.82	\$ 87.6350	\$ 7,010.80	\$ 15,190.07	\$ 182,280.80	New position eff. 7/1/2024

**Another Way IRC
Budget
Fiscal Year 2024/2025**

	<u>Actual FY 2023/24</u>	<u>Budget FY 2024/25</u>	<u>Year over Year Change</u>	<u>Notes</u>
Income				
40000 Donations	\$ 42,242.30	\$ 47,300.00	\$ 5,057.70	More new employees. Projected increase in employee donations and giving campaigns.
40031 Foundation Grants	35,000.00	70,000.00	35,000.00	Researching new grant prospects using Foundation Search. Abe to apply more grants, e.g. Carpenter, Guenther and Walmart.
40300 Special Events	294,368.55	193,500.00	(100,868.55)	FY2324 had two golf tournaments due to the delay of 2022 golf tournament. FY2425 will have one golf tournaments.
40351 Special Events-Other	31,500.00	39,000.00	7,500.00	FY2324 bowling tournament was cancelled. FY2425 bowling tournament was resumed.
Total Income	<u>\$ 403,110.85</u>	<u>\$ 349,800.00</u>	<u>\$ (53,310.85)</u>	
Expenses				
60100 Program expense	\$ 127,060.39	\$ 108,000.00	\$ (19,060.39)	More expenses in FY2324 to spend down prior year grants.
60300 Special Event Exp	296,644.70	153,600.00	(143,044.70)	FY2324 had two golf tournaments due to the delay of 2022 golf tournament. FY2425 will have one golf tournaments.
60400 Special Events Exp-Other	-	14,000.00	14,000.00	FY2324 bowling tournament was cancelled. FY2425 bowling tournament was resumed.
60416 Thanksgiving Gift Cards	3,300.00	3,500.00	200.00	
Operating expenses	36,319.46	30,900.00	(5,419.46)	More expenses in FY2324 to spend down prior year grants.
66000 Payroll & Independent consultant expenses	22,883.78	20,000.00	(2,883.78)	FY2324 had two golf tournaments due to the delay of 2022 golf tournament. FY2425 will have one golf tournaments. Less time spent on fundraising compared to FY2324.
Total Expenses	<u>\$ 486,208.33</u>	<u>\$ 330,000.00</u>	<u>\$ (156,208.33)</u>	
Net Operating Income	<u>\$ (83,097.48)</u>	<u>\$ 19,800.00</u>	<u>\$ 102,897.48</u>	