Alta California
Regional Center
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July 17, 2025

Ernie Cruz
Assistant Deputy Director
Office of Community Operations
Department of Developmental Services
1600 Ninth Street
Sacramento, CA 95814

Dear Mr. Cruz,

The Department of Developmental Services (DDS) has found Alta California Regional Center (ACRC) out of compliance with the requirements in Section 4640.6 (c) of the Welfare and Institutions (W&I) Code. This section in the law requires that the regional centers maintain service coordinator-to-client caseload ratios at or below specified averages.

On March 1, 2025, ACRC submitted to the DDS the required caseload ratio average report. DDS acknowledged receipt on May 22, 2025, with a letter that outlined a timeline and process for ACRC to submit a Plan of Correction (POC) for caseload categories that were not met for two consecutive reporting periods. ACRC solicited stakeholder input to help develop the plan of correction.

Regional Center	On Waiver	Under 6 Years	Movers Within Last 12 Months	Over 5 Years, Non-Waiver, Non-Mover	Complex Needs	Low or No POS
WIC Required Ratios	1:62	1:40	1:45	1:66	1:25	1:40
ACRC Number of Individuals Served	14,093	6,313	6	11,599	313	209
ACRC Ratios	**1:72**	**1:43**	**1:8**	**1:71**	**1:24**	**1:34**

Of the six caseload ratio categories tracked, ACRC did not meet the required caseload ratio for clients in the following three categories:

- Clients enrolled on the Home and Community-Based Services (HCBS) Waiver. A ratio of 1:72 was reported, and the required ratio is 1:62.
- Clients under six years old. A ratio of 1:43 was reported, and the required ratio is 1:40.
- Clients over five years, non-waiver, non-mover. A ratio of 1:71 was reported, and the required ratio is 1:66.

ACRC developed a calendar to engage with stakeholders and the community:

June 17, 2025

- Post on ACRC's Website

June 18, 2025

- Post on ACRC's Social Media
- Meeting of ACRC Managers

June 20, 2025

- Emails to Community-Based Organizations (CBO): Warmline, Families for Early Autism Treatment, The State Council on Developmental Disabilities-Regional Advisory Committee, UC Davis MIND Institute, and Managed Care Plan Partners
- All Staff Email

June 20 & 27, 2025

- Coffee with Community Services - ACRC hosted Public Meeting

July 8, 2025

- Client Advisory Committee- ACRC hosted Public Meeting

July 9, 2025

- Self-Determination Advisory Committee Meeting

Stakeholder feedback is noted below:

- Cross training for service coordinators in certain units, for example, have SDP service coordinators working with adult and adolescent service coordinators.
- Have assistants dealing with non-complex POS tasks (transportation and conferences) so that service coordinators can work with families more.
- I really think the rate of pay for SC's is a huge barrier for finding and retaining staff. To require a degree and pay almost the same as fast food, grocery store, etcetera jobs is challenging in this economy. We need to be more active in budget advocacy with the state.
- In terms of hiring more staff, flexibility with schedules is important. Increasing evening and even weekend schedule options could provide opportunities that are enticing to potential SC's as some are trying to do multiple jobs or have day care expenses or other responsibilities. This works for many clients as well. Families that cannot take time off from work, clients that are employed or in school during the day or have other activities that make them only available during the evening or weekends.
- Caseloads really need to be "weighted" differently. There is inconsistency amongst types of clients served and SC's workload. Some SCs seem to have much easier (less need) caseloads while others have high crisis, increased face to face visits (one time a year versus quarterly and

as needed visits), and are significantly busier yet paid the same. This applies mostly to the waiver folks. Increased meetings, coordination, drop-ins, phone calls, changes in services, emergencies. I do believe this inequity creates a level of resentment amongst staff. (Taken from conversations with SCs in multiple types of units) . While this does not solve the ratio issue, it is something to consider when trying to make such changes.

- Start using OA in a more useful way - rather than waiting for something to be "sent" to them to be worked on, allowing individual unit Service Coordinators to "say" mail to them and many other things.
- Atlas is a documentation nightmare. The nightmare cost Service Coordinators time - time that could be spent with clients and delivery of services.
- In summary, PLEASE FIX ATLAS AND LISTEN TO THE SERVICE COORDINATORS. That one thing will help tremendously. The data that should have been transferred from SANDIS, which is not in ATLAS, should not be the responsibility of the service coordinator. We need to be heard and that will show that what we have to say is important and that the amount of work we do is appreciated. To reduce caseloads, we need to be able to keep Service Coordinators here after they are hired.
- I am not sure how I the SC is to improve caseloads that are backed up with no support to fix the backed-up situations as everyone in my unit is working overtime to try and keep up and we simply cannot. I am new to this SC position and have been with ACRC for 1 year and 8 months. My input is to request support with caseload ratios and to stop putting it on the SC's shoulders. ACRC rolled out rolled out several changes in a period of 1 year that has severely affected SC's from being able to actually learn the SC role. In 1 year, I have been asked to learn ATLAS software, and then 3 different IPP template reports, with a behind caseload of 70 children, which is simply not possible. Then when I request support, I am told no for a number of reasons but mostly it seems that managers cannot support their SC's as they are also backed up.
- I feel hiring more service coordinators would help improve ratios.
- With all the additional requirements the SLS unit should have a lower ratio than the current one. Approximately 90% of SLS clients are on the Medicaid Waiver. Also, the clients in this unit have behavioral or medical issues that need to be monitored better and the only way to do so would be to lower the caseload ratio. I would suggest that hiring part-time ACRC SCs would help lower the constant change over of SCs and might even bring some retired SCs back into the workforce.
- Our Team simply does not have enough Service Coordinators to assign incoming cases and to hold IPP meetings. What is needed is either an increase in Service Coordinators assigned, or a new team developed in order to handle the cases that are coming in from Intake.
- My suggestion is that you hire SC's that do not have a 4-year degree. I know qualified individuals that have extensive experience working with people with disabilities, running programs, and in direct care. Without the degree, perhaps their starting pay is slightly less, but they should all have the same benefits and the opportunity to earn as much as SCs with a degree.
- Interns and ASCs are helpful and can perhaps be expanded so that they can carry some cases in the Waiver category especially.
- Case sharing can be explored a bit more. This works well especially for higher needs cases.
- The category of “Movers” could also maybe carry some of the “Non Waiver” cases (doesn’t help a huge amount)
- Hiring part-time SC’s (goes well with the above schedule option) Those with bachelor’s degrees and continuing school. Those with families or other jobs. (This is different than ASC’s because they could be SC’s and carry half a caseload.)
- I have 96 clients on my caseload. In close to 5 years, I have never had less than 75 kids (and that was only for a month or two before they started coming in again) I am still getting kids under 5 years old in certain area codes? I think it would be wise to hire more people for the Early

Childhood Department. I would also hire more SCs in Children's. Not a groundbreaking suggestion, but I just don't see any other suggestion that would work as quickly. Also, I would suggest an SDP department again. It is hard to have a lot of clients, and even harder to have them on these very different plans. It would be great to have Service Coordinators that just do SDP so we can refer those families to those SCs as soon as they are interested.
I cannot thank you enough for opening this up for feedback. I know there are voices that are desperate to be heard and have not had a platform to do so. THANK YOU for being open to hearing the ideas and feedback on this issue. I am hopeful you get some realistic ideas that can quickly be put into action. This is my team's current caseload numbers: our average is 1:92.

- I am not sure how these "ratios" are calculated but they are NOT accurate. Please look at children's caseloads, they are easily pushed near or over 100, so for these statistics to say 70 is completely false. And I would imagine that the adults' caseloads are over as well. So, when you are calculating these numbers please include how they were calculated because these numbers DO NOT accurately reflect the number of children's cases that current service coordinators are holding. And until Alta addresses these high caseloads, Alta will continue to experience high turnover rates and high cases with no IPP's because you cannot hire a new SC and then throw them onto a caseload and have 10-13 IPP dues in the first month. That won't work.
- Thank you for the opportunity to provide input on reducing caseloads at Alta Regional Center. I'd like to share a few suggestions based on my experience as a Service Coordinator. One of the most immediate and impactful changes would be increasing staffing. Even the addition of one or two Service Coordinators per unit has, in my experience, meaningfully eased team stress and improved service quality.
- At a statewide level, adding another Regional Center to California would support the growing needs of our population. According to the AB 225, the original vision was that each Regional Center would serve 1 million residents. With the population nearing 40 million, exploring this more seriously would be a long-term, more sustainable solution.
    a. If expanding staff or opening a new Regional Center isn't feasible, I'd encourage us to adjust current Service Coordinator responsibilities to better align with current demands.
    b. IPP Meeting Frequency: Allowing biennial and triennial meetings for stable cases where clients report satisfaction with current services and no major life changes that fall outside the need for an addendum. Clients would be informed they are able to contact their service coordinator at any time to request a change in services, or IPP cycle changes. I personally have several clients who would agree to this as they have not shown any interest in service changes or meetings annually over the last couple of years.
    c. Policy Manager Support: Assigning a dedicated staff member to manage and update Policy Manager would reduce time spent searching for accurate and current information. It would also reduce the need for Service Coordinators to staff policy and procedure questions with Client Service Managers. Additionally, it would increase accuracy and confidence when Service Coordinators train new Service Coordinators in their role. Many times, I've seen new Service Coordinators say they read a policy, but it either wasn't clear, or it hadn't been updated in years.
    d. Extended Response Time: Increasing the response window for emails, calls, and texts from two to three business days could have a great impact. Many Service Coordinators spend entire days managing communication, leaving little room for documentation, meetings, or client support. I really appreciate your time and attention to this issue. With ongoing collaboration, I'm hopeful we can find a practical solution that would benefit both Alta and the individuals we serve.
- Thank you for inviting staff to input on the issue Alta faces with high caseload ratios. I appreciate the transparency and the opportunity to contribute to the plan of correction. However,

I feel compelled to express my growing frustration with the ongoing disconnect between the challenges we face and the agency's solutions to them.

- The root cause of our caseload crisis is not a mystery—it is a systemic issue of understaffing and under compensation. The most direct and effective solution is to hire more service coordinators and pay them a competitive, livable wage.
- Service Coordinators are expected to manage increasingly complex caseloads while navigating a growing array of programs, services, and compliance requirements. Yet, compensation has not kept pace with the demands of the role. This imbalance leads to high turnover, burnout, and a loss of institutional knowledge, which directly impacts the quality of care our clients receive. We are not just case managers, we are advocates, crisis responders, resource navigators, and compliance officers. The emotional labor and administrative burden we carry are immense, and without adequate compensation, it is unsustainable.
- As of today, the monthly cap for both social recreation and non-medical therapy has increased from $650 to $1,000 per client combined increase of $700 per client per month, or nearly $8,400 per client per year. With hundreds or thousands of clients, this represents a massive investment. And yet, it seems as though that funding was never considered by the agency to go towards supporting the ones responsible for coordinating these services. That money could have been used to increase salaries, reduce turnover, and stabilize the workforce.
- The administrative burden continues to grow, with new mandates, documentation standards, and audit requirements that pull us away from direct client support, especially when caseloads exceed the 1:62 ratio standard, some even by 20 cases or more. It is unrealistic to expect service coordinators to “catch up” on overdue IPPs while also navigating a new internal system rollout, two different IPP formats within the last year, and caseload ratios that are consistently out of compliance. The expectation that we will continue to meet these demands without proper compensation is not only unreasonable, but also the direct cause of service coordinator turnover. It feels contradictory that leadership is taking swift and serious action to enforce compliance with IPP timelines and DDS reporting standards, yet that same urgency is missing when it comes to addressing caseload ratios. It’s not a complicated equation—if service coordinators had caseloads that aligned with the Lanterman Act, we would have the capacity to meet documentation standards without being stretched beyond our limits. If ACRC is serious about meeting caseload ratio requirements and improving service quality, the path forward is clear: Hire more Service Coordinators to distribute caseloads equitably and sustainably. Increase compensation to reflect the complexity and responsibility of the role. Invest in retention by creating a workplace culture that values and supports its frontline staff.
- Asking for input is appreciated, but it must be paired with action. We cannot continue to do more with less. Our clients deserve better, and so do the professionals who serve them.
- From my perspective, the current caseloads are high due to the volume of work and the level of emotional demand involved especially when responding to parents and coordinating with multiple team members.

  Here are a few suggestions I’d like to share: Hire additional Service Coordinators/Office Set Up. Bringing more SCs onto each unit would help distribute the workload more evenly and reduce burnout. However, if that is being considered, I’d also recommend reevaluating the current office space set up. Although we do not have assigned desks, tensions can arise due to perceived ownership of certain spaces, making it stressful to work during our office days. Consider compensation adjustments. Higher pay would not only acknowledge the increased workload and emotional labor involved but could also help with retention and morale. 3. Reduce individual

responsibilities and adjust deadlines. Many of us plan out time to type IPPs or complete documentation on time, but on any given day, we're pulled in 10 different directions by parent/client needs. It's incredibly difficult to stay on top of everything with such rigid deadlines, such as 30-day timeline for IPP reports, with little to no training on the new report writing.

- I hope this input is helpful. I'm sharing it in the spirit of supporting both staff's well-being and service quality, and I appreciate the chance to be heard.
- #s is way off compared to Children's units. I've been at 90+ clients for several years. Sometimes over 100.
- Thank you for the opportunity to provide input. I think there are many ways to help with the workload and staff retention. However, if we are just talking about the ratio, the solution would be to hire more SCs. If the ratios show that we are short 5 SCs, then ACRC would need to hire 5 SCs. In order to *maintain* the ratios, staff retention is essential. If giving significant raises is not feasible, especially considering the need to hire more staff, then other no-cost benefits would help (like AWS with WFH). I think that most (if not all) SCs truly believe in what they do and love their job, but can also be overwhelmed and feel as if they are not able to serve their clients properly. I think it is important to continue obtaining SC input like this as it helps give us a voice and advocate for ourselves and our clients.
- My suggestion is to update, simplify, and organize the policies, procedures, and applicable documents currently located in policy manager/Atlas Docs/Share Point Policy Manager into one location only. This will help SCs manage their time more efficiently to be able to access documents, policies and procedures in one location and to be able to follow the procedural steps appropriately. The current system is not time efficient to have three places to go look for a policy, procedure, or document and I've noticed that the several documents are outdated with procedural and policy changes. If these processes and documents are updated and kept updated, then SCs can manage their time more efficiently to be able to support clients in a more timely and accurate manner for exploring services. Another recommendation is to permit biennial and/or triennial IPPs for those clients who are eligible and requested by the client or family (as appropriate). I don't understand how SCs are required to hold IPP meetings annually for every client since this statement is posted on the agreement page: "Alta California Regional Center will hold IPP meetings, as necessary, as my desired outcomes or needs change. This may happen once a year if I'm enrolled in the Medicaid Waiver or no less often than once every three years if I'm not enrolled."
- I have been with ACRC in the same Children's Unit for over twenty-two years and have never seen the caseload ratio be at the promised amount of 60-65. I would like to see part-time hiring, and as close to a constant revolving door of hiring as quickly as possible of new people when current people have left Alta to help reduce these workloads. Perhaps more sign-on bonuses could be helpful, or the assistance of a consulting firm. Thank you.
- Combine regional center units to have more service coordinators. Go to local colleges and talk about what a service coordinator does and share information with career centers there.
- I want to say, first and most importantly, that I am honored to work at Alta. I am very much aligned with the vision and mission statement at Alta and I am sure I have never worked with a group of co-workers, management and executive staff who are more competent or caring. l am at the end of my career, not the beginning, so perhaps some of the things that I will share will be helpful. I do have the "front line" perspective from being a service coordinator at Alta for two and a half years, but I also have career experience in management and in being a senior management consultant. My suggestions may seem obvious, but I make them for your

consideration, based on my past business experience and watching what makes truly great organizations thrive and what makes other organizations stumble. My suggestions are broader than the specific question of caseload ratios, but perhaps they will result in more manageable workloads, even with caseload ratios that are near or over the limits. I also suggest that Alta does this in partnership with DDS and the Legislature. It will take focus on all levels to improve productivity. Here are my suggestions:

- Focus everything that is done at Alta on the Vision (why Alta exists) and Mission (How Alta accomplishes that vision). Every great organization that I have ever worked for or seen during my consulting work has a laser focus on their vision and mission. If it doesn't directly and simply support the vision and mission, it is not done.
- Look at the actual caseload numbers. I was very surprised to see that the regular adult unit caseload was 71 and that the standard was 66. My caseload has always been much, much higher, which I believe the email from Jen said could be the case. Also, when we had people in our unit leave Alta, which happens in any organization, the caseload I was covering was 118 for many months. My manager, who is incredibly competent, did the best she possibly could to fill vacancies and to bring new people on board, but everyone in our unit was covering a similar caseload. These clients had the usual range of needs. Some easy, but some very complicated. I do not think this is terribly unusual, but I think it should be looked at realistically by Alta and DDS, no matter what the regulations are.
- Simplify as much as humanly possible. Look carefully at procedures and forms, especially when enacting new ones. As a service coordinator, it is very difficult to keep up with the new forms, changing forms, new checklists, checklists that don't actually match the forms, etc. etc. etc. If there is a way to have fewer forms and fewer committees, the job of a service coordinator (and management) would not be so time consuming, we would have more time with our clients meeting the vision and mission of Alta, and less time inputting data and writing reports about our clients, but not really meeting their needs. Even CSM's do not often have the necessary authority to approve relatively small monetary requests. For example, I had a client whose door and ramp on her modified van broke. The quote from our vendor to look at the van and give an estimate for actual repairs was $585.00. My manager needed to discuss this with an AD to get POS approval to allow one of our authorized vendors to take this next step to ensure the client's safety. My manager is very competent, this is an authorized vendor of ours, and extra time was spent by all to approve this relatively minor POS. This is not an isolated incident, of course. In an attempt to ensure that no money is spent needlessly, Alta might spend time and money in salaries of staff that is, perhaps, unnecessary, and might actually be a safety hazard in some cases. Create a central file of Alta forms that is up to date and easy to access. I have looked at Policy Manager, of course, but that is often out of date. I have also attempted to use the new forms files on Atlas, but never found it easy to find the forms that I needed there. Create a central file of generic resources that is up to date and easy to access.
- Look at workload, not just number of cases. I am not sure that anyone realized the amount of data entry that our new IT system would require SC's to do. And then, last fall and early this year, there were a series of mandatory trainings for all of the SC's to take. It was and still is overwhelming. It's not an accident that the IPP reports, signatures, etc. are very behind this year. It is not because the SC's suddenly got lazy. It is because the data entry, copy and pasting of forms, committee meetings, and mandatory trainings were simply too much.
- Create an email for "suggestions" from SC's, other Alta employees and management. Some employees may be hesitant to have their name associated with a suggestion for fear of offending

someone, but if this is really encouraged, great suggestions (some more specific than the ones that I have made) might come forward. Often, the people at the front lines of all departments can see where productivity improvements can be made because they are right there. If those suggestions need to work their way up the chain, they could be lost or forgotten. Management does not have to implement every suggestion, but it gives a direct line from the people on the front lines.

- If you have not already, consider looking at any of the work by Simon Sinek or John Doerr. I had the great privilege of meeting John Doer when he had just started at Kleiner Perkins in Menlo Park. In my humble opinion, his book "Measure What Matters" is one of the best I have ever read. Both Simon Sinek and John Doerr have great YouTube videos also. These guys walk the talk and know what works in a variety of different types of organizations, including non-profits ("Measure What Matters" has great examples of non-profits).
- Most importantly, please thank yourselves, the other members of the executive team, the Board of Directors, DDS, and the Legislature, for managing this incredibly complex organization with the intention of truly meeting the needs of our clients. Thank you too, for asking for input, even if you decide it is not appropriate. I appreciate all of you more than I can say.
- When I was an Sc in the Children's 1 unit, my caseload was always over 73. I left that position in February of 2025 and it was at 94 clients. Thank you for reaching out regarding caseload ratios. I understand that new cases need to be assigned as they come in and simply hiring additional staff is not always an option. I do feel like there could be some additional support that can be provided in the interim. With the influx in SDP cases, the workload for SC's has increased tremendously. Each of these cases is extremely time consuming. Having spoken to many SC's in our office not only are they time consuming there is a general feeling that in addition the extra hours of work and timelines are interfering with the ability to meet the needs of clients on our traditional clients. Many are frustrated that not only are they time consuming but expressed that we have become more like "accountants" rather than SC's which is causing people to reconsider their positions within ACRC. No sooner than we finish a budget and the client is making changes often every month or 2. I know that the RC has tried to recruit SDP SC's unsuccessfully but wondering if there is a way for some of the workload to be handed off to an accountant type position to at least complete the POS's, etc. Our jobs are getting harder not easier. The requests are coming faster especially for things like social recreation. Each of these changes requires an Amendment which was made longer and more time consuming. Is there a possibility to at least make there one form rather than 2. When you have 30 clients changing or adding activities in a month the time for Amendments can days to catch up on. Undone amendments make for Med Waiver compliance issues. Lastly, SC's are now loading all documents into Atlas which has its own technical glitches most of the time. One document is not bad but receiving 8-10 at once is a lot of time. If we want to have something mailed, we need to take time to go and get the specific atlas link and complete a task. Sc's are mailing things out themselves as it takes less time than sending a task. OA's are reporting that they have 5% of the previous workload while ours increased a ton yet I am not allowed to ask the OA's in the office to obtain school records with an ROI or handle even small tasks through email. This is increasingly frustrating that in additional to all the new DDS standards, SDP, Amendments, etc. that we are now e-Docs and OA's as well. Our OA's in the past were valuable to our jobs and made things easier but this is no longer the case. If there is a change or clarification in a request, we must wait to go back and forth with new tasks. It would be nice to be able to utilize the OA's in our own office for assistance. Thank you for taking the time to review possibilities and changes to make ratios a

little easier. We would all love lower caseloads and to be compensated more for the work we do but if those are not possible then we hope additional changes can be made to allow us to better assist our clients and meet our own deadlines.

- Thank you for inviting staff to contribute suggestions to address the current caseload ratio challenges. I wanted to share a few ideas that I believe could help support both staff retention and service quality, particularly in the Grass Valley Office: Actively recruit additional Service Coordinators in the Grass Valley Office, which is currently experiencing a high number of vacancies. Increase compensation to help retain current staff and attract qualified candidates. Consider monetary bonuses for long-term employees who remain with ACRC.
  Accept a broader range of related master's degrees for Master's Pay eligibility, which could help with both recruitment and retention. Support specialized caseloads (e.g., SDP, children, adults) to promote expertise and consistency, especially in branch offices where mixed caseloads are the norm. Improve training efforts, particularly for new hires and when introducing new policies or software, using best practices for adult learning. Update the Core Staffing Formula to better reflect the current cost of living and workload realities.
  Create or expand Regional Center offices to better serve California's growing population and address increasing ACRC eligibility. Hire dedicated Officers of the Day (ODs) to manage calls for clients on vacant caseloads, which currently take considerable time and often lead to additional follow-up. Reevaluate the Merit Pay system to ensure fairness and transparency across staff roles. Lastly, I'd like to note that the caseload ratio graphs may not reflect the complexity of actual caseloads. SDP clients, for example, often require significantly more time and support. Additionally, tasks related to OD calls and vacant caseloads are not accounted for in traditional caseload metrics, despite the time they require. Thank you again for the opportunity to share input. I'm hopeful that continued collaboration and thoughtful adjustments will help create a more sustainable and supportive working environment for all.
- I appreciate the opportunity to share some ideas. To decrease caseload ratio sizes: Hire more SC's and pay a competitive living wage. Create new units to maintain lower unit sizes. Open new Regional Centers to return to the vision of 1 RC:1,000,000 people. These are enormous tasks that will take time to implement. In the meantime, staff retention should be a priority: IPP meeting frequency: allow biennial meetings for stable clients with few changes. Response time: increasing expectation from 2 days to 3-5 business days. An expectation of a 2-day response time increases the stress and urgency to respond to all requests, and SCs must choose to prioritize either service coordination or documentation. Pre-visit questionnaire: implement a client questionnaire for DDS's PCP. If done in Atlas, it can be generated directly into the IPP, resulting in more focused meetings and less documentation for the SC. Clear referral processes: In Atlas, each vendor profile should have direction on how to refer a client to the agency, including contact information and referral documentation linked directly in their profile. SDP limits: No more than 3-5 SDP cases per caseload. Enforce client responsibility with SDP. Hire more Lead SC's (at least 1 per unit). Leads are to have a reduced caseload with more intensive cases. Executive Management team, including AD's, to hold a small caseload of 3-5 high-intensity cases. Those in senior positions have more experience and authority to authorize services directly without requiring staffing and approval. This would result in a decreased wait time for urgent cases and reduce the need for staffing cases for the SC's. Alternatively: an expectation of mandatory shadowing for those in senior positions. Those making decisions for others must be acutely aware of the realities of working in the field to truly embody the meaning of teamwork.

- As of today, I have 92 on my caseload. For me this is fine. I get bored if my caseload is lower than this. I often find myself requesting work from other SC and helping with their IPPs. I know this is not the normally response you get to caseloads, but thought I share my personal perspective.
- Please consider the following suggestions: Hire more service coordinators. We have so many vacancies in the Grass Valley Office. Increase pay to maintain current staff or hiring new staff. Monetary bonuses for employees who stay. Specialized caseloads (SDP, adults, children, etc.). Branch offices often have mixed caseloads. More enhanced training using best practices for adult learning for new employees and when new procedures, policies, and software are introduced. Update and modernize the Core Staffing Formula for payrates for employees that meet the current cost of living expenses. Create/build additional Regional Centers to accommodate for the increase in population in California and ACRC Eligibility Clients, as the Lanterman Act dictates one for every million people. Hire OD as a new position. We get a lot of calls for people who are on vacant caseloads creating tasks that take a lot of time and often require additional meetings. Reevaluate the Merit Pay guidelines to make it as equitable as possible. Some units have had multiple vacancies for several years making it impossible to get all IPPs current to achieve merit pay. *the case load ratios being presented in the graph are not representative of actual caseloads. SDP clients are like the equivalent of 4 traditional clients. OD calls/tasks for clients on vacant caseloads are not represented in SC's caseloads.
- I have been with Alta for only a short time. I came from the provider world and was an executive director for business development and programming. I had success in my role and figured out early on that: The agency couldn't grow without decreasing attrition. As growth happened, processes needed to become scalable yet approachable. In 2022, the agency I worked for had an attrition rate of approximately 28%. I identified that the most vulnerable staff were newly hired staff with an attrition rate of approximately 35% within the first year. I developed a cross functional pilot project that decreased the attrition rate from 35% to 9% within 6 months and 11% after the first year. We held onto that attrition rate for two years. I presented the pilot project methodology and results at 4 separate national conferences. I mention this because, I believe ACRC not meeting the standard for caseload ratios is directly related to service coordinator attrition, especially newly hired service coordinators. It makes sense that when an SC leaves, their caseload is offboarded and divided between the other remaining SCs, many of whom already have high caseloads. When a newly hired SC comes in, the manager needs to relieve the team by redistributing caseloads as quickly to preserve the seasoned team as much as possible. However, it is a double-edged sword because, in many instances, the newly hired SC is not prepared, engaged, or enculturated. I was privileged to attend ACRC University with several newly hired SCs. Before we were through the first week of ACRC U, most SCs had caseloads of 50 or more. They hit the ground running without direction, familiarity, dedication, or a sense of belonging. As a result, several have already resigned or are looking for work elsewhere and the cycle will continue. Yes, the pay for SCs is also a contributing factor but an employee centered culture can overcome many hurdles. A few suggestions: Person centered management. Sample: People-centered leadership: The habits and characteristics of being a people leader vs. manager. Anchor the new SC to a workstation. Make it theirs for the first 6 months. Give them a home for seasoned staff to visit. It is uncomfortable to be new and wandering around. Assign a mentor. Build the relationship. Discuss career goals. ACRC may keep them for 2 years or 20 years. Helping and mentoring an employee get to where they want to be, even if it is somewhere else, is powerful. Discuss successes weekly. Praise in public. Correct in private. It is not enough to

understand why folks might be leaving, it is also important to understand why folks are staying. A few suggestions: Stay surveys, Root analysis to discover what has changed or contributed to the retention of seasoned staff vs the attrition of newer staff. I am proud to be working with ACRC. Here, there is a wealth of knowledge and history that cannot be found elsewhere. I am hoping some of the above suggestions help.

- I debated in chiming in about the Ratios because other than hiring more staff for growth positions in Placerville 1 unit, I don't have any ideas about what we can do to change them. I know I am just a little fish in the big ocean of ACRC, but I did want to let you know how the high ratios affect us on a personal level, or at least me. I hope this will be viewed as helpful and not as complaining because that is not my intent. I don't speak for them, but I believe many of the coordinators in my unit might feel the same. First and foremost, I want to say that I absolutely love being a service coordinator. It is very fulfilling for me. I love to connect with the clients to really get to know them and their supports and explore the services that I can offer them. With as difficult as the new Atlas & DDS IPP transition has been, I really do very much like the new DDS IPP. I desperately want to produce beautiful reports that highlight who a client is and what is the best way to support them wherever they are in their life's journey. Coming from a vendor background and reading 100's of IPP's prior to becoming an SC, they can be incredibly helpful, or they can hinder and lead to lost time really getting to know and serve the client to their best capacity. I do not feel that I am able to focus on the client, check in as much and respond as timely as possible, and meet DDS requirements for IPP's with such a high level of cases. My caseload – currently at 89 is well above ACRC's current company ratio. (my highest caseload number I believe was 92, and my lowest was 83). An additional stressful and time-consuming component to my Case management is our unit/offices level of SDP's. I currently have 7 SDP cases, and I have an additional 5 clients who have taken their orientation and are wanting to move into SDP but are waiting to onboard an IF. I am dreading the overwhelm that 12 SDP cases will likely present. They take up so much of my time that I feel like I can't do a good job with my other 80 clients. I again, don't have an answer for this and I know an SDP unit was attempted and failed but SDP is something that is significantly taking away from our ability to manage our case effectively.
- I am still a newer staff member. (I will be here 2 years in October) and I am quite far behind, probably one of the farthest behind. I have finally adjusted to the new IPP format, and I am attempting to plow through and catch up at a valiant rate of speed. I have unfortunately had pressing health issues that surfaced during my first year (Breast cancer-stage 1) and I have lasting challenges from the projected 5-10 years of treatment. But even with all of these challenges, I know if my caseload was 63 or even the overall company ratio of 72, I would be far less behind than I am and I would be in a much better frame of mind and able to do the professional work that I want to do and that I believe is necessary for ideal consumer support for my position. My CSM is aware of all of information I am sharing above because we discuss it regularly. (I have also cc'd her on this email) I wanted to take this opportunity to give her Kudos. She is an amazingly understanding Manager who encourages and helps to keep me grounded when I feel so overwhelmed. I am very hard on myself at times feeling like I am failing. When I am beyond frustrated and forget, she reminds me that we are all human and that I am capable of getting out from under. She has provided many different tips to assist in managing my caseload more efficiently, and they are helping. She has and will continue to help me grow into a well-rounded Service coordinator. I would struggle to keep a healthy mental attitude about my work if

it were not for her. Because of her mentor and leadership, I don't plan to leave ACRC until I retire in about 18 years. (hopefully she won't either).

- Update and modernize the Core Staffing Formula for payrates for employees that meet the current cost of living expenses and advocate for this to be updated annually to adjust for inflation, as the current state minimum wage. If the current core staffing formula for Service Coordinators allocates $34,000 to Regional Centers per the 2021-107 State Auditor's report, that is less than minimum wage at $16.35/hr. DDS requiring a plan of correction when they continue to ignore ARCA and State Auditor recommendations is disingenuous when they already have the solutions they need to remedy the problem they caused. Do not cut the pay of the people who are working the hardest to maintain compliance with vacant caseloads and charged with training new staff.
- As I write this, my ___ with complex needs, a participant in the HCBS Waiver—is still waiting for the urgent IPP meeting I have requested six times. That meeting is not a favor. It is ___ legal right, and more profoundly, it is a moral obligation you have failed to meet. You asked for feedback on caseload ratios. This is not an abstract discussion about numbers. This is a conversation about human lives. It is about whether my ___ receives the life-sustaining services __ is entitled to, or whether __ is abandoned because your system is too broken to act with urgency. Systemic Failure, Human Consequences You do not need me to tell you the facts; they are in your own reports. As of March 2025, your ratio for HCBS Waiver clients is 1:72, a violation of the legally required 1:62. For clients over age 5, your ratio is 1:71, far exceeding the legal 1:66 cap. You acknowledged these same violations in August 2023 and submitted a Plan of Correction. Nearly two years later, that plan has proven meaningless. You remain out of compliance, and families like mine are forced to bear the cost of your failure. Our Lived Experience: A Pattern of Neglect: This is not theoretical. ____ experience is a direct result of the systemic dysfunction your caseloads create: Chronic Staff Turnover: ___ service coordinator was reassigned the day after I first raised these concerns in writing, a fact your own CDER records confirm with a change in assigned staff between 2023 and 2024. Repeated Service Lapses Critical support services lapsed in May 2024 and again in May 2025 due to missed deadlines and staff absences. Unpaid Caregivers: As of today, no Purchase of Service has been submitted for his June and July 2025 support, meaning the people who care for him have not been paid. Ignored Urgency: Six formal requests for an urgent IPP meeting have been ignored or deferred, with the latest offer being July 24—a date that ensures his services will lapse yet again. Today's In-Person Visit: A Moral Line Crossed Today, July 11, I came to your office. I spoke with _____ and a case manager, and once again explained the urgency of ____ situation. I was told: "The Regional Center considers an urgent meeting to happen 'as soon as possible,' and if that means July 24th, then that's when it will be." This statement is not just a dismissal; it is a reckless distortion of the law. Urgent meetings are legally required within five business days when health and safety are at risk. According to ____ most recent Client Development Evaluation Report (CDER)your own official document—his "self-injurious behavior causes injury requiring first aid or medical care almost every day." Your records also state ___ requires "someone nearby during waking hours to prevent injury/harm in all settings." Your own assessment confirms this is a crisis. To claim that a meeting can wait is to willfully ignore the immediate danger your own evaluators have documented. I asked ____ to escalate this gross violation of ____ rights under the Lanterman Act to Directors Jennifer Bloom and Mechelle Johnson. Your Plan Must Be More Than Words. Your 2024 Family Survey, with its 12.88% response rate, is silent on the families in crisis—the very people your system is failing most

profoundly. I ask you to listen now. An organization is judged by how it treats its most vulnerable. By this measure, ACRC is failing. Your new Plan of Correction must be a plan of moral reckoning. It must be answered: 1. Accountability: Why did your 2023 Plan fail? What specific, enforceable actions will ensure this new plan is not another empty promise? 2. Reliability: What will you do to stop staff turnover and prevent staff leaving from causing catastrophic gaps in care? 3. Justice: How will you guarantee that a family's urgent plea for help is met not with "as soon as possible," but with the timely action the law and basic human decency require? 4. Transparency: How many WIC §4731 complaints have been filed since 2023, and what was the outcome? This Is About Dignity. I urge you to see my son. See him not as a case file, a number, or a problem to be managed, but as a human being who deserves dignity and respect. Every delay, every ignored email, every bureaucratic excuse sends a clear message: his life is less important than your logistics. You still have a choice. You can do right with _____. I ask you one last time: schedule his urgent IPP meeting immediately. Not after a director returns from vacation. Not on July 24. Now. Because for families like mine, justice delayed is justice denied.

Receiving feedback from our community of stakeholders reinforces our efforts to get SCs in place to serve our growing clientele. ACRC remains committed to creating and maintaining innovative measures to identify and onboard new SCs.

ACRC continues to experience a tremendous rate of client growth.

- ACRC did not meet the case load ratio for Clients on the HCBS waiver. The required ratio is 1:62 and ACRC is at 1:72. Although we did not meet the ratio our ratio has improved. It was 1: 75 last year. We are continuing to prioritize hiring SCs to impact caseload size. In 2024 197 SCs were hired; so far this year, 2025, 108 hired.
- ACRC did not meet the caseload ratio for clients under six years old. The required ratio is 1:40 and ACRC is 1:43. Although we did not meet the ratio, it has improved. Last year our ratio was 1:52. We are continuing to hire SC and managers to create Early Childhood units. This year we created 4 new units and hired 14 SCs to fill the seats in the Early Childhood units.
- ACRC did not meet the non-waiver non-mover caseload. Required ratio is 1:66 and ACRC's ratio is 1:71 Last year the ratio was 1: 73. We are continuing to prioritize hiring SCs to impact caseload size.

ACRC remains committed to reducing caseload sizes and has implemented a robust student intern program with thirteen universities. We continue to max out the number of interns. Currently we have 24 interns who are in various stages of pre-internship paperwork, interviews, and background checks. As an agency, we decided they will not carry cases because they are not here full-time. Supporting an internship program not only assists with caseload management, but it also introduces the intern to the regional center system with the hopes that they will join our team post degree.

In FY 22/23, ACRC implemented the Associate Service Coordinator (ASC) position to assist in providing case management and advocacy. This position is designed for students who are in their junior or senior year, enrolled in a university setting. ASCs support SCs who work with clients. To date we have hired 20 ACSs and since the inception of program and 9 have been hired as Service Coordinators.

Lead Service Coordinators (Lead SC) were implemented in FY 22/23. ACRC has hired 14 Lead SCs to date. Lead SCs carry a max of 32 clients and support SCs with on-the-job training and complex case navigation. Lead SCs support Client Service Managers by assisting with training and mentoring new SCs.

ACRC continues to implement a strategic hiring plan. Department directors meet each budget year to develop a plan based on departmental needs. We continue to give priority to hiring SCs and backfilling existing SC positions before posting new SC growth positions. This is a delicate balance. Additional managerial and administrative support must be factored into any expansion plan, and this requires even more funding.

Providing needed financial resources for regional centers to hire additional service coordination staff is an investment in better outcomes for those served by regional centers and their families. Both the number of SCs needed to meet mandated caseload ratios and the overall cost of closing this gap have continued to grow. Only through the state's commitment to modernizing and keeping current the Core Staffing Formula is it possible to permanently enhance stability, prevent caseload ratios from rising again, and encourage SC longevity through competitive wages and benefits. Meanwhile, we will continue to address these critical needs and remain hopeful that our request to shore up the financial gap will be realized.

Regarding Mixed Low or No POS Caseloads:

Article IX, Section 2.b. of the FY 2024-2025 Regional Center Contract does not permit mixed low to no POS caseloads. ACRC's caseload ratio survey identified a total of 6 low or no POS caseloads, with 3 of those caseloads being mixed. ACRC acknowledges this error and has identified the root cause and provided a corrective action plan moving forward.

ACRC investigated the concern over the 3 clients who in SANDIS are reflected as both Low or No POS and Complex Needs. We understand that this cannot exist. We understand that the only way that the boxes in SANDIS can be checked is manually. We are not sure who manually checked both boxes. That cannot be confirmed. What we do know is that the Low or No POS/Complex Needs boxes were checked prior to February 2024. With this understanding, it was found that the permissions were open to all staff, at which point SANDIS experts closed it to Manager permissions only. As of 7/07/25, SANDIS experts found that once again the permissions were open to all. We have confirmed that this access is now set to "inquiry mode only", so that this error cannot happen again. Further, we are continuously refining our processes and plan to ask our SANDIS team to run a quarterly report to ensure that dual checkboxes are not reflected.

Best,

Mechelle Johnson and Jennifer Bloom

Mechelle Johnson & Jennifer Bloom
Directors of Client Services

Attachments:

ACRC's Website Posting June 17, 2025
ACRC's Social Media Posting June 18, 2025
Team Unity Meeting agenda, June 18, 2025
All Staff email June 20, 2025
Client Advisory Committee Meeting Minutes, July 8, 2025
Self-Determination Advisory Committee Meeting Agenda, July 9, 2025

cc: Lori Banales, Executive Director
Dan Lake, Board President