

Alta California Regional Center
Executive Committee Meeting
Monday, June 8, 2026
Minutes

Present:

Dan Lake, President
Kelly Pennington, Vice President &
ARCA Rep
Steven Sanchez, Secretary
Anwar Safvi, Finance Comm. Chair
Amy Lampe, ARCA-CAC Rep
Carmen Aguilar, Member-at-Large

Board Members:

Garrett Broadbent
EunMi Cho
Johnny Deng
Tom Hopkins
Akkia Pride-Polk
Terri Scheufele

Facilitators:

Amy Fulk
Naomi Smith

Visitors:

Dawn Dingman
Maureen Fitzgerald

Staff:

Lori Banales, Executive Director
Iqbal Ahmad, Chief Operating
Officer
Jennifer Bloom, Director of Client
Services
Tracy Brown, Associate Client Services
Director
John Decker, Director of Community
Services
Jon Horbaly, IT Support Technician
Camelia Houston, Director of Intake
& Clinical Services
Kenisha Hurd, Associate Client Services
Director
Mechelle Johnson, Director of Client
Services
Jaspreet Mann, Associate Client
Services Director
Lisa West, Executive Secretary

The Executive Committee met on Monday, June 8, 2026, at 5:17 p.m. to discuss:

- 1) Approve FY 2026-27 Performance Measures; 2) President's Report; and
- 3) Executive Director's Report.

- Ms. Fitzgerald noted that the Sacramento Bee had an article about several homeless families that could possibly benefit from ACRC services.

Without objection, Dan Lake made the motion to adopt the Executive Committee meeting minutes of May 11, 2026, as submitted.

1. Approve FY 2026-27 Performance Measures

- Ms. Bloom, Ms. Houston, Mr. Decker and Ms. Johnson reviewed newly added planned activities to ACRC's draft fiscal year (FY) 2026-27 Performance Measures.
 - Early Start – Childhood
 - Managers proactively monitor cases as they approach the 45-day timeline to ensure that Individual Family Service Plans

- (IFSPs) are completed timely. Training will be provided to Service Coordinators (SCs) on appropriate use of exceptional family circumstances as a reason why IFSPs are not completed timely.
- ACRC will continue to train case management on the internal provisional eligibility procedure. On a monthly basis, ACRC will review the number of clients who are provisionally eligible at 5 years old (Status U) and follow-up according to our procedure.
 - ACRC has been providing targeted training on the Early Start Report (ESR), with support from the Department of Developmental Services (DDS). Associate Directors and Managers review DDS monthly ESR status reports to ensure accuracy.
 - At 30 months:
 - ACRC starts the transition planning for children getting ready to leave Early Start. A transition meeting with the school district is held at least 90 days prior to the child's third birthday.
 - ACRC's multi-disciplinary team reviews the child's age scores and other developmental reports to determine if the child is eligible under the Lanterman Act.
- Employment
 - DDS updated the CDER requirements – SCs are required to update client's employment data annually; this is new data that the department is gathering. ACRC is required to train staff on the CDER Element for Employment.
 - Equity and Cultural Competency
 - It is important to note that some families access case management services only. ACRC's Enhanced Case Management Unit is designed to introduce and help clients and families access services, focused on specific caseloads with low to no POS data (Black/African American, Punjabi speakers, Spanish speakers, Hmong speakers, and Russian speakers).
 - ACRC's Family Guides, available in multiple languages, provide information to clients and families to inform them of the services that regional centers offer. SCs have links to these guides in their email signature line.
 - ACRC is supporting SMUD's "Powering Families Forward: Energy Affordability and Economic Mobility Initiative", which will provide bilingual workshops, resource navigation, workforce development information, educational pathway support and energy affordability education to approximately 75 community members and 50 households throughout Sacramento County.
 - ACRC will continue to host Listening and Feedback Sessions and participate in outreach events throughout our catchment area.

- Once DDS launches the standardized family respite tool, ACRC staff will be trained in its use and will implement it.
- ACRC will continue to participate in outreach events to educate the community about the importance of early intervention – outreach to Managed Healthcare Partners, local hospitals, education partners, tribal communities, etc. Early Start materials are translated into multiple languages.
- ACRC will continue to recruit bilingual staff to meet our agency's needs. Currently, ACRC staff speak over 15 languages, with Spanish being the most common second language, followed by Russian, Hmong, Punjabi, Farsi, Vietnamese, Hindi and America Sign Language (ASL).
 - 25% of ACRC staff are bilingual and 11.325% of the client population are bilingual.
- Innovation in Service Availability, Delivery and Technology
 - ACRC staff will consult with our website developer to ensure our website meets the Web Contents Accessibility Guidelines (WCAG) 2.1 and 2.2, which are standards that are set by the worldwide web consortium.
- Individual/Family Experience and Satisfaction
 - There is a new incentive for regional centers regarding the DDS Individual Program Plan (IPP) survey – it compares the percent of IPP surveys received by the department with the total number of IPPs completed per quarter.
 - In addition to the QR code that SCs share at the end of IPP meetings, ACRC created an IPP survey flyer with the QR code for SCs to leave with the family, hoping that it will encourage participation.
- Person Centered Planning (PCP)
 - ACRC has one PCP Facilitation Trainer for every 10,000 clients enrolled in services. We have PCP facilitators and People Planning Together Trainers.
 - For clients and families to understand PCP services, ACRC has added this topic to our outreach and engagement activities.
- Service Coordination and Regional Center Operations
 - ACRC will continue to seek additional psychologists to facilitate a timely eligibility process.
 - ACRC's Federal Programs Department assists case management by reviewing every client's chart that is on the waiver to make sure all compliance measures are complete prior to DDS' Biennial Monitoring Reviews.
 - ACRC will frontload our agency's website with all needed vendorization application information so that we meet the 45-day timeline in the Decision Stage of vendorizations.
 - ACRC staff track vendorizations that are in progress weekly.

- ACRC will ensure sufficient Community Services staffing resources to review the required Home and Community-Based Services (HCBS) settings annually.
- SCs will help identify clients for the Medicaid Waiver by using a dedicated email inbox. Every month, the Federal Program's Department reviews client charts, while removing and adding clients (they add at least 30% more than those that have termed off to ensure an increase each month).
- ACRC staff reviews daily Special Incident Report (SIR) submissions to ensure compliance timeliness.
- ACRC will conduct targeted outreach as needed in underrepresented zip codes.
- ACRC staff will continue implementing our Purchase of Services (POS) Procedure, as well as securing signatures on the IPP Agreement Form, so that timely authorizations can be put in place.
- There are currently 23 SC competencies in the Learning Management System (LMS). After July 1, 2025, all newly hired SCs must complete these.
 - ACRC's Training Manager is in contact with those staff who have not completed them.
 - This has not been a requirement for established SCs.
- SCs gather medical information from clients/families during annual and/or quarterly meetings. Per the Regional Center Performance Measure (RCPM), SCs must document this information in Atlas. Client Services Managers (CSMs) are provided with a monthly report to track their staff.
 - DDS is leaning into regional center staff to collect this information – this is a mechanism to draw down federal dollars.

Ms. Banales expressed appreciation to those that provided input.

M/S/C (Lampe/Aguilar) For the Executive Committee to approve the FY 2026-27 Performance Measure as presented on behalf of the full Board.

2. *President's Report*

- Mr. Lake expressed appreciation to Tom Hopkins for the last three years of service on ACRC's Board.

3. *Executive Director's Report*

- DDS has posted the "Open Vendorization Request by Stage and RC" on their website, which provides a breakdown of the standardized vendorization process. The department will update this tracker every two weeks.

- Mr. Decker shared that this graph shows that ACRC staff are processing vendorizations quickly. We have frontloaded information on ACRC's website, which has assisted in timely processing.
- It is important to note that these new service providers will receive referrals based on the needs of the individuals that ACRC serves.
- Ms. Banales provided a budget update:
 - On May 28th, the Senate Subcommittee #3 voted to move forward their version of the FY 2026-27 budget for California's Health and Human Services Agency. Highlights include:
 - Rejection of \$2 million ongoing for Best Buddies.
 - Rejection of the elimination of funding to support Self-Determination Program Local Volunteer Advisory Committees, and instead, continue funding at \$1 million (instead of \$2 million) per year.
 - Modification of the proposed Trailer Bill Language (TBL) related to remote services to authorize its continuation for two years, versus ongoing.
 - Rejection of the proposed reduced asset limit for Medi-Cal and the proposed changes to In-Home Supportive Services (IHSS).
 - Rejection of the proposal to increase the age of Adult Protective Services (APS) jurisdiction for non-dependent adults from 60 to 65.
 - Continuation of Proposition 56 rate augmentations for dental services until October 1, 2027.
 - It's important to note that the mechanism the Senate is using to fund its proposed changes to the May Revision is its Medi-Cal Fair Share Charge proposal, which is described as a fee of \$285 per month per employee enrolled in Medi-Cal for employers with 500 or more employees, beginning April 1, 2027. This proposal would result in revenue of approximately \$575 million in 2026-27 and \$2.3 billion ongoing. There will be significant discussion moving forward.
 - On June 1st, the Assembly Subcommittee #2 released its anticipated budget actions, which include:
 - Modification to the proposed TBL related to employment services to include elements related to service standard design, legislative reporting and clarity on funding obligations between DDS and the Department of Rehabilitation (DOR).
 - Extension of the implementation date of the proposed reduced asset limit for Medi-Cal to July 1, 2027, which would also apply to IHSS.
 - Rejection of proposed changes to IHSS, and the proposal to increase the age of Adult Protective Services (APS) jurisdiction for non-dependent adults from 60 to 65.
 - Continuation of Proposition 56 rate augmentations for dental services until July 1, 2027.

- The legislative houses will work together to send a single legislative budget to the Governor by next Monday, June 15th. Governor Newsom has until June 30th to sign a balanced budget into law.
- DDS revised the proposed TBL language related to regional center oversight, remote services, and the grievance procedure. This will be part of the continued conversations that are happening this month. Under regional center oversight, Ms. Banales noted that the Administration is now proposing to maintain the 25% individuals served and 50% individual served/family members.

4. **Closed Session** – at 6:12 p.m. the Executive Committee adjourned to executive session to discuss personnel issues.
5. **Announcement of Closed Meeting Discussion** – at 7:21 p.m. the Executive Committee reconvened in open session following a closed session in which personnel issues were discussed.

The next Executive Committee meeting is scheduled for **Monday, July 13, 2026**. The meeting adjourned 7:21 p.m.

Lisa West
Executive Secretary

cc: ACRC Board of Directors
Lori Banales