

QUESTIONS

General

Overview Response: We take these claims very seriously. Alta California Regional Center's (ACRC) mission is to provide individuals with developmental disabilities with the best care and support to meet their unique needs. ACRC works to ensure that all our service providers operate in the most effective and compliant manner, providing high-quality services to guarantee the health, safety, and well-being of all individuals served. It is our vision and commitment to individuals served and their families to consistently provide the oversight necessary to make sure service providers don't compromise, harm, or neglect clients.

1. How does the oversight system currently work, and how do various agencies collaborate (Alta vs. DSS vs. DDS)?

Regional centers provide quality assurance oversight of contracted residential facilities as outlined in regulations. [CCR T17 Division 2, Chapter 3, Subchapter 4 - Residential Services and Quality Assurance Regulations (Sections 56001-56074)].

The regional center and Community Care Licensing (CCL, under the Department of Social Services) play different but related roles related to quality assurance. To best support residents of shared homes, ACRC regularly collaborates with CCL by sharing quality assurance information/records, conducting joint facility visits as needed, and participating in joint meetings with the facility. There is also a quarterly meeting with ACRC and CCL staff to consult on regulations, provide insight/training on each other's processes, and discuss quality assurance matters with common facilities.

2. How much did Alta regional center pay Sevita Health per year to operate the Illinois Home? (The number I was told is \$300K for one resident – can you confirm this?).

As of June, 2023, REM Illinois had a monthly facility rate of \$15,206.60 for each individual served. Additionally, each resident has an individual budget to purchase services that meet their unique needs for staff and other therapeutic support.

3. How would you characterize the track record of the home in question concerning care standards compared to others?

As with all licensed homes, ACRC staff carried out the necessary quality assurance monitoring and provided support to improve the services being offered. Comparing one home to another is difficult because of the different needs of the people each supports.

4. Did Alta compel Sevita to sell the Illinois Home to a new vendor? Did a forced sale occur as of 6/30?

In homes supporting those with the most intensive service needs, ownership of the property is generally separate from the service provider. This provides greater stability for residents long-term. REM Illinois requested a change of ownership; the facility was not sold. The house itself is owned by a vendored housing development organization (HDO). ACRC found a new provider to offer services in the home after REM's expressed its plan to stop operating the home.

5. How many ARFs and EBSHs does Sevita/MENTOR operate in California?

Sevita operates two adult residential facilities in Sacramento County. ACRC does not have a list of Sevita's vendored facilities outside of our ten-county service area.

6. What disciplinary actions were taken against the Illinois home, and were fines issued?

Due to concerns that were raised, between March 2022 and June 2023 REM Illinois was required to develop a corrective action plan and the regional center stopped referring new individuals for placement there. Regional centers do not have the authority in law to issue fines. Community Care Licensing does issue fines for various types of citations. Information about CCL's actions can be found at <https://cdss.ca.gov/inforesources/community-care-licensing/facility-search-welcome> .

Vendorization

1. Considering Sevita/Mentor Network's track record, should the company have been allowed to operate facilities for vulnerable populations? [[example 1](#), [example 2](#), [example 3](#)]

Current law requires regional centers to contract with providers who meet the requirements outlined in regulations.

- a. Was Alta Regional aware of Sevita/Mentor Network's track record when granting these licenses?

Sevita acquired the Aacres organization. Aacres organization was originally selected to operate the facility as the EBSH provider.

- b. What due diligence did Alta Regional conduct to evaluate Sevita / MENTOR's status as a vendor?

ACRC monitored REM Illinois as required in state regulations ((CCR T17 Division 2, Chapter 3, Subchapter 24- Enhanced Behavioral Support Homes). Additionally, for several months prior to the change of ownership taking place on

6/30/23, ACRC staff conducted daily unannounced visits to the home at various times of the day and night.

- c. Is there a mechanism to prevent license issuance based on a history of abuse and mismanagement?

Information regarding CCL's processes for licensing facilities can be found at <https://www.cdss.ca.gov> .

AB 1147

1. If AB1147 were to pass, could it have prevented or mitigated the abuses at the Illinois Home?

No. AB 1147 isn't about how regional centers monitor service providers.

2. What is your position on AB1147, and do you believe additional oversight is necessary?

We don't have a position on AB 1147. The trade association that represents us and the other regional centers is opposed to two parts of the bill. One damages the effectiveness of the centers' volunteer boards of directors. The other is about creating formal ways for specific information to be requested, but the association believes the public is better served by getting the most-requested information out in an existing way that's free and publicly-accessible. Regional centers do important work and oversight is critical. There are many existing structures to support oversight by the state and public, which are continuously improving as investments are made in state-level data and information systems.

3. Are there sufficient protections for nonverbal individuals who cannot voice complaints or accusations? What additional tools would be helpful to aid Alta Regional in doing its job?

People with and without disabilities all communicate in many ways. It takes time and a relationship to understand each person's communication style, especially when their communication is not verbal. Advocacy and support are fundamental to the work of service coordinators. Every person served by a regional center has a support team that knows them well and includes their regional center service coordinator as well as others who are important to the individual, including their family members. For nonverbal individuals, their support team is critical to helping advocate for their needs, preferences, and wishes. Alta California Regional Center understands the service coordination

relationship works best when service coordinators have the most time to work with each person, which is tied to state underfunding for staff.

4. How else would you like to see the oversight system improve?

Regional centers are partners to people with developmental disabilities, supporting them in a service system that is committed to meeting lifelong needs. Our system has struggled for years because of state underfunding. Having enough sustained money to hire as many service coordinators as state law, federal funding requirements, and best practices require, would support greater oversight. New data systems are being worked on at the state level that will make information easier to use and for the public to access, which will also support greater oversight.