



INLAND REGIONAL CENTER

...valuing independence, inclusion, and empowerment

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May 18, 2022

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Mr. Cruz:

Inland Regional Center (IRC) is submitting this correspondence in response to a Department of Developmental Services (DDS) letter dated March 21, 2022. That letter informed IRC that based on caseload ratio data IRC submitted to the Department on February 10, 2022, IRC did not meet the required caseload ratios for 1) consumers enrolled in the Home and Community-Based Services Waiver; 2) individuals aged thirty-six months, younger; 3) individuals over three years old, non-waiver, non-mover individuals; 4) individuals with complex needs. These ratios are mandated by the Welfare and Institutions Code (WIC) section 4640.6 sub (c) and Article IX, Section 2 of the Fiscal Year 2021-2022 Regional Center Contract. This is the IRC plan of correction as required in Section 4640.6 (f) of the WIC.

The February 2022 caseload ratio data for clients enrolled in the Home and Community-Based Services Waiver was 1 to 77 (the required caseload ratio is 1 to 62, California average 1 to 79), and individuals aged thirty-six months, younger was 1 to 67 (the required caseload ratio is 1 to 62, California average 1 to 65). Furthermore, the caseload ratio for individuals over three years old, non-waiver, non-mover individual's ratio is 1 to 81 (the required caseload ratio is 1 to 66, California average is 1 to 82). Finally, clients with complex needs caseload ratio are 1 to 28 (the required caseload ratio is 1 to 25, California average 1 to 23).

As in previous years, IRC has continued to experience tremendous growth in our client population during the past year. At the end of March 2022, IRC had 42,890 clients. IRC has continued to post employment opportunities for Consumer Service Coordinators (CSCs) and hire those positions. Since June 30, 2021, IRC has hired 81 staff. However, IRC lost and had to refill 52 additional positions. Over this period, IRC filled 35 growth positions. As stated above, we continue to advertise for new employees and continue to hire.

IRC's Executive Management Team is currently revamping the New Staff Sponsorship Program for all new hires. Currently, processes and incentives for the mentoring new staff by senior staff to teach and coach the new hires are being updated. We hope to foster more knowledgeable and engaged new hires to serve our community better through this update.

IRC is also exploring incentivizing our bilingual staff with a monthly stipend. We want to meet the community's needs and adequately compensate our team for reading, writing, and speaking Spanish for our Spanish-speaking parents/clients. We believe this stipend will assist in recruiting candidates to support the agency's continued growth and assist in the reduction of the disparities in our Purchase of Services.

Prior to the pandemic, IRC's recruitment process consisted of in-person interviews and assessments, attending college career fairs, and posting job ads on Monster and LinkedIn. Once the pandemic hit and California was in a state of emergency, IRC implemented a remote work schedule for employees, and a hiring freeze also went into effect for a short amount of time. When the time came for IRC to start hiring again to fill both growth and replacement positions, the former way of recruitment and interviewing was not an option. This allowed for the

Human Resources (HR) department to develop a new digital recruitment process where video and virtual interviews have become the new normal for the agency. Managers were trained on the new virtual interview process, and candidates were asked to submit assessments online, both from the comforts of their own homes.

While many positives have come from virtual recruitment, it also brought a few challenges. There are often connection and communication issues with virtual interviews should there be a glitch with the sound or video. It could also make it difficult for a candidate to build rapport with a hiring manager if someone is uncomfortable speaking on camera.

A remote work schedule also increased the need for more flexible candidates who would be able to train and learn a new job using unfamiliar platforms such as Microsoft Teams. After almost two years of virtual recruitment and interviewing, IRC had hired over 80 new employees and opened more than 30 new growth positions— during a challenging time when many companies worldwide were either forced to shut down or downsize.

On March 28, 2022, IRC posted a notice to clients, families, staff, and community members soliciting input on bringing caseloads into compliance to inlandrc.org. They were given the option to submit opinions via email, fax, survey, or regular mail. A copy of the DDS letter dated March 21, 2022, was provided as well to the community.

On March 29, 2022, a caseload ratio survey in English and Spanish was posted to all of IRC's social media platforms to solicit ideas. Parents, clients, vendors, and community partners were also given the opportunity of attending one Public Meeting on April 21, 2022, at 4 pm, via Zoom.

The topic was also brought up at the April 18, 2022, Vendor Advisory Committee (VAC) meeting, but no feedback was provided.

State Council on Developmental Disabilities (SCDD) was asked for input regarding the current caseload ratio via email on March 23, 2022, which went unanswered.

On March 23, 2022, all IRC Community Based Organizations (CBOs) receiving grant funding from the Department of Development Services (DDS) were asked for email input regarding the current caseload ratio. Only the Autism Society of the Inland Empire (ASIE) had responded at the time of this report. ASIE noted that appropriate staffing funding across the entire Regional Center system seems to be the primary barrier to lowering the caseload ratio.

An email was sent to all staff at IRC on March 24, 2022, that asked the following question:

Considering that the additional funding requested to hire more CSCs to lower the current caseload ratio was not included in the previous budget, how can IRC reduce the caseload ratio moving forward?

Staff response to the aforementioned question is recorded, unedited, in Appendix A.

The English and Spanish caseload ratio survey posted to inlandrc.org and social media received no response with suggestions that directly relate to lowering the current caseload ratio.

In speaking to families on April 21, 2022, via Zoom, no public input was given after a brief presentation was provided. Twelve parents of IRC clients attended the meeting.

Sincerely,

Lavinia Johnson
Executive Director

Copy: Cameron Page, IRC
Nancy Bargeman, DDS
Brian Winfield, DDS

Appendix A

Staff Input Caseload Ratio- No edits

Question: Considering that the additional funding requested to hire more CSCs to lower the current caseload ratio was not included in the previous budget, how can IRC reduce the caseload ratio moving forward?

1. I have always hoped that IRC would utilize interns to assist with caseloads and, as a social worker, I think this would be an excellent place to do an internship. You do not have to pay the interns and they can assist the CSCs with a lot of tasks. That's my two cents!
2. Well since there is no funding included in the previous budget for more CSC's to bring caseload ratios down the only viable and correct thing to do in my opinion would be for all PM's to take a caseload and for some of the directors to step into PM duties and executive director to step into director positions. There are some disparities however with some caseloads having higher numbers than others too. Another idea would be to look at eligibility and make eligible only those who truly need the help. There are many consumers who are made eligible that don't truly need services or their disability isn't severe enough to qualify yet they are made eligible. Perhaps distribute cases on to caseloads by way of their true needs and those without any needs beyond case management to caseloads that are specifically with no POS or desire for POS.
3. I think hiring more staff would assist with the caseloads, however, an increase in pay needs to be considered and bilingual pay is a must. This will help with recruitment and staff retention.
4. In my opinion, if a budget is not available to hire more CSCs to lower the case ratio, there is not much that can be done until a new budget can account for this need. However, I also believe that the solution should not be limited only to hiring more case managers. If the ultimate goal for reducing the case ratio is to improve the quality of service given to our consumers, then I believe that it would be helpful to consider ways to reduce or change the duties of the Case Managers, resulting in better quality of service being provided.
5. My first thoughts when seeing this email is...How many times is IRC going to ask this question? With all do respect... We have been asked this question a couple times now within the last 10 years. I recall Keven Urtz going around to each unit and asking this question. Our team made suggestions than, He wrote them down and he was gone.. I also recall receiving an email a couple of years ago after that asking this same question. And nothing has changed. I know there were several suggestions made. Where are these suggestion going? Are they falling on deaf ears? Is IRC really wanting to fix this problem or are they just going through the motions to show DDS that management is trying ... Maybe I should just ignore the email as nothing is really going to change anyway....What I have said in the past is that IRC should redistribute the cases by numbers and not by age groups. I know there are some units with csc only having 60 to 70 cases per caseload... make it to where each csc manages cases regardless of clients age. I am not entirely sure this will solve it all but we have not been able to even see what all was suggested by CSC in the past. It would be nice for the collected suggestions be shared with the case management staff and we decide as a agency of how this problem can be fixed. We have heard nothing and seen no improvement... We are drowning.. a lot of us need help. I hope this is not taken as disrespectful and rude but from a place of honesty, truth and my experience...
6. IRC needs to resolve the cost of living issue if this is the case. CSC's currently do not make what we are worth, and IRC expecting us to maintain a high caseload ratio despite appropriate compensation is extremely problematic.
7. The only way to reduce caseload ratio is to hire more staff. If the funding requested to hire more CSCs was not included in the previous budget, then perhaps an option would be to find ways for the agency to cut costs so that the savings could be applied to the staffing budget. One way to cut costs would be to have more CSCs work from home permanently. Perhaps certain criteria could be considered; for example, offering the option to make working from home permanent to CSCs who have worked at IRC a given length of time and/or who have proven they are just as productive - or more so - working from home as in the office. Now that most of us have switched to electronic files, printing isn't as necessary as it was. Having more CSCs switch to electronic files and work from home permanently would reduce utility costs & expenses related to maintaining office supplies. Electronic files are more efficient anyway, and they are generally safer with regard to maintaining confidentiality because there is less risk of files being lost or stolen in the field. For those who may be struggling with the transition from paper working files to electronic ones, perhaps a training could be offered to any staff who would like

- to learn how to make that transition. I strongly believe that in order to realistically support CSCs who would like to work from home permanently, the agency needs to allow us to use our home printer and scanner. This will make working from home easier so that people won't feel the need to go into the office as much. To be completely frank, I believe trust plays a role in that; I think the agency needs to learn to trust us employees to continue to do our jobs in a professional manner. That means trusting that CSCs wouldn't use home printer/scanners irresponsibly and that we will uphold standards of confidentiality. To that end, a training on the fundamentals of case management, including the importance of maintaining confidentiality might also be considered. We have already been given two \$500 incentives to work from home, that more than covers the cost of purchasing a home office printer/scanner, a simple desk & other necessary office supplies. Although the incentives given to us were very helpful, I don't believe they're necessary going forward. Working from home cuts considerable costs for me from not having to drive to and from the office every day. It's also better for the environment, but that's besides the point. Finally, allowing more CSCs the option to work from home permanently, would free up more office space for those who prefer to be in the office. Those who end up going back to the office would turn in their Surfaces, which could then be stored and ultimately recycled to other CSC's who may be in need of one at a later time. This way the Surfaces won't ultimately be a wasted cost, (which would be the case if all staff are required to return to the office, as they would literally sit, unused), nor would the agency have to purchase a new one every time they turned around. Anyway, these are just a few ideas. Thank you for reaching out to us for our.
8. IRC should hire more CSC's to lower the current caseload. Or CSC's current pay rate should be considered at a higher rate for caseload ratio.
 9. IRC should return to the model of a 2-week comprehensive training for all new staff. Unfortunately, because of multiple turnarounds (staff leaving) at IRC, sponsors have been in charge of training new staff multiple times over because the new staff are not receiving any upfront comprehensive training or preparation before being given their caseloads. This leads to over-loading sponsors and ultimately giving them two full-time responsibilities without any further incentives. If a sponsor can't fully care for their caseloads, their families suffer and/or it falls on the rest of the unit to assist in covering cases. And if a sponsor can't provide fulltime training to new staff, this leads the new staff to being unprepared to handle their own caseload...further leading to family's suffering from lack of support and ultimately new staff leaving from being overwhelmed and unprepared or requiring continued support from sponsors and case coverage from the rest of the unit. Of course, it is understandable, that not all staff learn the same and at their own pace. However, making sure they attend the prior 2 week training would be a huge help to frontload them with caseload management and IRC protocols. Another suggestion would be to offer a monetary incentive for each sponsor (only as staff are being trained). Not an ongoing incentive) per unit as they are taking on additional responsibilities any time new staff are hired.
 10. In the last few years, our caseloads have increased (school age, especially) from consumer's being offered Regional Center services under "provisional eligibility" due to Covid19 protocols. These consumers do not have any official diagnosis, yet parents expect to receive all of the same resources and assistance that any other child on our caseload would be receiving. Furthermore, since these consumers do not have an official diagnosis, they're unable to receive behavioral services from their school or insurance, leading IRC to cover these costs as well. Parents also become frustrated that while they're eligible for Regional Center, they're unable to receive further specialized assistance in school or other programs. Pre-Covid, these cases would not have been eligible for Regional Center services. Now, CSC caseloads are increasing with these cases specifically when there's really no support to provide. These caseloads are also not being provided with any specific dates as to when they will be re-evaluated to determine if services should continue. If their deficits are low or none on the CDER, shouldn't we be providing a sooner assessment to determine if ongoing IRC services are even needed? Furthermore, many of our consumers continue to remain on our caseloads with very few to zero deficits on the CDER and/or family's do not want any IRC covered services. Suggestion to implement ongoing protocol to review cases with zero POS (within so many years), lack of communication from the family, and low to zero CDER deficits to determine if IRC services are still needed or if the case should be closed due to lack of required assistance from IRC. This would help to eliminate the families that keep IRC "just to have it", and insure that our jobs as CSCs remains impactful to the families and consumers that genuinely do want our ongoing support.
 11. In the old days, program managers would carry a small caseload to help out and The directors would take on more of the pm responsibilities. It takes a village so to speak.

12. As hiring more staff results in never receiving a COLA, it would seem that we have to put up with high caseload numbers. There is no money in the budget for more staff; the budget should go to a COLA. We desperately need a COLA. I would ask that IRC petitions DDS to address an increase in OPPS budget to allow for more staff and to allow for a much needed COLA. Our low earnings greatly affect our morale and ability to handle high caseload numbers. Thoughts on reducing the caseload ratio; Consumers not receiving services should be placed on triennial status Consumers receiving services should be placed on Annual status Consumers residing in facilities or attending a day or work program should be seen quarterly.
13. There are units covering cities that are highly developing areas. Many houses are being built and some units are receiving more cases at a faster rate. Reassigning cities to units with less cases influx of cases would relieve units that are current at 105 cases per case managers. Interns should be considered to relieve case management whether it done by giving them small caseloads or taking on some of the responsibilities of case management. Administrative work such as records requests can be reassigned to interns or other personnel.
14. 1)More eligibility review. Sometimes we get cases with no substantially handicapping conditions. Some consumers have all fives on the CDER with no deficits whatsoever and no POS, No SSI, No IHSS, not in special ed etc.2) Also no more provisional eligibility would lower case load.3)Give PMS have a caseload as well. Due to being Salary they can work outside of the hours a CSC can. There are people who cannot meet during our working hours.