

Kern Regional Center

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Summer 2025

Performance Report for Kern Regional Center

Every year, the Department of Developmental Services (DDS) contracts with regional centers in California to serve individuals and families. And, every year DDS looks at how well the regional centers are doing. This report will give you information about Kern Regional Center (KRC).

Last year, at KRC we served about 16,000 individuals. The charts on page two tell you about the individuals KRC serves. You will also see how well KRC is doing in meeting goals and in fulfilling our contract with DDS.

At KRC, we want to improve every year, do better than the state average, and meet or exceed the DDS standard. KRC is committed to providing quality services and supports to the individuals and families we serve. Furthermore, KRC will continue to strive to support children and families to remain together in the family home, to identify home like settings for adults living in large facilities, and to transition adults who require temporary large facility placements such as skilled nursing facilities, back to home like environments when that level of care is no longer required. KRC is committed to improving the percentage of adults living in home settings. While KRC's performance exceeded the state average, there was a slight decrease compared to KRC's own metric from the previous year. To address this, KRC will continue training staff to conduct person-centered assessments, identify individual needs, and offer services and supports that help adults remain in their family homes whenever possible.

A key service KRC will continue to promote is **Coordinated Family Supports (CFS)**. CFS provides a coordinated, person-centered team approach to supporting adults living at home and helps reduce caregiver burnout. It also offers families a single point of contact to navigate services such as IHSS, respite, and day programs. In addition, CFS identifies early signs of caregiver strain and facilitates timely interventions, which can help prevent unnecessary residential placements.

KRC will also continue to strengthen staff training and promote additional services for families and clients, including **day programs and employment services**. These services provide adults with meaningful daytime activities, skills development, and

social opportunities while giving caregivers time for work, self-care, or rest—making it more sustainable for families to continue supporting their loved ones at home.

The DDS Standards chart on page 4 reflect that KRC met audit and operations requirements and participated in the federal waiver program, an important source of funding for our system. KRC's performance in completing Client Development Evaluation Reports (CDER) and Early Start Reports declined during the current reporting period, as did our ability to meet intake timelines for individuals age 3 and older who applied for services. To address this, KRC will retrain service coordination staff on the importance of these requirements. At KRC Individual Program Plans (IPPs) are currently completed annually. KRC will ensure staff are also trained to complete the CDER annually for all clients, regardless of waiver status, and update it each year.

KRC is also focused on improving its strategies to meet intake timelines for individuals age 3 and older. Unfortunately, the ongoing shortage of qualified clinicians—both in our catchment area and statewide--remains a significant barrier. Despite contracting with two staffing agencies that recruit for KRC to provide psychologists, the demand for assessments continues to exceed available resources. Additionally, the limited number of Spanish-speaking clinicians presents an added barrier and can create delays in service access for Spanish-speaking families.

To address these challenges, KRC will continue to make strong efforts to expand its workforce and clinical assessment capacity to keep pace with rapid client growth.

Finally, KRC continues to meet DDS requirements for timely completion of Individual Family Service Plans (IFSPs) for children under the age of 3 in our Early Start program. To further strengthen performance, KRC will retrain service coordination staff to complete the ESR at the time of the IFSP.

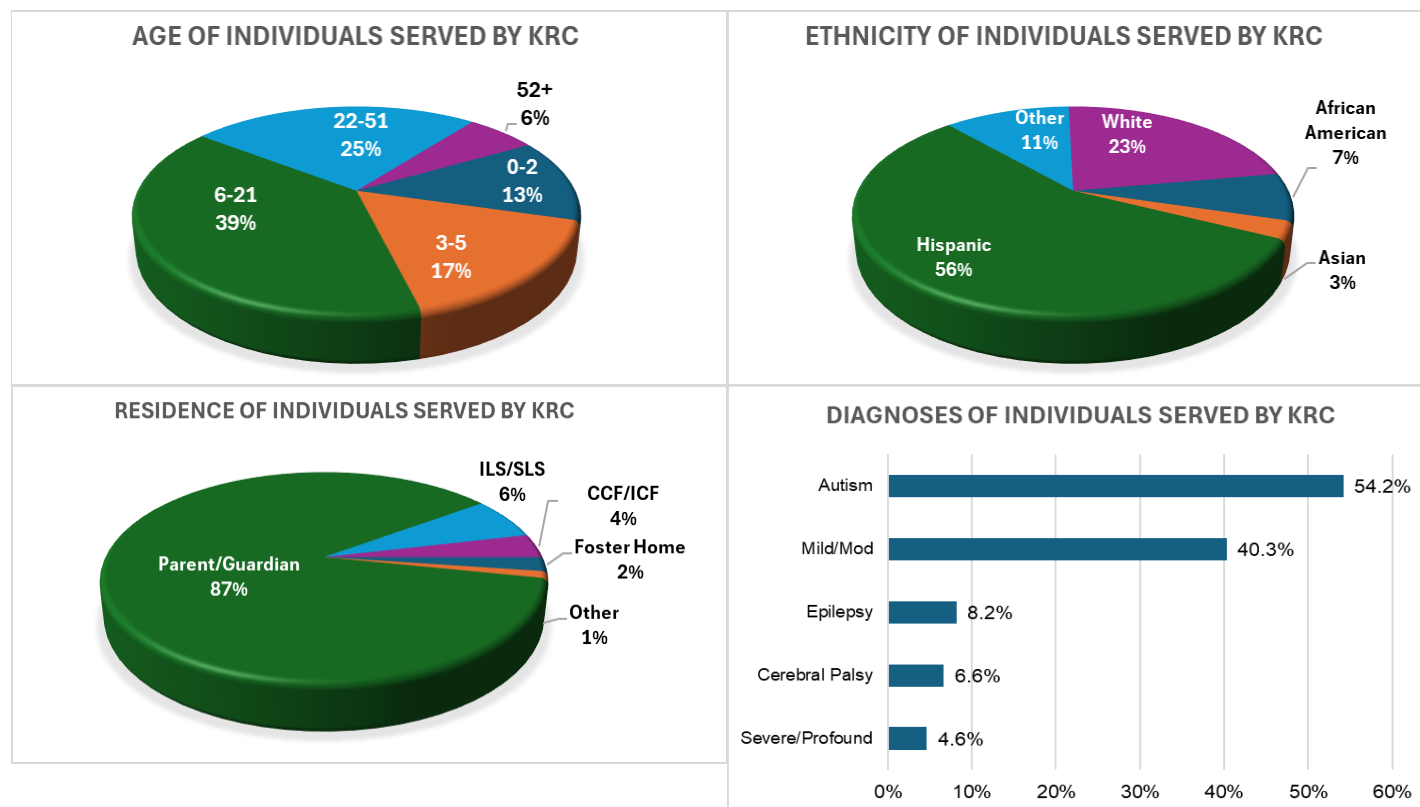
We hope this report helps you learn more about KRC. If you have any questions or comments, please contact us!

This report is a summary. To learn more, go to: <https://kernrc.org> or contact Darlene Pankey at (661) 852-3360

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Who uses KRC?

These charts tell you about who KRC individuals are and where they live.



How well is KRC performing?

This chart tells you five areas where DDS wants each regional center to keep improving.

The first column tells you how KRC was doing last reporting period, and the second column shows how KRC was doing at the end of fiscal year 2024-25.

To see how KRC compares to the other regional centers in the state, compare the numbers to the state averages (in the shaded columns).

Regional Center Goals (based on Lanterman Act)	June 2024		June 2025	
	State Average	KRC	State Average	KRC
More children live with families	99.69%	99.72%	99.71%	99.68%
More adults in home settings	83.86%	88.15%	84.29%	85.82%
Fewer children living in large facilities (more than 6 people)	0.02%	0.00%	0.03%	0.00%
Fewer adults live in large facilities (more than 6 people)	1.46%	0.85%	1.36%	0.76%

Notes: 1) Individuals can be included in more than one diagnosis category. 2) Residence Types: CCF/ICF is Community Care Facility/Intermediate Care Facility; ILS/SLS is Independent Living Services/Supported Living Services. 3) Home settings include independent living, supported living, Adult Family Home Agency homes, and individuals' family homes. 4) Green text indicates the RC remained the same or improved from the previous year, red indicates the RC did not improve.

Did KRC meet DDS standards?

Read below to see how well KRC did in meeting DDS compliance standards:

Areas Measured	Last Reporting Period	Current Reporting Period
Passes independent audit	Yes	Yes
Passes DDS financial audit ¹	Yes	Yes
Audits vendors as required	Met	Partially Met ²
Didn't overspend operations budget	Yes	Yes
Participates in the federal waiver ³	Yes	Yes
CDERs and ESRs are updated as required (CDER is the Client Development Evaluation Report and ESR is the Early Start Report. Both contain information about individuals, including diagnosis.) ⁴	99.65%	96.51%
Intake/Assessment timelines for individuals age 3 or older met	96.56%	89.56%
IPP (<i>Individual Program Plan</i>) requirements met	97.69%	N/A ⁵
IFSP (<i>Individualized Family Service Plan</i>) requirements met	96.9%	96.9%

Notes: ¹ [Link to DDS financial audit for fiscal years 2021-22](#)

² Did not complete the minimum number of total audits, billing audits, and program for individual under the age of three audit required for FY 2023-24.

³ The federal waiver refers to the Medicaid Home and Community-Based Services Waiver program that allows California to offer services not otherwise available through the Medi-Cal program to serve people (including individuals with developmental disabilities) in their own homes and communities.

⁴ The CDER and ESR currency percentages are weighted based on the RC's Status 1 and Status 2 June 2025 caseloads to arrive at a composite score.

⁵ N/A indicates that the regional center was not reviewed for the measure during the current period.

How well is KRC doing at getting individuals working?

The chart below shows how well KRC is performing on increasing individual employment performance compared to their prior performance and statewide averages:

Areas Measured		Time Period			
		CA	KRC	CA	KRC
Consumer Earned Income (Age 16 to 64 years):		Jan through Dec 2023		Jan through Dec 2024	
Data Source: Employment Development Department					
Quarterly number of consumers with earned income		32,132	729	32,936	675
Percentage of consumers with earned income		15.20%	11.87%	15.60%	10.46%
Average annual wages		\$14,251	\$14,124	\$14,902	\$16,539
Annual earnings of consumers compared to people with all disabilities in California		2022		2023	
Data Source: American Community Survey, 2022 five-year estimate		\$29,382		\$31,436	
Paid Internship Program		2022-23		2023-24	
Data Source: Paid Internship Program Survey					
		CA Average	KRC	CA Average	KRC
Number of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program		12	17	13	15
Percentage of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program		10%	18%	9%	16%
Average hourly or salaried wages for adults who participated in a Paid Internship Program		\$15.96	\$15.45	\$16.74	\$17.23
Average hours worked per week for adults who participated in a Paid Internship Program		14	20	14	20
Competitive Integrated Employment					
Data Source: Competitive Integrated Employment Incentive Program Survey					
Average wages for adults engaged in competitive, integrated employment, on behalf of whom incentive payments have been made		\$16.51	\$15.70	\$17.33	\$16.64
Average hours worked for adults engages in competitive, integrated employment, on behalf of whom incentive payments have been made		21	24	21	22
Total number of Incentive payments made for the fiscal year for the following amounts:	\$3,000	38	12	35	14
	\$2,500	40	20	40	8
	\$2,000	49	21	51	15

Notes: 1) The National Core Indicator Survey question "Percentage of Adults who Reported having integrated employment as a goal on their IPP" is no longer asked and therefore could not be included on the report. 2) Differences in regional center population sizes may affect the number of individuals participating in employment programs.

How well is KRC doing at reducing disparities and improving equity?

These tables show you how well the regional center is doing at providing services equally for all individuals.

Percent of total annual purchase of service expenditures by individual's ethnicity and age

Age Group	Measure	American Indian or Alaska Native		Asian		Black/African American		Hispanic		Native Hawaiian or Other Pacific Islander		White		Other Ethnicity or Race	
		22-23	23-24	22-23	23-24	22-23	23-24	22-23	23-24	22-23	23-24	22-23	23-24	22-23	23-24
Birth to 2	Individuals	1%	1%	3%	2%	5%	5%	65%	73%	0%	0%	16%	13%	9%	6%
	Expenditures	1%	1%	3%	2%	4%	4%	64%	72%	0%	0%	18%	13%	10%	7%
3 to 21	Individuals	1%	1%	3%	3%	7%	7%	59%	60%	0%	0%	20%	19%	10%	10%
	Expenditures	0%	1%	7%	7%	8%	8%	48%	50%	0%	0%	26%	25%	11%	10%
22 and older	Individuals	1%	1%	3%	3%	10%	10%	41%	43%	0%	0%	40%	39%	5%	5%
	Expenditures	1%	1%	3%	3%	11%	11%	30%	30%	0%	0%	50%	49%	5%	5%

Number and percent of individuals receiving only case management services by age and ethnicity

Measure	Fiscal Year	Number of Eligible individuals Receiving Case Management Only			Percent of Eligible individuals Receiving Case Management Only		
		Birth to 2	3 to 21	22 and Older	Birth to 2	3 to 21	22 and Older
American Indian or Alaska Native	22-23	0	**	*	0%	**	19%
	23-24	0	**	*	N/A	32%	22%
Asian	22-23	*	73	25	10%	33%	20%
	23-24	0	77	25	N/A	28%	19%
Black/African American	22-23	*	162	71	4%	33%	16%
	23-24	*	170	**	*	29%	**
Hispanic	22-23	70	1,556	461	4%	37%	25%
	23-24	56	1,455	424	3%	28%	21%
Native Hawaiian or Other Pacific Islander	22-23	0	*	0	0%	57%	0%
	23-24	0	*	0	N/A	50%	N/A
White	22-23	30	567	310	6%	39%	17%
	23-24	29	526	293	7%	33%	16%
Other Ethnicity or Race	22-23	*	261	**	*	37%	**
	23-24	*	276	**	*	33%	**
Total	22-23	124	2,637	928	4%	37%	21%
	23-24	98	2,529	875	3%	30%	19%

* In accordance with California Health and Human Services de-identification guidelines, counts of one through ten have been suppressed.

** In accordance with California Health and Human Services de-identification guidelines, complementary cells have been suppressed.

Want more information?

To see the complete report, go to: <https://kernrc.org>

Or contact Darlene Pankey at (661) 852-3360

Additional information can be found on the: [DDS Regional Center Dashboard](#)