Frank D. Lanterman Regional Center

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Performance Report for Frank D. Lanterman Regional Center

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

Last year, at Frank D. Lanterman Regional Center (FDLRC) we served about 7,800 consumers. The charts on page 2 tell you about the consumers we serve. You'll also see how well we are doing in meeting our goals and in fulfilling our contract with DDS.

At FDLRC, we want to improve every year, do better than the state average, and meet or exceed the DDS standard. As you can see in this report, we did well in the five areas as indicated by improvement in the performance score in each area. We still need to improve in moving adult clients out of the developmental center and other large facilities into more homelike residential settings. We have had a strong emphasis on moving people out of Lanterman Developmental Center since it is scheduled for closure relatively soon. Our efforts to move adults out of other large facilities have been slowed by the relatively high price of real estate in the areas we serve.

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

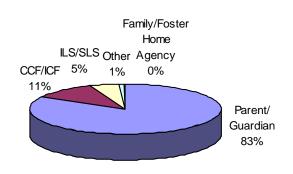
This report is a summary. To see the complete report, go to: www.lanterman.org
Or contact Lanterman Regional Center at 213-383-1300.

Director, Frank D. Lanterman Regional Center

Who uses FDLRC?

These charts tell you about who FDLRC consumers are and where they live.

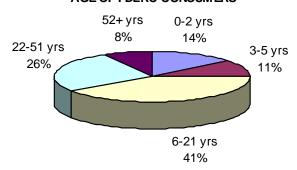
WHERE FDLRC CONSUMERS LIVE



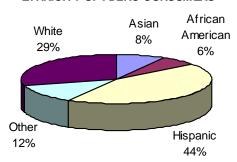
PRIMARY DIAGNOSIS OF FDLRC CONSUMERS



AGE OF FDLRC CONSUMERS



ETHNICITY OF FDLRC CONSUMERS



How well is FDLRC performing?

This chart tells you about 5 areas where DDS wants each regional center to keep improving.

The first column tells you how FDLRC was doing at the beginning of 2011. And, the second column shows how FDLRC was doing at the end of 2011.

To see how FDLRC 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)	December 2010		December 2011	
	State Average	FDLRC	State Average	FDLRC
Less consumers live in developmental centers	0.83%	1.05%	0.73%	0.86%
More children live with families	98.60%	99.59%	98.71%	99.64%
More adults live in home settings*	73.99%	71.99%	74.81%	72.82%
Less children live in large facilities (more than 6 people)	0.13%	0.14%	0.09%	0.09%
Less adults live in large facilities (more than 6 people)	3.80%	10.13%	3.50%	9.64%

^{*} Home settings include: independent living, supported living, Adult Family Home Agency homes, and consumers' family homes.

Did FDLRC meet DDS standards?

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

Areas Measured	Last Period	Current Period
Passes independent audit	Yes	Yes
Passes DDS audit	Yes	Yes
Audits vendors as required	Met	Met
Didn't overspend operations budget	Yes	Yes
Participates in the federal waiver	Yes	Yes
CDERs are updated as required (CDER is the Client Development Evaluation Report with information about the consumer's diagnosis)	92.28%	NA*
Intake/Assessment timelines for consumers age 3 or older met	96.24%	95.68%
IPP (Individual Program Plan) requirements met	99.32%	98.69%
IFSP (Individualized Family Service Plan) requirements met	82.65%	NA**

^{*}Measure temporarily suspended due to implementation of new Early Start Report.

What about other performance areas?

In the future, we will measure how well we are doing in other areas, including:

- Increasing the number of consumers who work,
- Getting better pay for consumers who work,
- Making sure consumers get medical and dental services, and
- Meeting Intake/Assessment and IFSP timelines for children 0–3.

Want more information?

To see the complete report, go to: www.lanterman.org

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^{**}Measure temporarily suspended pending revision to measurement methodology and availability of associated data.