A Report to the Community
September 2015

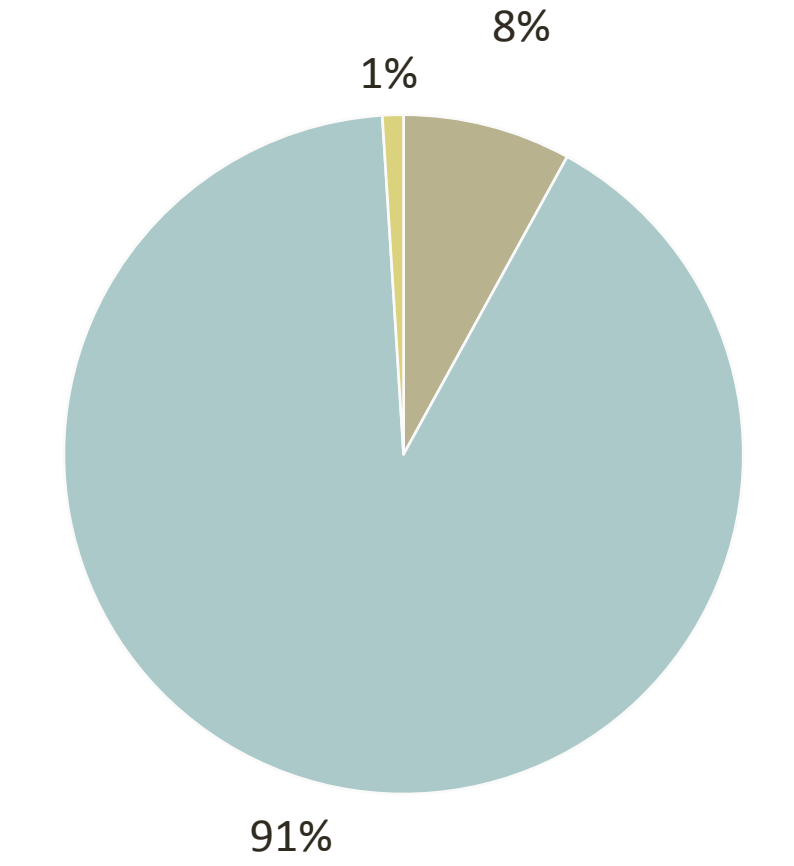
2015 Budget Update
Proposed 2016 Performance Plan
Projected Results of 2015 Plan
Changes to the Lanterman Act

Frank D. Lanterman Regional Center

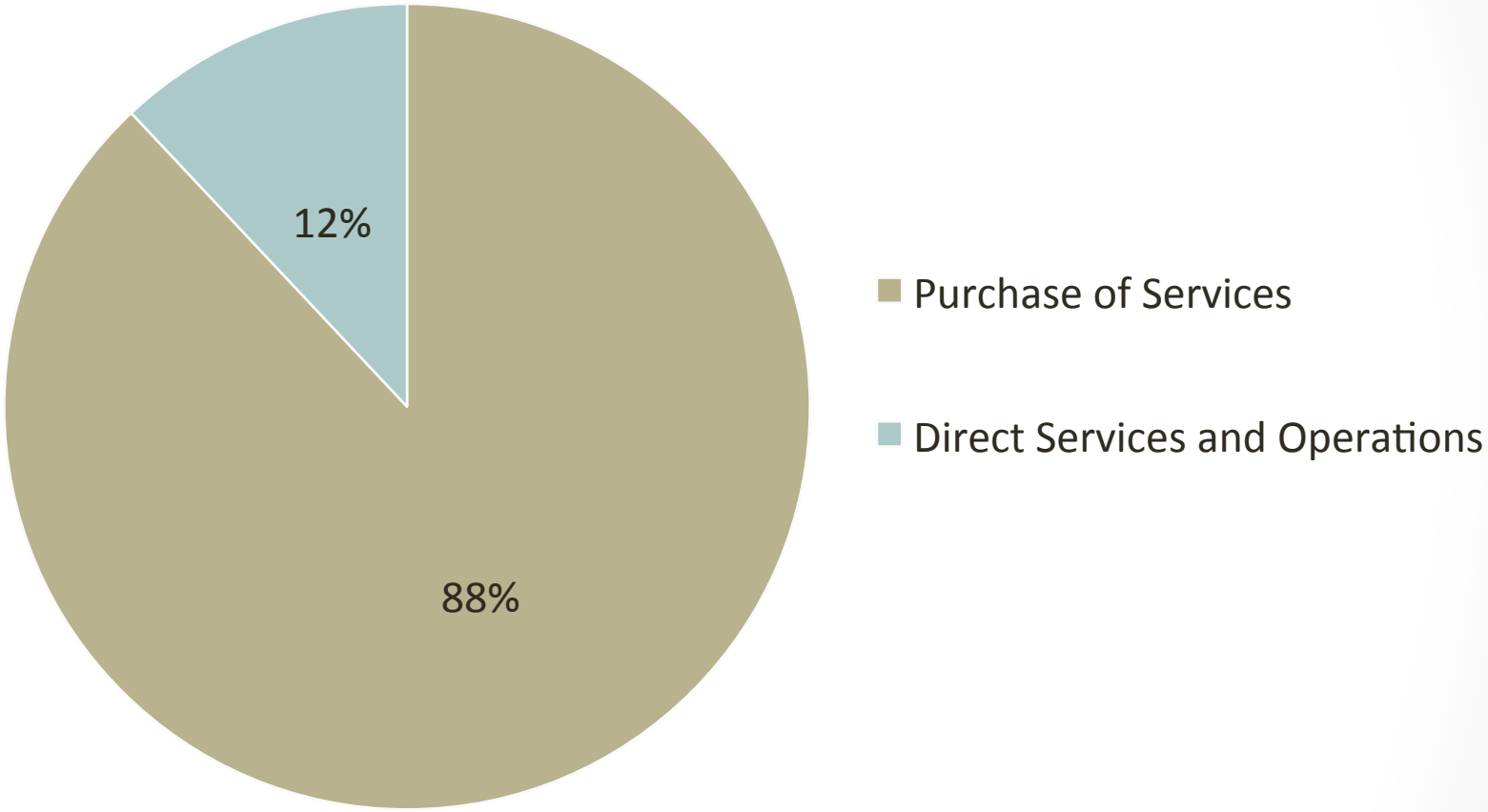
The Budget: Its Impact on the Regional Center

Changes Over Time and the Current Situation

2015-16 Budget: 5.4 Billion System-Wide

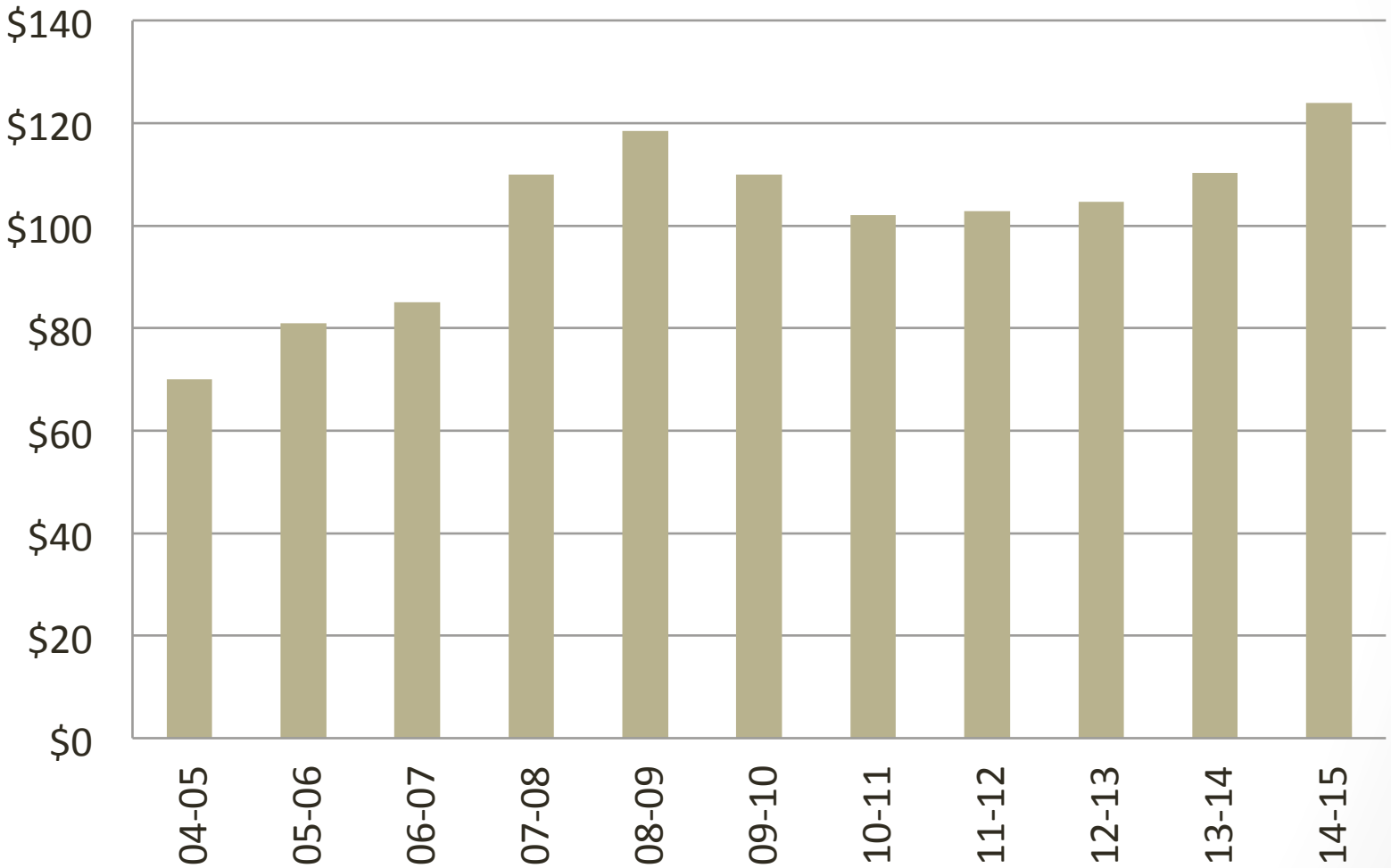


Regional Center Contracts

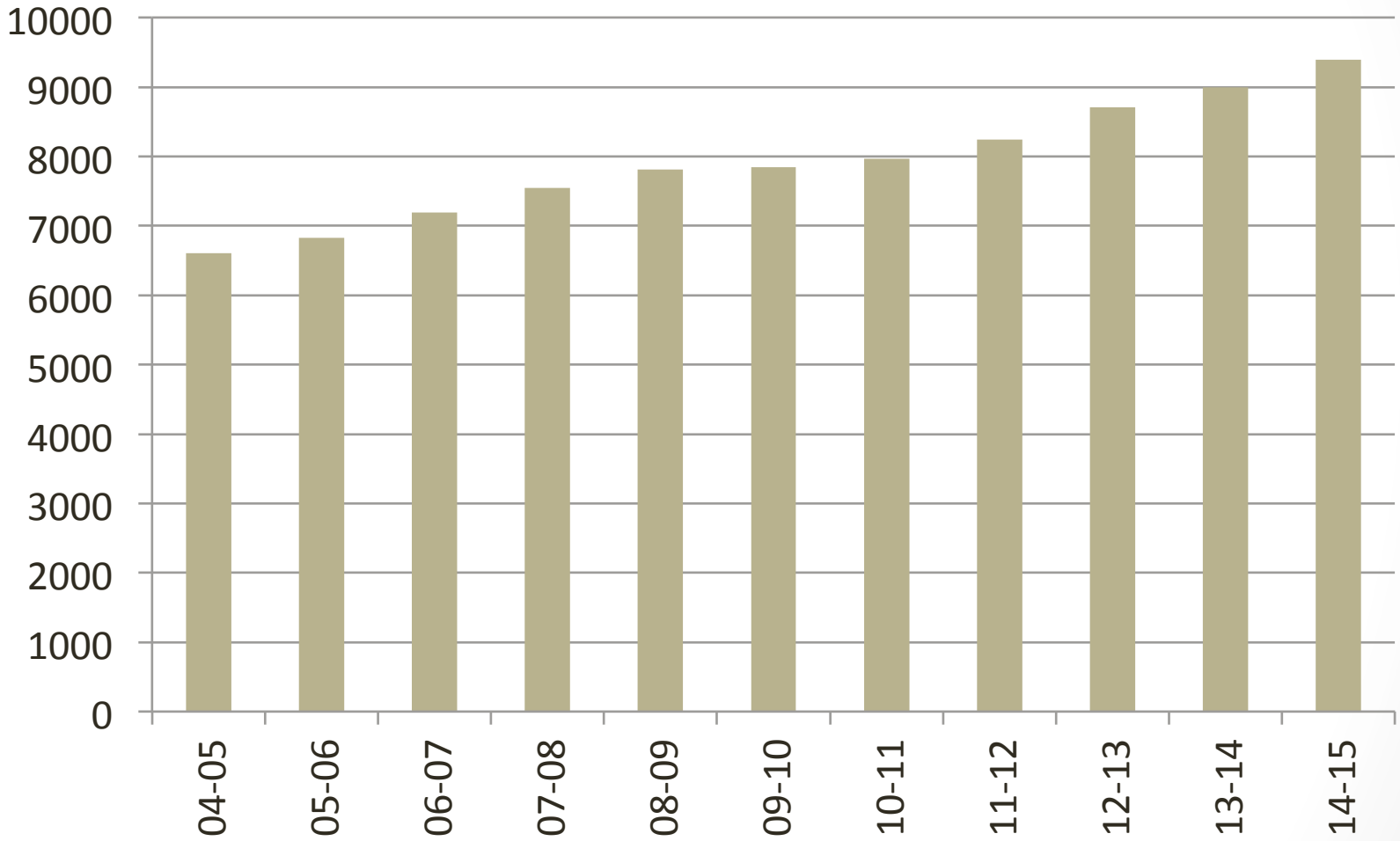


No more than 15% of the total operations budget (about 2% of total RC budget) may be spent for administrative purposes, which are defined in law.

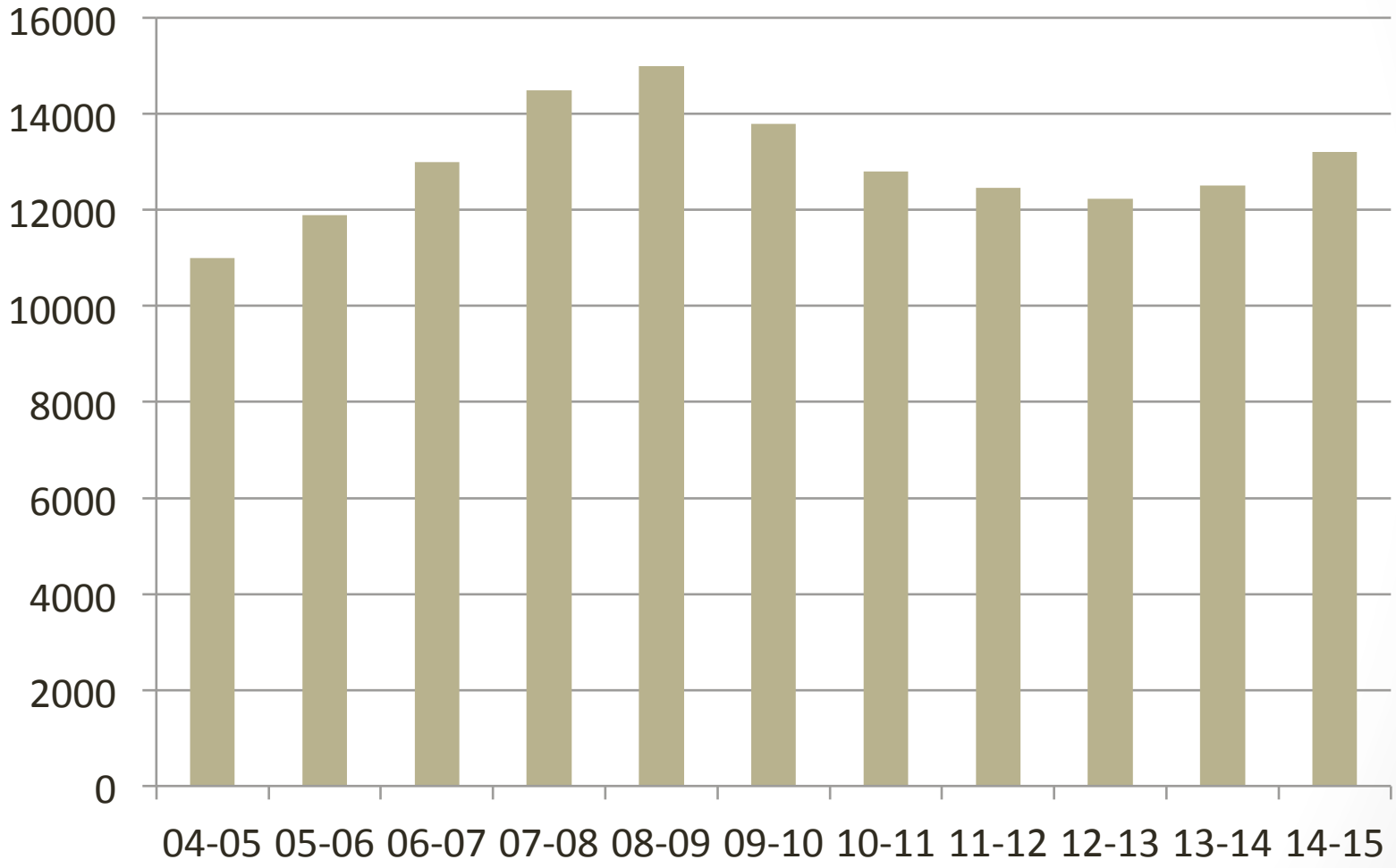
FDLRC POS Spending 2004-05 to 2014-15



FDLRC Client Population Growth 2004-05 to 2014-15



FDLRC Annual Per Client POS Spending 2004-05 to 2014-15



What Has Happened Over Time

- The state is slowly recovering from the fiscal crisis, but many of the cutbacks and restrictions of the past few years have not been restored.
- Since the 1990s, allocations for both POS and Operations have been reduced through a variety of initiatives over the years.
- Rate caps and the elimination of start-up funds continue to affect service providers; quality suffers and some providers have gone out of business.
- Over 40% of regional center funding comes from the federal government; state policy decisions are often driven by the potential receipt of federal dollars which bring with them significant additional requirements and workload impacts but no additional staff resources.
- There are no significant impacts to service delivery (such as cost savings or service reductions) contained in the 2015-16 enacted budget, but neither is there any rate relief.
- The restoration of Early Start services in January of 2015 was welcome relief and of particular benefit to the long term welfare of clients in the system.

The Current Situation for FDLRC

- We continue to implement the components of the various trailer bills equitably and timely. In terms of per capita POS spending, Lanterman is neither among the highest nor the lowest regional centers in the State.
- The Center continues to budget conservatively for operations, and has implemented cost saving measures to live within its allocation.
- Caseloads remain high as the staffing formula used by the state is inadequate; salaries in the formula are nowhere what is needed to pay competitively so as a result the center has fewer staff than are budgeted for.

In Summary

- Regional Center operations and service providers continue to struggle with funding reductions and lack of rate increases. Providers are closing programs as rates do not support the cost of operating them.
- The basic entitlement to services is shrinking as we see limitations put in place as a result of past trailer bills.
- A special session of the legislature is in place to look at funding for the long term sustainability of our system, but nothing concrete has surfaced to date.

The Lanterman Performance Plan

Expected Achievements for 2015

Proposed Objectives for 2016

Projected Achievements for 2015

We anticipate achieving all of our 2015 objectives.

What is satisfactory performance?

A regional center's performance is defined as satisfactory if any of the following is true:

- It is an improvement over the prior year,
- Performance is better than the average of all regional centers, *or*
- It meets or exceeds the standard for that objective set by DDS.

Goal #1: Decrease the number of clients in Institutional settings.

2016 Objectives:

- Develop 2 new living options for clients currently in state developmental centers, locked mental health facilities or Out-of-State.
- Assist 7 previously identified clients to move out of the developmental center into the community.

Goal #2: Maintain the number of children residing with families.

2016 Objectives:

- Provide technical assistance to support groups.
- Provide families with peer support partners.
- Increase number of users of the KYRC library.
- Maintain at least the current level of requests for information and referral.
- Provide parents with SCAT training to help them become more effective advocates for their children.

Goal #3: Increase the number of adults living in home settings.

2016 Objective:

- Promote the use of Family Home Agencies by conducting two trainings.

Goal #4: Minimize the number of minors living in homes serving more than 6 people.

2016 Objective:

- Annually review service needs of each child residing in a home serving more than 6 clients to determine whether there is a smaller, more homelike living option available for that child.

Goal #5: Minimize the number of adults living in homes serving more than 6 people.

2016 Objective:

- Identify clients living in skilled nursing facilities and evaluate them to determine if they could move to a more appropriate living option for them.

Goal #6: Increase the number of adults who are employed.

2016 Objectives:

- Work with SELPAs, Department of Rehabilitation and supported employment providers to ensure that clients transition from school to work.
- Conduct training of SCs to help them promote employment of clients at day and work activity programs.
- Participate in LAUSD and Foothill SELPA transition fairs.
- Develop an Exemption Criteria matrix with regard to WIOA mandates for service coordinators.

Goal #7: Increase the average wage of adults who are employed.

2016 Objective:

- Increase the number of clients receiving minimum wage or higher and track via the CDER.
- Promote movement of clients from work activity programs and group supported employment to individual supported employment.

Goal #8: Ensure all clients have access to appropriate health care.

2016 Objectives –

- Coordinate comprehensive health assessments for clients who are unable to access primary medical care.
- Conduct 3 Reproductive Health and Self Advocacy training programs.
- Promote good oral health by continuing screenings and referrals, education of caregivers and clients, and referral to dental professionals.
- Increase access to psychiatric services through use of the Lanterman/UCLA-NPI Special Clinic.
- Work with LA Care and HealthNet to ensure smooth transition of regional center clients into managed care organizations.

Goal #9: Minimize the incidence of abuse among regional center clients.

2016 Objectives:

- Conduct training of service providers on client rights and mandatory abuse reporting.
- Review all special incident reports and ensure appropriate follow-up on abuse issues.
- Conduct 4 training programs focused on personal safety and on sexual abuse and exploitation risk reduction.

Goal #10: Increase access to services for an identified group of 95 clients from 2014 POS Disparity data.

2016 Objectives:

- Conduct audit/document review of the 95 identified cases.
- Conduct focus-group for the three identified languages (Korean, Spanish, and English).
- Once focus-groups have been conducted, analyze the focus-group feedback and develop a plan of action.

Compliance Indicators

To be continued from 2015:

- Achieve an audit outcome with no first tier findings.
- Demonstrate substantial compliance with DDS fiscal audit.
- Make accurate POS fiscal projections.
- Operate within the center's operations budget.
- Maintain certification to participate in Medicaid Waiver.
- Demonstrate compliance with vendor audit requirements.
- Complete CDERs and Early Start Reports within required timeframes.
- Complete intake/assessments and IFSP/IPPs within required timeframes for all new clients, 0-3 and over age 3.
- Demonstrate compliance with IPP development requirements in the Welfare and Institutions Code.
- Demonstrate compliance with IFSP development requirements in Title 17.

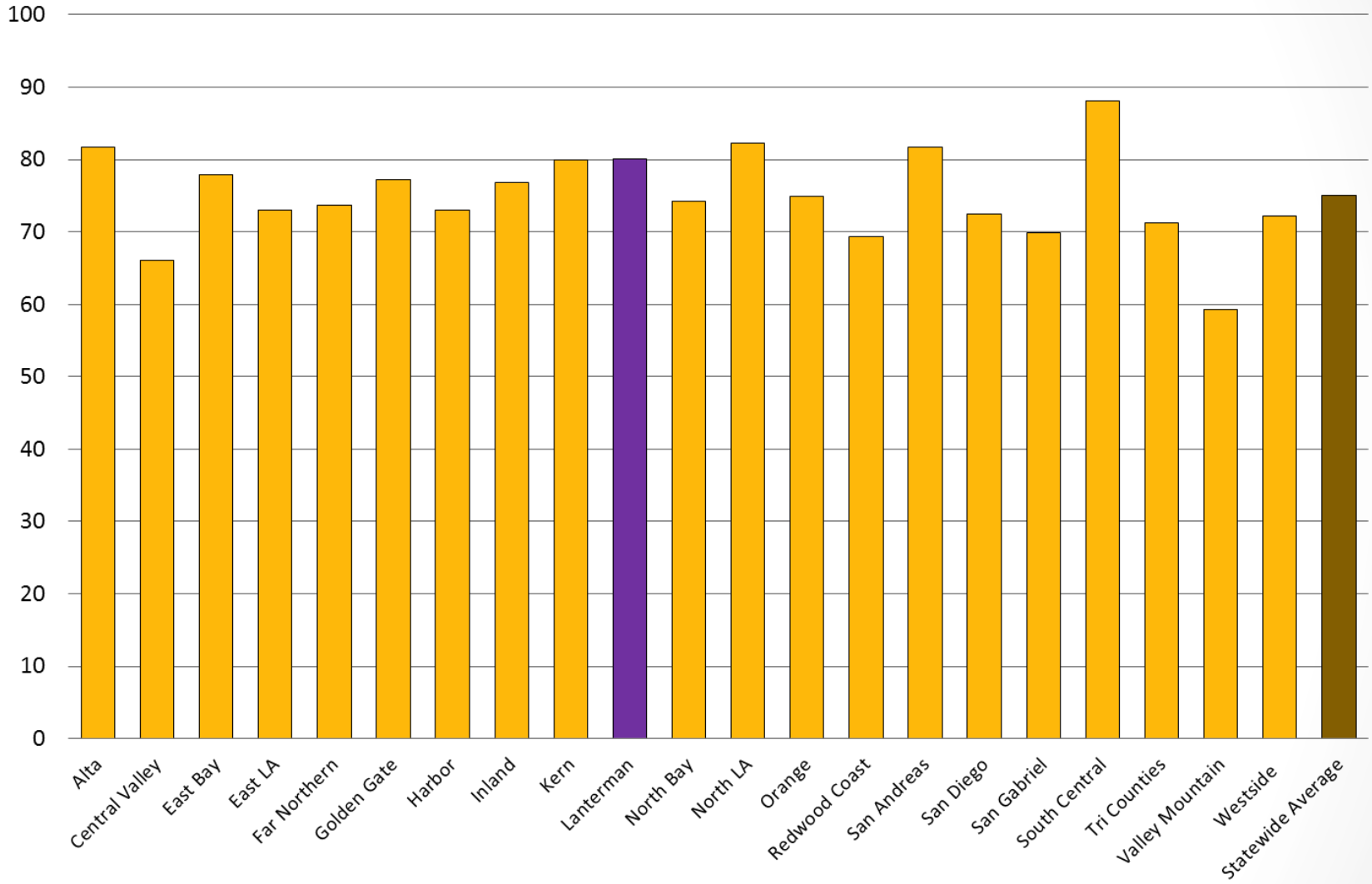
An Alternative Staffing Model

Lanterman Regional Center's Proposal

Staffing Requirement

- The Lanterman Act specifies the maximum number of clients that should be assigned to a service coordinator (SC).
- ***As an average***, SCs are supposed to have no more than 66 clients. For clients on the Medicaid Waiver Program or in Early Start, the number is 62 clients per SC, and for clients moving out of the developmental center, the maximum number is 45 per SC.

Overall Caseload Ratio
March 2015



All regional centers are finding it nearly impossible, even with the use of alternative staffing models, to maintain the average of 66 clients per SC because the formula that the state uses to fund SC positions is not adequate.

Changes to Required Staffing

- If a regional center wants to use an alternative staffing arrangement that changes the average number (i.e., use SC positions for other purposes) they must submit a proposal for DDS's approval after it has been approved by the community. This must be done each year.

- LRC's request for an alternative staffing model has been approved on a regular basis for many years. We propose to use this type of model again.

Impact of An Alternative Model

The state says that the alternative staffing model must:

- Clearly benefit clients and families, *and*
- Be supported by people who will be affected, including clients, families, service providers, advocates and staff.

The LRC Model As It Has Been includes four staff in the service coordination ratios:

Two staff people in the Koch-Young Resource Center that provide support to families through the provision of classes, support groups, and information.

Two staff people in the Community Services Unit that perform service provider quality assurance and monitoring functions.

2016 Staffing Model

We propose keeping the same Alternative Staffing Plan, as the functions of the four individuals involved are activities that would typically be done by service coordinators.

New July, 2015 Trailer Bill Language Brings Changes to the Lanterman Act

- Regional Centers are required to provide written copies of IPPs to families in their native language within specified timeframes, on request.

  DDS will be developing language to add to regional center performance contracts in regards to addressing disparity issues.

Initiatives from prior years continue.

- Family health plans must be accessed for certain services under certain conditions. In addition to co-pays and co-insurance, RCs may also pay deductibles for a service that is in the IPP when the family annual gross income does not exceed 400% of the federal poverty level:.
- The Self Determination program continues to be developed and will be phased in once approved by the Federal government. Lanterman has an advisory committee in place. 2500 families will be able to enroll initially, Lanterman's share will be 74.
- The CMS Final Rule from the Federal Government requires inclusive and much smaller programs, which will have a significant impact on all service types, and will need to be in place by 2019.

Please submit any written input by October 1, 2015:

Melinda Sullivan
Executive Director
Lanterman Regional
3303 Wilshire Blvd., Ste. 700
Los Angeles, CA 90010

Or

KYRC@Lanterman.org