



## Legislative Visit

*Milan Barrero, daughter of Germán Barrero, accompanies her father on a Lanterman legislative visit in May. She is shown presenting Senator Jack Scott with a picture she drew for him. Members of the Lanterman community met with Assembly Members and Senators during the months of April and May to discuss issues important to our clients, families, service providers, and staff.*

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## Infants, Toddlers and Technology Go Hand-in-Hand with Tech for Tots™

If you're a parent of an infant or toddler with a developmental disability, do you focus on teaching your child to communicate verbally through conventional speech therapy and play in a typical manner — or do you take advantage of the benefits technology has to offer, and allow your child to communicate using a device or play with a toy using a switch?

Many parents don't want to let their child use a device because they think it may mean their child will never speak or be able to play independently. "It's really a gray area," shares Dr. Sonia Aller, creator of *Tech for Tots™*: *Assistive Technology for Infants and Young Children*, "because children are given a variety of options through assistive technology that conventional therapies may not be able to provide. Assistive technology and conventional therapy should go hand-in-hand, it's not simply one or the other."

*Tech for Tots™* is a grant project at the University of Southern California University Affiliated Program at Childrens Hospital Los Angeles, and is funded by the Department of Education. The project is developing curricula to train interdisciplinary personnel in the application of assistive technology to the needs of young children with, or at risk for, disabilities. "Nationally, young children between the ages of birth and five with, or at risk for, disabilities are the most underserved in terms of their assistive technology needs," notes Aller. "Assistive technology, if considered at all, is considered as the 'last resort' in terms of intervention, and therefore precious time from a neurodevelopmental perspective is lost."

The Individuals with Disabilities Education Act defines assistive technology in two parts — the tangible component and the service component. The first part is defined as "any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve the functional capabilities of a child with a disability." The second part of the definition is "any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device."

"It's the second part of the definition that is what the *Tech for Tots™* approach is all about,"

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*Dr. Sonia Aller presents the Tech for Tots™ program to a group of interdisciplinary professionals.*

## Lanterman Partners With AFI To Present Perspectives —

*A Unique Film Festival Exploring Images Of People With Developmental Disabilities*



That is a daily reality in the life of an individual with developmental disabilities.

We live in a complex world driven largely by images created and disseminated by the entertainment and news media. These images shape our individual and collective perceptions of who and what we value as a society. As influential agents of change, the media have a major impact on our views.

To address how media images mold our perceptions of people with developmental disabilities, Lanterman Regional Center and The American Film Institute (AFI) have joined forces to present *Perspectives*, An International Film Festival and Forum Promoting Understanding and Inclusion of People with Developmental Disabilities.

The event, which is subtitled *When you look at me, what do you see?*, will take place July 24-27 at the ArcLight Theatre in Hollywood, and will present feature films and documentaries that depict the lives of people with developmental disabilities.

Actors William H. Macy and Joe Mantegna are among the entertainment luminaries who will participate in this unique event, which will include a media forum and special screenings of particular interest to Lanterman clients.

"Despite all the progress we have made in terms of improving the lives of people with

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## Community Living Options Helps People Find Homes and Live in the Community

In the 1950s and 1960s, people with developmental disabilities whose families could no longer support them in the home were often placed in state hospitals for a lifetime of care and treatment. By the mid-1960s, more than 13,000 people resided in state hospitals and another 3,000 were on waiting lists for admission. In response to this overwhelming need, Assembly Member Frank D. Lanterman sponsored a bill that would create community-based organizations, called regional centers, that were charged with contacting people on waiting lists, providing diagnostic assessments, and making recommendations for community-based care. In 1966, one of the first two regional centers opened at Childrens Hospital of Los Angeles. This center was later renamed the Frank D. Lanterman Regional Center.

This marked the first step toward the creation of a true community-based system of services and supports for people with developmental disabilities. Over the next thirty years, the population of state hospitals (later renamed developmental centers) was reduced to approximately 5,000 while the number of people served in the community was just over 129,000. By that time, there were few admissions into the developmental centers, but a relatively large and aging population of individuals

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# THE QUARTERLY BUDGET UPDATE:

## Budget for 2003-04: Hard Choices Remain to be Made

As this is written in mid-June, California continues to struggle with a projected statewide deficit of between \$35 and \$40 billion, more than a third of state spending. As a result, potential reductions and savings are being explored for virtually every state-funded program.

In mid-May, the Governor released what is referred to as the May revision for the budget that is to start the coming July 1. In this budget, the Governor updates what he originally proposed in January based on more current expenditure and income data. The non-partisan legislative analyst refers to the Governor's proposal as "precariously balanced," relying on a combination of service reductions, tax increases, and borrowing.

In the May revision, the Governor proposed an additional \$187 million in purchase of services (POS) for the regional centers. These changes relate to expectations that fewer dollars would be saved by the imposition of statewide service standards (due to a later implementation date); the Governor had originally estimated a savings of \$100 million for the year through the imposition of these standards. In addition, funds have been added to reflect the fact that current expenditures are higher than anticipated, to fund rate increases for service providers to cover rising workers compensation costs, and to fund regional centers to cover Medi-Cal optional benefits for regional center clients. In operations, an increase of \$13 million to deal with increasing caseloads was offset by an \$11 million unallocated reduction for a net increase of only \$2 million.

For the *current fiscal year* ending June 30, the Governor has proposed increasing the amount of purchase of services dollars allocated statewide by \$44 million. This is in addition to the more than \$30 million previously added, and is being given to eliminate regional center

POS deficits. You may recall that regional centers were supposed to save \$52 million in POS in the present fiscal year through the implementation of expenditure plans. This was in lieu of proposed statewide service standards that received wide opposition when they were proposed for the present year. However, expenditure plans have had mixed results among the centers with some meeting their plan targets and others ending the year with deficits of varying sizes. For this reason, two supplemental appropriations were needed.

For *next fiscal year* beginning July 1, the state budget as a whole, including the regional center portion, continues to be very fluid. In initial hearings in both the State Assembly and the Senate, there was no apparent interest in imposing statewide service standards, and the Medi-Cal optional benefits, which had been threatened, are expected (at least presently) to remain in the Medi-Cal budget. In addition, the transfer of habilitation services programs from the Department of Rehabilitation to the regional centers is proposed to be delayed until July 1, 2004. The total budget for the regional centers would be in the neighborhood of \$2.7 billion, of which a third are Federal dollars. The State anticipates that the regional centers will save \$50 million in POS through the imposition of mandatory rate freezes and prohibitions against residential facility level changes.

You may recall that the budget for purchased services was initially proposed to be reduced by \$100 million through the implementation of statewide service standards. In lieu of such standards, another unallocated reduction (very small in comparison to that initially proposed) to purchase of services of between \$3 and \$10 million has been proposed. Even with this proposed reduction, the POS budget for the centers would increase by \$300 million next year from its current \$1.8 billion to \$2.2 billion. This 22 percent increase is nothing short of remarkable in these difficult economic times.

In operations, the proposed unallocated reduction of nearly \$11 million comes after funding for caseload growth, for a net increase of about \$30 million or 7 percent on a \$405 million budget.

It is important to note that while a proposed \$10 million unallocated reduction in POS would represent about half of one percent of total purchase of services spending, a similar reduction in operations would represent 2.3 percent of total operations spending, a percentage four times greater.

While both houses of the legislature have, as of this date, passed budget bills, the hard choices required to balance spending with revenues have yet to be made. California is one of only a few states that require a "super majority" of 2/3 to pass a budget bill. Both parties seem to have entrenched positions on closing the enormous gap between revenues and expenditures of some \$38 billion. The Republicans find tax increases unacceptable and the Democrats find reductions in programs and service unacceptable. Given the strong feelings on both sides, it may be some time before a budget is agreed upon and enacted.

As the new fiscal year begins, as we have done in the past, Lanterman Regional Center has already secured a three-month line of credit from its bank, City National. We will borrow against it in order to assure the continuity of the regional center operations, including payments to service providers for the purchase of services. This past year, when the budget was delayed by two months, it cost the center some \$60,000 in expenses and lost interest earnings.

We do, however, hope for a timely resolution to the budget, as any interest and other borrowing charges we have to pay are NOT reimbursed to us by the state but instead come out of the Center's staff budget.

# Health and Wellness

## Innovation is Focus of Conference on Developmental Disabilities and Psychiatric Disorders

It was late in the day on Friday, May 30, and the Training & Development team was busy finalizing last-minute details for the second presentation of *Innovative Approaches: Treatment for People with Developmental Disabilities and Psychiatric Disorders*, held on February 22 and May 31 in Los Angeles.

The idea for the conference came out of an ongoing partnership between Lanterman Regional Center and the UCLA Neuropsychiatric Institute (NPI), which holds a weekly clinic for Lanterman clients, both children and adults, who require psychiatric services and medication monitoring. "Our primary goal for the conference was to expand the number of professionals in the community

who understand that individuals can have a dual diagnosis, and at the same time provide community-based psychiatrists with the knowledge, background and tools to assist them in making correct diagnoses and prescribing effective treatment for persons with developmental disabilities," shares Gwen Jordan, director of clinical services.

*Innovative Approaches* was presented by NPI and sponsored by the Department of Developmental Services in collaboration with Lanterman and Westside Regional Centers. The conference featured nine professionals from Lanterman, the UCLA medical and research communities, and Dartmouth Medical School.

Presenters included Andrew Russell, M.D., Derek Ott, M.D., Esther Sinclair, Ph.D., Bryan King, M.D., Elisabeth Dykens, Ph.D., Charles Reynolds, Pharm.D. B.C.P.P., Bhavik Shah, M.D., Leslie Richard, M.D., and Roger Huf, M.D. Topics covered included risk factors and access to care, medical evaluation, educational advocacy for children, behavioral phenotypes, the use of psychotropic medication, the prediction of potential drug interactions, and the neurological implications of various treatments.

Each participant received a packet of information that included copies of the presenters' PowerPoint presentations; a copy of *Psychotropic Medications in Persons with Developmental Disabilities: An Overview* for



Pictured left to right are panel members Leslie Richard, M.D., Bryan King, M.D., and Bhavik Shah, M.D.

*Families and Other Care Providers* written by King; and the Department of Health & Human Service's training and education resource – *Psychopharmacological Medications: Safety Precautions for Persons with Developmental Disabilities*.

Sponsors also hosted a videoconference on May 15 for psychiatrists, psychiatric nurses, and other mental health professionals in Northern California and out of state.

The conference is part of a larger project designed to reduce the incidence of overmedication in individuals with developmental disabilities. "We were noticing a general trend that individuals were being prescribed psychoactive drugs without a proper diagnosis and without a treatment plan in place to deal with the behaviors," comments Jordan. "As we learn more about the risks of psychiatric disorders in individuals with developmental disabilities, we will be able to deal with the diagnoses more effectively."



Ronna Kajikawa and Mary Flynn of Training & Development prepare material for the conference.



## Actor William H. Macy to Receive First *Perspectives* Media Award

As part of this first international film festival and forum, Lanterman Regional Center will honor actor William H. Macy with its first *Perspectives* Media Award, given to an individual in the media who has advanced the cause of understanding and social acceptance by creating sensitive and accurate images of people with developmental disabilities.



Oscar® and Emmy nominee, and SAG Award winner, Macy is one of the most distinguished talents of his generation.

He most recently received outstanding critical acclaim and won the SAG Award for his role as Bill Porter in TNT's "Door to Door." The movie, which Macy also co-wrote, tells the true story of the life of Porter, an award-winning door-to-door salesman with cerebral palsy. The movie aired to unprecedented ratings, and to date has received a Peabody Award, an AFI Award, a Critic's Choice Award, a Golden Satellite Award, a Writer's Guild nomination, and an American Cinema Editors nomination. Macy won the SAG award for Best Actor in a Television Movie and the Best Actor Award from the Golden Satellite Awards, and was nominated for a Golden Globe.

Widely hailed for this sensitive and moving performance, Macy personifies the positive influence media portrayals can have on understanding and acceptance of people with disabilities.

The award will be presented Saturday, July 27, and will be the anchor of an event to continue the momentum and dialogue begun by the forum. The honoree will be invited to comment on the influence and pivotal role of media in shaping public awareness and inclusion.

## Lanterman and AFI Present *Perspectives*

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developmental disabilities and their families, the one thing they tell us they value the most and find the least is social acceptance and inclusion," explains Diane Anand, executive director. "*Perspectives* is the beginning of an ongoing educational effort to change that, and I hope all members of our Lanterman community will participate in at least part of the festival."

Open to everyone, the four-day festival will showcase international narrative and documentary feature films that portray and explore the lives of people living with developmental disabilities. *Perspectives* will challenge perceptions, expand awareness, and create a body of common experience.

Each screening will be followed by a moderated discussion, either in the form of a "town hall" style meeting, panel discussion, or lively conversation with an expert. Celebrity presenters whose lives are touched by a developmental disability are also being invited to participate. All programs in the festival will emphasize audience participation.

A forum for members of the media community will be the centerpiece of the event.

Open to journalists, writers, directors, producers, actors, editors and studio executives, the forum will be an opportunity for members of the media and members of the developmental disabilities community to initiate an ongoing creative dialog that will help inform and deepen the depictions of people with developmental disabilities.

### Special Screenings to be Held for Adults with Developmental Disabilities and Siblings

In addition to the regular schedule, *Perspectives* will feature two special screenings. The first will be on Friday, July 25 at 3 p.m. with a showing of *Waiting for Ronald* — a short film about a mentally-challenged young man leaving an institution to try to live more independently with a friend. The post-screening discussion will be geared toward adults with developmental disabilities who are interested in show business and will feature

actors of LA Goal, Performing Arts Center West, and Born To Act.

Siblings — particularly school age children and adolescents — of individuals with developmental disabilities will have an opportunity to see *Tru Confessions* on Saturday, July 26 at 2:30 p.m. Originally aired



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## It's Simple, It's in Your Community, It's Social and Recreational Inclusion

It's not coming to a town near you, it's already in your town. Social and recreational inclusion of children with developmental disabilities is growing everywhere — in church, at the local park, in sports, and through organized play dates — and it was the theme of Lanterman Regional Center's eighth annual Social Recreation Forum.

Held on May 6, the Forum attracted over 125 parents, service coordinators, and other community members. Germán Barrero, a Lanterman parent and board member, was the master of ceremonies. Featured presenters spoke about a variety of topics including "clowning with your child," organizing play dates, sharing your child's individual differences, including your child in church, and the benefits of drama and acting. A handful of presenters also showcased ongoing programs such as Shatto Parks and Recreation, Barnes & Noble story time, and Shane's Inspiration and Shane's Club.

This annual event focuses on inclusion of children with developmental disabilities in

community social and recreational opportunities. "It was really great to see the number of people that turned out for the Forum," comments Sam Suzuki, event organizer. "Social and recreational inclusion is a key part in the overall inclusion of children with disabilities within the community, and as the presenters demonstrated, it's been very beneficial for their children who are participating in these community-based activities."

Several parents testified to the power that playing and interacting with typically developing children had for helping with behavioral issues as well as others. "Children learn from other children and can be positively influenced by their actions and mannerisms," shares Melinda Sullivan, associate director, "and that's a large part of the benefit of inclusion."

There were also informational tables sponsored by organizations that support and promote the inclusion of children with developmental disabilities in community programs. For more information, or to view

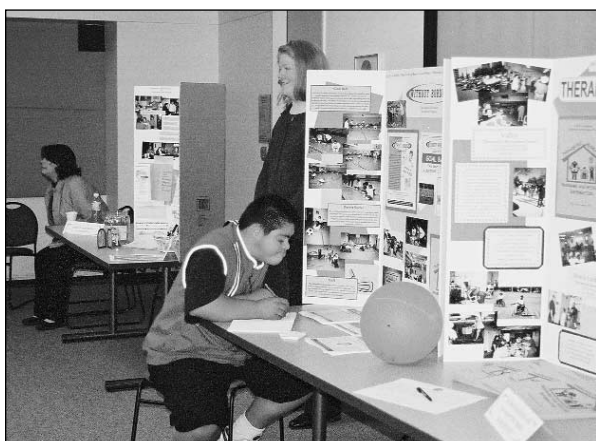
brochures and pamphlets from the different groups in attendance, stop by the Family Resource Center or contact them at **213.383.1300 x. 730** or [frc@lanterman.org](mailto:frc@lanterman.org).



Lauri Fritz Simmon, a parent, demonstrates "clowning with your child" to audience members.



Germán Barrero (right), parent and Lanterman board member, translates for Martha Reyes (center), a Lanterman parent, who is testifying about the success of including her child at Shatto Parks and Recreation.



At left, a Lanterman client copies down information about available social and recreational opportunities.

Below, attendees listen to a presenter discuss resources available in the community.





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on the Disney Channel in April, the film focuses on *Tru* the fraternal twin of a mentally challenged brother. The post-screening discussion will feature cast members and siblings of individuals with developmental disabilities.

Over 4,000 people are expected to attend *Perspectives* in its inaugural year. A complete

“Despite all the progress we have made in terms of improving the lives of people with developmental disabilities and their families, the one thing they tell us they value the most and find the least is social acceptance and inclusion.”

— Diane Anand

list of *Perspectives* films, presenters and participants will be announced by June 27. Tickets are \$10.00 per screening, and \$20.00 for the opening night reception and screening. Tickets for *Perspectives* will

go on sale July 10. They will be available at the ArcLight box office, online at [http:// www.arclightcinemas.com](http://www.arclightcinemas.com), or through the *Perspectives* Web site at <http://www.perspectives-iff.org>.



## Perspectives.

An International Film Festival and Forum Promoting Understanding and Inclusion of People with Developmental Disabilities

**Please help make Perspectives a success!**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Enclosed is my donation of \$ \_\_\_\_\_ ☐ Check ☐ Money Order

Donations are tax deductible. Make your check payable to: *Perspectives*. Thanks you for supporting *Perspectives*.

For additional information and sponsorship opportunities, visit the *Perspectives* website at <http://www.perspectives-iff.org> or contact Christopher Rivera at 213.383.1300, x. 642 or [christopher.rivera@lanterman.org](mailto:christopher.rivera@lanterman.org)

## Growing Lanterman's Roots in the Community at Large

By Vinita Anand

Lanterman Regional Center and the regional center system have been a part of my entire life. Through the years, I've been witness to many budget crises and have watched as the Lanterman community stepped up to every budget challenge and succeeded.



Vinita Anand

My most memorable was the budget crisis of the early 1990s. My family and I were away on vacation in Yosemite, when my father broke his wrist. Since we had been there for only two days, we decided to stay, but early on the morning of our third day, my mother announced that she had to return to Lanterman to help get the Center through the crisis. So we packed everything up and headed back to Los Angeles. Back then a budget crisis was just a vague sort of thing, and I didn't completely understand all its ramifications.

Now, nearly 10 years later, Lanterman is experiencing yet another budget crisis because of the state's dire fiscal situation. I decided that this time I would explore some of the different ways in which Lanterman Regional Center is trying to once again ensure the Lanterman community succeeds at meeting the challenges brought on by a reduced state budget. The one definitive conclusion I have come to is that it is essential to be proactive to ensure success.

Our government is representative, but the people we choose to represent us can't do so accurately if they don't know the opinions of their constituents. Take Lanterman Regional Center's situation — our elected representatives know budget cuts will affect us, but do they know how the cuts will impact us, how far-reaching those impacts will be, how we feel about the proposed cuts, or what alternative recommendations we would make? They won't know if we don't speak up and inform them where we stand.

And that's the purpose of legislative visits. I had heard that throughout the months of April and May, members of the Lanterman community including board members, Lanterman staff, service providers, clients, and family members would be visiting the local offices of our representatives, so I decided to sign up for a visit myself.

I penned into my calendar a visit to Assembly Member Paul Koretz' local office on April 17 to find out first-hand Lanterman's message to our Senators and Assembly Members.

Our group anticipated only having 20-30 minutes to speak with his aides so we focused on two of our most important issues — preservation of the entitlement through sustainable approaches (see *Toward a Sustainable Entitlement for the Developmental Services System: A Regional Center Perspective* on the Lanterman Web site at <http://www.lanterman.org>), and the impact of proposed cuts to Department of Rehabilitation funded programs and the movement of these programs to the regional centers.

I learned something important during that meeting: when you come to someone with a problem, they are a lot more receptive if you also bring them a possible solution. We shared with the Assembly Member's aides what we at Lanterman believe are cost-effective ways to save the state millions of dollars while still providing quality services and supports. For example, Lanterman utilizes vouchers to pay for transportation — a cost-cutting initiative implemented during the budget crisis of the early 90s. Why then, when the state is in such difficult fiscal circumstances, are other regional centers still paying for expensive commercial transportation services, when transportation can be provided at a much lower cost through vouchers?

From left to right: Haydee Urita, aide to Assembly Member Jackie Goldberg; Karen Ingram, director of community services; Juan Narvaiz, Lanterman client; Blanca Espinosa, Lanterman service coordinator; Mary Flynn, client advocate; and Al Marsella, Lanterman treasurer. Not pictured Marielle Farnan, Lanterman staff, as she was taking the picture.



“When you come to someone with a problem, they are a lot more receptive if you also bring them a possible solution.”

— Vinita Anand

We ended up meeting with the two aides for close to an hour and talked about a number of other issues. It was a very positive meeting and our ideas and comments were well received.

Lanterman community members also visited Senators Jack Scott and Gil Cedillo, as well as Assembly Members Dario Frommer, Carol Liu, Jackie Goldberg, and Fabian Nunez. It is our hope that when it comes time to decide what to do about the budget, our representatives remember what we had to say.

I hope each and every one of you answers Lanterman's call to participate in future legislative visits so you too, can meet the people who represent your voice in government and make decisions that may ultimately impact your life.



## FATHER'S CORNER

### Learning to Become a Father

By Aaron Hinojosa

I still remember Halloween Friday in 1997, it was the first time I met Sarah, my daughter, and Olivia, my wife. Well, they were neither my wife nor daughter at the time, but I knew then that they would be. You see, my journey into fatherhood is somewhat different than most. I became an “instant” dad when I married Olivia. I don’t know if instant is the correct word because I thought about the process of becoming a father of a child with a disability.

Many fathers are not given the opportunity to have a choice to raise a child with a disability. I am a father of a 13-year-old daughter with Down syndrome, and what an amazing girl she is. Sarah has changed my outlook on life, and has truly allowed me to view others in a different light. She makes me laugh and act silly, and she gives me the opportunity to love her unconditionally. I find myself to be blessed with such a wonderful family.

Now, going into this father thing is completely new to me. I grew up in a single parent home with a strong influence from my grandfather, and an amazing uncle who saw fit to give me fatherly advice. These two men set an example for me by the way they treated their wives and loved their families. I learned that you have to want to be a father, a daddy. You emotionally have to give yourself the opportunity to laugh and cry, and take deep breaths.

This job of being a father is a responsibility that must be taken seriously. Men have it too easy when it comes to parenting. We play the role of provider and disciplinarian while mom often takes care of the emotional needs, the school needs, and the home care. Men need to step up and take an active part in all areas of their children’s life, including at home. Many of the fathers that I have met through different support groups already do take an active role in the life of their children, but still many allow their wife or significant other to bear the weight of learning the “in’s-and-out’s” of the regional center system, and their rights and responsibilities in the school system.



Aaron and Sarah Hinojosa are preparing for Chinese food at a family birthday party.

To those fathers who are already active, I commend you, and I encourage those of you who may not be as active to do so. What you gain from being an active participant is a deeper appreciation for your child and/or children, and for your wife or significant other.

My daughter’s disability does not hinder her love for me nor mine for her. God knew exactly what he was doing when Sarah was born, and saw fit to it that I became a part of her life. I could not have asked for a better gift than my daughter Sarah.

Aaron Hinojosa, lives in Pasadena, and works in Admissions at the University of Southern California. He also facilitates the daDA Fathers’ Support Group.

Fathers’ Corner will be a regular “Viewpoint” feature. If you are a father and would like to write for Father’s Corner in an upcoming “Viewpoint,” please contact [Vinita Anand](mailto:vinita.anand@lanterman.org) at 213.383.1300 x. 753 or [vinita.anand@lanterman.org](mailto:vinita.anand@lanterman.org).

The daDA Fathers’ Support Group meets on the second Monday of every month from 7 – 9 p.m. at the Denny’s at 3060 San Fernando Road in Los Angeles (off Fletcher Street, exit off I-5 or near the Glendale Freeway). For more information, contact [Aaron Hinojosa](tel:213.704.5932) at 213.704.5932 or [Germán Barrero](tel:626.840.9842) at 626.840.9842.

## How About a Free Night Out with Babysitting Included...

Going out on a date takes on a whole new meaning for couples once there are children in the picture. Being spontaneous is absolutely out of the question — you have to plan ahead, find a babysitter, make sure the children get fed, and then once you finally leave the house, you spend the entire time worrying about whether everything is OK at home. In the end, this can lead to a lack of much-needed adult time.

“During a meeting with the mother of two children in our program,” shares Sue Trautman, co-founder of Center for Developing Kids (CDK), a center-based pediatric therapy program, “she indicated that her children’s lives had changed for the better, and that while her overall life had changed for the better, the one thing she wanted was more time to spend with her spouse.”

Wondering if this was a common feeling among their parents, Trautman, along with Jamie Antilla, a therapist at CDK, developed a parent perspective survey that they distributed in their waiting room. The responses all said the same thing: “I’ve

learned a lot about therapy and sensory integration techniques, but I still don’t have any time for my spouse.”

In response, Trautman and Antilla came up with the idea of *Date Night*. The invitation says it all:

*Center for Developing Kids  
Would like to cordially invite  
The families we hold so dear  
To a fun and relaxing night...*

*It’s all for the moms and dads  
Who works so hard each day  
And for the kids that come to us  
To learn to work and play*

*Come to CDK on March 21  
When we will honor you  
For parents...a candlelit meal served by us  
And time for adult conversation too!  
Don’t worry about finding a sitter,  
Because that’s the best part of our plan,  
For the kids there will be a pizza, pajama party  
And CDK staff to watch over them*

*Join us PLEASE!!!!  
It’s an evening for you,  
We are here for our CDK kids  
And for their families too!!!*

The invitations were distributed on February 14, and a day and a half later the event was full. “Several parents even read the invitation and asked if this was a joke,” comments Trautman, “and many others were speechless that we were asking nothing of them other than to come so we could serve them a sit down dinner, while their children were being watched across the courtyard.”

Because the event was so popular, CDK decided to open it up to more families. In the end they served 40 adults and cared for 45 children, many with special needs. “We weren’t sure how we were going to handle all of the children, so the two of us enlisted everyone we know — our spouses,



Children take a break from playing to have their own sit down dinner of sorts.

cousins, friends, and extended family members,” notes Trautman.

The event was held on March 21 from 6:30 p.m. to 8:30 p.m. in a newly acquired space across the courtyard from the main CDK office. Guests were served appetizers on the first floor, and then a dinner of chicken and beef kabobs with grilled vegetables and rice on the second floor. Meanwhile, the kids had two hours of playtime, movies and pizza under the watchful supervision of CDK therapists and other volunteers.

Trautman and co-owner Ann Hyde donated the money to cover the costs of the event. “We wanted to do a little something to give back to the families of CDK,” shares Trautman. “I can honestly say that this was the single most meaningful event that I have ever put on. We are definitely going to have another date night next year.”



Each family was provided with a brown bag for their shoes and other personal belongings. No one wears shoes at CDK to prevent damaging the therapy mats.

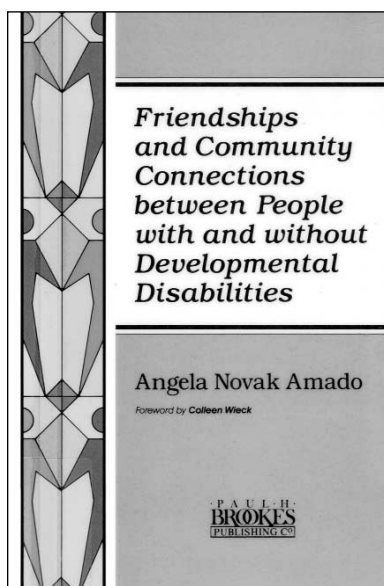


Parents enjoy a sit down dinner during Date Night.



## RESOURCES, RESOURCES, RESOURCES, IT'S ALL ABOUT RESOURCES

**D**o you want to learn how to include individuals with developmental disabilities? If so, we have a variety of resources that focus on inclusion in the classroom and the community, making friends, teaching tolerance, and other related topics. Visit the Koch♦Young Family Resource Center in person or online at <http://www.lanterman.org> to check out these valuable resources.

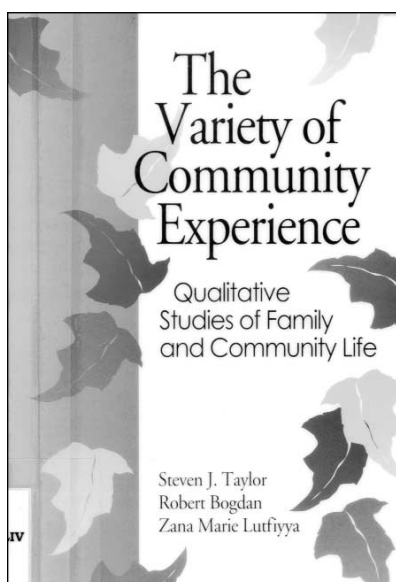


### **Friendships and Community Connections Between People With and Without Developmental Disabilities**

*Edited by: Angela Novak Amado*

This book stresses that there is more to community inclusion than simply successfully placing an individual into a community-based facility. The many contributors to this book write about the importance of individuals with developmental disabilities having friendships and making connections in the community with members who do not have disabilities. Each contributor focuses on a different aspect of friendship including the work and leisure relationship; gender-related expectations; community associations

and groups; love, affection and intimacy; and steps for supporting community connections. It's an inspiring book that reminds us that everyone needs friends and not to take for granted that it's easy to make friends.

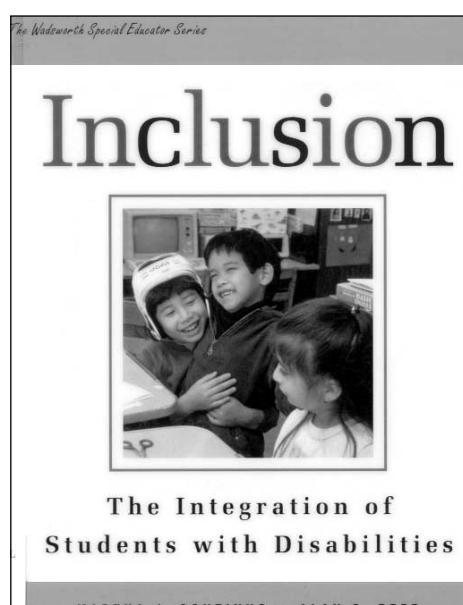


### **The Variety of Community Experience: Qualitative Studies of Family and Community Life**

*Edited by: Steven J. Taylor, Robert Bogdan and Zana Marie Lutfiyya*

Individuals with developmental disabilities are filling the roles of church member, employee, friend, apartment tenant, and many others in record numbers. This book examines the lives of people with disabilities who are assuming these roles as full members of society, and offers practical guidance on the support needed to ensure successful community integration. By sharing stories from an individual's viewpoint rather than the service provider's, the testimony provides a unique

perspective on how to help people with disabilities face life issues such as making ends meet, forming friendships, getting along with neighbors, and maintaining family contacts.

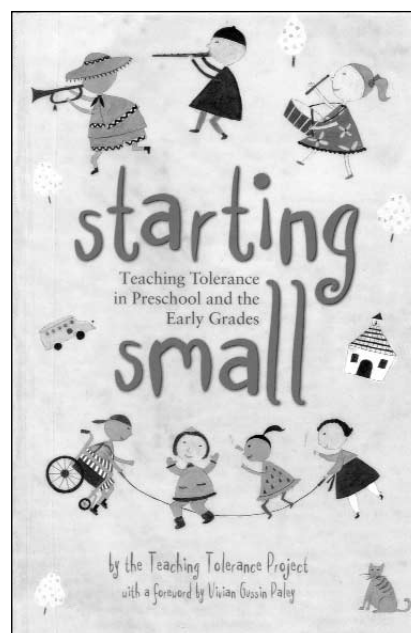


### **Inclusion: The Integration of Students with Disabilities**

*Edited by: Martha J. Coutinho and Alan C. Repp*

Some of the most critical stages for inclusion are the school years, and this book brings together material from inclusion experts and specialists to offer a broad base of information. The first five chapters explore the history of inclusion. Also included are current issues, such as special education in urban settings; ethnic and cultural diversity; and financing and funding. *Inclusion* shares some of the methods being implemented to

promote inclusion and presents inclusive strategies for preschool, elementary and secondary levels for students with mild, moderate and severe disabilities. Additional topics covered include system change, assessment procedures, and the use of technology with students with disabilities. This book also discusses options available for the transition from school to adult life.



### **Starting Small: Teaching Tolerance in Preschool and the Early Grades**

*By: The Teaching Tolerance Project*

The back cover of this book says it all: "The vision of community that the early classroom provides can color children's ideas and expectations about equity, cooperation and citizenship for a lifetime." Through seven profiles of teachers and classrooms across the country, this book demonstrates that even young children are capable of caring about another person's feelings and welfare. *Starting Small* argues that it is as important to teach children tolerance as it is how to read, and provides examples of how teachers are helping children build

inclusive, equitable, and caring communities. Each chapter has an in-depth classroom narrative as well as two sidebars — *Reflections* and *Applications*. *Reflections* are research-based essays that address specific themes or developmental aspects of teaching tolerance, and *Applications* offer practical ideas for incorporating these concepts into classroom activities.

## Pasadena Public Library Selects Lanterman as a Partner

**E**xciting changes are being made at the Pasadena Public Library. Earlier this year, the Library selected Lanterman Regional Center to be their partner in a project designed to improve literacy and information access for individuals with developmental disabilities.

As part of a two-year, \$1.4 million project funded by the Library Services and Technology Act, the Pasadena Library was one of 31 libraries selected to participate in a program to assist public libraries in improving their services to people with disabilities. The library conducted a community assessment as well as an inventory of existing programs, services and resources available at the Central Library. Based on the finding, the Library decided to focus on developmental disabilities, and approached Lanterman to be their partner.

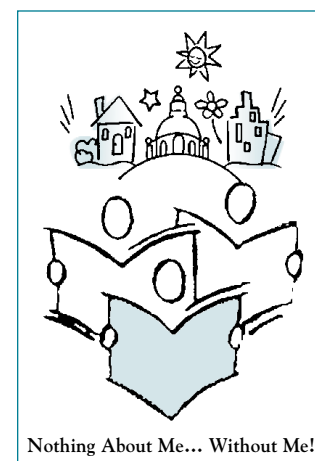
"This is part of an overall initiative administered by the California State Library system entitled Nothing About Me...Without Me!," shares Beth Walker, principal librarian of the Pasadena Library. "This is one of key projects that we are implementing to improve library access for individuals with disabilities."

"We are very excited to be working with the Pasadena Public Library to develop and implement a new service plan designed to improve access for people in our community with developmental disabilities," comments Patricia Herrera, director of family support services. Many Lanterman clients and families live in Pasadena and utilize the Library, and have expressed an interest in seeing additional resources, material and programming developed for individuals with developmental disabilities.

The Pasadena Public Library also created a planning committee that includes individuals from the library, Lanterman, and the local community. The committee identified three priorities for the Library's new program: improving literacy skills and information access; greater library staff sensitivity and awareness; and enhancing the Library's collection of materials of interest for individuals with developmental disabilities and their caregivers.

The library will receive somewhere between \$20,000 to \$50,000 as "seed money" to implement its service plan beginning in July 2003.

"We hope that our partnership with the Pasadena Public Library will serve as a model for other libraries and regional centers throughout California," shares Herrera, "and that it continues to grow and develop beyond the scope of this project." "This partnership is a key step in improving the services and supports that we at the Pasadena Library will be able to provide for all people with developmental disabilities," adds Walker.



Nothing About Me... Without Me!



## The Director's VIEWPOINT



Executive Director Diane Anand

### What's in a Name?

The Lanterman Act defines an entitlement for people with developmental disabilities. It entitles them to services and supports that promote “community integration; independent, productive and normal lives; and stable and healthy environments.” The services and supports provided to each person are determined by his or her unique needs, but service coordination is the universal service, received by every client in the system.

Service coordination accounts for a large proportion of the part of the regional center's budget usually referred to as “operations.” In contrast to activities that are usually thought of as operations, this is a *direct* service provided by the regional center with clear and measurable benefits to clients and their families. Through service coordination, the regional center acts as the independent broker. Its independence is due to the fact that it has no specific financial or organizational interest in any particular service.

The regional center is the coordinating hub for the developmental services system and, as such, is a critical partner with service providers, clients and families in their efforts to make the lives of people with developmental disabilities more independent, productive and satisfying. The Lanterman Act clearly defines this partnership and recognizes as equally valued the contributions of the three partners.

As you can see from the article on these pages, many other activities engaged in by regional center staff are also of direct and obvious benefit to clients and families. The staff members act as front line advocates ensuring the civil, legal and service rights of clients; they provide vital information, training, and access to support groups; they develop community resources; and they monitor and evaluate the quality and effectiveness of those services. Finally, for many clients who have no family or family involvement, the regional center is the “family” that continues to look out for their interests and needs. To reduce the operations budget, most of which goes to support these direct services, risks compromising the ability of our staff to fulfill the most critical role defined for us in the Lanterman Act.

However, we will continue to work hard to ensure that any cuts that have to be made have minimal impact on the direct services that we provide to clients and families, by seeking innovative and economical approaches.

## What Is This Thing Called Regional Center “Operations”?

As the state legislature has sought acceptable strategies to resolve the budget impasse, stakeholders in the developmental service system have offered many different remedies to deal with potential budget reductions. Proposed solutions have included changing or reducing the entitlement defined by the Lanterman Act, implementing a parental co-pay, cutting reimbursement to service providers, and reducing funding to regional centers and developmental centers.

One of the recommendations to achieve savings in regional centers is cutting “operations.” Those who propose this as a solution argue that this would be simply cutting “red tape,” and that taking money away from administrative functions means there will be more money to spend on needed client services. What is often misunderstood, however, is that the vast majority of the activities that fall under the operations part of the budget are actually *direct* services to clients and their families. As stated in the Lanterman Act, it is the intent of the Legislature that “the design and activities of regional centers reflect a strong commitment to the delivery of direct service coordination, and that all other operational expenditures of regional centers are necessary to support and enhance the delivery of direct service coordination and services and supports identified in individual program plans (Section 4620).”

As our partners we want you to gain a better understanding of what is included in operations and how activities included in this category directly benefit clients and families. We begin by looking at the overall regional center budget, and how funding is allocated within centers between purchase of service and operations. While most of the information provided in this article is derived from Lanterman Regional Center, the general findings would apply to most regional centers in California.

Throughout this article, you will see references to *customer values*. Several years ago Lanterman Regional Center undertook an ambitious effort to find out what is most important to our “customers” — the people we serve. This effort resulted in the development of our Customer Value Model, a set of characteristics that describe how the people we serve would like to experience their interactions with us. The values that our customers most valued are: **Quality of Service Delivery; Advocacy; Coordination of Services; Social Acceptance of People with Developmental Disabilities; Service Availability, Access, and Choice; Self Advocacy; and Personal-Professional Relationships.** In the rest of this article, we highlight those values that relate particularly closely to the activities being described. Although we only highlight each value once in the article, each one is applicable to many of the activities performed by regional center staff.

### HOW REGIONAL CENTER FUNDS ARE ALLOCATED

The regional center receives funding for two purposes:

- purchasing services for clients and families (POS) from community service providers
- operating the center, including, for example, paying staff salaries and office rent; and purchasing supplies and telephone service (operations)

**Figure 1**, opposite page, top left, gives a graphical breakdown of the relative amounts of the regional center budget that are apportioned to POS and operations. As can be seen from this pie chart, POS accounts for about 83 percent of the total regional center budget. The remaining 17 percent is allocated between *general administration* (3 percent) and activities that are *direct services* (14 percent) to clients and families.

**Figure 2**, opposite page, bottom right, illustrates the comparative increases in purchase of service and total operations expenditures over the last eight years. The figure shows that POS expenditures have grown at almost twice the growth rate for operations.

### OPERATIONS: WHAT DOES IT INCLUDE?

In this section, we take a closer look at what is included in the operations category. We begin by looking at the direct services provided by Regional Center staff.

#### Direct Services

##### SERVICE COORDINATION

Service coordination consists of a unique set of services and supports assigned to regional centers by the Lanterman Act. It is the cornerstone service provided by the regional center. It is the universal service received by every client and is central to ensuring that the service system meets every client's needs.

**Customer Value: Coordination of Services.** All services and supports necessary for an individual to achieve his or her desired outcomes are provided in a manner that is person-centered, integrated and coordinated with one another.

The Lanterman Regional Center employs over 90 professionals who help plan and coordinate services for 6,000 children and adults living at home, in the community, and in developmental centers. These service coordination activities occur in face-to-face meetings as well as via periodic telephone communications. Service coordinators (SCs) work with clients and families on the development of person-centered plans, called Individual Program Plans, or IPPs. SCs also conduct annual reviews of these plans, and for clients living in licensed residential homes or supported living they conduct quarterly face-to-face reviews at the home. In 2003, SCs will conduct approximately 1,700 IPPs, 3,500 annual reviews, and almost 3,000 additional quarterly face-to-face visits to clients' homes.

As part of each annual review, the SC also completes an annual health status evaluation, intended to ensure that the client is receiving the recommended medical, mental health, and dental care, and an annual assessment of client adaptive behavior (the Client Development and Evaluation Record, or CDER). SCs whose clients live in a licensed residential home also participate with staff of the Center's Community Services Department in monitoring the quality of services in those settings.

For our **Early Start** clients (age birth-to-three), SCs coordinate development of an Individual and Family Service Plan (IFSP) every year and review that plan after six months. In 2003, they will complete almost 800 IFSPs and approximately the same number of six-month reviews. Early Start SCs also provide outreach and case finding through activities such as participation in monthly discharge planning meetings at six neonatal intensive care units serving the Lanterman area. Early Start SCs have been very successful in helping toddlers gain entry to typical (integrated) preschools. In 2002, nearly 120 of our children were accepted into community-based preschools. Finally, Early Start SCs work with families to ease the transition of these children into the public schools at age three.

SCs are the primary contact linking clients and families with services and supports needed to implement Individual Program Plans. They must ensure cooperation and collaboration across agencies and service providers in the interest of clients. This linkage may be to public and community resources such as the schools, the Department of Rehabilitation, and Social Security, or it may be to Regional Center authorized service providers. When necessary, SCs facilitate the purchase of

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LANTERMAN REGIONAL CENTER

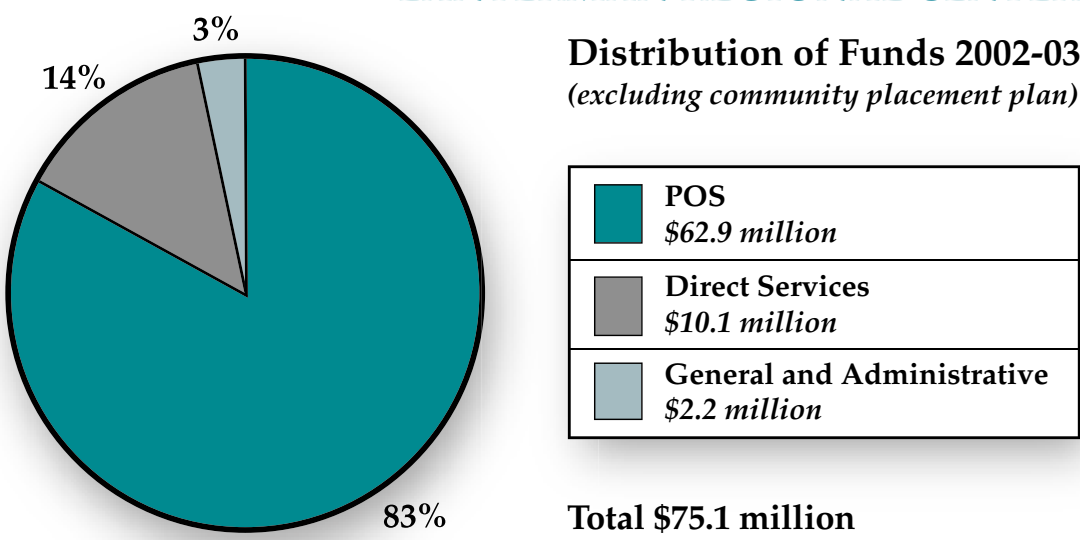


Figure 1

Continued from page 8

services by the Regional Center from community service providers. On average over 800 new funding authorizations or changes to existing authorizations are processed each week, totalling over 40,000 in a year, and valued at \$62.9 million. SCs monitor the service relationships to ensure that they are effective in helping clients achieve their desired outcomes, and they promptly intervene when problems or questions arise. These responsibilities require SCs to maintain intensive communications, both verbal and written, with agencies, direct service providers, clients, and their families. The SC is also the primary keeper of information about the client. They receive, review, act on, file and send hundreds of pieces of information on each client in a year. On average, each SC has a caseload of about 62 clients. At Lanterman, service coordinators do virtually all of their own secretarial activities themselves.

**Emergency response.** The Regional Center provides services during regular working hours and also responds to urgent situations and emergencies after hours and on weekends. Clients and families can contact an on-call staff manager 24 hours a day, 7 days a week through the Center’s emergency line.

**Special Incidents.** Service coordinators, in coordination with staff of the Center’s departments of Community Services and Clinical Services, have the primary responsibility for investigating Special Incidents. Special Incidents are occurrences that potentially threaten the health and welfare of clients. They include things such as unexpected hospitalizations, physical injury, lost or missing clients, and suspected abuse. The aim of a Special Incident investigation is to intervene and resolve a problem, to determine whether the occurrence was preventable, and if it was, to develop strategies or interventions to prevent a recurrence.

In 2002, Lanterman staff members investigated and resolved 1,192 special incidents. Many of these investigations required the service coordinator to intervene on behalf of the client with a community agency such as a hospital, the Department of Children and Family Services, the Department of Mental Health, a law enforcement agency or court, Adult Protective Services, or the county’s Public Guardian Office. The Center’s **Risk Mitigation Committee** monitors Special Incidents at the aggregate level to determine if there are any systemic issues warranting action by the Regional Center — for example, implementation of training initiatives, changes to policies or procedures, or the development of new services and supports.

**Targeted Case Management (TCM) Program.** As a condition of the state obtaining federal financial participation in the funding of regional centers, service coordinators are required to document all of their direct service activities in the interdisciplinary (ID) notes of their clients’ records. The federal government has imposed strict requirements on this documentation — for example, services must be described precisely and in a

specific format, and time must be recorded in 15-minute intervals. This information is used by the regional center to bill the Department of Developmental Services (DDS) on a monthly basis. DDS, in turn, bills the federal government for these services. The TCM program brings approximately \$100 million in federal funding into the state each year.

**ADVOCACY**  
**Customer Value: Advocacy.** People with developmental disabilities and their families receive direct assistance and active support aimed at helping them gain access to the opportunities they need to live their lives the way they choose.

Service coordinators are the front line advocates assisting clients and families in exercising their civil, legal and service rights. They represent clients’ interests with service providers in the community as well as with generic services such as the school system and the Department of Rehabilitation. In 2002, service coordinators attended Individual Education Program (IEP) meetings for more than 600 clients, and they helped more than 500 families gain inclusion for their sons and daughters in regular classrooms with their typical peers. SCs serve a critical advocacy function helping clients and families achieve eligibility for entitlements such as Medi-Cal and SSI, and they assist families dealing with criminal justice and immigration matters.

**Customer Value: Self Advocacy.** People with developmental disabilities and their families have access to training, information and support, as well as the opportunities necessary

to develop the skills they need to advocate effectively for themselves.

The Center conducts a 10-hour course for Lanterman families to help them become more effective advocates for their family member with a disability. This course, called Service Coordination and Advocacy Training (SCAT), is provided four times a year, in both English and Spanish. Clients are able to develop and practice their own self-advocacy skills through involvement with one of several **self-advocacy groups and residential councils** in the Lanterman area.

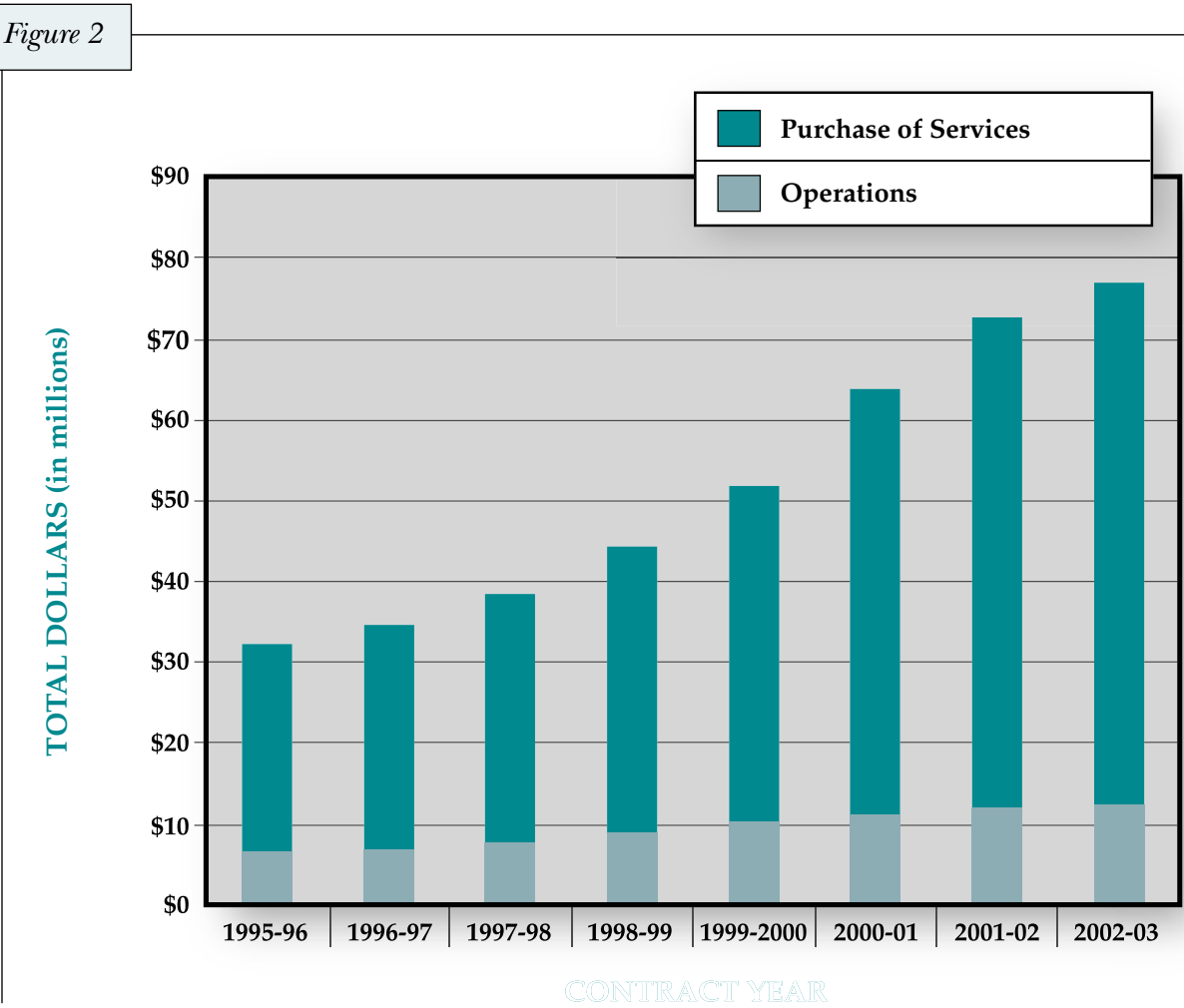
Finally, the Center supports a program called **Peer Advocates for Reproductive Health**. This program trains female clients in specific advocacy skills that allow them to work with peers who may be resistant to receiving recommended reproductive preventive health services such as Pap smears and mammograms. The goal is to increase the number of female clients in the Lanterman area who regularly receive these services.

**INTAKE AND ASSESSMENT**  
Intake staff members oversee the process through which prospective clients are assessed and evaluated for eligibility for regional center services. The Intake Unit receives an average of 75 new referrals each month; and completes the intake and assessment process for another 75 individuals each month, completing this within legally mandated time frames. For prospective clients who are determined not eligible for regional center services, intake and assessment staff serve as a source of information and referral to other public and private resources that might meet their needs and the needs of their families. These staff members also engage in outreach activities with agencies such as the Department of Children and Family Services, the Department of Mental Health, homeless shelters, and the Los Angeles City jail, to enhance case finding and to ensure that referrals made by these agencies are appropriate.

**CLINICAL SERVICES**  
Using an interdisciplinary team approach, the Clinical Services Department staff conduct a variety of activities aimed at improving the health and well-being of clients. Nurses, physicians, psychologists, pharmacists, a dental coordinator, and a dentist are involved in:

- **individual assessments** of clients
- **review of services being provided** to clients by community professionals and direct consultation with these professionals

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- **consultations with service coordination staff** on specific clients’ health issues
- **participation in annual review meetings** for clients who have health related issues and concerns
- **review of requests for the use of psychoactive medications** with clients
- **review consents for surgery** for adult clients who cannot give informed consent
- through the center’s **Bio-ethics Committee**, review of all requests from physicians or families to impose a “Do Not Resuscitate Order” for clients, and development of a written report with recommendations to the executive director for her action
- **Mortality Review** in all cases of client death

**Medicaid Waiver.** A major activity of Clinical Services is certification and annual re-certification of clients for eligibility under the Medicaid Waiver program. This is a collaborative effort of Clinical Services staff and service coordinators. While Clinical Services is responsible for managing the certification/recertification process, the service coordinators are responsible for ensuring that eligible clients’ IPPs and other documentation are written according to the federal requirements. The Medicaid Waiver program brings a substantial amount of federal funding into the developmental services system. Approximately 1,450 of Lanterman’s 6,000 clients are currently certified for the Waiver. This number represents a 100 percent increase from last year’s waiver enrollment for the Center. Statewide, the Medicaid Waiver program brings nearly \$500 million into the Developmental Services system.

**Figure 3**, below, gives a graphical representation of the portion of the regional center system budget that is covered by federal financial participation, including Medicaid Waiver as well as Targeted Case Management, discussed above. These federal funds constitute almost one-third of the total budget for regional centers.

The Clinical Services Department also develops and manages special targeted projects intended, for example, to improve dental health; prevent unnecessary hospitalizations; evaluate the use and handling of medications in liscensed residential homes; and provide necessary support to aging consumers to enable them to “age in place” in the community. For these projects, the Regional Center has partnered with organizations such as USC schools of Medicine and Dentistry; UCLA schools of Medicine, Dentistry, and Nursing; University of the Pacific Dental School; the Neuropsychiatric Institute at UCLA, and Childrens Hospital Los Angeles.

**FAMILY SUPPORT**

**Family Resource Center.** The Family Resource Center (FRC) is dedicated to the provision of

information and support to clients and families and to the professionals who support them. The Center maintains a **Help Line** that responds to more than 250 inquiries each month. It contains a **multimedia lending library** filled with thousands of educational materials available to clients, families, service providers, and members of the larger community. By the end of 2002, nearly 2,500 individuals were registered users of the library. Staff of the FRC publish the **Viewpoint newsletter** and support the **Lanterman Web site**, both critical informational and communication tools used by the Lanterman community. In 2002, the web site had 22,000 unique visitors and logged 130,000 hits.

The Resource Center coordinates nearly 30 **family support groups** providing mutual support, education, information sharing, advocacy, and **client support and self-advocacy groups**. It also maintains the **Peer Support Program** where more than 60 experienced parents are available to offer one-to-one emotional support and information to families who are new to the Center or who request help or support with specific issues.

The FRC coordinates the Regional Center’s **volunteer program**. In 2002, approximately 20 volunteers completed over 2,000 hours of volunteer effort. Through the FRC, the Regional Center has also developed internship opportunities intended to bring young people with non-traditional backgrounds, such as business and the sciences, into the Regional Center to apply their knowledge and skills while learning about developmental services. The capstone of that effort is the Roberta Happe Memorial Internship, established in 2001.

The FRC has been instrumental in developing and maintaining **partnerships** with community based organizations like LAUSD Adult Education Division for the adult computer classes, USC Occupational Therapy Department for an OT internship, and the Pasadena Public Library for the inclusion of people with disabilities in the public libraries.

**Assistive Technology Project.** Another valued component of the FRC is the Assistive Technology Project that provides consultations, information and advice to clients and families of clients who might benefit from the use of technology to learn, communicate, or complete other activities of daily living. Last year alone the project provided more than 80 Assistive Technology (AT) consultations, 19 AT workshops, 20 AT presentations to client, family and community groups, and over 350 hours of telephone information, support and referrals with clients and families. In partnership with the Los Angeles Unified School District, Lanterman hosts eight computer training classes for clients, family members, and caregivers each year. Approximately 150 students graduated from these classes with beginner and intermediate computer skills. Today and into the future, technology is reshaping a wide range of supports and opportunities for

people with developmental disabilities, including early language, cognitive, social, and vocational development. The Assistive Technology Project represents a significant and ongoing contribution to the direct support provided to many Lanterman clients and families.

**Touchpoints™.** Touchpoints™ is a special project developed under the auspices of the Family Support program, Training and Development Department, and Clinical Services. This project is an adaptation of an educational program designed to teach medical and allied health practitioners about the physical, emotional and behavioral development of infants and young children and improve their ability to communicate effectively and sensitively with parents about these issues. Supported by a \$750,000 grant from the LA County Children and Families First Proposition 10 Commission, the Regional Center’s project is aimed at adapting the original Touchpoints™ model to the population of children with special needs.

**Customer Value: Personal-Professional Relationships.** People providing services and supports are caring and respectful of individuals with developmental disabilities and their families, they understand their needs, and they act as true partners in helping people achieve their desired outcomes.

**QUALITY ASSURANCE AND IMPROVEMENT ACTIVITIES**

**Residential services.** The Community Services Department is responsible for a range of activities aimed at ensuring the health, safety and well-being of consumers living in community residential settings, and improving the quality of services provided there. Regular monitoring visits to group homes and other residential settings are also intended to ensure that the residents’ rights are protected, that residents’ personal funds are being appropriately managed, and that residential staff are helping residents maximize opportunities to participate in the life of the local community. Regional Center staff provide technical assistance and training to service providers to increase their skills and enhance the quality of services they provide.

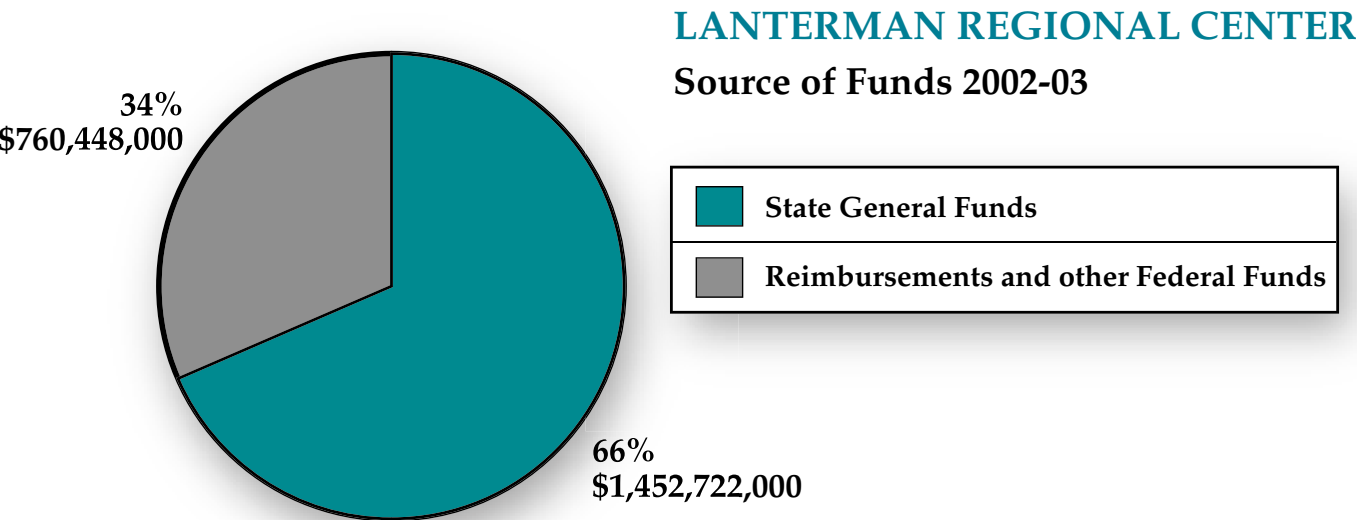
**Customer Value: Quality of Service Delivery.** Services provided to people with developmental disabilities are based on best practices, meet people’s expectations, and are effective in helping people and their families achieve desired outcomes.

The monitoring function requires staff, every year, to conduct several hundred visits to approximately 125 residences, ranging from comprehensive two-day reviews to briefer, unannounced quarterly visits. These are collaborative activities between Community Services staff and service coordinators who conduct quarterly visits and participate in the more comprehensive reviews.

Homes that do not meet regulatory standards are required to implement Corrective Action Plans. They are given technical assistance and are subject to additional unannounced monitoring visits until necessary improvements are made.

**Other services.** Community Services staff members also monitor day programs and independent living providers to ensure the health, safety and well-being of clients receiving those services. As they do with residential services, staff provide technical assistance and training to these service providers. Monitoring of these services is not mandated by the state, nor is the Regional Center funded to do it.

Figure 3



Continued on page 11



RESOURCE DEVELOPMENT

The Community Services Department is responsible for ensuring that the service system includes the types and numbers of services necessary to meet the service needs of the more than 6,000 children and adults in the Lanterman service area. This responsibility covers the entire range of services, including living options, day programs, and therapeutic services. Resource development is based on an ongoing needs analysis to identify the “holes” in the service system, as well as support and provide technical assistance to service providers willing to develop or expand services in response to the assessed needs. A critical aspect of this function is the **development of appropriate residential options** for people moving out of the developmental centers and into the community.

**Customer Value: Service Availability, Access, and Choice.** People with developmental disabilities and their families have access to the range of services and supports necessary for them to achieve their desired outcomes and have a choice in the services and supports they use.

Community Services is responsible for coordinating the addition of new service providers to the network through a process called **vendorization**. Every external individual, program, or other organization that provides a product or service to a regional center client must go through this process. It involves a review of the provider’s proposal describing the services he wishes to provide as well as a determination of whether the provider meets the state’s standards for vendorization and satisfies the Regional Center’s expectations for quality and cost-effectiveness. Families also go through this process if they use a voucher to purchase a service, such as respite, diapers or transportation.

The changing paradigm of service delivery increasingly emphasizes family and client choice of provider as well as wider use of services where clients are included (for example, typical neighborhood preschools rather than segregated programs). As a result, the number of vendors that the Regional Center manages has increased significantly in recent years. For example, in 2002, Community Services added 521 new vendors to Lanterman’s list. The corresponding number for just the first quarter of 2003 was 291. In 2002, the center also added 354 new respite vouchers, 329 new respite workers for families already vendored, and 60 transportation vouchers.

The Regional Center’s vendor list includes thousands of providers in our area, each of which has a record that must be maintained. Vendors are also **monitored** by the Regional Center in an ongoing effort to ensure, for example, that they remain in good standing with licensing and other regulatory bodies.

CONSUMER BENEFITS COORDINATION

Three staff members in the Center’s Administrative Services Department spend 100 percent of their time coordinating client benefits. They are responsible for **managing the SSI funds** of approximately 900 clients for whom the Regional Center is the representative payee. These are clients who are unable to manage their own finances and have no family or other appropriate representatives able or willing to help them with this responsibility. These three staff members currently manage more than \$8.5 million in clients’ funds. They also manage the **processing of applications** for Supplemental Security income, Medi-Cal, and other programs for these 900 consumers as well as the **annual re-determination of eligibility**.

Staff members in this same department also do **fiscal monitoring** to ensure that the funds received by service providers are appropriately spent and that the bills submitted to the Center are accurate. The overall mission of the Accounting Department — careful stewardship of funds entrusted to the Regional

“The regional center is the coordinating hub for the developmental services system and, as such, is a critical partner with service providers, clients, and families in their efforts to make the lives of people with developmental disabilities more independent, productive and satisfying.”

— Diane Anand

Center — is critical to maintaining the fiscal health of the Developmental Services system.

TRAINING

The Regional Center creates, conducts, and coordinates a wide range of educational and skill development activities for clients, families, service providers, and Regional Center staff. Staff from all departments within the Center collaborate to design and conduct training programs. In 2002, the Center conducted 63 different training programs tailored to the needs of clients, parents, services providers, and staff. Among the programs offered to families and clients are new family orientation, service coordination and advocacy training, peer support training, behavior management, parenting skills, and leadership development.

Governance and Administration

In terms of the entire budget, governance and administration costs — everything *other* than purchase of services and regional center direct services to clients and families — account for approximately 3 percent of total expenditures. We now take a closer look at what is included in that 3 percent.

BOARD AND EXECUTIVE ACTIVITIES

The regional center is a community-based, non-profit organization governed by a volunteer board of directors made up of parents, clients and other interested citizens. The board along with its executive staff has primary accountability to ensure that that the Center **meets the requirements of all applicable federal and state laws and regulations and its contract and performance plan with the state Department of Developmental Services including meeting the requirements for federal financial participation (which is becoming an increasingly larger funding source)**. Our board has also committed the Center to four strategic initiatives: inclusion, information and technology, affordable housing, and employment.

The executive director and senior staff work together to create a climate of accountability and an environment that promotes quality, innovation, and cost-effectiveness both within the Center and the Center’s network of community service providers. The board and executive group also provides vision and leadership for the creation of **special projects** intended to enhance the service system and the quality of services provided. A few examples of these projects are the **UCLA/NPI/Lanterman Special Psychiatric Clinic**; the **Touchpoints™** program described above; and *Perspectives*, the upcoming film festival intended to promote understanding and inclusion of people with developmental disabilities in the media.

ACCOUNTING AND PAYMENT FUNCTIONS

The accounting department is charged with ensuring fiscal accountability within the

Center and among community service providers. In a typical month this department:

- inputs approximately 3,400 initiations, changes or terminations to POS authorizations
- adds about 166 new vendor records to the system
- prints an average of 5,000 invoice forms for POS
- prints an average of 3,300 checks, about 85 percent of which are to community providers and families for services delivered to clients
- makes payments for more than 1,500 family voucher users

INFORMATION TECHNOLOGY SUPPORT

The computerized management information system and the associated e-mail system constitute the support backbone of virtually everything the Regional Center does, from service coordination, to family support, to accounting. The IT staff provide support for this critical function, including hardware and software support, as well as education and training of 170 employees who depend on this technology to do their jobs — serving people — each and every day.

HUMAN RESOURCES (HR) FUNCTIONS

The HR Department manages activities necessary to attract and retain knowledgeable, committed and competent staff able to carry out the complex mission of the Regional Center. In order for the Center to attract and retain such staff, HR staff are constantly reviewing benefit programs (health, disability insurance, etc.) to provide maximum value to the Center and to our employees. In 2002, the HR staff worked with the appropriate units in recruiting 24 new hires, 20 of whom were SCs. This requires screening and interviewing hundreds of applicants. It also includes administering all aspects of personnel including payroll and performance evaluations.

COORDINATING ANNUAL GIVING

The HR Department oversees a range of giving programs that, in 2002, brought the center nearly \$60,000 in donations of funds and goods for clients and families through the *Holidays Are For Sharing* program for the Help Fund.

OPERATIONS MANAGEMENT

This function includes facility rent and maintenance; telephone, fax, copiers, and other equipment maintenance; and mail and switchboard responsibilities. Operations staff handle, on average, more than 500 phone calls per day through the switchboard (in addition to the thousands of incoming calls through the automated telephone system), and handle an average of 2,800 pieces of incoming mail and 2,500 pieces of outgoing mail each week.

INSURANCE

Additional costs to the Center’s operating budget are incurred by items such as liability insurance and workers’ compensation insurance. With no additional funds coming from the state, costs of such coverage have affected the regional center in the same way they have affected service providers. At the same time, interest earnings, used by centers to fund part of their operating budgets, are down significantly. In 2000-2001, Lanterman had about \$275,000 in interest earnings. This year, that figure will be about \$105,000, a loss of \$170,000 in real dollars. This amount would support the hiring of three service coordinators.

So, as William Shakespeare wrote so long ago:

“What’s in a name?”

We want our community to be informed and understand that no matter what you call the things the regional center does, they are unique activities of direct and obvious benefit to clients and families, and they add value to the service delivery system as a whole.



## Places to Go and Things to Do... Right in Your Own Community

**J**ust in time for the lazy days of summer, Lanterman will be releasing *Places to Go... Things to Do*, a book focusing on accessible activities within the Lanterman service area.



Originally developed by Harbor Regional Center, the vision behind *Places to Go... Things to Do* was to create a resource to enhance the capacity of service providers to help the individuals with whom they work live fuller and more meaningful lives as active, engaged members of their communities.

"The book was not designed to be a comprehensive list of all the different on-site and community-based activities that are available," indicates Maral Tahmizian from Community Services. "Instead, it provides a starting point from where our service providers can customize activities to meet the needs of the people they serve in the communities they are located in.

*Places to Go... Things to Do* describes what makes an activity meaningful, engaging and interesting. It also touches on the importance of individual choice and how to relate an individual's chosen activities to their service plan. There's also a "how-to" section, as well as tips for developing new activities.

The bulk of the publication focuses on a variety of site and community-based activities available. The site-based section, "...spaces to have, things to do," offers suggestions for developing various types of separate activity spaces, including computer and Internet spaces, as well as spaces for gardening, cooking, craft, exercise, games, music and entertainment activities. The book provides detailed lists of the equipment and supplies required, and also provides information about specific projects and activities.

The community-based activities section, "...places to go, things to do," not only provides suggestions for places to look for local, seasonal and annual events such as parades and festivals, but also provides a list of 20 permanent locations including museums, the Los Angeles Times, Farmer's Market, and Travel Town. There are also ideas for activities at the park, beach or library. Included in this section is information on the duration of the activity, staffing and equipment needs, contact information, accessibility, and costs. For each location, a breakdown is provided that includes sections on preparation, instructions, suggestions, and some related activities.

Throughout May and June, service providers will be receiving their copies of *Places to Go... Things to Do*, along with training on how to use the book. It will also be available for families to purchase at the Koch ♦ Young Family Resource Center. "The strength of this resource is that as activities change or new ones are developed, the book can be updated because it will be in binder form," shares Tahmizian. For more information, contact Maral Tahmizian at [maral.tahmizian@lanterman.org](mailto:maral.tahmizian@lanterman.org) or 213.383.1300 x. 655.

## Knowledge is Tool for Living Independently in LA...and LILA's the Key

**D**aniel J. Boorstin, librarian of congress, once said: "Knowledge is not simply another commodity. On the contrary knowledge is never used up. It increases by diffusion and grows by dispersion."

And that's the vision behind LILA — Living Independently in Los Angeles.

LILA is a consumer-directed online project created by Los Angeles residents with disabilities based on their own knowledge of the area's independent living resources. "It's a one-stop resource center and virtual community where people can gather and share information online," explains John Whitbread, project manager for the Westside Center for Independent Living.

When they log on, users are able to pull up a host of information specific to their area of Los Angeles. This could include the location of services and programs benefiting people with disabilities, local businesses serving the community, the ADA accessibility features of public buildings, accessible routes of travel to bus stops, and inclusive recreation programs. "The beauty of the site is that it unites a variety of public and agency databases into one information system," shares Whitbread.

The LILA Web site includes five main sections. The largest section features a list of more than 1,100 community "assets." Other sections are a dynamic "map room," a "public forum" to spread the word about advocacy efforts, exchange ideas, activities, post jobs and ads, a "what's new" section to keep community members current on events that may affect them, and also a "links" section to other online-based resources.



LILA was developed by the Westside Center for Independent Living (<http://www.wcil.org/>), and the UCLA Advanced Policy Institute (<http://api.sppsr.ucla.edu/>), with the idea that knowledge will empower the disabled residents of Los Angeles to successfully integrate into their communities.

"LILA is the e-version of the independent living effort that is consumer-controlled, peer-based, and cross-disability," adds Whitbread. "It creates, for the first time, a county-level model for using electronic online technologies to reduce barriers to information for people with disabilities."

Visit the LILA Web site today at <http://www.asklila.com> or <http://lila.ucla.edu>. For more information contact John Whitbread at 310.390.3611 ([john@wcil.org](mailto:john@wcil.org)) or Alan Toy, project director at the UCLA Advanced Policy Institute, at 310.267.4944 ([atoy@ucla.edu](mailto:atoy@ucla.edu)).

## Pomeranz'd Again as Tom Pomeranz Brings Universal Enhancements Back to Lanterman

**S**ix months after his first visit to Lanterman in November 2002 when he spoke at the Service Provider Advisory Committee appreciation breakfast, Dr. Tom Pomeranz was back — this time speaking specifically to Lanterman day program and residential care providers.

In his thought-provoking and visionary presentation, Dr. Pomeranz provided participants with a key in the form of Universal Enhancements (UE) to help unlock and open the doors that can serve as barriers to a person with developmental disabilities, who may be shut out of the world that most of us take for granted. "This is an integral part of Lanterman's mission," shares Karen Ingram, director of community services. "It is our responsibility to ensure that the individuals we support are provided with meaningful opportunities for community participation."

Inspired by the valued and meaningful relationships that most individuals are fortunate to experience in life, this presentation of Universal Enhancements discussed how service providers can use the UE tools of humor, giving, courtesy, listening, respectful language, and support routines to assist others in forming relationships and experiencing a quality life. Dr. Pomeranz also detailed how these strategies can support



Dr. Tom Pomeranz

others in overcoming socially inappropriate behavior, as well as forming the foundation for self-determination.

"We want those individuals who provide direct service and support to Lanterman clients to possess the best practice strategies possible to facilitate the individuals they



Dr. Pomeranz explains one of the Universal Enhancements to participants.

support in all aspects of their lives including hobbies, employment, education, religion, and leisurely pursuits," explains Ingram.

Both presentations received rave reviews from Lanterman service providers and staff. Around the office, discussions of various key points kept cropping up at meetings and in hallways for several days afterwards.

"The key now is to incorporate and implement what we learned. In the end it boils down to our attitude and how we interact and support people with developmental disabilities. The key questions we need to ask ourselves are: 'Would I want to be treated like that?' and 'Would I want to live/work here?'," concludes Ingram. "If the answer to either question is 'NO' — make the necessary changes."

"It is our responsibility to ensure that the individuals we support are provided with meaningful opportunities for community participation."

— Karen Ingram



# Everything You Ever Wanted to Know About Lanterman

Whether you're new to Lanterman Regional Center or have been here a while, at some point, you've probably needed answers to a host of frequently asked questions including: What is a developmental disability? What is an individual program plan? Can I change my designated service coordinator? How can I be assured of receiving quality and effective services? How do I appeal a decision?

The answers to these and hundreds of other questions, along with tips and helpful tidbits of information are in the *Guide to Lanterman Regional Center*. "All individuals, families and caregivers should have a copy of this valuable guide," shares Patricia Herrera, director of family support services. "The guide not only provides an overview of resources available, it also describes the Center's purpose, but most importantly focuses on the unique partnership that is established between the Center and the community we serve."

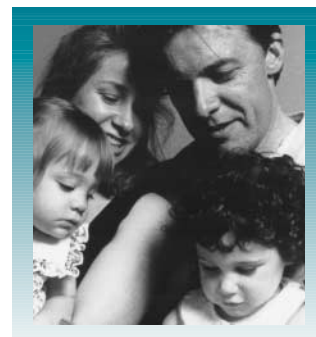
As part of our initiative to increase awareness, knowledge and power through information, we will be highlighting various sections of the guide in Viewpoint. This issue focuses on the legal rights and responsibilities of people with developmental disabilities.

## What are the legal rights and responsibilities of people with developmental disabilities?

People with developmental disabilities have the same basic rights and responsibilities as all other legal residents of the United States and the State of California. In addition, California law gives people with

developmental disabilities some special rights, including:

- A right to treatment and habilitation services and supports in the least restrictive environment. Treatment and habilitation services and supports should foster the developmental potential of the person and be directed toward the achievement of the most independent, productive and normal life possible. Such services shall protect the personal liberty of the individuals, and shall be provided the with least restrictive conditions necessary.
- A right to dignity, privacy, and humane care. To the maximum extent possible, treatment, services and support shall be provided in natural community settings.
- A right to participate in an appropriate program of publicly-supported education, regardless of degree of disability.
- A right to prompt medical care and treatment.
- A right to religious freedom and practice.
- A right to social interaction and participation in community activities.
- A right to physical exercise and recreational opportunities.
- A right to be free from harm, including unnecessary physical restraint or isolation, excessive medication, abuse or neglect.
- A right to be free from hazardous procedures.
- A right to make choices in their own lives including, but not limited to; where and with whom they live; their relationships



## YOUR PARTNERS IN SUPPORT

*Guide to Lanterman  
Regional Center*



3303 Wilshire Blvd., Suite 700  
Los Angeles, CA 90010  
(213) 383-1300 Fax (213) 383-6526  
www.lanterman.org

with people in their community; the way they spend their time, including education, employment and leisure; the pursuit of their personal future; and program planning and implementation.

- A right to have relationships, marry, be part of a family, and to parent if they so choose.

Look for the revised edition of the *Guide to Lanterman Regional Center* to be released Summer 2003.

## Infants, Young Children, and Technology Go Hand-in-Hand with Tech for Tots™

*Continued from Page 1*

adds Aller. "Assistive technology isn't about buying the most expensive item, but about appropriately assessing the developmental needs of the young child, setting appropriate goals, selecting the technology, and training the parents and professionals in how to properly apply the chosen technology."

Historically, developmental assessments are performed without adaptations using assistive technology. "From the get go, it's as if you are assessing with the wrong tools and so you'll get the wrong picture of what the child may actually be capable of doing," explains Aller. Part of the *Tech for Tots*™ project included a pilot for a hands-on practicum conducted at the Lanterman Regional Center that utilized assistive technology in the process of assessing the child's current abilities and developing intervention goals. It is anticipated that with further grant support a curriculum and a basic assistive technology kit designed to increase awareness of appropriate assistive technology applications will be disseminated for use by developmental assessors.

One of the key ideas behind *Tech for Tots*™ is to prevent secondary disabilities. For example, an infant who is born with a motor problem may not be crawling or walking at the typically expected time. While the child is probably receiving physical therapy, it could take a long time before he or she can move about independently, if at all. In the meantime, the infant or toddler is being deprived of the typical experiences that children who can move about independently encounter in their

environment. The child with the motor impairment can't investigate the environment independently, because he or she is dependent on someone to carry him or her around, which is a passive rather than active way of experiencing the environment.

"The exploratory experience of touching, pushing and moving things, running into people, and the feedback that results is important for cognitive and social development in early childhood," shares Aller, "it's how a child's brain develops." Without these experiences, a child can develop a secondary disability. For example, a cognitive delay, that results from limitations due to the primary disability, such as motor impairment. Assistive technology can give young children the ability to interact with their environment and have experience-based learning, so that they don't develop a secondary disability and fall behind cognitively or socially because of a disability in another area.

Current thinking is that a child is born with trillions of brain cells, but they are not very well organized. What helps the cells become connected and organized into coherent areas of functioning are the child's early experiences. "The basics you need to continue learning start being formed early," adds Aller.

The purpose of assistive technology is to allow a child at any age to function as independently as possible and have experiences by participating in activities in natural environments to develop both skills and the mind. "It is not unusual however, for parents to worry that early assistive technology interventions may interfere with or limit the child's chances for developing their natural abilities. This is a common concern surrounding the early use of communication devices — the fear that the child will not develop speech if another means is available," explains Aller. Recent research has demonstrated that children, who are provided with a speech device early on, actually have an increased likelihood for developing speech. This occurs because use of the device enables the young child to communicate and participate in interactions. "Assisted speech provides children with the ability to express their idea, see it have an effect on others, and that interaction itself is basic for speech and language development," comments Aller.

Two critical features of the *Tech for Tots*™ model curriculum are its interdisciplinary base and family-centered approach. Equipped with such a model, a pilot project with Lanterman's Assistive Technology Project was conducted last fall. An

interdisciplinary team was recruited, and included a physical therapist, speech-language pathologist, early intervention teacher, a parent of a child with a disability, Martin Sweeney, the assistive technology consultant, and Dr. Aller, an itinerant developmental psychologist. The team participated in teaching presentations, hands-on assistive technology workshops, and family consultations. Five children and their families attended individual sessions with the team to determine how assistive technology could be utilized along with conventional therapies in supporting and promoting the child's development in all domains.

A core goal in the partnership was to train professionals to think about how all areas in a child are connected to one another and developing simultaneously as they are receiving their individual therapy. "Professionals are trained to isolate, and so they become specialized in one area, but they need to think about how their particular area interfaces with the other areas of development," explains Aller.

"The project also has a very family-centered approach, where the team has to include the family and the goals have to be the family's goals," notes Aller. "Not including families in the assessment and goal setting process is the single most important reason for the abandonment of any intervention plan, especially one that includes assistive technology."

After every family consultation, the interdisciplinary team shared with each other what they observed from their point of view and discussed it with the parents. "The pilot project did demonstrate that the interdisciplinary approach to intervention is doable, and even though you may not find teams working together at the same time, if individual professionals have had the experience of working together and seeing how all areas come together in the child, they will carry it with them," shares Aller. "And that's the purpose of *Tech for Tots*™, to give professionals the resources to ensure that the child is receiving the most appropriate level of support for successful development." Assistive technology supports and strategies based on sound assessment, a multi-domain developmental perspective, and a family-centered approach, can be a powerful partner in supporting and promoting development starting in infancy.

For more information about assistive technology, contact **Martin Sweeney** at **213.383.1300 x. 722** or **[martin.sweeney@lanterman.org](mailto:martin.sweeney@lanterman.org)**.



*Martin Sweeney, director of the Assistive Technology Project, demonstrates the principles of assistive technology, and how various toys can be adapted to help children with disabilities play.*



# CLO Helps People Find Homes and Live in the Community

Continued from page 1

with behavioral challenges and significant medical needs still resided in these institutions. For many of these people, the developmental center was the only home they had ever known.

In 1993, families of 13 residents of state developmental centers brought a lawsuit to force the state to create appropriate living options in the community. In 1994, an out-of-court settlement resulted in the adoption of the Community Living Options Initiative calling for the movement of 2,000 persons from developmental centers into the community over five years and the prevention of future inappropriate admissions. This settlement was intended to ensure that persons with developmental disabilities have access to high quality, stable, individually tailored, and integrated community living arrangements of their choice.

In response to this settlement, Lanterman Regional Center created the Community Living Options team, simply known as CLO. “Our team’s ultimate goal is to facilitate movement out of the developmental center for anyone who has requested such a move” says Hollie Swain, a CLO placement specialist. It should be noted that the CLO Initiative is the most visible component of a larger effort by all regional center service coordination staff to help people move to less institutional, more homelike residences in their home communities. This effort focuses on institutional-like settings that exist in the community, such as skilled nursing homes and other large congregative residences.

“Accomplishing this goal can sometimes be tough, for two reasons,” explains Elaine Patten, another CLO team member. “One reason is that families and consumers sometimes fear the unknown. A second reason is the lack of appropriate services and supports in the community.” When many of these individuals first moved to the developmental center, there were no other appropriate resources available in the community, and in many cases, their parents feared that along with the freedoms available to their sons and daughters in the community, there could be danger. “Because of these beliefs held by families, we must ensure that people moving to the community have access to high quality services tailored to their unique needs,” adds Bob Erio, CLO manager.

Every resident of a developmental center has an annual review meeting, much like the annual Individual Program Plan (IPP) meeting for people living in the community. It is at this meeting where the option of moving to the community is first discussed. If it is decided that living in the community is the desired option for a consumer, a sequence of events is put in place to facilitate the move. The first step is a meeting involving the CLO staff member, staff of the developmental center, the resident, and involved family members or other interested people. This team reviews the current services being provided to the resident and discusses what additional services and supports would be necessary for this person to live in the community.

CLO team member Carol Kaplan explains, “You can’t just take a person who has lived in a developmental center for the better part of his life and expect that an existing living environment will automatically meet his unique needs.” In some instances, the CLO team is able to find an existing home that meets the clients needs. More often, however, CLO works with Lanterman Regional Center’s Community Services department to develop a home tailored to the needs of the person. “There are several major factors to consider when helping a person move to the community. We have to look at the quality of life that can be achieved and the effectiveness of the available services. We are also challenged with how to ensure that the client will be able to keep connected with old friends from the developmental center after the move,” notes Erio.

Once an individual moves into the community, the regional center must ensure that the services he receives will continue to meet his needs over time. “The CLO team, along with Community Services staff and licensing agencies, actively monitor clients’ living arrangements to ensure that this happens,” comments Patten.

Since the CLO initiative began, two of the seven developmental centers have closed, and a third is in the process of being closed. One hundred fifty of Lanterman Regional Center’s clients still reside in a developmental center. Every year, the CLO team facilitates a review for each these individuals to determine if a move to the community is desired. If it is, the team develops a plan to make it a reality.

## Meet the CLO Team

Each of the individuals on the Community Living Options (CLO) team brings a unique background and a variety of experiences to their work.



**BOB ERIO**  
**How long have you been at Lanterman?**  
I’ve been at Lanterman since August of 1987, approximately 16 years.

**Where did you go to school?**  
I received a degree in political science from Eastern Illinois University.

**How does your education relate to your schooling?**  
Working in the services systems requires understanding the political arena, which my education has helped with. The experience

and training that I have received since I’ve been at Lanterman have also been extraordinarily helpful, including trainings with the Drucker Foundation and Karl Albrecht. I feel fortunate to have received the level of training I have, and believe it has further enhanced my ability to do my job.

**What position did you hold at Lanterman prior to working with CLO?**  
I started out at Lanterman as a service coordinator and had a split caseload working with adults at the developmental centers and Villa Esperanza. I was promoted to a regional manager in the early 1990s and have been doing this ever since. I’ve managed a variety of different regions over the years, and started working with the CLO team about two and a half years ago and as the Pasadena regional manager about a year ago.

**What are your specific job responsibilities?**  
I mentor 11 service coordinators and community living specialists who are responsible for approximately 700 or so individuals living both in the community and the developmental centers. Currently I’m participating with the regional phenylketonuria (PKU) project as the Southern California project manager. The PKU project, a partnership between two developmental centers and six regional centers, is working to ameliorate the effects of late diagnosed and late treated PKU in residents of the developmental centers.

**What are some of the challenges associated with this job?**  
It’s a fast-paced job, and you are dealing with a lot of responsibility and a number of people’s lives on a daily basis. It’s challenging to find a way to keep our customers satisfied, healthy and safe, while meeting the requirements of both the state and federal government.

**What have you enjoyed most about your job?**  
I enjoy helping people achieve a higher level of independence and quality of life as we work with them to make plans and then execute these plans. It’s rewarding to see people arrive at their desired destiny with our help. This could mean helping a client move out of a developmental center or secure a job in a real work setting.

**Is there a life lesson that you would like to share?**  
I have this favorite quote by John F. Kennedy: “Liberty without learning is always in peril and learning without liberty is always in vain.”



**CAROL KAPLAN**  
**How long have you been at Lanterman?**  
I’ve been here 25 years. This was the very first full time job that I took. Before that I served as a board member for another regional center.

**Where did you go to school?**  
I went to Northeastern, Harvard, and Cal State.

**What are your specific job responsibilities?**  
I am responsible for monitoring the individual programs of regional center clients residing at developmental centers. This includes the court and legal work associated with them.

**What are some of the projects you’ve worked on since you’ve been at Lanterman?**  
I worked on the very first placement project. I run the Coffelt Club, which functions as a way of training service providers about how the needs of clients from the developmental centers may be different from those of other clients and how to handle these differences.

**Is there a life lesson that you would like to share?**  
With everyone that I work with, I put it in my mind that if this was my loved one, what would I want for him or her, and how would I want it accomplished.



**HOLLIE SWAIN**  
**How long have you been at Lanterman?**  
I’ve been at Lanterman three years in July.

**Where did you go to school?**  
I attended The University of Alabama and Auburn University, graduating Cum Laude from Auburn University in 1997. After graduation, I worked as a court advocate for victims of domestic violence in rural Alabama. I then relocated to Los Angeles and began working with the regional center.

**What position did you hold at Lanterman prior to working with CLO?**  
I worked as a service coordinator for adults living in residential homes for two years. I have been a community living specialist on the CLO team for 10 months and just recently accepted the responsibility of helping people move out of the developmental centers. This means I will work with people who have an outcome on their Individual Program Plan (IPP) to move out of the developmental center.

**What are your specific job responsibilities?**  
I help develop the plan for someone to move once this is an outcome on his or her IPP. Clinicians and specialists complete thorough assessments, recommending services and supports necessary for the person to live successfully in the community. I then research available living options, including supported living, adult family care, or residential homes. I also assist with the actual move, including visits to potential homes. I also do the court and legal work associated with the individual.

**What are some of the challenges associated with this job?**  
The biggest challenge is the coordination involved in seeing a move through to completion. You have to develop a trusting relationship with the family members involved. The trust is essential to ensuring that families don’t get scared at the last minute and change their mind about community placement.

Continued on next page



What have you enjoyed most about your job?

It's rewarding to see how people grow personally and flourish after they move out of the developmental center. Seeing someone go from an environment where everything is structured to having choices throughout their daily life is the best part.

Is there a life lesson that you would like to share?

Nothing's life or death except life or death.



ELAINE PATTEN

How long have you been at Lanterman?

I've been at Lanterman since 1996, but have been working with people with developmental disabilities since 1988.

Where did you go to school?

I received a degree in behavioral science from the University of Utah.

What position did you hold at Lanterman prior to working with CLO?

I worked as a residential adult service coordinator, but I've been with CLO for the last three years.

What are your specific job responsibilities?

Once individuals move to the community, my job is to make sure that their living situation remains stable. This may include development of the IPP, locating community resources, and providing technical assistance to the service providers supporting the client.

What have you enjoyed most about your job?

I enjoy knowing that individuals living in the community are given choices and the opportunity to participate in a variety of activities.



RAENA PUENTEZ

How long have you been at Lanterman?

I've been at Lanterman for a little over two years.

Where did you go to school?

I went to Whittier College.

What position did you hold at Lanterman prior to working with CLO?

I worked as service coordinator for school-age children and have only been working with CLO for several weeks.

What are your specific job responsibilities?

I participate in the development of the IPP for clients who reside at the developmental center. As part of that process, I provide input into a plan that may help someone move out of the developmental center. I also do the court and legal work associated with the individual.

What have you enjoyed most about your job?

Being a service coordinator in general is rewarding. There's always something new, something challenging, and something different to tackle.

Home Ownership Made Possible by H.O.M.E.

Do you have reasonable credit? Are you low to moderate income? Are you a first time homeowner? Do you have a permanent disability, or a relative with a disability? Do you have at least \$500 for a down payment? Do you have a month of reserves in savings?

If you answered yes to all of these questions, then you could become a homeowner with the assistance of H.O.M.E., a program designed to help people with disabilities and their families become homeowners.

If you qualify, H.O.M.E. offers down-payment assistance; provides a loan that is more flexible than a regular bank loan; and offers the loan at a fixed 4.5 percent interest rate. They also offer first-time, home-buyer education classes, credit counseling, and information about Mortgage Assistance City Programs free of charge.

For more information and to receive an informational package please contact 888.346.9700.

Client PROFILES

KATIE STEPANEK BECOMES A NEW PERSON LIVING OUT IN THE COMMUNITY

At age 2 ½, Katie Stepanek was diagnosed with PKU (Phenylketonuria). Twelve years later she was placed in a state institution where she lived for 30 years.



PKU is a metabolic disorder in which phenylalanine accumulates in the blood due to a missing enzyme. Left untreated, it can cause severe brain damage resulting in profound mental retardation and significant behavioral challenges. At the time Katie was diagnosed in 1954, there was no treatment. It wasn't until 1966 that a specialized diet was developed to combat the effects of PKU, and today, by law, all infants are tested for this disorder at birth.

In October 1996, Katie moved into Vagthol's Residential Care Center in Burbank where her life changed. Dr. Richard Koch, an internationally-renowned physician specializing in PKU, became involved in her case and began converting her to the highly-specialized PKU diet. "We had to gradually introduce the new diet," shares Ann Seisa, founder and owner of Vagthol's, "and at times encountered some resistance, but in the end Katie accepted the new diet."

"Ridding her body of the high toxic level of phenylalanine has transformed Katie emotionally, physically and functionally, and increased the quality of her life tremendously," comments Seisa. Stepanek sleeps more at night and her attention span has increased so that she can perform household tasks and take care of many of her own needs. She also participates in a day program, enjoys spending time out-of-doors, and is finding hobbies.

Seisa attributes Stepanek's success not just to the diet, but also to a consistent, active treatment program, which includes positive reinforcement, community integration, and an interdisciplinary team approach including occupational, physical and speech therapists, behaviorists, psychologists, and nurses.

GARY DEAN SMITH RETURNS TO THE COMMUNITY

After 32 years of living in state institutions, Gary Dean Smith moved back into the community this past February.



As a child, he was diagnosed with moderate mental retardation and autism. His parents chose to keep him at home with them. By the time he was 18, however, they no longer felt they were capable of handling some of his behaviors. Due to a lack of residential homes located in the community at that time, they placed him into Camarillo State Hospital where he lived until it closed in 1997. From Camarillo, Smith was transferred to Fairview Developmental Center where he lived for another five years in the autistic unit.

During his annual review in 2002, it was decided that the best option for Smith was to live in the community. Hollie Swain, his placement specialist, first met Smith in July of that year. "Smith is a quiet and shy individual who does not speak," shares Swain, "but he communicates clearly through his body language. The first time I met him, I thought to myself, why is he here, he certainly doesn't meet the behavioral or medical conditions of many individuals living in the developmental centers."

After the meeting, she began to research potential community living options, finally choosing NBC Guest Home in Eagle Rock. "Smith's mother was concerned about moving him from the developmental center, and it took us some time to really explain to her what was going to happen, and how we were all confident he would have a much better quality of life living in the community instead of the developmental center," adds Swain.

Smith made three visits to his new home before he finally moved in on February 1.

Today Smith attends a day program three times a week and spends two days at home. He likes sitting outside in the sun, going for walks, and spending time by himself. "He used to be quite lethargic and sleep in until 10 a.m., now he's up by 6 a.m., showered, dressed and ready to start his day," notes Swain.



# Training & Events

The Training and Development unit provides information on training opportunities that focus on developmental disabilities and related topics. The unit staff coordinates training events that are conducted by Lanterman Regional Center. Staff also coordinate registration arrangements for clients, family members, staff, board members, and service providers in the Lanterman community to attend external educational events of special interest.

**The Center also publishes a training and events webpage that is accessible via our Web site: <http://www.lanterman.org>.**

If you are a parent or client in the Lanterman Regional Center service area and are interested in attending a training opportunity outside the Regional Center, contact your service coordinator. For consideration, your request must be received by Training and Development three weeks prior to the posted conference deadline. We welcome your suggestions for future training topics and information on upcoming educational events that we can share with others.

**You may send comments, or request to be on the mailing list, by one of the following options:**

#### BY MAIL:

Training and Development  
Lanterman Regional Center  
3303 Wilshire Blvd., Suite 700  
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## Lanterman Regional Center Family & Consumer Training

The following are training opportunities that focus on developmental disabilities and related topics and are conducted or sponsored by Lanterman Regional Center for clients, family members and board members in the Lanterman community.

### NEW FAMILY ORIENTATION

Lanterman Regional Center provides orientation meetings to welcome new clients and families to the Center. These meetings provide an introduction to the Lanterman service delivery system, and are conducted monthly.

**For a schedule of monthly orientation meetings call 213.383.1300 x. 730.**

#### EARLY INTERVENTION FAMILIES (BIRTH TO 3 YEARS)

English – Last Monday of every month  
9:30 a.m. - 10:30 a.m.  
Lanterman Regional Center, FRC  
Presenters: LRC staff

**For additional information call 213.383.1300 x. 730.**

#### FAMILIAS DE INTERVENCION TEMPRANA (NACIMIENTO A 3 AÑOS)

Español – Ultimo lunes de cada mes  
10:30 a.m. - 11:30 a.m.  
Lanterman Regional Center, FRC  
Presenters: LRC staff

**Para mas información llame al 213.383.1300 x. 730.**

#### CHILDREN THREE YEARS OLD AND UP

English – July 25, Sept. 26, Nov. 21  
9:30 a.m. - 11 a.m.  
Lanterman Regional Center, FRC  
Presenters: LRC staff

**For additional information call 213.383.1300 x. 730.**

#### PARA NIÑOS TRES AÑOS Y MAYOR

Español – June 27, Aug. 29, Oct. 31  
9:30 a.m. - 11 a.m.  
Lanterman Regional Center, FRC  
Presenters: LRC staff

**Para mas información llame al 213.383.1300 x. 730.**

#### TRANSITION TO PRESCHOOL ORIENTATION MEETING

For families with children two years of age.  
English & Español  
Presenters: LRC staff

**For information and dates call 213.383.1300 x. 730.**

### BEHAVIOR MANAGEMENT WORKSHOP FOR PARENTS

This six-session course introduces the basic principles, concepts, and practical applications of behavior management. The classes focus on managing and controlling challenging behaviors, and using positive reinforcement to replace inappropriate behaviors. **Please note: This workshop requires referral from your service coordinator. Contact your service coordinator to register, or call the Family Resource Center at 800.546.3676.**

### SERVICE COORDINATION AND ADVOCACY TRAINING

This training is a 10-hour course for Lanterman families to better enable them to advocate for and assist their family member with a disability.

**For reservations call 213.383.1300 x. 730.**

#### ESPAÑOL

September 16, 2003 - October 14, 2003  
9:30 a.m. - 11:30 a.m.  
Lanterman Regional Center  
Presenters: SCAT faculty

#### ENGLISH

October 2, 2003 - October 30, 2003  
7 p.m. - 9 p.m.  
Glendale Unified School District  
223 N. Jackson Street  
Glendale, CA 91206  
Presenters: SCAT faculty

**The address for Lanterman Regional Center is:  
3303 Wilshire Blvd., Suite 700  
Los Angeles, CA 90010**

### GOOD GRIEF SUPPORT GROUPS

These support groups offer parents an opportunity to meet in a small group facilitated by a counseling professional specifically trained in the areas of grief and disabilities. Topics discussed include the role of grief in your life, missed milestones, the impact on family rituals, redefining perfection, and other topics to help families deal constructively with normal feelings of stress and grief.

**Dates and Times TBA.**

### PARENTING THE CHILD WITH SPECIAL NEEDS

This is an exciting five-week course that addresses issues faced by families who have children from birth to age six with special needs. A specialized training on Autism is also available.

**For information and dates call 213.383.1300 x. 730.**

### SEXUALITY & SOCIALIZATION TRAINING

Lanterman Regional Center offers several options for sexuality and socialization training.

**Please note: All of the sexuality and socialization trainings require a referral from your service coordinator. Contact your service coordinator to register.**

#### ABILITIES

Abilities is a sexual abuse and exploitation risk-reduction program for adults with developmental disabilities. This three half-days training includes topics such as: definitions of sexual abuse, assertiveness training, self-esteem and communication, personal safety training, and what to do if a person is ever sexually abused or assaulted.

#### GET SAFE

The Get Safe program is a personal safety program for people with developmental disabilities. Topics covered include assertiveness training, safety awareness, defining boundaries, and creating healthy relationships.

#### WOMEN'S REPRODUCTIVE HEALTH AND SELF-ADVOCACY TRAINING (RHSA)

RHSA is a peer-advocacy-based training program for women with developmental disabilities. The four session training is co-taught by a health educator and a female client, and includes topics such as: basic anatomy, menstruation, menopause, pregnancy, sexually transmitted diseases, contraception, the importance of women's health exams, and using self-advocacy to communicate with your doctor.

### ASSISTIVE TECHNOLOGY COMPUTER CLASSES

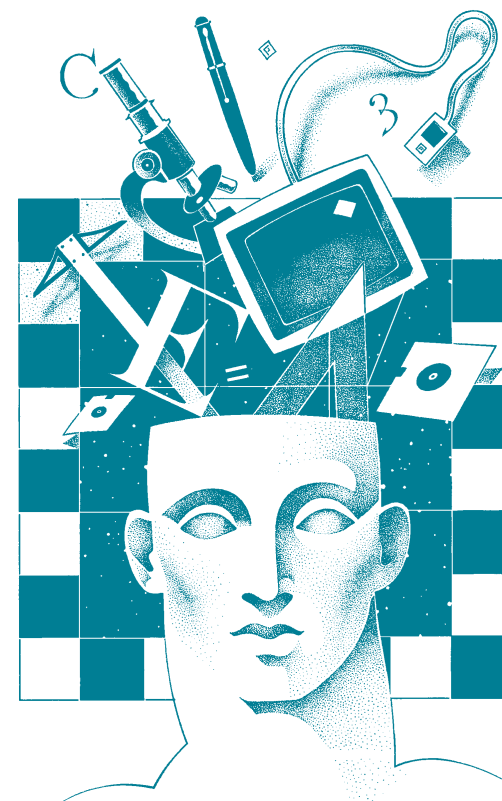
The Adult Education and Career division of Los Angeles Unified School District (LAUSD), in partnership with the Assistive Technology Project of Lanterman Regional Center, have established these classes to assist Lanterman client and their families. These classes are an introduction to computers and software. Inquire about classes in other languages, independent study options, and open lab hours. Space is limited and fills up quickly.

**For registration and further information call 800.546.3676 or 213.383.1300 x. 730.**

The summer session of computer classes begins the second week of July and finishes the third week in August, meeting for seven consecutive weeks. The fall session of computer classes begins the first week of September and finishes the third week of December, meeting for ten consecutive weeks.

#### BEGINNER FOR ADULTS — ENGLISH

Summer Session: July 8, 2003 – August 19, 2003  
Fall Session: September 2, 2003 – December 16, 2003  
Tuesday mornings, 9 a.m. - 12 p.m.  
Lanterman Regional Center  
Presenters: LAUSD



#### INTERMEDIATE FOR ADULTS — ENGLISH

Summer Session: July 10, 2003 – August 21, 2003  
Fall Session: September 4, 2003 – December 18, 2003  
Thursday Mornings, 9 a.m. - 12 p.m.  
Lanterman Regional Center  
Presenters: LAUSD

#### INDEPENDENT PROJECT LAB

For graduates of both the Essentials and Intermediate computer classes, an independent study lab is offered for those clients or family members who are interested in a specific area of study or skill development. The independent study lab offers full use of the Assistive Technology Lab but is not an instructional class. Participants must be able to work independently with a minimal degree of direction. The independent study lab is offered on Friday mornings.

Summer Session: July 11, 2003 – August 22, 2003  
Fall Session: September 5, 2003 – December 19, 2003  
Friday Mornings, 9 a.m. - 12 p.m.  
Lanterman Regional Center

#### BASICA POR ADULTOS — ESPAÑOL

New classes to start in July.  
Dates and times TBA.

#### BEGINNER FOR ADULTS — KOREAN

Minimum of 10 students required.  
Dates and times TBA pending level of interest.

## Training & Development Opportunities

### For Service Providers

The following are training opportunities that focus on developmental disabilities and related topics and are conducted or sponsored by Lanterman Regional Center for service providers in the Lanterman community.

### PERSONAL SAFETY: WHAT CONSUMERS AND SERVICE PROVIDERS SHOULD KNOW

July 8, 2003  
10 a.m. to 12 p.m.  
Lanterman Regional Center  
Presenter: Stuart Haskins from Project Get Safe  
213.383.1300 x. 720  
Cost: \$5 pre-registration, \$10 at door  
Parking not validated.

### DISABILITY RIGHTS

August 12, 2003  
9 a.m. to 1 p.m.  
*\*Please note: this is a four-hour training session.*  
Lanterman Regional Center  
Presenter: Western Law Center for Disability Rights  
213.383.1300 x. 720  
Cost: \$5 pre-registration, \$10 at door  
Parking not validated.

### AGING WELL: A MULTIFACETED APPROACH TO HELPING PERSONS WITH DEVELOPMENTAL DISABILITIES AGE IN PLACE

September 9, 2003  
10 a.m. to 12 p.m.  
Lanterman Regional Center  
Presenter: FDLRC staff  
213.383.1300 x. 720  
Cost: \$5 pre-registration, \$10 at door  
Parking not validated.

*Additional service provider trainings will be available on:*

October 14, 2003 (Details yet to be determined.)  
November 11, 2003 (Details yet to be determined.)  
December 9, 2003 (Details yet to be determined.)





### ADULT SIBLING SUPPORT GROUP

Call for dates, location and details.  
**Contact: Olivia Hinojosa 213.383.1300 x. 705**

### ARMENIAN PARENT GROUP

Quarterly meetings — Glendale area  
Call for dates, location and details.  
**Contact: Rima Shahoian 818.548.4349**  
**Sona Topjian 213.383.1300 x. 468**

### ARMENIAN PARENT SUPPORT GROUP

Monthly meetings at group members' homes in the Glendale area.  
Monthly — Last Friday 11 a.m. — 1 p.m.  
**Contact: Rima Shahoian 818.548.4349**  
**Sona Topjian 213.383.1300 x. 468**

### AUTISM SOCIETY OF AMERICA

San Gabriel Valley Chapter Support Group  
1167 N. Reeder Avenue; Covina  
Monthly — First Wednesday, 7:30 p.m.  
**Contact: Patricia Kreysler 626.447.3452**

### DE MI FAMILIA A SU FAMILIA

(Grupo para familias con niños con autismo.)  
Lanterman Regional Center  
Primer miercoles de cada mes  
9:30 a.m. — 11:30 a.m.  
**Contact: Romi Castillo 323.463.3678**

### DOWN SYNDROME SAN GABRIEL VALLEY PARENT SUPPORT GROUP WITH CHILDREN UNDER SEVEN

Church of the Brethren  
1041 N. Altadena Drive; Pasadena  
Monthly — Second Thursday, 7 p.m. — 9 p.m.  
**Contact: Olivia Hinojosa 213.383.1300 x. 705**  
**Ian & Terry West 818.952.2629**

### FAMILIES AND FRIENDS OF PERSONS WITH DISABILITIES

St. Dominic's Community Center  
2002 Merton Avenue; Eagle Rock  
Monthly — First Friday, 7:30 p.m.  
**Contact: Emma Guanlao 323.259.8332**  
**Sandy Riancho 323.344.9355**

### FILIPINO AMERICAN SPECIAL SERVICE GROUP FOR THE DEVELOPMENTALLY DISABLED

Call for dates, location and details.  
**Contact: Alice Gubatan 213.384.2340**

### FOOTHILL AUTISM ALLIANCE — NETWORK RESOURCE MEETINGS

BCR-230 E. Amherst Drive; Burbank  
Monthly — Second Wednesday, 7 p.m. — 9:30 p.m.  
**Contact: Sue Brooks 818.66.AUTISM (818.662.8847)**

### FRAGILE X PARENT SUPPORT GROUP

Call for dates, location and details.  
Monthly — 7 p.m.  
**Contact: 818.754.4227 (voicemail)**

## Lanterman Self-Advocacy Groups

### MID-WILSHIRE SELF-ADVOCACY GROUP

Lanterman Regional Center  
Monthly — First Monday, 4 p.m. — 6 p.m.  
**Contact: Armen Frundzhyan 323.462.7300**

### PASADENA SELF-ADVOCACY GROUP

529 N. Hill Avenue; Pasadena  
Call for dates and times.  
**Contact: Ara Bezjian 626.793.1989**  
**bezara@visto.com**

### THE ACHIEVERS

Burger King in Glendale  
(corner of Colorado and Chevy Chase)  
Monthly — Third Monday, 5 p.m. — 6 p.m.  
**Contact: Jack Riggie 818.848.1246**

### GLENDALE / BURBANK / FOOTHILL PARENT SUPPORT GROUP

Burbank First United Methodist Church  
700 N. Glenoaks Blvd.; Burbank  
Monthly — First Wednesday, 10 a.m.  
**Contact: Jennifer Wyre 213.383.1300 x. 528**

### GRUPO DE APOYO PARA FAMILIAS DE INTERVENCION TEMPRANA

Lanterman Regional Center  
Seguendo miercoles de cada mes, 9:30 a.m. — 11:30 a.m.  
**Contact: Augustina Mellin 213.365.2138**  
**Monica Mauriz 213.383.1300 x. 698**  
**Edward Perez 213.383.1300 x. 674**

### GRUPO PARA FAMILIAS CON NIÑOS CON PRADER-WILLI

Shriner's Hospital  
3160 Geneva Street (Virgil and Third); Los Angeles  
Ultimo viernes de cada mes, 7 p.m. — 9 p.m.  
**Contact: Angeles y Jesus Lopez 323.644.3319**

### HOLLYWOOD / WILSHIRE PARENT SUPPORT GROUP

Lanterman Regional Center  
Call for dates, location and details.  
**Contact: Jessye Davis 213.383.1300 x. 460**

### INCLUSION IN REGULAR CLASSES SUPPORT NETWORK

Dates, locations and times vary each month.  
Call for next meeting.  
**Contact: Sam Suzuki 213.383.1300 x. 509**

### JAPANESE-SPEAKING PARENTS ASSOCIATION OF CHILDREN WITH CHALLENGES

Little Tokyo Service Center  
231 East Third Street, Suite G-104; Los Angeles  
Monthly — Third Saturday, 9:30 a.m.  
**Contact: Mariko Magami 818.249.1726**  
**Michiko Wilkins 818.557.0728**

### KOREAN PARENT SUPPORT GROUP

Asian Advocate for Special People  
Lanterman Regional Center  
Monthly — Second Monday, 6:30 p.m. — 8:30 p.m.  
**Contact: Suki Chang 213.999.3981**  
**Christine Yuh 213.383.1300 x. 503**

### LA ESPERANZA

(Grupo semanal en Español)  
Lanterman Regional Center  
Lunes, 9 a.m.  
**Contact: Ana Ripoll 213.389.8329**  
**Maria Cibrian 323.666.1601**  
**Nilda Lopapa 213.383.1300 x. 554**

### PADRES UNIDOS LANTERMAN

(Grupo en Español)  
Childrens Hospital of Los Angeles (Vermont and Sunset)  
Conference Room "D"  
Segundo martes de cada mes, 7 p.m. — 9 p.m.  
**Contact: Irma Cruz 323.461.9307**  
**Yadira Bautista 323.460.4794**

### RETT SYNDROME SUPPORT GROUP

Quarterly meetings — Pasadena area  
Call for dates, location and details.  
**Contact: Marie Hyland 626.790.4836**  
**Pep Stenberg 626.355.5334**

### SPANISH-SPEAKING PARENT SUPPORT GROUP

(Grupo semanal en Español)  
Salvin Special Education Center  
1925 S. Budlong Avenue; Los Angeles  
Llame para los fechas, 9:30 a.m. — 11:30 a.m.  
**Contact: Gloria Perez 213.383.1300 x. 518**

### TEATRO ILUSIÓN

(Grupo semanal en Español)  
Shriner's Hospital  
3160 Geneva Street (Virgil and Third); Los Angeles  
Cada viernes, 6 p.m. — 8 p.m.  
**Contact: Yolanda Hernandez 562.928.5324**

## NEW GROUPS

### BEHAVIOR MANAGEMENT SUPPORT NETWORK

(Facilitated by a behavior therapist.)  
AbilityFirst  
40 North Altadena Drive; Pasadena  
Monthly — Second Tuesday, 7 p.m. — 9 p.m.  
**Contact: Olivia Hinojosa 213.383.1300 x. 705**

### daDA FATHERS REGIONAL SUPPORT NETWORK

Denny's Restaurant  
3060 San Fernando Road; Los Angeles  
Monthly — Second Monday, 7 p.m. — 9 p.m.  
**Contact: Aaron Hinojosa 213.740.5932**  
**Germán Barrero 626.840.9842**

### GRUPO DE APOYO PARA EL MANEJO DE LA CONDUCTA

(Dirigido por un terapeuta de comportamiento.)  
Shriner's Hospital  
3160 Geneva Street (Virgil and Third); Los Angeles  
Ultimo martes de cada mes, 7 p.m. — 9 p.m.  
**Contact: Alfredo Kertzman 714.328.4914**

### MOMMY & DADDY & ME — EARLY INTERVENTION PARENT SUPPORT GROUP

Call for details.  
**Contact: Olivia Hinojosa 213.383.1300 x. 705**

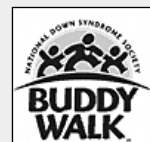
### SIBSHOPS

For siblings ages six-12.  
Los Angeles and Pasadena areas  
Monthly — Third Friday, 4 p.m. — 6 p.m.  
**Contact: Olivia Hinojosa 213.383.1300 x. 705**

*If you are interested in starting a support group but don't know how to take the first step, call The Koch-Young Family Resource Center for information:*

**800.546.3676**

## SAVE THE DATE! Buddy Walk 2003 Is On Its Way



The Down Syndrome Association of Los Angeles will be hosting its annual Buddy Walk on Sunday, September 14 at Santa Anita Park in Arcadia from 11 a.m. to 3 p.m. John C. McGinley will be attending again this year as the spokesman for the National Down Syndrome Society (NDSS). Lanterman Regional Center will also be hosting a booth at the event, which had over 1,200 participants last year.

The Inland Valley Support Group, in conjunction with The Down Syndrome Association, will be hosting their second annual Buddy Walk on Sunday, October 5 at Memorial Park in Upland. Last year's walk was very well attended with over 1,000 people and 25 information fair vendors.

The Buddy Walk was established in 1995 by the NDSS to promote awareness, understanding, acceptance and inclusion of people with Down syndrome. Thousands of people from coast-to-coast and around the world participate each year. The Buddy Walk celebrates National Down Syndrome Awareness Month, and is sponsored by NDSS, local parent support groups, schools, and other organizations.

Whether you have Down syndrome, know someone who does, or just want to show your support, come and join the Buddy Walk.

Anyone can be a buddy! Please contact the Down Syndrome Association of Los Angeles at **818.242.7871** or <http://www.dsala.org> for additional information.



Viewpoint

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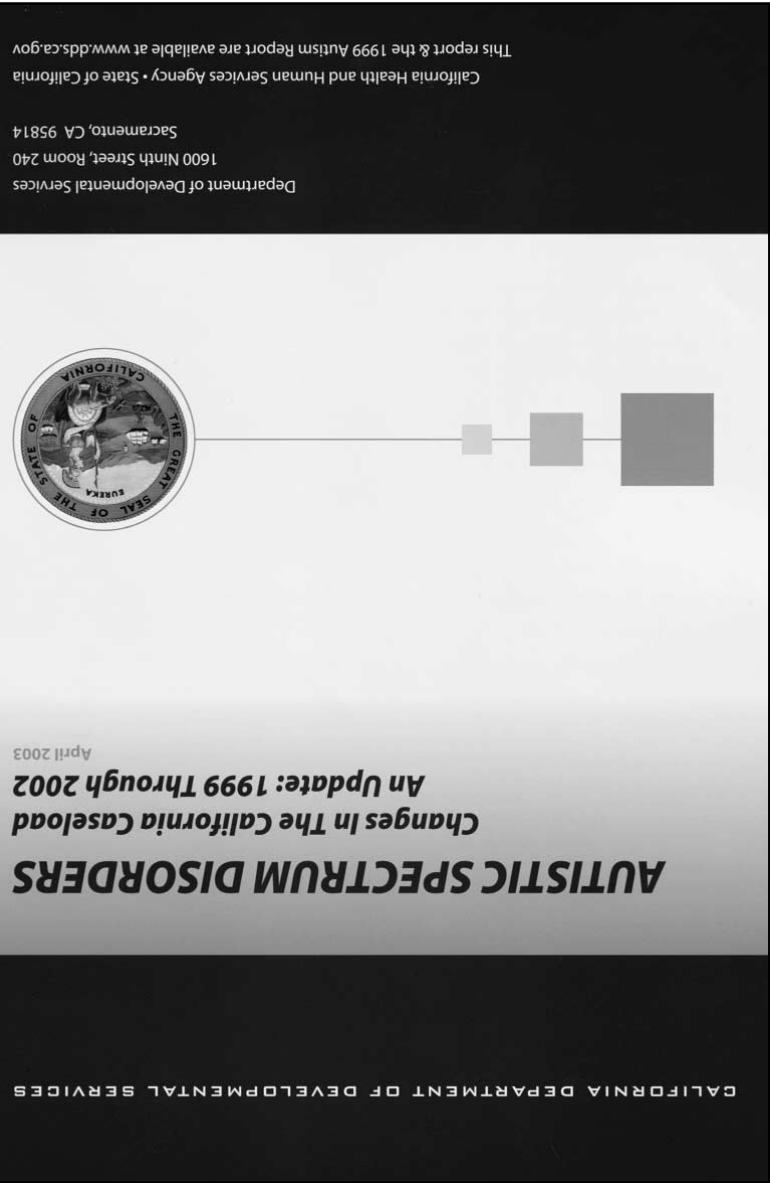
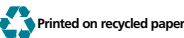
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Autism Study Confirms Sharp Upward Trend in Cases

Over a four-year period from December 1998 through December 2002, the number of individuals professionally diagnosed with autism and served by the Department of Developmental Services (DDS) jumped 97 percent, according to a report released by DDS in May. Titled *Autistic Spectrum Disorders. Changes in the California Caseload: 1999-2002*, the document notes that autism cases nearly doubled, jumping from 10,360 to 20,377. “This report confirms for parents and community-based professionals what Regional Center staff have personally been observing over the last several years,” shares Gwen Jordan, director of clinical services. The report only documents the increase in full syndrome autism cases and does not include children less than three years of age, individuals classified with lesser forms of autism, persons who have not yet entered the developmental services system, or those suspected of having autism but not yet diagnosed.

“One thing is for certain, we need to focus our money and our energy on identifying what the causes of autism are, and how we can minimize its effects through proven therapeutic services,” adds Jordan. The DDS report is available online at [http://www.dds.calhwnet.gov/autism/autism\\_main.cfm](http://www.dds.calhwnet.gov/autism/autism_main.cfm) or in the Koch•Young Family Resource Center.

“...we need to focus our money and our energy on identifying what the causes of autism are, and how we can minimize its effects through proven therapeutic services.” — Gwen Jordan