

# **UPDATE ON THE PLAN FOR THE CLOSURE OF LANTERMAN DEVELOPMENTAL CENTER**



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**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY**

**DEPARTMENT OF DEVELOPMENTAL SERVICES**



**“BUILDING PARTNERSHIPS, SUPPORTING CHOICES”**

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For a copy of this report or more information, please refer to  
<http://www.dds.ca.gov/LantermanNews/>

## **Executive Summary**

This report provides an update on the progress toward implementing the Plan for the Closure of Lanterman Developmental Center (Plan).<sup>1</sup> This is the ninth statutorily required status report and covers progress from January 1, 2010 to December 1, 2014.

The Department of Developmental Services (Department or DDS) identified the need for closure of a large developmental center and recommended the closure of Lanterman Developmental Center (Lanterman or LDC) in January 2010. Following an extensive planning and communication process with stakeholders, the Department submitted the proposed Plan to the Legislature on April 1, 2010. The Plan was subsequently approved in October 2010 through enactment of the Budget Act of 2010 and trailer bill provisions necessary for the success of the Plan. This update reports on the status of closure activities as outlined in the Plan.

The core principle of the Plan is to achieve a safe and successful transition of individuals with intellectual and developmental disabilities from LDC to other appropriate living arrangements as determined through the individualized planning process and formalized in the Individual Program Plan (IPP). Consistent with the Lanterman Developmental Disabilities Services Act (Lanterman Act) and to ensure the health and safety of each person, transition will occur when the necessary services and supports identified in the IPP are available in another appropriate setting. Closure activities focused on identifying or developing community resources to meet the specific needs of the LDC residents.

The closure process is informed by policies and initiatives that were successful during the closure of prior facilities, but tailored for Lanterman. Throughout closure, the Department has been communicating and working with stakeholders to achieve a smooth and successful closure.

The Plan is supplemented by important legislation that was included in the trailer bill to the Budget Act of 2010 (Senate Bill [SB] 853, Chapter 717, Statutes of 2010, Committee on Budget), as follows:

- Statutes authorizing the extension of Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHN) to persons who are transitioning from Lanterman. These facilities are designed to fill a gap in the continuum of licensed facilities, specifically to serve individuals with stable, but enduring special health care needs.
- Statutes that provide for improved health care through managed care health plans for persons transitioning from Lanterman to the community.

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<sup>1</sup> The Plan is available on the DDS website at [http://www.dds.ca.gov/LantermanNews/docs/LDCClosurePlan\\_FinalVersion.pdf](http://www.dds.ca.gov/LantermanNews/docs/LDCClosurePlan_FinalVersion.pdf)

- Statutes authorizing the implementation of an Outpatient Clinic to provide health and dental services to persons transitioning from Lanterman, ensuring the continuity of medical care and services as individuals transfer to new health care providers.
- Statutes authorizing the use of staff working at Lanterman to provide services in the community to former residents of Lanterman.

Additionally, in March 2011, the Health Omnibus trailer bill was enacted (Assembly Bill [AB] 97, Chapter 3, Statutes of 2011, Committee on Budget) which amended the statutes implementing managed care to clarify the participating health plans. All health plans operating in the various central and southern California counties affected by the closure are included, thereby increasing the choices available to consumers for health care.

Key to successful implementation of the Plan is development of housing and community resources. The Department worked with the Regional Centers (RC) representing residents of Lanterman to project resident needs and develop appropriate resources through existing funding in the Community Placement Plan (CPP). During the closure process, RCs have refined their plans for resource development to ensure resident needs are met. RCs are also active in all aspects of closure activities, which include such efforts as: participating in the individual planning processes; meeting with parents and families in a variety of venues, as organized by the Lanterman Parents Coordinating Council & Friends (PCC), the RC, or as requested by particular families; conducting tours of potential homes and programs for residents and their families; participating in advisory group efforts; coordinating resources and initiatives among RCs and with DDS; and customizing and expanding programs and services to meet the specialized needs of individuals residing at Lanterman. With the statutory authorization to utilize ARFPSHNs for persons transitioning from Lanterman, RCs have become familiar with this residential licensing category and developed 14 ARFPSHN homes. Additionally, RCs have worked with the managed care health plans in their counties to supplement existing Memorandums of Understanding (MOU) to address special provisions for managed care for residents of Lanterman moving to the community as part of closure.

Consistent with commitments in the Plan, the Department sought the recommendations of three advisory groups. The Resident Transition Advisory Group (RTAG) considered the processes and experience from Agnews and developed recommendations for improvements for residents transitioning from Lanterman. The RTAG produced three documents: *Transition Plan and Individual Health Transition Plan*; *Transition Activities*; and *Resident Transition Guidelines*. All documents define and support the individual planning process to ensure a successful transition of each resident. The new process was implemented for residents beginning transition planning in July 2011 and the Department released the finalized *Narrative Guidelines for Resident Transition* in January 2013. The Quality Management Advisory Group (QMAG) identified additional quality assurance strategies and enhancements associated with a resident's transition

into the community. These recommendations were the basis for the development of the comprehensive quality management system. The QMAG will continue to meet periodically to inform RCs and DDS on their findings that result from a review of the data. The most recent QMAG meeting was held on October 17, 2014. The Staff Support Advisory Group (SSAG) supports the Department's goals of ensuring adequate staffing to maintain operations throughout the closure process, and assisting staff in developing and pursuing personal plans for their future. The final SSAG meeting was held on November 17, 2014 with the LDC Executive Team.

As of January 1, 2010, there were 401 residents covered by the Plan. Of the 401 residents, 398 were being served at Lanterman, with another 3 individuals temporarily receiving services from subacute facilities in the community. As of December 1, 2014, 7 residents are being served at Lanterman, including 1 individual currently residing in a subacute facility in the community. Another 352 have transitioned from Lanterman to community living arrangements; specifically:

- 256 to a CCF – Adult Residential Facility, licensed by the Department of Social Services (DSS);
- 59 to an ARFPSHN, licensed by DSS;
- 16 to an Intermediate Care Facility (ICF), licensed by the California Department of Public Health (CDPH);
- 7 to long-term subacute facilities<sup>2</sup>
- 6 to their own homes and being served by RC-vendored Supported Living Services providers;
- 3 to a Family Home Agency arrangement;
- 2 to a Congregate Living Health Facility, licensed by CDPH;
- 2 to the individual's family home; and
- 1 Other (Germany).

At the end of the November 2014 pay period, there were 187 employees at Lanterman including enhanced staff. Twenty-two (22) percent are direct care nursing staff, 75 percent are non-level-of-care and administrative support staff, and 3 percent are level-of-care professional staff. For the period of January 1, 2010 through December 1, 2014, a total of 1,188 employees separated from Lanterman through transfer, retirement, resignation, layoff, dismissal, or other cause. The Department has worked directly with LDC management and staff to closely monitor staffing levels in all areas to ensure that staffing standards are met and that the quality of services at Lanterman is maintained. As of December 2014, level of care staffing meets certification standards throughout the facility.

The Legislature requested that, in addition to reporting on progress in implementing the Lanterman closure plan, the Department also develop completion dates for significant milestones related to implementation of the plan. After a public process to gather

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<sup>2</sup> As of the January 2014 report, individuals that have been in subacute placements for over a year are now considered transitioned, as they are no longer eligible to return to Lanterman.

stakeholder input, the Department finalized the milestones in January 2013<sup>3</sup>. An update of the milestones is included as Appendix B of this report.

In the course of the public process to develop milestones, the Department received suggestions and requests for other information and data related to the facility closure apart from measurable milestones and completion dates. The Department understands the importance of this information. Several items requested in the milestones process were added to this report, such as the number of conservatorships, information on enhanced oversight and the number of residential living units at LDC.

Among other statutory changes resulting from the trailer bill to the Budget Act of 2013, AB 89, Section 13 (Chapter 25, Statutes of 2013) requires DDS to complete closure of LDC no later than December 31, 2014.

As of December 23, 2014, the last resident has transitioned from Lanterman and warm shutdown activities have begun on the Lanterman campus. To ensure the health and safety of individuals, transition only occurred once services and supports were available, as identified through the individual planning process.

The chart on page 41 summarizes the Lanterman closure-related funding consistent with the Governor's Budget for 2015-2016.

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<sup>3</sup> The Milestones are available at <http://www.dds.ca.gov/LantermanNews>.

## **Introduction**

### **PURPOSE OF THE REPORT**

The purpose of this report is to provide an update on the progress toward implementation of the Plan. The Plan was submitted to the Legislature for approval on April 1, 2010, and was considered by the Legislature during the FY 2010-2011 budget process, with significant testimony being received from stakeholders. In October 2010, with passage of the Budget Act of 2010, DDS moved beyond the planning stages and began activities associated with closure of Lanterman Developmental Center. The trailer bill to the Budget Act of 2013 (AB 89--Section 13, Chapter 25, Statutes of 2013) requires DDS to complete closure of LDC no later than December 31, 2014.

The core principle of the Plan is to achieve a safe and successful transition of individuals with developmental disabilities from LDC to other appropriate living arrangements as determined through the individualized planning process and formalized in the IPP. The Department is committed to the Lanterman Act and working with stakeholders to achieve a smooth and successful closure of Lanterman. Consistent with the Lanterman Act and to ensure the health and safety of each person, transition will occur when the necessary services and supports identified in the IPP are available in another appropriate setting. Closure activities have focused on identifying or developing community resources to meet the specific needs of the LDC residents.

This report fulfills the statutory requirements in the Budget Act of 2011, Item 4300-001-0001, Provision 5, which states:

“The State Department of Developmental Services shall provide the fiscal and policy committees in each house of the Legislature with a comprehensive status update on the Lanterman Plan, by no later than January 10 and May 14 of each Fiscal Year, which will include, at a minimum, all of the following:

- (a) A description and progress report on all pertinent aspects of the community-based resources development, including the status of the Lanterman transition placement plan.
- (b) An aggregate update on the consumers living at Lanterman and consumers who have been transitioned to other living arrangements, including a description of the living arrangements (Developmental Center or community-based and model being used) and the range of services the consumers receive.
- (c) An update to the Major Implementation Steps and Timelines.
- (d) A comprehensive update to the fiscal analyses.
- (e) An update to the plan regarding Lanterman’s employees, including employees who are providing medical services to consumers on an outpatient basis, as well as

employees who are providing services to consumers in residential settings.

- (f) Specific measures the state, including the State Department of Developmental Services and the State Department of Health Care Services (DHCS), are taking in meeting the health, mental health, medical, dental, and overall well-being of consumers living in the community and those residing at Lanterman until appropriately transitioned in accordance with the Lanterman Act.
- (g) Any other pertinent information that facilitates the understanding of issues, concerns, or potential policy changes that is applicable to the transition of Lanterman Developmental Center.”

This report is the ninth update to the Plan and tracks progress from January 2010 until December 1, 2014. The report is divided into six major sections:

- Progress Report on Resource Development
- Residents of Lanterman
- Employees of Lanterman
- The Lanterman Facility
- Fiscal Update
- Milestones and Major Implementation Steps and Timelines

The final report will be issued in May with the May Revision to the Governor’s Budget for 2015-2016.

## **BACKGROUND**

In January 2010 the Department announced the difficult decision to recommend to the Legislature the closure of Lanterman. The announcement was immediately followed by an outreach and planning process to obtain and consider stakeholder recommendations for development of a closure plan pursuant to Welfare and Institutions Code section 4474.1, governing the developmental center closure process. The Plan incorporated stakeholder input as well as best practices and policy initiatives from prior facility closures. The Plan was submitted to the Legislature on April 1, 2010, and with the enactment of the Budget Act of 2010 and various implementing trailer bill provisions, the closure activities were initiated.

This report captures the primary areas of focus and progress between January 2010 and December 1, 2014. Key to making progress is having the necessary dialogue and training, including sharing information from prior closures and adapting and incorporating policies and procedures appropriate for Lanterman. The Department’s goal is to make progress thoughtfully and strategically for the benefit of the residents.

The Department continues to meet with parents and family members through the PCC. Regular meetings are being held at Lanterman with the employees so that Department and facility management can share information, hear employee issues and respond to

questions. DDS continues to communicate with the involved RCs and DHCS to assure implementation of the provisions of trailer bill language that provide for health services through managed care health plans for eligible persons who will move from Lanterman into the community.

During the planning phase and continuing throughout closure, the Department has encouraged open dialogue and communication. The ability to anticipate and proactively address issues is based on the valuable input of the individuals and groups involved with the closure process.

## **Progress Report on Resource Development**

### **DEVELOPMENT OF HOUSING AND COMMUNITY RESOURCES**

The CPP is designed to assist RCs with funding to enhance the capacity of the community service delivery system to enable individuals with developmental disabilities the opportunity to live in the least restrictive living arrangement appropriate for their needs. Developing community capacity through the CPP process provides the necessary resources to prevent individuals from admission to a developmental center, as well as the necessary services and supports for individuals transitioning from a developmental center to the community, when appropriate. The CPP encompasses the full breadth of resource needs including the development of both residential and day services.

By law, the Department is responsible for reviewing and approving CPP proposals for each RC. Based on the needs of each RC's developmental center residents, RCs propose development of housing and other projects using guidelines issued by the Department. Funds for the CPP are appropriated in the annual budget process and then, based on departmentally approved projects, allocated to the RCs.

CPP efforts for regional centers affected by the closure of Lanterman have focused on developing resources needed to achieve a safe and successful transition of individuals from Lanterman to other appropriate living arrangements. The CPP process associated with closure involves careful planning and collaborative efforts of the Department, Lanterman, the RCs, and the Regional Resource Development Project (RRDP). The services and supports needed by each individual, including, but not limited to, living options, day services, health services and other supports, are being identified through in-depth assessment and the planning team's development of the IPP. The Department meets regularly with the Southern California Conference of RC Directors (SCCRCD) and CPP liaisons to focus on the specific needs of the residents for planning and resource development. With statutory authorization of ARFPSHN, discussed below, and as more is known about the residents' needs through the individual planning process, the CPP proposals for the affected RCs continue to be refined.

The Southern California Integrated Health and Living Project (SCIHLP) is providing additional support in accessing available resources and developing additional housing.

SCIHLP was established in FY 2005-2006 when nine RCs in Southern California joined together to form this collaborative partnership. The intent of the partnership is to create permanent living options and individualized supports for persons who currently live in a developmental center or other large congregate care facility. The project does not intend to substitute or duplicate efforts of the individual RCs, but to assist RCs in regional resource development and identifying best practices for replication. Once the Lanterman closure was approved, SCIHLP's resource development and staffing resources were focused to assist RCs in developing regional resources to meet the specialized needs of LDC residents. The project assists RCs and LDC staff with assessments, identifying barriers, and developing smaller community-based settings for individuals.

Additionally, the Department continues to work closely with licensing to provide assistance with licensing, permitting, obtaining fire clearances, and supporting development involved with opening a licensed community care facility to support consumers transitioning from Lanterman. Throughout the closure, the Department met with DSS on a monthly basis and communicated monthly with RC's to maintain an up-to-date licensing priority list, allowing DSS to prioritize closure-related licensing efforts.

RCs have engaged in a variety of efforts and strategies to communicate and collaborate about Lanterman closure. These activities include outreach with families and advisory groups, and involvement with various aspects of the closure process. As part of the transition planning process, RC staffs met with individuals and their family members to facilitate the development of an individualized, tailored plan that addresses person-specific questions and concerns. RCs also regularly participated in meetings with parents and advocacy groups in order to share information, enhance collaboration, coordinate transition planning, and provide notification of processes such as when Requests for Proposals (RFPs) are distributed. Specifically, this networking has involved groups such as the PCC, the SCCRCD, RC Community Services Directors' meetings, RTAG meetings, QMAG meetings, and Lanterman liaison meetings. Several RCs conducted quarterly parent meetings designed to provide residents and family members a forum to address specific issues directly with both RC staff and prospective vendors. Tours of potential homes, day programs, and other support services provided informational opportunities for individuals transitioning to the community, their family and friends, and other interested parties. In June 2011, RCs and providers participated in a provider fair organized by the PCC. A second fair for providers organized by LDC employees was held in November 2011 and a subsequent provider fair was held in May 2012. RCs, as part of the quality assurance system, worked to complete Provider Profiles for each service provider as they were identified to serve individuals transitioning from LDC. These profiles give consumers and families information about potential service providers.

The actual development of resources has incorporated various innovative strategies and approaches. Beyond the implementation of permanent housing initiatives through the purchase of properties, RCs are working to share resources and match needs with one another, when appropriate. In some cases, efforts have been undertaken to access

generic resources such as Section 8 housing vouchers or enhance the development of health care services in the community. The development of specialized residential services is well underway, including ARFPSHNs, enhanced behavioral support homes, and wraparound services. To provide support for the needs of consumers transitioning to the community, day programs and employment opportunities were designed to consider the needs of consumers who may have PICA, medical or behavioral issues, and/or physical challenges. Customizing programs for in-home implementation, obtaining consultation from experts in the field during the program design development stage, and specializing existing services in the community are a few ways in which RCs enhanced resource development.

Just over 87% of the original 401 residents identified in the Closure Plan have transitioned to the community. An updated analysis of the community resources needed for closure show that 97 of those individuals moved into existing resources that were not developed specifically for LDC, or moved out of the area. This lessened the demand for the original 100 residential resources approved for development. As of December 1, 2014, 92 of the 100 homes have site control and are available for individuals moving from Lanterman. Eight of the 100 homes originally planned for development were either discontinued or repurposed for uses outside of LDC closure. Based on utilization of non-LDC developed services, the Department has identified sufficient residential capacity for the remaining residents of LDC.

#### **ADULT RESIDENTIAL FACILITIES FOR PERSONS WITH SPECIAL HEALTH CARE NEEDS**

As part of the Plan for the Closure of Agnews Development Center, legislation (SB 962, Chapter 558, Statutes of 2005, Chesbro), authorized DDS and DSS to jointly establish and administer a pilot project for certifying and licensing a new residential model to support those with unique needs within a homelike community setting. This model of care, sometimes referred to as “962 homes,” requires 24-hour-per-day licensed nursing staff (Registered Nurse, Licensed Vocational Nurse, and Psychiatric Technician); DDS program certification; and mandatory safety features (fire sprinkler system and an alternative back-up power source). The use of this design was necessary to fill a critical gap in the existing residential licensure categories; specifically, residences for people with developmental disabilities who have a combination of specialized health care and intensive support needs. Under the ARFPSHN, the consumer’s medical conditions must be predictable and stable at the time of admission, as determined by the individual health care planning team and stated in writing by a physician. In addition to 24-hour-per-day nursing supervision, the law requires:

- Development of a written individual health care plan that lists the intensive health care and service supports for each resident and is updated at least every six months;
- Examination by the resident’s primary care physician at least once every 60 days;

- At least monthly face-to-face visits with the resident by a RC nurse;
- DDS approval of the program plan and on-site visits to the homes at least every six months; and
- DSS licensure of the homes, which includes criminal background clearance, Administrator orientation, annual facility monitoring visits, and complaint resolution.

To address the health care needs of Lanterman residents, the trailer bill to the Budget Act of 2010 (SB 853, Chapter 717, Statutes of 2010, Committee on Budget), enacted October 19, 2010, expanded use of the ARFPSHN licensure category for persons who require this level of care and are transitioning from Lanterman into the community. With DDS approval, resources within the existing budget for the CPP have been made available to fund the start-up and development of these homes.

RC representatives, parents and families of Lanterman residents have toured Bay Area ARFPSHN homes. RCs have received comprehensive training on how these homes operate, who they are designed to serve, the statutory requirements, and resource development considerations involved in developing ARFPSHN homes for LDC residents. RCs continue to conduct assessments to determine the unique needs of each LDC resident and whether their needs could be met in an ARFPSHN. Through the CPP process, RCs have proposed, and the Department has approved, the development of fourteen (14) ARFPSHNs for the closure of Lanterman. As of December 1, 2014, the Department has certified and DDS has licensed all fourteen (14) ARFPSHNs for the closure of LDC.

Enhanced training opportunities to support the transition process include regular meetings on the statewide implementation of the ARFPSHN residential program. Participants include RCs involved with LDC closure, providers, the Department, Lanterman Regional Project (LRP) and LDC staff. There is a strong emphasis on having provider RNs, RC RNs and the LRP RN participate. Community Care Licensing (CCL) has attended these meetings to address home visits involving the care and supervision of consumers. Due to the success of the trainings and turn out, the group has agreed to meet on a quarterly basis. To date, nine meetings have been held at LDC.

Safety of individuals after moving to the community remains an utmost priority. For oversight and to support consumers and providers, the Department, DSS, LRP and RCs conduct a combination of weekly, monthly, quarterly, semi-annual and annual reviews of residents who have transitioned to ARFPSHNs. If necessary, daily or other ongoing announced and unannounced visits are conducted by nursing or quality assurance staff to ensure safety. The Department, DSS, LRP and RCs collaborate to review best practices and address any findings resulting from monitoring activity. Additionally, the Department has hired a full-time registered nurse dedicated to the oversight of ARFPSHN homes located in Southern California. This nurse is based in Southern

California, allowing for local access and immediate Department response to any ARFPSHN home.

### **MONEY FOLLOWS THE PERSON GRANT**

The Department is participating in the Money Follows the Person (MFP) Grant administered by DHCS. All consumers transitioning from a developmental center or a state-operated community facility to a four-bed or less community living arrangement will be enrolled by the RC in California Community Transitions, a federal MFP Grant administered through an interagency agreement with DHCS. This grant will provide greater opportunity for assisting consumers in transitioning from LDC services to Waiver services and maximizing Federal Financial Participation (FFP).

Through the MFP Grant, FFP is available (75 percent) for administrative costs and consumer services. The administrative costs cover RC staff performing the following transition support functions: service brokering and overall coordination to ensure individually-based, comprehensive and interactive transition planning and services for each consumer; professional and/or medical assessments for development and subsequent implementation of treatment plans regarding behavioral services and supports needed in the community; conducting activities necessary to develop potential providers of day, residential, transportation, and employment services; monitoring and training of community service providers based upon statutory/regulatory requirements and best practices to ensure quality services; coordination of community health services and provision of in-depth consultation and assistance with the enrollment and transfer of health care coverage to local area health insurance plans; and development of community capacity for medical and dental care in the community.

### **QUALITY MANAGEMENT SYSTEM**

The California Quality Management System (QMS) is based upon the Centers for Medicare and Medicaid Services' (CMS) Quality Framework and is designed to achieve quality outcomes for each individual in the service system. The consumer and family are at the core of the system.

To implement the existing QMS, RCs have active quality assurance departments whose staff works to recruit, train, and monitor providers, and work to improve service quality. Case managers meet with consumers in out-of-home living options at least quarterly; in licensed homes two of these visits are unannounced. Each RC regularly reviews Special Incident Report information and implements actions to decrease risks to health and safety while honoring consumer choice, community integration and independence. As necessary, RCs develop vendor corrective action plans and provide follow-up monitoring and supports to ensure improvements. Each RC has a 24-hour response system wherein a duty officer can be reached after hours to handle emergencies. All of these activities are ongoing to RC operations.

The Lanterman Quality Management Advisory Group (QMAG) was formed specifically to assure quality services and supports to each individual transitioning from Lanterman. The QMAG consists of representatives from the PCC, the State Council on Developmental Disabilities (SCDD), Area Boards, Disability Rights California, People First of California, a Lanterman resident, and 12 RC representatives.

The group first convened on August 12, 2010, to discuss the role of the group, to identify additional strategies and enhancements needed for the Lanterman closure, and to review quality assurance tools utilized in the Bay Area Quality Management System (BAQMS) in order to guide DDS and RCs during the Lanterman closure process.

On March 7, 2011, the QMAG met to provide final input on recommended enhancements to the quality assurance system for individuals who transition from Lanterman. The QMAG reviewed the existing QMS requirements and recommended enhancements for both RCs and residential vendors serving individual's transitioning from Lanterman. On July 8, 2011, implementation materials proposed by the QMAG were distributed to the RCs involved in the closure. A phased-in implementation of the quality assurance enhancements began in July of 2011. These systems include:

- Provider Profiles that include information regarding the qualifications and experience of service providers and specify models for service delivery. Regional centers will share the Provider Profiles with the PCC, parents, and family members to enhance participation and informed decision-making during the transition planning process;
- Collection and aggregation of data on key consumer quality of life indicators from multiple sources including the Client Development Evaluation Report (CDER), service coordinators and quality assurance staff during regular monitoring visits, and Visitor Snapshots. Visitor Snapshots will be a key component of the quality management system as a means to collect information on service quality from families and friends; and
- Recommended enhancements to Title 17 vendor requirements that include administrator and staff experience, staff continuing education, staffing patterns, monitoring, and transition planning.

The QMAG reconvened on April 25, 2013, for an overview of the QMAG's role and the types of data from the quality management system they will be reviewing. One source of data will be the annual face-to-face National Core Indicator (NCI) Consumer Surveys. Data is collected on individuals who have moved from developmental centers, including those who have moved from Lanterman. The NCI is a nationally validated tool that measures consumer and family satisfaction and personal outcomes such as health, safety, well-being, relationships, interactions with people who do not have a disability, employment, quality of life, integration, and choice. The QMAG will inform DDS and RCs on findings from their review of data. The QMAG met on November 8, 2013, to review initial quality assurance enhancements data and also met on April 17, 2014, July

25, 2014 and October 17, 2014 to review updated quality assurance enhancements data.

### **ACCESS TO HEALTH AND MEDICAL SERVICES**

Assuring that the health needs of all Lanterman residents are accurately and comprehensively addressed, while at the facility, throughout transition, and then ongoing, is essential to support the quality of life for each person affected by the closure. Several of the services and tools that were put into place during prior facility closure have been adapted for Lanterman closure. Included in essential health services components are:

- A comprehensive nursing and risk assessment tool that is completed for each individual prior to leaving Lanterman. The tool includes over 60 health-related items including risk conditions, special health care needs and dietary needs.
- An Individual Health Transition Plan (IHTP) that comprehensively assesses, records and plans for all consumer health needs before, during and after transition to a community living arrangement. Incorporated within the IHTP are community behavior assessments for consumers with behavioral or transition challenges.

The work of the RTAG, discussed in the next section of this report, plays a key role in ensuring the health and well-being of Lanterman residents, and providing transition guidelines for comprehensive planning purposes. Further supplemented by the work of the QMAG, recommendations have been made to the Department for improving quality management systems not only for transition, but for ongoing quality assurance and positive consumer outcomes.

#### Managed Care

DDS and DHCS continue to collaborate to identify, clarify and resolve issues and implement requirements related to the provision of health care for Lanterman residents who will move into the community. A critical component for transition is to ensure immediate access to appropriate health care. The trailer bill to the Budget Act of 2010 (SB 853, Chapter 717, Statutes of 2010, Committee on Budget), enacted October 19, 2010, extended the same provisions that were put in place for the closure of Agnews DC to also cover Lanterman closure. The language, found in Welfare and Institutions Code sections 4474.4 and 4474.5, authorizes health care through managed care health plans for persons meeting specified requirements. In March 2011, the provisions were amended (AB 97, Chapter 3, Statutes of 2011, Section 90, Committee on Budget) to clarify that all health plans operating in the various central and southern California counties affected by the closure of Lanterman are included, thereby increasing the choices available to consumers for health care. It is anticipated that through managed care consumers will receive improved access to health services and enhanced case management.

As with Agnews closure, the RC and the health plan will have case managers that coordinate and understand the person's special health care needs. For RCs, the Health Care Community Specialist will be funded through the MFP Grant.

Following are key areas of work:

- RCs and health plans generally have well established partnerships in the counties impacted by the closure of Lanterman. DDS and DHCS have provided essential information to the RCs and health plans so they can anticipate and plan for the expanded opportunities for people transitioning from Lanterman into the community. Additionally, technical assistance is being provided to RCs and health plans, as needed. As a priority, RCs and health plans developed MOUs that specifically define the protocols that will implement statutory direction to ensure the health and welfare of each consumer, that all involved in the process are clear as to their roles and responsibilities, and that all are appropriately accountable for optimizing the health and welfare of each individual.
- DDS and DHCS have finalized the MOU between the two departments for Lanterman closure. It defines the respective responsibilities and commitments of the two departments, accounting for all aspects of Lanterman closure that require DHCS action or involvement, including those for implementing managed care.
- DDS and DHCS worked cooperatively to develop the technical changes to Welfare and Institutions Code section 4474.5 needed to clarify the participating health plans and the method to be used by DHCS to reimburse health plans. These important changes were enacted through AB 97 (Chapter 3, Statutes of 2011, Committee on Budget).
- Processes have been put into place to expedite health plan eligibility and enrollment prior to consumers leaving Lanterman so that they have timely access to health care in the community. These procedures define the role and responsibilities of Lanterman, RCs, DHCS, and the health plans.
- In April 2011, DDS and DHCS entered into a Data Use Agreement and began sharing data, following appropriate security measures as defined in the agreement. DHCS used the data to develop rates for reimbursing the health plans pursuant to statute. Additionally, the data is critical for expediting the health care eligibility and enrollment processes as consumers transition to the community.
- DHCS is working with the health plans to ensure that provider networks are in place to meet the unique medical needs of individuals transitioning to the community.

- DDS and DHCS will address any policy or procedural issues that are identified throughout this process, and will seek approval from CMS or other approvals, as determined appropriate.

### **LANTERMAN OUTPATIENT CLINIC**

The trailer bill to the Budget Act of 2010 (SB 853, Chapter 717, Statutes of 2010, Committee on Budget), enacted October 19, 2010, authorized the operation of an Outpatient Clinic at Lanterman. Like the Outpatient Clinic at Agnews, available health and dental services will be provided to individuals who move from Lanterman into the community, ensuring the continuity of medical care and services as individuals transfer to new health care providers. The statute requires the Department to operate the Outpatient Clinic until the Department is no longer responsible for the property.

Lanterman applied for and received approval from the CDPH to augment its current license to provide outpatient services on July 26, 2011. The grand opening for the Outpatient Clinic was held at Lanterman on August 23, 2011, and was attended by various stakeholders such as the local RCs, service providers, relatives of Lanterman residents, and employees of Lanterman. Since the opening, the Outpatient Clinic has been accepting referrals for clinic services. Lanterman staff worked directly with staff from Agnews, prior to its closure, to develop the current policies and procedures for use in the clinic. At present, only former residents of LDC are being served by the clinic. As of December 1, 2014, the Outpatient Clinic had provided services to 91 former LDC residents including dental care, dermatology, podiatry, orthopedics, physician services, neurology, ophthalmology, psychiatry, physical medicine and rehabilitation, and rehabilitation engineering repairs to wheelchairs.

## Residents of Lanterman

### TRANSITION PLANNING PROCESS

As described in greater detail in the Plan, transition planning is based on an intensive, person-centered IPP process, consistent with the requirements in the Lanterman Act. Planning team members meet to identify each person's goals and objectives, and the appropriate services and supports based upon the assessed needs, preferences and choices. The transition planning process enables careful assessment and evaluation of the community living options designed to meet the resident's needs. Additionally, as a resident prepares to move from Lanterman, an IHTP is developed by the planning team so that special attention is given to assure all of the necessary health supports are in place prior to the resident transitioning to a new living arrangement.

The importance of the transition planning process cannot be overstated. It is the mechanism by which critical decisions are made about a person's future, and life-supporting services are identified and made available at the right time. Only through careful planning and oversight can a safe transition for each person be assured.

#### Resident Transition Advisory Group

The RTAG was established to make recommendations to the Department to enhance the transition planning process in place for residents at Lanterman. Membership included representatives from the Lanterman Resident Council, parents and family members of Lanterman residents, the involved RCs, advocacy groups, and employees of Lanterman and DDS. These members provided different and valuable perspectives to the transition planning process.

The RTAG developed transition guidelines that include important elements of a process that supports a safe and successful transition for individuals transitioning from Lanterman. The guidelines in use today were developed based upon transition practices that worked well during the closure of Agnews and other transition plan formats shared by workgroup members.

The RTAG began meeting in September 2010 and members held their final meeting in February 2011. Three documents were developed by the group and presented to the Department for implementation. In addition to the *Resident Transition Guidelines*, as described above, *Transition Plan and Individual Health Transition Plan* and *Transition Activities*<sup>4</sup> were also produced. *Transition Plan and Individual Health Transition Plan* provides the template for capturing critical information about the resident's preferences, needs and effective strategies. It serves as a reference document during the transition planning process, by the service provider upon the individual's placement, and for post-placement monitoring. The *Transition Activities* is a supplemental document that is used by the RRDP to track and coordinate resident activities as part of the planning

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<sup>4</sup> *Transition Plan and Individual Health Transition Plan* and *Transition Activities* documents are available on the DDS website at [www.dds.ca.gov/LantermanNews/](http://www.dds.ca.gov/LantermanNews/) under the section titled "Resident Transition".

team process. The new process was implemented at Lanterman in July 2011 and the guidelines were finalized in January 2013. In August 2013, the transition planning process was combined with the annual Individual Program Plan meeting to increase discussion and exploration of community living options.

### Enhanced Oversight

The Department recognizes the importance of ensuring that residents continue to be well served by staff familiar with each person's needs throughout the closure process. It is also essential that each resident's transition planning team involve the participation of knowledgeable staff. To maintain a quality level of services throughout closure, the Department is committed to providing diligent monitoring and progressive planning for the evolving needs of the residents and employee departures. An oversight team consisting of representatives of the Department, Lanterman management, and expert consultants convened to develop an ongoing evaluation of the facility's service needs, possible influence of closure activities, and employee attrition. There has been continuous independent monitoring by the contractor identified in the Program Improvement Plan while residents have remained at the Center, and positive outcomes have been identified; the final monitoring visit is expected during the month of December 2014.

The Department has been in regular communication with LDC and monitoring activities to ensure a quality level of service is maintained throughout the closure process. The Department works directly with the LDC executive team in responding to any needs that are identified. While Lanterman continues to engage in a series of regularly occurring oversight activities involving internal and external reviewers, a number of new processes were implemented that provide the Department even more information about the quality of service delivery to residents. This includes the Snapshot questionnaire that Lanterman has developed to facilitate an easy and accessible mechanism for visitors to provide direct feedback about their observations. The Snapshots are reviewed by the management at Lanterman with follow-up as needed, and serve as an important reference in evaluating service delivery. In addition, an automated incident reporting database was implemented throughout the DC system that allows both facility and DDS headquarters immediate access to incident reports and reviews. A review of incident information involving LDC residents since the beginning of the closure process indicates there has not been a significant increase in the frequency of incidents overall. Another mechanism used by the Department and other representatives includes feedback and reports from consultants and involved stakeholders in the residential and training areas of the facility who are paying particular attention to indicators, including, but not limited to, general impressions of residents' health and well-being, staff presence and responsiveness to residents' needs, staff morale, management accessibility, equipment and environment.

### **TRANSITION SUPPORT FOR THE RESIDENTS OF LANTERMAN**

The DDS Office of Human Rights and Advocacy Services coordinated the implementation of the Choices Project at Lanterman. The Choices Project is a

voluntary process that utilizes a specially designed interactive tool developed to help residents communicate what is important to them about their home and leisure time activities in one-to-one interviews.<sup>5</sup> Residents and their families were invited to participate in the Choices Project. The information from Choices interviews is additional information used to develop residents' transition plans. The Choices Project concluded on April 25, 2013. A total of 182 people completed interviews and 35 opted out of participating in the Choices Project.

The interactive nature of the transition process is subject to numerous changes as residents and their families learn more about potential options or individual circumstances change. Working with their RCs and LDC staff, residents and families undergo a significant amount of exploration activities, such as identifying desirable geographic areas, potential case transfers between regional centers, learning about different providers and appropriate residences, attending informational meetings and open houses, and otherwise exploring options. The transition process is very fluid and varies greatly depending on the needs of the resident in transition. Some residents move through transition quickly, while others may need more intensive or repeated transition activities.

Transition activities include the more formal "meet and greet" stage when families, residents and providers meet to see if a specific placement identified through their exploration activities has the potential for success. Once an individual has had a meet and greet, an initial Transition Planning Meeting (TPM) is held to identify what's necessary for that individual to progress toward a potential move to the community. The last step of transition is the Transition Review Meeting, or TRM. A TRM is held to review and finalize a resident's Transition Plan and IHTP and to ensure that all members of the ID team are satisfied that all arrangements agreed on in the planning process have been implemented and that the resident is ready to move. TRM's are held at the conclusion of the transition process and is where the ID team sets a move date. An individual's TRM must occur no less than 15 days prior to a planned move date.

From April 1, 2014, through December 23, 2014, the last 78 Lanterman residents completed their transition activities and moved into the community.

## **LANTERMAN RESIDENTS**

In January 2010, the Department first announced its recommendation to close Lanterman. The beginning date of the Plan for data reporting purposes is January 1, 2010. As of January 1, 2010, there were 398 residents being served at Lanterman and 3 additional individuals from Lanterman temporarily receiving services in subacute facilities in the community. Therefore, a total of 401 individuals are covered by the Plan.

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<sup>5</sup> More information on the Choices Project can be found on the DDS website at [http://www.dds.ca.gov/ConsumerCorner/MyOwnChoice\\_Transition.cfm](http://www.dds.ca.gov/ConsumerCorner/MyOwnChoice_Transition.cfm)

Of the initial 401 individuals covered by the plan, 55 have passed away since January 2010. Twenty-five people passed away while at LDC, 17 passed away in subacute care and 13 passed after they had transitioned into the community.

**Level-of-Care and Services Provided at Lanterman**

Lanterman currently provides services to residents under two levels-of-care. The facility is licensed as a General Acute Care Hospital with distinct licenses for a Nursing Facility (NF) and Intermediate Care Facility (ICF). In January 2010 there were 5 NF residential units and 11 ICF residential units. As of December 1, 2014, the Lanterman population included 7 people, compared to 79 on April 1, 2014. Of the 7 people, 6 are served at Lanterman with 3 individuals living on the facility’s 1 NF residential unit and 3 individuals residing in one of the facility’s 2 ICF residential units. One remaining individual is currently receiving services in a subacute facility in the community.

All of the 6 residents being served at Lanterman are conserved.

As of December 1, 2014, only three (3) of the original 13 RCs involved in the closure of Lanterman still had consumers residing at Lanterman. Following is information on the 6 residents at Lanterman, the level-of-care they are receiving, and their RC:

<b>Lanterman Developmental Center NF and ICF Populations by Regional Center (Listed Alphabetically) As of December 1, 2014</b>			
<b>Regional Center</b>	<b>LDC POP*</b>		<b>TOTAL</b>
	<b>NF</b>	<b>ICF</b>	
	<b>3</b>	<b>3</b>	<b>6</b>
<b>Frank D. Lanterman RC</b>	2	0	<b>2</b>
<b>Inland RC</b>	0	2	<b>2</b>
<b>San Gabriel Pomona RC</b>	1	1	<b>2</b>

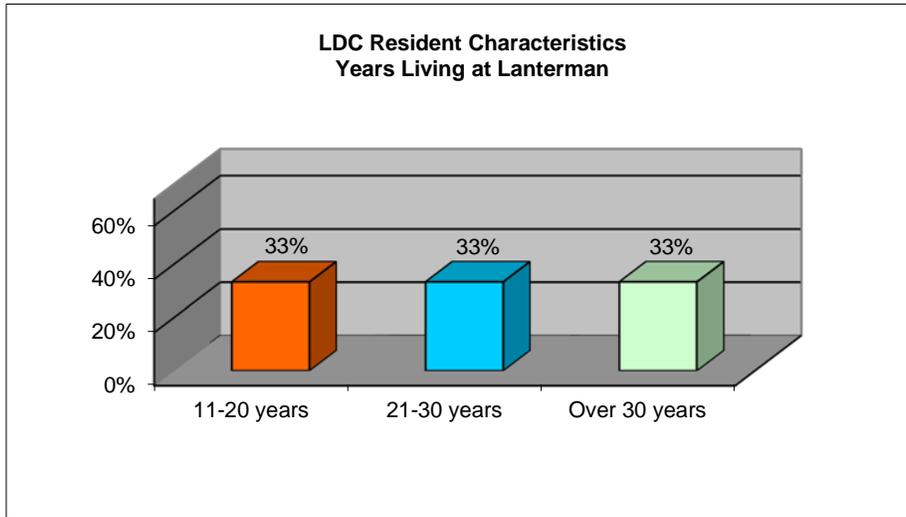
\*LDC POP includes people on leave,  
but not those on provisional placement (in subacute)

**Case Transfers**

Residents may request to reside in a community that is outside the catchment area of their current RC. This request may stem from relocation of their family members or a desire to live with existing roommates or friends in the community. Requested or anticipated RC transfers of consumer case management services are jointly discussed monthly between regional centers, LDC and the Department. Residents and families may make or withdraw requests for case management transfers as individual preferences and circumstances change. As of December 1, 2014, 2 of the 6 residents remaining at LDC have identified living options with an alternate RC.

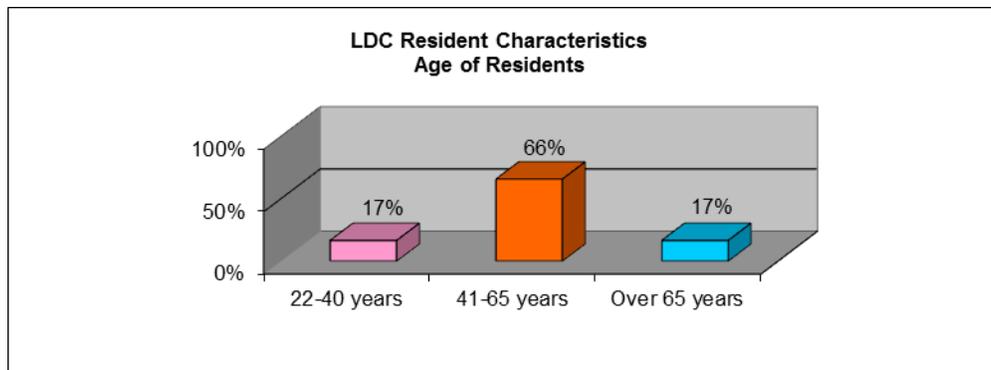
Length of Residence

The current residents have lived at Lanterman for many years with 33 percent residing there for more than 30 years. The breakdown on the length of stay for the remaining residents shows 33 percent have made Lanterman their home for 21 to 30 years, and 33 percent for 11 to 20 years.



Age of Residents

Eighty-three (83) percent of Lanterman’s current population is over age 40. Of this group, residents who are older than 65 years of age make up 17 percent of the population with the oldest resident being 87 years of age. In contrast, there are no residents under the age of 22 at Lanterman.



Gender and Ethnicity

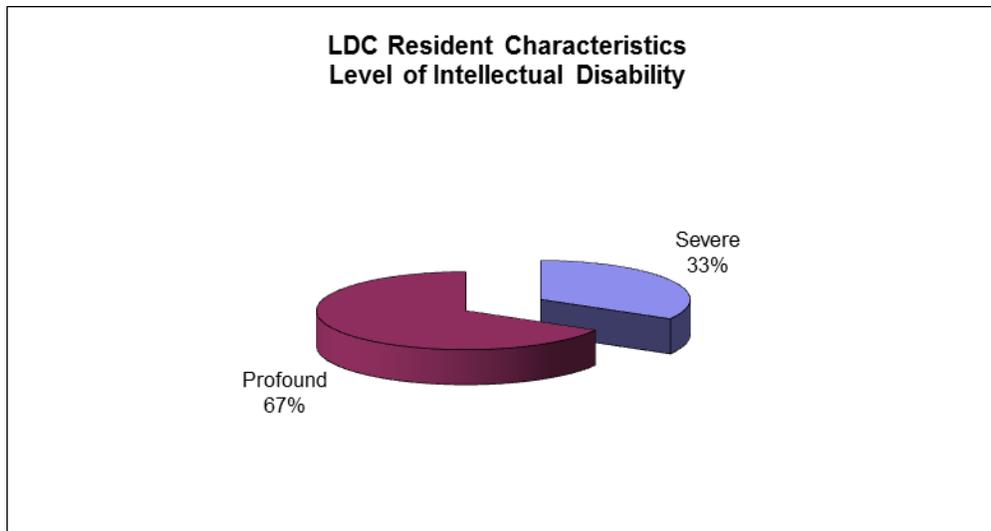
Of the current residents at Lanterman, 83 percent are male, 17 percent female, and all six are Caucasian.

## Developmental Disability

Section 4512(a) of the Lanterman Act defines developmental disability as a:

“... [d]isability that originates before an individual attains age 18, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. . . [T]his term shall include intellectual disability, cerebral palsy, epilepsy, and autism. . . [and other] conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.”

Sixty-seven (67) percent of the current residents at Lanterman have profound intellectual disability and 33 percent have severe intellectual disability.



The remaining residents have additional disabilities, including 33 percent of the population with epilepsy and, 50 percent with autism. Fifty (50) percent of the residents have a dual diagnosis, meaning they have both a diagnosis of a developmental disability and a mental illness. In addition, 83 percent of the residents have challenges with ambulation, 50 percent have vision difficulties, and 33 percent have a hearing impairment.

## Primary Service Needs

Residents at Lanterman require a variety of services and supports. The following information defines five broad areas of service and identifies the number of current residents for whom that service is their primary need:

**Protection and Safety:** This area refers to those individuals who need a highly structured setting because of a lack of safety awareness, a pattern of self-abuse or other behavior requiring constant supervision and ongoing intervention to prevent self-injury. One (1) of the residents (17 percent) requires highly structured services as their primary service need.

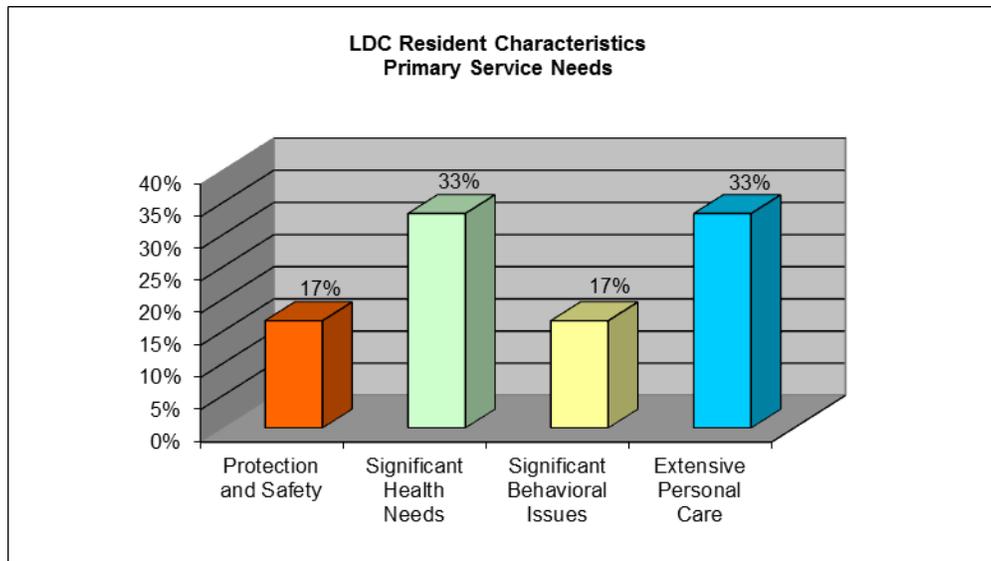
**Significant Health Care Services:** This area includes the need for intermittent pressure breathing, inhalation assistive devices, tracheotomy care, or treatment for recurrent pneumonias or apnea. Significant nursing intervention and monitoring are required to effectively treat these individuals. Two (2) of Lanterman’s residents (33 percent) have significant health care needs as their primary service need.

**Significant Behavioral Support:** This need addresses individuals who have challenging behaviors that may require intervention for the safety of themselves or others. One (1) resident (17 percent) requires significant behavioral support as their primary service need.

**Extensive Personal Care:** This need refers to people who do not ambulate, require total assistance and care, and/or receive enteral (tube) feeding. Two (2) residents of Lanterman (33 percent) require extensive personal care as their primary service need.

**Low Structured Setting:** This service need addresses those residents who do not require significant behavioral support or intervention, but do require careful supervision. There are no longer any Lanterman residents in this category.

Following is a graphical display of the residents’ primary service needs:



## RESIDENTS OF LANTERMAN TRANSITIONED TO THE COMMUNITY

From January 1, 2010, to December 1, 2014, there were 352 residents who transitioned from Lanterman into community settings; 74 were from one of the facility’s NF residences, and the remaining 278 individuals were from the facility’s ICF residences.

Of these 352 former residents, 72 individuals transitioned during the reporting period of April 1, 2014 to December 1, 2014.

As of December 1, 2014, of these 352 individuals, 103 are within the 12-month provisional placement period with post-placement follow-up activities occurring through the Lanterman Regional Project and the RCs.

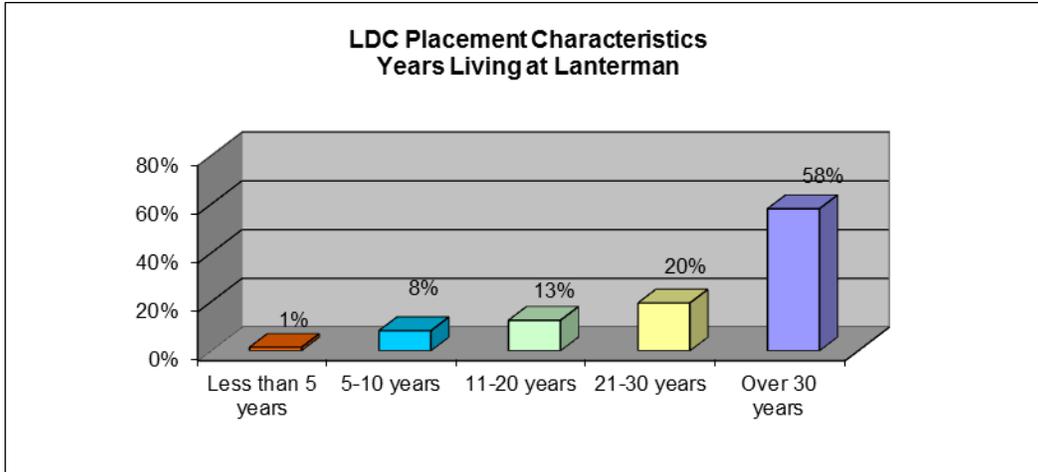
### Regional Centers

Upon placement, the following RCs were providing services to the 352 former Lanterman residents who transitioned into various communities from January 1, 2010, to December 1, 2014:

<b>Regional Center</b>	<b>Individuals Receiving Services</b>
San Gabriel/Pomona RC	66
North Los Angeles County RC	59
Eastern Los Angeles RC	45
Frank D. Lanterman RC	45
Inland RC	37
South Central Los Angeles RC	26
San Diego RC	23
Westside	20
RC of Orange County	9
Harbor RC	8
Tri-Counties RC	7
San Andreas RC	4
North Bay RC	1
Kern RC	1
Alta California RC	1

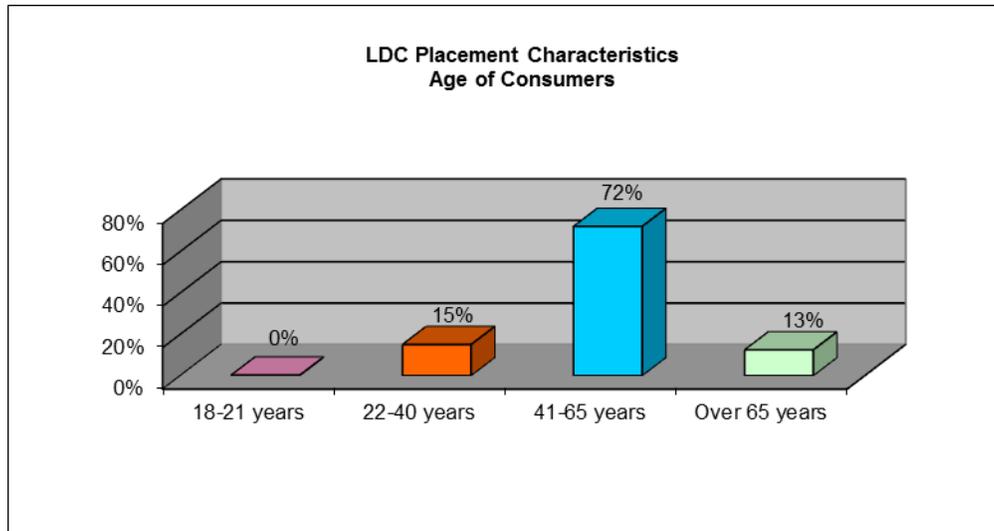
### Length of Residence

Similar to the overall population at Lanterman, the majority of the 352 consumers living in the community were at Lanterman for many years. Fifty-eight (58) percent lived at Lanterman for more than 30 years. The breakdown on the length of residency for the remaining individuals shows 20 percent lived at Lanterman for 21 to 30 years, another 13 percent for 11 to 20 years, 8 percent for 5 to 10 years, and 1 percent less than 5 years.



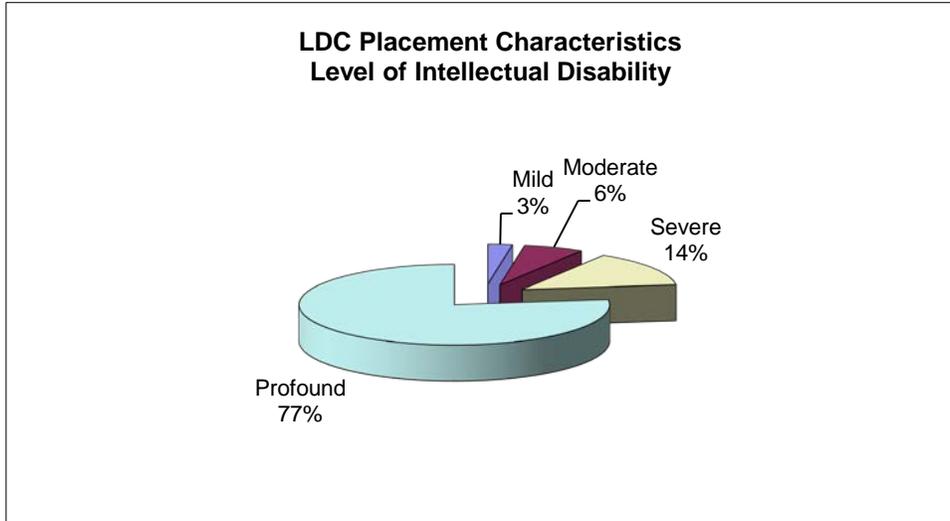
Age of Consumers

Eighty-five (85) percent of the individuals who transitioned into the community are over age 40. Thirteen (13) percent of this group is over 65 years of age and 72 percent is 41 to 65 years of age. Fifteen (15) percent is 22 to 40 years of age, and less than 1 percent is under age 22.



Developmental Disability

Seventy-seven (77) percent of the consumers who were placed in the community have profound intellectual disability and 14 percent have severe intellectual disability. Six (6) percent of the individuals have moderate levels of intellectual disability and the remaining 3 percent have been assessed with mild intellectual disability.

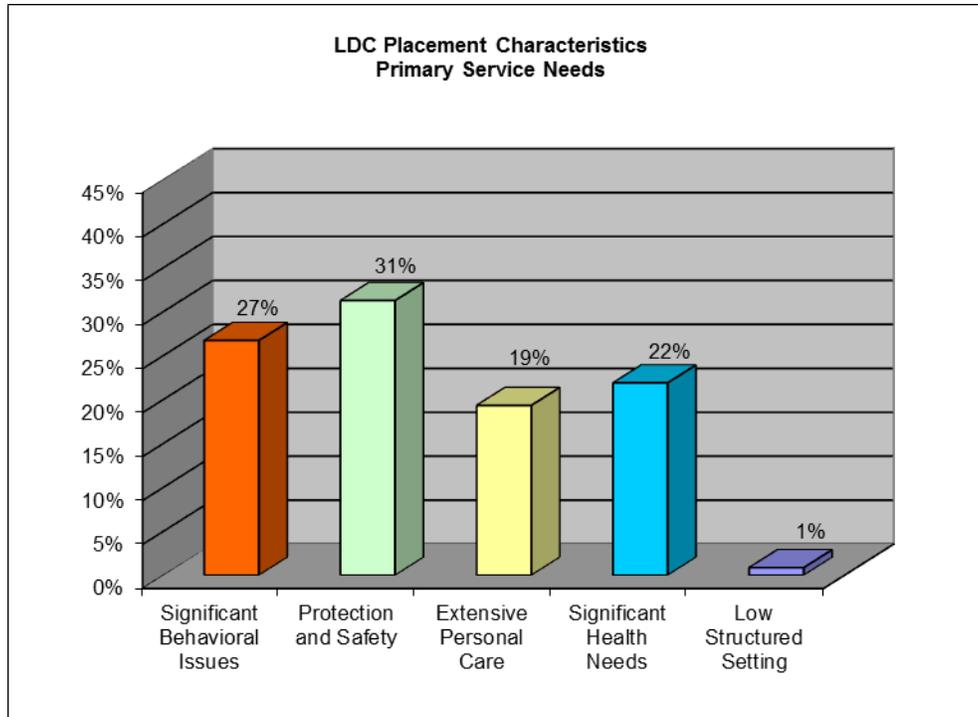


A majority of consumers have additional disabilities including 48 percent of the population with epilepsy, 9 percent with autism, and 4 percent with cerebral palsy. In addition, 46 percent have a dual diagnosis of both a developmental disability and a mental illness, 67 percent of the consumers have challenges with ambulation, 44 percent have vision difficulties, and 18 percent have a hearing impairment.

#### Primary Service Needs

Former residents of Lanterman require a variety of services and supports. Of the 352 individuals placed in the community, 27 percent need Significant Behavioral Support, 31 percent need Protection and Safety, 19 percent require Extensive Personal Care, and 22 percent have Significant Health Needs. One percent of the individuals were identified to be in need of a Low Structured Setting.

Following is a graphical display of the 352 consumers' primary service needs:



### Community Living Arrangements

Of the 352 consumers who transitioned to the community for the period January 1, 2010, to December 1, 2014, 256 moved to a CCF – Adult Residential Facility (ARF), licensed by DSS; 2 individuals moved to a Congregate Living Health Facility, licensed by CDPH; 16 individuals moved to an ICF, licensed by CDPH; 59 individuals moved into an ARFPSHN, licensed by DSS; 7 individuals went to long-term subacute settings; 6 individuals moved into their own homes with services from a RC-vendored Supported Living Services provider; 3 moved into a Family Home Agency arrangement; 1 moved out of the country and 2 moved to their family's home.

Identification of and decisions about all community living arrangements and services are individually based and reflected in each consumer's IPP. The individualized assessment and planning process is used to identify the individual's needs, preferences and choices, and the resulting services and providers. In addition to the community living arrangements listed above, core services that are considered for each individual include day programs and related transportation services. The transition assessment and planning process assures that individuals transitioning to the community receive the full range of services that they need to live successfully in the community and to assure their health and welfare, and may include specialized or supplemental services as determined appropriate by the planning team.

## **Employees of Lanterman**

The Department is committed to the establishment and implementation of employee supports that promote workforce stability and provide opportunities for employees to determine their future. The Department has conducted several employee forums for staff to provide input for consideration in the planning process. Department management continues to meet with employees at Lanterman to share information, hear employee issues and respond to questions. Monthly meetings are also held between management and union representatives, specifically the American Federation of State, County, and Municipal Employees (AFSCME) Local 2620, AFL-CIO; the California Association of Psychiatric Technicians (CAPT); the Service Employees International Union (SEIU) Local 1000; the International Union of Operating Engineers (IUOE); the California Statewide Law Enforcement Association (CSLEA); the Association of California State Supervisors (ACSS); and the Union of American Physicians and Dentists (UAPD) Local 206, AFL-CIO. These meetings provide the opportunity for the unions and the Department to communicate on closure status and issues, and the needs of employees to be considered during the closure process. Additionally, the Staff Support Advisory Group (SSAG) was convened to address employee needs and related staffing issues, as discussed further, below.

The Department is committed to mitigating the impact of closure on Lanterman employees. In support of this commitment, employees are:

- Kept up-to-date with accurate information to assist them in understanding their choices and rights before making decisions that could impact their futures.
- Encouraged to seek new opportunities to serve individuals with developmental disabilities within the developmental center or community service system.
- Offered assistance to help develop personal plans that support their objectives and maximize their expertise.
- Provided with opportunities to enhance their job skills.

### **STAFF SUPPORT ADVISORY GROUP**

The Department recognizes the importance of retaining experienced staff at Lanterman throughout the closure process. To support the Department's goals of ensuring adequate staffing to maintain normal operations and to assist Lanterman employees in developing personal plans for their future, the SSAG was convened. The membership included a large cross section of LDC employees representing all labor bargaining units and management, one family member of a Lanterman resident, and representatives from DDS.

The SSAG makes recommendations to the LDC Executive Team and DDS to help ensure continuity of the staffing, meet the needs of transitioning employees, and assist in identifying morale-boosting activities that encourage camaraderie among the staff.

The key objective of the SSAG was the establishment of employee supports that promote workforce stability as well as opportunities for employees to determine future options.

Accurate and timely communication throughout the closure process is essential to achieve stability in the workforce. Communications within all levels of the LDC organization continue to occur to keep employees informed about the progress of the closure, morale-boosting activities, and available career opportunities.

### **CAREER CENTER / STAFF OPTIONS AND RESOURCE CENTER**

An employee career center has been developed to provide personal assistance for each employee to identify future interests and to equip them with the knowledge they need to successfully achieve their goals. The Staff Options and Resource Center (SOARC or Center), formerly referred to as the Career Center, had its grand opening in May 2011 and will close December 31, 2014. The Center provided personal support for each employee, assisted employees in identifying their future interests, and equipped employees with the knowledge they needed to successfully achieve their goals. As of January 1, 2015, LDC will maintain a posting of all statewide vacancies in their Personnel Office and will provide, on an appointment basis, a workstation equipped with a computer and internet access for former employees to research employment opportunities.

As part of the SSAG function, the Lanterman employees were surveyed in March 2011 and February 2012 to obtain information on their future employment interests, including relocation to another developmental center and also to solicit from them the resources and assistance they believe are needed during the closure. The survey results were analyzed and used to prioritize the services SOARC provides to the staff.

An additional survey was conducted in October 2012 to capture an initial snapshot of geographical preferences for LDC employees interested in seeking employment through the Community State Staff Program as well as information on where staff currently live, skill competencies, and the type of service staff is most interested in performing. You can read more about the survey of staff preferences in the section on State Staff in the Community that starts on page 35.

A fourth staff survey was distributed to all Lanterman employees in December 2013 to determine staff interest in career related activities, including employee goals, willingness to relocate, training/presentation ideas to support staff through closure, and how staff receives information about SSAG and SOARC activities. Of the 100 surveys returned, 68% indicated an interest in continued employment with either DDS or another state agency; 25% indicated they plan to retire within 1 to 12+ months; 11% said they plan to

seek employment in the private sector; and 29% indicated their willingness to relocate for reemployment.<sup>6</sup>

Services of the SOARC include computer work stations to promote access to various internet sites to assist in searching for employment and professional development, reference materials related to self-help and career development, postings for State and local employment opportunities, on-line courses for resume writing and job-seeking enhancement tools. Additionally, the SOARC provided a venue for mock interviews, guest speakers and career workshops. Since the opening in May 2011 there were over 4,000 visits to the SOARC with an average of approximately 206 visits per month this calendar year.

On behalf of Lanterman's employees, contact was made with the California Employment Development Department Los Angeles County Rapid Response Coordinator and the Los Angeles Urban League Pomona WorkSource Center. These entities are currently providing the comprehensive services as specified in the Workforce Investment Act (WIA) and assist Lanterman in providing Career Center services that include education and information related to interview skills, resume preparation, unemployment benefits, the California Training Benefits program, credit counseling and Employee Assistance Program services.

## **EMPLOYEE COMPOSITION**

### Time Base and Years of Service

As of December 2, 2014<sup>7</sup>, there were 187 employees at Lanterman including enhanced staff. Of these employees, 74 percent are full-time, 2 percent are part-time, and the remaining 24 percent are temporary, limited-term, or retired annuitants.

Twenty-one (21) percent of the employees have worked at Lanterman for 10 years or less. Twenty-nine (29) percent of the employees have worked at the facility between 11 and 20 years. The remaining 50 percent have worked at Lanterman for 20 years or more.

### Demographics

Fifty-five (55) percent of the Lanterman workforce is female. Of the total workforce, 80 percent of employees are over 50 years of age and 20 percent of employees are between 43 and 50 years of age.

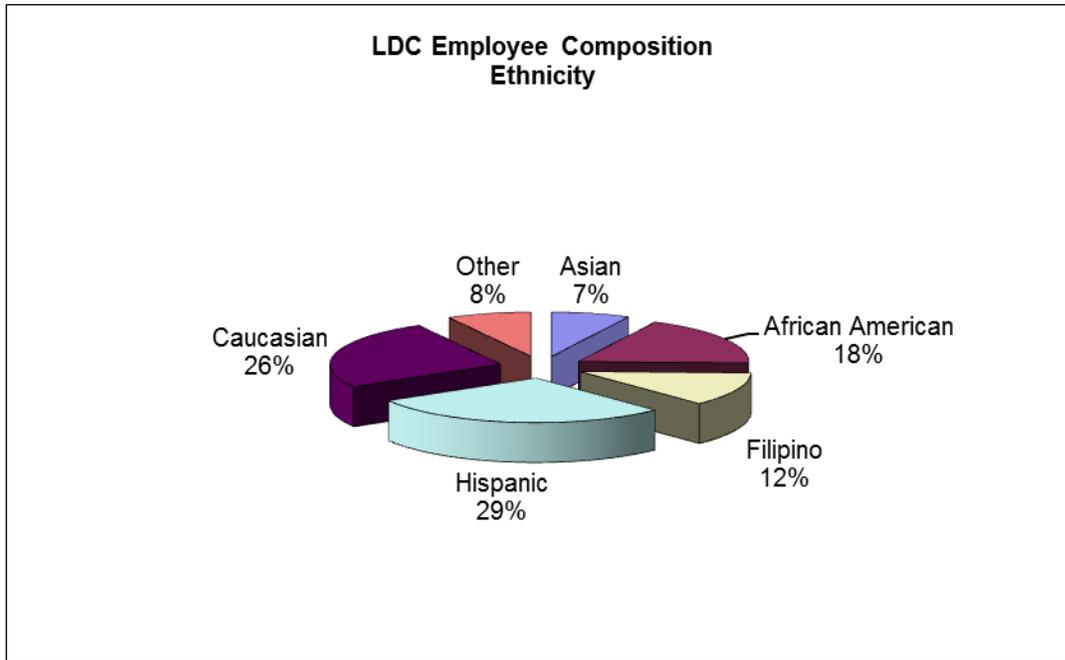
Employees at Lanterman are from diverse ethnic backgrounds. The employees who identify themselves as Hispanic comprise 29 percent of the workforce, and those who identify themselves as Caucasian are 26 percent of the Lanterman workforce. Eighteen (18) percent of the workforce are employees who identify themselves as African

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<sup>6</sup> Of the 100 surveys returned, some employees selected more than one option, therefore the percentages do not equal 100%.

<sup>7</sup> Due to the state payroll schedule, employee information is reported to December 2, 2014, rather than December 1, 2014.

American, followed by Asian employees who represent 7 percent of the workforce, Filipino employees who represent 12 percent, and the remaining 8 percent of staff identifying themselves as “Other.”



### Classifications

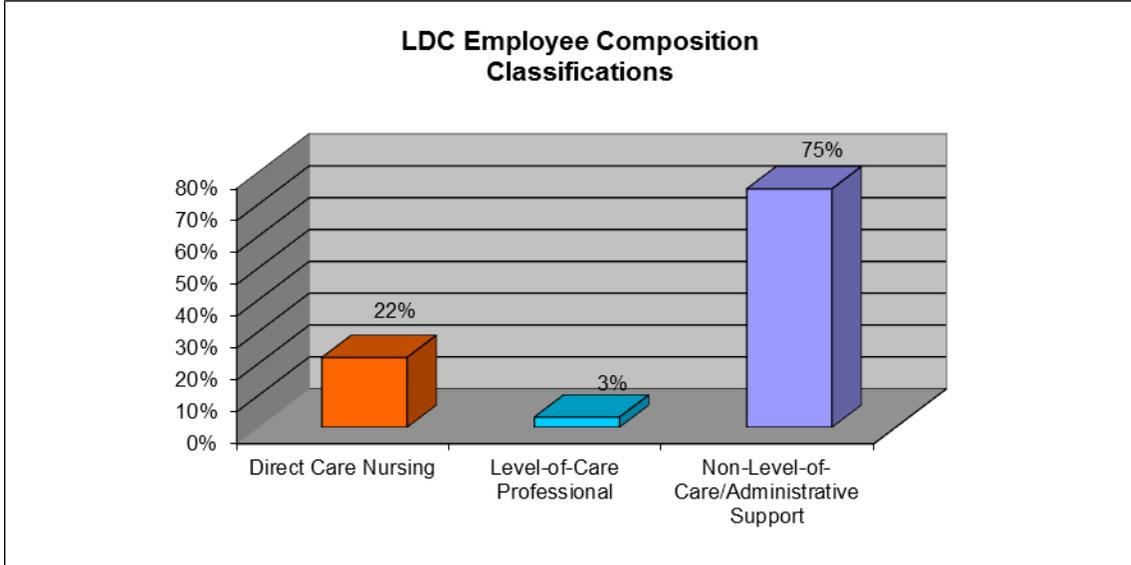
A wide range of employees and classifications provide services to people residing at Lanterman. The classifications fall into one of the following three categories:

**Direct Care Nursing:** The direct care nursing classifications make up 22 percent of the employee population and include those employees who are assigned to shifts and fulfill required staffing minimums for providing direct care services to the men and women residing at Lanterman. These employees are primarily registered nurses, psychiatric technicians, psychiatric technician assistants, and trainees or students.

**Level-of-Care Professional:** The level-of-care professionals make up 3 percent of the total employee population and include physicians, rehabilitation therapists, social workers, teachers, physical and occupational therapists, respiratory therapists, vocational trainers, and others who also provide a direct and specialized service for the residents at Lanterman but are not in classifications included in the direct care nursing minimum staffing ratios.

**Non-Level-of-Care and Administrative Support:** The remaining 75 percent of the employee population includes those who are in non-level-of-care nursing positions but provide other direct services to residents, and also administrative support. This includes dietary employees such as cooks and food service workers, plant operations staff, clerical support, personnel and fiscal services

employees, health and safety office staff, quality assurance reviewers, and all facility supervisors and managers.



Employee County of Residence

Lanterman employees primarily live in one of four counties near LDC. Forty-three (43) percent reside in San Bernardino County, 40 percent live in Los Angeles County, 8 percent reside in Riverside County, and 9 percent live in Orange County.

## EMPLOYEE TRANSFERS, SEPARATIONS AND RETIREMENTS

During the period of January 1, 2010, through December 2, 2014, 1,188 employees separated from employment at Lanterman, as follows:

TYPE OF SEPARATIONS							
Month	Transfer	Retirement	Resignation	Limited Term Expired	Layoff	Other*	Total
January-March 2010	5	6	2				13
April-June	14	25	9			1	49
July-September	29	7	6				42
October-December	15	21	7			5	48
January-March 2011	11	10	8	2		2	33
April-June	12	11	10			2	35
July-September	18	8	3			1	30
October-December	17	16	5			2	40
January-March 2012	12	4	2				18
April-June	14	6	3			1	24
July-September	29	5	3	2		5	44
October-December	18	23	6	3		3	53
January-March 2013	29	11	10		13	4	67
April-June	17	14	2			2	35
July-September	36	11	4	1	2	4	58
October-December	24	27	5				56
January-March 2014	18	9	2	1		1	31
April-June	108	20	3	11		2	144
July-September	66	35	3		86	3	193
October	17	19			57	2	95
November	27	22			31		80
<b>YTD</b>	<b>536</b>	<b>310</b>	<b>93</b>	<b>20</b>	<b>189</b>	<b>40</b>	<b>1,188</b>

The following types of staff by classification group that left Lanterman since January 1, 2010, are:

- 131 Level of Care-Professional, or 11 percent;
- 537 Level of Care-Nursing, or 45 percent; and
- 520 Non-Level of Care, or 44 percent.

## MANAGEMENT OF STAFFING UNTIL CLOSURE

The Department is working directly with the Lanterman Executive Team to assure that sufficient staffing levels are maintained to meet certification standards throughout the closure, based on the number and acuity of the residents. As the resident population

continues to decline, a surplus of staff in certain areas was determined and the Department met with Lanterman employees regarding the first phase of a staff reduction. At that time, 92 employees were put on State Restrictions of Appointment (SROA) status, and 38 employees subsequently received a notification of a lay-off, effective January 30, 2013. The impacted employees were notified directly and provided with individualized support in exploring alternate employment options through the SOARC. Thirteen (13) employees were ultimately impacted by the lay-off on January 30, 2013, with the remaining 25 employees either retiring or being hired by other agencies and one voluntarily resigning. Two additional employees were laid-off in August and September 2013 when they failed probation in their new positions.

The second phase of a planned staff reduction with potential for layoffs was announced at two General Employee Meetings on March 5, 2014. A total of 293 positions have been identified as surplus and notifications of surplus/SROA status were sent to 480 employees on March 10, 2014. Since March 2014, an additional 174 employees were laid off in two phases and 512 employees were separated; either retired, transferred to other DCs, or hired by other agencies. As of November 2, 2014, LDC has retained 187 employees to meet the certification requirements that are essential to maintain the acquisition of federal funding, including health care services, dietary services, client behavior and facility practices, active treatment, client protections, facility staffing, and physical environment. Another major planned staff reduction is effective as of December 31, 2014, which will include the reduction of all positions, except 59 positions that remain to complete necessary closure functions, such as placement follow-up by the regional project, operating the Primary Care Clinic, managing the community state staff program, and maintaining the physical plant and facility structures until the property is transferred.

The Department continues working with the Lanterman community to assist in mitigating layoffs. Two job fairs were held at Lanterman during the past year including one on March 6, 2014 where representatives from each developmental center, the Department of State Hospitals, and Veterans Affairs were present to advertise their employment opportunities and accept applications. Two additional job fairs were held on May 21, 2014 and October 8, 2014 with state and private agencies. All Lanterman employees currently have Departmental Restrictions of Appointment (DROA) status and are given priority consideration for employment within the Department. The Lanterman executive team evaluates staffing needs on a regular basis to ensure appropriate staffing levels are maintained, including recruitment for critical hires as needed.

Employee retention during the closure and transition process is, and remains, a high priority to assure continuity of services and to protect our most valuable resource, the expertise and commitment of a dedicated workforce. As of December 1, 2014, level of care staffing meets certification standards throughout the facility.

#### **STATE STAFF IN THE COMMUNITY**

The trailer bill to the Budget Act of 2010 (SB 853, Chapter 717, Statutes of 2010, Committee on Budget), enacted October 19, 2010, authorized Department employees

working at Lanterman to work in the community with former residents while remaining state employees for up to two years following the transfer of the last resident from Lanterman, unless a later enacted statute deleted or extended this provision. The trailer bill to the Budget Act of 2013 (AB 89, Chapter 25, Statutes of 2013) deleted the two-year limitation on the use of state staff from LDC in the community. This program is referred to as the Community State Staff (CSS) Program. Working under contracts with service providers, Lanterman employees are able to directly support former residents of Lanterman in their new homes, and thereby enhance the quality and promote continuity of services in the community.

The Department has worked with the California Department of Human Resources to establish agreements with the appropriate bargaining units to support the program. In August 2013, new agreements were reached in response to continued changing needs in service delivery and staffing. Bargaining discussions provided clarification on employees' rights of return and guarantee employment at a DDS location for LDC employees that work in the CSS Program when their CSS Program assignment ends. A brochure for the CSS Program and a Frequently Asked Questions (FAQ) were developed and widely distributed, and a series of orientation sessions were held at Lanterman to provide information, generate interest, and obtain feedback from employees at Lanterman, as well as RCs and service providers who may seek to contract with Lanterman to participate in the program. The Department continues to develop and distribute written communications about the program and also hold informational sessions for the Lanterman families to provide updates and respond to questions about the program.

In October 2012, Lanterman employees were surveyed on their interest in the CSS Program and geographic preferences for employment in the community. Of the 129 Lanterman employees that completed the survey, 102 indicated an interest in the CSS Program. There were a total of 936 employees at LDC as of October 1, 2012. Of the 102 positive survey responses, 89 percent currently live in San Bernardino and Los Angeles counties and primarily prefer to work in the San Bernardino/Riverside area. Approximately 82 percent of the respondents' classifications fall into the category of "direct care" staff.

As the facility approaches the closure date, hiring activities for the Community State Staff Program have come to an end. A total of 78 applications were received and a total of 63 people were interviewed.

As of December 1, 2014, two service providers have signed community state staff contracts that have been approved by the Department of General Services; and 15 employees have accepted positions through the CSS Program. Twelve (12) state staff are actively working in the community as direct care staff and three (3) state staff have pending start dates. Through the effort of the regional centers, contracting agencies, the Department and state staff, this program continues to be valuable to all parties involved, specifically to the clients and their families.

## **The Lanterman Facility**

### **LANTERMAN PROPERTY**

The budget for Lanterman DC reflects the transfer of the facility to the California State University System on July 1, 2015. As such, no funding has been included for costs associated with the continued operation of the facility in 2015-16. DDS continues to work with the Department of General Services (DGS) in managing the closure process for the developmental center property. In accordance with Government Code sections 11011 and 11011.1 (Attachment 9 of the Plan) concerning surplus state property, the land will be declared excess by DDS when it is no longer needed. DGS will then report to the Legislature that the land is surplus. After the Legislature approves the property as surplus, DGS will take the lead in determining the future use of the property, and the disposition of the property will follow the established process.

### **BUSINESS MANAGEMENT TEAM**

The Lanterman Business Management Team continues to meet regarding implementation of the Business Management Plan. As the warm shutdown process begins, the team will be modified to focus on final closure activities, such as changeover operational functions, sequenced closure of spaces/areas on campus, fiscal management, and transition of property to complete the closure process.

## **Fiscal Update**

The chart on page 41 summarizes the Lanterman closure-related funding in FYs 2014-15 and 2015-2016, consistent with the November Estimate for 2015-16, as detailed below.

### **LANTERMAN DEVELOPMENTAL CENTER COSTS**

#### 2014-15

There are no changes to the Lanterman budget for 2014-15.

#### 2015-16

The 2014 November Estimate reflects a decrease in 2015-16 of -\$46.3 million (-\$23.9 million GF). The decrease in funding is the net of the following adjustments:

- -\$64.8 million (-\$33.9 GF) and -418.5 position decrease associated with closure of Lanterman DC.
- -\$0.3 million (-\$0.2 million GF) decrease associated with the transfer of the Foster Grandparent Program to the Community Services Program.
- \$17.3 million (\$9.1 million GF) to settle the remaining Workers' Compensation cases that are Permanent and Stationary within the Centers for Medicare and Medicaid Services one year requirement of closure to receive federal financial participation.
- \$0.6 million (\$0.4 million GF) and 6.0 position increase for Lanterman DC related Regional Resource Development Projects to ensure a successful transition to the community living, as statutorily required for up to one year after placement
- \$0.3 million (\$0.2 million GF) and 2.0 position increase for Lanterman DC Community State Staff program administration.
- \$0.6 million (\$0.5 million GF) and 5.0 position increase for Lanterman DC post closure impact on SB 853 oversight duties, project management of the closure, continuity of Human Resources oversight of lay-off plan and Workers' Compensation cases, and additional infrastructure support of the information technology program.

The standard staffing guidelines used to calculate the Developmental Center (DC) budget are not designed to estimate resources needed for a DC in closure. Post closure operations include provisional placement follow-up and support for residents, provision of outpatient clinic and community state staff services, and ongoing required

maintenance of the property. A workload matrix developed from identified tasks and job analyses was used to determine needed supports as follows:

- Closure Related Staff:
  - Level of Care/Nursing: The Department has committed to residents and families of LDC to reduce the overall number of moves any one resident may experience prior to leaving LDC. To meet this commitment and continue to ensure the health and safety of Lanterman residents, staff were retained beyond staffing standards to provide direct nursing care through December 2014.
  - Administration Transition and Closure Activities: These activities provide overall coordination with RCs, community providers and developmental center staff; confidential records management; equipment inventory and disposition; resident property transfer; property maintenance and upkeep; and employee separations, including activities associated with retirements, layoffs or transfers of employees, during a closure.
  - Resident Transition and Placement Support: These activities ensure a safe and smooth transition for each resident as they transition to the community.
- State Staff in the Community Administration
  - State Staff in the Community Administration provides functions including coordination with RCs and providers; negotiating and processing contracts for services; negotiations with employee unions; and appropriate communication and coordination with staff participating, or desiring to participate, in the program. For more information about State Staff in the Community, see page 47.
- Staff Support Costs / Resident Transition:
  - Resident Transition costs related directly to the transfer of residents to new living arrangements, including staff overtime, resident transportation and other relocation costs.
  - Staff Support costs for “cash out” of accrued vacation, annual leave, personal leave, holiday credit, compensated time off (CTO), and excess time for employees separating from state service due to retirement or layoff. It is anticipated that incremental employee separations will occur throughout the closure process which will result in costs for cash-outs and unemployment insurance. DDS monitored the resident population changes and the associated staffing by classification to manage the need for layoff.

## **REGIONAL CENTER/COMMUNITY COSTS**

The Department is committed to ensuring the availability of necessary services and supports for Lanterman residents transitioning into the community. The Community Program cost is funded from CPP and Purchase-of-Service (POS) resources contained in the Department's budget. The RC costs associated with the closure of Lanterman include:

- Community resource development through the CPP for residential and day services, among others, and related RC Operations, as follows:
  - For the closure of Lanterman, POS funding is provided through the CPP for start-up costs associated with new residential and day program providers; assessments by non-regional center clinicians; and placement and ongoing services and supports needed by Lanterman residents transitioning to the community during the fiscal year.
  - For those RCs that have residents at Lanterman, CPP Operations funding is provided for staffing to conduct needs assessments; work with Lanterman residents, families, and staff to ensure a safe transition to the community; plan, develop, and implement needed community resources; and provide case management services to consumers and their families.
- Staff resources through the MFP grant, as described in detail earlier in this report, for identification of and arrangements for services and supports for residents transitioning to the community, and case management and quality assurance functions; and
- Ongoing service and support costs in subsequent years funded from the non-CPP POS budget. These ongoing RC costs are associated with former residents of LDC who have transitioned to the community and are no longer funded by CPP.

Closure of Lanterman Developmental Center  
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**Fiscal Update Summary**

**LANTERMAN DEVELOPMENTAL CENTER:**

<b>FY 2014-15 LDC Share of Budgeted DC Costs - 2014 Enacted Budget</b>	<b>\$65,065,497</b>
Positions	418.5

**FY 2014-15 Update**

<b>FY 2014-15 LDC Share of Budgeted DC Costs - 2014 Enacted Budget</b>	<b>\$65,065,497</b>
Positions	<b>\$0</b> 0.0
<b>Net Funding Change</b>	<b>\$0</b> 0.0
Net Position Change	0.0
<b>FY 2014-15 LDC Share of Budgeted DC Costs - 2015 Governor's Budget</b>	<b>\$65,065,497</b>
Positions	418.5

**FY 2015-16**

<b>FY 2014-15 LDC Share of Budgeted DC Costs - 2014 Enacted Budget</b>	<b>\$65,065,497</b>
<b>LDC Population Driven Cost Change</b>	<b>0</b>
<b>Average In-Center Population</b>	<b>-\$64,762,000</b>
<b>Population Staffing</b>	<b>-418.5</b>
Positions	-418.5
<b>Foster Grandparent Program Transfer to Local Assistance</b>	<b>-\$293,000</b>
<b>LDC Post Closure Workers' Compensation</b>	<b>\$17,344,000</b>
<b>LDC Post Closure Regional Resource Development Projects</b>	<b>\$577,000</b>
Positions	6.0
<b>LDC Post Closure Community State Staff</b>	<b>\$283,000</b>
Positions	2.0
<b>LDC Closure Activities</b>	<b>\$591,000</b>
Positions	5.0
<b>Net Funding Change</b>	<b>-\$46,260,000</b>
Net Position Change	-405.5
General Fund (Match)	-\$18,299,000
General Fund Other	-\$5,634,000
Medi-Cal Reimbursements	-\$18,299,000
Reimbursements (Other)	-\$3,929,000
All Other Funds (Federal/Lottery)	-\$99,000
<b>FY 2015-16 LDC Share of Budgeted DC Costs - 2015 Governor's Budget</b>	<b>\$18,805,497</b>
Positions	13.0

**REGIONAL CENTERS:**

<b>FY 2014-15 Regional Centers Budgeted Costs - 2014 Enacted Budget</b>	<b>\$16,900,000</b>
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<b>FY 2014-15 Regional Centers Budgeted Costs - 2015 Governor's Budget</b>	<b>\$16,900,000</b>
<b>Community Placement Plan: LDC Closure Share of Funds</b>	<b>\$14,228,000</b>
<b>Operations</b>	<b>\$11,192,000</b>
<b>Purchase of Service (POS)</b>	<b>\$3,036,000</b>
Start-up	\$0
Assessment	\$0
Placement	\$3,036,000
Deflection	\$0
<b>Closure Related Staff</b>	<b>\$2,672,000</b>
Positions	25.0
Money Follows the Person	\$1,205,000
General Fund Match	\$1,467,000

**Fiscal Year 2015-16**

<b>FY 2014-15 Regional Centers Budgeted Costs - 2014 Enacted Budget</b>	<b>\$16,900,000</b>
Positions	25.0
<b>Community Placement Plan: LDC Closure Share of Funds <sup>1/</sup></b>	<b>-\$14,228,000</b>
<b>Operations</b>	<b>-\$11,192,000</b>
<b>Purchase of Service (POS)</b>	<b>-\$3,036,000</b>
Start-up	\$0
Assessment	\$0
Placement	-\$3,036,000
Deflection	\$0
<b>Closure Related Staff</b>	<b>-\$96,000</b>
Positions	-1.0
<b>Net Funding Change <sup>2/</sup></b>	<b>-\$96,000</b>
Money Follows the Person	-\$2,004,000
General Fund Match	-\$668,000
General Fund Other	\$2,576,000
<b>FY 2015-16 Regional Center Budgeted Costs - 2015 Governor's Budget</b>	<b>\$2,576,000</b>
Positions	24.0

<sup>1/</sup> With closure of LDC, December 31, 2014, Community Placement Plan funds previously dedicated to the placement of LDC residents will now be refocused towards the placement of residents from the remaining developmental centers.

<sup>2/</sup> The net funding change reflects an overstatement in the enacted budget of the amount of funding from Money Follows the Person.

## **Milestones and Major Implementation Steps and Timelines**

The Legislature has requested that, in addition to regular reporting on progress in implementing the Lanterman Developmental Center closure plan, the Department also develop completion dates for significant milestones related to implementation of the plan.

To assist in developing these milestones, the Department requested input from a broad array of stakeholders. Two stakeholder conference calls were held on August 21 and 29, 2012, and the Department also held a conference call on September 7, 2012 with LDC families and representatives from the Parents Coordinating Council. Written comments were accepted by the Department until September 14, 2012.

Through these efforts, the Department received valuable input for development of draft milestones from many perspectives, including LDC residents and families, LDC employees, regional centers, service providers, advocates, legislative staff and the general public. The Department is extremely grateful for the stakeholders' participation in the development of milestones to measure progress towards the closure of Lanterman.

The draft milestones were released for review on October 18, 2012 and comments were due by November 5, 2012. The milestones were also discussed at the October 23, 2012 Joint Hearing on Developmental Centers by Subcommittee #3 of the Senate Committee on Budget and Fiscal Review and the Senate Human Services Committee. After stakeholder input, the final milestones were released on January 22, 2013<sup>8</sup>. An update to the milestones is included in this report as Appendix B.

The major implementation steps and timelines for the closure of Lanterman are identified in the table on the following page.

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<sup>8</sup> The milestones are available online at <http://www.dds.ca.gov/LantermanNews>.

<b>ACTIVITY</b>	<b>DATE(S)</b>	<b>STATUS</b>
The Department announces its proposal to close LDC.	January 29, 2010	Completed
Initial meetings with: <ul style="list-style-type: none"> <li>▪ LDC residents</li> <li>▪ Family members of LDC residents</li> <li>▪ Employees and their bargaining unit representatives</li> <li>▪ Local officials/legislators</li> <li>▪ RCs</li> <li>▪ Community service providers</li> <li>▪ Local businesses</li> <li>▪ Managed care health plans</li> </ul>	February/March 2010	Completed
Work with RCs regarding CPP development and community capacity in RC catchment areas	February 2010 – Closure	Ongoing
Coordinate with DHCS, CDPH, DSS & the California Health and Human Services Agency	February 2010 – Closure	Ongoing
Public Hearing on the proposed closure of LDC	February 24, 2010	Completed
Implement a process to ensure timely notification to stakeholders and appropriate entities regarding closure activities, including development of website	March 2010 - Closure	Ongoing. Formal updates are provided with the Governor's Budget and May Revision, through special communications, and on the website.
Work with local Managed Care Health Plans ensuring availability of health services	March 2010 - Closure	Ongoing. MOUs and protocols between DDS and DHCS, and RCs and health plans have been finalized.
Submission of the LDC Closure Plan to the Legislature	April 1, 2010	Completed
Legislative Budget Hearings/Testimony on the Plan	April – June 2010	Completed
Submit legislation associated with ARFPSHN and State Staff in the Community	April 2010	Completed
Establish and convene Advisory Groups for: <ul style="list-style-type: none"> <li>▪ Resident Transition</li> <li>▪ Quality Management</li> <li>▪ Staff Support</li> </ul>	April 2010	Completed
Budget Act of 2010 and Trailer Bill enacted, authorizing closure	October 8 & 19, 2010, respectively	Completed
Initiate individualized transition planning process	October 2010 – Closure	Completed

*Closure of Lanterman Developmental Center  
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<b>ACTIVITY</b>	<b>DATE(S)</b>	<b>STATUS</b>
Develop and open an outpatient clinic to provide transition services as residents leave LDC	October 2010	Completed. Licensure granted July 2011.
Plan for the deployment of state employees to community services and work with RCs and providers to determine numbers and types of state employees who may be interested and for what functions	October 2010 – Ongoing	Ongoing. Bargaining agreements have been reached with all affected unions. Surveys of employee preferences have been completed.
Develop and implement individual health transition plans for residents	October 2010 and ongoing	Ongoing
Establish dental coordinator and health care consultant positions at identified RCs	November 2010	Completed. Positions have been allocated to RCs as approved through the MFP grant.
Transition of residents from LDC	2010 – Closure	Ongoing
Establish an LDC Business Management Team to develop a plan for the administrative and physical plant activities of closure	April 2011	Ongoing
Trailer Bill enacted to clarify the health plans participating in managed care for LDC residents	March 2011	Completed
Implementation of RTAG recommendations for improvements to the transition planning process	April - July 2011 and ongoing	Completed
Implementation of the QMAG recommendations for enhancements to the QMS	April - Sept 2011 and ongoing	In process
Develop milestones to measure the progress of the closure process	September 2012 – January 2013	Completed
Official closure of LDC	After all residents have moved	To be completed by December 31, 2014
Post-closure clean-up activities at LDC	Initial months following closure	Expected to begin prior to December 31, 2014
Warm shutdown begins (if transfer of property does not immediately occur)	Upon closure and until property is transferred	Expected to begin prior to December 31, 2014

## **Appendix A: Community State Staff Program**

On an annual basis, the Department reports to the fiscal committees of both houses of the Legislature on the use of state employees to provide services in the community (Welf. and Inst. Code section 4472.2(b)).

The FY 2011-2012 Enacted Budget reflected 39 state staff in the community for Lanterman with an additional 33 staff and one administrative staff budgeted for FY 2012-13. As of December 1, 2014, fifteen (15) Lanterman employees have been selected to work in the community as part of the Community State Staff (CSS) Program; twelve (12) are actively working in the community and three (3) have pending start dates.

As of December 1, 2014, two service providers have signed contracts that have been approved by the Department of General Services.

The Department has actively supported the dialog between RCs, service providers, LDC staff and bargaining units regarding the CSS Program.

## Appendix B: Milestones for the Closure of Lanterman

### MILESTONES FOR CLOSURE OF LANTERMAN DEVELOPMENTAL CENTER December 1, 2014

In addition to regular reporting on the progress of the Lanterman Developmental Center closure process, the Legislature requested the Department identify significant milestones related to implementation of the closure plan and estimated completion dates for those milestones. To assist in developing these milestones, the Department requested input from a broad array of stakeholders, including LDC residents, families and employees, regional centers (RC), service providers, advocates, legislative staff and the general public.

In response to stakeholder feedback and input from hearings, the milestones were updated to better illustrate the transition process and establish measurable markers applicable to all people moving from LDC. The baseline milestones were released with the January 2013 Closure Report Update and can be found on the DDS "Lanterman Closure News" website.

The Department recognizes that the needs of individuals and their families may change as the closure progresses, and will continue to work closely with families, advocates, RCs, LDC staff and other stakeholders to monitor the progress on a regular basis, collect and analyze data related to the closure, and provide updates.

#### Milestones for Closure of LDC

Milestone	Estimated Completion Date
<b>A. Resident Transition Milestones</b>	
<b>1. <u>Comprehensive Assessments</u></b> Current comprehensive assessments were completed for all residents of LDC by June 2013, except for one individual whose family opted out of the comprehensive assessment process; however that individual moved to a community home in July of 2014. This milestone represents one of the key activities performed by RCs to determine the individual services and supports needed for successful transition to a community living arrangement.	June 2013 (Completed)



Milestone	Estimated Completion Date
<p><b>Update:</b> All 7 of the residents remaining at Lanterman as of December 1, 2014 (including 1 currently residing in a community subacute facility), have had a “meet and greet” with a potential provider.</p>	
<p><b>3. <u>Specific Option Selected and Initial Transition Planning Meeting Held</u></b>            Capturing the number of Individual Transition and Health Transition plans in development is the next measure of active participation in the transition process. Once a resident identifies a specific living option they want to pursue and their “meet and greet” went well, an initial Transition Planning Meeting (TPM) is held with the ID team to start an Individual Transition and Health Transition Plan for the resident. The Individual Transition and Health Transition Plan is used to document the process of planning and implementing transition activities and specific transition health services.</p> <p>Individual Transition and Health Transition Plans will be developed for all current residents by March 2014. This milestone marks a crucial element in facilitating an individual’s safe and successful transition into the community.</p> <p><b>Previous Report:</b> As of April 1, 2014, of the 75 remaining residents that have had a “meet and greet,” all 75 have had a TPM. Three additional residents have also had a TPM in conjunction with their annual IPP review to discuss transition options, but have not yet had a “meet and greet,” bringing the total number of residents that have had a TPM to 78.</p> <p><b>Update:</b> As of December 1, 2014, of the 7 remaining residents that have had a “meet and greet,” all 7 have had a TPM.</p>	<p>March 2014 (Completed)</p>
<p><b>4. <u>Transition Review Meeting (TRM)</u></b>            A TRM is held to review and finalize a resident’s Individual Transition and Health Transition Plan and to ensure that all members of the ID team are satisfied that all arrangements agreed on in the planning process have been implemented and that the resident is prepared to move. TRM’s are held at the conclusion of the transition process and is where the ID team sets a move date. An individual’s TRM must occur no less than 15 days prior to a planned move date. If circumstances change that alter the move date, additional TRMs may be held to re-establish a new move date and make adjustments to the original TRM.</p>	<p>July-December 2014 (Completed)</p>

Milestone	Estimated Completion Date
<p><b>Previous Report:</b> As of April 1, 2014, of the 78 residents remaining that have had a TPM, 14 have had a TRM. Of the 14, thirteen (13) have scheduled placement dates and 1 has pending items that are being resolved. Twenty-five (25) residents had both a TRM and moved within the December 1, 2013 and April 1, 2014 time frame.</p> <p>Between December 1, 2013 and April 1, 2014, 32 residents transitioned from LDC into the community.</p> <p><b>Update:</b> As of December 1, 2014, of the 7 residents remaining that have had a TPM, 6 have had a TRM. Of the 6, three (3) have scheduled placement dates and 3 have pending items that are being resolved.</p> <p>Between April 1, 2014 and December 1, 2014, 72 residents transitioned from LDC into the community.</p> <p>As of December 1, 2014, 352 LDC residents have moved to the following living arrangements:</p> <ul style="list-style-type: none"> <li>256 to a CCF – Adult Residential Facility</li> <li>2 to a Congregate Living Health Facility</li> <li>6 to their own homes with Supported Living Services</li> <li>16 to an Intermediate Care Facility (ICF, ICF DD-H, ICF DD-N, or ICF DD-CN)</li> <li>59 to an ARFPSHN (853 or 962 Home)</li> <li>3 to a Family Home Agency (FHA)</li> <li>7 to long-term subacute settings</li> <li>2 to the individual’s family home</li> <li>1 Other (Germany)</li> </ul> <p>As of December 1, 2014, no LDC residents have transferred to another DDS-operated facility.</p>	
<b>B. Community Supports</b>	
<p><b>1. Residential Facilities</b> The Department annually funds Department-approved RC Community Placement Plans, which are earmarked for the development of resources in the community for individuals transitioning out of a developmental center. Upon the closure announcement in 2010, 100 residential options for people moving from LDC were identified for development through RC requested and approved Community Placement Plans. The DDS CPP plan approvals</p>	

<b>Milestone</b>	<b>Estimated Completion Date</b>
<p>were based on the population at LDC when closure was announced. Since that time, approximately 35 percent of LDC's residents have either moved into existing homes not specifically developed for LDC closure, moved out of the area or passed away. The Department worked closely with RCs to determine development needs.</p> <p>The development of residential facilities to meet the needs of individuals transitioning to the community is expected to be completed by January 2014. This milestone represents the availability of residential services in the community to meet the needs and allow for successful transition of LDC residents. The milestone is divided into three components as presented below.</p>	
<p>a. Site control has been secured, through purchase or lease, of all required residential property.</p>	<p>March 2013 (Completed)</p>
<p>b. RCs have identified all service providers required for closure.</p>	<p>May 2013 (Completed)</p>
<p>c. All homes are licensed and ready for occupancy.</p>	<p>January 2014 (Completed)</p>
<p><b>Previous Report:</b></p> <p>Of the 96 remaining residential options approved for development for residents of LDC:</p> <p>a. Residential Property Information as of April 1, 2014</p> <ul style="list-style-type: none"> <li>• 93 have a site secured <ul style="list-style-type: none"> <li>▪ 88 homes have completed construction</li> <li>▪ 5 homes are under construction</li> <li>▪ 0 homes are in escrow</li> </ul> </li> <li>• 3 have no site identified and are not needed by individuals moving from LDC</li> </ul> <p>Two-hundred and eighty (280) residents have successfully transitioned to the community. As of April 1, 2014, 89 of those individuals moved into existing resources that were not developed specifically for LDC, or moved out of the area. Based on utilization of non-LDC developed services, the state has funded enough residential capacity for the remaining residents of LDC.</p>	
<p>b. Service Provider Information as of April 1, 2014</p>	

Milestone	Estimated Completion Date
<ul style="list-style-type: none"> <li>• Of the 93 homes needed for closure, all 93 have service providers identified</li> <li>• 46 provider profiles are posted on the PCC website. The Department continues to work with RCs, the IP and PCC to increase access to completed provider profiles.</li> </ul> <p>c. Licensing information as of December 1, 2013</p> <ul style="list-style-type: none"> <li>• 75 of the 93 secured sites are licensed</li> <li>• 13 applications for licensure are pending</li> </ul> <p><b>Update:</b> Since the last Milestones update, 4 homes identified for LDC closure have been discontinued. Of the 92 remaining residential options approved for development for residents of LDC:</p> <p>a. Residential Property Information as of December 1, 2014</p> <ul style="list-style-type: none"> <li>• 92 have a site secured <ul style="list-style-type: none"> <li>▪ 92 homes have completed construction</li> <li>▪ 0 homes are under construction</li> <li>▪ 0 homes are in escrow</li> </ul> </li> </ul> <p>Three hundred and fifty-two (352) residents have successfully transitioned to the community. As of December 1, 2014, 97 of those individuals moved into existing resources that were not developed specifically for LDC, or moved out of the area. Based on utilization of non-LDC developed services, the state has funded enough residential capacity for the remaining residents of LDC.</p> <p>b. Service Provider Information as of December 1, 2014</p> <ul style="list-style-type: none"> <li>• Of the 92 homes developed for closure, all 92 have service providers identified</li> <li>• 46 provider profiles are posted on the PCC website.</li> </ul> <p>c. Licensing information as of December 1, 2013</p> <ul style="list-style-type: none"> <li>• 91 of the secured sites are licensed. The last home is expected to be licensed before December 15, 2014 and is not needed for LDC closure.</li> </ul>	
<p><b>2. Supported Living</b> For some LDC residents, the use of Supported Living Services (SLS) may be the best option for moving into the community. SLS consist of a broad range of services for adults with developmental disabilities who choose to</p>	<p>March 2014 (Completed)</p>

Milestone	Estimated Completion Date
<p>live in homes they themselves own or lease in the community. A supported living service provider vendored by a RC works with an individual to establish and maintain a safe, stable, and independent life in his or her own home. The Department will continue to make SLS information available to residents and families who are exploring living options.</p> <p><b>Previous Report:</b> Of the 78 residents remaining at Lanterman as of April 1, 2014 (including 1 residing in a community subacute facility), two individuals are actively pursuing arrangements for SLS. Of the 280 residents who have already transitioned to the community, five (5) individuals have moved into their own homes with SLS.</p> <p><b>Update:</b> Of the 7 residents remaining at Lanterman as of December 1, 2014 (including 1 residing in a community subacute facility), one individual is actively pursuing arrangements for SLS. Of the 352 residents who have already transitioned to the community, six (6) individuals have moved into their own homes with SLS.</p>	
<p><b>3. <u>Day Activities and Other Community Resources</u></b></p> <p>Part of each resident's individualized transition planning process is the identification of day services to ensure daily activities and community involvement once they have moved from LDC. There are many different types of day service options that provide a diverse range of opportunities for persons with developmental disabilities to integrate into their community.</p> <p>The Department's Community Placement Plan (CPP) includes funding for the development of programs to meet an individual's need for activities during the day. Developing day services generally requires less lead time than residential programs. The development of day services to address the needs of LDC residents transitioning to the community is expected to be completed by March 2014. It should be noted that based upon the specific transition needs of each individual LDC mover, the timing of entry into their identified day activities may vary.</p> <p>This milestone reports on the number of people moving from LDC that have started day service activities and indicates if the day services are provided in the community or, due to the needs of the individual, in the home. Home-based day services can, and do, involve activities in the community.</p> <p>In addition, other community service needs may be identified in a resident's transition plan. Many of these support services already exist in the</p>	

<b>Milestone</b>	<b>Estimated Completion Date</b>
<p>community and are available for individuals as they transition from LDC. However, if the RC identifies an unmet need, they will work with providers to develop the necessary resources to support the individuals residing in the community, including such services as transportation, crisis supports, etc. The development of other community resources to address the needs of LDC residents transitioning to the community is expected to be completed by March 2014.</p> <p>The day activity milestone is divided into the following two components:</p> <p>a. Development of Day Activity Resources</p> <ol style="list-style-type: none"> <li>1. The sites of all day programs have been secured</li> <li>2. All new day programs licensed and available to provide services</li> </ol> <p>b. Data on Day Activity for people moving from LDC</p> <p><b>Previous Report:</b></p> <p>a. Development of Day Activity Resources</p> <ul style="list-style-type: none"> <li>• As of April 1, 2014, 22 day programs for people moving from LDC (both mixed-use and LDC-dedicated) were scheduled for development based on regional center requests for CPP funding. DDS was notified in March 2014 that 2 additional projects reported in January have been discontinued or will no longer serve any individuals from LDC. Of the 22 remaining projects; 5 are pending licensure or certification.</li> </ul> <p>b. Data on Day Activity for people moving from LDC as of December 1, 2013, as reported in a survey of RCs:</p> <ul style="list-style-type: none"> <li>• Of the 242* people who have moved out of LDC, 230 currently have a day service activity (as of December 1, 2013)</li> <li>• Of those 230 people who have moved: <ul style="list-style-type: none"> <li>▪ 176 participate in a community-based day service</li> <li>▪ 38 participate in a home-based day service</li> <li>▪ 5 participate in a Work Activity Program (WAP)</li> <li>▪ 11 participate in "Other" types of day services</li> </ul> </li> </ul>	<p>a.1 – December 2013</p> <p>a.2 – March 2014</p>

Milestone	Estimated Completion Date
<ul style="list-style-type: none"> <li>• Of the 12 remaining people who have moved:               <ul style="list-style-type: none"> <li>▪ 6 are deceased</li> <li>▪ 2 have no day service activity due to health/medical reasons</li> <li>▪ 1 has moved out of the country</li> <li>▪ 1 is living with their family and is a “closed case”</li> <li>▪ 1 chooses not to participate</li> <li>▪ 1 has decided to retire</li> </ul> </li> </ul> <p><b>Update:</b></p> <p>a. Development of Day Activity Resources</p> <ul style="list-style-type: none"> <li>• As of December 1, 2014, 22 day programs for people moving from LDC (both mixed-use and LDC-dedicated) were scheduled for development based on regional center requests for CPP funding. Of the 22 projects; 4 are pending licensure or certification.</li> </ul> <p>b. Data on Day Activity for people moving from LDC as of November 1, 2014, as reported in a survey of RCs:</p> <ul style="list-style-type: none"> <li>• Of the 347 people who have moved out of LDC, 325 have a day service activity (as of November 1, 2014)</li> <li>• Of those 325 people who have moved:               <ul style="list-style-type: none"> <li>▪ 231 participate in a community-based day service</li> <li>▪ 70 participate in a home-based day service</li> <li>▪ 4 participate in a Work Activity Program (WAP)</li> <li>▪ 20 participate in “Other” types of day services</li> </ul> </li> <li>• Of the 22 remaining people who have moved:               <ul style="list-style-type: none"> <li>▪ 13 are deceased</li> <li>▪ 2 have no day service activity due to significant health/medical reasons</li> <li>▪ 2 reside in long-term subacute facilities and do not currently have day services*</li> <li>▪ 3 are “closed” cases (have moved out of the state or are residing with family)</li> <li>▪ 1 chooses not to participate</li> <li>▪ 1 has decided to retire</li> </ul> </li> </ul> <p>*These individuals were in subacute facilities for more than a year and are now considered placed. RCs may not have influence over their day services while they're in subacute.</p>	

Milestone	Estimated Completion Date
<b>C. Developmental Center</b>	
<p><b>1. <u>LDC Staffing Level</u></b> It is essential that sufficient staffing levels be maintained at LDC throughout the closure to ensure residents' health and safety. However, the need for staff that provides direct care will decrease consistent with the decline in the number of residents and changes in the acuity of those individuals remaining at the facility. Non-direct care staffing also decline throughout the closure process, but generally at a slower rate due to their responsibilities to maintain facility systems and supports that are not related to the resident population.</p> <p>This milestone will include a comparison of staffing to resident population at LDC, as compared to the reduction based upon resident health and safety and acuity, since the announcement of the closure. This comparison will not include any staffing that has been identified to support transition and/or closure activities such as warm shutdown and individuals in the Community State Staff program. It can be expected that for every 50 residents that leave the LDC population, the staffing at LDC will reduce by approximately 10 percent.</p> <p><b>Previous Report:</b> As of April 1, 2014 there were 79 residents and 601 employees (excluding closure related staffing). From October 1, 2010 to April 1, 2014, LDC's population has declined by 322 people and LDC staff has been reduced by approximately 54 percent.</p> <p><b>Update:</b> As of December 1, 2014 there were 6 residents and 170 employees (excluding closure related staffing). From October 1, 2010 to December 1, 2014, LDC's population has declined by 394 people and LDC staff has been reduced by approximately 88 percent.</p>	Ongoing throughout Closure Process
<p><b>2. <u>Outpatient Clinic</u></b> As an additional measure to bridge the transition of residents from LDC to community living arrangements, the Department's plan includes the establishment and operation of an outpatient clinic to provide medical, dental and behavioral services for former LDC residents to assist in stabilizing the person in their new setting while they are in the process of transferring care to a new healthcare provider. The Department opened an outpatient clinic in August 2011, which provides services throughout closure and assists the successful transition of healthcare services for all former residents.</p>	

Milestone	Estimated Completion Date
<ul style="list-style-type: none"> <li>• The facility will be staffed and ready for full implementation of a freestanding outpatient clinic upon the transfer of the last resident.</li> <li>• The clinic will be able to serve people who have transitioned from LDC into the community.</li> </ul> <p><b>Previous Report:</b> The clinic currently operates under the LDC license and serves only people who have moved from LDC. As of April 1, 2014, 69 people who have moved from LDC have used the outpatient clinic, which may involve multiple visits and services.</p> <p><b>Update:</b> The clinic currently operates under the LDC license and serves only people who have moved from LDC. As of December 1, 2014, 91 people who have moved from LDC have used the outpatient clinic, which may involve multiple visits and services. After closure, the Outpatient Clinic will continue to operate under the authority of the California Health and Safety Code Section 1200 et seq.</p>	<p>December 2014 (Completed)</p>
<p><b>3. <u>Community State Staff Program</u></b> Legislation that supports the closure efforts allows LDC employees to participate in a Community State Staff (CSS) Program that provides an opportunity for individuals to support former LDC residents in the community while retaining their state employment status. Through this program, the specialized knowledge, skills and abilities of state staff are shared with co-workers thereby enhancing service continuity. Although the program is voluntary for the employees and the providers, the interest in the CSS Program by residents and families supported the development of this milestone.</p> <p>In support of the CSS Program, the Department will conduct informational/training sessions regarding the program, complete a survey of LDC staff to determine interest in the program, and ensure an adequate number of Direct Support Professional (DSP) trainings.</p> <p><b>The milestone is divided into the following four components:</b></p> <ol style="list-style-type: none"> <li>a. The number of informational/training sessions regarding the utilization of State staff in the community that have been provided to service providers, LDC families and LDC staff.</li> </ol> <p><b>Previous Report:</b> There have been a total of 28 informational sessions about the CSS Program held throughout the closure process</p>	<p>June 2013 (Completed)</p>

<b>Milestone</b>	<b>Estimated Completion Date</b>
<p>– eighteen (18) for LDC staff and ten (10) for RCs, service providers, family members and union representatives.</p> <p><b>Update:</b> No additional informational sessions about the CSS Program have been held since the last Milestones update.</p>	
<p>b. The Department will survey LDC staff regarding interest in the CSS program to include geographic preferences.</p> <p><b>Previous Report:</b> A fourth staff survey was distributed to all Lanterman employees in December 2013 to determine staff interest in career related activities, including employee goals, willingness to relocate, training/presentation ideas to support staff through closure, and how staff receives information about SSAG and SOARC activities. Of the 100 surveys returned, 68% indicated an interested in continued employment with either DDS or another state agency; 25% indicated their plans to retire within the next 12 months; 11% said they plan to seek employment in the private sector; and 29% indicated their willingness to relocate for reemployment.</p> <p><b>Update:</b> No additional staff surveys were scheduled after the last Milestones update.</p>	Completed
<p>c. The Department will ensure an adequate number of DSP trainings are held throughout the closure process in support of the CSS program.</p> <p><b>Previous Report:</b> As of April 1, 2014, there is one provider contract in place for the CSS Program. To date, seven (7) DSP trainings have been offered at LDC.</p> <p><b>Update:</b> As of December 1, 2014, there are two provider contracts in place for the CSS Program. To date, nine (9) DSP trainings have been offered at LDC.</p>	March 2014 (Completed)
<p>d. The number of contracts and employees working in the community.</p> <p><b>Previous Report:</b> As of April 1, 2014, one service provider has a signed contract that has been approved by the Department of General Services. As of April 1, 2014, ten employees are currently working in the community and two additional employees are in training with pending start dates.</p>	Ongoing

<b>Milestone</b>	<b>Estimated Completion Date</b>
<p><b>Update:</b> As of December 1, 2014, two service providers have signed contracts that have been approved by the Department of General Services. As of December 1, 2014, fifteen (15) employees have been accepted to work in the community through the CSS Program. Twelve employees are currently working in the community and three additional employees have pending start dates.</p>	

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