

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



**MAY 2011**

**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  
[www.dds.ca.gov/LantermanNews/](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 second statutorily required status report and covers progress from January 2010 to April 2011.

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 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 only occur after the necessary services and supports identified in the IPP are available in another appropriate setting. Closure activities will focus on identifying or developing community resources to meet the specific needs of the LDC residents.

The closure process will be informed by policies and initiatives that were successful during the closure of Agnews Developmental Center (Agnews), but will be tailored for Lanterman. Throughout closure, the Department will be continually communicating and working with stakeholders to achieve a smooth and successful closure. Closure will not occur until appropriate services are available and the last resident has moved to the living option appropriate for his or her needs.

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 [www.dds.ca.gov/LantermanNews/](http://www.dds.ca.gov/LantermanNews/).

- 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 is working with the 12 Regional Centers (RC) representing residents of Lanterman to project resident needs and develop appropriate resources through existing funding in the Community Placement Plan (CPP). As more is known about each resident's service needs through the individual planning process, RCs will refine their plans for resource development accordingly. 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 recent statutory authorization to utilize ARFPSHNs for persons transitioning from Lanterman, RCs have become familiar with this residential licensing category and are moving forward with development of 11 homes. Additionally, RCs are working 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 who will move 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: *The Transition Plan and Individual Health Transition Plan*; *the Transition Activities*; and *the Resident Transition Guidelines*. All documents define and support the individual planning process to ensure a successful transition of each resident. The Department is finalizing the *Resident Transition Guidelines* and developing the processes and detail necessary to implement the recommendations. The Quality Management Advisory Group (QMAG) identified additional strategies and enhancements needed for quality assurance during and after a resident's transition into

the community. DDS is currently reviewing the final recommendations of the QMAG and working with RCs to develop implementation tools and processes. 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 SSAG continues to meet regularly with the LDC Executive Team and make recommendations that support the LDC employees.

As of January 1, 2010, there were 401 residents who are covered by the Plan. Of the 401, 398 were being served at Lanterman, with another 3 individuals temporarily receiving services from nursing facilities in the community. As of April 1, 2011, 337 residents are being served at Lanterman, and 51 have transitioned from Lanterman to community living arrangements; specifically:

- 41 to an Adult Residential Facility, licensed by the Department of Social Services (DSS);
- 3 to a Residential Care Facility for the Elderly, licensed by DSS;
- 2 to a Congregate Living Health Facility, licensed by the California Department of Public Health (CDPH);
- 2 to their own homes and being served by RC-vendored Supported Living Services providers;
- 1 to an Intermediate Care Facility (ICF), licensed by CDPH;
- 1 to an ARFPSHN, licensed by DSS; and
- 1 to the individual's family home.

As of April 1, 2011, there were 1,111 employees at Lanterman. Fifty (50) percent are direct care nursing staff, 41 percent are non-level-of-care and administrative support staff, and 9 percent are level-of-care professional staff. For the period of January 1, 2010, to April 1, 2011, a total of 185 employees separated from Lanterman through transfer, retirement, resignation, dismissal or other cause. The Department is working 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 April 2011, level of care staffing meets certification standards throughout the facility.

The closure of Lanterman will occur after the last resident transitions to his or her new living situation. To ensure the health and safety of individuals, transition will only occur after services and supports are available as identified through the individual planning process. The Department believes it can manage the closure of Lanterman within existing funding levels. The Department has provisional language in the Budget Act of 2010 that allows flexibility to move funding between items of appropriation within the Department's budget during the closure process. The chart on page 38 summarizes the Lanterman closure-related funding consistent with the May Revision to the Governor's Budget for 2011-12.

## **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 Fiscal Year (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 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 Individual Program Plan (IPP). Consistent with the Lanterman Act and to ensure the health and safety of each person, transition will only occur after the necessary services and supports identified in the IPP are available in another appropriate setting. Closure activities will focus on identifying or developing community resources to meet the specific needs of the LDC residents.

The Department is committed to the Lanterman Act and working with stakeholders to achieve a smooth and successful closure of Lanterman. Closure will not occur until appropriate services are available and the last resident has moved to the living option identified to meet his or her needs.

This report satisfies the statutory requirements in the Budget Act of 2010, 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, the State Department of Health Care Services, and the State Department of Mental Health, is 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 are applicable to the transition of Lanterman Developmental Center."

This report is the second update to the Plan and tracks progress from January 2010 until April 2011. The report is divided into six major sections:

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

The next report will be issued with the Governor's Budget for 2012-13.

## **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 the recent closure of Agnews in March 2009. 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.

The Department is now proceeding with closure activities. This report captures the primary areas of focus and progress between January 2010 and April 2011. Key to making progress is having the necessary dialogue and training, including sharing information from the Agnews experience 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. At the same time,

residents continue to transition from Lanterman into the community as part of the normal planning and resource development efforts, providing urgency to the Department and those involved with closure to implement key components of the Plan and ensure the best possible outcomes for all residents.

The Department continues to meet regularly with parents and family members through the PCC. Regular meetings are being held at Lanterman with the employees so that Department management can share information, hear employee issues and respond to questions. Regular meetings are also occurring between DDS and the involved RCs, and between DDS and the California Department of Health Care Services (DHCS) to implement 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. As the process evolves, the ability to anticipate and proactively address issues will be 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 based on departmentally approved projects and then allocated to the RCs.

CPP efforts have been refocused in FYs 2010-11 and 2011-12 to achieve a safe and successful transition of individuals from Lanterman to other appropriate living arrangements. The CPP process for the closure of Lanterman 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 and CPP liaisons to focus on the specific needs of the residents for planning and resource development. With recent 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 2005-06 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. Currently, the project assists RCs and LDC staff

with assessments, identifying barriers, and developing smaller community-based settings for individuals.

Additionally, the Department has secured the services of a licensing liaison to provide expert assistance with licensing, permitting, obtaining fire clearances, and supporting residential development involved with opening a licensed community living arrangement. In particular, the liaison coordinates licensing applications for new homes with DSS's licensing offices, ensures appropriate trainings and communications are occurring, and provides support and education to all concerned with the development and licensing of ARFPSHNs. The liaison tracks the progress of all new community living arrangements to ensure they are licensed in a timely manner. The liaison has established monthly meetings with each RC involved with Lanterman closure to identify any licensing issues or other impediments to completion of the licensing process. In addition, the liaison holds regular meetings with DSS and CDPH staff involved in licensing living arrangements for consumers transitioning from Lanterman, as well as regular meetings with the local fire jurisdiction to ensure timely and successful fire clearances of homes in the licensing process.

RCs are 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 are meeting with individuals and their family members to facilitate the development of an individualized, tailored plan that addresses person-specific questions and concerns. RCs are also regularly participating 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 Southern California Conference of RC Directors, RC Community Services Directors' meetings, RTAG meetings, QMAG meetings, and Lanterman liaison meetings. Several RCs are conducting 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 are continuing to provide informational opportunities for individuals transitioning to the community, their family and friends, and other interested parties. In June 2011, RCs and providers will participate in a provider fair organized by the PCC.

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 are being 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 are enhancing resource development.

### **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 health 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.

In the fall, a group comprised of RC representatives toured ARFPSHN homes in the San Francisco Bay Area. In addition, parents and families of Lanterman residents toured Bay Area ARFPSHN homes in January 2011. 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 are conducting assessments to determine the unique needs of each LDC resident and whether their needs could be met in an ARFPSHN. As of March 2011, as part of the ongoing process to refine the community resource projections based on the needs of Lanterman residents, 11 ARFPSHNs are currently under development within existing CPP funds.

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

The Department is participating in the Money Follows the Person (MFP) grant operated 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 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, the RCs receive 100 percent federal funding for 34 additional staff at a cost of \$3.5 million in FY 2010-11 to support the development of specialized resources and the transition of LDC residents into the community. RCs are in the process of filling these positions and implementing the associated functions.

RC staff filling these positions are dedicated to supporting consumers to transition from Lanterman through provision of services including: 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. For further detail on the positions funded through the MFP grant, please refer to the January 2011 Update on the Plan for the Closure of Lanterman Developmental Center.

### **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 staffs work 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 actions 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 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, at the San Gabriel/Pomona Regional Center 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 December 20, 2010, the QMAG met again for further discussion of Lanterman-specific QMS requirements and enhancements. The members last convened on March 3, 2011, to provide final input on proposed enhancements to the quality assurance system for individual's 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, as follows:

- Development of Provider Profiles to include information regarding the qualifications and experience of service providers and specify models for service delivery. The Provider Profiles will be available through the PCC website and will provide consumers and family members additional information 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. The Visitor Snapshots were a key component of the Agnews QMS as a means to collect information on service quality from families and friends; and
- Additional recommended enhancements that integrate best practices identified through the Agnews QMS.

DDS is reviewing the final recommendations for the enhanced Lanterman QMS made by the QMAG and working with RCs to develop implementation tools and processes. Upon approval by DDS and the 12 RC Director's representing residents of Lanterman, implementation of the Lanterman QMS will occur in the first quarter of FY 2011-2012.

The QMAG will reconvene the first quarter of FY 2011-2012 to review the first available findings from the National Core Indicator (NCI) Consumer Survey collected in California on individuals 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 the Department and RCs on findings on the quality of services being provided to former Lanterman residents from their review of the data collected from the NCI and, as it becomes available, other sources identified in the enhanced Lanterman QMS.

### **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 the closure of Agnews are being reviewed and 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, will play 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 are working together to coordinate issues and implement requirements related to the provision of health care for persons who will move into the community from Lanterman. Key to their transition is 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 provisions that were put in place for Agnews closure 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)<sup>2</sup> 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, with exceptions only where new managed care plans are being developed and implemented. DDS and DHCS have provided essential information to the RCs and health plans so that 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 are in the process of incorporating provisions into their existing MOUs, or developing new MOUs where there is a new health plan, 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 are in the process of finalizing the MOU between the two departments for Lanterman closure. It defines the respective responsibilities and commitments of the two departments 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 plan costs related to Lanterman closure. These important changes were enacted through AB 97 (Chapter 3, Statutes of 2011, Committee on Budget).

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<sup>2</sup> Pertinent statutes are available on the DDS website at [www.dds.ca.gov/LantermanNews/](http://www.dds.ca.gov/LantermanNews/).

- Processes will be 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. Using the experience gained from Agnews closure, procedures and informational material have been drafted by DHCS and are now in the process of being coordinated with DDS, RCs and health plans prior to implementation.
- 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 is using the data to develop rates for reimbursing the health plans pursuant to statute. Additionally, the data will be critical for expediting the health care eligibility and enrollment processes as consumers transition to the community.
- DHCS will be working with the health plans to ensure that the unique medical needs as stated in the IPPs are met and additionally to modify current contracts to address this new component of services.
- DDS and DHCS will address any policy or procedural issues that are identified throughout this process, and additionally seek approvals 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.

An Outpatient Clinic does not exist at Lanterman today. The Lanterman management team is reviewing applicable regulations, building codes and licensing requirements, as well as requirements for vendorization by RCs, to establish the clinic. Additionally, they are working with staff familiar with the Outpatient Clinic at Agnews to learn from their experience and adapt appropriate policies and procedures for Lanterman's use. A physical plant assessment is being conducted to identify any potential modifications and equipment that will be needed in the prospective location for the clinic. Lanterman will be working with CDPH to augment its current license for providing outpatient services, and to address any other licensing issues that may be identified. At the Department level, coordination is occurring between DDS and DHCS to determine and plan for Medicare certification requirements, and identify any potential need for a State Plan Amendment. Along with defining the scope of services, Department staff will be ensuring that appropriate utilization data are collected during operation of the clinic, and that a billing system is implemented for reimbursement for the services provided.



## **Residents of Lanterman**

### **TRANSITION PLANNING PROCESS**

As described in greater detail in the Plan, transition planning will be based on an intensive, person-centered IPP process, consistent with the requirements in the Lanterman Act. Planning team members will 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 will enable careful assessment and evaluation of the community living options that appear to meet the resident's needs. Additionally, before a resident moves from Lanterman, an IHTP will be 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. Because of its importance, the Plan identified the need for the RTAG to consider the practices that were utilized during Agnews' closure and the lessons learned, and make recommendations to the Department for enhancements and improvements.

#### 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 includes 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 have provided different and valuable perspectives to the transition planning process.

The RTAG is charged with the development of transition guidelines to ensure the residents of LDC experience a safe and successful transition from LDC. Consistent with the Department's vision statement of Developing Partnerships, Supporting Choices, these guidelines will be based on the values of collaboration and person-centered planning. The guidelines are intended to include, but not be limited to, important elements of a process that will support individuals transitioning from the developmental center. Transition practices that worked well during the closure of Agnews were shared, and members were invited to share other transition plan formats in use as reference material for the group.

Small and large group discussions were facilitated to elicit input from the members to be incorporated into the guidelines. These discussions included the identification of core elements of a transition, the roles and responsibilities of those involved, and a review of the different stages of the process.

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 drafting the *Resident Transition Guidelines*, as described above, the *Transition Plan and Individual Health Transition Plan* and the *Transition Activities*<sup>3</sup> were also produced. The *Transition Plan and Individual Health Transition Plan* provides the template for capturing critical information about the resident's preferences, needs and effective strategies. It will serve 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 will be used by the RRDP to track and coordinate resident activities as part of the planning team process.

The *Transition Plan and Individual Health Transition Plan* and the *Transition Activities* have been finalized and were introduced at the PCC meeting in April 2011. The *Resident Transition Guidelines* is now undergoing final edits. The Department is working to further define how these materials are to be implemented at Lanterman in preparation for staff training. Implementation is planned by July 2011.

## **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 from nursing facilities in the community. Therefore, a total of 401 individuals are covered by the Plan.

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

Lanterman currently provides services to residents under three levels-of-care. The facility is licensed as a General Acute Care Hospital with distinct licenses for an ICF and Nursing Facility (NF). As of April 1, 2011, the Lanterman population included 340 people, compared to 363 on December 1, 2010, and 401 on January 1, 2010. Of the 340 people, 337 are served at Lanterman with 91 individuals (approximately 27 percent) living on one of the facility's NF residences and 246 individuals (approximately 73 percent) residing on one of the facility's ICF residences. The remaining 3 individuals are temporarily receiving services in NFs in the community. The third level-of-care is provided on the Acute Care unit where residents are transferred to receive short-term medical and nursing care when they experience an acute health care condition. The census on each of the NF or ICF units ranges from 17 to 35 residents. The Acute Care unit averages seven residents per day with an average length of stay of approximately seven days per visit.

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<sup>3</sup> The *Transition Plan and Individual Health Transition Plan* and the *Transition Activities* documents are available on the DDS website at [www.dds.ca.gov/LantermanNews/](http://www.dds.ca.gov/LantermanNews/).

Following is information on the 337 residents at Lanterman, what level-of-care they are receiving, and their RC:

<b>Lanterman Developmental Center NF and ICF Populations by Regional Center (Listed Alphabetically) As of April 1, 2011</b>			
<b>Regional Center</b>	<b>LDC POP*</b>		<b>TOTAL</b>
	<b>NF</b>	<b>ICF</b>	
	<b>91</b>	<b>246</b>	
<b>ELARC</b>	16	23	<b>39</b>
<b>FDLRC</b>	16	42	<b>58</b>
<b>IRC</b>	5	24	<b>29</b>
<b>KRC</b>		1	<b>1</b>
<b>NLACRC</b>	20	45	<b>65</b>
<b>RCOC</b>		8	<b>8</b>
<b>SARC</b>		2	<b>2</b>
<b>SCLARC</b>	7	25	<b>32</b>
<b>SDRC</b>	1	15	<b>16</b>
<b>SGPRC</b>	23	52	<b>75</b>
<b>TCRC</b>		6	<b>6</b>
<b>WRC</b>	3	3	<b>6</b>

\*LDC POP includes people on leave, but not on provisional placement.

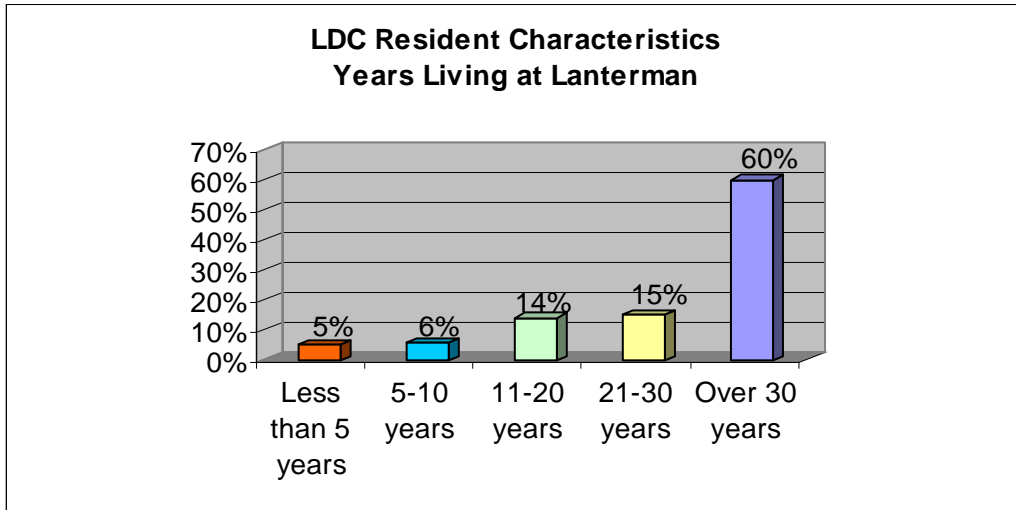
Regional Center Communities

Lanterman is primarily a resource to the Southern California area with over 99 percent of the individuals who reside at Lanterman being served by a Southern California RC. The following 12 RCs are actively involved with Lanterman, with data reflected as of April 1, 2011:

<b>Regional Center</b>	<b>Residents Served</b>	<b>Percent</b>
San Gabriel/Pomona RC	75	22%
North Los Angeles County RC	65	19%
Frank D Lanterman RC	58	17%
Eastern Los Angeles RC	39	12%
South Central Los Angeles RC	32	9%
Inland RC	29	8%
San Diego RC	16	5%
RC of Orange County	8	3%
Westside RC	6	2%
Tri-Counties RC	6	2%
San Andreas RC	2	<1%
Kern RC	1	<1%

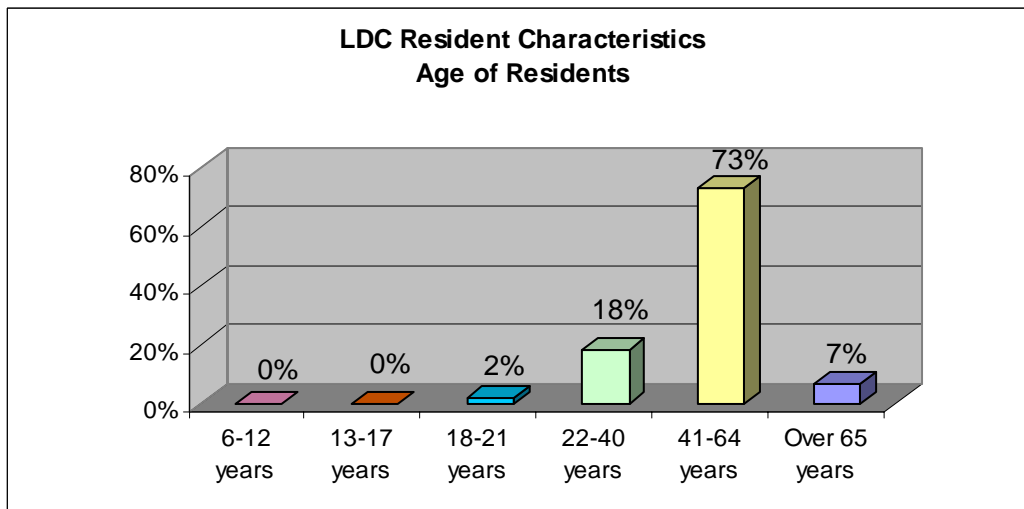
Length of Residence

The majority of residents have lived at Lanterman for many years with 60 percent residing there for more than 30 years. The breakdown on the length of stay for the remaining residents shows 15 percent have made Lanterman their home for 21 to 30 years, 14 percent for 11 to 20 years, 6 percent for five to 10 years, and 5 percent for fewer than five years.



Age of Residents

Eighty (80) percent of Lanterman’s population is over age 40. Of this group, residents who are 65 years of age or older make up 7 percent of the population with the oldest resident being 87 years of age. In contrast, there are no children under 18 years of age at Lanterman, and only 9 residents (2 percent) are between 18 and 21 years of age.



### Gender and Ethnicity

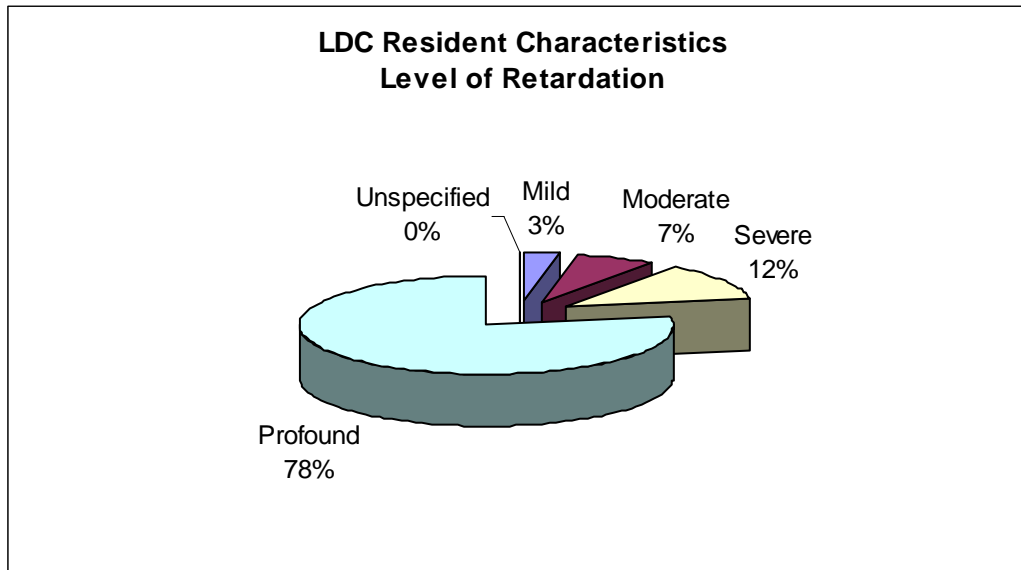
The resident population at Lanterman is diverse in both gender and ethnicity with 56 percent of the population male and 44 percent female. Sixty-nine (69) percent of the population is Caucasian, 18 percent Hispanic, 8 percent African American, 4 percent Asian and Pacific Islander, and the remaining 1 percent is identified as “Filipino” and “Other.”

### 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 mental retardation, cerebral palsy, epilepsy, and autism. . . [and other] conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation, but shall not include other handicapping conditions that are solely physical in nature.”

Seventy-eight (78) percent of the residents at Lanterman have profound mental retardation and 12 percent have severe mental retardation. The remaining 10 percent are persons who have been assessed with a mild or moderate level of mental retardation.



A majority of residents have additional disabilities, including 53 percent of the population with epilepsy, 15 percent with autism, and 11 percent with cerebral palsy. Sixty-three (63) percent of the residents have a dual diagnosis, meaning they have both a diagnosis of a developmental disability and a mental illness. In addition, 74 percent of the residents have challenges with ambulation, 48 percent have vision difficulties, and 20 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 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 hundred eight (108) of the residents (32 percent) require highly structured services as their primary service need.

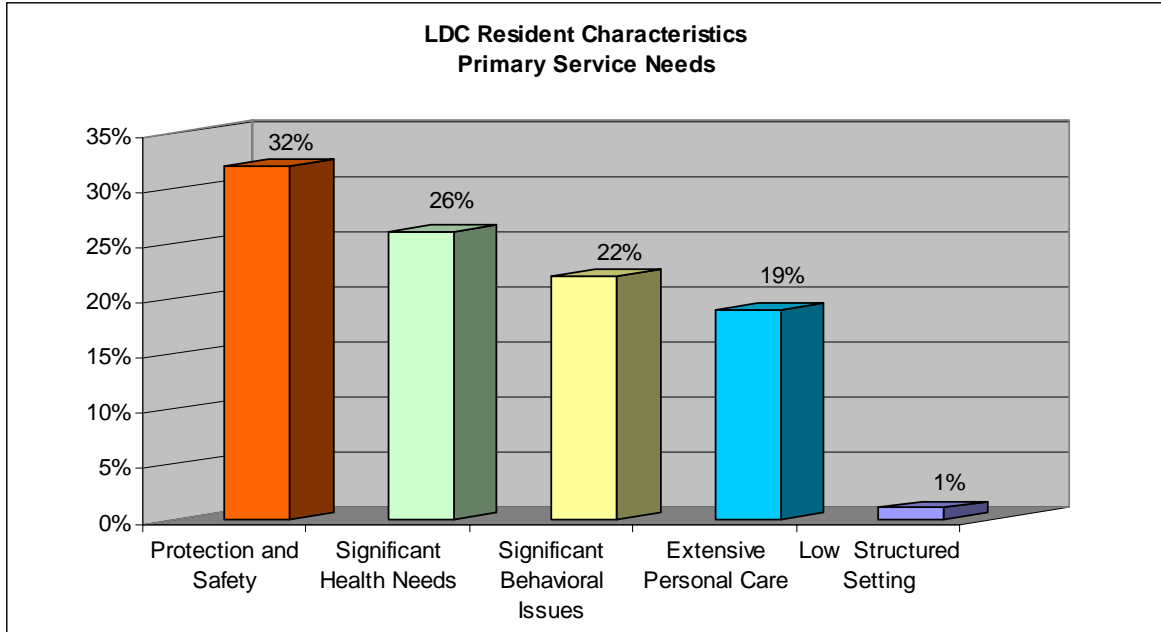
*Significant Health Care Services:* This area includes the need for intermittent pressure breathing, inhalation assistive devices, tracheotomy care, or treatment for recurrent pneumonias or apnea. Significant nursing intervention and monitoring are required to effectively treat these individuals. Eighty-nine (89) of Lanterman's residents (26 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. Seventy-three (73) residents (22 percent) have been identified as requiring 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. Sixty-four (64) residents of Lanterman (19 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. Only three Lanterman residents (1 percent) are 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 April 1, 2011, there were 51 residents who transitioned from Lanterman into community settings; 2 were from one of the facility’s NF residences, and the remaining 49 individuals were from the facility’s ICF residences. Of these 51 residents, 19 individuals transitioned during the reporting period of December 1, 2010 to April 1, 2011.

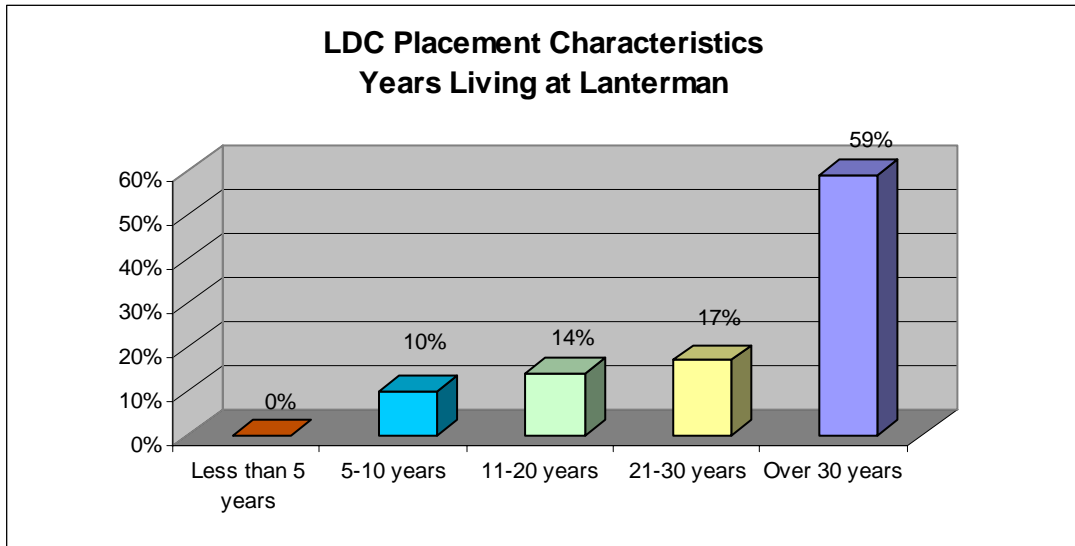
Regional Centers

Following are the RCs providing services to the 51 former Lanterman residents who transitioned into the various communities from January 1, 2010, to April 1, 2011:

Regional Center	Individuals Receiving Services
San Diego RC	9
Inland RC	7
Frank D. Lanterman RC	7
Eastern Los Angeles RC	6
North Los Angeles County RC	6
RC of Orange County	4
Westside RC	4
San Gabriel/Pomona RC	3
South Central Los Angeles RC	3
Tri-Counties RC	2
Kern RC	0
San Andreas RC	0

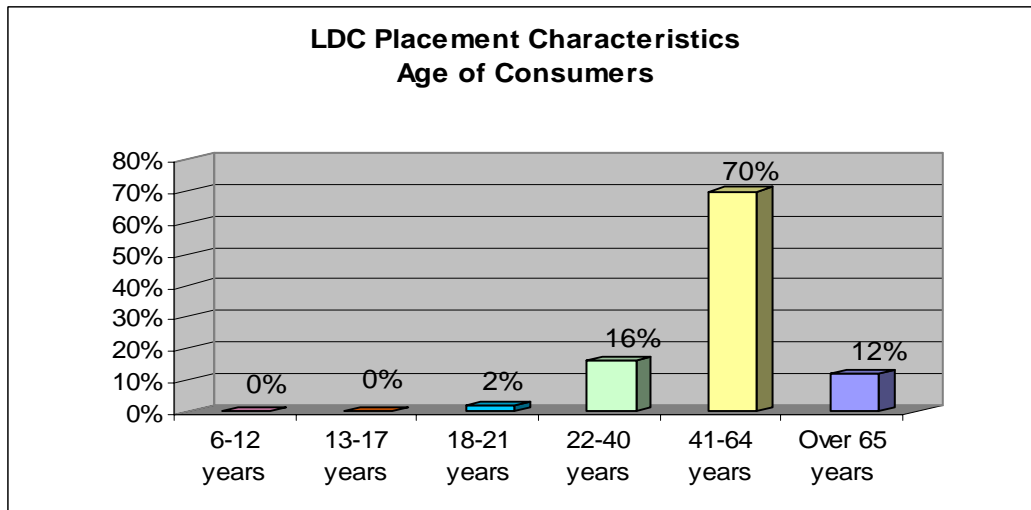
**Length of Residence**

Similar to the overall population at Lanterman, the majority of the 51 consumers living in the community were at Lanterman for many years. Fifty-nine (59) percent lived at Lanterman for more than 30 years. The breakdown on the length of residency for the remaining individuals shows 17 percent lived at Lanterman for 21 to 30 years, another 14 percent for 11 to 20 years, and 10 percent for 5 to 10 years. Of these 51 consumers, none had lived at Lanterman for fewer than 5 years.



**Age of Consumers**

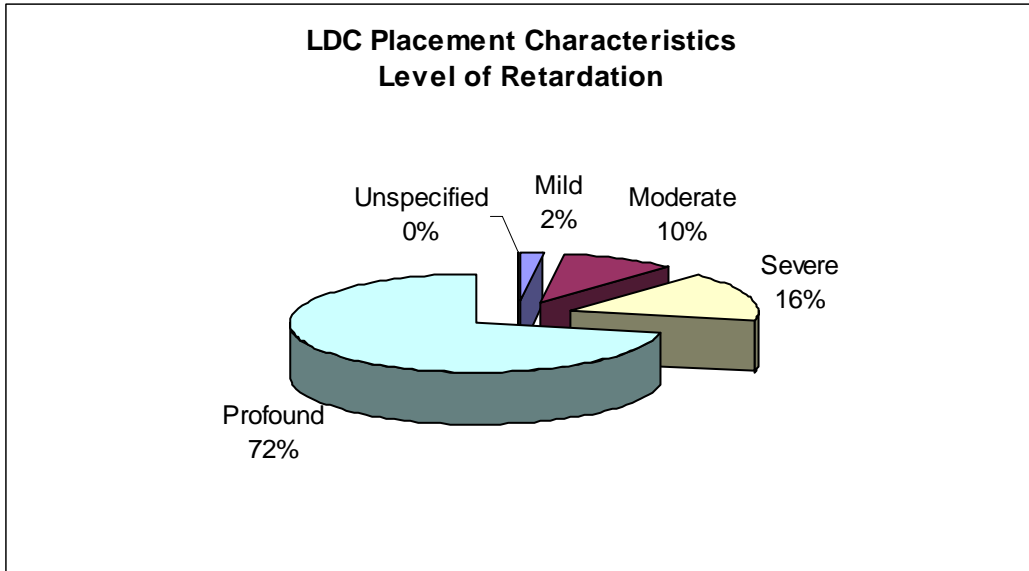
Eighty-two (82) percent of the individuals transitioned into the community are over age 40. Twelve (12) percent of this group is 65 years of age or older and 70 percent is 41 to 64 years of age. Sixteen (16) percent is 22 to 40 years of age, and there was one resident (2 percent) under age 22.





Developmental Disability

Seventy-two (72) percent of the consumers who were placed in the community have profound mental retardation and 16 percent have severe mental retardation. Ten (10) percent of the individuals have moderate levels of mental retardation and the remaining 2 percent are persons who have been assessed with mild levels of mental retardation.

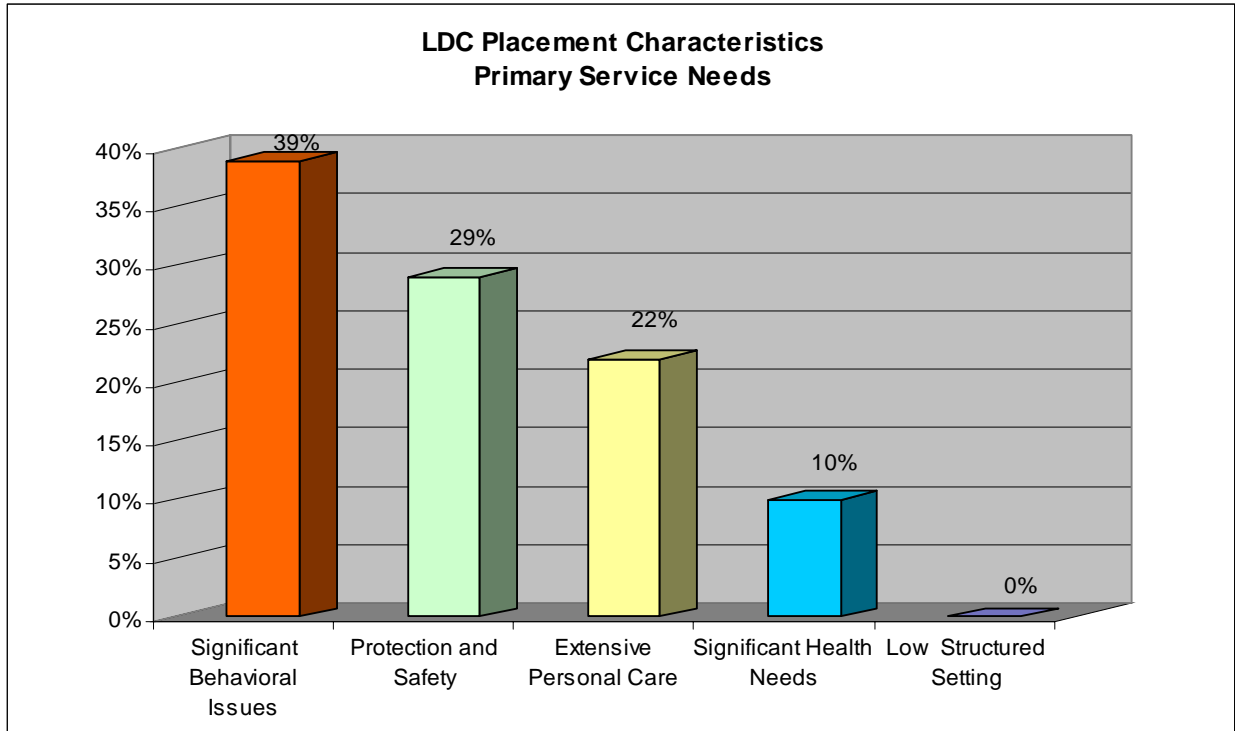


A majority of consumers have additional disabilities including 51 percent of the population with epilepsy, 4 percent with autism, and 2 percent with cerebral palsy. In addition, 39 percent have a dual diagnosis of both a developmental disability and a mental illness, 73 percent of the consumers have challenges with ambulation, 35 percent have vision difficulties, and 10 percent have a hearing impairment.

Primary Service Needs

Former residents of Lanterman require a variety of services and supports. Of the 51 individuals placed in the community, 39 percent need Significant Behavioral Support, 29 percent need Protection and Safety, 22 percent require Extensive Personal Care, and 10 percent have Significant Health Needs. None of the individuals were identified to be in need of a Low Structured Setting.

Following is a graphical display of the 51 consumers' primary service needs:



### Community Living Arrangements

Of the 51 consumers who transitioned to the community for the period January 1, 2010, to April 1, 2011, 41 moved to Adult Residential Facilities, licensed by DSS; 3 moved into a Residential Care Facility for the Elderly, licensed by DSS; 2 individuals are being served in a Congregate Living Health Facility, licensed by CDPH; 1 individual is being served in an ICF, licensed by CDPH; 1 individual moved into an ARFPSHN, licensed by DSS; 2 individuals are living in their own homes and being served by RC-vendored Supported Living Services providers; and 1 moved to his/her 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; however, 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 already conducted several employee forums for staff to provide input for consideration in the planning process. Department management continues to meet regularly with employees at Lanterman to share information, hear employee issues and respond to questions. Special 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); and the Union of American Physicians and Dentists (UAPD) Local 206, AFL-CIO. The most recent meeting occurred on March 16, 2011. 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 SSAG has been convened to address employee needs and related staffing issues, as discussed further, below.

It is the intent of the Department to help mitigate the impact on employees of the closure of Lanterman. In support of this commitment, employees will be:

- 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 includes 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.

A key objective of the SSAG is the establishment of employee supports that promote workforce stability as well as opportunities for employees to determine future options. An employee career center is being developed to provide personal assistance for each employee to identify future interests, and become equipped with the knowledge they need to successfully achieve their goals.

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

The SSAG will continue to meet regularly until the LDC Executive Team is satisfied that the supports for LDC employees have been sufficiently recognized and the recommendations from the group considered and, if approved, implemented.

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

The location for a Staff Options and Resource Center (SOARC or Center), formerly referred to as the Career Center, has been identified and a grand opening is anticipated in May 2011. The Center will provide personal support for each employee, assist employees in identifying their future interests, and equip employees with the knowledge they need to successfully achieve their goals.

As part of the SSAG function, the Lanterman employees were surveyed 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 are being analyzed and used to prioritize the services SOARC will provide to the staff.

On behalf of Lanterman's employees, contact has already been made with the California Employment Development Department's Los Angeles County Rapid Response Coordinator and the Los Angeles Urban League Pomona WorkSource Center. These entities stand ready to provide 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

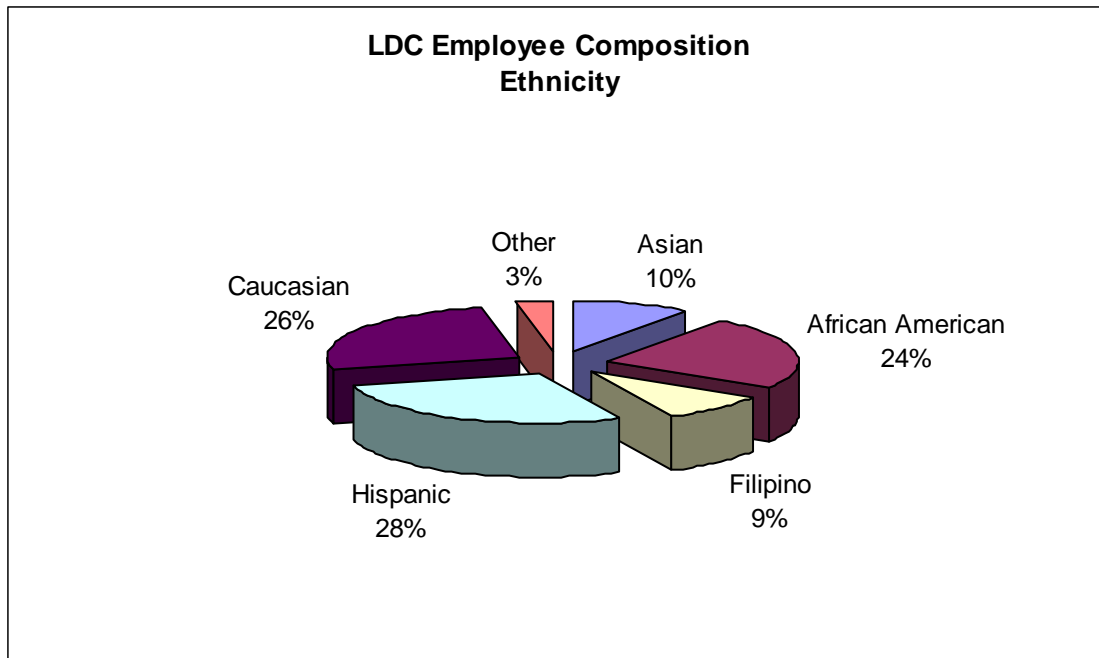
As of April 1, 2011, there were 1,111 employees at Lanterman. Of these employees, 92 percent are full-time, 4 percent are part-time, and the remaining 4 percent are intermittent, temporary, or limited-term.

More than half of the employees (59 percent) have worked at Lanterman for 10 years or less. Twenty-five (25) percent of the employees have worked at the facility between 11 and 20 years. The remaining 16 percent have worked at Lanterman for 20 years or more.

### Demographics

Sixty-six (66) percent of the Lanterman workforce is female. Of the total workforce, 45 percent of employees are 50 years of age or older and 25 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 28 percent of the workforce, and those who identify themselves as Caucasian are 26 percent of the Lanterman workforce. The next most predominant group, representing 24 percent of the workforce, are employees who identify themselves as African American, followed in decreasing numbers by Asian employees who represent 10 percent of the workforce, Filipino employees who represent 9 percent, and the remaining 3 percent of staff identifying themselves as "Other."



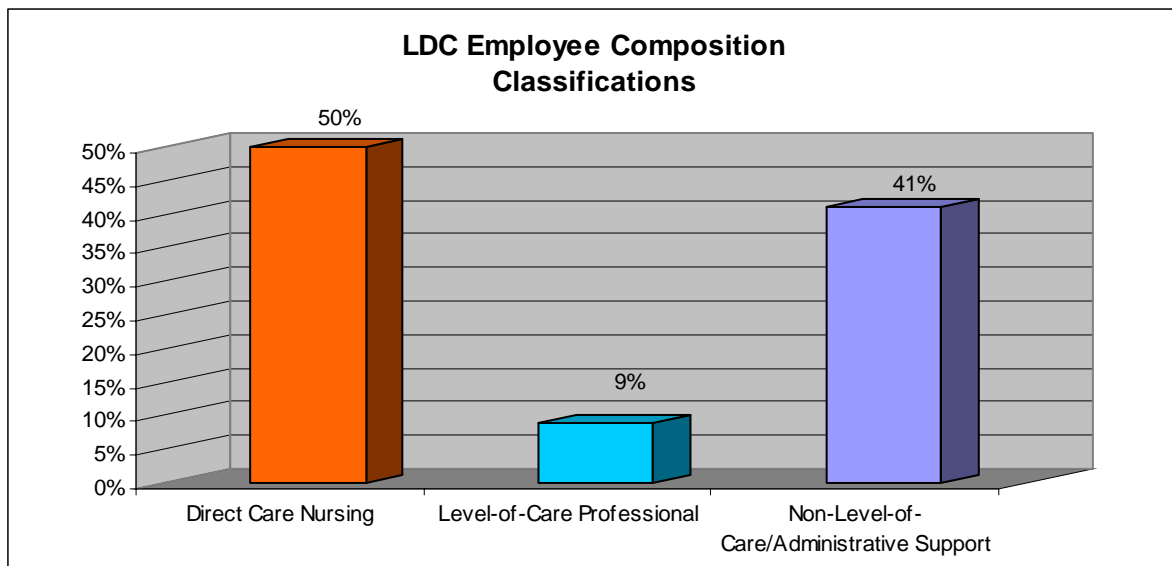
## Classifications

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 50 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 9 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 41 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. Thirty-eight (38) percent live in Los Angeles County, 48 percent reside in San Bernardino County, 7 percent reside in Riverside County, and 6 percent live in Orange County. Only 1 percent of employees reside in a county other than one of the four identified above.

**EMPLOYEE TRANSFERS, SEPARATIONS AND RETIREMENTS**

During the period of January 1, 2010, to April 1, 2011, 185 employees separated from employment at Lanterman, as follows:

TYPES OF SEPARATION						
Month	Transfer	Retirement	Resignation	Limited Term Expired	Other*	Total
January 2010	2	2	1			5
February	1	1	0			2
March	2	3	1			6
April	3	14	1		1	19
May	3	3	5			11
June	8	8	3			19
July	11	5	1			17
August	8	0	3			11
September	10	2	2			14
October	2	0	2		1	5
November	5	2	1		1	9
December	8	19	4		3	34
January 2011	5	5	3	2		15
February		1	2		1	4
March	6	4	3		1	14
<b>YTD</b>	<b>74</b>	<b>69</b>	<b>32</b>	<b>2</b>	<b>8</b>	<b>185</b>

\* Dismissal or Other Causes

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

- 18 Level of Care-Professional, or 10 percent;
- 69 Level of Care-Nursing, or 37 percent; and
- 98 Non-Level of Care, or 53 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. Employee retention during the closure and transition process is, and will remain, 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 April 2011, 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 deletes or extends this provision. This program is referred to as the State Staff in the Community Program. Much like the program for Agnews closure, Lanterman employees will, through contract, be 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 is working with the Department of Personnel Administration to establish agreements with the appropriate bargaining units to support the program. Also, a marketing plan is being developed 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. This initial information will help define the next steps and timing for program implementation.



## **The Lanterman Facility**

### **LANTERMAN PROPERTY**

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 has convened to begin the development of a Business Management Plan. The team will coordinate the various aspects of operational functions, construction projects, fiscal management, and space utilization throughout the closure process.

## **Fiscal Update**

With an emphasis on ensuring the health and safety of individuals, the closure of Lanterman will occur after the last resident transitions to his or her new living situation and only after services and supports are available as identified in the IPP. The Department continues to believe it can manage the closure of Lanterman within existing funding levels. The Department has provisional language in the Budget Act of 2010 that allows flexibility to move funding between items of appropriation within the Department's budget during the closure process.

The Department, working with the RCs, now anticipates the transition of approximately 64 residents to community living arrangements during FY 2010-11. The May Revision for 2011-12 continues to anticipate the transition of another 100 residents to community living arrangements in FY 2011-12.

The chart on page 38 summarizes the Lanterman closure-related funding in FYs 2010-11 and 2011-12, consistent with the May Revision. The budget for the Developmental Center Program reflects staffing and costs on a system-wide basis which is then allocated to each facility. The information contained in the chart reflects Lanterman's share of system-wide costs. Below is a general description of closure-related costs in the Developmental Center and Regional Center Estimates.

### **DEVELOPMENTAL CENTER COSTS**

In updating the FY 2011-12 budget, the Developmental Center Estimate reflects:

1. A reduction of 28 positions from the initially proposed 88 enhanced staffing package which resulted in a decrease of \$2.1 million (\$1.1 million General Fund [GF]) from the previously approved \$15 million. (March 2011 budget action.)
2. A system-wide reduction of \$13.3 million to achieve program and unit consolidation included a reduction of 29 positions and \$2.3 million (\$1.3 million GF) for Lanterman specifically. (March 2011 budget action.)
3. Due to the delay in the signing of the Budget Act of 2010-11, there was a delay in initiating closure activities. As a result, Lanterman's population is higher than had been projected which resulted in a corresponding increase of 23 positions. DDS decided 22 of the 23 additional positions were not needed. DDS did allow the increase in Operating Equipment and Expense (OE&E) due to OE&E being driven by the increase in consumers and not the reduction in staffing. This resulted in an increase of 1 position and \$0.5 million (including OE&E adjustments).
4. The March 2011 budget actions required a system-wide reduction of \$10.8 million (\$8.3 million GF) in OE&E for the DC system. Lanterman's share of this OE&E reduction will be \$0.8 million (\$0.7 million GF).

The overall changes to the Lanterman budget since the Governor's Budget was proposed in January 2011 are the result of multiple budgetary actions as noted above, resulting in a change in reduction from 219 positions as proposed in January 2011 to 159 positions in the May Revision. There was a corresponding change in reduction from \$15 million (\$6.6 million GF) as proposed in January to \$12.9 million (\$5.5 million GF) in the May Revision. The updated developmental center budget for Lanterman continues to retain 60 positions of the original 88 positions requested (39 LOC and 21 NLOC).

The standard staffing guidelines are designed for day-to-day operations but do not provide adequate resources for a developmental center during closure. Therefore, for the ongoing delivery of services to residents during the closure process support is needed for the transition of residents out of Lanterman including preparations for closure; and the ongoing maintenance required to operate the facility as follows:

- Closure Related Staff:
  - Level of Care/Nursing: The Department has committed to residents and families of LDC that a strategic planning effort will be implemented to reduce the overall number of moves any one resident may incur prior to leaving LDC. In order to meet this commitment and continue to ensure the health and safety of Lanterman residents, staff will be retained beyond staffing standards to provide direct nursing care. Through budget actions, the Department has reduced the level of care/nursing need from 49 nursing positions to 39 nursing positions.
  - Administration Transition and Closure Activities was initially identified as a total of 14 NLOC positions to support each of the closure activities associated with administrative functions; however, this update has incorporated budget reductions which provide for a total of 5 NLOC positions to 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.
  - Resident Transition and Placement Support activities to ensure a safe and smooth transition for each resident will require staffing for the RRDP. To support these activities, the Department previously assumed a total of 24 NLOC positions and is updating LDC closure need to incorporate cost savings by reducing the number of positions to 16 NLOC positions to provide residents transitioning from a developmental center to the community.
- State Staff in the Community The Department, in developing the November Estimate for the FY 2011-12 budget, assumed one position would support 39 employees

working in community settings; however, budget actions eliminated this position with the belief that current staff may be sufficient to support the planning and administrative aspects of this program, 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.

- Staff Support Costs / Resident Transition includes:
  - Costs related directly to the transfer of residents to new living arrangements, including staff overtime, resident transportation and other relocation costs.
  - Costs for “cash out” of accrued vacation, annual leave, personal leave, holiday credit, certified 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. The Department is monitoring the resident population changes and the associated staffing by classification to manage the need for layoff, which is not expected to occur until later in the closure process.

The following costs are not budgeted in FY 2011-12, but are listed here as future fiscal issues to be identified in subsequent fiscal years:

- Administrative staff temporarily needed after closure to ensure records are properly retained and stored, confidentiality is preserved, and essential historical documents are chronicled and maintained.
- Staff needed after closure to maintain the physical plant until the property is transferred through the state surplus property process. This period is often referred to as “warm shut-down.”
- Staff and associated costs needed to operate an Outpatient Clinic at Lanterman to provide a safety net for medical, dental and behavioral services for residents as they transition to new living arrangements. Pursuant to statute, the clinic will remain in operation after closure, until the Department is no longer responsible for the property.

It should be noted that the fiscal analysis does not include any assumptions associated with the disposition of the Lanterman property, which is handled separately by Department of General Services.

### **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 costs will be funded from CPP and Purchase-of-Service (POS) resources contained annually 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, 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. Their costs are reflected in the caseload/utilization trends in the Regional Center Estimate, since the Estimate is developed from data that includes the closure activities of the past several years for Agnews and the Sierra Vista Community Facility.

**Fiscal Update Summary  
May Revise FY 2011-12**

**LANTERMAN DEVELOPMENTAL CENTER:**

<b>FY 2010-11 LDC Share of Budgeted DC Costs</b>	<b>\$101,966,897</b>
<i>Level-of-Care</i>	\$63,241,205
<i>Non-Level-of-Care</i>	\$38,725,692
Totals, Positions	1,224.0

<b>FY 2011-12 LDC Share of Budgeted DC Costs - November Estimate</b>	<b>\$101,966,897</b>
<i>Level-of-Care</i>	\$63,559,041
<i>Non-Level-of-Care</i>	\$38,407,856
Totals, Positions	1,113.0

<b>FY 2011-12 LDC Share of Budgeted DC Costs - May Revise</b>	<b>\$95,632,596</b>
<i>Level-of-Care</i>	\$60,852,512
<i>Non-Level-of-Care</i>	\$34,780,084
Totals, Positions	1,057.0

<b>2011-12 May Revise Updates:</b>	
<b>LDC Population Driven Cost Change</b> Average In-Center Population Totals, Population Staffing	36 <b>\$484,000</b> 1.0
Totals, Positions	
<b>Other Budget Adjustments</b> Totals, Program and Unit Consolidation	<b>-\$2,319,000</b> -29.0
Totals, Positions	
<b>Other Budget Adjustments</b> Totals, Operating Equipment and Expense	<b>-\$2,399,000</b> 0.0
Totals, Positions	
<b>Closure Related Staff</b> Totals, Closure Related Staff Nursing Administration Transition and Closure Activities Resident Transition and Placement Support Activities	<b>-\$2,037,000</b> -626,000 -801,000 -610,000 -27.0
Totals, Positions	
<b>State Staff in the Community</b> Totals, State Staff Administration for State Staff Direct Support Services / Clinical Team	<b>-\$63,000</b> -63,000 0 -1.0
Totals, Positions	
<b>Net Funding Change</b> <b>Net Position Change</b>	-\$6,334,000 -56.0
Totals, Positions	

**REGIONAL CENTERS:**

<b>Community Placement Plan: LDC Closure Share of Funds</b> Totals, Operations Totals, Purchase of Service (POS)	<b>\$50,677,000</b> 8,738,000 41,939,000
<b>Closure Related Staff (CCT/MFP)</b> Totals, Closure Related Staff	<b>\$3,537,000</b> 34.0
Totals, Positions	
<b>2011-12 Totals, REGIONAL CENTERS:</b>	
<b>Totals, Regional Centers <sup>1/</sup></b>	<b>\$54,214,000</b>

<sup>1/</sup> The ongoing RC costs associated with former residents of LDC who have transitioned into the community and are no longer funded by CPP, are reflected in the caseload/utilization trends in the Regional Center Estimate for 2011-12.

## Major Implementation Steps and Timelines

The major implementation steps and timelines for the closure of Lanterman are identified in the table below. The steps and timelines have been updated from the table that was provided in the January 2011 Update on the Plan for the Closure of Lanterman Developmental Center. New activities or changes are indicated in bold.

<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. <b>In Oct. 2010 with enactment of trailer bill authorizing ARFPSHNs, RCs began refining CPP proposals for this new option.</b>
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	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. Efforts are underway to finalize MOUs and protocols between DDS and DHCS, and RCs and health plans.
Submission of the LDC Closure Plan to the Legislature	April 1, 2010	Completed
Legislative Budget Hearings/Testimony on the Plan	April – June 2010	Completed

<b>ACTIVITY</b>	<b>DATE(S)</b>	<b>STATUS</b>
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	Ongoing
Develop and open an outpatient clinic to provide transition services as residents leave LDC	October 2010	In process
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 – Two years after closure	Ongoing
Develop and implement individual health transition plans for residents	October 2010 – Closure	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	<b>April 2011</b>	Ongoing
<b>Trailer Bill enacted to clarify the health plans participating in managed care for LDC residents</b>	<b>March 2011</b>	<b>Completed</b>
Establish LDC consumer specific MOUs between health plans and RCs	March - June 2011	In process
<b>Implementation of RTAG recommendations for improvements to the transition planning process</b>	<b>April - July 2011</b>	<b>In process</b>
<b>Implementation of the QMAG recommendations for enhancements to the QMS</b>	<b>April - Sept 2011</b>	<b>In process</b>
Official closure of LDC	After all residents have moved	To be determined
Post-closure clean-up activities at LDC	Initial months following closure	To be determined
Warm shutdown begins (if transfer of property does not immediately occur)	Upon closure and until property is transferred	To be determined