



## Final Transcript

**STATE OF CA DEPARTMENT OF DEVELOPMENTAL SERVICES:  
Porterville DC Family Meeting**

February 27, 2016/12:30 p.m. PST

### **SPEAKERS**

Teresa  
John Doyle  
Dawn Percy  
Amy Wall

(Call already in progress)

### **PRESENTATION**

Teresa —hearing from you, but it's also some question and answer. And so I really want to emphasize, and I appreciate you guys coming in because it really does allow us to be able to do the one-on-one and to do that question and answer, and today, of course, the folks that are here from Sacramento, once again really want to have a dialogue. This is more of a dialogue. This is more of listening to issues and concerns that you have. It's really trying to get down to what I call the nitty-gritty, the detail of what we're looking for as we continue in this closure process.

And I'm going to again say, this is a process. I had an employee come up to me the other day and say, "Okay, so in 2021, December 31<sup>st</sup> I'm not going to have a job." And I said, "Well, it's a process. It's not five years in the making and then that looming date happens and then all of a sudden 1,300 people get up and walk out of the facility. That's not the way this process works."

So, it truly is a process that we want to have with families, with siblings, with people who really understand and know the individuals who live here because they're your relatives, but more importantly, what are your issues, what are your concerns, what is it that you can tell us that's going to assist us as we go forward in this process?

And the process is not about one thing. It's not about just the development of a home, or the development of a day program, or development of a job. It's about that person's, it's about your family member's life and how do we work with what truly are the values that you have, and truly looking forward into that person's life, what are the best choices, if they can't speak and advocate for themselves, what are the best choices that we could make?

Teams here, ID teams, your participants in the ID teams, those teams are really going to become very, very valuable. What comes out of those teams are going to matter. The information is going to matter. The assessments are going to matter. And we need to get it right. The facility needs to get it right, because it's about a person's life. And the staff, bless their hearts, they're going to go to that nth degree. And that's what we want, and that's my expectation of the staff as the leader of this facility.

So, I'm going to turn it over, and we're going to let the folks from Sacramento give us a little bit more information, and then we'll go from there. Who's going to do it?

John

Good afternoon, everybody. My name is John Doyle. I'm the Chief Deputy Director of the department. As some of you may or may not know, our former director, Santi Rogers, retired recently. Santi served the community that we serve for almost 50 years as a regional center director and as an executive director of all of the developmental centers. He worked for the state, he had a very distinguished career, but at almost 70 years old he decided that he was ready for a break. So, we're in the process of looking for a new director now, and the hope is that we will

have one soon. But in the meantime I wanted to provide you with a little background on this closure process and what's going on, what generated all this and why we're where we are now.

In 2012 there was legislation that was passed at the state level that put a moratorium on admissions to developmental centers. The population in the centers was already declining. The department has been in the process for years of placing people out in the community. We have money in our budget every year. It's called Community Placement Plan funds. That money is used to develop homes, programs in the community so that people can successfully transition.

Now, I know you're the last people I have to convince, but you see the excellent, quality care that's provided at the developmental centers, you see it here, and the care that's provided here is just like the care that's provided at Sonoma and at Fairview. It's outstanding. And I can't say enough about Teresa and all her staff, and all the hard work that they do to care for your loved ones.

But there is a shift in philosophy basically. The federal government and the state government believe that with the right supports and the right

services in the community that individuals can live as well in the community as they do here. The department serves just over 1,000 people in the remaining developmental centers and at Canyon Springs. We're going to be transitioning about 780 people from developmental centers into the community. At this time we serve about 300,000 people in the community who need specialized medical care, they have challenging behaviors, so the thinking is that, again, with the right supports and services people can be well served in the community.

The other thing that I wanted to talk a bit about was there seems to be a misconception that this is all about money. Any time you're talking about government and providing services money becomes part of the discussion. But, again, I think this is more about the philosophy of change. And the federal government, we have entered into a settlement agreement with the Centers for Medicare and Medicaid Services to close Sonoma, and we've almost completed the negotiations for similar agreements for both Porterville and Fairview.

The federal government is concerned, obviously, because California is one of the last states to close its large institutions and they're concerned that we have people living there, and so they're going to fund us. At Sonoma

we have an agreement that will fund us through July of this year. If they like the progress that we're making they'll fund us through July of 2017. What happens after that is uncertain. With a change in federal administration they may be willing to look at another year. But we don't know. There are no guarantees, at least right now, beyond July of '16. And the way the developmental centers are funded now, we spend about half a billion dollars a year on the three centers and on Canyon Springs. And of that funding, approximately half comes from the federal government.

Another thing I wanted to clear up was that there seems to be a misunderstanding that the secure treatment program, the area behind the fence, we receive federal money for that. That is all state general funding, because the federal government won't provide funds for a locked area. The secure treatment area is just what the name says it is, it's a treatment area. There's a misconception as well with some of the courts that we're dealing with around the state that the secure treatment area is jail for people with developmental disabilities. And that's not the case. It is a treatment area. The federal government, because it is a locked area, they won't participate in the cost of operating that area. So, we're moving in

the direction of, okay, how do we close the centers and what kinds of things do we need in the community?

And that's the purpose of these types of meetings, there's statute, there's state law that requires us to meet with a lot of different entities. We have to meet with the residents here, we have to meet with their families, their loved ones. We have to meet with local entities. We meet with city and county folks. We hear from local legislators on concerns they may have about closures. But all this is to, we listen, we take notes, and we put it together in a plan that we have to submit to the legislature.

We submitted the plan for the closure of Sonoma on October 1, 2015. And the legislature, they had a hearing on it just earlier this week, it was on Tuesday, to talk about concerns that some members have with it, questions that they have about it, and how we're going to move forward with the closure of all three developmental centers concurrently, because this is something that obviously has never been done before.

But I think that what we're here to do today is, we understand that, and it was clear when we had the public meeting, that there hadn't been as much information going out to families as we would like to see. And part of

that, it's just difficult. It's hard when people are traveling from long distances, things like that. But we've tried to get information out there, and so today in addition to, as Teresa said, we want to hear your thoughts and your concerns, and all that will get incorporated into the plan that we submit to the legislature.

But we're also here to try and answer questions as best we can. So, the way this process works is that we're going to be accepting comments on the closure plan until March 1<sup>st</sup>. But that's not one of these real hard dates. If there are things that come to mind, you have things that occur to you after this meeting, things you want to make us aware of, we have a website, and Amy Wall will provide you with that information so you can contact us. And we will incorporate that into the plan.

The plan will be submitted on April 1<sup>st</sup>, as I mentioned, and I think it's important to remember that the plan is the governor's proposal. It's not the legislature's final crack at this. I will tell you that the sentiment in the legislature, while there are some members who are very concerned about closing centers, I think the majority of members, both in the Senate and the Assembly, feel that money should be put out in the community and that individuals should be living independently in the community. So, I

just wanted to make it clear what we're hoping to get from you again, or your thoughts and ideas, and to the extent we can answer any questions you have, we're happy to do that. Again, we may not have all the answers, but we're happy to try. Sir?

W If you hold on one moment, sir, I have a microphone. And just for information, we do have a request to have people call in, so if people are on the phone they will be hearing you as well, just for your information. And it is being recorded as well.

Peter My name is Peter [REDACTED]. My [REDACTED] is here. I'm his conservator now for about six years to eight years. Now, you're saying you're going to close these centers. That means you're out of a job, the people in Porterville are out of a job, and everybody's going to be moved. And you said it's the governor's proposal. Where's the governor? Why isn't he here?

John I was speaking on behalf of the administration. That's my job to speak on behalf of the administration. And the governor obviously isn't here, but this is the proposal that the department will put forward, and it has to be

approved by the governor's office. So, ultimately it's the governor's proposal.

Peter Is the governor going to abide by Oliver's Law?

John Oliver's Law? I don't know what Oliver's Law is.

Peter Oliver's Law is an AB bill that was passed about ten years ago. It was about a little boy that was put into a mentally development halfway house. He was supposedly mistreated and died there. The people that ran the house were issued a license from the state. It turns out that these people falsified their documentation to get that license. They were being paid by the state to take care of him. Oliver's Law deals with the fact that you have mentally ill patients here who might be older than 50, or 60, or 70, but have the mind of a one-year-old. Is the governor going to abide by that law?

John The department and the governor's office takes the responsibility of caring for people in the community seriously. It's part of the agreement that we've entered into with the Centers for Medicare and Medicaid Services that as individuals transition out in the community we have to continue to

monitor them to make sure they're doing well. It's a process that we use now, but it's something that the federal government is requiring as part of our settlement agreement.

Peter                    Okay. Now, also I have to deal with the courthouse in Visalia. I have new documentation for [REDACTED] every two years. On the last page it asked for my comments. One of my comments is that I want all my paperwork referred to the Justice Department [indiscernible]. Apparently, this has been done behind our backs. I have not received any information [indiscernible] until the last time I [indiscernible] here. I got a letter in the mail from the director of this facility telling me this place was being closed. Before then, you said it was started when, a year ago?

John                    No, I said that there was a decision made last spring, so it was in May of 2015 that the department was going to move forward with closing Sonoma and with Porterville and Fairview.

Peter                    Okay. You started a process of negotiation to shut these facilities down. Back then was anybody notified, the people that have family members here? Apparently not, because [indiscernible] mail from the State of California, or anybody else for that matter. That's also a violation of the

Brown Act. If you're going to have an open meeting, open forum concerning the closure of facilities like that, the public has to be aware.

John I understand.

Peter And under the Brown Act you're supposed to do that. We're supposed to be notified.

John Well, again, we had a public meeting here to ensure—there are things that we're required to do under the law if we're proposing to close a developmental center, and we've been compliant with the law. We've notified the legislature. We had a public meeting here. We've—

Peter You notified the legislature. I'm talking about the parents, the families, they were not notified.

John Well—

Peter You notified the legislature. The legislature may represent California, but we are California.

John I understand. But with all due respect, we did have a public meeting here a few weeks ago—

Peter I was here.

John I don't remember the exact date, yes, and so that was part of the notification process. We did send a letter out, and I think that we have complied with what the requirements are for notifying the public and notifying families. I think the one thing we would have preferred is to have met with families and loved ones first before we had a public hearing.

Peter Well, actually they should have had that prior to having it pass the legislature or the governor's office. They should have proposed a meeting with all the parents that are here, plus the parents that are not here before you do anything. You want to close these facilities, you closed Agnews State Hospital, and the property was sold. Where did the money go?

John The money from the sale of Agnews went back to the general fund. It's required under the constitution of the state.

Peter I suppose that also involves Camarillo State Hospital?

John Camarillo?

Peter Yes.

John That was before my time with the department, but I assume that the funds from Camarillo were also.

[Audio disruption.]

Peter It was not. It was not for the criminally insane.

[Audio disruption.]

M So, let's see if we can get some answers this way. John, do you think we can get it done summer, next summer, this winter? Did he ask you that type of question, yes or no?

John Yes, he did. And—

M Okay. The bottom line is him asking those questions through the whole dissertation, it was rhetoric. Not one clear, definitive answer came from that meeting. He never made one. No.

John If I may explain, the thing that I explained to Senator McGuire is that this plan is not the type of plan that you're going to see that lays out X number of individuals are going to move by a certain date, that we're going to have so many houses constructed by a certain date, because this is a process that takes time. It takes time to work with the regional centers to develop housing, to develop services in the community. When those services are ready we meet with the individuals and their families to decide what housing, what services they may need in the community, and what works best for them.

M Okay.

John It's not a process where you can say, "By this date." And I understand Senator McGuire's frustration, but I can't promise him something that we can't deliver.

M [Audio disruption.]

John                   The number that was provided, as I tried to explain to the senator also, it's not a department number. It's the number that was provided by the Association of Regional Center Agencies. We've had detailed discussions about that number. And what that number is is the number of providers that have gone out of business at one level of service. It doesn't mean they haven't come back into the system providing a similar service at a higher level cost.

M                       At each time of the closure there has to be a dispensation of the client or person, loved one, in our case. Where have those people gone? Have people died? Have they been incarcerated? Have they been released on to the streets? Yes or no?

John                   People have not been released on to the street.

M                       Have you ever been to LA?

John                   The individuals that are—

M                       Have you ever been to LA?

John Yes, sir. I've been to LA.

M Okay, I've been down there on skid row and many a time I've seen a lot of people that were mentally ill on skid row. LA County has a habit of just dropping them there.

John I understand that problem. But I hope you understand the distinction, that we're talking about people who, while they may be developmentally disabled and also may be mentally ill, a lot of the folks that are on skid row in LA are simply mentally ill. And clearly there are some practices that go on in that area that are very questionable. We're not part of that.

Peter I have a question. [REDACTED] my conservator, [REDACTED] needs a total of 21 people to take care of him every day. He's 64 years old and has the mentality of a one-year-old. Where are you going to house him?

John Based on the assessment that they've done of your brother they're going to look at what options, and these options don't yet exist in the community. Again, this is a process, as Teresa mentioned, and we're going to have to develop the resources and we're going to have to develop the services that are available to support [REDACTED]. And he—

Peter                                So, you guys are going to actually certify people to take care of him in these so-called [indiscernible] homes. I know of one home in Orange County about a year and a half ago, ten people were living there, mentally ill. They were assigned there by the state. The owners had all the documentation and the license from the state, being paid by the state to maintain and take care of these individuals, and it turns out afterwards that home, the paperwork they had had been falsified and ten people died there, all mentally ill.

Are you going to guarantee me that when you do place [REDACTED] in one of these homes that these people are going to be certified, that we can walk in and say, "Hey, I want to see your certificates and your license."

John                                Depending on the type of home that [REDACTED] is located in, it may be a home that is licensed and certified. If that's the case, then we will be able to provide that documentation.

Peter                                Okay. Say you find a home for [REDACTED] and we come out two or three years later and find out that his home, these people lied about it. Are you going to prosecute them?

John We're not in the business of prosecuting people. It's up to licensing and certification entities to look at these homes and decide if there's criminal behavior going on. If that's the case they refer that kind of thing to the attorney general's office, they refer it to the local district attorney's office, depending on the circumstances. But our department is not in the business of determining when laws have been broken and when crimes have been committed.

Peter Well, I've already talked to the courthouse in Visalia. They are going to forward all my paperwork to the Justice Department in D.C. And we're going to see what's going on here. There's something wrong. I know it's wrong. I think most of the people here know it's wrong. You're in violation of the Brown Act. You guys had meetings behind our backs. You made proposals to the legislature about closing facilities without really notifying us until two weeks ago when I got a letter in the mail saying you were having an open forum.

You had an open forum. You had a representative here from the state. I heard his little speech about mental development, the properties of this and

that, and that and this, and I didn't hear him mention anything about, anything saying that "We're going to take care of you."

John                   And I'd just like to clarify, the gentleman that spoke is from an agency called Disability Rights California. They contract with the state. They provide advocacy services for consumers, so they represent them. While they are funded by the state, they're not state representatives.

Peter                   The way he put himself out to be like he was a representative of the state. That's falsification right there.

Lowell                 This is Lowell. I'd like to say there's been 435 homes, \$45 million gone, 435 homes opened and closed.

John                   Sir, I'm afraid you're not understanding. The 435 homes they were talking about are homes that were already established in the community.

Lowell                 And they've closed.

John                   Correct. But the \$49 million that was appropriated was not to keep those types of homes open. The \$49 million that was appropriated for Sonoma

was to develop homes for individuals who are currently living at Sonoma who will be transitioning out into the community. Yes, these are new home developments. The \$49 million has nothing to do with the homes that closed.

Lowell

Okay. That then was a misunderstanding on my part from the hearing the other day. Sonoma can't be built on even if we wanted to fix it, since the place is in ill repair. Sonoma's sitting on a very high dollar piece of property. Their community would just as soon us go away. I understand. The other one that's closing happens to be in a very high dollar Orange County piece of property. They don't want us there anyhow.

The last time we were here my wife and I said, "Well, let's go through the community and see what's here." I'm sorry to say, close down Porterville. Porterville over the years has supported us quite well. We've always been treated well. Porterville's dying. Look at the empty buildings. We ate at the restaurant, and my wife went in one of the shops and bought some clothes. There's nothing anymore. This community's hurting.

I have one proposal, and I'd like you to take it back: the forensic side does repeat money. And I don't care where it comes from, but they want

to expand and they want this whole piece of property. Give us nine buildings, nine, right here. We can facilitate the other three that are left open right now right here. We can keep the same services. Everything needs to be maintained. You already own the land. This property does not need anything. Where [REDACTED] is, and her [REDACTED] is, they opened a building up right next door that had been closed for four years. They opened it up and left in three months. We can build this place. There are things in the community that would come to help us as well. We don't need to have homes that can't be controlled.

Through the process of this over the last five years I realized that you're going to do what you want. I'm a conservator. You have the trump card being [REDACTED] a ward of the state. The bottom line is I looked at three homes. I looked at one in Santa Barbara, very close to us, my mother, two others, and those three homes opened and closed in less than a year. It doesn't matter why, because I never followed up. I knew they closed. I don't know where those people went. I don't know if we have a tracking system.

If any of our loved ones were to move into a home right now, there are so many things. What are their medications? Everything that you heard the

other day, what type of support, what type of care do they need, how are they going to get that communicated if you close this facility? Are you going to have that information to tell the new—? No. In [REDACTED] bedroom is where he lives, his home. There are three less people here on this facility than there were two weeks ago. They're gone.

According to the documents that I have here from the court that was filed just after we were in here last time, because I threatened, and it was not a threat, I meant what I said, but in going through and getting ready to file a suit, just a matter of fact, the attorney from the county of Tulare, the district attorney filed on behalf of [REDACTED], and I thought it was in reference to the rest of the people here, but come to find out it's not, filed a complaint and basically said that they want to make sure that he's not going to be, and if you'd like to see it, you can see it, not be moved. Well, they said two years, not beyond two years.

And you can tell me whatever you want, but according to what I heard last Tuesday it takes a minimum to close it in three years, and you're having a hard time doing that now. And yet where we're at, because the intrinsic side wants to move over, and they've made it known, and you can't deny

it, and I can't say everything because if things don't go well I do plan to have another lawsuit. I will file.

The bottom line is you'd like to close this in two years. The three people that left that room, and what's [REDACTED] number, [REDACTED]? [REDACTED], in one week three people were gone, one week. There were 116. There are 113. And to give a little idea, there's two more on the chopping block for this next month. When is it going to stop? You can't provide the homes now with the services that they're getting to give us any surety.

As this young man spoke, how can you promise me [REDACTED] going to get the same support that he has here? You can't give it. And if I'm wrong, all the hyperbole that I heard last week, and I'll ask you to forgive me, but you did not give us one square yes or no, and you were asked more than once to give us a straight answer. You danced. I'm tired of dancing.

It's my loved one that's here. He's 64. He's been here since 1955. I was given notice to come the last time we were here two weeks in advance.

What kind of notice is that? I own a business. I travel all over the United States. And two weeks, I'm supposed to have a preemptive schedule

because of you? You didn't want to give us enough notice. We have been kept in the dark. The others, from the other two, they've been notified. Now, I'm going to make one statement, this will make you happy, did you or did you not say the parents' association in Porterville was not a strong association and we didn't have much to worry about?

John                   What I said was that the parents' association in Porterville was not organized the way that they are at Sonoma, or at Fairview.

M                       It's time we be organized, and if we're not we'll lose. I will lose if we don't organize [indiscernible], not one person [indiscernible]. [Audio disruption.]

M                       There are people on the telephone line, and if you don't use the microphone like this they can't hear what's going on. So, we'd appreciate it if you'd use the mic if you're going to speak, and speak directly into it just like I am. Okay? Then we'll have more information for you as we go along, because we do need to give you some facts today.

W                       Okay, I agree with this gentleman as far as combining all the developmental centers for here. And you're right, the Fairview property,

because I live in Orange County, and I went to their public meeting where we spoke at ours, and some of the comments were, as far as that property the talk is to build homes. Yes, they can get million dollar homes there. Okay. Anyway, I agree with that.

One question I had, you mentioned about building more homes, okay? When you build these homes, how are you finding the location? My main concern is what is the vetting process of the people who buy the homes, or is the state going to own those homes and then people are just going to work in them? But I need to know the vetting process, because here the employees, we know the high level of care that we get and how they treat our loved ones. So, we expect that same, God forbid if they end up in the community, but let's all pray that they don't, but anyway what is the vetting process, and also who's owning these homes that you're planning on building and where are they going to be?

John

The process that we go through, we work with the regional centers. And in the case of Porterville the regional centers will be working with predominantly our Central Valley Regional Center in Fresno, and current regional center in Bakersfield. Tri-Counties is also another regional center closer to the coast that also serves some individuals.

But the way the process works is an assessment is done of what the individual needs. It's done with the interdisciplinary team. There's a planning process that they go through to determine what types of services and supports that the person needs in the community. And as far as locating them, they'll also work with family members. They want to locate individuals as close and as conveniently to their family as they can.

One of the things that we're seeing in Sonoma, because we began working on Sonoma last year in June with the regional centers up there that are involved, and there are more regional centers, there are more people, but in that process what's happened in some cases is individuals have transferred from one regional center to another so that they're in that catchment area where they're going to eventually end up living. So, that's the process that we use for determining where individuals may end up living.

As far as who owns the homes, the state provides the funding through this Community Placement Plan program that we have. This is the money that was being referred to earlier, the \$49 million that was provided for Sonoma. There was an additional \$80 million that's proposed in the

governor's budget for '16/'17, the budget that's being deliberated now by the legislature. But within that budget, within that \$80 million a portion of that money goes to Sonoma, a portion goes to Porterville, and a portion goes to Fairview. There's also a \$68 million base for that program, meaning that we're proposing \$148 million for '16/'17 to develop the resources we need in the community. Again, the \$68 million base that I'm talking about is money that is already being used because people have been transitioning from the developmental centers into the community for years.

And then to answer your question about who owns these homes, the majority of them are, we worked with the regional centers and private non-profit home organizations to develop these homes. But the non-profit comes in and develops the home, and then they find a provider to provide services to the consumers that live there. The home remains in the system in perpetuity.

W

[Audio disruption.]

John                   The regional centers, and depending on the types of home, if the Department of Social Services has to come in and do a licensing of the home, they will be there to do that.

W                      [Audio disruption.]

John                   No, I don't see anyone from the regional center who would be there.

W                      [Audio disruption.]

John                   If the home is opening under this closure process, we will validate that operators have valid licenses. They're not simply given a pass. I don't know the circumstances under which this home was operating with an invalid license. I don't know if the people who were placing their loved ones in this home didn't check to find out if there was a license in place. I don't know the details. But there is a process that we follow to make sure that homes have proper licensing and certification before people move in.

W                      Do you mind if I just make a couple of comments? Going back to what you said about the January 30<sup>th</sup> meeting being a public meeting, I don't recognize that that actually qualifies for a public meeting because there

was no information given to us. It was simply an open forum for us to comment on something that we've never been provided any information on.

So, under the requirements, does that really qualify as a public meeting? I can't qualify it. I can't comment on something I'm not aware of. And, unfortunately, I've been to more than my fair share of public meetings, and over the years I have never attended a public meeting like the one you're entitling happened on January 30<sup>th</sup>, where there was no presentation, there was no information given, and it was just a welcome, start talking about whatever you want to talk about. There was no presentation. There was no information to us. And the only thing that was really referenced was to go look at a website.

And when I looked around the room, we're talking about an elderly population that was in that room, I bet a lot of them don't have easy access to operating the technology that it takes to look up the documentation to figure out what we're supposed to have been commenting on. So, I would like to question the viability of your calling that a public meeting under the requirements.

John                   The public meeting that we had was noticed in the newspaper as required. We followed the process that we typically follow. Again, as I mentioned earlier, I think the thing that is unfortunate is that we didn't have a meeting with parents and loved ones prior to having that public meeting.

W                      Or at least a couple pages of a line item of what we were to come talk about, other than the rumor and what we've been told over the years of "Someday it's going to close, someday it's going to close." That's really all most of the people had to go by at that meeting. There was nothing concrete. There was nothing definitive. And I know it's a process, but that wasn't even a line item spelled out for anyone. Yet here you asked everybody to come comment on something that they weren't even informed enough to intelligently comment on.

John                   Again, part of the process today is to talk to you, answer your questions, and find out what ideas and concerns you have about the direction that this proposed closure is going.

W                      Alright. So, the other thing I want to do is maybe talk about a question with Miss Richey from the area, or whatever it's called, Association—

John Association of Regional Centers.

W —of Regional Centers. She's part of a conglomerate of, I guess, they're an association that these 21 regional centers prescribe to, and maybe she's the lobbying factor for them. I'm not sure. But she was present at Tuesday's meeting, which by the way, I feel very excluded from, because I wasn't noticed on the meeting. I got a phone call the day before, completely changed my schedule to attend, and all I could think was, well, it couldn't be relevant to Porterville because we would have been told. And we weren't told. We were excluded. That's right, no one heard about it.

So, anyway, I was present at the meeting and Miss Richey discussed how the numbers from 2011 to 2015 was something along the lines of 550 community homes that closed, we don't know, she didn't line item the levels of care, 550. So, that's what, about 140 a year over that time expanse, these community homes have closed.

Nothing was said about the grants given to the 140 a year, or 550 total homes upfront to start. Nothing was said about the length of time these homes were in service. Nothing was said about the non-profit, or the

transfer, or the trust of these homes when they closed. Did they sell, take the equity and pack up? Did they sell the business? Did they retain the property? And did they sell the property and the business? And did it resolve?

You're throwing a lot of big numbers around, saying a million here, a million there, a million here, a million there, but where's the accountability for the longevity of these homes, the instability of them closing as fast as you're opening new homes? It sounds like a money pit to me. You're giving grants to these homes to start up, you're giving startup funds to these homes, and I've seen the approvals on board minutes for regional centers, and it could be anywhere from \$25,000 for a home to up to \$250,000 for a home to start up. And then there's no information given by was that home in business for five years, was it in business for ten years?

John                      And I'm not sure if you had an opportunity to listen to the entire hearing. If you were there I assume you stayed for the entire time?

W                              I left the public comment at the very end.

John                    Okay. So, you did hear, though, the follow up question that was asked by Senator Holly Mitchell to Eileen Richey?

W                        Which question?

John                    The question about the number that was being represented by ARCA on the number of homes in the community that closed. Her question was: “That’s the number that have closed. How many have opened?”

W                        Right.

John                    And ARCA hasn’t looked at that part of the equation, and the number they’re representing, it’s only homes that closed. What—

W                        I’m sorry. ARCA didn’t look at that number and she didn’t respond. But I’ve heard from other sources. That wasn’t her topic. Her topic was how many closed from 2011 to 2015. Other topics, maybe not at that meeting, has been that there’s 140 opening in a year, or 125 opening in a year, or projected to open.

So, I'm not saying it all came from the same resource, but what I'm saying is here you've got a respectable person coming and saying that many homes have closed, but nobody has said, well, wait a minute, how much did it cost us in supporting those homes to open? Now those homes are gone, but let's just brush that aside and move forward and now open some more. What's the accountability of these next group of homes? What happens when something turns south and they close? Do we just throw another, whatever number you want to propose, do you just throw that towards the next allotment of homes? Does it just keep going, this constant cycle of open, close, open, close?

Sometimes a public/private joint venture may not be the most appropriate thing to do, especially when there's no follow through on what happened to those funds for all those places that closed. Are we just going in a cycle? That's the—

W

And how is that better from what we have right now? I'm talking right here. You talked about the change of philosophy, that this is where the state senate is going. You were upfront about that. But you said it wasn't money, the reason this is all happening. You're bringing up the point that this is all money, they're opening, they're closing, it could be a potential

money pit. Here we have all your parents here, people that are speaking how great everything is right now, everything works, it's smooth, everyone's happy. Why even change it? I still haven't gotten a good answer for any of this. I know it's already a done deal—

John Again, it's—

W —but why? We're hearing all these problems that could potentially happen. Everything works the way it is.

John Right. And the reason it's changing is because the thinking on the part both of the federal government and the state government is that individuals should be living in the community. They should be—

W But we're telling you everything is that right now —

John I understand—

W —and there's no reason why they should.

John I understand your perspective and I understand this is not easy, because you have family members and loved ones who have lived here their whole life. But this is the direction that both the state and the federal government are heading, that people should be living in the community, that they should be integrated, they should have the opportunity to live around individuals who are—

W Okay. So, alright, following that train of thought, where they are right now, they are integrated in the community, to where they can be based on their abilities.

John I understand. I under—

W So, why is that a better plan?

John I'm not saying it's better. I'm saying it's the direction that things are headed. Again—I'm sorry? No, they have not yet. Right. As I mentioned earlier, we're going to get funds at Sonoma through July of '16. That's guaranteed. For Porterville and Fairview we're guaranteed through April 1<sup>st</sup> of this year. That's when our federal funding stops.

Again, yes?

Dwayne

Sorry I've just got to talk a little frankly to you. I understand what you're saying about the residences. I've worked for the state for 37 years, I don't know if you know a little bit about me, and I've worked in the developmental centers for 35 of those 37 years. I know what the developmental centers are like, and I know what our job is, because our job has been all this time to train people to give them the skills they need to live in less restrictive environments. That's our main purpose. That's the purpose of the Lanterman Act for the last 50 years of developmental centers.

If you go out on to the residences now, what are you going to find?

You're going to find two to four people in a bedroom area with not floor to ceiling walls. I get that you're saying it's fine and it works well for people, and it has been their home for a number of years, but we can do better. There are new ways that we can work with people so that they can live better lives. If I go even into some of the newer residences that we've built that just have floor to ceiling walls, it's a ton better. We can do better.

And so what we want to do is work through the process of improving people's lives. That's all we're trying to get to. And I get that you're completely satisfied with what you have now, but we want to continue to do better.

W [Audio disruption.]

Dwayne Yes, I am. And we're required under the Lanterman Act to do this. It's a law and we're required to do it.

My name's Dwayne LaFon, and I've worked for the department, like I said, for 37 years. And I've worked in developmental centers, I've worked at Fairview, Camarillo, Agnews, Porterville, and Lanterman. So, I have been around through the DCs, I know what they're about. It's not like I just jumped in here and—

W [REDACTED] is in the least restricted environment. Trust me, in his wheelchair he can go up and down the hall. There's no way you're going to have a home in the community that's going to have the space that he can move up and down, and go around. We really feel, and we know if anybody in the legislature, assembly, the governor, Washington, whatever, if they had a

loved one who was here they would understand how we feel and know this is for us the least restricted environment, the care, the opportunities, the community, how they go out, so many things. I do not understand, I cannot fathom how a community home can give them what they already get here.

John

I understand. And I completely understand how you feel, and that is how you feel. Part of how we work, and this is what we mentioned earlier, as we go through the process in working the IPPs, this is what I want to hear from you, is what does your relative need. You're saying right now what you think they need. They need a place for their wheelchair to go up and down. They want good care. They want the same care that they're getting here. Can we do that? So, I guess that you're saying you want it done here and in the institutional setting. That's the part that becomes problematic.

W

[Audio disruption.]

John

I get that. I get that. No, I get that too. But we're still required to try and get people into a more home-like setting, and so that's really what we're headed for.

W But this is their home.

John Yes, I get that too. We're—

W These people that work here, that's their family just as much as we are now.

John Yes.

W So, you're asking us to think it's okay to take them away from their family because of a least restrictive environment? As this lady just said, this is the least restrictive environment for them.

Plus, the other thing that was commented on was, the statement was made that the interdisciplinary team was going to be the one who decides where the placement was going to be. Where is the interdisciplinary team when they're in a group home? Who does that consist of? Where's the medical doctor? There's not the personnel. There's not the quality of personnel.

And I don't care what level group home you have, I don't care what licensing you have, the group home's licensed, that doesn't mean the staff is trained to work with our families. It means the home is licensed. It doesn't mean the staff is. And that is a really, really crucial thing that we have to look into. The people here are trained, we trust them. We know that if somebody may not like my sister the way somebody else does, but I know that that other person's got their back. That's what we need to have. We need to always have somebody that has our loved ones' back. And we're not going to get that in a group home.

John

Right.

W

It's just not going to happen because of the cycle of shifts. The other reservation that I have, I have tons of them, but the only other one I'm going to talk about right now, because I'm going to give everybody else a chance, is the structure of the day. There are day programs that are closing down. ARC in Bakersfield just closed down this week.

One of the things that [REDACTED] is the most proud of is the fact that she goes to work every day. I don't want her at Barnes & Noble every day. I don't want her shopping at Albertson's when she could be doing

something that's she proud of. That's not going to happen in a group home. And if she doesn't feel like going in a group home, what are they going to do with her? They don't have the staff to cover staying home with her. That is a crucial, crucial thing.

And I know that [REDACTED] has behaviors that are, otherwise we'd have her at home if they were manageable behaviors. She needs to be with somebody who's known her, who knows when to back off, who knows when to just get a little tighter with her. And that's not going to happen in a less restrictive environment.

John

I appreciate your saying that. And really, honestly, those are some of the things we want to hear today, are what you really want from a program for your relative. Can we do those things? We have programs, like community state staff, that we are going to make more available than we did for other closures. But there are things that we can do based on what you're saying.

So, what you just said, that should be part of the IPP that needs to be listed there so that we can know. But we're taking it today too so that we can address those concerns, because we do still have to provide the services.

This department provides the services for your loved ones for however many years they have, and we're not going away.

W But who determines—

John We're going to continue to provide those services.

W Bottom line, who is the person who's going to say, yes, this person is trained to work in this group home? This person has all the qualifications that they need to work with these four, five, or six people?

John Well, what's in your IPP should say what level of staff you need. So, make sure you're talking about that when you're doing your IPP.

W But I know the homes that we have in Bakersfield and the group homes that are there. I've worked with those people before. They don't have training. So, that's what I'm saying, it's not—

John If it was a staff person who works here now that went with the person—

W That's something that hasn't been mentioned.

John

Yes, we do have a community state staff program, we're working on the development. And again, as Teresa mentioned earlier, all this stuff happens in phases, so we're making staff available for that now. The program is available. We recently did agreements with all the labor unions. So, this has been talked about for quite a while, and it hasn't been a secret. I'm a little confused by that. But we do have a state staff program available to help with transition, they can go with. We can make contracts as we go along. And we're going to be making that program available too.

Well, okay, I'll try and do the best I can, because I know that we have been decertified since 2014, and we've had federal surveyors here with us with special plans of correction, program improvement plans. We knew that if we didn't get through those program improvement plans we were going to be decertified, all that was discussed. I know our staff knew about it and were well informed.

Again, we didn't have a parent group. The parent group here disbanded, so we didn't have an easy conduit. And I will say that's on us. We can do better for them. We would like some ideas from you today of how can we

stay in better contact with you, do we need a mailing list, how can we do that, because we do see that as a big issue. But you could have heard this from staff, I know, as we've gone along for the last couple of years. The discussion about whether the closure should happen or not was included as part of the budget process last year. I was surprised, honestly, that more people didn't show up for those hearings.

I can tell you—

W [Audio disruption.]

John Let me tell you, I get that you're saying that you didn't know, but every other parent group we've talked to was well aware that it was part of the budget hearing. I get that. Right, I hear what you're saying. But it was public information. I can tell you, it was in the newspaper even. You can—

Terry You know, some of us—

W [Audio disruption.]

Terry

I just want to say something about notifications of hearings in Sacramento, legislative hearings. First of all, I'm Terry DeBell. I'm a Lanterman family member and also Fairview. And if you remember CASHPCR, which was active in here when Porterville did have a parents' group, we were active here too. And we do have Porterville families on our board. The Porterville parents' group, I'm sure many of you have not been to meetings in years, and there haven't been meetings in years, so outreach is very difficult.

But let me tell you something about legislative things. The government works in different sections. There's the executive branch, the legislative branch, and the judicial branch. So, if the legislature decides they're going to hold a hearing, it's not the responsibility of the department to send out a notification of it. It would be nice if your own particular legislators felt enough interest in this area to reach out to you, or for that matter, how many of you have made a relationship with your own particular legislators to let them know that this center is important to you?

I find that the people who represent Fairview and Porterville in the legislature, the Assembly, and the Senate certainly don't have the level of interest that we saw this past week from the people who represent the

Sonoma area. Senator Mitchell, who is in the Los Angeles area, doesn't even have a DC in her area, but she at least has stepped up to try to pay attention to it.

So, if the legislature decides they're going to have a hearing and their agenda is going to be discussing the developmental centers, it doesn't happen that the department then sends out letters to everybody for it. I think my group, which again, also loosely contains people from Porterville, will try to do more to keep everybody informed about things that go on in this area as a family advocacy group. I had a brother who lived at home, a brother who lived at Lanterman, a brother who lived in the community and passed away there a long time ago. I was very involved in the Lanterman closure. I know something about closures.

One other thing I'd like to say, when you start talking about, first of all, a least restrictive environment, we all know that the least restrictive environment for anybody is the place where they get the services they need. Like here, the thing that restricts your environment the most is being in a place where you don't get what you need, whether it is trained staff, or access to medical or dental. That's what restricts you.

But when people talk about least restrictive environment, you can argue, as I have in Washington and in Sacramento for decades, you can argue about that, but it doesn't move the discussion beyond. The term "least restrictive environment" means outside of a developmental center, and that's the way the move is going.

One other important thing I want to say, when you start talking about where your child is going to go, where can my child go to get the things they need, when you have this discussion with your IPP team or your regional center, do not start the conversation with, "What is available for my child? Where can they go to get what they need?" You need to start the conversation with, "What are the services and supports that my child needs, that my relative needs, my brother needs? Looking at him, what is it that he needs, that she needs?"

Then the discussion goes, "This is what they need. What if they're not available? What if the particular level of staff the person needs, the equipment, the therapy, what if they're not available?" Then that's what that money, that \$48 million, \$94 million, all of that PPP money goes for that. So, your participation in communicating what your child needs is what that money goes for, to develop those.

So, again, don't start with, "Where can they go?" But, "What do they need?" And that's what you have to hold them to. And that's what the comprehensive assessments that you all had are for.

W I just want to share that we are getting sign-up sheets with email address, if you'd like to put your email. We'll pass it around for folks to sign up for.

Terry One other quick thing, in terms of stopping closures with a lawsuit, the Lanterman families contacted an attorney, who did a review on the viability of that. I'd be happy to share the information with you. Actually he had a sister with a developmental disability who lived in the community but always went to Sunday mass at Lanterman. And his review essentially said that the state does have the right to close a developmental center. You can't stop it with legal action. But they do have a responsibility to fulfill the responsibility to the individuals. And I'll be happy to send that out to anybody.

The other thing that I want to say, is in terms of agitating in Sacramento to keep the developmental centers open, for the decade that I, myself, and my

group, and other families, including people from Porterville, have tried to do this, actually I think we have kept centers open for longer than one may have expected, looking to the examples in other states. But we have not stopped the movement of people from developmental centers into the community.

What we have done, not just developmental center families, but families in the community, too, is raised the awareness of people, particularly people with complex needs, like DC residents, they're not simple needs people with less severe measures of developmental disabilities, so more services are available. So, now when I'm in Sacramento what I find is that there is not one single legislator who is interested in fighting the governor to keep a developmental center open. The legislature, actually for years, because of problems at developmental centers and the loss in federal funding, have been pushing for the closure. So, now this is what's going to happen.

What I do find, though, is that there is, I hope, a significant number of legislators who finally get it, that this is a fragile population who needs development of services. It has to be done very carefully. It is not inexpensive. They understand that, and they seem to have a commitment to make this process work for the people who move out. But it's going to

take family activism to keep that going, particularly in terms of new legislators coming and going.

M [Audio disruption] we'll be happy to continue. I just want to assure you that the same Lanterman Act, the same process we use for Individual Program Planning, continues on forever. It's a lifelong entitlement. So, all the issues you have about what should be in the IPP, what services you should get, that will continue on. So, we're happy to continue to hear what you have to say, and we'll do whatever we can to [indiscernible] up.

W I've fought for 41 years. Excuse me. I just had surgery, so I'm not [indiscernible].

M I'm fighting off a cold.

W Yes.

M So, I'm feeling a little scratchy [audio disruption].

W Anyhow, I hear you say you understand, and I think you believe that; however, you don't. No one, except the ones that are in this room that

have loved ones truly, truly understand. Now, [REDACTED] was placed here when he was six and a half years old. He's now 57. And truly I have appreciated the hospital. Now, I heard you say that you want them to live as independent as whatever they can. Well, [REDACTED] been in a bowling program for years, for blind bowling, because he's blind and everything has to be done for him. But he is a joy to be around. He can talk. And he loves to be where he can hear people.

Now, in a closed door, no, that would be so bad for him, and when he has a tantrum and he starts hitting himself, and biting his hands. And I have a list, if I can just read a few things. Now, I heard of this another time that we were here, that Medicare and Medi-Cal would no longer fund this. Is that what it was—

M This center, yes.

W Yes, the center.

M But people would continue to receive Medicare and Medi-Cal funds that come to them personally.

W Right. And so I understand what you're saying about building the buildings, but who's going to fund the homes? The people that run the homes, they get paid for that, is that correct, and it's probably a substantial amount. Then from that is then they pay their employees, or their staff, correct?

M Right.

W Do they pay them enough to make them care to stay with our clients if they are a problem? I don't think so. I have gone to all the homes that they've ever asked me to go to with an open mind, saying don't be judgmental, just really pay attention. And I did that with an honest heart. I did not find one home.

I'm not saying there are not good homes out there. But my concerns are what's required of the caregivers, what kind of training? Is it adequate staffing? If it's one person at night, I don't think so. And most of the places I've heard about have one staff. Who holds them accountable? If [REDACTED] starts screaming, and yelling and hollering, where are they going to put him? It can go on for an hour. Where are they going to put him so he doesn't disturb the other four, six, whatever people are in there? Are

they going to put him in a locked room? Do they have training to handle that? Do they do background checks on the staff they hire?

M Yes.

W Fingerprints?

M All of—

W Drug testing?

M Yes, all of those are terrific questions, and you should be asking those questions and getting answers for them from your case worker as you develop your IPP. Because what you're saying is these are what my needs are, these are the services I want. I don't want a place that has restraints. That's fair to say. And the team should weigh in on that as part of the assessment of your—

W We do have certain types of restraints, but I just was asking you.

M Okay.

W

Now, when I went to visit this one home, and I decided I'm going to try to work here so I can have more input, really to see what it's all about, the wages were very low. The things they wanted me to do, I had no training for that, and they said, "Oh well, it's not a big deal. You'll learn." No, I don't want to put [REDACTED] in a place where there is no training, where they have had the possibility of being on drugs and all of that. Who requires that from those homes? Is that required, that when they open a home and they hire staff that they're going to do all that kind of testing?

And one thing that really concerns me, is that the person might abuse him at night when he's there by himself, with nobody else there to be accountable to. This hospital, it has been home to [REDACTED] for all these years. He loves the people that help him, and they love him.

And some years ago you couldn't call them a child, or honey, or anything like that. You know what, [REDACTED] needed that. You couldn't have stuffed animals. Why? These kids, [REDACTED] is a two-year-old. Then the head of the hospital at the time was taking him with a program of bowling, and I asked him why. He said, "It's because we want to be able to help him be able to live independently." Are you kidding me? He is blind, in diapers to this day, everything has to be done for him, and he takes away

something that brings joy to my son for that? No. I know what is here, and so to have [REDACTED] placed in a room where they can't hear him at night, and he can't hear anything at night, it would be horrible for him.

Then I asked them, "If I place [REDACTED] in a home, as you're asking me to do, if I am willing to do that, say six months down the road he regresses?" Okay? These people out here worked hard just to get him to do what little he can do. And they're precious people. The first day [REDACTED] told me, "I love you, Mommy," I cried eight hours that day because I knew what it took to get him there.

And so to take these things from them, to take this place from them, this is home. This is home. And he is in a little group where, we call it the "[REDACTED] [REDACTED]," and the kids he's been with for years. And [REDACTED] one of the little boys has since passed on, he—I'm sorry—he would answer for [REDACTED] when he didn't think [REDACTED] could answer for himself. That was the love they shared. He's not going to get that, not in any home.

And I just pray that somehow someone will change their mind. But with Governor Brown not doing the funding, guess what, he gets to fund that stupid bullet train. There's money for that. I'm sorry, but that's the truth.

We need water in this valley, and he's not helping a lot there either. But we're not talking about him. But I'm just saying there is money for this place if we can have forensic. And you're not voting that down, somebody's funding that.

And I don't know all about the money and all that stuff. I don't understand that. But I'm just saying we will be held accountable for how we treat these defenseless, precious souls that cannot do for themselves. And that's why we are here as parents. And I've had the comfort of knowing, even though I've heard for years they're going to close, but I've had the comfort of knowing that this would be here for him, so, when I'm gone, I placed him here in my early 20s, I'm now 77, it just breaks my heart to think that he would have to do that, because I've fought so many years for that. And I know I'm not the only person. And so whatever you can do to stop this, I would appreciate it. Thanks.

M Thank you for the comment.

W Okay. Thank you.

W I want to piggyback on her comment, for [REDACTED]. He likes to hear the noises and the sounds of the people, and everybody like that. So, who defines that a ceiling to floor room is better than one that's not, like the residents already have?

M That's part of what, we were talking before about what is in the laws and the requirements for licensing homes, that's part of the licensing process of how big the room should be, whether or not it has walls and doors, and how that all works. It's all in different licensing requirements. And there are many different levels of care and different license types, and it depends on, again, what your person needs.

So, what I hear people saying is, "Well, I know this house and it didn't have this stuff. Well, maybe the people who are in that house didn't have the same level of requirements that your relative had, so you may have greater needs. We know that the people who are living in the DC still have much greater needs than most of the people who are living in the community because folks have moved out over time. When I first came, when I started work, and I started at Fairview, we had more people living at Fairview itself than we have in the entire system living in developmental centers now.

So, people have moved out as we've gone along and as we've made stuff for them so that it would work for them. And there are failures we've had along the way, and we know that we have people here who we don't have resources for. And so that's why you're telling us what you're telling us now, those kinds of things that you have concerns and needs for, that's what we want to hear so that we can make the services available according to what we're required to do by law. So, part of that is in the Lanterman Act under how the individual program plan is developed, and part of the actual structure part is in regulations, usually in Title 17.

W

Okay. Well, then, but also you talked about we should fix it. Well, there's a lot of employment opportunities here at Porterville, and as you pointed out, they closed the ARC workshop. There are individuals, and the person I speak for is [REDACTED], that work here and has worked here for 20-plus years at the same spot. Will you guys consider keeping the vocational opportunities here and using this site here as a vocational VTAC [ph], or employment? Because the homes they're going to build will all set up their own employment opportunities with VTACs and everything.

Because that's a big part of his life, and you take that away and he can go independently, and I know they can't do that in the community, but if he can come back out here and work at his setting and see all the people that he knows, and that's a big social avenue for him. He's not going to function at Barnes & Noble. He works at Blue Heron and everybody knows him, he knows everybody. And I know this other client that works also in this different workshop opportunities right here at Porterville that would provide a wonderful opportunity for those people to be able to have an employment site.

M Thanks. Yes, Porterville has a great vocational program. We know vocational services are important, so would expect that if a person has vocational services and that's in their IPP—

W It is in his IPP. I specified that he should have something like that. I know they're trying to place him, fine. Then he should be able to be brought back here to work on a daily basis and then possibly go back home. And they said that might be something to consider.

But I think that you should entertain that thought for everybody else here, because this is a huge issue, because a lot of people do have either VTAC,

or I know they have a retirement center for some of the clients in the other programs that are more severely impaired. Where are they going to get that? Nobody wants to have their person that's retired be placed in front of a TV—oh, wait, this is now their retirement. No. There's sensory stimulation they can be given. There's other socialization they can do with the other clients, that type of thing. So, that's something you guys really need to investigate.

Another thing I want to bring up is he needs specialized services provided by biomechanical engineering. It's orthopedic service. And I have gone outside into the community trying to find this service, and Porterville's Developmental Center is the only one that can get these special shoes made for him.

So, that's another big issue I have, is keep those specialized services that are here for these clients, that we have these people that are trained here that know how to deal with it, they know the paperwork, they know what to do, they know who to send it to, keep those around, because we need those [audio disruption] because out in the community it's not happening. I tried. I've been there. I've done it. I went all over the place to try and do that.

Another thing is dental. It's very hard for our people to see a dentist in the community. They either want to sedate them, or they don't want to sedate them. They don't know how to handle them. They go, "Oh, well we can't clean their teeth as well." Here, the dentists know our clients, they know how to handle them.

And it's just not dental, it's eye, it's speech, everybody. They know the clients. They know how to work with them. If you go out in the community, they're professionals, but they have not had the years of experience of coming out to [audio disruption] contract, but they know how our clients, how our loved ones here need to be treated and they know how to treat them with respect and to give them the service they need.

M Okay. So you're saying medical services, ancillary services, vocational services provided by people who know how to work with the people who are living here now?

W Yes.

M Thank you.

W And to keep it here.

W Earlier, it was the option of maybe keeping three wards open, maybe consolidating these for the highly special needs clients. Is that even an option? Would the state even consider that?

John The comments that you have, the ideas that you have become part of the plan. Is it likely that that would happen? I would say no.

W Okay. So, if that's the case, when you talk about building new group homes, are you considering building any in Porterville, since we have trained staff already in the area?

John One of the things that we mentioned earlier that we're trying to do is improve the community state staff program. It's where employees who work here at Porterville are hired by the vendors in the community. The program worked well at Agnews. It didn't work so well at Lanterman, for a number of reasons. But one of the things we're trying to do is find ways to improve incentives for providers to hire people to make a commitment that employees who work here will be able to stay in Porterville. That's

part of this whole planning process. It's determined by where individuals, residents who are leaving, when they go out into the community it's determined by where they end up.

W But if there's no option, if these places aren't built for us to even choose, how are you going to decide where to build them? We can't decide where our family member's going to go if there's no options of a new place.

John Well, again, it's based on where when they do the assessment of the individual, where they determine what kinds of services they need, what kind of home would be appropriate for them, then they look and see where do we place these homes. Are there enough folks who live in a certain area, or are there people who are—we've had circumstances, we have a home in Visalia where there were individuals who knew each other and moved into a home together, so it's that kind of thing. The location of the homes is determined based on where individuals are eventually going to live.

W So, we as a group need to work together on where we think we want our family members to be, and the level of care, and then can say that to the state?

John It's helpful.

W We don't have much time for this, though.

John Yes. As Dwayne mentioned, it's through the IPP process, and you can convey the wants and the needs that your loved one has.

W I'd like to ask another question, if I could, please, back here. Yes, I'm sorry. Yes, as I said, I've had surgery so I'm going to have to get home. I don't feel well. But I just wonder if I mentioned this, because as a senior it kind of comes and goes. Sorry. But my biggest concern also was, let's say I would place him in a home and if it didn't work out for him, could I bring him back to the unit with the same people? And they said no, unless there was an opening.

Okay, that kind of defeats it for me because, like I said, the [REDACTED] and the people that have worked with them for many years have been a big part of his life. And I don't want to start him all over again on another unit where he knows nobody. And even in the later years when they would take [REDACTED] to a different unit, they would send staff over and work

with him for a few weeks so he could adjust. He may not be able to do a lot, but he's smart, he remembers things, and he likes thing like, for instance, well, he likes to do a lot of things.

So, anyhow I just wanted to say that. But I am going to have to go, and I wish I could stay for the rest of the meeting. But I appreciate being able to talk. Okay?

M I just want to remind you, people do have a right of return in the Lanterman Act, so when they leave they have provisional placement.

W [Audio disruption.]

M Well, that is the issue there. So, it's up to a year while the DC is open. So, I just want to make it clear, there still will be a right of return until the DC is closed up.

W [Audio disruption.]

M Yes, we would still provide those services. But, remember, too, if they go to the type of home where it's a private non-profit, then the person stays in

the home and other vendors are brought in. So, again, you have to look at the options that your person needs and the program needs that are available to them.

Gosh, now I'm having my moment. There was one other issue that I wanted to talk about. What was your other part of the question?

W [Audio disruption.]

M Oh yes, thank you. The transitory, where you said even if they were going to another residence staff would go with them. That option will be available as well. I don't know if you know, in the budget we're going along we're asking for more staff to be available so that as those transitions go, staff who work here can go and be with them in that new place for a number of, even up to weeks, depending on, again, what your team assesses the person's needs to be and puts in the IPP.

W [Audio disruption.]

John No. And we're going to—

W [REDACTED] is good to work with. He's not that difficult. But I know there are those that do, or that are, and—

M So, that's a great point. And again we'll put it here so we can address that as we go through the process. This is a lengthy process, we know that. We're doing a lot of work now because of the plan development, but it is just a plan and it could be changed as we go along. But it will be a multiyear process.

M I said we'll put in the plan what we need to do to prevent that. I can make something up right now if you want me to but—sir, come on. I mean—

John One of the things that has come up is we've—this is an issue that's come up as we've closed developmental centers that the folks who are typically residing in a developmental still either have significant medical issues or they have significant behavioral issues.

And in recognition of that, we have homes now—they're called adult residential facilities for persons with special health care needs. It's a long name, but it's a medical home. It's like a clinic, and those homes were developed when Agnews Developmental Center was closed. You'll hear

them referred to when the legislature talks about them as SB962 homes or SB853 homes because that was the legislation that enabled those homes and allowed them to be developed.

For the closure of Sonoma, for Porterville, for Fairview, we've also developed two new models of homes. One is an enhanced behavioral support home. It's a home for individuals who have significant behaviors and again, we've just gotten the regulations that allow these homes to be developed. We've just gotten those approved.

We're in the process of working with the regional centers and the non-profit home developers to develop these homes, but we don't have any experience yet because we haven't opened one. So, we will learn as we go along. We'll move people into these homes, we'll see what kinds of supports are necessary. Again, as Dwayne said, it'll be based on their IPPs and the services that they need.

The other type of home that we've developed in the community is a community crisis home. And these are homes—right now we've got 24 beds in development so 6 homes that are 4 beds each, and these homes are

for individuals who have co-occurring disorders. So they're developmentally disabled and have mental illness.

If they have a problem in the community, if they go into crisis, these homes are available so that they can be taken to these homes for a short period of time. The intent is to get them stabilized, get them treatment, and get them back to the home that they should be living in. Again, these are short-term homes but we're aware of this issue with individuals going into crisis in the community, and so these two new models of homes are there to help address that.

W [Audio disruption.]

John No. I'm sorry. That's the community crisis home; that's the short-term. The enhanced behavioral support home is intended to be long-term living for people who need help with behaviors. If they have challenging behaviors, they need assistance with that.

[Audio disruption.]

John

The question is are the homes locked? The two models of homes that I've just talked about are not. There's another type of home that we've had authority to develop for a couple of years, and we had been working on developing these homes but there was a problem with the funding. And the reason we had a problem with the funding, these homes are called delayed egress, secure perimeter homes. What that means is if an individual tries to leave the home, there's a delay so if they try to open the door, staff is notified. Correct. They use them at nursing homes, they use when people have issues with elopement, things like that.

The difference with the delayed egress secure perimeter homes is that there is a perimeter around the home that is locked. And by locked, I don't want you to think these are ten-foot-high cyclone fencing. It's wrought iron. The backyards often have, six-foot, dog-eared redwood fence, but the perimeter is locked so that when the individual gets to a gate, they're not able to get out.

We're developing these homes because we know, again, we have folks who have elopement needs and so we want these homes in place. The issues we had had previously was that we couldn't develop these homes unless we had federal funding. And similar to the secure treatment

program here, because it's a locked area, the federal government won't give us money for it.

So, we got approval from the legislature, though, to open these homes.

We can only open a limited number and we have to go back to the legislature and ask for authority to open more, but we do have authority to fund them with state general fund rather than using federal fund, so that was a change in the law that gave us this authority.

W

I have a question please—well, a little bit more. Listening to everyone speak here, I have a [REDACTED] who's here. I've got [REDACTED] on board with her, and I live out of state so it's okay, someone comes every month to see her, but I'm hearing the similar stories from everyone. We all have concerns for our loved one and that they need these specific things as indicated on the IPP. I understand this.

My question is our family has known about this for some time, that PDC was very likely to close, much to our dismay. We do not want that, but it's a happening thing. When it happens—it's going to happen, so we're moving forward. We decided to [audio disruption] in a little meeting, we'll move forward.

Now, when we move forward to find a placement for [REDACTED] understanding yes, I will be at the annual IPP meeting, and I know that that—I've read these, I create—I'm a special ed teacher so I know about those, I write them all the time, I read them so I know hers pretty much front to back. I will meet in July with the team including the rep from Central Valley Regional Center and at that time will make sure that everything is very specific as to her needs looking forward to the future that it will not necessarily be served here and it would be in another location, but this is what she specifically needs. Then I'm going to maybe meet with her caseworker and discuss with him now what are the steps. Am I kind of going the right direction here? And I want to wait until July?

Dawn

I can speak to the transition process that we currently have in place, and I will tell you that through each closure, we have what's called a resident transition advisory group, and that includes family members and other stakeholders to look at the existing process of transition and to determine if there's additional recommendations to enhance that process.

But once the IPP does happen or any special meeting that the team feels that everyone has made a decision, they would like to explore a

community option, then the regional center will utilize that information given to them about the needs and the services and supports of that individual. They will go out and they'll look in their area particularly if that's where you would like your loved one to be, and they will start talking to providers and seeing if that provider can provide service of the nature of your individual in their home.

If that provider states that they can, then they would come out and meet the individual, meet you. That can happen on the residence, it can happen on campus, we could bring the individual out to the home, it really depends on what your preference and the individual's preference is. Some people meet in a restaurant, some people meet—and that's what we call meet-and-greets.

So they engage in conversation and they see if it's a fit. Sometimes the consumers themselves, strong advocates that they are will say no, I don't think this is going to work for me for whatever reason. The families may say that or they might say, boy, we see a connection. This provider has the services and support. They are telling us information that we believe might fit our loved one's needs and after that, then you would go out and

look at the home. Then you could see the home, and the consumer would see the home if it is currently built.

Or you would be a part of building that home. We've had family members say, this is what the home needs to look like and their purchase of a property has been completed and they are part of the decision of what needs to happen. Sometimes the hallways need to be widened, the bathroom doors need to be widened and the area needs to be expanded for wheelchairs, for example, or for showering opportunities.

So, depending upon the people that are going to live in that home, we have had families together because they've lived and been a part of a family unit. The consumers all know each other, the families know each other. Three families say, we want all these three people to live in the same house. They will work collaboratively as well.

So, once you go out and look at the home, the consumer looks at the home, then again, there's another opportunity to say is this going to be a match or not? It's a very slow process, and it is a process that everyone needs to collaborate and agree upon before moving forward. Then if it is agreed upon this provider is a fit, then you continue to move forward and

you have what we call is a transition planning meeting and that, again, is the team sitting down and saying, okay Dawn—and I apologize—my name is Dawn Percy. I didn't introduce myself, and I'm kind of running around with the mic, I want to get all of you. There's a lot of people that want to speak, so I just want to put that out there. We will definitely allow you time to speak.

But if I'm going to be moving, then it would be what do I need? Now, maybe I am one of those that does not do change well and I'm going to need to go out to that home and I'm going to start having visits, and they're going to need to be short visits. So that's part of my planning, that I'm going to go out to the home and have lunch a few times. Then I might go and spend an afternoon after lunch. Then I might need to spend the night a few weekends.

I need my staff from my unit to go with me. I need my staff to train the new direct support staff. I need that direct support staff from the new home to come to Porterville and to spend time here. They're going to come on the night shift, they're going to come on the dayshift, they're going to see a bathing, they're going to watch me eat my meal, they're going to go to my day program and see what I do for work.

That's another area. What do I need as employment or education? Make sure you discuss that as well because we want the whole plan to be inclusive, not just the living arrangement, but what are my equipment needs? What are my socialization needs? What are my vocational needs? What are my medical needs?

You're going to start looking with the social worker from the regional center at physicians, what physicians in the community, and the regional centers have physicians they're already currently working with and the population out in the community, they know what type of physicians have expertise with what different issues that need to be, so you're going to be talking to a physician.

Our physician at the center can talk to the physician in the community. With the Lanterman closure, we made a commitment, and the physicians connected and they partnered up and talked about what the needs were so that they could pass their case on to the physician in the community. And so you're going to talk about all those different steps and it's going to be different, and that's why we go back to the IPP because all of us would transition differently in this room. We would not do it the same way.

We're human beings. We all accept things differently and move forward and build relationships differently.

We want to make sure those direct support staff are absolutely trained as to those idiosyncrasies. We know some consumers don't articulate when they're in pain or when they're happy or sad, so we're asking the staff at each center to clearly articulate what you would see if I was not feeling well. Is it that I don't eat? Is it that I start going into a bundle and going into a corner? What I am I doing to express myself? Because, again, our individuals are all unique.

So the transition planning phase can take months, it can be fast or slow, again, depending on the consumer, depending on how the relationship is built. We've had some where then we have to paint the room and bring all the individual's belongings because they need to feel that familiarity and then they continue to visit. So, maybe they have part of their belongings at the center and part of their belongings at the new home, again, to transition.

Some people have gone out shopping; that makes their transition better. Depending again on your loved one's skillset, they might want to be

totally involved. We've had some people pick out all their furniture and the colors, and it just depends on who your loved one is to the involvement as well as you. We want you to be involved in letting us know.

And then once we have all that planning completed, there is a final meeting, and of course we can meet any time in between. If there are issues that arise, we stop and we look at what's happening. Again, is this still a good fit or not? If it's not, we would start over. If it is, we work out whatever the issue is collaboratively with the regional center and the provider and the staff here and then we move forward.

Then we have a final meeting which is called a transition review meeting and that's to say, have we done everything that we committed to as a team and are we ready to move? Are we at that space where the consumer now can go live there? And if they're not, then we say why not and we work on whatever we need to work on. If they are, then the team themselves sets the placement date, and that individual then is transferred. We can then send our staff, as Dwayne had said, we've requested additional staff to remain so that we can send staff.

Maybe it is that Dawn needs to have staff with her for a few weeks.

Maybe I need to have someone come on the PM shift because during the day I'm great at work but at night, I really have a hard time, and so I need that familiar staff from Porterville to come and spend time with me. And so we would commit to that.

It's just how best to meet the need of someone moving, knowing that some people have been with the center and living on the same area for a long time, so it really depends. And then you're going to be able to bring up areas of concern or what you feel would be best for transitioning as well. So, there's several steps in the transition process. This is a current practice that we use and then after that, I need to let you know the regional centers, of course, have a responsibility to do followups but Porterville, we have what's called Porterville Regional Project here onsite.

We have several staff that have worked at the center and they are the liaison between the regional center and the staff here at Porterville. They go out and they will do a five-day followup. If the consumer can articulate, they will interview the consumer. How are you doing? Are things well? Have we done everything that we said we were going to do? Are you happy? Do you feel safe? Just finding out what's going on,

talking to families, talking with the provider, watching and looking. They will know what to look for because they've been skilled staff here.

Then we attend the 30-day IPP meeting, so Porterville Regional Project will attend that meeting and make sure that that plan that's being developed and moving forward is appropriate as well and we can continue to be what we call the experts because, again, we've known your loved one for many years so we can convey information. If they're having an issue, maybe with the medication regime and they want to make a change, we'll say no, we've already tried that. Please don't do that. That's not in their best interest.

Or if they want to brainstorm a behavior issue, we have maybe dealt with that issue before and so we give them how we dealt with it successfully so that we can transfer again the information that we've had at the center to the direct care providers.

And then after that, Porterville Regional Project also will go out and they will do a 90-day followup and then a 6-month followup and then a year followup. During those other times, the regional center is always engaged with us. We see them all the time. We talk with them. We let them know

and the providers, please call us. If that person is having a problem, we want to be called. And the regional project, they get calls after hours. It's not just a Monday through Friday eight to five. If someone's having a problem on a Saturday, we want to know because we want to intervene. We want to assist in making that a smooth transition.

[Audio disruption.]

Dawn

Yeah. No. I do not. I've not worked at Porterville.

[Audio disruption.]

Dawn

We had quite a bit of group. We had two sessions, and I'm going to answer, sir. Yes. There was a lot of verbalization. In fact, I've hosted now the three at all three centers, and this was the most articulate group out of the three centers. They did say what was important to them, and I assured them that they will have the support. I assured them that I do not want them to be anxious; that's just words, I know, but I let them know I really want to make sure—and the staff were with them here, supporting them.

And so I reminded them that they have resources here, right now, psychologists, social workers, their familiar staff to be talking with them through this process. And my expectation would be that the staff working through the transition that know him would be, again, assisting in the process.

[Audio disruption.]

Dawn

We would make sure that we bring forward, that is a critical piece of information, of healthcare needs and dietary needs, and that would be brought forward at the initial meeting. If there was a provider that could not provide that diet, then they would not go to that place. That is a critical part.

And we are asking the staff to work with us because we need their expertise. We certainly can't control the staff leaving. We're trying to do as much education as well and letting them know that we need them to assist in transitioning the consumers that they've served and that they are the experts and they have that information to be able to bring forward.

Plus, of course, it's all documented, but there's nothing like firsthand information, and I understand that. So, we want people to be involved.

[Audio disruption.]

M I'd ask that you go with them. I mean, I live all the way down in the desert. I'm the sole conservator for [REDACTED] over here in [REDACTED] and she has 24/7 needs. I talked to somebody that said down in the desert, that'd be great. But now, from what you're saying, you're talking about your people traveling all the way to the desert?

Dawn We have traveled throughout the state. We have people up north that are going down to Southern California, and we will bring staff and we will put them either in a hotel or they will be with that consumer through the transition.

That's where if your loved one's regional center is currently in this area, okay, then you would be talking to that case manager and you would be saying I live down in the desert, I want to transfer the case to a regional center that's a local regional center where you live, and then that way they

could provide the services in your area. Absolutely. Absolutely. And there is regional center case transfer that happens even without closure.

We have many families that have been requesting that. They may move, and they want their loved one to still be together and maybe they brought them to Porterville because this is where they lived at one point in the area and then they moved up north and so then they were requesting a transfer to a Northern California regional center. There's 21 regional centers that cover the top of the state to the bottom of the state, so that is absolutely doable.

Peter

Okay. I just want to say a couple of comments because I've got to leave. I've got a three-hour drive. Alright? He's got six, but anyway, I've got to [indiscernible] too. Okay, your IPP— I have mine with [REDACTED] every March. At the end of that IPP, all that is brought up is what he currently needs right now. It's brought up at the end of the meeting, not at the beginning, not at the middle.

During the course of the meeting, I talk to psychologists, doctors, the social workers, even people from the state. Every time I've gone to an IPP, I have a state representative, do you want to transfer [REDACTED] to

another home? If you cannot provide the security and the process to keep [REDACTED] well-maintained, why would I want to move? This is the only place he knows. He's been here since he was 11 years old. He was guaranteed when my mom brought him here that he would be here until the day he died. Now you're saying you want to close this facility. Okay.

I want you to write this down for me because I see you've been taking notes. I want a proposal sent to the Governor of California, we take all three regional centers, put them right here in Porterville. All the money's that you're going to use for the transitional houses could be put here. You have the staff here. You have the staff here that's been trained to take care of them. Why do you want to take them and put them someplace else with people who haven't been trained yet?

The people here know them. Why move them? Why break something that isn't broke yet? I mean, it makes sense to me and to everybody else. Leave it here. But you can also bring the other two here and make one big unit. I mean, it makes more sense than saying we're going to make a regional home here.

I hear about millions upon millions—from you, sir, millions and millions of dollars that you guys want to propose to the state of California to put people in residential homes. [REDACTED] only knows one home, Porterville. Now you take him out of this environment and he dies, what are you guys going to do? I'll be burying [REDACTED] that's all I'll be doing. But you have done something that is morally wrong, and that's what everybody here in all three facilities is going to have to live with. You're going to kill them.

[Audio disruption.]

W

I've been trying for 45 minutes. Thank you. Thank you. I want to also thank you, John and Terry and Dwayne for the emphasis that you're placing on the intent of the IPP team decisions and the theory behind it. That has not been our reality, and I'd be surprised if you weren't already familiar with our reality.

Our IPP team for [REDACTED] agreed on a placement outside the catchment area of our regional center. Our regional center was in agreement of this also to the extent that they offered to fund this placement at a rate that they were willing to fund for an inappropriate home that our IPP team agreed

was inappropriate. I spent over \$12,000 last year fighting the inappropriate placement that my IPP team agreed was inappropriate and trying to get her into the home that the IPP team agreed is appropriate. Your funding system for the beds is wrong. She was offered \$14,500 for a home in Tulare that was inappropriate for her on many levels.

The home I want her placed in, the vendor only receives \$10,000 per person per bed per month. She's not received a pay increase since she's opened the home and it predates those specialized homes, John, that you were talking about that originated from the senate bill from the Agnews closure. It may have been the model for that because it's that specialized.

So, those residents receive over \$10,000 a month, always have.

Lanterman Regional Center is the vendoring agency. They have a vacant CDS license set, Karen Ingram at Lanterman Regional Center, and it says my sister's life is worth \$840 a month reimbursement. They [audio disruption] \$14,500 a month reimbursement that Central Valley has offered. They say she's not worth the \$10,000 the current residents in this home receive. The IPP team, our IPP team agrees that the Burbank home is the place for [REDACTED] and I'm hearing all these intense idealisms, but the reality is it's not working.

What might work is if you take the dollar amount off the bed and you attach the dollar amount to the person. You give the vendor a sustaining rate for the bed, but the services and the value of that person's needs stay with the person. Because right now, [REDACTED] life is worth \$840 a month reimbursement. What are they going to do? They cannot service [REDACTED] at that rate. They can't service anybody at that rate. And it's not fair, and I keep hearing how important the IPP team is. It cost me \$12,000 to fight and get her nowhere but a mediation order saying that she is going to be the last one out of here if need be, that's all I got out of it.

Now, how does that tie into your idealism of what the IPP team is? And how does that tie into your saying that when you run into a conflict, you will work together. The regional centers are not working together. The vendor, the provider, wants [REDACTED] at the home. Central Valley wants [REDACTED] at the home. The IPP team wants [REDACTED] at the home. The only other place that's reasonable for my sister is Porterville Developmental Center and Sonoma Developmental Center and this home. That's it.

We have scoured the state multiple times, and for you to stand here and say you continue working, that's not what I'm seeing. What I'm seeing is here's your mediation agreement that she could be the last one out of Porterville Developmental Center if need be. That to me is not being creative. It's not working together, and it's not in the interest of [REDACTED] I just have a suspicion [REDACTED] is not the only one that could possibly run into this situation.

The money should not be tied to the beds. The money should be tied to the person. I manage over 300 properties. I know what it takes to rehab a unit, I know what it takes to make a profit in real estate, and I know how to read the P&Ls that I have received on some of these homes. And what I see is that I'm in the wrong business. The money needs to be handled differently, the system needs to be handled differently.

Peter

Can I say one comment before I leave? I'd like a copy of the minutes of this meeting and a copy of the last public meeting minutes sent to me. Actually, I have a right to have those.

W

I was wondering if minutes were going to be provided. We didn't get any minutes from the last one. At the Tuesday meeting, there was a vendor

there that spoke, and he emphasized that it would be beneficial to providers if once first placement is made in the home, that provider receives funds for every bed. So, let's just look at the home we're talking about in Tulare, \$14,500 a month per person per bed. I visited this home once they had placed one person in it. There was one girl staffing it and an unstable resident. And I know he's unstable because I've known him for years, and I've seen him stable. He was not stable at the home.

And I believe he recognized me because when he came to his senses and calmed down, he tried to walk around with me and interact. The day worker for entertainment, she had *The Simpsons* running on the TV. I think somebody mentioned watching TV all day.

As I was trying to walk through the home and calm this resident down, the day worker walked up with a broom and says, here you go. And I looked at the resident and said, you tell her to sweep the floor, you're showing me your home right now. The day worker looked at me and said, "This is his best friend. This isn't a broom." This is his best friend.

Now, if these homes were held to the same standard that the federal government is holding the developmental centers for quality, then these

homes may not be operating. Many of these may not be operating. I went into the kitchen at a home and the previous worker who was there before this gal came on to her job that day had left a note, there's mold behind the refrigerator. This home has only been opened a few months, and it's in a dry climate. There's mold in the kitchen already. The standards aren't there. The oversight's not there. And they wanted to put [REDACTED] in this home for \$14,500 a month.

And if you use this as an example, when I was listening to the man on Tuesday, I empathized with him that yeah, you've got to go ahead—you've got operating costs, you've got to keep it running. But at \$14,500 per person per bed, it's not costing you that much to have your \$10, \$12 an hour worker there until you've got it fully staffed. Some of these budget line items, they call for six hours a month of an RN on duty. It was quite an eye-opener on Tuesday when the psychiatric technician association person spoke and he said the licensed professionals that currently work in the developmental center, if they went to these community homes, they would earn half as much and they'd be on a contract rate where they'd only have their job six months or a year, and then they have to start over and find another job.



W They brought one because we would like to reach out to folks that don't have access to the website so—

Peter Okay. I also want my name, address, and phone number put on record too.

W On what?

Peter I want it put on record.

W Okay.

Peter My name is Peter [REDACTED]. My address is—I'll spell you my last name because people get it confused.

W Okay.

Peter It's [REDACTED]. It's one name. My address is [REDACTED]  
[REDACTED]. My cell number is [REDACTED]. This number is a 24/7 number. It's also connected with

the Uni [REDACTED] here at Porterville. They can call me and I can call them any time day or night if I have a problem with [REDACTED]

But this proposal I presented to the governor, I wish the governor would either send me a letter back in his own words, not an aid, not a representative of his, I wanted to hear from the governor.

[Audio disruption.]

Peter

If Brown had a child here right now, I bet he probably would— should be here because he's supposed to represent the state of California. We represent the state of California because we're the ones that voted him into office. He should be here.

[Audio disruption.]

Peter

I'll second that emotion. But according to what you said, all these meetings were published, they were never published in the Ventura County press. They were never published in publication *L.A. Times*. What happened?

John They were published in a number of area newspapers.

Peter The local papers.

John Not just local. No. The *L.A. Times*, the *L.A. Weekly News*, the *Ventura Star*. We have a list. We can send you the list of papers it was published in. It was numerous, and it encompassed a wide area.

Peter Our county is divided into five sections, *Ventura County Star*. The *Ventura County Star* only covers Fillmore, [indiscernible].

John And I hope you can appreciate how difficult it might be to try to cover every area. We have a gentleman who lives out of state. How would we possibly know when we should run a public ad in Nevada or wherever?

Peter If you guys are proposing this, why don't you get the names and addresses of the people that are here or the people that have relatives here and send them a letter? The only letter I've ever received was the first one from the regional center concerning the public meeting.



Because there's no point, if we sent the letter out in May saying, we want to meet with people at the end of February next year—

Peter But don't you want input prior to all that, at least some kind of input from the people that have family in over here?

John We are asking for your input. That's what we want. Right. Because again, this is a plan that the administration is going to put forward. The legislature has the opportunity to act on that plan. The Brown administration is going to put a plan forward that says we're going to close Porterville and Fairview. We'll put that plan forward on April 1<sup>st</sup>. But again, the legislature has to take action on it. We can't close it without legislative approval.

W When does the legislature approve it?

John What happens is during the budget process, they begin deliberating the budget typically in March, and again, it's not just our budget, it's all the various state departments, all the programs that are involved statewide. They start hearing those budgets in March, and they may have a separate

hearing on our plan. The hearing last Tuesday was on the lessons learned from previous developmental center closures.

W Can you watch those online?

John Yes, you can. And if you would like to, you can go back to—there is a website, it's called the Cal Channel and they have an archive of hearings. You can go back to Tuesday, February 23<sup>rd</sup>, and it is a joint senate committee hearing and it will be on the closure of developmental centers. Yes, if you put your name down, we can send you the link if you would like. We can put it up on our website as well. You can go to the department's website and view that hearing if you would like.

Dawn By the back door, there is a sign-up sheet for your email address. You can give us your home address, whatever information you would like to give. I do want to say, we have some callers, I think, in the queue that have been holding very patiently, listening to this that were not able to be here. So there was a conference call that they called, so are there any callers still in the queue? Operator?

Moderator (Operator instructions.) Our first question will come from Carol [REDACTED]

Carol Hello?

Dawn Hello.

Carol Hello?

Dawn Yes. Yes. You're available to speak now. Thank you for your patience.

Carol My name is Carol [REDACTED] is my last name. [REDACTED] is at Porterville Developmental Center. I've been on the line the whole time and I'm sorry to say that for most of the time, I could hardly hear anything but a few words here and there, so this wasn't very productive for me.

The last maybe 45 minutes I did get quite a bit of it, but for the first hour and a half, two hours, I got very little. I think it was the microphones.

Anyway, my one suggestion, the big suggestion would be that at one of these developmental centers and I would really prefer Porterville, that there would be a contingency plan where they would keep several units open for clients that cannot transition into the community.

██████████ has been at Porterville for 20 years, and it's been a wonderful experience for her. I don't understand why you want to close something that works. It's the best, and one size doesn't fit all and not all of the clients are going to adjust to the community. We've tried at least five or six times to place her in the community, and each time it's been a failure. She has brain damage that causes her to become very frustrated and she can become combative. She's the least restrictive, and the most successful place for her is at Porterville.

There are many reasons. I've got a whole list of them here. Most people have covered them. One thing that wasn't covered is that each Sunday she watched the church services, and you're not going to find that in a community home. There won't be a church service that's designed for her. There's very few of them.

Another thing that bothers me is what happens if she is placed in a home and is there for a year or six months, a year, or a year and a half and it closes. Then what happens? Hello?

John

Yes. Hello. This question has come up previously.

Carol Well, I couldn't hear so—it's very frustrating.

John I understand and I apologize for that. Yeah. I apologize for that. I understand the concern, but what we did talk about was if individuals are not successful in the community, they have a right of return up to a year for as long as Porterville is open.

Carol Okay. I understand that. But what about after Porterville is closed, then what happens?

John When Porterville closes, one of the things we talked about earlier was two new models of homes that are being developed in the community to assist people that have challenging behavioral needs. The first is called an enhanced behavioral supports home, and those homes provide services. They're meant to be permanent residences for individuals who have challenging behaviors.

Carol Now, what was that called?

John An enhanced behavioral supports home.

Carol Enhanced behavioral support home?

John Supports home. That's correct.

Carol Okay.

John And what I mentioned earlier is that these homes—

Carol Why couldn't a unit or two be developed right on Porterville's—the Porterville grounds for that kind of person? Why does it have to be out in the community? Because like someone else mentioned, they're just not going to receive the—I mean, [REDACTED] was successfully diagnosed with breast cancer about three years ago, and she wouldn't have received that early diagnosis if she hadn't been at the developmental center. I think her prognosis would have been much worse than it was.

They're just not going to receive the same quality managed healthcare in the community as they do right there at Porterville. That's one of the things that concerns me a lot.

John I know. And that concern, Miss [REDACTED], has been raised—

Carol I know it has. I know. It was brought up at the last teleconference meeting.

John Right. And one of the things that we're doing to try to address that issue is we have brought back a retired gentleman that used to work for the department who was involved with the closure of the Agnews Developmental Center and was very intimately involved with the Department of Health Care Services in developing managed care plans for individuals in the community.

So, it's something that we are going to be working with the Department of Health Care Services on to ensure that appropriate medical services are available in the community.

Carol You can say that, but I don't have a lot of confidence.

John I understand.

Carol I mean, you didn't answer my question. Why can't you propose that they keep a couple—two or three units open right at Porterville for these people

that need this enhanced behavior support home? Why can't it be right there? Why does it have to be out in the community where there's a chance on it—I mean, these homes in the community, there is no guarantee that they're going to be open.

I mean, they could be open for six months, a year, maybe two years, maybe five years and then they close and then they have to start this whole process. I mean, [REDACTED] loves it there. She's a very active person. She walks everywhere, and if she's in a community home, she's not going to be able to open the front door and walk to the Blue Heron or walk to church or walk to her job site.

She's going to be very restricted. It's just not going to be—I wish these legislators had talked to us before they decided to pass laws pertaining to our children because they don't know what's best for our children. You guys just don't know what's best. You think you do and the law's already changed so we're helpless, and I don't have money to hire a lawyer to fight all of this.

I'm 77 years old, and my husband and I live on a very limited income and we can't afford a lawyer to advocate for us. It's very frustrating. Again, I

wish that you would propose in your plan that this enhanced behavior support be provided right at Porterville.

John                   What we can do is we can take your comments and concerns and incorporate—

Carol                   Alright. I don't think it'll do much good because my concerns—well, I just—the only person I can depend on is for the Lord Jesus to take care of her because I just don't have much confidence in the bureaucrats in our government. You say you're interested in the well-being of my child, but it doesn't seem like that to me because I've dealt with this for 55 years, and I know her and I know what her needs are. I know what her problems are and what has worked for her, and I know that a community-based home had never worked for her. She's always failed there and when she becomes combative, what do they do? They call the law. They call the sheriff's department and down to the community hospital she goes until the regional center or I could go and rescue her.

So, that's been my experience, and you haven't assured me that that's not going to happen again.

John And I can't give you that assurance.

Carol No. You can't.

John What I can tell you, though, is as I mentioned, we have a new model of home that may be a good fit for [REDACTED]. We also have another new model of home that we're developing because again, we recognize that one of the things we've heard a number of times if we've closed developmental centers is that people who have challenging behaviors can be very difficult to serve in the community.

Carol Yes.

John One of the other homes that we've developed and again, I talked about this a little earlier, are community crisis homes. There are currently 24 beds in development throughout the state. These homes provide short-term crisis stabilization and treatment for individuals who are having—

Carol I don't mean to interrupt, but [REDACTED] would have that crisis about once a week, and the only reason she's successful at Porterville is because there's a team of people who know how to redirect her, know the signs

and know what to do and are trained to do it and as a team. It isn't one person there at nighttime.

It takes more than a couple of staff members to deal with her. I don't mean to be—don't take this personally, but I know [REDACTED] and I love her. And I will advocate for her until the day I die because I think I know what's best for her, and I just wish that we could get someone to listen to us about the need.

You think you know what's best, but I tell you, you don't. And I don't mean that to insult you, but you just don't know what's best for [REDACTED] [REDACTED] I do.

John

You're absolutely right. I don't know what's best for [REDACTED], and you do. I'm not up here advocating that I know what's best for everyone who will be transitioning out. What I am trying to explain is the processes we're trying to put in place to ensure that people can be successful in the community. Will it take work, will it take teamwork? As you mentioned, it is a team effort, but that's the direction that we think is appropriate to head at this point in time, and so this is why we're doing this. And I understand your concerns—

Carol

It's an experiment. You're experimenting with [REDACTED] You're taking away her home, her friends, an environment that she's used to. She has to have a rigid schedule every day. I mean, weekends are difficult for her because she likes to get up and go to work, come home for lunch, go to work, come home and have her evening activities.

You're going to interrupt something that's been successful for her for 20 years. I'm saying in that 20 years, there were several times when we tried to place her in the community and it did not work. But that's her home. She knows it. I mean, I just—I know others have expressed the same thing, and I just—I wish I could sit down face to face with the governor because if he was in my shoes, he'd feel the same way I do.

I live in Missouri, and the only reason I live here is because we could not afford to retire in California. We just didn't have the income to pay the taxes, It's just too expensive to live there, and now I'm in a physical condition where I cannot travel because I've had three surgeries in the last two years and my health has gone downhill. Anyway, that would be my one suggestion is that you would consider maintaining two or three of

those units for this enhanced behavior support for the ones that can't adjust to the community.

I'm telling you, there will be those people, and I resent the fact that you want to experiment with her because I know her behavior is going to deteriorate when you try to move her out into the community because you're taking away all of her security, the people that she knows and loves, her routine, the familiar places, her job. We had a hard time even finding a job that she was satisfied at, but she loves what she does and she loves her job coach. So, that's about all I have to say. Are you still there?

John Yes. Again, we appreciate your comments, and they will be included in the—

Carol I hope you recorded it so that someone could hear my plea.

Dawn It is being recorded.

Carol Thank you.

Dawn And we have written notes as well.

Carol I appreciate your position. I know that you've been mandated to do what you're doing. I'm a school teacher. I also taught special Ed so I know all about IPPs, and when I think about trying to have an IPP with a community home where you're not going to have the same level of staff, you're not going to have medical people there, you're not going to have social work—I mean, it's just not going to be the same.

Anyway, I will be praying for this whole process and praying for my daughter.

Dawn We thank you for calling.

Carol You're welcome.

Dawn Operator, do we have anyone else in the queue?

Moderator Yes. We do have a couple more questions. Our next question is from Stacey [REDACTED], [REDACTED] of a patient.

Stacey Hi. Thank you. Can you hear me?

Dawn Yes. We can.

John Yes.

Stacey I had a question. California is not the first state to be dealing with developmental center closures. What best practices and learnings have you obtained from other states who have been going through this so that those learnings can be molded into your plan development?

John Well, I think that as I mentioned earlier, we've been transitioning people from developmental centers into the community for years, and I think that while we do get information from other states and from the federal government as far as closures, we have processes in place that we have been using and we've had to modify them and enhance them because we know that some of the needs that exist in the community are still concerns and the one that we just talked about, treating people with challenging behaviors in the community is something that we've tried to address as part of this process.

When we closed Agnews, we had to address the issue of medical homes in the community, and we did that, so I think it's kind of lessons learned as we closed developmental centers in the past. I mean, I think it's important to recognize that Agnews was one of the first closures where the intent was to move everyone out into the community and not just move them to another developmental center. So, it's been a process of learning lessons as we've closed centers over time.

Stacey

Thank you. And another question building on that, so the feedback—I understand the public hearings—I'm in marketing and public relations so I get this. And I know I can't do anything to stop the closure of the centers, but I am curious as to how you're going to take this feedback and how we will see it incorporated into the plans directly.

I understand some things are very personal to a particular patient's needs or specialized situation. But the concerns that I've heard that are quite concerning are the gaps between the individual assessment process that I have been dependent upon and some family's experiences where there's chasm of misunderstanding. While it sounds great to say collaborative and teamwork to get the patient placed in the best place, it sounds like there are some significant snags and problems in that process.

How will you take this information you've heard from a very passionate group of engaged family members today and respond back to what's very specifically and not in, dare I say, governmental jargon and show us that the needs and issues that already exist which you may not [audio disruption] about are addressed in the plan that you eventually publish?

John

As I mentioned earlier, when we developed this plan, it talked broadly about what we intend to do, the services we intend to provide for individuals transitioning, what we intend to do for employees working at the centers and finally how we propose to dispose of the land or whatever the intention is for the property.

But the plans are not so detailed and specific that they addressed individual by individual what types of needs and supports people require when they transition into the community. What we do try to incorporate into the plan are issues that are—we want to make sure the legislature is clear on what types of issues we're hearing on a consistent basis, and we incorporate those kinds of things into the plan so it's clear that these are concerns the community has and to the extent that we have services identified.

We can oftentimes point to services that already exist, other times we know that there are things we're going to have to work with the regional centers on to develop in the community.

Stacey

Yes, and I completely understand. That was what I was trying to convey.

I would not expect, like [REDACTED] specific needs to be reflected in your plan or it to be that deep. I understand that. But if there are gaps in the process that are being identified, I think there needs to be due diligence to make sure that they are not systemic. And if they are isolated, I understand this has to be dealt with on an isolated basis, but if there are pricing of the beds or the need to retain employees to be part of a consistent transition and assessment process moving forward, I would hope that those would be considered.

You're asking for our input, and you've gotten a lot today. I would hope that we're going to see some of it reflected in the plan versus just letting us chat and express ourselves and hopefully some valuable things have come out of that.

Do you feel that you are hearing things today that are informing the plan or is the plan moving forward and this was an opportunity to just hear what the grievances might be as a people who are involved in an unfortunate situation?

John

No. The things that we hear do help inform that plan. They also, as we talked about earlier, we learned lessons when we closed Lanterman, we learned lessons when we closed Agnews. One of the things we found that didn't work well, and we understand and so does the legislature, the resource that we have in our developmental center employees. It's not a resource we want to lose. We'd like to see that resource transition into the community as people move, so we know that the community state staff program is an area that we have to put more attention into.

As I mentioned earlier, it worked well when we closed Agnews. We have people who have retired from the state but are still working for the provider that hired them when they left Agnews, and they're still serving the same individuals they served when those folks left Agnews, so there has been this continuity of care.

We were not as successful with that when we closed Lanterman, and so we know that's something we have to work on as we close Sonoma, Fairview and Porterville because to the extent we lose people now, we may lose them for good. Our preference would be to keep their expertise in our system.

Those are the kinds of things, along with making sure that managed care plans are covering the kinds of services that our residents here need.

Those are the types of things that we are hearing on a consistent basis, and we know that those are things that we need to address. You'll often hear people talk about the safety net in the community, and that's an area where we're working on to ensure that people have a place, there's always an option for them in the event that the place that they go into doesn't work.

Stacey

Okay. And since I'm on the phone and I'm not in the area since I couldn't be there in person, will we receive and I haven't seen the minutes from the prior meeting. I know there was some questions about it but I couldn't hear it from the phone. Will we receive all of the names of the people who have come from various governments, places and agencies as well as your contact information in email?

John Yes. We can provide you the contact information for the individuals from the department who are here today. We're happy to do that.

Stacey That'd be great. And how do the people on the phone get on the email list that you guys are collecting there? I'd like to be put on the email list so that I can get future communications that way as well.

John Yeah. If you could provide your name, then we could get the—the developmental center has your contact information.

Stacey Yeah. That's great. My name is Stacey, S-T-A-C-E-Y [REDACTED], and Sally Rodriguez has my contact information. I would love to very much connect with folks in the room and be able to have a connection with those of you that are developing the plan and moving forward.

I think my final comment is, here we're talking about, which I've always had a problem with a law that said least restrictive environment for a patient. And all of the patients that we're down to seem to have incredibly specialized needs that require some thoughtful restriction, and yet the restrictions we're finding are from the government who made the law. So, the least restrictive environment for our patient, I'm really hoping that we

can come to a place where we can place all of these people because it is a huge, as you've heard, emotional angst to deal with what to do with your family member. Sorry.

██████████ has been there since he was born. They kept him alive and for what his life has been they have taken care of him, and for that I will be eternally grateful. But I will go to my grave making sure he is not an example or as someone mentioned, a test case for a state program. And I know you guys are trying hard, but I really need you to listen to the people in the room because many of the things they're talking about are things I have experienced and worried about, so I thank you for listening to all of us. It's really important.

John Well, thank you for your time and thank you for your comment.

Dawn Operator, do we have anyone else in the queue?

Moderator Yes. We do have a couple more questions. Our next question will come from the line of Carol ██████████ of patient.

Carol

Thank you. Yes. I'm Carol [REDACTED]. I would like to be also put on the email list of those in attendance and those representatives. I appreciate the opportunity to talk.

I'm the sister of [REDACTED], who has been a resident at Porterville since 1954. He is now 74 years old. I live in Alabama and have since 1968. My parents were conservators until their death, and I'm his only living relative. At this point in time, he is very medically fragile with many medical problems, including Parkinson's. He is fed with a G tube. He has frequent pneumonia, asthma, and it goes on.

I firmly believe he is alive today because of the medical care he has received through his life, and so I'm most concerned about where he will be placed. Who will be taking care of him, and who will be able to meet both his medical needs and his psychosocial needs? He is not very verbal. He requires care of all ADL.

I have been in the medical profession for over 40 years myself. I know there are many caring professionals in the medical field, but I know there are others who are not; it is just a job. And I know there is a lot of turnover in many places of group homes and in nursing homes and many

times they are not well trained. And so this is of great concern to me, and especially as I am in my 70s and live a long way away, so can you address my concern?

John

Well, what I can tell you is that the process of going through the program plan for your loved one will proceed as it normally does. Again, they'll bring in an interdisciplinary team that will look at all of your loved one's needs to determine where he is best located in the community.

I don't know if you were able to hear the discussion earlier, but we do have medical model homes that are basically like mini-clinics. They provide 24/7 care. They're set up to ensure that people are getting the type of medical care they need. It's not identical, obviously, to the care they get here, but it's the type of service that is consistent with what their medical needs are as they transition into the community.

So, those are the types of things that—that's the type of information that will be discussed with you as things move forward.

Carol

Okay. I would just like for the record to say that because I don't live in California, I had no idea that the closure of these remaining developmental

centers was being discussed. I did get the letter and did speak and listened at the last public hearing meeting but was just shocked to receive that letter.

So, not everybody who has a family member there lives in the state of California so certainly some of us were not aware at all that this was under discussion in the legislature or by the governor or for the last two or three years or however long it has been. I had absolutely no idea. Thank you.

John

Thank you.

Carol

Sally Rodriguez at Porterville is [REDACTED] social worker and so I do certainly want to be put on the email list so I can be kept abreast of further discussions and information that will be hopefully forthcoming.

I will reiterate as everybody else has that I am just extremely unhappy that at some point Porterville will be closed. It has provided wonderful care for not only my brother but many, many residents. I don't really fully certainly understand the reasons and probably never will even if I lived in California, but I do think that it is not necessarily in the best interest of every resident. Thank you.

John Thank you.

Dawn Operator, is there one or two more calls in the queue?

Moderator Our next question comes from Jean [Indiscernible].

Jean Hi. This is Jean [REDACTED] [REDACTED], has been in Porterville Developmental Center for over ten years. First of all, I'd like to say that I 1000% agree with what all these people have said, at least in the last 45 minutes since I've been on hold, and I couldn't agree with them more in what they were saying.

In [REDACTED] case, she had several failed placements in the community resulting in her placement at Porterville. When she was in the community placements, I was assured that there would be 24-hour awake staff, that we would be notified if things happened, that there's no way that she could possibly leave in the middle of the night, and get out. [REDACTED] was a huge AWOL risk.

And guess what, every single home she was in, she got away. Why?

Because either there wasn't 24-hour awake staff, there was no delayed egress in the home because I told they weren't allowed to do that and even when she left, they not only did not notify me, they did not notify the police. So, my husband and I had to get in our car and go to wherever she was and start looking around the area. We had to notify the police, we had to do all the notifications.

I don't want to go there again. I have no faith whatsoever in the community placements around here. I mean, one time she even escaped a group home and ended up at a bar, and the police found her there because she wouldn't leave. We live in the Bay Area. We have the Bay Area rapid transit system. She's a master at that system. She can panhandle, she can get money, she can get on that system and take it wherever it goes. She was missing for five days in San Francisco one time, and that was a nightmare.

You can imagine my panic when I became aware that Porterville was closing. That is the only safe haven for [REDACTED] I've heard comments before that [REDACTED] needs to be placed in a least restrictive environment. Well, wake up, people, because that's Porterville. There isn't another group home out

there that we have found of all the different homes she's been in that has been able to ensure her safety.

If she moves into a community environment, she is definitely going to need to be in a specialized home. It's going to need 24-hour awake staff; it's going to need a delayed egress. There's got to be behavior intervention services available for her—crisis intervention, management intervention, interpersonal staff, a myriad of medical services, psychiatric, neurological, podiatry, optometry, dental, urology, vascular and gynecology, all of which she has problems in those areas.

I have zero faith that if she went to a community home that those things would be that available for her. I'm very nervous about this. Now, sir, you stated earlier that you have been doing this and closing these developmental centers for years, and you're just now developing models for enhanced behavior support homes. Are you telling me that in all of these developmental centers that closed before, there were no behavior issues that you had to address?

John No. There were behavior issues that had to be addressed, and in some cases they were not well addressed. That's why we're looking at these new models with homes to provide that type of support.

Jean What I just can't wrap my brain around in this thing is Porterville works. The staff there is fantastic. People that have adjusted to life at Porterville are doing well. If [REDACTED] happens to get a group home that oh, well, we don't have all the stuff she needs but we've got 90% of it, I can tell you right now that 10% is going to do her in. It's not going to work. I've been through this too many times. [REDACTED] been there for ten years. She started going into group homes when she was in her early 20s. [REDACTED] s 46 now, so I think I have quite a few years of experience to talk about.

So, she lives out in a community placement, in six months it fails, she can get sent back to Porterville. That's great. What happens when Porterville closes? Then what happens?

John That was one of the things we talked about earlier. That why we've developed these enhanced behavioral support homes so that people who have behavioral challenges, have issues in the community have an option to go into these homes where there is support, the staffing ratios are

higher. The intent is to try to work with people and manage their behaviors so that they don't end up coming into contact with law enforcement or becoming AWOL issues and things like that.

Jean

As far as I can remember from the group homes that [REDACTED] was in, out of the ten or so that she failed in, I bet only a couple of those did not involve police contact. I can't tell you, like the lady before me had said or the lady before her, if she has an incident and starts acting up, they'll just call the police and they'll 5150 her into the county hospital that's closest to her and leave her there for a couple of days until what?

The regional center actually does something and finds another home that is another enhanced behavior support home that isn't working for her? You're getting a bunch of angry parents on the phone and I think if you or anybody else on the panel that's there today or anyone in the state legislature had a child that had these kind of problems, I think this would be being dealt with differently.

You guys don't, I mean unless you do I could be wrong, but this is a huge issue for adults that are in this facility. This is a safe haven. I mean, you already have an enhanced behavior support home. It's right in front of

you. It's Porterville. I just don't understand, why can't you use that as the enhanced behavior support homes? Why [indiscernible]? Use the units there like another lady said.

That makes perfect sense since everything you're going to be trying to put in the community is already there and more. It's like you're reinventing the wheel and trying to do it with people that don't have the expertise of all those people in Porterville. They have worked with [REDACTED] for years, and I guarantee you if there is anyone sitting in that room hearing this conversation right now, they know [REDACTED] a behavior problem and they're either chuckling or nodding their head right now.

It's going to be a tough community placement, and I'm sure if you ask these people that are involved with her, they're going to say—they're going to doubt that she's going to be able to succeed and then what? So Porterville closes, she doesn't make it in the community, then what do you do with her? All the options are closed. What do you have then?

John

Well, as I said, we've got these enhanced behavioral support homes. I know they're new. We haven't moved anybody into one yet, and as we talked about earlier and you may not have heard this part of the discussion,

but we also are in the process of developing community crisis homes for people who go into mental health crisis in the community. They're able to move then on a temporary basis into these homes to stabilize them, to provide treatment and to get them back into their permanent residences.

Jean                      And you said these community crisis homes? I did hear that earlier, sir. You said that these were short-term. What is short-term?

John                     It's depending on the time it takes to get the individual stable and back to their permanent residence. It's going to vary from individual to individual.

Jean                     And how many beds are in each of these community crisis homes? Or what are you looking at?

John                     Right now, we have six homes that have four beds each that are currently in development.

Jean                     Okay. And what kinds of training and background do the people have that are running these homes or are you looking at to take care of these homes?

John I am not a program expert, and I apologize that I'm not, but what we're looking at is people who are familiar with dealing with challenging behaviors, who are—it will be individuals, like behavioral therapists, psychologists, things like that who will help get people stable and then get them back into the community.

Jean And is there's some reason why using Porterville for these enhanced behavioral support homes and use different units and call them homes, is there some reason why that can't work?

John We're not proposing to develop resources like that on developmental center property, either at Porterville, at Sonoma, at Fairview. We have heard requests, similar requests from the parent association at Sonoma. They would like to see a healthier clinic developed on the site, and that's not something that we are proposing right now, but again it's something they've put forward and is part of the plan that we submitted for the closure of Sonoma to the legislature.

So ideas like this or like what you're proposing can be included in the plan, but it's not something that the Department of Developmental Services is proposing right now.

Jean                    Okay. And just so I understand a little bit more, is the reason you're closing all of these developmental centers and pushing the developmentally out into wherever you think you're going to be able to place them, is this a budget issue?

John                    I'm not sure if you heard the first part of the call or not, but anytime the government is involved in providing services, cost has to be figured into it. I know that there's been a lot of rhetoric about well, it costs \$500,000 to serve an individual in a developmental center, you can serve them for a lot less in the community. The fact is that's not really true either. If it costs several hundred thousand dollars to serve a person at the developmental center because they have challenging medical needs or behavioral needs, it's going to cost that much or more to serve them in the community. So, what this—

Jean                    Then—

John                    So what this—

Jean                    Go ahead, I'm sorry.

John Well what this is about, I think, when you boil everything down, it's the shift in philosophy. It's the thinking that people with the right services and support can do well in the community and live in a more inclusive environment, that they can, with assistance oftentimes, and sometimes a lot of assistance, go out into the community and interact with individuals in the community and have the ability to make some of the choices that they don't always get in an institutional setting.

Jean I don't have a problem with doing that for some people that would be more successful in the community. [REDACTED] has already proven she's more successful here. So, it keeps coming back to the same question. And these other callers are getting on exactly the same thing. If the community placement doesn't work, and you're closing Porterville, where does that leave these clients? Where does it leave their family, and everyone? Where's the safety net for that piece of it when nothing else works? Then where are we?

John And again, I think that's what we've just talked about. We're developing these new models of homes to try to address these kinds of behaviors.

Jean

Okay, you know, I wouldn't have your job today, I'll tell you that. If I were you, I'd go home and have a drink after or something, because you have got to have, today, a lot of angry people yelling at you just the same way I am.

But, you know, the legislature's going to do what they're going to do. I hope that they think about what this is going to do to the people in the developmental centers because they don't do well with change. And there are going to be unbelievable challenges that you guys can't even fathom at this point.

I have no idea what you're going to do with them because I'm just fearful that this is going to be huge, huge, failure. Prove me wrong. Please prove me wrong. Get [REDACTED] in a home that will work for her. I would love it. I'm very skeptical based on my past experience.

Anyway, I won't keep you any longer in case there are other calls, and I think that's approaching that 3:30 mark. So, like others, I would appreciate to be put on a mailing list with any information you have.

[REDACTED] social worker at the center is [REDACTED]. She's got all of our personal information, phone numbers, and everything; and you

can get that from her.

But I would really appreciate being kept in the loop on this. All I can say is good luck, because I think you guys are fighting a huge uphill battle to try to find what you are looking for in the community. I think people that think it's a good idea and as soon as they get six people in there that have terrible behaviors, yes, I think there's going to be a problem. So, anyway, good luck. Staff, I appreciate all of you, and thank you for listening.

John Thank you.

Dawn Operator, is there anyone else in the queue?

Operator We do have a follow-up question. Would you like to go ahead and take it?

Dawn Yes, please

Operator Our follow-up question is from Carol [REDACTED]

Carol Do I need to press star one?

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Operator Your line is now open for questions.

Carol I just wanted to be on your mailing list.

W Absolutely. Can you let us know the name of your social worker?

Carol Lerma [ph], oh, I can't think—

W Oh, we've got confirmation already from some of the staff, they're nodding their heads, so we will get you the list.

Carol Okay. Thank you very much. Bye.

W Thank you for calling. Bye. Operator—

Operator At this time, there are no further questions.

W Thank you. Yes, please.

W Hi, just a couple of things. I wrote to my assemblymen and my senators in my area and the ones for Porterville. My question is is the whole

legislature voting on the closure? So do you recommend that we send everybody, all the senators and assembly people?

John The way the process works is that our budget, the Department of Developmental Services' budget is heard by both the Senate and the Assembly. There are specific budget committees that hear our budget. There are only a limited number of senators and assembly members on those subcommittees.

W How do I find out who those are?

John We can get you that information if we have your contact information.

W Yes.

John Just for your information, it's Senate Budget and Fiscal Review Subcommittee No. 3. That's the subcommittee that hears our budget in the Senate.

W Yes, but you said Senate Budget what?

John Senate Budget and Fiscal Review Subcommittee No. 3.

W Okay, then so all of them will be on that list?

John There are three senators on that subcommittee.

W Three senators. Okay.

John And then, there is also the Assembly hears our budget as well.

W Yes. The whole Assembly?

John No, it's Assembly Budget Subcommittee No. 1.

W All right.

John And there are I'm forgetting right now how many, but there are maybe five or six Assembly members on that budget committee.

W Okay. All right, and then listening to you speaking and hearing the call-in callers, because my other question was in regards to basically, bottom line

is, it has nothing really to do budgetary, because as you said, some of the costs could be even more per resident in the community—

John I would just like to say I didn't say it has nothing to do with budget. I said every time the state is providing a resource, whatever that resource is, there's always budgetary concerns. I'm just saying it's not the primary concern, I think, in this case.

W Okay, okay. My mistake. But, bottom line is because of—they're doing it no matter what, because they're putting them in the community because of the Lanterman Act. Am I understanding that right, or am I wrong?

John No—

W So, it doesn't really matter, even if we do write to the legislature, the people responsible for the voting? Is that really going to matter?

John I—you know, ma'am, I can't tell you—I can't speak for what kinds of things may affect them, what decisions they may make.

W Yes.

John I do know that the direction has been to move towards closures.

W Yes.

John I can't recommend to you whether to do that or not, because I don't know how they may react.

W All right. Because when you talked about, you know, how you lost the federal funding for Medicare and Medi-Cal, is that what was said? What was the funding for federal?

John Well, we haven't lost the federal funding yet. That's why we've entered into these settlement agreements.

W Yes.

John We were going to lose it for Sonoma, so we've entered into a settlement agreement with them, and we're working on settlement agreements that are almost identical for Porterville and Fairview.

W Right. Up until the time that they close.

John Right. Because right now, the federal government has told us that by April 1<sup>st</sup> of this year, they're going to stop providing federal money to us. If we enter into a settlement agreement to move forward with the closure, they'll continue to provide federal funding.

W That is for Medicare and Medicaid?

John We receive the funds from the Centers for Medicare and Medicaid services. It's called CMS is the acronym you'll hear.

W Okay, so once our family members are placed in the community, then who's paying for that?

John We receive funds from the federal government as well, when individuals are living in the community.

W Okay, they're just not going to fund it for the Developmental Center.

John Correct.

W All right, got it.

M [Audio disruption] not to exceed two years for [REDACTED].

John Sir, I—

M This is [REDACTED] was taken, and they said he approved this. [REDACTED] couldn't approve anything. He is a ward of the state. So, the state took it upon them, and it basically says that they had a review, and they involved, everybody involved, well they never told me anything. They did it. They knew that I was preparing it, so they did it just before [audio disruption].

Yes, I am. They did not legally notify me of anything.

So, what they did do, is they took this right straight in, and they took it into the judge on the same day [audio disruption]. It's amazing. On January 11<sup>th</sup> it was filed [audio disruption] on January 11<sup>th</sup> it was stamped, and the judge signed it. [Audio disruption] first time that it was filed, and signed by the judge, saying that. Come on.

John I just want to clarify, the state spends a significant amount in general but this is not all federal funds that we get in the community.

W [Audio disruption] and looking at homes where the nonprofit provider has taken the home that they owned and cash out refinanced it multiple times so that they were upside down, probably close to 300% of the value of the home. And this isn't uncommon. So, when they're that over-encumbered, there doesn't seem to be any governmental oversight or entity that's being triggered to this happening. There doesn't seem to be any monitoring of default on a loan, nonpayment of taxes, insurance lapse. I mean, that seems to be a self-monitored thing with these providers, from what I could see.

So, I think that needs to be incorporated into your plan. There needs to be maybe yet another agency or multiple agencies, because this is beyond the scope of the ability of the Regional Center to handle that. They can barely—they can't even handle the caseload they've got. And I don't think they have the financial astuteness to recognize.

You know, if I were to hold a junior lien to something, I would have a vehicle recorded so that when the first is defaulted on, I'm notified. There

needs to be some sort of oversight in place, so that there's a notification immediately when something like that has happened or some sort of control about these group homes vendors' ability to continually cash out refi and put a property into a position where it's over-encumbered.

John

You know, I think it's important to understand that some of these homes are owned by the individuals, and they're private services providers. And the Regional Center purchases services from them and monitors the services that they're providing are in compliance with what's required for the individual. They don't have the ability, and I don't really think that they should have the ability to go into a private business and determine how they should best run their business.

It certainly isn't the role of the Department of Developmental Services to do that. And, I don't think the Regional Center should be either. In the event a provider gets upside down, can't provide services, can't pay their employees, regional centers are going to move to de-vendor them. They'll no longer be able to provide those services.

[Audio disruption.]

John                   As I mentioned earlier, though, you know, that issue has come up before. And one of the things we're concerned about, and the reason we're using the private nonprofit housing organizations to develop homes now, is because then the Regional Center, with funding from the state, contracts with the private nonprofit housing organization.

[Audio disruption.]

John                   They develop a home, and they bring in a service provider to operate that home.

If the provider isn't successful, if the provider is not a good business person, then they go out of business, and the home still remains with the state. They find another provider to come in. With the—well, with the nonprofit entity then.

[Audio disruption.]

John                   The home remains in the state system in perpetuity.

[Audio disruption.]

John The nonprofit is paid for the home.

[Audio disruption.]

John No, no, but the home, because the state paid for the home. The state owns the home. It stays in the state system in perpetuity.

[Audio disruption.]

John Exactly. I understand that. That is a problem, and we've noticed that, and that's why, for the homes that we're developing is, we closed all three of the centers. They're not again, not all the homes that are being developed are being developed by nonprofit housing organizations, but the majority are.

[Audio disruption.]

John You know, the state does business with a lot of private entities. And you know, some of those private entities, for a number of reasons, go out of business. It's not the state's role. It happens to people every day. People

contract for a service, they contract to get their home remodeled, and the contractor they're working with doesn't do a good job and they end up losing money. The same thing can happen to the state, and there's only so much that the state can impose on a private service provider.

[Audio disruption.]

John But again, as a private citizen, a private, yes. If you're having your house remodeled, using that example again, you could say, "I'm giving you my money. I want this." But you may not get it, because so—

[Audio disruption.]

John —and we're buying the service and we can't control how they operate their business.

[Audio disruption.]

John I understand what you're saying, and as I mentioned, it's been a problem before. And it's why we're trying to move forward with these private nonprofit housing organizations.

[Audio disruption.]

John And that becomes a resource need.

[Audio disruption.]

John Right. Because it's a resource need. To monitor businesses and how they operate, and to check on how they're spending the money that they get from the state, we spend almost \$6 billion a year to provide services for individuals with developmental disabilities. To suggest that we could somehow manage all of those funds that go out through contracts, through the arrangements that regional centers have with the providers, to suggest that we could somehow provide that oversight, perhaps we could, but it would take authority that we don't currently have. And it would take resources that we don't currently have.

[Audio disruption.]

John Right. And—

[Audio disruption.]

John

Right, and so we can take that as a comment and something you'd like to see, and it can be included in the plan. But again, I just wanted to state that we don't currently have the authority or the resources to do that kind of thing.

[Audio disruption.]

W

—out for the nonprofit homes? I think it would be interesting if you reviewed it and could look at it with your expertise and knowledge of this area to see what the holes are in it for that type of arrangement. So, for the nonprofit housing, but a comment in terms of contacting your legislators or specifically the legislators on the budget committees, actually, I think it was about maybe three years ago or four years ago where the Assembly Budget Subcommittee that looks at the developmental center's items and the person who was on it, I don't believe she's the head of it, but was on it, is a local legislator, assembly member Shannon Grove from Bakersfield. She's still in office, I believe, and I think, still on that committee.

So, she's still—okay, so she is just adjacent here. She doesn't represent

the Porterville address, but certainly being in Bakersfield, she represents a lot of the families and staff who works here. And she was very strongly calling for the closure of all the developmental centers and was very irate about the testimony that she heard—anti-developmental center and somewhat sympathetic to people who testified, particularly a Porterville family member who came forward and testified in support of Porterville.

There was at that time, and I guess it was maybe four years ago when the secretary came up with a task force—three years ago? Okay, so then this tremendous pressure to close the developmental centers and the Secretary of Health and Human Services, which is over the Department of Developmental Services, and all these other agencies didn't go to close it. She put together a task force on the future of the developmental centers that you may recall from a few years ago. And again, there was a Porterville family member on there, Christine Mall [ph].

I also was on that. It was a small group of people, about 28. There were Regional Center directors, there were providers, there were disability rights people, and there were a lot of people around to help answer questions. We spent six months looking at the problem of not so much problems, but what is the future of the developmental centers? And at that

time, regional centers came forward and complained about directly that they no longer had developmental centers as an option to place people with really complex needs. Even the regional centers were saying, “We need places that can take care of people with complex needs.”

The determination at the end of that meeting was that for two types of people in developmental centers, people with very fragile medical conditions or people with very challenging behavioral conditions. There’s a model for the people with the medical problems, just not enough developed. There was not a good model for the behavioral ones, and so that’s why the development of those haven’t come on line.

So, now the closures have come about. The reason why you really need to contact those committees—I don’t think you’re going to change their minds, but every year, they’re going to be voting on the budget. Every year they need to know who it is they’re talking about. They need to have a picture in their mind of your relatives and their needs and how they voted for this, so they better, every year, ante up what is needed for the supports for them, for the staff who takes care of them.

I think we’re fortunate that it’s not only developmental center families

who are calling for the funding, and the monitoring, and the support, it's also a lot of professionals. That's to say including the department and regional centers and community providers. We're not the only ones. There are 300,000 people roughly in the system, and there are a lot of people concerned about them.

But please, contact those committee people, because they're the ones who can make decisions affecting your child. So, you need to let them know that you're watching them.

W

And then I wanted to mention, reference back to the IPP. I did attend an IPP just two weeks ago, addressed all those things you said we need to address for [REDACTED] needs they could make successful and everything. But the issue that we have is he is in Regional Center that is not in Central Valley.

And so I spoke at length with his case manager from Kern Regional Center, and she said the issue was going to be that because there is a possibility he be placed here is trying to get him placed here. But there are the regional centers have, DBRC has, Central Valley has like 100 clients

to place, whereas though, Kern maybe only has 50. So, they would have to give up one of their spots.

So, my proposal to you, when you're developing this plan is that you guys need to open up a dialog among all the regional centers so that we can place our loved ones in places that we can visit them and help monitor and make sure that their needs are being taken care of. Because right now, that's not happening.

John

Well, one of the things that we did as soon as the closure for Sonoma was announced, and the fact that we had to have the plan in by October 1<sup>st</sup>, was we started meeting with the six regional centers in Sonoma that had at least ten residents there. And we have monthly calls with the regional centers, and we have monthly meetings with the executive directors from the regional centers to talk about the progress.

During those calls, what we do for each regional center is we look at the individuals that are being served that are planned to transition out into the community. So, we have the list of individuals, we get a status update from the regional centers on what the plans are for that individual, what's being done, and then we have a list of projects that they're proposing to

develop to meet the needs of those individuals.

And it's not just housing. A lot of times it's services in the community.

At one of the regional centers up in Sonoma they've got a project proposed for a dental clinic. And the money that we get, the community placement plan money is available to fund that kind of thing.

So, the same process will occur as we move forward with the closures for Porterville and Fairview. We will be meeting with the regional centers, talking to them about the consumers that they have that are moving. And one of the things, as I mentioned earlier, that we also discussed, is transfer because a lot of times, individuals at one point in their lives they were served by a regional center, let's say North Bay, and now their family has moved down to Santa Cruz, so they want to be served by San Andreas Regional Center. So, it provides opportunity to make that kind of change.

W And are there any regional center individuals here today? Any regional center representatives?

John No, I did not see anybody here from the regional centers today.

W They were not invited to today's meeting, it was intended to be for families.

[Audio disruption.]

John No problem. We can do that. We can bring the regional centers and families together for another meeting—there's somebody back there with a question.

M It sounds to me like we got a solution, and we're trying to create a bunch of problems. That's what it sounds like to me. These guys that know everything, I'm not sure they know everything. They don't know, they don't have the heart that a parent or conservator, or a brother or a sister or mother has concerning the loved ones that they have.

And when you start messing with people's family like this, it's not an easy thing to accept. But hearing all I've heard today, I haven't heard one solution really. And you don't have a problem. Leave Porterville alone, and you don't have a problem with those people. You don't have to place them. You have the staff that you need and that our loved ones require.

But no, you guys have gone ahead, and you've made up your minds what you're going to do, and you're going to make the mistakes that you're

going to make, and we're going to have to love it and like it. Our opinions don't seem to mean a thing. Here we are trying to give suggestions, and you're saying that we'll make note of that, but the fact that Porterville having three units left is not very likely. So, what are we here for?

John

Well again, you're here to provide your thoughts and express your concerns. And we can put those into the plan, but you know, the fact that the developmental centers are kind of on the path to closure, I think, as we talked about earlier was made clear in 2012 when they put a moratorium on placement. The population now is again, just slightly over 1000. And again, like we talked about, there's this push to ensure that people are living in the community and being integrated into society.

M

Well, I was just shown how much the regional centers care about what's happening. All they want is the money they're going to get. They aren't here to to hear what we have to say. And any time that I've been an IP meeting or whatever, they've been there, and they suggest community placement, and you're against it, why then, you're not even worthy to be the conservator.

I had a situation where one of the people that was representing the

regional center tried to take our conservatorship away from us for [REDACTED].

Now, see, this is what we're going to have to depend upon is people that don't even care enough to show up and hear and be a part of the conversation that we're having today? Don't tell me that the regional centers shouldn't have something to say and something to hear about what we're talking about here today.

John

That's correct. The regional centers were not invited today. This was a parent/family meeting. We're happy to arrange another meeting with all of you to meet with the regional centers. We'll invite Kern, we'll invite the Central Valley, we'll invite Tri-Counties, and have them. If you would like to meet with them, we're happy to arrange a meeting like that if you think it would be helpful.

M

Well, they're part of the problem that's about to happen here, or in the process of happening. The regional centers are part of it. They're being handed a mandate to get these places for placement of the ones that are being sent from here. And the other meeting we had on the end of the month, that we had—open meeting here, I don't think the regional centers were here then.

John                   The regional centers were here at the public hearing. There were representatives from both Kern and Central Valley.

M                       They were? They didn't say a word.

John                   Well, they were here. I saw them. I did see the representatives from both centers; I talked to both of them.

M                       You did?

John                   Yes.

M                       Did you tell them anything good? Or did you talk about us? No, I think that what we got going here is a problem that's going to get bigger, and bigger, and bigger, not smaller. Just like you've seen on some that you've closed, you're having problems. It didn't go as smoothly as you thought. Well, you haven't seen anything yet. It just confounds me, my mind even, the thought that we would have the solution. It's been the solution for these people, these clients, for 40 years, 50 years, 60 years. And all the sudden, oh, this is not the answer any more. You've got to have this, you've got to have that. But it's been satisfactory all this time. There

haven't been situations where there have been problems come up that they've been solved. It's been under more control of the client and the conservator and the developmental center than it is going through the regional centers.

You said something about a Fresno regional center?

John Central Valley Regional Center is located in Fresno.

M It's my understanding that I received information for Central Valley's Regional Center from Visalea. I heard—

John They may have a district office in Visalea. I'm not sure where all their district offices may be, but I know their headquarters is in Fresno.

M Oh. But see, they're not the problem. The fact that we're closing these places is the problem. It's a problem that's going to have to be solved, and I haven't heard any real solutions. "Well, we're working on this. Well, we're developing this." Well, developing it doesn't mean it's going to work?

John That's correct

M Is that not true?

John That's absolutely correct.

M So, I mean, why not leave things alone? What's the deal?

John I understand your position, and I hope you understand as well that we're moving in the direction that the both the federal and the state governments want to move. I hope people understand that this wasn't a department decision; this was a decision was made in the democratic process by the legislature to move these things forward. So, you know—

M So, the one that really made the decision is Governor Brown? He started it?

John No. The decision was made at the legislative level. The legislature voted on, approved our plan to move forward with closing the developmental centers. And as part of that process to close, we have to submit a plan to the legislature. So, the legislature, back last year when they voted on the

budget approved the proposed closure of Sonoma, the proposed closure of Fairview, and the proposed closure of Porterville.

M For what reason?

John Because they believe that people can live in the community. We, as I mentioned earlier, the number of people that are going to be transitioning out of the developmental center system is—the exact number is 776, right now, as of February 1<sup>st</sup>. That's the number of individuals that are going to be transitioning into the community.

We serve nearly 300,000 people in the community right now, and a lot of those people have medical needs, they have behavioral needs. And so, again, the federal government and the state government are moving in the direction of closing the developmental centers.

[Audio disruption.]

John I think that was as of February 1<sup>st</sup>, I think it was.

M Well, the thing that I see is that what we have to say, it's too late for us to really to have these meetings. If our suggestions can't be taken and applied at the ideas of the legislature and so forth, then why are we even being invited to come and voice our opinions if they're not going to mean anything?

John Well, I'm not saying they're not going to mean anything. I'm saying the legislature approved us moving forward with the closure. As part of the closure, there is a process we have to go through. The first thing we have to do is submit a plan. The plan that we will submit will come from the department and from the Brown administration to the legislature saying, here's what we're proposing to do as part of the closure process.

If you're interested, we have the plans for the Sonoma closure on our website, and you can see the kind of detail that went into that plan. Those plans have to be approved by the legislature, and if that happens, then we move forward with the closure. If the legislature says no, we're not going to approve these plans, then we don't move forward. So, that's where we are at this point. We're developing the plans that we'll submit on April 1<sup>st</sup>.

M So, is what we're saying a part of that plan that's going to be given to the legislature to read or to understand?

John Yes. The testimony from today's meeting will be transcribed into that plan. Those plans are pretty voluminous, as you can imagine, because we have the testimony is transcribed and included in the plan.

M Probably have to be a Philadelphia lawyer to understand it. But the thing is that these homes, in the last year, there have been three homes in our town, Madera, that closed, just suddenly closed. And when there are that many closings, are you going—the legislature going to legislate that we just built new homes and just keep filling up the new homes that are going back? Or are we going to go down to the root of the problem of why those homes are closing?

Maybe they're not being paid properly, maybe they're having problems with staffing because they feel that they want to make more money than they really should and they cheat on how qualified the staff is. There are \$8 an hour people working in these homes, and that is not—these people that work here are not going to go into the community and work for 8 bucks and hour.

John I understand that.

M And so, it's not going to cost you any more to have them out there than it does to have them here.

John Right. But I think to address two of the issues you've raised, the issue of the homes closing in the community and the underfunding of the community, one of the things that is proposed and will be voted on on Monday is you may have read about it in the paper, the managed care organization tax. It's a tax on managed care plans. This tax generates \$1.3 billion in revenues. Well, a portion of that is coming to the community that we serve. So, most of the money is going to Medi-Cal, but a portion of it is going to be used for Developmental Services.

There is a bill that is currently going through the special session process. Because this managed organization tax issue was brought up last summer when the Governor signed the 2015-16 budget; the year that we're currently in now. When he signed that budget, he also called a special session on healthcare financing to find a way to sustain the increased cost for providing services in Medi-Cal and Developmental Services.

So, they have come up with a proposal to tax managed care plans. The managed care plans are agreeable to it because it brings them—it's a complicated issue, and it's one that I don't even pretend to understand in detail. Basically what it does, it brings in Federal money to the state so that the managed care plans are not losing money.

But it does generate revenue for our system. The funds that are being generated are proposed for things like providing wage increases to direct-care staff. The individuals who spend 75% of their time working directly with a client will be receiving pay increases. I think we've also put money in there for supported employment programs in the community, for transportation, and for independent living in the community as supported services.

So, those things are all part of this bill, so there is money going into the community. And as you've heard, I'm sure if you've listened to some of the budget discussions over the last number of years, the community is concerned about the lack of resources they have. They're concerned, because as you said, they are only able to pay people minimum wage, and these folks are being able to go get jobs at fast food places that pay more.

So, that's what this proposal, this managed care organization tax is attempting to address.

M

What's so scary for all of us, and for our loved ones is, is that if they're placed in these homes and there is only a time period of one year that they're be some resolve of getting back into Porterville or whatever, but these other places that you're developing, you don't know whether they're going to work or not. You're hoping they will, but we don't know.

So this is where we're at, and this is where we're sitting with our loved ones is that it takes a certain amount of procedures for the state to close the developmental center, but those homes they can close overnight. Those group homes can close overnight and six people be looking for some kind of care. Where are they going to go? What are they going to do? What are you going to do about it?

John

That's the issue we talked about earlier. That's why we're developing these homes through nonprofit housing organizations, so that the homes stay in the system. Whether the provider goes out of business or not, then you still have the home. And what you do then is the Regional Center and the Department work together to find a new provider or in the meantime

we have individuals relocate temporarily while they're looking for new providers.

So, it's one way to protect against the kind of thing that you were talking about where providers say we just can't make it financially anymore so we're going to close the home.

M Okay. Well, that's my thought. I still think that the idea that we keep Porterville open and consolidate is still one of the things that should really be considered by [audio disruption]. And I really feel that way.

John That will be mentioned in the plan.

W Hello?

M One last point, then I'm going to sit down. We have the staffing here, we have the buildings here right now, right? So, we could avoid all of this developing all of these other places outside. It's already here. We've got the answer already here. Why are we going to get rid of the answer and go for something that we're not sure will work or that we'll be able to staff properly? We have the proper staff here. This is one loving, caring place.

John Absolutely. I mean, there's no question about that, and you folks know it better than anyone. But, again, the direction we're headed in is to move people into the community. I understand, I understand.

W The regional centers, okay, I live in Orange County, but my son is served through Kern. I don't know if you can answer this or not, but when would be the appropriate time for me to maybe just talk with somebody in Orange County Regional Center, or do I wait closer to that time? The bottom line is if my son goes into the community and the best place is somewhere here, I don't mind the drive. [Audio disruption] it's ok, it's worth it. Trust me.

But I don't know that Orange County would be better, and I know that Fairview is going to be placing a lot of their residents there in Orange County. But what do you think would be the best time for me to—?

John I'm going to turn that over to Dawn

Dawn I would say you need to start engaging in conversation with your regional centers here in expressing your desires. They can then, and after you put

your wishes together for them, they can communicate with the Regional Center down in Orange County and start the process.

W [Audio disruption.]

Dawn They have—absolutely. They have knowledge of—

W Go online [audio disruption].

Dawn They are very willing to engage in conversation about the type of homes, they will provide tours in the community as well. They will just discuss the needs of your loved ones are, because they don't want to send you out to something that's not appropriate for them. So, they would definitely talk with you and then they would show you what is appropriate. And you could go on DDS website and look at your regional center information as well.

W [Audio disruption] all of [REDACTED], assessments have been he is not a candidate for placement outside of Porterville. This has been going on for years. So, that being said, at our assessment meeting

that's coming up next month, how is this going to be addressed? Because now they can't say that.

Dawn Exactly, exactly. They need to address the fact that we need to look at community options. So, that's where they need to—

W So, will they readdress his needs?

Dawn They need to discuss specifically what his needs are and what the community provider would need to know, what type of home, what type of services does he need to be successful? So, absolutely. It needs to get down to details so that the regional center can start developing or in the process of looking at what—

W They can't change his needs. So, that's my point.

M The things is, with the way our IPPs have worked, and I'll be idealistic again, they've always supposed to have been, we're supposed to describe the services and supports the person needs to live in a more independent way. And so a lot of times we'll describes those service and support needs, and the regional center will say we aren't meeting that service need

anywhere else but here.

And they may say that again, but we still describe all of the service and support needs that that person has. And if they don't have anything, they're expected to develop something to meet those service and support needs.

[Audio disruption.]

M Right. And it has not happened, but that's why what John has been saying about we're bringing these new services online that are similar to the way we brought on the nursing-type specialized intense health care needs, we're now bringing staff on to meet the folks with more intense behavioral needs.

And this was kind of brought out before of how come this hasn't been at other DCs? Because most of the DCs that serve the folks with intense behavioral needs have been focused here at Porterville and at Fairview who have what we would traditionally call the dual diagnosis population, have been served mainly at those two facilities, and we're getting to those

facilities now. So, we do need to know that we need to bring new services online and have specialized support for them.

W May I ask, operator, do we have anyone in the queue?

Operator No, ma'am. There's no one in the queue at this time.

W thank you.

John Any other questions? Thank you. I want to turn it over to Amy Wall.

Amy I'll just wrap up. You guys are troopers. I appreciate you staying this long. I have a piece of paper with contact information. If you have more questions or concerns that come up after you leave, it's got all of our contact information—phones, email, mail, whatever way suit you best. And you can send those to us at the department, and we will help try to answer them.

I want to remind everyone that we're at the beginning of this process. Nothing is happening tomorrow. The place is not closing in three years. The budget says 2021 is what we're looking at for closure for Fairveiw

and the general treatment area. So, we certainly want to encourage the conversations. We're going to come back and bring the regional centers to you. I know that they have been talking amongst themselves about how best to reach out to the families, and so that's a work in progress already.

If you have other suggestions or ideas about how we can effectively communicate with you since we don't have that traditional family meeting structure to go to, we'd be happy to listen to anything. We're looking at putting together a newsletter to help get information out, but really we're open to suggestions for how we can help you understand the process better.

We want to partner with you, help you understand what's going on. It's a very technical process. Half the stuff that John deals with as the head of the department level, I don't even understand. Budget processes can be confusing. The legislative process can be confusing. There are a lot of different moving parts to this.

So, please don't hesitate to ask questions, and I want to make sure you get copies of our information. We will send it out to the list.

Dawn And the list is on the back by the table on your way out there.

Amy Any closing comments from you, Dawn?

Dawn No, I just want to make sure everyone did sign the list. Again if you don't have email, please just put your address if you're willing to provide that as well, and then we can create a list.

[Audio disruption.]

Dawn Excuse me?

[Audio disruption.]

Dawn The center, I'm sure, has a mailing list as well, but that certainly is helpful.

Amy Right.

Dawn Absolutely. Oh, we will not just be inclusive of you, absolutely not.

Amy No, the reason for that is for emails, people have to opt in. So, we'll definitely send things out by mail to everyone because the center does have those addresses but the emails, you have to opt in for us to send you stuff.

[Audio disruption.]

Dawn Yes.

[Audio disruption.]

Dawn Thank you, everyone. Travel safe.

W Thank you.

Dawn Operator, we're closing now. Operator?

Operator Okay, this does conclude today's conference call. You may now disconnect.

Dawn Thank you

**STATE OF CA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Host: Amy Wall**

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Operator

Than you.