



Final Transcript

STATE OF CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES: Public Hearing on the Closure of Fairview Developmental Center

February 6, 2016/10:00 a.m. PST

SPEAKERS

Cheryl Bright
Cindy Coppage
Judy Murray

PRESENTATION

Moderator Ladies and gentlemen, thank you for standing by and welcome to the Public Hearing on the Closure of the Fairview Developmental Center. At this time, all participants are in a listen-only mode. Later, we will gather comments. Instructions will be given at that time. As a reminder, this conference is being recorded.

I will now turn the conference over to our host, Miss Cheryl Bright, Director of the Fairview Developmental Center. Please go ahead.

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Cheryl

Good morning, everyone. For those of you visiting Fairview Developmental Center for the first time, welcome to our community. My name is Cheryl Bright. I serve as the Executive Director of Fairview Developmental Center. In a moment, I'm going to introduce Cindy Copping, our Public Hearing Officer.

Before I introduce Cindy, I would like to take this opportunity to encourage all of you to share your input regarding the closure of Fairview Developmental Center. The department welcomes your thoughtful perspective regarding the closure of Fairview, as the input provided during this public hearing will be a valuable component of how the department moves forward in navigating the transition of how services are developed and secured for the men and women entrusted to our care from a facility service delivery model to a community-based model.

I also would like to acknowledge each of our family members, conservators, and personal advocates. Moving forward, your valuable contribution, engagement, and partnership in this process will continue to have a positive and significant impact on the success of the transition that our clients will be undertaking transitioning from Fairview Developmental Center into the community.

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At this time, I would like to introduce Cindy Copping, Public Hearing Officer from the Department of Developmental Services. Cindy?

Cindy

Thank you, Cheryl. Welcome, everyone. I'm really glad you all made it out today for the public hearing on the proposed closure of Fairview Developmental Center.

My name is Cindy Copping, and I am with the Department of Developmental Services, and with me are Judy Murray and Daniel Hollister, and we are the hearing officers for the public hearing today.

You may have noticed the restrooms are located in the back lobby, as well as drinking fountains, and we also have some water over here to my right should you need to get something to drink. In the event of an emergency, just make note of the exit signs around the room for evacuation.

I would now like to introduce the Department of Developmental Services' representatives. First, John Doyle, who's our Chief Deputy Director; Dwayne LaFon, Interim Deputy Director for Developmental Centers Division, he's over to my right; Dawn Percy, Interim Assistant Deputy Director for Program Operations; Fariba Shahmirzadi, Assistant Deputy

Director for Administrative Operations; Nancy Lungren, Assistant Director for Communications; Amy Wall, Assistant Director for Developmental Center Closures; and Cheryl Bright, the Executive Director for Fairview Developmental Center, who spoke our opening remarks.

I would also like to acknowledge Senator John Moorlach, who is present with us here today, sitting in the back, to my right.

The proceedings of this public hearing are being audibly recorded and video by local media, as you may notice the camera. For the record, it is now 10:07 a.m. on February 6, 2016, and we are at the Fairview Developmental Center auditorium here in Costa Mesa.

The 2015 May revision to the governor's budget proposed the closures of Fairview Developmental Center and the non-secured treatment portion of Porterville Developmental Center by the end of 2021. As stated in previous communications from the department, efforts are underway to submit a plan to the legislature by April 1st of this year to close Fairview Developmental Center by the end of 2021. The comments received at this hearing will help inform the closure plan. The closure plan is not intended

to decide where each individual will live. That's determined through the individual planning process. Instead, statute requires the closure plan to highlight issues and concerns specific to Fairview Developmental Center, give an overview of Fairview residents, employees in the facility, and outline the policy and processes that will be used to close the facility.

This public hearing is set in accordance with the provisions of the Welfare and Institutions Code 4474.1(f) stating: "Prior to the submission of the plan to the legislature the department shall hold at least one public hearing in the community in which the developmental center is located, with public comment from that hearing summarized in the plan."

Notices of this hearing were distributed to numerous interested groups and individuals via mail, email; they were posted online, notices in local papers, and distributed to the news media.

A sign language interpreter has been provided for those attending, and as you may have noticed, the interpreter is located to my left. Please feel free to move over to this area should you need those services. We also have a Spanish language interpreter who's sitting also back here if that service is needed.

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The Department of Developmental Services welcomes your input regarding the closure of Fairview Developmental Center. At this hearing, as designees of the department we will be receiving your comments. We've set up an operator-assisted conference line for people to call in, and we'll periodically alternate receiving input from those in the room with us today and those calling in on the conference line.

We're here to listen and to document your input. A public hearing is not structured as an interactive process, and as a result the hearing officers and representatives of the department will not be responding to any statements made or questions posed during this meeting, but can follow up with individuals after the hearing concludes.

The department will consider all oral statements made during this hearing. It will also consider written statements submitted at today's hearing, which should be placed in the box on the registration table out in the lobby, or submitted directly to the Department of Developmental Services at the address indicated on your agenda, submitted by email through the department's website, or sent by mail. All input must be received no later than 5 p.m. on March 1, 2016 in order for it to be considered as part of the development of the Fairview Developmental Center closure plans. Again,

this hearing is being audibly recorded and recorded on video by the local media, and the information received today, both verbal and in writing, will be reviewed and summarized for inclusion in the plan.

With that said, we will begin the hearing by having Judy Murray review the protocols for the proceedings with you to ensure everyone is comfortable and is heard. Judy?

Judy

Thank you. As Cindy mentioned, my name is Judy Murray, and I work here at Fairview Developmental Center. I will now read the guidelines of the proceedings today.

Individuals providing comments will not be sworn in, nor will there be questioning of any presenters. Hearing officers and department representatives will not be responding to any comments today, and will not be responding to any questions posed during the public hearing today.

Each person wishing to speak should have obtained a 3x5 speaker's card and signed in at the speaker's table in the lobby. The card should have your speaker number and your name on it. For the convenience of the speakers today, the front row has been designated for those speakers being

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prepared to come up to the podium and speak. I will ask Speakers 1 to 6 to come up to the seats in a moment. As the seats are vacated, the next speakers can take a seat as they await their turn.

When the hearing officer calls out your number as a speaker, please approach the podium, place your card in the speaker's basket, and if you are unable to come forward or need assistance, please wave your hand and we can bring the microphone to you.

Before presenting your comments to us, please state your first and last name and your affiliation, if any. For example, your affiliation can be an organization name, whether or not you're a family member, if you're an employee or a neighbor.

Speak clearly into the microphone to make sure your comments are captured on the recording. Each speaker will have the opportunity to speak up to five minutes. Limiting comments to five minutes will ensure that everyone here who wants to make comments has an opportunity to do so. You will be given a signal when you have two minutes left, and then you will be given another signal when your time is up, at which point we would please ask you to close your statement.

Teleconference speakers will be rotated in periodically and they will be given the same five minute time to speak.

I would like to request that the audience would remain quiet so that we can be assured that a clear recording of the proceedings is made today. At this time I would ask that you please silence your cell phones and pagers.

Also, please be courteous to the speakers by holding side conversations outside of this room.

In the interest in maintaining confidentiality and privacy for the men and women who live at Fairview, we do ask that you not use specific consumer names, or provide personal, medical, or other confidential information when making your comments.

The time allotted for comments will end at 5 p.m. today. Since this is a long period of time and many of you may have other commitments for today, you are welcome to leave after you have had the opportunity to present your comments, or please feel free to stay for the duration and hear all of the comments.

A full transcript of the hearing and all comments made by participants will be posted on the DDS website.

We will now begin the public comment portion of this hearing. And I would ask speakers who have Numbers 1 through 6 to please come up to the front row.

Please proceed. Can you state your name, first name and last name and affiliation?

Jennifer

Yes, my name is Jennifer and I'm a clients' rights advocate. Thank you for the opportunity to speak with you today. I am speaking on behalf of Disability Rights California. Disability Rights California supports the development of a closure plan, which will ensure that Fairview residents may safely and successfully transition into the community. California has successfully closed other developmental centers. There's extensive experience, which demonstrates that we know how to do this right.

It all starts with a plan, a plan that is thoughtful and transparent, a plan that emphasizes the choices, health, and well-being of every Fairview resident. Key elements of this plan must include the immediate start of

individualized transition planning so when it's time to implement the plan each person's needs may be met without delay.

Targeted community placement plan funding to develop homes that meet the characteristics of programs unique to Fairview, for example, Fairview operates a five bed acute crisis unit to provide short-term crisis and stabilization services to help people return to their communities. Community crisis homes should be developed to meet this need.

Stakeholder oversight of all transition-related activities, including resident transition and quality assurance. Stakeholder groups must include developmental center residents and people with intellectual and developmental disabilities.

Additional clients' rights advocates who may support residents and their families identify appropriate community homes, work to eliminate barriers to successful transitions, and provide advocacy service to residents after they move.

Better rates and the elimination of unreasonable delays in rate approvals for integrated services like supported living, with demonstrated success

supporting people who move from developmental centers into the community. A commitment to keeping the line [ph] in the system through the development of fully integrated housing solutions.

The expansion of a strong community safety net that may respond to crisis in ways that promote maximum dignity and independence. Example of these investments include the expansion of short-term crisis, development of models that can't say no, and increased rates for services, which are necessary to help people remain in the community.

Lastly, we know that individuals may successfully be moved from the developmental center into the community, in part because of our advocacy services, which help people to successfully transition. As an example, I want to share a story. We will call him "Jeffrey." About the time Jeffrey was placed in a state developmental center President Nixon returned to Yorba Linda, and Jerry Brown was elected the youngest governor of California. For many reasons, including attitudes and culture that are slow to change, no one helped Jeffrey explore ways to become more independent, as his right is under the Lanterman Act.

Our [indiscernible] staff was successful in advocating for Jeffrey to get support to live in the community. In the fall of 2014 he moved into an apartment. At the time he moved people thought Jeffrey was afraid to go places and be out in public. Today he is now on the go every day, loves interaction with his community, including exploring what he calls big box stores via elevators, and when he arrives home he calls out, "Where's Jeffrey's new bedroom?"

I want to end by saying that the closure of Fairview Developmental Center is an important step in the decades-long process of community integration for our citizens and developmental disabilities. After 40 years Jeffrey finally got the opportunity to take this step. With safe, thoughtful, individualized transition planning we hope that others will be able to do the same. Thank you.

Judy

Thank you. Speaker 2?

W

Thank you for this opportunity to speak to you about my concerns. [REDACTED]
[REDACTED] has been a resident here at Fairview since November of 2008. [REDACTED]
has autism and communication difficulties, along with severe behavioral issues, and a long history of running away and wandering.

█████ was placed here because of a court order, having been injured. He ran away from a caregiver and ran on to the 101 Freeway and was hit by a car. At the time of █████ accident he was living in his third crisis home placement, having failed at two prior group homes. It is for this reason I have three concerns about community placement for █████ and others like him.

My first concern is that █████ and others with similar behaviors will be placed in non-locked group homes and the homes will only have what is called “delayed egress,” which is, in my opinion, a death sentence for █████ and others like him.

█████ has autism, but he does not lack intelligence. He’s very observant and persistent. He’s managed to escape from his locked unit here at Fairview twice in the last six months, and has run across Harbor Boulevard. Had it not been for the diligence of the staff here at Fairview █████ would have been hit and injured again.

Please, if █████ and others like him must be removed from developmental centers, please create and fund regulations allowing locked homes and facilities in the community for individuals who meet the

criteria of severe runners and wanderers. Delayed egress is not sufficient to provide the level of safety required for individuals like [REDACTED]

My second concern is that [REDACTED] and others like him will be placed in homes with inadequately trained staff and/or limited numbers of staff needed to manage their intensive behavioral programs and their severe behaviors. [REDACTED] is a strong young man. He's 6 foot 5 and weighs over 250 pounds. When [REDACTED] has a severe behavior, he requires a minimum of five very strong people to control him.

Here at Fairview they have an emergency system, which provides for that number, or even greater, of staff available to intervene in crisis situations. My fear is that in a community placement there would not be a sufficient number of staff available for severe behavioral incidences and that [REDACTED], [REDACTED], staff, and/or members of the community could be severely injured.

Please make and fund the needed regulations for a mandate of at least five well-trained psych techs, or psychiatric technicians to be available at all times and for individuals who meet the criteria of severe behavioral outbursts which might cause damage to self, others, and property. A psych tech level of education should be the minimum level of education

required for caregivers who work with individuals like [REDACTED] who have severe behavioral problems with extensive behavioral programs and interventions. Anything less than this, they become guards and not caregivers.

My third and final concern is where these homes will be located. Since the general attitude of most established communities is not in my backyard when it comes to treatment facilities and homes for individuals with disabilities, I have great concerns where [REDACTED] and others' homes will be located. Please make and fund in these regulations stipulating that all homes should be placed near quality medical and dental facilities, and that they must have close access to appropriate educational and employment opportunities for individuals who live in them.

Thank you, again, for this opportunity to express my concerns.

Judy

Thank you. Speaker 3?

Martha

Good morning, everybody. Thank you for this opportunity to speak, and also for coming down from Sacramento, and coming from Pomona and all the long distances.

My name is Martha [REDACTED] I am [REDACTED] of a resident in Fairview who is my— [REDACTED] And he has been here since 1998 and he has done very well here. Last year he left Fairview for supported living and, to make it brief, it resulted in his arrest and jail time, and he is now back here and again doing well.

I'd like to just go through a few of the things that Fairview provides for [REDACTED] that would be, after talking to my [REDACTED], essentials for him. One of them is a safety net, which has already been referred to. Fairview has been a safety net for him, and was in the situation we just experienced. And he needs a safe haven, he needs a place with professional supervision, and he needs a place where he can be protected and also others can be protected from him in certain situations. So, that is number one, a safety net.

Number two, team of care. I, in my brief experience learning about Fairview, have observed that he has a team of excellent caregivers, psych techs, social workers, physicians, psychologists, a dietician. And one of his favorite people is the jobs director, who gives him activity, and he is occupied all the time, and this is a recipe for keeping him safe and out of trouble, and happy.

Another area that's so important, if you ever saw my [REDACTED] kitchen it is like an operation center. She cooks all the time. And she wants to see him in a situation where he is fed well, given a very good diet to address his health concerns, but also, again, he is used to eating very good food. He in fact likes the food here at Fairview.

Another thing that he needs is activity and social life, and at Fairview he has this. He has work, productive activity, he is always on the go here, he does not get bored, and therefore he is happy. He knows his caregivers well. He introduces us to them when we come here. He makes friends with his roommates, with his neighbors. He likes to talk to people, and he does not like to be left alone. So, he should not be alone in his new environment.

And last but not least, he needs reassurance and counseling because, and I hope professionals—I have two minutes? Okay. I hope that professionals can counsel [REDACTED] about this move in a way so that he will not be fearful, because, quite frankly, his fears were part of the problem in the new place. He was not comfortable. He needs the safety net. He needs someone referred to sort of acute care, he needs a place he can go immediately and receive like urgent mental health urgent care facility but

that knows something about mental illness and mental disability. And you all know that a lot of people don't know anything about it, even people who should.

In summary, [REDACTED] needs to be closely supervised, engaged in varied activities, such as a paying job, it needs to be prevented that he be taken advantage by others or that he somehow becomes fearful and might be a danger to others also. He has to be given a very good environment with social activity, and very good food, I have to say.

We are prepared, in our family, to work with the officials who are undertaking this move. So far everyone I've met has been a great support, and I'm asking, and I will be writing a letter, that first and foremost that you protect [REDACTED] and secondly, help him to live happily. Thank you.

Judy Thank you. We'll go to the phones to see if there are callers in the queue.

Moderator (Operator instructions.)

Judy Next speaker on the phone, go ahead.

Moderator We have no questions on the phone at the moment.

Judy Thank you. We'll move on to Speaker 4.

Katie Good afternoon. My name's Katie Alando. I'm a previous employee for fifteen and a half years at Fairview. I wanted to take this opportunity to touch base on two populations here at Fairview. I know there are many with special needs that need to be addressed, but these are the two I'm touching on.

We have a skilled nursing facility here. A lot of our consumers are non-verbal. The staff that works with them know their non-verbal cues. We have clinics on the grounds. These clients, I'm all for community placement for those that can. The care that they get here at Fairview decreases the hospitalizations out in the community. Their needs are met here. Their medical conditions are followed completely, and it decreases them being hospitalized out in the community. Patients have gone out in the community to hospitalizations and come back sometimes with wounds; you won't see that here at Fairview.

The other group I want to address is the patients with special behavioral needs. The ERs in the community are already packed full of mental health patients that are waiting for beds in the community for inpatient mental health hospitalization, so the ERs are already taxed. These patients with behavioral health needs, the staff here knows their cues, they work with them well, like we've heard from some of the families, if they end up in the ERs they will be waiting for a bed that is not available in inpatient psychiatric units, and that is not where they belong, in inpatient psychiatric units. They have special needs that need to be addressed, and Fairview addresses those needs. There are no beds in the community. People are waiting for beds in the mental health units, and this will just add to the taxing of the ERs.

I also want to state that Fairview staff and families, we're all family. When they care for the individuals, they're family, they know their needs, they know their concerns, and they've grown up here. And for the clients on the skilled nursing units that can't speak for themselves, they can't say don't take me out of my home. They can't say that this is going to be upsetting for them. Staff at Fairview can look at them in an instant and know if they're upset and address their needs.

And my heart goes out to the families that are concerned with the elderly parents. One of our clients had gone out some years back, and his father came back and said, "I can't walk my son out on the pavement because it's too bumpy. And his wheelchair is just too unsafe." Fairview has the grounds to make that safe. They have the staff that's available if the parents need assistance.

So, I believe in least restrictive, but I don't always believe that a group home ends up being least restrictive. We also had to fight for an individual to have cement placed in the back of the group home because there was going to be nowhere he could translocate, and he could not take his brake off of his wheelchair. So, he was just going to sit there, so we advocated for them to put cement in the backyard just so he could translocate and have that.

So, least restrictive doesn't always end up being least restrictive, but I'm happy to hear that Disability Rights says it's going to be a transparent system. Thank you.

Judy

Thank you. Can you place your card in the basket, Katie? Thank you.

Speaker 5, please?

Estelle

Good morning. My name is Estelle [REDACTED] I'm a lifelong resident of Costa Mesa. My mom, [REDACTED] was an employee here at Fairview State Hospital. She retired in the 1980s as the Administrator for the Office of Program Review here.

I'm speaking as a member of the community. I'd like to keep Fairview open. There are so many residents here that are unable to transfer to the community. Also, this is a wonderful opportunity for this campus to expand its services to include services for our veterans, mental health agencies, addiction recovery, and our homeless. It's an opportunity to create a state-of-the-art village for treatment recovery and job training.

We have a wonderful field, out there adjacent to the swimming pool, that would create a wonderful athletic facility for the entire community here in Costa Mesa and Orange County. It would bring new life to the existing buildings based on their original designs. This auditorium could be a theater arts for costume design, construction, writing, performances. There's an entire school with classrooms, a gymnasium, fields and offices on this facility, a farm, a zoo. We could have a wonderful program for service animal training for the veterans.

There are so many programs that this campus could create and maintain, a medical hospital. I remember growing up we would house the medical students, my mom, in our house, that were here doing their internship at the hospital here at Fairview. The food service program, there are some culinary arts. The possibilities are endless. I would really love to see Fairview State Hospital become a community village that helps so many of our least brothers and sisters that are struggling, our veterans, the Alzheimer's, the depressed, the alcoholics.

My dad was a veteran of World War II. He saw service in the Pacific Ocean, Pacific Theater. He came home and he self-medicated with alcohol. I would love to see something here on this campus that would have benefited him.

Judy

Two minutes.

Estelle

Thank you very much. And in the end, I just want to say that when we are all judged we will be judged by how we care for the least of our brothers and sisters, and not for the million dollar mansion on the golf course.
Thank you.

Judy Thank you. Speaker 6?

Maureen Good morning. My name is Maureen [REDACTED] [REDACTED] resided at Fairview for the last 37 years in the most skilled nursing unit here at Fairview. I would like to take this opportunity to remind the members of the legislature and Governor Brown's administration of the intent of the Lanterman Act and how they are failing the clients who reside here at Fairview.

The decision to close Fairview and the other developmental centers goes against the true intent of the legislation. The Lanterman Act mandated services, rights, and choices to those who reside in the community as well as the state hospitals, known today as developmental centers. The Lanterman Act declared that the treatment, services, and support should be provided in the least restricted environment.

In 1978, when my son was three-months-old, he came to Fairview because of the hospital services he required that were not provided in community placement. Those medical services he required then only multiplied in severity over the last 37 years. What you're all missing is that least

restricted is in fact the hospital setting that a majority of the clients require to sustain their life.

The Lanterman Act also talks of the freedom of religion and freedom to practice. Here at Fairview we have a weekly Sunday Catholic mass. [REDACTED] was baptized and confirmed at services held here at Fairview. Over the last 38 years my husband and I drove 130 miles round trip each Sunday to attend mass here at Fairview as a family. Over 25% of the clients here at Fairview attend weekly Catholic mass. How will our family members continue to practice their religious beliefs when they no longer have access to the mass?

The Lanterman Act states that people with developmental services have the right of choice in their lives, including where and with whom they live. For Fairview clients Fairview is their home. Their peers and their staff are a part of their family. In your decision to close Fairview you are denying them those rights.

In January 2006 my regional center representative stated under oath in papers filed from [REDACTED] HOP hearing there was no known suitable,

legally accessible place that is least restricted than the proposed state built mental center placement.

On 7-13-2015 a whole person assessment was completed. It stated [REDACTED] is not medically stable at this time and the move should wait until he's medically stable. How many clients here at Fairview are not medically stable, like [REDACTED]? If moved, are you jeopardizing their lives? And I would have to ask, do you even care? I believe the answer is no. Sadly, [REDACTED] passed away last month.

By passing the Lanterman Act the state accepted responsibility for all persons with developmental disabilities. It defies my belief that most state representatives of Fairview clients decided not to be here today to speak for their constituents. Their failure to attend this meeting speaks loud and clear that our legislators could care less about the future of our family members.

Judy

Two minutes.

Maureen

In the state's decision to close Fairview we have heard that the cost was at the center of the decision. Some say it costs \$500,000 per year, per client.

I would say the cost is more like \$125,000. I heard a DDS representative recently explain the difference in cost as it's like funny money. What price is too high in order to keep our family members alive? Closing Fairview will be a black mark in the state's history and Governor Brown's legacy. For 37 years [REDACTED] had no abuse and no neglect. Thank you.

Judy Thank you. I would ask Speakers 7 through 12 to come take the front row, please. Do we have any callers in the queue?

Moderator (Operator instructions.)

Judy If you're on the phone, go ahead.

Moderator And we have no comments on the phone.

Judy Thank you. Speaker 7? Thank you.

Evette Good morning. My name is Evette Reagan, and I am the Instructor/Coordinator of the Intellectual Disabilities Program at Coastline Community College.

The Intellectual Disabilities Program serves adults in our community who have various neuro-developmental disabilities, and we provide a high level of instruction in many disciplines, including academics, music, art, independent life skills, computers, and exercise. For the past 40 years we have had a dedicated program here at Fairview Developmental Center. We have had the pleasure of delivering instruction to thousands of Fairview residents over the past four decades, and we plan to continue to serve our students until the day of closure.

It is important that the relationship between Fairview and Coastline is highlighted, because it has been the norm for the residents of Fairview to be able to receive college instruction on their campus. And this has not likely been a consideration in the previous closures of the developmental centers because no other developmental center besides Porterville has this option. Because of this, we need to take into consideration that when the residents are being transitioned to the other residential opportunities, that their educational services be reviewed as well.

In addition to the factors of medical care, safety, and independence, their access to educational programming and services need to be examined and ensured. We currently enroll 114 students who reside here from each of

the three program levels. These students are able to choose from 14 different course offerings, which span a total of 73 hours per week. Additionally, these courses are taught by educators who have advanced graduate level degrees in special education and their specific disciplines, and they also have decades of experience working with the residents here at Fairview. Several of them have been teaching in the program for two and three decades. We see the residents as part of our college family, as they see their instructors and their instructional aides as part of their family as well.

I am hoping that this information today will assist in the mandated planning and development of educational programming for the transitioning, rather than to Fairview. Their access to quality, high level education should not change or disappear when they're moved to a different environment. Their primary needs include access to intellectual, mental, and opportunities for social engagement, and a drastic change in this area will create negative outcomes for their health and well-being.

Currently, I'm not aware of any vendors or other programs that can provide instruction at the same level to the individuals, or to small groups,

that would be comparable. So, this is a need that should be included in the plans for transition and closure.

While I personally believe that Fairview is the least restrictive, safe, and best living environment for many of the residents, and that my voice may be one of many to state this, it is not likely that the residents will be able to stay here.

With that knowledge, I would just like to share a thought from Eustacia Cutler, who's actually the mother of Temple Grandin, who is one of the world's most well-known and accomplished adults with autism. She once said to a school administrator that her daughter, Temple, was different but not less. And that is my hope for the Fairview residents, that though their homes may now be different, that their opportunities for happy and enriching lives is not less. Thank you.

Judy Thank you. Speaker 8?

Celeste I'm Celeste Ryan, Coordinator of Special Programs and Services for Students with Disabilities at Coastline Community College. In the fall of 2015 I had the opportunity to accompany the state chancellor's office for

the California Community College system, a representative from the state developmental disabilities center, Fairview staff and administrators and Coastline's Instructor/Coordinator, Evette Reagan of the Intellectual Disabilities Program on a tour of Fairview.

In 1980 I had actually started my Coastline career as an aide at Fairview assisting in a Coastline course. It had probably been a decade since I had been on a tour of more than one instructional setting programs and services offered at Fairview. I, like all others on our tour, were impressed. Of course I can speak highly of the instruction that my department provides, along with Evette Reagan, but on that day I observed resident employees doing meaningful work for pay, admired homemade boutique items available for sale and purchase, and learned how to plant, cultivate, and prepare produce from a resident of Fairview in the garden.

Throughout the tour and my interactions with the residents, I continued to ask myself, will these same residents, consumers, have the same rich learning, diverse environment in the community?

In closing, I wonder if the authors and the advocates of the Lanterman Act, what would they think today about the remaining residents at Fairview? Would they agree now that this select group of residents should

be displaced from staff, care, family, and familiar home settings, or would they determine that Fairview is the least restricted environment for these residents? Would they agree to displace the current residents, resulting in a decline in the quality of life, and a reduction in the care and educational stimulation available to residents and consumers today?

To our legislators, I encourage you to do as I did this last fall: visit Fairview, educate yourselves about the lives of these people who call Fairview their home.

Judy Thank you. Speaker 9?

Gay Hello. My name is Gay [REDACTED] This is my hometown. My very first job when I went to Costa Mesa High, when it first opened there weren't a lot of jobs in town, and we worked here at Fairview in food service. It was a wonderful place. I also have, my son-in-law works in the power plant here and is passionate about the clients' comfort at all times. We live close, so he's able to come over if something happens.

I listened to the parents, and I'm wondering, it makes me feel that what's happened to humanity that these people can't—this is such a family here.

They have parades here. We come to many things that they do for the clients here, and it's shocking to me that you wouldn't keep something like this so vital. When I hear the parents speak of the care they've had here, I had something else to say, but when I heard all this I'm thinking, where has our humanity gone? These people deserve the very best. And I worry that when they go out into group homes they don't have the same standards, the same state standards. I'm sorry, they just don't. And this is a safe place for them.

I would like to see this place stay open, but with expanded things. I agree with Estelle, we have our homeless veterans who have fought for us, who have PTSD, who are on the streets, a perfect place for a home, and for other people, too. I agree with the last speaker, they need to come down here, go around the campus.

I do have to say I learned to drive in Fairview. That's where we all learned to drive, in Fairview, when we were young because you weren't on the streets, your parents brought you over here. I know I shouldn't have said that. But anyway, I want us to think about what's best for these people that live here. This is a vital part of the community. This is a wonderful, wonderful place. And when I hear the people that work here

and the people that speak, and the people who have children here, it makes it even bigger. I wish there was three times as many people here to hear the stories of what's going on and how wonderful a place is Fairview.

And for those people that put forth to close this don't even live around here, so, what do they know? Have they been here? I invite anybody to come down and visit and see. The staff are just, they're a big family. The maintenance, everybody, is one big, huge staff. So, thank you.

Judy Thank you. Do we have any speakers in the queue?

Moderator We have no comments on the phone.

Judy Thank you. Speaker 10?

Reese Good morning. I'm Reese [REDACTED] I'm the parent [REDACTED] who's 43-years-old, who's lived with me all her life. She has [REDACTED] Syndrome. I'm also the President and CEO of [REDACTED]. We're a non-profit agency dedicated to creation of affordable housing, and a better life for people with developmental disabilities.

We support appropriate residential placement of the 251 individuals currently placed at Fairview, and 77 are residents of Orange County. Unlike those who have resided at Fairview for many years, there are currently over 740 regional center Orange County clients over the age of 45 who have been living with their aging parents, all their lives for the most part. Orange County has 18,000 infants, children, and adults identified with developmental disabilities who are clients of the regional center of Orange County.

The current system providing resources to those who are in our community is in crisis. Providers are going out of business because rates have remained the same, stagnant since 2007, and with the 2019 enactment of Federal Full Inclusion Policy, both residential and adult day program resources designed to exclusively serve people with developmental disabilities will cease to exist.

It is paramount that the 114 acres of Fairview property be designated for development of housing and other community resources that will include persons with developmental disabilities. You spoke about medical services, I know medical services are difficult in the community. Dental

rates are a third of what a regular dentist gets for regular patients, so we do need resources for people who are going to live in the community.

We are aware that Shannon's Mountain has been carved out, however no matter how large the complex only 20% will be available for persons with developmental disabilities as of 2019. This means that only 40 people with developmental disabilities will be able to live in a residential complex out of 200.

Our recommendation is that DDS, in collaboration with General Services, issue sole source leases of five, ten, and twenty acre parcels of Fairview property for development of housing that will provide additional housing choices for persons with developmental disabilities and include community businesses and services necessary to sustain an integrated community, provide employment as well as a tax base.

Judy Two minutes.

Reese We hope that we are mistaken in the belief that while California is spending whatever is necessary to provide alternative community living arrangements for the few, but the majority of persons with developmental

disabilities have been forgotten and will be faced with a future not unlike that of the 1940s and 1950s, when the only resource was an institution. The institutions existed because there were no community resources. When these community resources cease to exist, what then? Thank you.

Judy Thank you. Speaker 11?

Robert My name is Robert Sterling. I think I have something in common with every single person here. In the 1950s my wife was born with a physical handicap, and has been a great recipient of special services through special education. She graduated from college, became a speech and language pathologist, and retired after 38 years.

In the 1960s, that's when I first moved here. In the 1970s, my family volunteered here at Fairview. I'm sorry, when I say "here," here at Costa Mesa. I moved here in the '60s. My family volunteered here in the '70s. I have college friends who have been working here since the '80s. I have been teaching at the high school right behind us since the '90s. And in the new century I have joined and volunteered on local charitable boards, including Save Our Youth, which is an after school program for students

here. So, I think I can agree with everybody that we're looking for a balanced solution.

The most important phrase I'd like to leave you with is real estate, real estate and education, our youth. For example, the Boys & Girls Club in Huntington Beach has a large piece of real estate, extremely large, the Boys & Girls Club owns the land. In Laguna Beach, similar. In San Clemente, similar. And San Clemente has a working class neighborhood and an upper scale neighborhood. Huntington Beach has a working class neighborhood and an upper scale neighborhood, and so do we, but our Boys & Girls Club is squished into two classrooms at one of the local elementary schools. No real estate. The Boys & Girls Club is also being absorbed right now into the Santa Ana Boys & Girls Club.

And so one of the speakers talked about this resource here, this real estate, Girls Incorporated, they're down by Lion's Park, and when they needed more real estate, they had to move their offices out of Girls Incorporated's Anaheim Boulevard facility down there at 18th and had to get some offices near the airport. So, they're squished.

SOY, Save Our Youth, for 23 years we have been at Rey, and sadly the school district has to tear down buildings that are no longer up to code. And our building we were just given, we've known about it for a couple of years, we'll be transitioning to a portable, but right now we have two buildings, a 1,000 square foot academic center, 2,000 square feet of arts, athletics, college tours. And in the last 23 years we've raised private money of \$2.5 million that we've given out to these students. We employ people. We have an army of volunteers from UCI and Orange Coast College.

And so hearing Coastline talking about my fellow colleagues here, the need for this [indiscernible], I think we also need to plan. The very first speaker spoke of a plan. Fairview will not close within a year. Thank you. However, in the paper it says at the local level the city council has recommended that Fairview land be used for 500 new homes, public or private recreation facilities, and so the word "private" recreation facilities bothers me. And it says the recommendation will be incorporated into the city's general plan, which the council is slated to approve later this year.

So, I think we should not be planning and deciding this year of what to do with this land unless we maybe want to have a state, county, city

cooperative for this land for uses from everything from we heard from vets, but let's keep our Boys & Girls Club here, let's give them what they need, let's have an after school program for high school students, like Save Our Youth, let's help Girls Incorporated expand.

And let's not rely on the school district. The school district, I was just meeting with Dana Black, the school board president on Monday, and she said that 50 501(c)(3) charities are trying to use our school properties after school, and of course like SOY and Boys & Girls Club do. So, we need more real estate for our students. Thank you.

Judy Thank you. Speaker 12?

Holly I'm Holly [REDACTED]. I am [REDACTED] of a 41-year-old young woman that is now living on her own, and has been for the last 15 years. Please bear with me, I want to read an article that, interestingly enough, was written in the year 2000.

“On June 22, 1999 the Supreme Court of the United States issued its decision on *Olmstead v. L.C.* This important lawsuit against the State of Georgia questions the state's continued confinement of two individuals

after the state hospital’s decision—had decided that they were ready to return to the community. The Supreme Court described Georgia’s action as ‘unjustified isolation,’ and determined that it violated these individuals’ rights under the Americans with Disabilities Act. The impact of this decision on people with disabilities who are in institutions, or who are at risk of institutionalization has already prompted a great deal of activity by advocates, states, and federal government. Although Olmstead confirmed the ADA’s integration mandate, the word ‘housing’ does not appear in the decision. Instead, the Supreme Court uses terms such as ‘community placements,’ and ‘less restrictive settings.’”

“For people with disabilities, including many people ready for discharge from institutions, these terms can and should mean affordable housing of their choice in communities of their choice, including apartments, condominiums, and even single-family homes. Researchers and practitioners have demonstrated repeatedly that people with severe disabilities living in institutions can live successfully in the community. To succeed they need decent, safe, and affordable housing, as well as access to the supports and services they want and need to live as independently as possible.”

“Unfortunately, people with disabilities are disproportionately poor, particularly those individuals who must rely on supplemental security income, SSI, benefits. For low income people with disabilities affordable housing means subsidized housing that is either developed, or rented through government housing programs. Because most funding for these programs comes directly or indirectly from the U.S. Department of Housing and Urban Development, otherwise known as HUD, there are potentially significant implications for federal housing policies and programs in the Olmstead decision. Thus far, however, the affordable housing issues raised by the Olmstead decision have received scant attention.”

Judy

Two minutes.

Holly

Anyway, what I’m talking about today is the fact that HUD is right now with a nine-year waiting list. In order for our folks to live in the community and afford to live in Orange County, the only way that they can is with a HUD certificate. And as I said earlier, [REDACTED] has been in the community for 15 years. The reason she is there is simply because we signed up when she was 18 for a HUD certificate. She got it six years later.

My concern here is that we have this land that was originally dedicated for folks with developmental disabilities, and we feel very strongly that it should continue to be a place and a community where our folks can thrive and live. And in order to do that we need affordable housing. And I know in Tustin alone we signed up for a 225-unit place, there were three units set aside for folks who could afford the rent that our folks have under SSI. Those were the first units that went. They did not go to our folks.

And the bottom line, there is no affordable housing here. We need it. We need services. It would be nice to develop something where we have medical services built in, as well as dental services built in, and a community where our folks can live and have a choice. I thank you very kindly.

Judy

Thank you. I would ask that Speakers 13 through 18 approach the front row, please.

Debbie

Hi, I'm Debbie Marsteller. I'm with Project Independence. We merged with Vantage Foundation in 2007. But from 1982 until now we've been helping people successfully transition out of Fairview into community-based day services and behavioral support. And I'm here to reassure

families that we have served in the past, and we hope to serve in the future, that we, too, have family and we've been working with some of our guides since I started in 1984 with Vantage. And I still have some of the guides that we were working with.

Of particular interest, of course, are the people with aging family members, because there's such a big concern of who's going to take care of my kids when I'm not here to do that. And there is justifiable concern, because our community services are at risk. We have flat rates. Our rate for independent living hasn't changed since 1993, so you can only imagine if you were trying to run a business like that.

But I also want to be reassuring that if you can go back and look at what other states have done when they've closed their state hospitals, they had to add a category to the Conroy studies for Wildly Happy. Wildly Happy is one of the categories that wasn't originally in the surveys, because they didn't understand how important it would be for people to have choices and access to their communities. There are always exceptions, and we heard from [REDACTED] justifiably concerned when [REDACTED] runs into the street. It's a terrifying proposition. And I can say we've dealt with those

things. Actually, they've dealt with them here, as she said he ran out into Harbor.

So, the other thing we're going to hear over and over again is the great need for affordable housing. The only reason our independent living program and supported living program cannot expand at this time is because there are no vouchers. I tell every high school parent when I go out to parent nights, is I don't care if this is your wildest expectation, if they're accepting applications, which doesn't happen very often, get your name in the pot. And that's what I'm telling everybody here today, even if you don't think there's any chance in heck that your kids are ever going to live in their own place, apply, because you'll have six months to decide in ten years when your name comes up.

Finally, I want to say that this land has been set aside for people with developmental disabilities, but it's owned by the state, it's not owned by the people with developmental disabilities. So, we have to come together. We're a powerful voice here, and together we can make sure that the supports are available for people. And we can make sure the set asides are bigger than Shannon's Mountain.

So, let's work together on this. We've got a great voice, and I'm so glad to see some of our advocates here from around the state. I was born and raised in Costa Mesa, so I've grown up with Fairview, and I really appreciate the time and everybody that came today. Thank you.

Judy Thank you. We'll go to the phone for any callers.

Moderator We have no comments on the phone.

Judy Thank you. Speaker 14?

Maggie Good morning. I'm Maggie [REDACTED]. [REDACTED] is a resident at Fairview since 1983. He got viral encephalitis when he was 12-years-old, so we don't know how much is left up there. But he's now on skilled nursing. I had a nice little written out piece, and this forum has been so incredible. This problem is more complex than I ever dreamed. A big problem.

[REDACTED] totally helpless, totally dependent, and he cannot communicate. I fear he's going to be in big trouble. He's got multi-physical problems. He had pneumonia three times this past year. Because he is on a skilled nursing unit with incredible staff, they caught it quickly, and they got in

touch with the doctor immediately. They didn't get a message and say, "He will get back to you tonight." The x-ray facilities are on campus. The pharmacy's on campus. His pneumonia was cured. He stayed at Fairview.

Before he was on skilled nursing he had pneumonia twice. They didn't pick it up fast enough, there were delays, and he ended up in Hoag Hospital, both times five to six days, and we almost lost him the second time. Can the care at Fairview be duplicated out in the community? I say it's an impossibility, for many, many reasons. And the politicians, I fear, have no clue. Thank you, Mr. Moorlach for coming. That's impressive. I wrote nine letters to council members, legislative members, senators, and got zero response. So, we have a big battle ahead of us.

I know that this property is worth multi, multi, millions of dollars. I would like to know why the state can't maybe keep some of the buildings here and put them to good use, keep the main building where the skilled nursing is, and take care of our residents there. I think in a lot of situations this is literally a matter of life and death. And if any of you that have loved ones here, if you talk on the QT to some of the caregivers they are

not happy with what's happening with their family members going out into the community. There's some not very good stories.

So, we have to fight. I don't know how to do it. I'm just a [REDACTED]. So, that's it. Hang in there good and lean on whoever we need to lean on to do the right thing, because the state has a legal obligation and a moral obligation to take care of our loved ones. Thank you.

Judy Thank you. Speaker 15?

Sandra Sandra Genis, Costa Mesa City Council. First, I would like to emphasize that the numbers that have been reported as being studied for the general plan are tentative numbers, the number of residential units, the potential floor area ratios, even the potential uses. They're placeholders for studies. We have not yet completed an environmental impact report. We have not yet had public hearings. The planning commission has not yet had public hearings. So, those numbers are tentative and they may or may not be what ultimately is adopted.

Finally, next as a city we actually have had a commitment to somehow providing permanent supportive housing. We have budgeted some money

for that, but not enough, and we're still looking for a site. Now, for me personally I see Fairview Hospital and I think it's a great opportunity. I picked up the newspaper this morning, "Homeless on the Rise." In any given evening we have 150 people sleeping on the streets of Costa Mesa. Multiply that by all the cities in Orange County and you're looking at thousands of people sleeping on the streets. And meanwhile we have a piece of real estate here that was originally purchased to serve the most vulnerable populations in our state, and for many decades it has served the most vulnerable population.

Once the land is sold there's not going to be any more. Nobody's making any more land. And while it could result in a one-time financial windfall to the state as the land is sold, it was my experience in dealing with the potential sale of the fairgrounds, going from office to office, that many of the legislators and state budget officials referred to the amount of money for 150 acres at the fairgrounds as "budget dust." And this is a smaller parcel.

And so the question is, do we lose an opportunity to serve our vulnerable populations, not only our developmentally disabled, our homeless, our

veterans, all the other populations that really need our help, but we need a place to do it in return for budget dust? Thank you.

Judy

Thank you. Can you leave your card in the basket, please? Thank you.

Speaker 16?

Peggy

My name is Peggy [REDACTED] and I am [REDACTED] and co-conservator for a [REDACTED] who is a resident here at Fairview. He's been a resident since 1964 at the age of six.

As a family spokesperson, our critical concern is that there is inclusion in the closure plan for crisis intervention beyond the 90 days to one year, if the stated acute crisis plan is not effective or there are continuing community failures. Our experience with [REDACTED] is such that during his life he has survived five community placements between the ages of 12 and 25. The duration of those community placements ranged from one week to six months time. Each of his placements resulted in violent, aggressive behavior and generally controlled with drugs.

Since 1983 [REDACTED] has been a resident of Fairview. He has thrived and lived a successful, happy life. He has been gainfully employed more

than 20 years. His extended family and friends are the staff and clients he relates to here at Fairview, many 20 years in duration of the staff, and some of the residents 50 years of friendship.

At 58 years of age now, his actions and positive behavior speak to his choice of Fairview as his home. We are greatly concerned that a move to the community strips away every comfort level that he's had and that he's worked for. And again we are very concerned that if a future community placement, what will be his options if his aggressive behavior resurfaces, and it seems like the acute crisis center wouldn't have served him in the past and I wonder where it goes for his future. Thank you.

Judy Thank you. Do we have any callers on the phone?

Moderator There are no comments on the phone.

Judy Thank you. Speaker 17?

Chris Good morning. My name is Chris Blank. I'm a Costa Mesa resident, and have been for quite some time. Listening to the people, particularly the people who have family members here, is very compelling. It seems to

me that we have to recognize that this is a facility that was originally designed for 4,000 people, at one time held more than 2,000 people, and presently serves 250, or a little more than that. And that's untenable, and that's why there's pressure to close it.

But it seems to me that perhaps closure is not the answer, that perhaps joint use and sharing this facility with other needs that we have in our community makes the most sense. It just strikes me as potentially tragic to take people who are in this facility and doing well and risk their health, risk their families by moving them into situations that might not serve them well.

But it also seems to me that we ought to be able to serve them well in a facility that is of this size with joint use with other potential public uses. I would not be in favor of turning it over for construction of private housing, or many other private uses. I think that whenever we have public lands we should be very reluctant to lessen the public lands for private development, and especially when we have so many other public needs.

So, that's what I would want our state legislators to consider, is whether rather than closure there's a way to do a joint shared use and make the facility available for other public needs.

Judy Thank you. Speaker 18, please?

Michael Good morning. My name is Michael [REDACTED], the son of [REDACTED] [REDACTED]. My mother and father, who are no longer with us, my mother suffered a severe fall in the winter of 1947, six, seven years before I was born, and broke her neck. The doctor prescribed iodine. We believe that because of that prescription, that developed during the time she was pregnant to severe developmental disabilities to [REDACTED] [REDACTED] [REDACTED]d, with whom I'm his [REDACTED] and conservator.

So, I grew up in the stigma of a family of having a, back then, not a special friend but a retarded [REDACTED] living next door, and the stigma that was regrettably attached to that. But through the years I've learned that I've been blessed knowing this fabulous man, who I continue to learn so much from, and is such a beacon of spirituality, and of hope, and of love, and I attribute that to his years here in Fairview. He has been here at

Fairview since 1959, and I was eight years of age when we drove up from San Diego.

I remember this place. Myself, I'm a practicing attorney, whenever I would start feeling like I was too full of myself I'd get my bellyful and visit Fairfield for a half a day, and come home, tears in my eyes, and just feel especially blessed because he'd bring me down to earth. And I continue to learn so much from [REDACTED]

[REDACTED] has non-verbal skills. He does need constant medical treatment. I would say he's probably equivalent to a three-year-old. He loves music, loves traveling, and he speaks through his eyes, and through the years I've been able to develop more or less like a special communication like you can with a pet, or with another loved one.

We're Irish. He's a person of regimen. He has a protocol. He wakes up at a certain time. He goes to bed at a certain time. He has his favorite chair. He has his favorite staff. He has his favorite food. He has his favorite program. And life here at Fairview fits him just fine.

He's 71 years of age, and to rip him away from this place is a discredit to our taxpayers, a discredit to the community, and we should be ashamed of ourselves. The highest and best use of this property is to continue to service the needs of people like [REDACTED]. It's not to put in apartment units, or anything of that type. It's to continue to improve, whether through mixed use or whatever, to continue towards that effort.

And I hope, to direct my comments to the people on my right, I hope that our comments, I'm sure they're being recorded, and that our legislature and everyone involved in the decision making in Sacramento heed our call, because we are the brothers, the sisters, the fathers, the mothers and we know what's best for our children, and for [REDACTED], and for our loved ones.

And I believe in the last person's comment, you cannot replicate the care and treatment of this out in the private sector. The privatization of healthcare treatment is a very slippery slope. People like to save money. That means maybe not paying the most that you should to people, or having short staff, or not watching that backdoor where the latch should be on and it's off.

It's an opportunity for a lot of mistakes to be made and severe adverse consequences to follow which very rarely happens here. So I'm going to do everything possible to support to keep this place going as long as possible to continue to service people like my loved [REDACTED]

[REDACTED] Thank you.

Judy

Thank you. Speakers number for 19 through 24, please approach the front.

W

[Audio disruption] actually now when you're looking at there isn't enough accessible housing. Let me not even talk about the skill level about people from IHHS and what that can do to people. I couldn't manage them, and I have an above average IQ. Some of them are just simply unemployable.

I think that what we need to do is look at that there are people like some people said who cannot safely live in the community and to just do the blanket thing that everybody be free is craziness. It creates situations like me. I've now—although my homelessness was preventable, it was not and that's something we've got to consider is there's a lot of people out there that have needs that they're not getting the help they need.

I've been homeless for over two years now this time. I'm very lucky that a business has allowed me to sleep in their parking lot at night and pee in their bushes. Not everybody is that lucky. I think what we need to consider is that, as a veteran, and there's no per diem shelter for female veterans in Orange County or anywhere local, that can happen here.

The VA could actually take over a lot of this facility if something was worked out. The vets need services here that we don't have, especially female vets. This is a good area. There's good access to schools. There is good access to special needs diets that many of us have. There's good access to the bus line that a lot of people need.

I think the hospital could be left open for the people who can't leave and then be used as an urgent care combo like a seventy-two hour hold for all of the mental health people that can't get in, for the people with TBI, PTSD, people who are developmentally delayed who need to come back to be reintegrated again. I think this facility—

Judy

Two minutes.

W — has so much potential to help the community and help end homelessness for vets and many other people that that is what it should be used for and the people who are here that really can't safely leave should be allowed to stay here, too. I think I probably could say more but I won't. Thank you very much.

Judy Thank you. Do we have any callers on the phone?

Moderator Yes, we do have a comment from the line of Betty [REDACTED] with client advocate. Please go ahead, Betty.

Betty Yes, my name is Betty [REDACTED], and I'm also her conservator, has resided at Fairview for over 50 years. She is now 64 years of age. I find that, despite all the promises of what outside community placement may be able to provide for her, I really find that hard to believe.

They have tried many times for placement for her. Unfortunately, she has very strong behavioral problems with screaming and acting out because she has PKU. I am fearful that any community placement regardless of training and cross training will not be able to handle her. And what then?

She's also obviously becoming a senior citizen, which also is giving her some special needs now as she is getting older.

She is extremely happy at Fairview, and I am in agreement with many of the speakers where a high potential for the property to serve many of the community that are in need of this type of facility, not only [REDACTED] but as they're speaking of the homeless and others of the community with special needs. This would be a rare opportunity to be able to use this property and the existing facilities as well as being able to add to them that is never going to be found again. As they say land is not being made and most particularly not in Orange County. Thank you.

Judy Do we have any other callers?

Moderator No other comments from the phone.

Judy Thank you. We'll move on to Speaker 20.

W [Audio disruption] not new to a transfer because we were originally from Camarillo and went through the process there. My question is that [REDACTED] has had community placement before, so we are aware of the problems,

and he was not successful at all. We are now facing another change and I'm just leaving it up to God to see that it is all right.

My question is in closing this facility, they don't have enough or even a crisis center where if there is a failure or a problem that they can be replaced. In closing the DCs, there is no option. Right now there is an option of the crisis center here but once it closes, right now there is nothing else available. I would like to invite the governor and legislators to spend a day or two in a DC following a resident, before continuing with this closure.

Judy Thank you. Speaker 21.

Jim I see everybody's still awake. I can't believe it. My name's Jim Miller. I'm with the Knights of Columbus. I come here on Sunday and push the kids to mass. Next month is my 33rd year. I really enjoy it. I see even the last couple of months, when I started there was about 1100 people, residents. Now there's about 250.

I noticed the last six, seven months when they really started to escalate moving the people out, that some of the people were coming back. They

just don't receive the level of care that they need in a convalescent hospital or in the group homes. I know there are three individuals that I pushed for the last 20 years.

One of them passed away. [REDACTED] [REDACTED] went to a place in Claremont. I went up and saw him. You just don't have the services that he had here. One of the greatest things you have here at Fairview, and you ask all the clients, is workshop. They love workshop. You do so much here at Fairview that you will never, never do in a group home or in a convalescent hospital.

I would say the legislatures one thing I would tell you, don't close Fairview. Don't close Fairview. I run a nonprofit for the homeless, and I remember 30 years ago when Governor Reagan was governor. What do you think he think he closed the mental hospital. He closed the mental hospital system. What a bad mistake that was. This is why we have so many homeless on the street today.

What I would recommend that you retain the facility here at Fairview. That's according to your charter. Your charter says that. Keep the

hospital here. Keep it for the severely handicapped disability patients that need the services and others and open it up to the nonprofit community.

There's so many, as we talked about, there's so many nonprofits out there that need assistance. You need drug rehab. You need the homeless. You need everything. And I certainly agree with what that lady said on the speakerphone that you're not going to get the level of care that you have here at Fairview. I say it again. Don't close Fairview. Amen.

Judy

Thank you. Speaker 22.

Jessica

My name is Jessica [REDACTED]. I [REDACTED] of a client who's been here for over 20 years. [REDACTED] has had various placements in homes prior to coming to Fairview. They were unsuccessful placements. Actually, she was in Camarillo when they closed Camarillo. Then she came to Fairview.

So the only place that we were able to have successful care for her where she wasn't moving from home to home or experiencing medical emergency one after another was once she got placed in a Developmental

Center. Now that we're reaching this fork in the road, it's very difficult to see what's happening.

We received mail that doesn't clearly tell us where are we in terms of what's happening. I don't know if the decision has been completely made that this is closing and no matter how much we yell and say and argue for maintaining Fairview open whether it will stay open or not. The two things that I understand are that developmental centers have been systematically decertified and when they lose decertification they lose federal funding and so they're closing them. So it seems that Fairview is taking that road and there seems to be no support to try to reverse that process from happening.

The other reason I think we're here today is to provide some type of feedback as to what we would like to see done now that this closure is going to happen. I'm saddened to think that we're in a position where we have no choice. We're in a democratic country and it seems like we, the clients, and the people who benefit from this did not have a choice or feedback to say whether this should happen or not.

So it's not clear whether we are completely closing it or not. Are we still in a chance where we have some hope that it won't be closed? But what I'd like to say is that both options should be available. Our state should be able to support people moving into the community in less restrictive living communities if that is what works for them, and our state should support having developmental centers where people who cannot survive in the community have a place to thrive.

Also moving out of Fairview could be a life or death decision, or a life or death situation, and that's something that we just recently experienced.

██████ had to go to the hospital for critical care, and the nurses overlooked her medication. Then she's suffered a seizure that led to cardiac arrest. There's a 3% chance of surviving something like that when you have cardiac arrest after a seizure. Fortunately, she survived it.

Had that happened here at Fairview, she would've never had her medication overlooked, because the staff at Fairview knows her. The doctors at Fairview know her. When you move them out into the community, we don't know that they're going to have the consistent care by caregivers that actually know their needs and know what is it that they have to have that is particular to their situation.

What I'd like to see, if the closure does occur, is that we provide attractive employment options so that we can get qualified employees that will have a team that provide support for them that they can remain employed for a very long time. Because when we lose the caregivers, then you also lose that consistency in the quality of care that the client receives.

I'd also like to see that we have people that specialize in the things that are here provided at Fairview, once they go out into the community, so that every home has somebody that specializes in food preparation, has somebody that specializes in activities and social interactions for the clients. Every home has doctors that are dedicated for that specific client, so that the client is known well, just like they are here in Fairview.

Fairview is known for having excellent wound care. There are hardly any patients with bedsores, and there are many bedbound patients. I don't know that that will happen anywhere else.

We'd like to see that we have a map of where the homes are located so that we as a community know what is available to us and what type of level of care is being provided, like to know that we have assurance that our homes are going to be welcomed by the community members in which

they are being placed. We'd like to know that there is some kind of contract set with providers so that when acute situations occur, that patient has care and is not sent to the ER to wait. Thank you for your time.

Judy Thank you. Speaker 23.

Ryan Hello, my name's Ryan Espahoney. I am a Costa Mesa resident and a member in the informal group of residents who call themselves the Affordable Housing Coalition. It's been very eye-opening hearing people's opinions. I didn't know this; there's a lot I've learned today. It's definitely showed me just how important this facility is.

I was up in the air about how will it be if they get—residents have to go somewhere else. I didn't know the nuances but it seems pretty clear that this facility has a fantastic staff and I am worried about how things will be outside of this facility, whether in terms of quality of life or acute services for mental health or even yet missing if someone's getting early sick signs of pneumonia like that one woman said.

I thought it was very telling that Counselor Genis said in the conversation with city officials they called the fairground deal budget dust. I think

that's important to know that it's not just about what the State of California is telling us. This is pretty small in the overall scheme of things and there's other things that they could do.

I don't know why California is the only major oil-producing state that doesn't have a tax on oil. That's just my opinion. I think that could easily help support the things for the least well off among us. Looking forward, I do think that the 200 or 250 rooms should be kept open. The hospital should be kept open. I think the state can do that.

I think that the other land that's not being used should be sold. I think it should be used for public uses. There's not much public land left in Orange County unless you count parts of South County, I suppose. But there's not much in urban Orange County, so we need to use it for public use.

I strongly support Mayor Pro Tem Righeimer's idea that he proposed in a November council session when he said that he wanted to put on the ballot in November I think it was a \$20 million bond that would support affordable housing. I hope he's still for that. I think that was a great idea. I think with that sort of money you could help fund housing for all sorts of

people here, low income workers, veterans, disabled people, people trying to get out of homelessness, transitional housing.

I think this is a great opportunity. I think it won't come again to Costa Mesa. It won't come again to this part of Orange County, ever. So I think the people here definitely have strong convictions, and I think if you tell your representative or knowing that we are all on generally the same page, I think that's important because with people knowing they have allies, that's powerful. So I think we have a good shot of making this kind of thing a reality. I encourage everyone to tell the City Council this as well. Thank you.

Judy Thank you. Do we have any callers on the phone?

Moderator No callers on the phone. (Operator instructions.)

Judy Thank you. Speaker 24.

Steve Good morning. My name is Steve [REDACTED]. Let me apologize for reading this, but it serves three purposes. I have a transcript. I won't miss any of

my points, and third I'm an engineer by practice trading in genetics I'm not a public speaker.

I'm from a family of seven, [REDACTED] I'm the [REDACTED] [REDACTED] [REDACTED] is the youngest. She's the family idiot. In 1910 Henry Goddard wrote, "The feeble-minded may be divided into those who are totally arrested before the age of three so they show the attainment of a two-year-old child or less. These are the idiots." He went on to describe morons and imbeciles as well.

Of course, these terms have been misused and believe me with a family [REDACTED] we've missed use them in spite of our parents' best efforts. So somewhere in the '60s they changed the terms to retarded. They had profoundly retarded, severely retarded, moderately retarded, and mildly retarded.

In the medical dictionary it says, "The pervasive support for lifelong daily support for most adaptive areas is required for the profoundly retarded." More recently, those descriptive words have been given over to the term developmentally disabled. But, words mean something. The degree of

developmentally disabled has been glossed over, one big cloud. These people are all developmentally disabled.

So I met a woman last weekend. She has a developmentally disabled son. She said he worked in the family business. When I asked what his duties were, she told me he drove the forklift and parked boats in a storage yard and made trips to Home Depot to pick up supplies. She said he was the hardest worker in the place. I don't think he would be happy or satisfied living in a California Developmental Center, and he doesn't and he shouldn't be.

Unfortunately, there are a lot of well-meaning people who don't think anyone should live in a California Developmental Center because it's an institution. Take the case noted on Disability Scoop website. The woman wrote, "I fought for decades to get out of the institution. My family abandoned me. The staff at the institution refused to help me and punish me for trying to leave. There are thousands of people still trapped in institutions. This bill, authored by Senator Schumer, gives me hope because the right that I had to fight for so hard will be written down in law."

So let me ask, is there anyone living in a California Developmental Center capable of reading, writing, or understanding that sentence? Was it written by a mildly retarded person? Maybe. Was it written by a profoundly retarded person? Not a chance. Unfortunately there are far more of them than there are of us. By us I mean those of us who still have family members living in California Developmental Centers.

Even more unfortunately, politicians hear statements like that and believe that institutions are bad. The letter I saved from Fairview said that they had negotiated a settlement with the federal government to continue funding for a limited amount of time. As a Regional Center Director acknowledged, "The Bureaucrats in Washington DC are making decisions about my family member's living situation." And DDS personnel have stated, "It's a philosophical opinion. Large congregational settings are bad." Is Washington DC wrong? Are they making a mistake? Was the construction of these developmental centers a mistake?

Judy

Two minutes.

Steve

██████████ lived at Fairview since '61. Throughout my childhood, we drove to Fairview and I was a child and there were these strange people

rocking on the side of the road. They used to scared me. Now when I go to my grocery store, I see people standing on the curb at the grocery store rocking, and those are the people that got turned out because they're mentally ill.

My two minutes, I'm going to have to skip through some of this stuff. Recently a woman died of exposure in Los Angeles because she refused services. If she's standing on the side of a bridge would the police have taken her someplace? Probably. How about the fifteen-year-old boy who died at a Mission Viejo care facility? A \$10 million verdict against the care provider. When was the last time a California Developmental Center paid a \$10 million settlement for negligence?

So, let's talk about laws. The Lanterman Act, Olmstead, all of them require options for care for living for our family members. Let me talk further about [REDACTED] because I'm going to have to skip through some of this. She has no safety awareness. She is incapable of crossing the street by herself. She has no impulse control and will endeavor to interact with whatever she fancies at the moment be it a doughnut, an animal, or a child.

So a little boy playing fetch with his dog in the front yard suddenly encounters a 60-year-old woman, perhaps only partially dressed, running across the street to hug him or hug his dog and it better be a friendly dog or it won't end well. Is that a proper way for a child to encounter a developmentally disabled person? I don't think so.

Several years ago that exact scenario played out while she was still living at home. The real point is that it is not about the home. [REDACTED] wouldn't care if she lived in a mansion in Newport Beach or a cinder block in Barstow. It is not the house. It's the people.

Judy Please wrap up your comments. Go ahead and wrap up your comments. Would you like to wrap up your comments?

Steve Yes. This is family. [REDACTED] lived here for 50 years. She knows most of the women she's lived with for 40 years. She sleeps in the nude by choice with the women in four beds. I don't think putting her in a small group home anywhere will improve her life. Thank you.

Judy Thank you. I'd like to ask speakers 25 to 30 to come up to the front row please. Speaker 25 approach the podium.

Ron

Hello, my name is Ron Ambergini. I'm a resident of Costa Mesa, born and raised here. I guess more preaching to the choir. I like Fairview. I like the idea that it's a public place, and my opinion is that all public property should stay public. Like Sandra Genis said, they don't make it anymore, and it belongs to the people. It ought to stay with the people.

I know people hate change. People don't like change. I've heard a lot of personal stories. They're really heart wrenching. But the fact is, there's going to be change here. I think we need to recognize that and try to organize and get in front of it and get the community involved. I try to stay aware of what's going on in Costa Mesa and it's amazing how many people really don't know what's happening here. I think there needs to be some kind of group formed, some kind of energy started, to manage the situation.

I talked to the mayor about this a couple days ago and he told me that nothing's going to happen here until 2021. I don't know if that's true or how this whole process. I know John Moorlach. I spoke to him about it. John's a good guy. I think if we get together with some of our legislators

and our city people and get organized, we can probably get in front of this thing a little bit.

The people and family members here look at this as a negative. I see it as an opportunity. I have a family member; [REDACTED] suffers from mental illness. So I've been dealing with that for quite a while and just being in that world, you see a huge need for more. More help, more facilities. I've started noticing a lot of the homeless. I mean half these guys suffer from mental illness. It's just the fact.

There's so much land here that could be used in such positive, I heard about the vets; that's a no-brainer. If we organize properly, we can get all that stuff. The fact is though this is real estate and it's going to come down as it makes its way up the ladder to the state to the governor it's going to be about real estate. It's going to be about money. You look around, there's a golf course right here. There's some prime property. So it may need to be a public, private type of an organization. We ought to shoot for as much public as we can get. That's all I have to say. Thanks.

Judy

Thank you. Speaker 26.

Dennis

Good morning. My name is Dennis [REDACTED] I'm a retired Marine veteran and [REDACTED], [REDACTED], stays here at Fairview. He's been here for over 40 years. He came in here in 1976. I joined [REDACTED] [REDACTED] by marrying into his family and asking him to be part of my life as well as me part of his life.

I've been spending 31 years here with Fairview coming on Saturdays and Sundays. I bring him lunch. I take him for a walk around the campus pushing him in his wheelchair. He has no way of communicating to anyone other than perhaps grabbing them or pushing them away, but you can see in his eyes that he recognizes me. His face lights up when I and my wife come down and see him. He enjoys, he looks forward to those visits here.

Now, we could probably do the same thing in a group home out in the community somewhere. But, the thing that's the problem is when you walk in neighborhoods pushing a child in a wheelchair, you don't know what person's going to come up alongside of you walking their pit bull, walking their other dog that might be friendly, might not be friendly. Or other people walking through the community, looking for a place to take a couple hits of their methamphetamines. We don't have that problem here.

Moving the kids out of Fairview into the community, you're opening up a basket of worms. [REDACTED] he gets gait training from Orange Coast which allows him to use his muscle groups in a walking manner even though most of the time he's in a wheelchair. He also participates in the workshop that they have here at Fairview, as well as the different functions that they provide such as parades, such as firework displays, dances in this room, church services here, Christmas parties in this same auditorium.

Once they get out in the group homes, out in the communities, that connection with other members who are like them will no longer be available. How many times have we gone to a high school reunion? Really we don't have time to go to our high school reunion. We have a new group of friends perhaps.

But these guys and gals are not making the choice to move out into the community. Some politician has decided what's best for them. Me, as a conservator, I have to disagree with that individual. With [REDACTED] in 2006, he had a heart stoppage. The nurse on duty at the time recognized the way [REDACTED] was slumped in his chair that something was not right.

She shook him, said, "[REDACTED]" And she proceeded to take and give him CPR and sound the alarm and the staff there at the residence the first responder in addition to this nurse was the lady that had just been doing the training for CPR for the staff and nurses. The lady that did the CPR initial on [REDACTED] she had just completed training two days before that. I think Fairview is very proactive in their staff training and that all these clients would be better suited if they could remain in this caring, loving environment. Thank you for your time.

Judy

Thank you. Speaker 27.

W

[Audio disruption] longtime Costa Mesa resident and I came to speak today because I feel this is so important that we try and retain Fairview as a public place, too. We have a need. We have a need for developmentally disabled to have care.

They're moving the disabled to private places to be cared for but they're getting substandard care, and they get less oversight there, which is sad. I recall back in the late 1990s, I believe it was, that there was a bond placed on a ballot that provided for medical services and it passed. A few years

later, one of my family members had some mental issues and I was trying to get help for this person and I asked somebody in the mental services, where did all that money go? The person told me that they hadn't figured out how to disperse it yet. I'm wondering, whatever happened to that money?

We have a huge need in our community. We've got lots of homeless people. We've got veterans that need service and homes. Somebody mentioned about the Mayor Pro Tem offering to put a \$20 million bond on the ballot, which I find is ludicrous because he's also the same person that's trying to close all the motels in Costa Mesa and says that if you can't afford to live here, move.

Anybody could see that we have a huge need. If anybody has gone down to the Santa Ana Courthouse recently, you see people just lined up along the sidewalk with all their belongings. What we have here is a site, a hub, that would be fantastic to be utilized for all these needs that we have. It would be great to collaborate with local nonprofits to serve the needs of the community.

I recall back in 2010, I guess it was, when some private entities tried to get hold of the fairgrounds. We can't let that happen again. This should be retained for public use only and not for private development. It can't be put in the hands and it would be a travesty if that would were to happen.

Thanks.

Judy Thank you. Do we have any callers in the queue?

Moderator Yes, we have a comment from the line of Nina Reich, which is a resident.

Please go ahead.

Nina Hello, can you hear me? Hello?

Judy Yes, go ahead.

Nina Yes, thank you. My name is Dr. Nina Reich. I am a longtime resident, grew up here in Costa Mesa. We have 114 acres here for care, for safety, for support. I have listened to the concerns, I was there this morning, with a keen ear to the family members and staff here today. I have been researching as well the larger community needs here in Costa Mesa.

I feel strongly that we are moving in the wrong direction. I oppose this closure. We need more support, more housing, more care, not less. Our majority counsel has other plans evidently, more private development. Developers' pocketbooks over population. The disabled over the homeless veterans who need this space. We have heard from the family members of Fairview residents today. Group and transitional homes, not only will not provide the proper care that the residents need, it will also undeniably have an effect on our community. Residents here are already seeing a crisis with the sober living transitional homes and group homes as an analog.

In addition, regarding the public hearing today, it's also critical to contextualize this closure. Costa Mesa's homelessness, alongside this decision that we have in front of us, has increased 45% over the past two years according to the Vanguard University survey, which announced its findings earlier this week. The city council's CEO report offered those findings.

At the same time, other cities across the country however with similar statistics, Phoenix, Salt Lake, have ended chronic homelessness. Ended. In 2016, according to *The New York Times*, more than 20 mayors across

the country have also put forth the political will to address those who are less fortunate. Here in our own community, we have an important opening of possibility in front of us.

Further, statistics provided from the bi-annual homeless count conducted in January of last year, reported that the number of veterans living in our own Orange County streets, has unchanged. They need our help. This is an opportunity perhaps for a joint use project.

So again, I urge all of those who have a role in our future, including leadership, residents, members, and family members, staff here at Fairview. We are moving in the wrong direction. I call for us to keep this center and instead of closing it to expand it, to expand it to those who need it the most, to provide structures of care and housing for those who are most vulnerable. If we move in that direction, we will all benefit. Thank you.

Moderator

We have no further comments on the phone.

Reggie

Good morning, and thank you for having this very important hearing. I'm Reggie Mondicus. I work with Councilwoman Sandy Genis on the sale of

the Orange County Fairgrounds. The sale of the Orange County Fairgrounds was characterized as budget dust by everyone we talked to in Sacramento and they wondered why it was being sold. At one point it was described as a crime to sell something like that.

This is also a crime to sell and close this very valuable facility. The law says that people should live in the least restrictive environment for them. There should be the least restrictive placement. Does putting people out into a community where there's a group home placement in a neighborhood that's hostile to you, does that meet the least restrictive placement rule?

There's a group home in my neighborhood. It's clean. It's well kept. It's nicer than my house. My neighbors hate it simply because the people in it are different and aren't like them. They complain about their wheelchairs and their walkers, never mind the fact that these people are going to need the same in a few years. Is a least restrictive placement allowing someone to sleep on the street and pee in the bushes? How does this meet the test of the law? This is what happens when facilities like this are closed and these vulnerable populations have no place to go. The community is hostile to them.

They do not have the proper support services. Is the least restrictive placement putting someone out into a place where they cannot receive the medical care that they need to sustain their life and receive the proper diet that they need to maintain their health? These all fail that viable legal test.

This should become a joint use facility if there's not enough clients to maintain the full workload of everyone. There's a need for veterans housing, homeless housing, and supportive services for many community members. This could also become a community center. We look at this. This is a beautiful facility. The buildings are in great shape.

Costa Mesa's going through agonies of a new library and community center. Why not make this part of it? Why not take care of some of the sports facilities and use those to supplement what cost Mesa always wants to convert Fairview Park into, more sports facilities? We must not repeat the mistakes that were made when El Toro Marine Corps Air Station was decommissioned and part of it became the Great Park.

The Great Park was a great idea but has turned into just something of very little public benefit. The sports fields are now part of a pay for play sports

league, ironically developed by the same people that were trying to buy the fairgrounds at one point. The attempts to build a veterans cemetery on the property have run into strong opposition from overseas real estate investors who see the inclusion of veterans' graves as an impediment to the real estate values. Meanwhile, we have no place in Orange County to adequately honor our veterans.

We cannot repeat the mistake of the Marine Corps Helicopter Station in Tustin, which has now basically become a huge shopping center and houses. There's no public benefit of any significance from those facilities being decommissioned and allegedly turned into public facilities.

Please keep this facility open. The residents need it. The community needs it, and we don't need more people on the streets or in substandard homes, which is where many of these clients unfortunately will end up.

Thank you.

Judy

Thank you. Speaker 30.

W

[Audio disruption]. I get emotional, but when we were kids and my parents told us that [REDACTED] would be going to a different place to live

because he needed services that we couldn't provide. It was very difficult for all of us. Sorry. But then through the years, we would come and visit and realized, oh my gosh he's getting all of his needs. As much as [REDACTED] [REDACTED] wanted to take care of him, and [REDACTED], he had his needs met. He needs 100% care. He can't do anything for himself.

So through the years, we realized this, as kids, this is where he needs to be. Since then, now that they want to place everybody in the community, and I understand that, I understand the ruling of allowing those people that can live in the community; they should be able to live in the community. They should be able to live more independently and have whatever more stimulus.

But there are those and I think all of the residents I'm not sure the residents that are here now that need so much more that these community homes cannot provide. And I'll tell you a little bit about my experiences. I try to go to all of the court rulings with the attorneys. I've talked to the attorneys for the Regional Center. I've talked to the people at the Regional Center.

It was kind of funny, but it was ridiculous. This one gentleman from the Regional Center said oh yes I know you Miss [Indiscernible]. I talked to [REDACTED] I've talked with [REDACTED]. I thought, boy, that's interesting. I've been wanting to talk to [REDACTED] all my life, and so that led me to believe, you don't really know [REDACTED]. You don't know [REDACTED]. You don't know his needs.

I talked to the attorney and I'm just giving you an idea of people's opinions and motivations. I said to the attorney, would you let a two-year-old walk out on the street alone? And his response was, well the neighborhood might be better for the two-year-old. Well you know what, it isn't.

I've seen one house. I've talked to people from a second house. When I had questions about [REDACTED] needs, they said well, yes we hope to get that. We're planning on that. Okay well what about [REDACTED] six feet, he doesn't stretch out like all of us. So he has some other issues of moving in his chair and so that's not good enough for me.

Another issue is I don't know if we all think that there aren't other babies that are born with developmental disabilities. Where are they going to go?

How are their needs going to be addressed? If it's a perfect world out there, and they're not going to have—we're not going to have children that are going to be a need, wonderful. But that's not the case.

One of the things [REDACTED] said, she said, I wish these people, the people, the powers that be would actually—as someone else mentioned earlier, walk, stay here for a week and see what the needs are of the people here. The Developmental Center is necessary. It's not going to go away. People with disabilities are not going to go away. It's still unfortunately happening.

That's all I have to say. But thank you for letting me talk, and sorry I get emotional.

Judy Thank you. Speaker 31. Can speakers number 32 to 38 please come down to the front row?

M [Audio disruption] [REDACTED] lived in this environment for over 50 years. It was her home. She loved it there. We loved it there. Those of us in the DCC [ph], we fought it for several years and obviously not even close. As brothers and sisters, mothers and fathers, we feel your anguish those of

you here at Fairview. We went through the closure of our beloved Lanterman. We feel for you during the closure of your beloved Fairview.

But now that we're in the community, actually [REDACTED] is doing very, very well. But there's some couple things I want to point out and I want to make sure the people in Sacramento understand this. Two of the things which would've made it a lot better for [REDACTED] and for those of us that were moved into the community was the improvement of the state staff in the community.

A little while ago there was [REDACTED] that was saying how much [REDACTED] loved her beloved caregivers here at Fairview. They're her family, extended family. I fought for about a year trying to get the state staff the community to be implemented in the community. And Agnews, when they closed Agnews at San Jose, they had 108 caregivers, state staff that went into the community with the families. That was cool. We had one-tenth of that. Unacceptable.

The reason it's unacceptable is because there's so many barriers that the State of California and DDS didn't have the backbone to fix. So they're fixing it now. They must be able to fix this so that when there is a

transition, you will have your selected state staff people go with your loved ones into the community.

Secondly in the community, there are some really good medical and dental facilities and providers in the community, but that's not the norm. We need the State of California, DDS, to correct and improve on the quality of medical and dental care providers in the community. We all know that here at Fairview, the dentists and the doctors know how to take care of our population. In the community, that may or may not be the case. They've got to improve upon that. Those were most of the things I wanted to say.

By the way [REDACTED] really doing very, very well in the community. She has one-on-one, but looking back, it could've been done—everything could have been done better. Every one of you who may or may not go into the community, you've got to become your own advocate. Don't feel like anybody else is going to do it for you. We have some great regional project people here to help you, but you must speak up yourselves and it'll be better for you. Thank you.

Judy

Thank you. Do we have any callers at this time?

Moderator There are no comments at this time. (Operator instructions.)

Judy Thank you. Speaker 32.

M Good morning. My name is Philip [REDACTED]. First I'd like to thank the department for setting this up and let them know how important the call in was because we were stuck in traffic coming from San Diego but we were able to still listen in for the first hour or so. Along with [REDACTED] and [REDACTED], we're limited conservators for a patient here at Fairview, my [REDACTED] who is almost 60 and has spent almost 40 years of his life here.

He's in a [REDACTED] here at that level I believe, and he's 100% reliant on others due to a traumatic brain injury when he was three. He's nonverbal and he has significant medical and health risks as well as dietary requirements. If the food consistency isn't exactly right, he could choke and die. In fact he has had I believe choking instances and so he has to be closely monitored as well as he's had seizures.

His care at Fairview has been exceptional, and so the family is so grateful to the staff at Fairview for their, not just doing their job, but for really

cares about their job, which is so reassuring to his parents who are now in their late 80s. So thank you to the Fairview staff.

We've talked about, [REDACTED] have talked about the goal of least restrictive and it's a laudable goal, but it's not a laudable goal at any price. When the price is the risk or the potential death of a patient, you have to really think very carefully about it. This isn't a business where when you fail, maybe you've lost the customer. Here the consequence, at least in the case of our family member, is death. So it should be taken very, very seriously.

I appreciate that from a financial perspective the cost of operating Fairview with a very reduced patient load is significant, and I can also appreciate why the development or use of this land is so valuable because of its location and the amount of acreage. I'm confident this has got to be hundreds and hundreds and hundreds of millions of dollars of potential value here for either the community or I'm sure others in the private real estate area would love it.

I'm not going to focus on should Fairview stay open or not. I'm just going to presume Fairview is closing. So if Fairview is going to close,

what am I concerned about? Certainly the state has been moving towards community placement for many, many years. What's different now?

What's different now is you're down to the last few patients who have the most significant needs, and the question is whether the system is ready to accept them at the level that it needs to accept them and care for them. If you just assume 250 to 300 patients at 4 patients per community home, that's another 60 or 70 homes that have to be created, and monitored.

So the concerns that we have are that we want to make sure are handled are, is the community ready? And not only the community placement operators, but is the government ready? Business as usual is not acceptable. So there's four requirements I'd like to talk about.

First of all there's got to be clearer accountability. As we put these high-risk patients into the community, there have to be very clear standards for everyone, government and the operators. There have got to be clear standards of care. There's got to be clear standards of qualification for the staff, and there's got to be a better way of monitoring the operators. You can't walk in once every six months, take a quick look around, and file a

report that gets posted on the DDS site, not an acceptable level of scrutiny for high-risk patients.

The second one I'll provide more of this in a letter to DDS. Second, there's got to be increased oversight. You can't put another 50, 60, 70 homes out in the community with the same workforce, same level of capability of examiners, and assume they're going to be adequate. So there's got to be increased oversight, not only at the regional center level, but also at the DDF [ph] level since regional centers could understandably become very comfortable with operators. It's just the normal behavior I think in a regulatory agency, and there's got to be clear protocols for reporting and resolving issues.

The third thing is there's got to be adequate funding. Let's make sure we're taking some of the savings and operating costs and putting them back into the regional centers and the department to make sure they have the capability to monitor these homes and ensure that the level of care is the kind of care that these patients are now getting at Fairview.

Finally, there's got to be increased transparency. There should be transparency at the community level, at the operator level, at the

government level, what's going on and there should be adequate reporting to support that. There should also be adequate connections between people in the community who have patients in these community placement homes. Thank you.

Judy Thank you. Speaker 33.

W I'm a 44-year resident of Costa Mesa and I want to thank the state for this grand opportunity as a Costa Mesa resident and many residents here to share our ideas to help you decide on the best use for this magnificent property in Costa Mesa near the heart of Costa Mesa.

I have several recommendations. I was on the school board for eight years. I was on the parks and recreation commission for four years and I was on the city council for eight years. I'm a credentialed teacher; I work at juvenile hall. I work at Orangewood, and I also work at a private mental hospital here in Costa Mesa.

So I'm aware of what happens with a public/private institutionalization of people, young people particularly. And I see the benefits of the state but I see some problems, too. I was also on the Costa Mesa homeless task force

for quite a while and because Costa Mesa is a popular destination for homeless people, and we recently learned that our homeless population has increased.

One of the reasons that I'm glad the state has made this opportunity today is that I've always wanted to go to Sacramento and say, some of these rooms are empty, couldn't we put some homeless people in this facility on a temporary basis with supportive services? In Costa Mesa, we have a lot of homeless people all the way from the river channel all the way up to Anaheim that are sleeping out in the open under bushes. That would be my first recommendation.

In the transition, in the time figuring out what's going to happen, please consider the homeless population and using the facility for maybe just a small portion, maybe 30, 40, 50 with supportive services. I like the idea of Shannon's Mountain affordable housing, I think that's already been approved by the legislature.

The second thing is, let me get my notes here. I really kind of changed my ideas listening to the families and having compassion. Costa Mesa's a very compassionate city. We care about our neighbors, and so I think

making sure that each person is respected through this transition is very important.

I would recommend as my third recommendation that a blue ribbon task force work with the state's asset enhancement program so that there is no—that these people, if they are moved out into the community, do not fall through the cracks. I see what happens to our young people who are institutionalized in the foster care system, and sadly because the state doesn't delegate enough resources, these kids don't have the support in the community that they need. We've come a long way but we have a long way to go.

A couple more things. That also to consider our returning veterans as this could be a place to work with the VA and other governmental agencies. I like what I see and it was in one of our city's staff reports regarding how the value-enhanced surplus property sales process works and some of the other examples of closures. But, I think we should slow down and not move fast and make sure that people who are being cared for do not fall through the cracks.

We've seen the problems with the senior living homes and how they've taken over our community because of Prop 47 and realignment and we have many problems in our community. So please, state officials, slow down, consider each person, have a blue ribbon committee of the parents and the caretakers who have been happy to have their people here but also involve them in the—to make sure that everything is set up before they go out into the community and consider our other needy populations, too. Thank you.

Judy Thank you. Could you please place your card in the basket?

W Yes, alright. I'll have to find it here, get it.

Judy We will now check the phones. Do we have any callers?

Moderator There are no comments at this time. (Operator instructions.)

M [REDACTED] of a child with developmental disabilities. [REDACTED]
[REDACTED] was born premature resulting in cerebral palsy, a seizure disorder along with medical issues and severe developmental and cognitive delays.

We cared for [REDACTED] in our home until the age of nine. As he grew older and bigger it became more difficult to care for his needs at home and out-of-home placement became a necessary option.

We would have loved for him to live here at Fairview because of my personal knowledge of the high quality of care we provide. But Fairview was not an option for us. With the direction of the Orange County Regional Center, we were able to place him in a licensed ICF-DDN facility that was close to our home.

Tomorrow will mark the four-year anniversary of his death due in part to the poor and substandard care he received at that home. Last summer, a jury found the home to be negligent of basic standard of care in hiring untrained and incompetent staff that failed to give our son the anti-seizure medication and delayed calling 911 for an hour when [REDACTED] was found in distress.

CPR was not attempted even after being instructed by a 911 operator. Instead, the staff member found it more important to bathe another child while waiting for the paramedics. By the time they arrived, [REDACTED] was dead. Unfortunately, we found that the owner's personal financial gain

was more important than providing the necessary level of care for the residents at that facility.

We don't think this is an isolated incident but occurs throughout the industry. We feel the lax enforcement of regulations governing community facilities needs to improve. Moving forward, they must be held to the same standard as those in the developmental centers.

I believe that if [REDACTED] had lived at a facility like Fairview, which employees highly trained and competent staff, he would still be with us today. We found the staffing in the community does not compare with the wealth of experience and knowledge seen in the staff at the developmental centers.

Closing the developmental centers creates a huge loss for the families and community who depend on them. Thank you for your time.

Judy

Thank you. We do not have speakers 39 through 45, so we'll go on to speaker 46. You can place it in the basket.

Marilyn

Marilyn [REDACTED] [REDACTED] is a resident here for about 30 years, and I am, along with [REDACTED], a conservator. [REDACTED] has a severe seizure disorder. She is retarded; she has cerebral palsy but she is very social. In the 80s we started looking, [REDACTED] was at home for 15 years and in the 80s we started looking for a facility and went to every highly recommended facility in the State of California.

And after about the fourth or fifth facility, I realized something was wrong. These facilities were rather empty. I finally cornered a social worker and said, what's happening? She said, the state has passed a law, the law we all know about, least restrictive environment.

Hopefully, long-term that law can be changed. It sounds terrific. It sounds good to me except there's one big flaw. The government gets to decide what's least restrictive, not us. If we could incorporate some choice into this law, it would help all of us here, I feel quite sure.

The government doesn't know that [REDACTED] is in the least restrictive environment here at Fairview. She gets to go in her little wheelchair to her job with some of her buddies and the staff because probably in a community situation, she would not be able to go to work.

If she did, they would have to make sure they had the right vehicle to suit her because she's really picky. They would have to make sure that she got to sit in the front seat and I'm saying this kiddingly but you have no idea that she would completely freak out if she couldn't sit in the front seat of the car.

So this is a major problem. One of the many major problems. Bottom line is, I feel quite sure having raised her for 15 years and knowing her like a book that she is in grave danger, possibly, in a group home. I'm not sure that since she is a one-on-one, I'm not sure she could get that kind of attention in a group home. She really loves it here. Thank you.

Judy Thank you. We will go back to the phones. Do we have any callers?

Moderator We do have a comment from the line of Leon [REDACTED] who is a relative of [REDACTED]. Please go ahead.

Leon Can you hear me okay? Can you hear me?

Judy Yes, we can.

Leon

Okay. My name is Leon [REDACTED]. [REDACTED] has been a patient at Fairview for more than 20 years. As I listened in today of which I was on the line for several callers and didn't realize I needed to push a button in order to speak with you, so I've had to call back.

But in listening to many of the family members of the patients of Fairview, it is obvious that this is a matter that is close to everyone's heart. It is a highly emotional situation because it involves the people that we love and as parents, brothers, sisters, brother-in-laws, we extend the greatest trust a human being can extend to another human being and that is to place their loved one in your hands and in your care.

I don't know if any member of the staff from the state has a close family member that is in a situation the way these people have their family entrusted to Fairview. If you do not then I guess you could never really understand the anxiety, the fear, and the pain that these families feel in light of the state's decision to close such a valuable resource to its people.

For years, in fact several years, this country has pushed and moved to provide care for its people and now in 2016, we have a state who is trying

to find a way to push away from that. Those people who cannot speak for themselves, who can then not get up and lobby for the things that they need or the things that they require to sustain their life have entrusted their voices and entrusted their care to their families and their families entrusting their trust to the state.

And our state, who is supposed to protect those people who are least able to protect themselves, are turning their back on them and leaving them with very, very poor choices and leaving their families with very little choice.

Fairview's property is there thanks to taxpayer's dollars. We the people of the State of California invested these dollars in taxes to provide that facility and to provide that facility with funding. It is sad to think that our state can lobby, work toward, and find a way to fund everything that they choose to fund and yet leave these people, our family members, who need the most care and the most looking after, to leave them abandoned with what you've called being released into the community.

We've all seen on many occasions how community housing and health care goes awry because like most businesses it is driven by profit. And

when it is not profitable to provide the right kind of care and the right number of people to care for our family, our family members are the ones that are left at a distinct disadvantage.

And unfortunately, by the time we find out that they are not receiving the care that they need, it is usually too late. I cannot believe that in 2016 that our state is still moving toward the very thing that it did back in the 80s when it closed many of the mental state hospitals and created the endless homeless situation that we have in this state today.

It is sad to think that we have reduced the State of California's people to whether or not they should care for their own or turn around and sell a property and turn a profit. I did not know the State of California was in the business of profit. I thought they were in the business of caring for their constituents and their people.

Fairview has done an amazing job with [REDACTED]. I've heard many people in the past, including the lady that spoke most recently about [REDACTED], telling us that they know their idiosyncrasies, they know their needs, they're with them every day.

And to the people of that facility, the nurses, the caregivers, the administrators, I want to take this moment to say thank you. In the 20 years that [REDACTED] has been there, she has been phenomenally cared for and they know her as if she were their own family member. So to all of you, I say thank you.

And I find it strange that something that is so important to not only the many people who have shown up there and those that weren't able to come today, but to the State of California; that there is no significant news coverage from any of the major or local stations in Southern California have bothered to attend or were even notified that the State of California is planning this closure.

There is one hearing, the hearing you are having today, and yet the state has not bothered to contact any of the news agencies to advise them that this hearing was taking place and that this very valuable asset to all of us is being closed.

Judy

All your time is now up. Please wrap up your comments.

Leon Thank you very much for your time. My heart goes out to everyone who is there. We are all in the same boat. Thank you very much.

Judy Thank you. Do we have any other callers at this time?

Moderator Not at this time. (Operator instructions.) No further comments on the phone.

W [Audio disruption] and to be driving around the grounds, I had worked here for 30 years and I just thought I'd cruise around on my way home. There happens to be this meeting and I feel that it's fate that I'm here today.

I started working at Fairview in 1970 and I worked until December 31, 2000. I was a psychiatric technician at Fairview for almost 30 years. I totally have an inside job or inside knowledge about Fairview.

Psychiatric technicians are a level of care for your family members. We are the ones who are responsible, who report to the doctors, who report to the nurses, who feed them, dress them, toilet them. We are their surrogate family.

The care at Fairview from psychiatric technicians is exemplary compared to the care in these outpatient facilities. First of all, I had to quit Fairview early, I wanted to go and get my full retirement and you talked about the safety of Fairview and okay, I'm going to say it, and it's true and God brought me into this facility and on these grounds today.

It is extremely violent behind the grounds of Fairview, extremely violent. You pass a serene golf course, but behind these walls they've brought them from prisons, they've brought them from jails, they've taken them off of their psych meds.

In the time I worked at Fairview, I got assaulted approximately 35 times. The last nine months I worked I got assaulted 19 times. One time I came in at 6:30 and by 8 a.m. I was assaulted twice. Management does not care about the level of violence because they are not involved; they are behind locked doors.

I had to retire early because of severe, severe disabilities. So when you say the safety of Fairview? Yes, and no. There are extremely violent patients here. Yes, the safety of Fairview is the care that's given, the

quality of the nurses, the quality of the psych techs, the quality of the social workers.

Okay. I'll tell you another story. I quit Fairview for a while and I went to this other place and they had—alright, two minutes, okay. They had like 160 patients, 160 patients, I was new and there were two part-timers and they both were Vietnamese and I don't mean this as discriminatory but no one talked to me, they just talked to each other in Vietnamese.

I had come through the door the first day, 160 residents or patients, they gave me meds to pour for 160 patients. I was the only level of care, the only licensed aide. That one time for dinner they gave them chicken. They didn't take the bones out of the chicken; the staff didn't even know enough to take the bones out of the chicken.

In the time I was there, that evening when they served them chicken, I, the licensed employee in the whole facility, out of 160, did 3 Heimlich maneuvers because of chicken. So the common sense at these facilities—the nutritionist who doesn't even know to tell the kitchen to debone the chicken, sending one employee to 160 patients who just arrived on the job

that day and doesn't even know anyone's names, tell me that Fairview is not good?

I quit after about two weeks because I said I'm not losing my license for this. I am not losing my license for this. I'm sorry fate brought me in today but be afraid, be very afraid. My heart goes out to anyone who has a family member here, it truly does. The quality behind these [indiscernible] are phenomenal. The safety hazards your loved ones will be put in is scary—very, very scary.

I thank you for your time and God bless you and it's all down to greed; it's all money. It's just like everything else in life, it's money. Period. There's no humanity left in the hospitals or in medicine. It's all the bottom dollar. Thank you.

Judy Thank you. We do not have any more speakers at this time. Again, if you would like to make comments, please go sign in at the registration table and I will check the phone for any callers at this time.

Moderator We have a comment from the line of Kathy Esfahani with Costa Mesa Housing. Please go ahead.

Kathy

Yes. Hello. My name is Kathy Esfahani. I'm a Costa Mesa resident and I am a member of the Costa Mesa Affordable Housing Coalition where a group of advocates for affordable housing for low and very low income families and I would like to see put towards building affordable housing for families of low and very low incomes on this site.

There's, I think, a general consensus in our city that we have a big need for affordable housing and we've been advocating for the creation of affordable housing in our city for many years and we are always met with the statement that, well, there's not a site for it. There's not land available, it's too expensive; it can't be built.

And the fact that the state hospital now will be transitioned into new use provides a wonderful opportunity to develop the housing that is so desperately needed for low income families. And I know that there is a terrific proposal for affordable housing for the developmentally disabled on this site. It's the Shannon Mountain project and we support that completely. That would be a terrific use of the property.

We just hope that there can also be affordable rental housing for families because there's such a need for both types of housing. So I'm just advocating on behalf of our group that the state gives strong consideration to this use of the property. Thank you.

Moderator And we have no further questions or comments from the phone.

W Operator, are you still there?

Moderator Yes.

W Yes. Please let us know if you have any callers that come in.

Moderator We have no new callers that have dialed in as of yet.

W Thank you. We do have a speaker. Speaker 55. Please state your name and your affiliation and place your card into the box there if you would, please.

Andrew Yes. My name is Andrew Coen and I'm the author and [indiscernible] history of the building and how it started from originally. My concern is

not the first time I keep hearing that Fairview closed. I've heard a rumor like that the past 37, 38 years, the year after I worked here at Fairview.

And all those years with this rumor, it really turned out to be, it's not a rumor anymore, it's for real. So my concern that if any clients enter a group home, and they're going to be and make more problem and then their neighbor is going to complain and the owner or the manager of the group home is going to get blamed by the city or county, that's going to make it worse.

So I did write a book about Fairview about this story about Fair White Road. It's not about the clients who live here. Fairview is not about the staff who work here, it's a foundation they're building and how I started from. So not every state hospital's development is [indiscernible] because some of these have been closed in the past so basically that Fairview Developmental Center is the last new state hospital in the 20th century.

So they didn't report any more state hospitals later than 1959. Until 2009, they reported [indiscernible]. So I thank you very much for the time.

W

Thank you.

W We do have a couple of speakers that plan to speak. Speaker 56, if you'd like to approach the microphone and state your name and affiliation for the record. Thank you.

Patricia Yes. Hello. My name is Patricia [REDACTED]. My loved one has been here 50 years and she's a resident [REDACTED]. I cannot say enough about the care. They are always right there when she needs help and since she's on [REDACTED], it is a lot of nursing care and I do believe the staff, the doctors, everyone here has a love for all the clients.

And I don't know how that would be out in a group home. And I truly, truly cannot thank the staff and the people here at Fairview. Our [REDACTED] was 10-years-old when we placed her here at Fairview and 50 years, so she's 60 years old now, and what care can we give her in the outside?

The doctors, the staff, the therapists, the oxygen, everything is right here for her and I am so, so grateful, so grateful for Fairview and I thank you, I thank you so much.

W Thank you. Speaker 57?

M

[Audio disruption] Able citizens are missed by government that's only interested in making a profit and looking at the value of this land. This is an outrage; we've been lied to for 30 years by being told that they wanted to live in the community. Everyone in this room knows that those folks were so disabled they couldn't speak let alone indicate a desire to where they wanted to live.

They simply needed to be cared for in a safe environment where they could share with one another. So I implore you if you have any role in this whatsoever to forcibly oppose the state policy. It is completely wrong. It's also that we haven't learned from history. Before the 1850s, there were no institutions to care for the retarded. It was basically what we're doing today.

The disabled in the community were farmed out to whoever was prepared to pay the least amount of money to take care of them and that's basically what we're going back to. Do you know that once these institutions are closed, the community homes will have their reimbursements cranked down as the government always does?

So I'm at a loss for words, frankly. I think this is unspeakable that an institution as good as this has been allowed to decline to the extent that it has and remember it's all a falsehood. We should not accept that falsehood; we should speak up forcibly against it.

W Thank you. Operator, do we have any callers in the queue?

Moderator We have nobody in the queue at this moment.

W Okay. Thank you.

W If you reconsider, we will welcome your comments.

W Operator, do we have any callers?

Moderator We have no callers at this moment.

W Okay, thank you. And we have no speakers here so please let us know if you get a call that comes in. Okay?

Moderator We will definitely do that.

W Thank you.

Moderator You're welcome.

W Fifty-seven or fifty-eight?

W Fifty-eight.

W Just if you could leave your card and please state your name and your affiliation.

Cynthia My name is Cynthia McDonald and I am a resident of Costa Mesa. I've never actually been here before, what a fabulous facility. I'm sure there are many families of the patients here, the residents that are sad to see it close because it's really nice, but I understand the state is looking at moving the patients and doing something with the grounds here.

From my point of view, from being a resident of the city of Costa Mesa is that I would like to see it sold to the city, of course. I think that there

should be some stipulations. Costa Mesa is in need of open space, park land and so we need some of that to be dedicated to park land.

And also we have a need to have some transitional housing for the homeless that are trying to get off the street, and so, disabled, we need housing for the disabled. We don't have a lot of that in Costa Mesa. It's difficult for them to get that and then our vets, especially our lady vets have a difficult time getting housing.

So I don't know if you're looking for percentages on that but definitely the biggest part, I think, needs to be open space but also the housing, the affordable housing for people. So thank you.

W

Thank you. Speaker 59?

Richard

Good afternoon. My name is Richard Huffman. I'm a Costa Mesa resident and so I have been aware that the state is selling a number of properties such as this around the state because of the changing format for servicing the kinds of people that were here.

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And so I am also amazed at the property, the size of it and how wonderful it is. I, too, am in favor of this large piece of property in the middle of Costa Mesa being carefully designed for its future use, future land use and of course, there's a lot of need for more open park land, more recreational fields and more affordable housing, all things that are deficient in our community at the moment.

But I'm pretty concerned about the process that we will go through when the state disposes of this property. From what I understand, other government agencies have first chance or priority at acquiring the property as opposed to it just being put on the open market for private purchase.

And so I would like to see a lot more information provided through the community to let us know how this process works. Does the State of California have some say so over how the property gets developed in the future? Can they dictate some priorities or not?

And then I'm concerned about this large property being subject to political pressures. If it goes through the normal standard planning process of a citizen's advisory committee, a planning commission approval, a city council approval, I'm worried about that kind of process taking place. I

would like to see when this gets redeveloped, I think it's subject to voter approval city wide. Take your time.

W You have two minutes.

Richard Come up with a lot of different alternatives and then finally have something that goes to a city wide vote as to a final decision as to how to develop this key large parcel in the middle of the city. It's just too important to leave twisting in the winds, the political winds. I think it needs to be carefully considered by the voters of Costa Mesa. Thank you.

W Thank you. We have Speaker 60.

W Where are all our children going to go? You guys are concerned about what they're going to do with the property? Who's going to have it? Who's going to sell it? What about the clients? I mean, they have no guidance, some of them have no families. I don't know if a lot of them here are parents that have their family or loved ones here. But I do.

And my concern, I wish it would not close. That's my prayer that I've been praying because where are all these kids going to go? I mean, it's

sad. I know you guys are residents of Costa Mesa; you guys live around here. But have you guys really thought a moment where they're going to go? What's going to happen to them?

A lot of them don't have parents. They're not very fortunate like [REDACTED] that he has myself. So that is my concern. Where are they going to go? What are they going to do with our loved ones that unfortunately we cannot have them at home because they have a lot of indifferences, but they're still just like you and I. They have feelings; they love, they're very loveable, very smart. So there's my concern.

Where are they going to go? Mine, I'm praying that he'll come home, they'll let me keep him at home because I want my son at home. He was put here by his behavior but he's feeling a lot better and I'm not giving up on [REDACTED] I know he's going to come home but I'm worried about the rest of the young adults, clients that are here because where are they going to go?

Some of them don't have families. Who's going to take care of them? It's not just about selling the property, or concern who's going to own it. What they're going to do with a beautiful—because it's a beautiful,

beautiful property here, but have you guys ever stopped to think about the clients, the ones that live here? What's going to happen to them? Where are they going to go?

So that's my concern and hopefully they come up with a solution in keeping it open and not selling it because all the staff here, everybody, they do a wonderful with not just [REDACTED], everybody else's [REDACTED] that live here. But I really in my prayers [indiscernible] that they'll have a solution where the state will get the funds back and they'll keep them open because it's my worry—you might say no, but I mean, you never know.

W Two minutes.

W You might have a loved one that's going to have a need of being hospitalized. Where are they going to go? Are you going to want to take care of them? Probably not. That's why a lot of them are here, because their parents washed their hands and they don't want to deal with the situation.

So that's all I would like to say. Thank you for letting me speak but hopefully they'll find a solution and they won't close it and they'll

continue taking care of a lot of people that are in need that—what's going to happen to them? Thank you.

W Thank you. Operator, do we have any callers?

Moderator We have no new callers at this time.

W Okay. Thank you. We have no speakers signed up at this time either so we'll hold the line open.

W We have a speaker. It's Speaker 61. Please state your name and your affiliation.

Angelica My name is Angelica [REDACTED] and my relationship is that [REDACTED] [REDACTED] has been at Fairview for a long time. I don't know exactly how long. He was at Camarillo Developmental Center before in [indiscernible]. He has been in this developmental center since he was about 17 and he's now 44.

My concern with my elderly parents, my concern is that if Fairview closes [REDACTED] would be placed out into the community and I'm very nervous

about the level of care that he will receive especially medically and also socially. Helping him navigate some of the issues he's had. Those are my big concerns.

Although, ideally, I would love for him to be independent. At this point he's not in that situation. That is my main concern. I'm concerned for [REDACTED] being out in the community without the level of great care that he's had.

W Thank you. Operator, do we have any callers?

Moderator We do have a new caller. (Operator instructions.) David [REDACTED], your line is now open. You may make your comments at this time.

David Okay. I want you to know I don't want Fairview to close because I like it here. The staff is nice and the food is good and because I like it here.

W Could you state your name?

David I miss Fairview. I don't want it to close down. I want it open. I like the garden [indiscernible] 11 because I like it here. I don't want it to close. I

like it here. I want to help the clients because they're my friends. Thank you.

W Thank you. Do we have any other callers, operator?

Moderator No other callers at this time.

W Okay. We do have a speaker who has arrived. Speaker 64. Name and affiliation.

M [Indiscernible] I brought [REDACTED] in so that this personnel can see what one of the clients look like. He enjoys his visit with me when I come on Saturdays and Sundays. His face lights up whenever he sees me or his mother and he does recognize us. However, he cannot move around like you and I can. If he is in a group home we'd be using the sidewalks in the residential area and sometimes people park their cars in such a way where we have to back up and take him out into the street where the traffic is and being cautious, making sure traffic's not coming through, we go down to the next available driveway that we can bring him back up there.

Here at Fairview we don't have that problem. We have well-marked cross walks. We have wide walkways. Some cities, the trees have grown up in such a way that now that sidewalk is unusable for anyone in a wheelchair like [REDACTED] is. So, we would really like you to reconsider the fact that you want to close Fairview. I think, if anything, we have a service here at Fairview that could enhance the community by bringing other folks that are just as disabled as [REDACTED] is and bring them here to Fairview and let's staff Fairview at its full capacity not shut it down. Thank you.

W Thank you. We have no other speakers here. Operator, will you let us know if you have any callers?

Moderator Yes, we will. Thank you.

W Thank you. We do have a speaker. Speaker 65. You can approach the microphone if you'd like and state your name and your affiliation.

Alexian I'd just asked that since I was the only speaker if I could talk for ten minutes instead of five, but they said no. They had to keep to the ground rules. Wait, don't time me yet.

W Could you please state your name and affiliation?

Alexian Yes.

W Thank you.

Alexian My name is Alexian [REDACTED]. Everybody knows me as Lex [REDACTED]. I have a [REDACTED] here [REDACTED], who's resided at Fairview Developmental Center for 50 years.

I wrote this speech. Unfortunately, I have to cut it short because I'll never get it in so there'll be a page or two that's missing. I wrote this because I feel this way. I'm speaking of the private citizen not affiliated with any organizations that I do belong to.

After leading the nation with laws that have always protected our most mentally, fragile and behavioral challenged residents here at Fairview, our governors and senators along with our assembly members with a few exceptions have made decisions not to allow us to have choice for our residents who needs the services and supports that are available here at Fairview. Why would you tear down a system that has provided a

centralized center with 50 years of experience that have helped thousands of mentally and behavioral challenged residents to realize the fullest [ph] of potential?

We've all been told that it is because of the decertification and of the loss of funding. Is the real reason as to why this center is closing the decertification would not have come if Fairview had not had all those cut backs for years as well as not granting the needed state funds to subsidize our decertified units? There is a direct need for a developmental center in our state as well as needs for general hospitals, convalescent hospitals, retirement homes, centers for the needy and homeless, centers for the blind, VA centers, hospitals for the mentally ill and drug addicted.

So, here I ask, where is our specialized center? Where is our specialized hospital? And, why are our relatives being made to suffer, the most mentally, medically fragile and those who have behavior problems who have not been able to thrive out in the community or in group homes? Why is everyone so bent on tearing down a system that has provided so much for all our clients in needs? Fairview Developmental Center for more than 50 years has provided comfort and security to all our residents and families. It has been providing expert care and opportunity for all our

individuals with developmental disabilities and behavior problems. Our developmental center has provided stability for every client who has lived here.

So, the so-called experts expect us to accept this statement of least restricted. Well, one size does not fit all. I ask you this, what is less restricted? A hundred acres with walkways accessible for wheelchairs with covered areas to protect you from our weather or a 50 by 100 foot backyard of a house all fenced in? How would you like to have your work close by so you could walk within a very safe environment and not have to worry about traffic, mugging, stabbing and being confused about your location? Or, would you prefer to be picked up in a van along with five other people and driving for an hour or more to a workshop that maybe you grew tired of in 30 minutes and wished to leave but couldn't because of the four other people who have decided to stay?

At Fairview you can just walk home. I ask you, is that least restricted? Let's talk about being sick. Let's talk about not being able to speak or see. Many of our residents here cannot see, or speak, or hear, or see or walk, or understand, or express problems or their illnesses. If this was you, would you rather have a doctor who knew you, understood you, knew your

medical condition, would attend to you immediately or send you up or over to a facility that would take care of you? Or, would you prefer to just lay around in pain and then be transferred to an emergency room? Have you been in one lately with all the new managed-care laws? I suggest you visit.

W Please wrap up the comments. The time is up.

Alexian It's too bad because it really gets better. It talks about our crisis center. It talks about our staffing. It talks about everything here at Fairview Developmental Center.

I will tell you this, closing Fairview would create the most emotional instability that would cause great harm and death to everyone here at Fairview. The emotional instability of our staff, our doctors, our clients all the people that work here who love us who care for us. Also this developmental center was given to our residents to have a wonderful life. I sincerely hope that the State of California does not destroy it. I'm sorry folks because you know what? There's more. The thing is I'm sorry I couldn't read it to you.

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W We are interested in your comments. If you'd like to leave your paper with us.

Alexian Yes.

W Okay. You did leave your paper in the drop box.

Alexian Yes. I did.

W Thank you so much. Operator, do we have any callers?

Moderator You have a new caller. (Operator instructions.) One moment please.
Jennifer, your line is now open to make a comment. You may be on mute.
Looks like there will be no comments from the phones at this time.

W Thank you. Please let us know if you get any callers. We have no further speakers at this time but we hold open the comment period until 5.

Moderator (Operator instructions.) Emily, your line is open if you would like to make a comment.

W Go ahead, speaker.

Moderator That caller did drop off. I'm sorry.

W Thank you. We do have a speaker. Speaker 73? You can approach the podium. Please state your name and affiliation and you can leave your card in the basket. Thank you.

Patricia Hello. My name is Patricia [indiscernible]. I work in [REDACTED]
5. I'm a psych tech assistant [ph]. I've been here for nearly 38 years. I'm here to speak on behalf of everybody. I just wanted to express that I'm a little sad that this place could possibly be closed down within a short time.

This place has been like home for me. Over the years I've really enjoyed working with the consumers here at Fairview. They're like family. It just breaks my heart that this place can possibly close down in the near future. I've been feeling that for several weeks now. It's hard to believe but the end could be coming for us soon. I just wanted to share this with you.

W Thank you. Operator, do we have any callers?

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Moderator We have no new callers at this time.

W Thank you. Please advise us if you get any callers. Thank you.

Moderator You're welcome. The new caller is dialing in. (Operator instructions.)

W Operator, do we have any callers?

Moderator There are no new lines.

W Thank you.

M Okay. Thanks.

Moderator (Operator instructions.)

W Caller, you can go ahead.

Moderator We have a comment from Doug Vogel from Non Profit Exec. Please go ahead.

Doug Hello?

W Hello. Go ahead.

Doug I'm sorry. I just couldn't hear anything so I wasn't sure if I was on right.
No comment at the moment.

W Okay. Thank you.

Moderator Doug Vogel from Non Profit Exec would like to make a comment. Please go ahead.

Doug Yes. I'd like to send a detailed later, just finding out about this thing today. I just wanted to state that we'd like to consider some use of land actually for cultivation of produce for a food bank concerning this land currently is being used for some global populations that are served by the food bank. We would like to consider some of that land to be used and to work with other groups in the community to help volunteer and cultivate produce on that land. Thank you very much.

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W Thank you. Are there any other callers at this time?

Moderator No other callers at this time.

W Thank you. Operator, are there any other callers?

Moderator There are no callers at this time.

W Thank you. At this time we are closing the public hearing regarding the closure of Fairview Developmental Center. I would like to thank you for your input to ensure a quality future for the residents, families and employees of Fairview Developmental Center as a closure plan is developed. For the record the time is 5 p.m.

Moderator Ladies and gentlemen, we appreciate your participation for today's conference call. You may now disconnect and we appreciate you using AT&T Executive TeleConference Service.