



Final Transcript

**STATE OF CA DEPARTMENT OF DEVELOPMENTAL SERVICES:
PDC Family-RC-DDS Meeting**

August 21, 2016/1:00 p.m. PDT

SPEAKERS

Dawn Percy
Theresa Billecci
Dwayne LaFon
Heather Flores
Shelton Dent
Cleora Ditommaso
Robert Riddick
Amy Wall

PRESENTATION

Moderator Ladies and gentlemen, thank you for standing by, and welcome to the

DDS Family Meeting conference call. I would now like to turn the

conference over to Dawn Percy. Please go ahead.

Dawn Thank you. Good afternoon, everyone, and thank you very much for

coming. We appreciate your participation and I will get started.

Hopefully, all of you received an agenda when you walked in. In the back

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of the room we do have a sign-up sheet as well, we'd like to know who's participating. For those of you on the call, we will get your name from our provider.

You also have two other documents in the back. We have the settlement agreement with Centers for Medicare/Medicaid document that we'll be speaking about, as well as we have a PowerPoint presentation and a presenter today. So, you have a hard copy but then you will get the presentation in person. And, for those on the phone you should have received that via e-mail.

I'd like to first introduce myself. I think I've seen most of you at our other meetings. My name is Dawn Percy, and I work in the Developmental Center Division at the department. We do have some other individuals here, I'm going to ask them to introduce who they have with them, but first I'm going to start with Theresa Billecci, our executive director at Porterville Developmental Center.

Theresa

Thanks, Dawn. I'd really like to echo her words, thank you, all, for coming today. I know air quality's bad with all the fires, but it's very nice

for all of you to be here. And, to those that are on the phone, I thank you for taking the time to call in.

I'd like to introduce a couple of folks in the room that are representing Porterville Developmental Center here today. First and foremost I have both of my clinical director Sofia Luna [ph], who is over the general treatment area; and Lucia Prandini [ph], who is over the secured treatment area. Then, in addition to those two, we have our program directors for both of the programs that are involved in our closure process. We have Mike Wilcox in the back of the room with Lisa Morales as part of his team; and then over here we have Roy Gotcher [ph] and Sarah Larimore [ph], which is part of his team.

We thank all of you, if you have any questions after the meeting we're going to be here for a little while and be more than happy to assist you in any way that we can. Thank you.

Dawn

Thank you, Theresa. One thing before I forget, I want to make sure those of you that do speak today, if you could please make sure you put the microphone close to your mouth because we want to make sure everyone can hear you, as well as for the transcription and those that are

on the phone. So, it's better that way and I think if you've looked at some of the transcriptions that we've had from our other meetings, there have been some voids because we all didn't use the microphone probably as well as we should have. So, I just wanted to share that.

So, I want to do more introductions. We have Mr. Dwayne LaFon, our director of the Developmental Center Division, in the back. We have Heather Flores, Executive Director from Central Valley Regional Center here. I'll let her introduce who's with her.

Heather

Good afternoon, thank you, again, for joining us on a Sunday. We really appreciate your time and really look forward to continuing to work together to find that absolute right opportunity for you and your family member.

I am here today with Cleora Ditommaso, she is our long-time servant of all for doing community placements and community development in the community, and I really depend and rely on Cleora. Thank you, Dawn.

Dawn

Thank you. And then, we have Robert Riddick. He is our interim executive director at Kern Regional Center.

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Robert Good afternoon. As Dawn just said, Robert Riddick, I'm the interim director at Kern Regional Center. I've been there about a year. I'd like to introduce Lynn Fjeld, who also is assisting at Kern with a focus on Developmental Center and, of course, we're fortunate to have her on our team, who has a long history of working with families and clients served by this center. So, we look forward to working with you in the days ahead.

Dawn Thank you. And then, we have Patrick Brown from Tri-County Regional Center. He's solo today. Thank you for coming. And then, we also have our Porterville Regional Project Director. Porterville Regional Project is based here on the center campus, and they are the liaison between the developmental center staff, the parents, the families, obviously the consumer for number one, as well as then the liaison with the regional center, and that is Miss Angie Smith. And then, her supervisor actually works in the Department of Developmental Services, and that is Jeanie Thurston [ph], she's our interim branch manager of the Regional Project branch. And Angie's lucky enough to have two supervisors because Theresa is her supervisor, too, here on campus.

So, we pull her from both sides and she does a wonderful job. When we mentioned Porterville Regional Project that you need to connect with them, you would be calling Angie, and she has a host of staff that help with the service coordination and the transition of the individuals.

Then, we have Mr. Shelton Dent, who is going to be providing you the PowerPoint on our community options today, and he is the interim assistant deputy director in the Community Service Division at the Department of Developmental Services. So, thank you for being here as well.

Shelton My pleasure.

Dawn I think most of us that have been in this room certainly know we've got a few exits just for some formalities to make sure we're all aware of our building structure. We have a women's restroom here, a men's restroom in the back, and then there are some cold water in the back if you so desire that. Thank you for supplying that, Porterville.

With that said, we're going to start with the agenda item of the CMS agreement overview, and that will be completed by Mr. Dwayne LaFon.

Dwayne Good afternoon, everybody. This is just to give you a quick update on where we are with the Center for Medicaid/Medicare Services, that's CMS. CMS, as you know, we have recently lost certification in the general treatment area and the ICF area. The MF area still receives certification and federal funds.

We entered into negotiation with the federal government to be able to continue funding in the ICF, and we did recently achieve an agreement with them to continue federal funding in the ICF area of Porterville as well. But, it's a fairly lengthy agreement; it's an agreement and two attachments.

We've narrowed it down into a brief summary for you. On this page, you should have this in your handout. CMS provides us for about half of our funding so it is really important for us to continue to maintain that funding as we move through the process that we're going through right now.

Just to let you know what it is, for the most part, it does require that we have independent monitoring of the conditions of participation at the facility. We have already bid for an independent monitor, the independent

monitor is H&W Independent Solutions. They have already been here and done a survey of the standards at Porterville and given the results of that this week, and then they will work with them on a corrective action plan moving forward so that we make sure that we're keeping the quality of our care at a consistently high level as we go through the process.

So, that independent monitoring process will continue through closure.

We must provide CMS monthly reports of all of the transitions that have been occurring, so we give them a status of every person who lives here and whether or not they're still living here, or whether they've moved someplace else. We also will give them a quarterly report of any new options for living that are being developed so that they know that we have the capacity in the community to serve all the people who are transitioning.

So, that's the independent monitor part. Then, there's a series of transition and planning activities that we also, really already do but there's a requirement for us to monitor how well that's going, and then there are timelines for that. So, every person now, as they have an IPP, the teams, the ID teams will have transition plans and milestones put in place for

each person, things that they may need to learn to help them make their transition easier as they go along.

Then, we'll have meet and greet activities, part of what you're going to see today with community living options is to let you know how that's going to go. You'll meet providers who can serve your person in the community, and then as you go along you'll get what we call, or at least what I call, a match. And, when it's all agreeable, that everybody that this person services and supports can be served in the community based on what we've written in the IPP for years and years, because we've always done what services and supports the person needs to live in the community, when that match occurs, then we'll start into what's called a transition planning meeting.

That transition planning meeting has to occur 30 days in the new agreement from the point that you have a successful meet and greet that match up. From then on, you'll actually schedule out what the projected date of placement is and what transition activities need to occur; visits, day program sites, whatever the team determines the person needs as you go along and you'll project out that date.

Then, two weeks before the—once you get an actual date of move, two weeks before that date, at least two weeks before, you'll have what's called a transition review meeting to make sure that all those activities have, in fact, occurred and the person is set to go. So, that's a lot of the transition planning and activity that we have to do and you'll have that here in the handout.

Post transition, then, we have to do transition monitoring. There is a whole set of items that we track on the community services division side of the house that keeps track of what everybody's status is, the regional project who you just got introduced to does regular in-face person-to-person monitoring at 5, 30, 60, 90, and 365. Right? 180; I thought I had them all. We see the person quite a bit. And then the regional center also does monthly touch-ups with the person as well.

In addition to that, we also look at the national core indicators and monitor those as we go along. Part of the agreement also requires us to look at the incident reporting system and make sure that we're tracking that for every person who's moved, and if corrective actions need to be made, then we're making those and then we report those to CMS as well. As we start doing moves we'll be letting you know about what that system is so that you'll

know how you can—if you have an issue how you can call and let people know what those issues are.

And, I think that's it. I think in a nutshell that's where we are at with the CMS agreement. Like I said, it does allow us to continue funding through the closure so long as we do all of these things, and maintain safety, and pass our surveys. We will continue to have surveys by the federal government as we go along through the closure process. So, as long as we continue to make those then we will have funding.

The agreement for the ICF does require us to have some placement goals. So, if you see the agreement—and it's posted to the website. Right, Amy? So, if you look at the DDS, the Porterville closure page, that agreement will be there so you can see it. In one of the sections it says these are the placement goals we think that Porterville is going to make through the years.

We have to have all the ICF folks placed by, I'm going to say July 2021. But, every year in July we have to report to them how many people we've placed and they will only fund a certain number of people here. So, if we exceed that number living here, if we haven't met those placement goals

then the difference between what we said and what is here we will not receive funding for. So, we'll make that up through our own budget as we go along.

W How many people, or how many residents have to be placed in order to keep the funding going?

Dwayne It's not a huge amount, and again, it's only for the ICF.

W What does ICF stand for?

Dwayne Intermediate Care Facility, so, Program 5 here. I'll go back and look at the numbers for you and give them to you later. I can talk to you afterwards. They're in the agreement that's on the webpage. It's a completely do-able number, I will say though, because, again, they based them on our projections of what we thought the capacity was going to be. First year is 22 and that's actually about average for what Porterville's been placing, believe it or not, for the last few years.

M Question in reference to the center that's closing this week. All of the people that were in the center, how were they placed? [Audio disruption] closing the building [audio disruption].

Dwayne Oh, you're doing unit consolidation? No?

M My understanding is one is due to close. How will these people be placed? If you close a unit, what are you going to do with the people that are in those units now? How have they been classified and where are they going?

Dwayne What you're probably talking about is what we call a consolidation. We're trying to do those at the beginning because what we want to do is, obviously, reduce the number of moves a person has to live in. But, it takes a certain—you have to remember that we get budgeted on the number of people we have living here.

So, let's say that we have 200 people living here, we lose staff when we get down to like 150, so we can't have the same number of units open because we don't have enough staff on every unit to have people there to

monitor folks. So, as people get placed, the population on the unit reduces down and at some point we actually have to consolidate here at the center.

M Okay, so they're not really being pushed out or moved, they're going to be consolidated.

Dwayne Right. They'll be on another unit here at the center as that consolidation occurs. And, as Theresa said, they have teams look at that. We're actually getting ready to put out a little protocol for how that would do so that everyone can look at what their needs are to make sure we get, again, good matches as we fill in the vacancies that we have on existing units here to fill in.

M Thank you for the clarification.

Dwayne Okay. I'm going to turn it back over to our MC, Dawn.

Dawn Thank you. Before we get going on the next topic, I just want to make sure we know there are callers. So, operator, is there anyone in the queue that has a question regarding our first agenda item?

Moderator At this time, there are no callers in the queue. However, we would like to give everyone an opportunity to signal. [Operator instructions].

Dawn Thank you. For those that are on the phone, we do acknowledge that you did not receive the document that Dwayne LaFon was referencing, the settlement agreement with Centers for Medicare/Medicaid, so I will ask Amy Wahl [ph] to send that out, again, so folks have that who are not here in person. But, it is a one-page document outlining the information that Mr. LaFon just spoke of.

So, we're going to move on to our next agenda item, community living options presentation. And, that will be done by Mr. Shelton Dent. Thank you, Shelton.

Shelton Thank you, Dawn. Good morning, everybody—oh, it's afternoon now. I've been up all morning.

I've been asked to come and speak about community living options, which is everything that's available in the community for folks to move into as they transition from the developmental center. I want to make sure that I come across to the folks that really need to hear this the most because it is

very important. I know that you are very concerned about where your loved one may be going and we've come a long way in California.

So, I'm going to talk about some of those living options that have occurred because the reason this is very important is because I know some folks have had their loved one go in the community before and we—I've been through developmental center closures for a long time, all the way back to Stockton Developmental Center, and you always hear the story about my loved one was placed in the community before and it didn't work.

I'm here to tell you that there are so many more options in the community now than there were before that between the IPP process and working closely with your regional center and that case manager, there is something that Dwayne was talking about, that will match. So, I'm going to go through a lot of the different community living options that are available out there, and I'll even go through some of the community living options that you've probably heard about that didn't work for your loved one in the past. But, I want you to know that they're still out there.

Does everybody have this handout that talks about community living options? Because everything that I'm going to talk about is on this

handout, as well as this slide. First of all, with community living options, we want to talk to your ID team, with your regional center, talk about what the different options are to make sure that your loved one is safe.

As you can see, this presentation's going to give an overview of all the different types of living arrangements that are out there, and as some of you have already learned, all of the different options that are out there may not be the one that's right for your loved one, but there are so many different options that you may not have tried yet or that didn't even exist the last time that your loved one may have been placed.

So, we have a number of different options that didn't even exist then that I'm going to also talk to you about. Surely, there's something out there that can work for your loved one. All of these options come about through working closely with your regional center, so if you need to know how to get in touch with your regional center, the Regional Project is able to help you do that.

As you know, we have two different licensing options for community living option. One is licensed by Department of Social Services, and we have another licensing option with the Department of Public Health.

Porterville Developmental Center is licensed by Department of Public Health and we also have options in the community that are licensed by Department of Public Health. I'm going to start off with the options that are licensed by Department of Social Services.

Starting off with the alternative residential model, and I'm sure when I go to do this you're going to have a lot of questions. I'm going to try to go through the slides first so that we have plenty of time for everybody to ask all the questions that you want to ask while I'm here. Okay?

The alternative residential model has existed for over 30 years. Most of our folks that live in the community live in one of these alternative residential model-type facilities. The alternative residential model is based on, as you can see in there, it talks about ARM Service Level 1, 2, 3, and 4, A through I. Everybody usually wants to know what those numbers mean.

What those numbers really mean is that the higher that number the more staffing exist in those types of facilities. So, Level 1 requires very little care and supervision by staff. You might have one person there with maybe six people. And then from there it goes on up, ARM Service Level

2 has a little more supervision, ARM Service Level 3 has more supervision and ARM Level 4 A through I all different service levels with all different staffing, and all different professional consultants coming to those homes to serve people that have more challenging behavior or more challenging needs.

One of the things that I'll tell you about these ARM level facilities is when it comes to developmental center closure, over 90% of the folks that come out of the developmental centers today do not go into these ARM facilities. Most of the people coming out of the developmental centers today go into specialized residential facilities, they don't go into these ARM facilities.

And, I'm not saying that the ARM facilities are bad, I'm just saying most of the people that are in the developmental centers today require care that goes above what can be provided in an ARM level facility, and therefore, regional centers through an RFP process develop specialized residential facilities specifically for each individual that's coming out of the developmental center.

The other thing that you need to know about the ARM level facility, as I said, most of the people coming out of the developmental centers are going into specialized residential facilities. Another one of the reasons for that is because we want to make sure that the people that are developing the facility have the experience and background to take care of the folks coming out of the developmental center.

With the ARM level facility, the way our regulations are written, anybody that wants to take care or think they want to take care of people with developmental disabilities can go through the regulation process, submit an application, and get vendored as an ARM facility. That's the way the regulations are written and the regional center can't say no. They may not place anybody with them, but anybody can open that type of facility.

We're trying to get people that are experienced at taking care of your loved one and want to do it, and have experience doing a good job with it, and that's one of the main reasons why regional centers will develop specialized residential facilities specifically for people coming out of developmental centers.

So, now I'll talk a little bit about the specialized residential facilities.

There are different types of those, too. As I said, the specialized residential facilities, by regulation, have to provide services that go beyond what can be provided in an ARM level facility.

So, all of these facilities were developed specifically for through the IPP process the regional center will say we have consumers that need all sorts of different types of things and they're looking for a provider that can address those needs. So, that's why they develop these types of facilities, because they are developed specifically to take care of your loved one and the different needs for your loved one, and they staff with people that are experienced in that sort of thing so that they can address those needs.

One of our most popular specialized residential facilities is called the Adult Residential Facility for Persons with Special Healthcare Needs. That acronym there is sometimes called ARFPSHN, sometimes it's called ARFPSHN, and all sorts of different things. But, that acronym stands for Adult Residential Facility for Persons with Special Healthcare Needs. It serves some of our most medically fragile consumers.

I probably should tell you where this home originated. A few years ago we were talking about closing Agnews Developmental Center. San Andreas Regional Center developed a home that they felt could take care of people with medically fragile needs. They sent an application to Department of Social Services Community Care Licensing, and said we've got some—they had experienced people that wanted to develop a home for people with special healthcare needs, very medically fragile folks that lived in Agnew.

Licensing took the application and they read through their program design, and they were going to have nursing there, and all sorts of specialists to come to the home to take care of these folks. And, licensing sent the application to the Department of Public Health because Department of Public Health usually takes care of folks that have the most medical needs. Department of Public Health looked at the application and said you can't serve folks like these in a community care setting. So they advised Community Care Licensing not to license the facility and said it should be licensed through Public Health because Public Health has all the ICF intermediate care type facilities that serve people that have more medical needs.

The problem with that is the way Department of Public Health works is all based on the medical model. The medical model says when you get better you have to move someplace else. They work just like a hospital; you go to a hospital, you get your needs treated, and then you move on to something else.

So, if we licensed it through Public Health it would have been under the intermediate care facility model and as folks get better sometimes they get better. If they come out of the developmental center and for some reason something miraculous might happen and they get better, and one of the things that goes on with developmental closure, as you all know, is the department is telling you we're going to develop a home for your loved one that they can live in as long as they choose to.

If you go into an ICF facility—and the developmental center is an ICF facility, but the ones in the community that are smaller size, six people maybe six to fifteen people, they still work differently. The way those work is based on the medical model a nurse comes in every six months, they look at the treatment authorization requests, and if the folks don't appear to need that level of care anymore they don't sign that, and if they don't sign that then Medi-Cal won't pay for it any more.

So, what happens with those health facilities is at the same, it's hard to say that that's a home you can live in as long as you choose to if, in fact, somebody can come through there and say they don't require that level of care anymore. So, that's the reason why San Andreas was trying to develop community care license facilities that can serve people that are medically fragile, because that home they can stay in as long as they choose to even if they get better.

If they get better the regional center may tell them about other living options that are available, but it's still their choice to stay there as long as they choose to. With an ICF it's not their choice to stay there as long as they choose to.

So, when that happened at San Andreas Regional Center with their models that they were trying to get approved, we said we're going to have to develop some legislation that would allow somebody to, even though they're medically fragile, they could get licensed under Community Care Licensing, we can have nursing 24/7, we can have clinical staff come through, whatever it is that person needs, and they can stay there as long

as they choose to, and that became the Adult Residential Facility for Persons with Special Healthcare Needs.

So, all of the most medically fragile folks living in a developmental center can move into these homes and even if they get better, and some have, they can stay there as long as they choose to. I can give you a perfect example of that, too. I went to a home—I've gone to all of the ARFPSHN homes and I went to one onetime and I was just seeing how things were going, and as I walked in there was a person eating lunch at a table. He was eating lunch by himself and I thought it was one of the staff on a break.

So I was saying hi to all the consumers that were living in the home, and I was saying hi to the staff, and I said is he on a break. And they said no. And, they said his name and they said when he first came here he was in a wheelchair, all of his daily activities, needs had to be done by somebody else, and he had to be fed, and he was in a wheelchair as they said. Everything, he wasn't doing anything on his own. And they said he's been here about four months and now not only does he eat on his own, he can dress himself, he even talks if you want to say hi to him.

And I said you mean he came from Agnews and he's not staff on a break.

And they said no, he's not. He's just improved. But, like I said, he can stay there as long as he chooses to. He likes the house, he's having a great time, and loves being there, and loves being on his own, and loves having his own lunch, and he's on cloud nine. And, he can stay there as long as he chooses to.

If he was in an ICF facility the nurse would come in, look at his treatment authorization and request a—he doesn't require this level of care anymore, you've got to move him out. That would go against the promise that we're making to parents that we're developing homes that your loved ones would stay at as long as they choose to, and that's why we have these facilities and all these other specialized residency facilities that I'm talking about. Folks can stay in as long as they choose to; if we went with the ICF model they cannot do that.

So, as I said, the adult residential facilities includes people that are the most medically fragile, they have nursing staff there 24/7, every hour of the day. They have clinical staff that come through, they have a physician that comes through and sees people every 60 days, we have nurses from

the Department of Developmental Services that come in every six months, the regional center nurse comes to these facilities every 30 days.

There are so much monitoring of these homes it's actually fantastic. And so far these homes have been extremely successful especially with the folks that are more fragile even if they don't need that level of care anymore.

These are pictures of an adult residential facility with special healthcare needs and these are also in your handout if you can't read that. As you can see we have wider hallways so if folks have wheelchairs it's easier to get them through the hallways.

The bedrooms, one of the things about the bedrooms is in order to help staff take care of your loved one they have a system that allows them to lift people in and out of their wheelchair, in and out of the bed, move them through the home as safely as possible. I think all of the ARFPSHN homes have this system so that people can be moved more carefully and safely.

Then we have what is called the delayed egress secure perimeter home.

Another type of specialized residential facility. It's pretty much self-explanatory. The doors, as you go in and out of the facility, the doors have a delay so that folks can't just run out of the house and then there's a secure perimeter which means there's a locked fence around the perimeter of the home so that people, if they do go out, they can't run out into the street.

Now, when I talked to people about the delayed egress secure perimeter home, they think that the folks are locked in the home and they can't get out and that's not the purpose of the delayed egress secure perimeter home. What the secure perimeter is for is that if the individual insists on going someplace, there's time for staff to follow them wherever it is they need to go.

So, when the consumer gets to the fence and finds out it's locked, staff will come to the fence and if they insist on going out, staff will unlock the fence and go out with them. It's not that they can't get out and leave them alone, that's not the way the delayed egress secure perimeter home works. It's to make sure that staff can go with them when they insist on going out.

They're also licensed by the Department of Community Care Licensing Social Services. The ARFPSHN home that I just spoke about, the delayed egress secure perimeter home that I just spoke of, are types of facilities that Community Care Licensing would have never licensed.

But, the other thing that I didn't tell you about the ARFPSHN and I didn't tell you about this one yet is that the secure perimeter has to also be certified by Department of Developmental Services. The ARFPSHN home also has to be certified by the Department of Developmental Services. The reason for both of those things is because Department of Developmental Services who usually doesn't have a monitoring role with the community other than the developmental center, also has a monitoring role with these homes.

So, we have staff at the department that go out into the community and assist with monitoring of these facilities as well as licensing. Licensing still goes out and does their monitoring reviews and such, but we have another layer of monitoring of these homes that comes from the Department of Developmental Services headquarters, not just the regional center who also goes out there and monitors, and makes sure everyone's getting the care and services that they're supposed to be getting. But, we

also have an extra layer on the Department of Developmental Services itself that also goes out and does monitoring of these facilities.

This is a picture of one of the delayed egress secure perimeter home in the Central Valley area. This is the inside of it, this is a really nice home; I went to this home, too. It actually also has a camera system so they can see what's going on with consumers from different areas just to make sure everyone's safe and being well taken care of.

And then we also have the enhanced behavior support home, another new home that's being developed. None of these exist yet, the regulations have been approved, and these homes are modeled after the adult residential facility for persons with special healthcare needs. The only difference is instead of dealing with folks with medically fragile needs, these homes are being developed to serve folks that have the most challenging behavioral needs.

So instead of having 24-hour nursing like the medical fragile home has, these homes would have 24-hour behavioral experts, call them behavior consultants or board certified behavior technicians, or consultants, that type of thing, folks that are very well-trained in handling folks with

challenging behavior. And, these homes would have folks like that in them 24/7. And those are also the folks that help develop behavioral plans that help address the needs of the consumers that would go in these types of homes.

These homes, although they don't have to, could also have a secure perimeter and they could also have delayed egress. That's possible for these homes, the legislation allows for that when the regional center does it's RFPs, requests for proposals, because again, all of these specialized residential homes are developed by people that are experienced with taking care of our folks, they're not just anybody doing this.

So, the regional centers usually do an RFP process to make sure that they're getting people that are experienced in developing these types of homes to serve the folks that need that level of care. As I said, these are in development, but there aren't any in existence yet.

Then, the last home that we are in the process of developing is community crisis homes. Community crisis homes will be similar to what we have at two of the developmental centers right now. We have Northstar and we have Southstar. Southstar is at Fairview Developmental Center and

Northstar is at Sonoma Developmental Center. Those are small crisis facilities that are now located at those developmental centers.

We're going to develop some crisis homes also in the community that can handle the same type of folks that are being handled at Northstar and Southstar so that, if by chance, somebody in an enhanced behavior support home or somebody in any other type of home that's out there should have a situation where they just need something that can't be provided at that home, they could go into a community crisis home for a temporary period of time to address whatever is going on, whatever the crisis may be. Then they could return either to a different living arrangement if for some reason it wasn't working, or they could go back to the home that they came from once they got the crisis situation under control.

Again, these homes are in development as part of this system that we'll have in place. It's kind of like the safety net for folks in the community as we continue to move towards closure of all our developmental centers. These are the homes that are just like Community Care Licensing.

Then, we have the inter-related care facilities for people with developmental disabilities. The ICF-DD is a large ICF facility which

is similar to a developmental center; the thing is regional centers don't develop those any more. There are about ten of them that are in existence today and regional centers usually use them as respite facilities or something like that, but they don't develop these anymore and there are ten of them that currently exist. One of the problems with them is they're, again, based on the medical model. If you go into those types of facilities it's not someplace that you can be sure that your loved one can stay as long as they wish to because all of these are now licensed by Department of Public Health and they work on that medical model. So if you get better you have to leave.

We have ICF-DD/H in the community which are smaller health facilities, they're licensed by Department of Public Health. They serve people that have medical needs, and—I mean, there are some folks that you can be pretty sure aren't going to get better and so they could stay there as long as they wanted to, but there's no guarantee.

The other thing about the ICF-DD/H and the next one, which is the ICF-DD/N, is that they are funded through Medi-Cal, and I think everybody knows that Medi-Cal rates usually don't pay what it costs to provide services. It's no different in the community in that a lot of these service

providers will tell you over and over again I don't get paid what it costs me to provide services.

And so you really—when you use these types of facilities, and some of them work great for our consumers, but as consumers' needs continue to grow, it becomes more difficult for those same providers to continue to provide that service because their rate doesn't increase when the consumers' needs grow. They still have to live with whatever it is they're getting and sometimes that's not suitable for our folks, which is why when we do developmental center closures, very few regional centers, if any, do an RFP for an ICF facility. There might be one in a million, but very rare.

This is a facility that is almost similar to the adult residential facility for persons with special healthcare needs. This is an ICF facility that provides, it's called ICF-DD/CN because it provides continuous nursing. Continuous nursing, again, means it provides 24/7 nursing services. It serves the same types of people that go into the adult resident facility for persons with special healthcare needs. But, as I said when I talked about the health facilities, it's based on the medical model so it'd be a great option if you wanted to have your loved one in a home that was licensed by Department of Public Health versus Community Care Licensing.

The only problem with it is that, again, it's based on the medical model.

If your loved one goes into that type of facility and gets better they have to leave; it's not someplace that you can call your home and we are trying to develop homes for people to live as long as they choose to. I think that's important to you and it's also important to us. We want to develop homes that your loved one can live as long as they choose to; that's why the ICF model isn't the best suited one.

And then, we have our other community living option, parent family member home. Even to this day most of our folks live in the parent family home. A large majority of our folks live with the parent family home, but because a lot of them are adults now we also developed independent living skills training to try to help them learn the skills that it would take to live in the community on their own, or with a roommate, or something like that.

So, we have independent living skills training now, which is something that we didn't always have, we have that and that would allow folks to go from independent living skills training to something that we call supported

living services. Supported living services is a program that folks can after they have the training that they need they can live in a home that they rent, lease, own. It could be a regular home, it could be an apartment.

Regional center health provides supports that are needed to help them get whatever it is that's needed to sustain them in that type of home, and that's an option that works for a lot of people. That's an option that continues to go.

We also have the family home agency and I don't know, you may have heard of the family home agency. Way back when we were clipping [ph] Stockton Developmental Center, we passed legislation that is similar—the family home agency is similar to foster family homes for children. Instead of it being children, though, it's for adults. So, there are folks—what we were thinking when we developed this legislation is that there might be folks that work out of the developmental center that might want to, if we're closing a developmental center, at that time it was Stockton Developmental Center, we thought staff might want to take somebody that they've been working with for years and years to their own home.

So, this legislation family home agency and family teaching model allows folks that work at a developmental center, work for the state, to take somebody with them and they can live in their home. The family teaching model is similar to the family home except the family teaching model is like a duplex, the family lives on one side and the consumers live on the other side, and they intermingle as much as they want.

In the family home they actually live in the same home full-time. In the family teaching model the family lives on one side, and the consumers live on the other side and they can go—there's a door between the two homes that they can go through, kind of like those hotels that have a door there where if you have your whole family you can get through that other door sometimes, or you can leave the kids over there and just say leave us alone.

It's been one of the newest programs that we have that it's still waiting to get approved by the federal government, is the self-determination program. Self-determination program is where the family actually gets a budget that's determined through the IPP process depending on what the needs are of the family. You can get your own budget and work with your loved one on whatever it is, the services that he needs, you can find people

on your own to take care of them. You just have to stay within that budget.

It's still a new program that's coming along and once it gets approved by the federal government there'll be a lot more information about it, but just as it is that rather than having to wait for a regional center to find a particular service for you, you might know somebody that you know could take care of your loved one, you can pay them yourself as long as it stays within the budget that's provided to you.

So, that is the gist of community living options that are available to your loved ones today. Now, we can check with the queue and find out if there's any questions by anybody on the phone and then we can start talking about questions here.

Dawn Operator, is there anyone in the queue?

Moderator We do have a couple of callers in the queue. We'll take your first question from Francis [REDACTED]. Please go ahead.

Francis What is the timing on all of this?

Dawn The question was what is the timing of all of this, and currently at every individual's IPP there will be discussion on the services and supports needed for your loved one. Porterville general treatment program is anticipated to be closing in 2021, that's per the governor, and so you can look in the closure plan, as well, that's on the DDS website and it will give you more specifics. But, it is person-by-person as services and supports are identified and resources developed.

Francis Okay, also, I got this notice so I'm on this conference call, but there was nothing that I saw that said I could get copies of previous meetings and/or this agenda. So, could I have that, please? Could you send it to me?

Dawn Absolutely. Could you please state your name again, we're having someone write it—oh, we've already got someone in the audience that can identify you. We'll get that information to you. I do want to just share, again though, the transcript of the meetings are on DDS website. But, we will definitely send you the handouts and the information from our last meeting.

Francis And, what about a copy of all of those—that presentation he just did with all of the independent living family home agencies, all of that stuff?

Dawn Absolutely. It was attached to your invitation, but we will send that to you again as well.

Francis Thank you.

Moderator [Operator instructions]. We'll hear next from Monica [REDACTED]. Please go ahead.

Monica First of all, I wanted to say that we are having a very, very hard time hearing you on the phone. You're speaking very fast and I know you're trying to get through a lot of information today, but if you could maybe speak a little bit louder it would certainly help.

I have a question about the first segment that you were talking about, the meet and greet and that sort of thing. My husband and I are very old, we're in our 80s, we're not terribly well, and we live in another state. But, our [REDACTED] siblings still live in the area where our [REDACTED] would eventually be

living. I was wondering if they could be in on these calls and if they could attend these various meetings.

Dawn Absolutely. This is an open forum. We encourage any family members, siblings, loved ones, important people to your loved one's life to be part of the situation, absolutely.

Monica Thank you.

Dawn You're welcome, and thank you for sharing. We will try our best to speak a little slower and more clearly. We would like everyone to understand what we're sharing here in this room. Thank you.

Moderator We'll move to the next caller in the queue, and that will come from Miriam [REDACTED].

Miriam Yes, I am a [REDACTED] of a client there at the PDC and my question was if I live in Southern California can these regional centers, is there any placement possibilities in the Southern California, I'm in [REDACTED], so Orange County, LA County, Riverside County, somewhere around there.

Miriam

Thank you very much.

Dawn

We definitely encourage families to communicate with the regional centers right now as we're having our discussion phases, and if there is another area you would like your loved one to be outside of your regional center catchment area, talk with your regional center DC liaison, your developmental center liaison and make those wishes known. They can connect within the regional center that's in your preferred area and talk about potential resources or case transfers. That does happen on an ongoing basis, not even through closure. So, we really encourage the participation and that dialogue, the sooner the better, so that we can really plan for your loved one.

Moderator

At this time, we have one caller left in the queue for the phone audience. [Operator instructions]. We'll hear next from Mary [REDACTED].

Mary

My question is kind of the same as the previous caller. I live in Southern California and my [REDACTED] is in Porterville. Right now [REDACTED] case worker is in San Bernardino, but it's my understanding that [REDACTED] was transferred to a different regional center closer to Porterville, that it would make the transition easier for the business before [REDACTED] actually gets placed. And, I

don't know how to switch [REDACTED] to a different regional center. I think [REDACTED] stand a better chance of getting the appropriate placement if [REDACTED] was in that area. Am I right or can you help me with this?

Dawn

We certainly have done transitions outside of the area and we have providers coming in Porterville that don't live around here. So, I'm going to let one of the regional centers, again, address that question, but we will do whatever we need to do to transfer that information.

Cleora

We will be more than happy to interface with Inland Regional Center to make sure that we can get that information, your request back down to them. But, in addition, we'd like to go ahead and just say everybody who is being tracked by Central Valley, we're going to be sending out a survey and basically asking some of those basic questions as to when would you like to meet, when would you like to discuss your loved ones, where you would like them to be living, as well as the type of services that you envision for your individual that you're wanting to have placed. We hope that you will be responding to our survey as we send that out.

Mary

Definitely, I will. Thank you.

Dawn Operator, any other callers in the queue?

Moderator We do have one additional caller. Eva [REDACTED], your line is open.

Eva Thank you, I lost my question already. One of them was that you mentioned that there was a website DDS to get more information of what has been discussed. What is DDS?

Dawn I'm going to direct you to the Porterville. Our website that you can get more information is Porterville.closure@dds--oh, I'm sorry, the e-mail. I apologize. Amy's going to speak to that.

Amy DDS is for the Department of Developmental Services and we have our website, we have a special closure dedicated section for each developmental center. If you have a copy of our agenda it's at the very bottom of the agenda right under the e-mail address.

Eva I don't have a copy of the agenda because I'm calling from [REDACTED]. I only got the invitation to call in to listen in, but I don't have anything in writing.

So, those are the folks that are the experts that are with your loved ones day after day. They accompany the regional centers and they go out and they are another voice for your loved one to say if they feel that that home environment would work or if it would not work or if there's modifications to the home for their protection. They will be able to share all those details for your loved one so that we can make sure we have a good match and that provider can meet your loved one's needs.

Eva Thank you, but I would like to make a request that I be sent either photos via the internet or hard copies on these different homes that are available for [REDACTED] to make sure that I am familiar with what is being offered to [REDACTED].

Dawn Can I get your name again, please, so that we can identify your loved one? I've got some very good experts in here from Porterville.

Eva Yes, my name is Eva [REDACTED] and [REDACTED] is my [REDACTED].

Dawn Okay, we have a lot of heads nodding here saying oh, alright. We will definitely be in contact with you, your resident social worker, your

regional center, and we'll communicate with you on how we can best do that.

Eva Thank you very much, appreciate it.

Dawn You're welcome. Thank you for calling. Operator, anyone else in the queue?

Moderator At this time there are no additional callers in the queue.

Dawn Alright, I'm going to turn it back over to Shelton. I'm sure that there are some questions here in the audience.

W Do you know yet how many new homes are going to be built and where?

Shelton Not off the top of my head I do not know how many new homes are going to be built other than they're going to be built all over the state. So, depending on where your loved one wants to live, that's why we have these meetings so they'll talk with your loved one about if they don't want to live in this general area, but there's some other regional center that they

might be connected with, they'll work with that regional center to develop what's needed in that community.

Dawn How about maybe Heather can speak about the community placement planning that we do at the regional centers?

Heather Cleora and I will tag-team on this. We have lots of development going on at all the regional centers, especially those who have people living at Porterville, and these are multi-year projects. So, one of our projects, for instance, dates back to 2012, 2013. It's a 15-bed facility in Valley Mountain's catchment area in Stanislaus County. It's slated to open relatively soon and it will have individuals with extreme behavioral needs.

So, Cleora was kind enough to do the math for us and we can only speak, unfortunately, to our development so far, but we have 71 beds in development right now between Central Valley Regional Center. Some of those projects are joint with Kern Regional Center and some of those projects are joint with Valley Mountain.

Now, when we say 71 beds, some of those will be coming online this year, some next year, some the year after. So, we usually prepare three years in

advance for what we think we will need. So, it's really important, Shelton's presentation today was designed to help you get your mind working on what some options might be a good match for you and your family member, and you've probably been thinking about this over time, too.

I was talking with a few families, one of the things Central Valley's going to be doing, too, is because our ARFPSHN, adult residential facility for persons with special healthcare needs, is not yet open, we are helping people with hotel and airfare or travel to get to the Bay area or to get to Los Angeles so you can actually see one of those homes, and we'll help make those arrangements for you if you're inclined. Sometimes it's really nice to get that visual and see something that's up and running.

Sometimes it's harder for people to see something based on a blueprint or something along those lines, so we want to make it as easy as can be so that you can connect it.

And then, as we're developing, we can also make specialized modifications along the way that are for your family member. So, the type of home might be general, but all the way down to the details of their bathrooms, their bedrooms, the type of walls, whether or not the screws in

the doors are exposed or not exposed, all these sorts of things would be addressed at the level that's specific to your family member.

Cleora

We start with the development with the comprehensive assessment, so we're not just blindly developing. So, we're looking and relying on PDC to tell us what are the special needs that are going on with the individuals that we're trying to develop a very specialized home with. So, beyond the comprehensive assessment what we do is we have our developmental center liaison meet with developmental center staff here and they bring it back to our resource development unit and we discuss.

We always are in conversation with different people making sure that what we're developing—because we do have these options that Shelton went through. We want to make sure that when an individual moves from Porterville, that this will be the last move that they have to make unless they choose someplace else they want to live. We want to make sure that this will be a move that will be beneficial and will give them the most options available.

Heather

Also, in addition to the comprehensive assessments, work very closely with Angie and her team here at Porterville because they're going to know

what your family member's needs are on the unit in which they live and what their day program needs are, and who their friends are, and all these other things which we take into consideration as we're working through development.

Cleora brought up a little bit earlier, and I just want to clarify, for those families who are looking at moving into the Central Valley Regional center catchment area which is Merced, Madera, Mariposa, Kings, and Tulare Counties, as well as Fresno County, we will be having a local forum upcoming. So, we want to encourage you to make sure your e-mail address is up-to-date with your developmental center liaison and/or with Angie because we really want to sit down with you together inclusive of Cleora and I and just maybe have a little coffee social and conversation and really talk through some of these details as well. So, that's something that we'll be getting out to you relatively soon.

W

Another question is how many people per bedroom are allowed in the home.

Cleora There will be one person to each bedroom. So, unless somebody has a very specific need that they want to have a second person in the room with them, we're developing homes that only have one person per bedroom.

W One other question, and this may have been addressed in previous meetings, but there are several people on my [REDACTED] unit right now that are talking like they can maybe all stay together, but then they all have their own special needs, of course, but then they're also served at different regional centers. How will it work to where we could be in the same area because I'm in [REDACTED] and I really, I'd have to drive to Fresno. This drive up here is about a five-hour drive on a Friday, so to go a little over 200 miles. So, how is that going to work or do all the [REDACTED] themselves have to get together and decide?

Cleora What's really nice is that we do have such a nice working with PRP, the Porterville Regional Project, and our DCLs, we have actually had a conversation with having an individual who may be from Kern Regional Center move to our regional center because they're best friends. So, we are taking that into consideration.

We don't want to split up friends or even groups that happen to really relate well to each other. That's the last thing we want to do and if at all possible we're going to try to keep those friendships, some of these very long-term friendships, intact as best we can. So we will be talking with regional centers, other regional centers if they happen to go across regional center lines.

One of the reasons I think Shelton's talk is so important is that you get an understanding that there's a continuity in what we're doing, so it's not in a vacuum. We're doing this as a state, which we're a huge state but we're not trying to do this in a vacuum, we're trying to [indiscernible].

W

My main concern is and I think some of the other [REDACTED] will feel the same way, too, we want the less traumatic move possible. I really feel in the deepest part of my heart that if my [REDACTED] with the friend that [REDACTED] had for all these years it will be an easier transition. But, I also haven't heard, and I want to maybe bring this up, is it still where staff can still go to the community homes? Because, I heard that they would be going and then they also wouldn't lose their benefits, and they still would be working for Department of Developmental Services. Is that correct?

Dawn There is a program, and I think that somebody from—there's somebody pointing a finger that can speak to that better than I could. I'm not—

Dwayne Yes, we do have the community state staff program still going on. We're meeting with various providers and regional centers now. We are starting to open contracts up; right now most of those are coming through Sonoma because, again, they are at the front of the line so far. So, as we were talking before as the community placement new homes come online each year, so as those homes come online if those providers develop for community staff to come on then they'll do contracts then.

So, that will be down the road a bit but the program's in existence now. We've done the collective bargaining with all the labor unions so that we can do that and move the staff as we need to.

Dawn Just to add to that, if you have folks that you want to connect your loved one with, can you please let Angie know? Thank you.

W And speaking what Mr. Shelton was talking about, specialized residential facilities sounds like maybe something that my [REDACTED] would be able to go to.

Anyhow, I'm not sure if you're meaning the [REDACTED]. Okay, my [REDACTED] part of that, too.

Anyhow, on any homes in Porterville, are there any plans to come this close?

Cleora

At this point, not at this time but we have them as far south as Tulare.

W

Well, that wouldn't be bad. Because I spoke to someone about the [REDACTED] [REDACTED] which was, I love that pack because it's been quite a few years that they've been together and I can remember [REDACTED] has gone on to Heaven now but he used to say [REDACTED] wants this and [REDACTED] wants that. So, they can speak for each other and another one that's gone on to be home with the Lord is, passed away a few years ago, and he would always eyeball my [REDACTED] because he could see and [REDACTED]. And so he would give [REDACTED] this look and [REDACTED] head [REDACTED] toward [REDACTED] to frighten [REDACTED] because that was their little thing they did. So, [REDACTED] would go oh no, [REDACTED] at it again. So, they could speak for each other and I love that.

I also wanted to know are the ambulatory and non-ambulatory residents going to be in the homes together or can they just be either/or?

Cleora Most of these homes are going to be set up to be able to take persons who are non-ambulatory, but it really depends on the mix. Again, going back to relationships, and whether or not they have compatible behaviors, and likes and dislikes, and abilities. So, I'm not going to say we're going to have all just non-am and then all am, it really depends.

And then going back to the types of specialized homes we're developing, we want to be able to have a continuous lifespan, so as they get more firmed as time goes on, we're not going to have them leave just because they become non-ambulatory even if they started as ambulatory.

W Okay. Well, I'm going to be [REDACTED] soon and I just wanted to have my [REDACTED] within driving distance for me and I'm not sure how much longer I can do that. But, thank you so much.

W My [REDACTED]—when you were speaking of the 15-bed facility that's in Stanislaus County, I don't know what level of care is associated, that's for [indiscernible] with severe behaviors. Are there any plans—someone mentioned homes reaching a set of plans for as far as Tulare. Are there

plans for Tulare for the specialized homes—what type of homes are planned at Tulare is really my question because that's where I live?

Cleora

At this time we have a couple of homes, I believe, that are for very behaviorally challenged individuals in the Tulare County area at this point. And, we have the first delayed egress secure perimeter home that was started in Visalia, and we'll be having an EBSH home, which is enhanced behavioral support home. So, it's for very severe behaviors as well. We're going to be having—we're developing a delayed egress secure perimeter even though that's not required because we want to make sure the individuals going into there are as safe as possible. And that's also going to be in Visalia at this point.

W

That was one of my second questions because I know probably most parents here shudder at a recent development in Miami where a young man had gotten out of a home and the behaviorist who went to find him was actually shot holding his hand straight up in the air and explaining the whole situation, and the officer shot him said he is a developmentally disabled person. That's one of my worst nightmares.

So, are these homes being built in or planned for in rural areas or in urban areas [indiscernible]?

Cleora

They're in rural and urban. They're in a neighborhood that has very, very large lots, so over an acre per lot. We were able to build two sets of fences, one that would be the interior that looks more like a hacienda kind of setting and then the external one, which will be the secured perimeter so that it would really be two layers. So, if an individual was able to scale one set of fences they can go ahead and get into the next set of fences.

So, we're trying to slow them down as much as possible. It's not, as Shelton said, we're not going to try to keep them as prisoners, but even if they get out and they really want to get walking someplace else, they're going to have to walk a long ways before they're going to be in a place that's a large urban area.

W

That is so good to hear because my [REDACTED] can and will probably leave the area because [REDACTED] used to being in a locked environment and on grounds here someone would see [REDACTED] and be able to reach [REDACTED] ideally, before [REDACTED] could get to 190 or any other high-traffic area. So, that is something I'm

really glad to hear, I hope it's a rural areas, rural [indiscernible]. Thank you very much.

Dawn Any other questions here for Shelton and/or any of the regional centers?

M I think I got the drift that we will be getting some advice from the people here at PDC as to an appropriate location for our charge, whoever happens to be. My [REDACTED] requires 24/7 care, not a behavior problem. But if we were to look into moving [REDACTED] up to somewhere in the North Bay, San Francisco Bay areas, would that be a difficult issue at this point?

Cleora We've been having conversations with different regional centers throughout the state and we are more than welcome to look into and try to track that. To be honest, the other regional centers are developing homes throughout the state as well because they're depopulating Sonoma and Fairview. So there are ongoing development in different parts of the state that I may not even know about, but I do have contacts throughout the state.

M We're the elder generation now and just about all of our family is in the North Bay San Francisco area, Marin County, and Sonoma County, Napa

County, that area. So, if we could get my [REDACTED] up there [REDACTED] may outlive me and then we can have the younger generation deal with it.

Dawn

I just want to encourage everyone to speak with their developmental center liaison, the regional center caseworker that's assigned to your case, certainly connect with Angie and Porterville Regional Project, but now would be the time to share your interest in relocating your loved one to a different area so that we can begin those conversations.

There are 21 regional centers, they all have communication with each other on this very thing, that someone would like a case transfer. So, that way the regional center that may be assuming the case will know what development they need to do for your loved one's needs.

Dwayne

I just wanted to mention, again, the sooner we know that the better, too, so, if you can participate in your relative's IPP and make your wishes known at the IPP. You don't have to be there in person, we can arrange it so that you can call in on a conference line and you can do it all over the phone if you want to. But, you really need to be participating in the IPPs now as we go along, and, again, the sooner the better because that helps us

with the planning. And, you don't have to wait for an IPP to tell folks.

You can call Angie, as we were saying before.

Robert

I just want to second what Dwayne is saying because to just give a little history and background, the regional center, Central Valley, and to some extent Kern, we accept the transfer of cases many, many years ago. So, in your instance maybe you were served by Orange County and you thought this would be better in the regional side it would be better—

W

[Indiscernible].

M

There you go. So, we then accepted a number of folks and knowing that Porterville is here, not in a metropolitan area, and a lot of folks from all over California, Central Valley and Kern assumed responsibility for. So, it's very important if you want your loved one to be closer to where your family resides, to second again what Dwayne has said, let us know because we can work with that center to make sure that resources develop in that area or what the needs are, because this is very important to do that otherwise driving five hours is not a good thing over time. So, I just want to throw that comment in.

Dawn Operator, is there anyone in the queue?

Moderator There are no callers in the queue.

Dawn Any other questions regarding the types of community resources that are in development or currently exist? We'll have one in the future here.

Okay, we could certainly move on.

Our next agenda item is, of course, any other questions and then we will be concluding this presentation, but this definitely can be an open forum now.

W My question is the social workers that our loved ones have had all these years, are they going to still be involved with our loved one, or once the developmental center closes they're out of a job, or how does that work?

Theresa The case management really belongs to the regional centers. So, once the facility basically closes that portion the individuals that work here are going to be given the opportunity to basically continue their employment here. Of course, it has to go through bargaining, we always have to say that with the union, but for the most part they would be offered up jobs.

In addition to it, regional centers always have positions available, so individuals can certainly go to work for a regional center; that's not an option that hasn't been explored, I think, by a variety of people.

Dawn

Do you have a question in the back there?

M

We've addressed the physical ailment. My [REDACTED] been here for 58 years and he is mentally handicapped severely. His name is [REDACTED]. [REDACTED] has no capability to make any decision, make [REDACTED] own food, chew [REDACTED] food, and at the meetings every year one of the goals is to get [REDACTED] to chew. We just ate lunch with [REDACTED]; there's no way.

And so my concern is no real concern because I realize it's going to close. I want to know and be guaranteed that I don't need to go out and hire an attorney, which I've done in the past, to make sure [REDACTED] got the same care that [REDACTED] has now. If I can be guaranteed that I'll leave and never bother you, but if it's not going to be guaranteed I will be each one of your worst nightmare. So, I just want to know that.

I hear all the talk. [REDACTED] has gone through probably seven relocations within the facility. [REDACTED] has watched probably a dozen people retire; I have watched—there's not been one year except for last year that I didn't come, at least 14 people that [REDACTED] was attached to come and go. I can say this year and last year, [REDACTED] knows who we are, which is a good thing. But, I just want to be guaranteed [REDACTED] going to be taken care of and we're going to end up putting [REDACTED] in Santa Barbara, we have homes there as well as in [REDACTED]. So, and that's all I have.

W

[Indiscernible].

Patrick

Mr. and Mrs. [REDACTED], first and foremost I wanted to make certain that when the time comes that we're approaching the possibility of placement for [REDACTED], we want to make certain that collectively we work together to make sure we design the perfect home for [REDACTED]. So, it's going to be a group decision. It doesn't fall on myself, it certainly won't fall on just you, it's a group collective decision to make sure that we're all in agreement before [REDACTED] transitions into a community. That's the bottom line.

So, the one thing about me, I've been with Tri-Counties for a number of years, approaching ten years now, and I've learned over the years.

I've gotten stronger as a service coordinator in terms of making certain that when communicating with the families, when the transition time comes and we're ready for placement, I want to make sure that my credibility's on the line just as well, I want to make sure that I'm doing the best thing I—best possible thing I can to make sure that when someone is placed it falls back on me if they're not successful and I take that very seriously.

So, believe you, believe me that we will come together collectively and we will certainly look at the best possible home for [REDACTED] and make sure the transition, however long it takes, to make sure that [REDACTED] successful. That's the bottom line.

Dawn

Okay, any other questions in the audience here? We have one more.

M

You're aware we've been working with a medical issue with my [REDACTED]. Will [REDACTED] records go with [REDACTED] if she transfers like up to the North Bay area somewhere or will we have to go through the whole issue of getting this issue resolved again?

Dawn

Certainly there are documents that go with the individual. Before they are going into their home, we have what we call as a referral packet, and it is

all the critical components of documents and information that we want to forward to the regional center and the new provider or the proposed provider. Then, once an individual has that match and we've gone through the transition process, then also there is numerous discharge information that goes with.

But, we also will have the records here at Porterville still. We retain all records in our system and so the regional center can always request those and/or family members have requested certain things in the past as well. So we do have a retainment of clinical records.

Dawn Operator, are there any calls in the queue?

Moderator We do have a follow-up call from Miriam [REDACTED].

Miriam I just had—I'm not sure if I missed this at the beginning because it was—you were coming in and going out, but how many residents are actually at the Porterville Developmental Center and how many units are open?

I can't hear anything.

STATE OF CA DEPARTMENT OF DEVELOPMENTAL SERVICES

Host: Charlotte Phillips

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W We're counting; hold on. We're just making sure we give you—

Dwayne I just need to make sure that I give you the most accurate count. We have 99 that are in the intermediate care facility and in the nursing facility we have 43. Total number of units is six in the ICF and three in nursing facility and one acute.

Miriam Okay, so there's—did you say there were 90?

Dwayne There are 99 in the intermediate care facility and 43 in the nursing facility.

Miriam Okay. Thank you.

Dawn Thank you. Operator, any other calls?

Moderator There are no additional callers in the queue.

Dawn Alright, well, on behalf of Porterville and the regional centers, and the department, we do thank you for coming out again. We are hopeful that this will only increase our communication and provide you knowledge of

what is going on and what the resources are in the community. We are all partnering together on behalf of your loved one.

Our next steps are if you have any other additional agenda items we would like to know what you would like to have as far as presentations or discussion. We do also glean from our sessions with you topics that come up that we feel we can provide additional information as well. So, if you are interested in certain topics, again, we really would like to know.

This is where I think I would probably be sharing that you can e-mail at the e-mail address at the end of your agenda,

Porterville.closure@dds.ca.gov and we will get whatever topics you're interested in hearing, and we can put those together and meet up again.

We thank you, again. Theresa has a closing remark.

Theresa

One of the things that Porterville is going to start doing is to pull together parents. We're looking for two representatives to be on our resident transition advisory group. This is a group that will be meeting at Porterville and what we're looking for is people to come together with us and talk to us about the transitioning process, what you like, what you

don't like, and recommendations to improve it as we go forward in this process.

As you know, we're always trying to learn what's the best way, and this is definitely one of the qualitative ways that we can actively engage with you folks. So, if anybody's interested in that, if you can let Angie know we would be getting in touch with you very shortly. We would like to start this group up.

I think that's it. Thank you.

Dawn

Again, I want to thank everyone for coming out and have a remainder of a great day. Thank you very, very much.

Moderator

That concludes our conference for today. Thank you for your participation and for using AT&T TeleConference Service. You may now disconnect.