



## Final Transcript

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

June 12, 2016/1:00 p.m. PDT

#### **SPEAKERS**

Theresa Billeci  
Cleora Ditommaso  
Cherylle Mallinson  
Diva Johnson  
Heather Flores  
Nancy Bargmann  
Dawn Percy  
Amy Wall

#### **PRESENTATION**

Moderator                      Welcome to the PDC Family-RC-DDS Meeting. At this time, all participants are in a listen-only mode. (Operator instructions.) I would now like to turn the conference over to Theresa. Please go ahead.

Theresa                              Good afternoon. My name is Theresa Billeci. I'm the Executive Director of Porterville, and I thank all of you for being here this afternoon. We're going to have a presentation this afternoon by Regional Center

representatives concerning the placement process. This was one of the things that came up from the previous meetings that we had with the families. So, we encourage you to continue you to provide us with any questions, issues that you want to hear about, and we will certainly do our best to take care of those needs that you have.

I'm going to go ahead and turn it over and we're going to go ahead and get started. Thank you.

Cleora

Good afternoon. I'm Cleora Ditommaso. I'm sorry I was not here at the last family meeting, but I'm very pleased to be here today. I am the Director of Community Services, and I'm responsible for helping to develop any homes and any resources for folks, in general, but also very specifically for persons who are coming out of the Developmental Center.

I would just like to tell you a little bit about my background. I have been with the Regional Center system now for 30 years and have done many different jobs, so I'm not new to this arena at all. I started out as a Case Manager working with individuals with special needs for three years and then I went to resource development. I developed homes for people coming out of the Developmental Center along with people who are in the

community already, both for living as well as activities as residential day programs and other activities. So, I have been doing that for quite a while.

I was a program manager for a time and now I'm back and I am now the Director of Central Valley Regional Center. We do have the largest number of folks currently still at Porterville. We have 67 as of today, and one of the reasons why I'm the first one speaking is because we do represent the folks who are out here and we'd like to get to know your concerns and/or whatever else you need from us.

Okay, to start off with, we're going to go through the first slide. We looked at these slides and they're very, very dense. There's tons of information in here and we thought that as the three of us, we have Kern Regional Center represented and they have the second largest number of folks still at—Porterville. I'm sorry, I'm a little nervous. And, then Diva, who is from Tri-Counties who has the third amount that's here. So, we have a representative.

When we were looking at these and going over them and trying to get an idea of what would be most important to you. We thought we would give you a big overview, and let you have some time to look at this yourselves and then ask us questions as we come along.

Each Regional Center, I'm sure you've probably been made aware of this, is that there are 21 in the state, each one of them is charged with fulfilling some regulations that are required through legislation. Each Regional Center, because we are independent, has the right to interpret those regulations individually. So, you may go to Tri-Counties and they may have interpreted them a little differently, but we're still fulfilling the law. At Central Valley, we may interpret them a little differently but still fulfill the law, and we still have the spirit of it as well.

One of the reasons why we didn't want to get too deep into how each one of us did things is because each one of us do them differently than maybe the other Regional Center and it gets a little bit confusing. But, understand that the letter of the law is being met even though maybe the way that we get there may be a little different.

Regulations, particularly for quality assurance, as the Developmental Centers have closed more regulations in terms of oversight have been added to our charge to make sure that people who are moving out of Developmental Centers are being watched, not just being placed, but being followed very closely not only by Regional Center but also by Department of Licensing, Community Care Licensing, or Health Care Licensing



depending on the license, as well as client's rights advocate, as well as the Department of Developmental Services.

So, we have lots of different eyes going in, making sure that whomever is going into a specific type of facility is getting oversight and being looked at, and we're having different people looking to make sure that the quality of care that's being provided is top notch, is as good as what's being provided here or better.

So, that's one of the things I wanted to let you know, and that's pretty much the first point that we have here is that the quality management for persons who are moving out of the Developmental Center is going to have better oversight than what anybody in the past has ever had before. We are really taking this seriously that when we have somebody come out, that they are being looked at and the quality that they're going into is as good or better than what we have available currently anywhere else in the state.

I'm going to go to the next one. The next one is examples of Regional Center standards and training for quality assurance and specialties. This, as I said before, each one of the Regional Centers have interpreted the regulations a little differently. We have a Quality Assurance Specialist at

our Regional Center who oversees how we have liaison monitoring and different things along those lines.

But, particularly with some of these specialized homes, the quality assurance becomes much more elevated and is done much more frequently, unannounced visits so that people are not aware of when we're going to be coming out and looking at the programs are done much more frequently than what they are done in typical and generalized development.

I'm going to hand this over now. Do you have any questions? I know this feels very formalized, but please feel free to raise a hand, ask a question as we go along because I think this is a time for you to—this is your time.

Cherylle

My name is Cherylle Mallinson. I'm the Director of Community Services for Kern Regional Center, and thank you so much for being here today on a Sunday. It is our pleasure to be here and answer any questions you may have regarding how we are going to be developing resources in the community for your loved ones.

One of the things that Cleora mentioned, also, is regarding standards of the staff is that the state also has committed additional staffing in that home,

or in the programs that your loved ones will be participating. So, I'll give it to Diva to give you some examples of the staff that will be working in that facility or in their programming.

Diva

Hi. I'm Diva Johnson. I'm from Tri-Counties Regional Center, and my experience is very similar to my colleagues here. Prior to coming to the Regional Center, I was actually a provider as well. So, I have some experience actually delivering services to individuals in addition to having some Service Coordination experience, as well as I managed the CPP team for quite a bit of time. We've been developing homes for individuals moving out of developmental centers, and I have some experience with that as well.

With that, the point that—I'm just going to summarize this—that we're going to be covering in the PowerPoint. We'll be talking about the staff qualifications and the type of training that they receive to actually meet the needs of the individuals that we move out. In addition to that, we'll also be talking about Special Incident Reporting and what that means, and who does it, and who's responsible for following up on any concerns that come up.

So, did you want to just summarize the last couple points and then we'll just do the Power Point?

Cherylle Sure. For our quality assurance staff, typically, again, each Regional Center depending on your catchment area, the qualification of that individual, would have a Bachelor's degree or better who has been a Service Coordinator for a number of years. Some have Masters who have been a qualified QMRP at a residential facility. The experience may vary for each individual that.

[Off Mic Conversation]

Cherylle Unless you want to talk about unannounced visits, because I know Cleora was going to do that.

There are two unannounced visits typically regulated by the statute; however, if you call, you raise a concern, unannounced visit will happen that day if not the following day. So, our QA staff will be there to investigate and answer questions that you've had raised, or it could be someone who whistleblowed, it could be an ex-employee, or a current employee that happened to have concerns. Those visits also take place in the residential facility or day programming.



Those are some of the visits that they would do. In addition to just unannounced visit, there is also, Community Care Licensing will also do a visit themselves outside of what the Regional Center does. The Service Coordinator also visits in a quarterly basis to your loved ones either in their home or definitely one of them is unannounced and in the home, and sometimes in the programming if they're having services outside of their residential facility.

The visits, of course, they look at things, they even go as far as checking the temperature in the water, making sure the medications are appropriately placed. They have a guideline, a checklist of things that they look at when they do those unannounced and announced visits. They even look at making sure that the physical environment, the home is in good repair, is there on your screen is there a hole, does it need to be replaced. Those are some of the things they look at in detail.

They look at, also, personnel records. They make sure that the people that are providing support to your loved ones are qualified to be there, have the experience, have their CPR, first aid, making sure that who they told us in the beginning, who they also informed Community Care Licensing, have the qualifications that they have.



Cleora We're on the third slide, by the way, and just to reiterate or just to let you know that these are just the bare bones that we do. We enhance these significantly. We're going over what the law requires, but we do a fair amount more than this and as needed. It's kind of like this is just the structure and we go beyond that because we do know that these folks have extraordinary needs, and we want to make sure that their needs are being met.

W [Indiscernible].

Diva It's personal and incidental funds, it's the money that's managed.

W I was just wondering if you guys are going to start using letters, like P&I, if you could just tell us what it is so we know. I was trying to figure out what RC was and then finally it clicked, Regional Center. But, just maybe one time say what it is. Thanks.

Cleora Absolutely. And by the way, UV is unannounced visit. When I actually looked at the UV I thought what is that, is it something from the sun? But, UV means it's unannounced visit. We are acronym happy, so we are sorry about that. We will try to be better.

Diva Again, I would encourage folks to ask questions as we go. There is a lot of information in this presentation. It's very dense. As Cleora described before, the mandates in here are common across the Regional Centers, but how we approach them may look a little different. So, as we go through this presentation there may be times that we chime in to describe how it may look different in different centers in how we meet these mandates.

Cleora This is the first time we've done this together so we're trying to get it coordinated.

Cherylle We did it together online, but that's different.

W Can we go to Slide 5?

Diva Yes. I will try to actually drive in accordance to where we are. We talked a little bit, as Cherylle had mentioned, the qualifications of the QA staff. I think it is pretty common that most of our QA staff has previous experience as Service Coordinators. Sometimes we may have some previous providers in there. So, they're experienced folks.

In addition to that, even though the typical QA specialist may have a Bachelor's degree, sometimes they may require a Masters. So, we have that as a requirement as well. That's some places where we may differ, but the mandates that the QA staff are responsible for being trained on so that they can efficiently and effectively evaluate a program are the same across the Regional Centers, and those are state mandates.

Anything else you guys want to add to that?

Cleora We no longer refer to people as QMRPs. It referred to Qualified Mental Retardation Personnel. But, now it's ID, which is Intellectual Disability. That's been changed now to QIDP. So, that's what that acronym stands for.

Cleora The examples for the new QA, quality assurance training vary by each Regional Center, and we are mandated by Title 17 and 22. Title 22 is licensing regulations, 17 is specific to the Regional Center system, and each Regional Center does things very differently. Our Quality Assurance Specialists are Case Managers who get trained on how to go out every time they go out into a residential facility and look for very specific things while they're there.

In addition to that, we do have different levels of homes which are called the armory which is the alternative rate model which there now is no longer any alternative to that. And we have what's called 113s which is specialized homes which is where most of the folks who would be coming out of Developmental Centers would be in the 113, which would be negotiated rates, higher ratios, richer consultant ratios and such. Then we have what's called the ARFPSHN which is a long acronym, which I don't remember.

Diva                      Adult Residential Facility for Persons with Specialized Healthcare Needs.

Cleora                    And, we have ICF which we're kind of like ARFPSHN, but is under a healthcare licensing. But, they provide care to persons who have medical needs. Each one of these types of facilities have a different way of being reviewed in terms of quality assurance, and our folks are trained specific to each type of facility.

Diva                      I want to speak a little bit about the differences in how Regional Centers are structured and around the QA piece. So, for her Regional Center, the Case Managers are trained to do that, and for Tri-County's Regional Center we actually have a QA team. I don't know how you have it at Kern.



- Cherylle                      Similar to Center Valley.
- Cleora                      There are mandates that we go out specific amounts of time. As Cherylle alluded to earlier, if things need to be looked at more frequently that what's mandated by law, we go out and we do what we need to do more frequently. But we are required to do liaison monitoring at least annually. So, we go out and we make sure that the home is up to our standard and make sure that it is meeting all the regulations according to Title 17 and 22 so that we are under the law.
- Diva                      Do we have any questions before we move on through the QA section?
- Dawn                      And just for information, we are recording this and we do have people that are calling in as well, so I'm going to be passing the microphone so that we can have people be heard clearly. If you want to state your name, that would be wonderful.
- Renna                      Renna [REDACTED]. In regards to all the qualifications, do we as parents or loved ones of the residents that are here, will we receive a copy of the people who are going to be with our loved ones, their qualifications, or is that something that we just will assume that Regional Center has it and we don't know what their qualification are? Am I making sense?



Diva Yes. And I'd like to answer that in two ways. What is available to you, and you can consult with your Regional Center, is what the requirements are for that program. We work collaboratively and set those standards of what the staff qualifications are. What you wouldn't get are personnel records of individuals who work there. But, yes, the level of the experience of the staff we're working in the home and what we're requiring to be able to provide that service, yes, that information is available.

Cleora I would encourage you to meet the folks who are going to be taking care of your loved ones prior to anybody actually taking your loved one. We are encouraging family members to meet our providers at the time that we're selecting the provider so that you can get to know them as well as invest what your thoughts, and your worries, and your concerns with our actual providers.

So, that's, I know that Kern as well as Central Valley will be doing that and inviting parents to come and meet our providers who are developing specific types of homes. So, you can ask very pointed questions to them and ask them what their qualifications are, and what their experience is.

Diva                      There's a question out there. I just wanted to add to that.

W                          When will those meetings happen? Do you have a timeframe in terms of when those will be available that we can start meeting providers? When will that be available?

Cleora                    Hopefully, in the next month or so Central Valley would like to do that, because we already are beginning the process to select providers.

Diva                      I wanted to speak to the experience also. You had mentioned before that the 113, the specialized negotiated homes are the types of homes that we would be developing primarily for individuals here. Those homes require a higher level of experience from the staff.

Cherylle                We're also encouraging the staff at Porterville to apply and be part of the staff in all the residential facilities being developed. So, that's a very well interest because we know that's a familiarity here in the community and that's something that I know our providers welcome. So, that's a very big thing.

Another qualification that our staff do go through is they actually go through a certification to be investigators, so that's also one of the other

criteria that the QA staff do go through. Rest assured that we do encourage the Porterville community staff here to be part of that staffing because I think there's such thing as consistency and familiarity for the families.

W My question relates to the staffing issue as well and pairs off your comment. I know that the staff at these facilities, many need to take the DSP training and that they have two years to take it the full two levels. Will you be requiring that the facilities have people trained prior to working with the individuals which is different than what the law actually says?

Diva Yes is the short answer. For our 113s, I know it may vary across regional centers, we require that the staff actually have experience providing services, so you can't just get a green staff to provide services in these homes, and the DSP portion is a given. That's a baseline that applies to anybody that's working in a licensed facility. So, the training and experience that we require for the specialized homes is above that.

W I guess the question though is do they have to pass it before they begin working with the clients?

Diva Yes.

W Both one and two or just one? Just the first part or both parts?

Diva I have had a circumstance where someone had one and then got two later, because the bulk of their experience in working with people with developmental disabilities was in supported living or another type of setting where that requirement was something different. But, those situations, they're case-by-case and they're rare. Otherwise, the standard is yes, you need to have the DSP and you have to have the previous experience before working in the homes and individual.

W [Indiscernible]

Diva I'm sorry, Direct Support Professional. More state lingo. That training and that certification is a state requirement for working in a licensed home.

Dawn Before we go on, if we could check please. Operator, do you have anyone in the queue.

Moderator Yes. We do have two questions. We'll go first to Monica [REDACTED]

Monica I was a little bit concerned about the staff qualifications as it sounds like people who are with you, I think you've kind of answered the question I was going to ask. I was wondering, also, would it be possible in these meetings for us to inform you of our e-mail addresses and possibly you could do this in a webinar form or send us the copies of the slides so that we can download so we can follow things a little more easily?

Dawn Absolutely. I'm not quite sure about our webinar capabilities. I will check with the Executive Director, but we can definitely send information prior to for those that would like to participate.

Monica Thank you.

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

Moderator Yes. We'll go next to Barbara [REDACTED]

Barbara Yes, thank you. [REDACTED] has been at Porterville for 48 years and has gotten excellent care; however, because he has life-threatening pica, a serious seizure disorder, and many medical problems, he often has been at Sierra View Hospital, he's come back to the acute unit at Porterville



before going back to the regular unit. He often has a one-to-one person with him. It has just been marvelous. I'm just concerned that in the group home what will happen when extra staffing is needed for one-to-one attention.

Cleora Heather has talked to me about [REDACTED] specifically. This is Cleora, and I'm letting you know that we will work directly with you in terms of developing something very specific because every individual that's out here needs to have something that's very specific, and we would not move forward with anything until you were comfortable and that we were all comfortable in terms of what would be happening in terms of movement.

Dawn So, that item would be addressed in his transition planning meeting to discuss what to do in the event that he were to need some medical services and what type of support he would need. If you would like to continue to bring that up through the transition planning meeting once that meeting occurs, that is the correct forum for discussion and planning.

Barbara Thank you very much.

Diva Just in general, just in terms of development, enhanced staffing, we have the ability to build that into the 113. So, when she's talking about that

planning and the person-centered approach, that's where it's really important to identify those needs so that we can put it in the development of the home.

Barbara                      Thank you.

Dawn                         Thank you. Operator, is there anyone else in the queue?

Moderator                 At this time, there are no further questions.

Dawn                         Thank you.

W                                So, you mentioned we have a chance to meet with the providers in about a month and they'll start to talk to us about, and you've been very straightforward about meeting our needs and concerns, etc. On this one handout that you gave us, you gave us a different level of homes, so to speak, and many of the PDC residents, I understand, are the 113s.

So, how do we find out? Surely, you've designated our residents here slotted certain kinds of homes yet. Do we have a role and a say of where they would go? How is that process going to work? Because right now we're talking about you'll meet our needs, we'll work with the providers,

but yet how do those meetings happen? How do you get our feedback? Is there a formulized process?

Diva                   The planning team meetings, that's where the questions and the answers would take place. I can just speak for my center. One correction, we don't have the third largest population here, we actually are smaller. We're here based on our geography. But, as part of that, I know that in going through the needs of the individuals that we have residing here, I have an idea of the types of homes and supports that they will need. That will have to be confirmed for me through the planning team process and through collaboration with the family.

W                      So, then, when do we start getting, as family members, start to be a part of those meetings? Because we've received this kind of information and we know you're talking to the providers, and we've conveyed what we need, but we haven't seen anything about that collaboration that's going to go on between the two in terms of the types of homes. You've just mentioned today that we'll start meetings in the next month or two. What's that process? How does that all—

Diva                   It should be your planning team meetings that happen here.

W                      The IPP meetings?

Diva                  Yes.

W                      Yes, the IPP meetings. So, we've conveyed our needs, but then we convey our needs and we see these designations of the types of homes, but you're working with the providers. You just mentioned that you slotted, you have to tell the providers well, we've got five residents that are going to need 113s, we have six that are going to need this. How do we know what you've designated our family member into one of these homes? That's what I'm trying to get at.

Cherylle              It's not set in stone.

W                      It's not?

Cherylle              It's not, not at all. Today could be that your loved one could be good in a 113, but life changers, health changes. So, it's possible your loved one could be in an ARFPSHN or [indiscernible] home because the medical needs have become more needy at that point.

So, it's really, each time you have your IPP it's really a discussion of where is my loved one now? How can we meet his needs? Is this home really the right fit? It's really a discussion during your IPP process, and you have a voice in that. So does the staff here at Porterville. They really know your loved ones, and we go by that guideline also to say are we developing the right home. The development doesn't happen overnight. They do take a year sometimes two, sometimes longer, depending on the type of home we're trying to develop for your loved one.

So, during that phase we may have an idea, but along the way it's possible that your loved one is not now slotted for that home because it's an idea. Because at that point, another person may be a better fit and your loved one is not quite ready to go because right now they're best to be stabilized first before we transition. We've got to look at all the avenues to make sure that we are also directing health and safety of your loved one.

W

Okay, you kind of answered the question I was going to ask because it seems like when you're saying within 30 days, and I know some residents are being placed now, when we were told in the very beginning we have until 2021, which is five years. But, it sounds to me like it's going to be a lot less than the five-year period.



I don't want to rush into anything and what I'm afraid of is, and maybe I do have a say, but say my [REDACTED] next IPP, okay, well, he's going to be places so and so. Well, I want him to be here as long as possible because this is his home, it's what he's known for 38 years, and I can't imagine I'm the only one that feels this way.

So, it seems like things—I mean, I understand your job that you have to get the ball rolling, but it seems like it's going way too fast.

Diva

I want to speak to that just a little bit and that is it's a big part of our responsibility is increasing your comfort level. We're not going to jump in at your next IPP, and I say this generally, and say this is where your loved one's going. There's a conversation that takes place and as part of increasing that comfort level, is taking you out the home, introducing you to the provider. And to that end, there are different resources and different stages.

There may be an existing resource in the community that might be able to meet someone's needs. If that the case, then there's immediately an opportunity for a family to work with the existing provider and to have that conversation. There are other circumstances in which we need to develop around someone's needs. So, those conversations about what an

appropriate community resource would look like actually starts with you in having that conversation. It needs to be a partnership all the way through.

Cleora

Just because we're placing people out, and to be honest, when the Regional Center system occurred, placements in the community started almost immediately at that point. So, 30, 40 years ago the Developmental Centers were at their largest, and they've been decreasing ever since. It's just been speeding up in the last few years. But the people being placed out now have had conversations now, probably two, three, four years with Case Managers and with PDC staff and everyone else. It wasn't like okay, we now know that the Developmental Centers are closing and now we're just pulling people out.

There's been a conversation and a process from the very beginning, and we always try to involve families as early as we can and have conversations as much as possible and when it's possible to have everybody satisfied before somebody moves on out of the Developmental Center.

So, if that helps ease your mind. The people who are being placed out tomorrow, or today, or whenever, it's because there's been a process that's been three, four years in coming.

Cherylle

One of the other things that they also do initially is your loved ones would do a pre-placement visit to that home for a couple of nights just to see how it goes, and sometimes our guys don't want to come back. They want to stay, they like their room, it's painted the color they want, it has the personalized area that they like. In my experience, that's been one of the successful transitions, and I hope that we would continue to do that.

Diva

To that end, you had mentioned that this has been your loved one's home. It's our objective to create another home for them so that it's their space and it's personalized. And, that really does speak to the person-centered planning that we do in conjunction with families.

In this presentation, we talk about the requirements, qualifications, and the mandates, but also what we do is really personalized and based on that individual. That's a key component to this.

M

So, these IPP meetings, they're once a year. We have to wait a year to find out—

Diva Or more frequent. You, as a parent, can request one, and it will be scheduled.

M We can just—but how do we know what you're doing to be able to ask the questions that you may—

Diva Dawn's going to answer that question.

Dawn Certainly one of the reasons we're having these meetings is so that you can be educated on what the community services are and the supports. But we would like you to connect through your Social Worker and then they can connect you with your Regional Center Case Manager. Because you should be already starting that dialogue.

You don't need to wait for the meeting to start talking about what you believe your son, daughter, loved one's supports are. We can have a meeting, as Diva said, whenever you would like to have the team get together to talk about what services and supports are needed, and what we need to do currently here at Porterville to prepare them.



It's really critical that we start thinking of that in any meeting that we have for your loved one. And, again, feel free to call and schedule that. Just ask for a meeting; we will do that. But, your Social Worker can connect you with the Regional Center Service Coordinator of your loved one and you can start that dialogue because we need to communicate now. This is really the opportunity for us to start communicating so, indeed, the Regional Centers are on the right path for the services.

W [Indiscernible].

W Because I started off with this question, and then it's kind of grown. They all have their own IPP meetings. We understand that, and we understand that you're looking into things for our individual person; however, we all have individual IPP plans. How is that information, what's the planning part of it? How do you get all of that information that her child and my child, or my family member is different from everybody else's? How is that information collated so that there's an actual plan for this—we need three people who need this kind of environment, we have four people who need this kind of environment, we have—there doesn't seem to be anything that's doing that.



And, the second part of this is that I have been—I've thought about this a lot and talked to our worker a lot, but Porterville is so friendly to our family member. You can go anyplace in this community and you never have to worry about your family member being made fun of, mistreated; people go out of their way to be kind to our family members. So, I guess the second part of mine is how big a part will Porterville play in making a decision?

Dawn

If I may, I'll answer the first question of how the information is collated. Not only are there assessments occurring regularly at the center with all the clinicians, the psychologists, Social Worker, physician, and all the other disciplines for your loved one, but the Regional Center has been doing comprehensive assessments.

So, they are looking at the entire aspect of your loved one as well and then bringing that forward to the individual planning meeting and talking about what services and supports do they need to prepare for your loved one. So, that is also another assessment piece that is being done. That has been happening.

The expectation was everyone in the Developmental Center would receive one by 2015. That expectation has been met; everyone has had a comprehensive assessment, and now they will be done annually thereafter.

So, that is part of how we are doing our assessment because the Regional Centers do need to plan, they need to determine how many homes do they need for individuals, who needs behavior support, how many individuals need medical supports. So, for the development and being able to appropriately plan, they're utilizing not only those comprehensive assessments, but their conversations with you and the people that know the individuals best, which is the staff that have been working with them for all these years. Again, the communication is critical to continue or start the dialogue if you have not with the Regional Center and your teams.

As far as the community, certainly we're aware that many of our individuals have resided at the Developmental Center here for many years and that we certainly have an inclusive environment. But, like you and I, we're going to be integrating our individuals into the community, so that's something also to talk to the team about and saying my loved one, it's really critical that they have socialization in the religious services, or if they have specific needs in the recreation services. And then, how do we get them acclimated to the community?

We do have many individuals already that have not been in a Developmental Center that live in the community. So, the community certainly has been living next to a lot of individuals of your loved one's statue and they've attended different activities.

So, that would be something the Regional Centers would definitely need to know—what is important to that person, what are the services they need and what is important in all aspects of their life—not just the residents. Their work, their play, what they need to eat for nutrition, do they have a special diet, do they have adaptive technology that they need? So, that's why we really urge you, number one, we're very happy that you're coming to these meetings so we can continue to at least share our information, but then the planning—communicate, communicate, communicate.

W [Indiscernible].

Dawn Comprehensive assessment. Yes.

Diva If I may, before the next question, I wanted to add to that how do we, the planning of the resources piece because there's another dynamic piece that



happens with that. So, after the information is gathered here, at the individual Regional Centers, we're looking at all that information and planning resources based on needs and who's a match for living with different individuals. So, that's a piece of it.

In addition to that we talk with each other. Sometimes there are times where an individual will move to another Regional Center to stay with their friends or closer to their family. So, that's a part of the conversation.

In addition to that, as we proceed with this, there'll be ongoing conversations with DDS as well who is maintaining all of the information from all of the Regional Centers, and those meetings when we get to that place will occur on a monthly basis so that none of the rich information gets lost, and as Cherylle mentioned before, sometimes things change because it's life. So, those changes are caught through that process as well.

Rosendo

My name is Rosendo [REDACTED] I'm [REDACTED]. He's a client of here. We're coming from Modesto. I was just wondering, is it the houses that will provide care for the client from here? The houses will be here or somewhere else?

Cherylle Well, it depends. It's all over. It depends on where the individual would like to live and the family would like them. Like Diva mentioned, some families prefer even though they're in our catchment area in Kern County but the family lives in Fresno, the family said I know you have a place here in Bakersfield, but is it possible that you could have this individual closer to us in Fresno?

We have discussed a particular case, and right now the family's saying keep that space for us. We really love it; however, if Fresno has something equal or better we would love to be in Fresno. So, the homes are developed within where they would like to live.

Rosendo But, what will happen with the doctor or dentist? My [REDACTED] is going to Bakersfield for his appointments. Let's say that we find a place, let's say I would like to see it in Merced; that is closer. He has to come all the way from Merced to Bakersfield for his appointments?

Cherylle Not necessarily, unless he prefers to do that, then we would support that. So, if there's a doctor in Kern County and he's placed there, we would match that. If he is in Merced, then, of course, he sees his doctor in Merced.



Rosendo Thank you very much.

Cleora Just to add a little bit because we like to have people in the community where the full support emotionally will be and it sounds like that's closer to you people, would be wonderful. We would not require them to drive back to Porterville for a doctor or a dentist. We would establish as part of what our Case Managers would be doing as part of the leg work prior to them coming out of the Developmental Center, is get those kinds of resources established. So, that's what we would like to do prior to anybody moving anywhere that we would have those relationships, hopefully, established with those professionals.

Cherylle However, sometimes I know that there is experts somewhere else, like UCLA, Children's Hospital, and as parents and loved ones we do travel that mileage just to get that expertise at that location. So, I could see how we would support that request because the expertise is there.

Dawn We have one more question coming.

Josephine My name is Josephine [REDACTED] and my [REDACTED] is [REDACTED], [REDACTED] I called the last meeting. My son and I, we made a decision the sooner the better—anyhow they're going to close this place—

to get [REDACTED]. We want her in Fresno where we live and he said it will take about a year. Is that right?

Cleora I don't know your [REDACTED] situation—[REDACTED], I'm sorry; I couldn't hardly hear your question. But we will see what we can do about moving her sooner if you would rather have her moved sooner than later. But, as we were trying to say, we want to make sure that whatever we do is in the best interest of the individual and is meeting the needs of the individual as they come out.

So, we are not going to be just moving people just to move them. We're making sure that the transition is going to be smooth and without trauma to the individual, and have the supports in place so that when they do come out and live in the new environment, they will be successful. We will try to move her faster if at all possible, and we will definitely—I will talk to you afterwards a little bit, okay?

Josephine I also called Angie Smith, is that it? And I couldn't get to. [Audio disruption].

Dawn Angie Smith is working in the Portville Regional Project. We do have one representative, Sherry Molina here today, but we can certainly have Angie

give you a call. She works in the Porterville Regional Project which is the project which communicates not only with the Regional Centers, but they communicate with all the staff here and they assist in the transition activity. So, absolutely, afterwards we can get your name and number and I bet Sherry will connect with you; she's right over there. Okay? Thank you.

Dawn Operator, do you have anyone in the queue?

Moderator Yes. We'll go next to Barbara [REDACTED]

Barbara Yes. Thank you. I have a second followup. I appreciate all the planning process has been going through. I would like to hear about the experience that you're currently experiencing with the group homes that are currently in operation. Are they generally working well? And then, what are the problems and how are you coping with them?

Diva So, I'll answer the first part of that because as far as challenges and how we address them, it's actually addressed further down in the presentation. But, from the homes that we've developed in the community for our folks moving out of the Developmental Centers, specifically for Tri-Counties, we went through this with the Lanterman closure and all of those individuals

that we transitioned out into the community have been successful and they were great matches. And there's been great collaboration and connections between the families and the providers.

Another piece of that, there's also been—and this is also addressed later in the presentation, connection with the community. As we go through this presentation and we talk about quality assurance and the mandates and requirements, I really want to stress that quality assurance is everybody's responsibility. Any person that comes in contact with that individual receiving supports, whether it be a neighbor, a loved one, a staff, everybody has a responsibility for making that their quality of life is being upheld.

So, making all of those connections so that there is a good, tight network to support that individual is really important and that's part of our development as well.

W [Indiscernible].

Dawn Thank you very much.



Barbara I guess the second part of my question is what problems have you encountered?

Diva I don't think there's any one particular challenge. I think that they're related to the typical types of issues that we deal with. So, someone may have a reaction to a medication and require some follow-up physician to make sure that their meds are correct. There may be behavioral plans that have been designed for an individual. Ensuring that all of the staff are trained on and being consistent and consistent across environments is something that we have to look at.

As I mentioned, later in this presentation we'll be talking about Special Incident Reporting, and if anything occurs, that gets reported on that Special Incident Report. It's the responsibility of the Case Manager and, in our case, also quality assurance to follow-up with the provider to make sure that there is a remedy in place, either for monitoring, improving or changing the system.

Cleora And, even with the best-laid plans, there are going to be bumps on the road but noting that is to the quality of the care that's been provided. What's nice is that because these homes are typically small, we can get a



group of people together rapidly with folks who can oversee and change things immediately.

So, if there is an issue with behavioral supports and they're not working, even though they worked perfectly out here at Porterville, they may not work perfectly in the community. So, we can rally the troops together to be able to rework the behavior plan and implement it much more rapidly than maybe something that would be in a larger community setting.

We've had issues where the best laid plans, we implement them as best we can, we see that they aren't working but we can come back to the drawing board rapidly and work it so that it is to the benefit of the individual when they come out.

Barbara And, have you had any safety issues?

Dawn Can you please repeat that?

Barbara Yes, I wondered if you had any safety issues?

Dawn Is there any safety issues is the question. Have you had any safety issues?

Diva

Depending on the individual, we've provided support to individuals who have really challenging behavioral issues that may pose, sometimes, some safety concerns around themselves or others, and so we plan around that. There are also individuals who like to act on mind of their own and go where they want to go and not necessarily where everyone else may want them to be. So, those are things that we plan around.

As part of that, the providers who are selected to work with the individuals transitioning out of the Developmental Centers, they do cross-training. So, they're here, it's not like any potential issue that someone may have, it's not a surprise to anybody. So, I would say, yes, those things happen as much as they would happen here depending on the individual. We just take that information much like they do in this environment and plan around it to mitigate any potential harm to anyone.

Dawn

And just for information, as well, Porterville Regional Project is also available to receive phone calls of needed support. They would certainly rally with that team and get the support staff from Porterville who know that individual, who could go out into the new home and help brainstorm if there were any issues.

So, we keep in close communication and just because the individual has transferred into the community, we are involved, and we do our post placement followups, which I know I've shared with you all at each meeting, as well as we are available by phone to be able to help intervene as well.

Barbara Thank you.

Dawn Thank you very much. Operator, is there any more callers?

Moderator Yes. We'll go next to Dennis [REDACTED].

Dennis Hello?

Dawn Hello.

Dennis Hi. I have a question. My [REDACTED] suffers with a family anomaly, a health anomaly that affects a few of us in the family. I've dealt with it for 20 years and I was hoping she would miss the bullet, but it turns out she was hospitalized five times for diagnosed pneumonia, and finally a contract physician at Porterville Hospital was assigned to her case last year and

was able to provide the correct therapy for her. I suspected for some time that she had this problem.

She came out of the situation very well, was doing extremely well.

Unfortunately, it was not followed up when she went back to PDC and setting the stage for another relapse. She has since now had the relapse.

I've talked to [REDACTED] and written him about this issue numerous times, and he said that he can't do anything because of existing protocols. I'm well aware of that, I've dealt with this, like I said, for 20 years myself.

But, we have an immune deficiency. Ironically, researchers just this last year identified it, and they are working on correcting it. They're ahead of us over in India. They actually did research on the same problem there. It's a defect in a part of the immune system called a neutrophil function and nobody in America seems to know anything about it.

Basically, the manifestation is that we suffer from an infection that will in all probability be a fungal infection rather than bacterial or viral. My [REDACTED], last year, there was a Dr. Coran at Porterville Hospital who had experience on the East Coast where medicine is much more familiar with fungal issues, and he agreed with me that there was a fungal issue with my [REDACTED]. He put her on a fairly high dose of [REDACTED].

and she came right through the issue and was in excellent health for a period of time.

But, you don't defeat fungus; they keep coming back. She has now been diagnosed as having COPD. I believe it's just a continuation of the problem that she had the last couple of years. And in talking to [REDACTED] [REDACTED] he said that he is unable to give her [REDACTED] which is the most common therapy for these conditions. As a result, she's going to continue to deteriorate.

I have another relative, another family relative, and was diagnosed with COPD in 2010, and she has regained about 50% of her lung capacity as a result of getting the correct therapy. It's known as a deteriorating disease, and you don't get rid of it, but you can control it.

I would like to know is there someone within the regions, someone within the state that I could talk to, give them the information, and we can work to line her up with a physician who would be willing to address this issue?

Dawn

Absolutely. That is something—we appreciate you sharing all that sensitive information, and that is definitely a critical part of her planning. So, that communication would be going to the Regional Center and the new



provider, identified and planned for, and to make sure that the medical services were in place. We also have documentation, of course, from Porterville Developmental Center records that we would be forwarding as well, because we do not want to miss any steps in that.

So, continue to bring that forward to your team. There are some staff here from Porterville Developmental Center, so I'm sure they know the case. They will make sure, as well, that that is discussed and addressed in the planning.

Dennis                      Very good.

Diva                         And for sure, [audio disruption] at the next meeting to ask whether or not that information's been captured in the comprehensive assessment from the Regional Center side.

Dennis                      Right. Okay, very good.

Dawn                        Thank you very much. Operator, is there anyone else in the queue?

Moderator                At this time, there are no further questions.

Dawn Thank you. We have a question here.

W The gentleman that just spoke brought a question to my mind. Our loved ones have been here for a long, long time and their case files are like really thick. Where the community home, are they getting this big file, or is that staying with the Regional Center? Where are our loved ones' files going to go, the ones that all their records and everything.

Diva The Regional Centers gets the information, and then for the provider, they don't get everything, they get what's important for that person. So, it's going to be the responsibility of the team to determine what information the provider needs to make sure that they can support that individual.

W [Indiscernible].

Dawn The Developmental Center Division in which I work in Headquarters, we do have a records management retention schedule, and we have files back from many different closures. We retain those. We either scan them. hard copies, now we're trying to do away with so we're going with the new electronic age.

The Porterville Regional Project, again, as well as Headquarters could connect with the appropriate documents. We have them all indexed so they are all easily retrievable. What information does need to go, though, with the individual that's critical will. There are referral packets and many different components that go with the individual when they're working through the transition. But, if there's any background information from year's history, we will be able to get that. It's just knowing what we would need to go get.

But, that's where, again, we have to communicate and make sure we get all the correct information first, but definitely there is a records retention expectation. So, it's not like the records are just going to be destroyed. Good question.

Nancy

Hi. My name's Nancy [REDACTED], and I've spoken at a lot of these before so you might be familiar with my situation already. Just to let you know, in regards to your question, I've been trying to move my [REDACTED] for over a year now and run into obstacle after obstacle.

What I did, initially, knowing that I would be—she'd be moving eventually and this would be closing, I requested her documents. I've gotten all her medical records so I've got files at home. But, my mother

was meticulous about always, and still is, meticulous about always retaining every piece of written material that we've ever received from the Developmental Center for the past 47 years. So, we've got quite the documentation, you can imagine. But if you're concerned about the medical, I would be too. That's why I was, and I went ahead and requested it.

But just to briefly talk about the situation, my [REDACTED] has been in here for 47 years, and it was completely preventable about her being here. She could have improved over the years but the mentality of how to deal with her condition was there's nothing we could do so let's just let her have foods that are toxic to her that will cause her to deteriorate. So, that's what happened.

Her IQ is 15. So she's actually supposed to be in one of the highest-level homes. When you're running into a situation where you find a home that you really like, and it's out of the catchment area of the Regional Center that you're currently with, you can run into huge obstacles like I have. The Regional Center that we're currently with wanted to place her into a home that was unfortunately inappropriate as far as their ability to serve her dietary needs.



I went and looked at it multiple times, and it's just filled with everything she cannot have. The staff wouldn't be specialized enough to understand the consequences of her having things she couldn't have, which would be behavioral and liver damage, all kinds of damage, just deteriorating her rapidly. So, I, on my own, without the help of the Regional Center, found a home that specializes in her condition, and there's only five people in it with a sixth vacant bed. I've been trying and trying, and trying, and trying to get her located in to this home.

At the inappropriate home, her reimbursement rate was going to be somewhere in the neighborhood of \$14,500 per month, per person for the home, with four people in the home. The home I want her relocated into is, the current five residents, and they receive \$11,680. When we tried to move my [REDACTED] into there, a gal named Karen Ingram at Lanterman Regional Center said that the reimbursement rate they will approve for my [REDACTED] is \$772; however, the executive director, Melinda Sullivan, of Lanterman Regional Center, decided that no, you forgot to add in gasoline for an additional \$75, so we will reimburse this provider \$847 a month to cover your [REDACTED] living expenses outside the Developmental Center if you place her in this home.



Of course, the provider could not provide for my [REDACTED] adequately at that rate, and nobody seems to want to do anything about it. Here, the state is willing to spend \$14,500 plus in an inappropriate location, but they don't want to even offer the \$11,680 the current residents are already getting for this other place.

So word of warning, if you go outside your catchment area, Central Valley Regional Center is our Regional Center, and their hands are tied. They cannot do anything to force Lanterman Regional Center to reason. They have offered. They have offered to cover her for over a year. Lanterman says no. So, just to let you know how bad it could be when you actually find a good place.

Heather

Hi, Nancy. I'm Heather Flores with Central Valley Regional Center. I'm the Director here, and I don't know that you and I have formally met, although I met you at the [audio disruption] meeting. Hi, and Cleora Ditommaso is here. She's our Community Services Director, and we are aware of your [REDACTED] circumstances with Lanterman. I know that we've been working through with DDS also on how we can get to resolution of this situation. So, we're happy to meet with you after. Like you said, CVRC can't compel the decision, but we understand that the home here was not a match for your family member.

In that case, the Regional Center will go back to the drawing board and look at those options. We're happy to talk with you after the meeting as well.

You're still looking at that home in Lanterman?

W [Indiscernible].

Heather Now, that I have the mic, one of the things that I did want to talk about too, and we did mention it previous meetings, most of you are familiar with who your Developmental Center Liaison is and the acronym for that is DCL. The Developmental Center Liaisons join the Porterville Regional Project in Porterville Developmental Center staff at their meetings. One of the things that we want to do as we're moving along these next few years is also start having more intimate meetings with people with our local Regional Centers.

So when Cleora said earlier a month, one of the things that she was talking about actually was to have more intimate meetings because you don't know me, and you don't know Cleora, and you don't know our QA Specialist at the Regional Center, and we want to have the opportunity for you to meet with our local staff. The Developmental Center Liaisons, when they're in the IPP meetings, they're bringing that information back as well

as the comprehensive assessment information. Then Cleora and her team are reviewing that information and projecting development for the homes.

One of the things that we do with the Department of Developmental Services annually is project what types of homes we need. Through the individual process, it's determined whether that home is a match for an individual coming out, or whether in Ms. [REDACTED] case, who was on the phone, we need even more specialized development for a particular very, how do you say, a very particular situation.

As we've said in previous meetings, this is definitely an overarching conversation today, but we do want to have more of those intimate meetings with you so that we can speak specifically about your family member and also have you meet the specialists who are working behind the scenes on behalf of you and your family member as well.

Heather

Thank you, Dawn.

Nancy

Good afternoon. I'm Nancy Bargmann. I'm the Director of the Department. Nancy, I want to thank you for your question. It provides us an opportunity to add a little bit, I can't remember which one of you had mentioned it. Part of any transition that we're doing of the closure of



Developmental Centers that we can do at the Department level is going to be helping with that coordination.

While the calls haven't started yet, and I know everybody is really looking forward to the calls that we're going to be having from the Department perspective, what we'll do is each of the Regional Centers will have a call with the Department on a monthly basis, and we're going to talk through the development that's occurring within each of the Regional Centers. So, we're going to know from the Department perspective, so we can have a broad knowledge base of all of the developments.

We're also going to be able to talk through, because on those calls, just to kind of give your context of it, it's going to be the Regional Center. It's the Department of Developmental Services. It's a representative from the Regional Project of that Developmental Center. So, we have a number of individuals that are participating. We can also have a very specific discussion regarding each individual, each resident at the Developmental Center when there is a need to take a look at anybody who is looking to have a home for their loved one in another Regional Center's catchment area that we can help facilitate those discussions.



Nancy, to your point, does it need to take a year? Those are the things that we're going to want to also be able to be a part of that discussion, so we can contact Heather, so we can contact the other Regional Centers, and say how do we get some resolution to be able to meet those needs? So, Nancy, if we can, we can talk a little bit after the meeting. Then as we move forward, anybody who has some of those questions or things that are occurring, that's where we're going to be able to have opportunities to be able to help resolve some of those discussions.

The other thing that has happened over the closure of Developmental Centers is the Regional Centers have worked really, really well. While it's not perfect, and we still have some things that we can do to bridge the communication is developing transfer guidelines. What that means is one Regional Center say, for example, CVRC, you have your loved ones with CVRC. If you're going to be having services in a different catchment area, the Regional Centers are working to make sure that those transitions are going to happen; that transfer between Regional Centers is going to be seamless for you.

While it doesn't feel like it right now for you, those are the things that we're going to want to make sure that we bridge for you as well. So as

those things come up, please don't hesitate to share those experiences just as Nancy did.

Diva

This conversation is way more rich than our presentation, but alas, I will return to the slideshow. Again, if you have any questions as we're proceeding, please jump in. So in terms of the QA staff and their ongoing training, so it's not like they get initial training and we just let them go out the door and don't support them ongoing. They participate in, and provide also, service provider training. They do both. There's the investigation training that Cherylle had mentioned earlier that they're all required to participate in.

They meet on a regular basis with Community Care Licensing, which is the agency that's responsible for the licensure of the homes. They also attend Mission Analytics training. Now, Mission Analytics is an agency contracted with the state that looks at all of our, and we'll get into this later, all of our Special Incident Reports. They work with us on mitigation of risk. They collect all that data, and our QA staff works with them as well, and again, they function across the state.

Then in addition to that, as things come up, they participate in webinars, conferences, workshops. The training and the information needed for

them to monitor license situations is ongoing. That would be for the Service Coordinators as well, not just the QA staff, because in some centers they're actually a combination of those.

Some examples of outside training, [indiscernible], disaster response, emergency preparedness, crisis prevention and intervention, Department of Mental Health training, as well as crisis management training. These types of outside trainings are available to providers as well as our QA staff. It's not just isolated to our QA staff.

Dawn

Grafton is the contract that currently the Developmental Centers have. The contract runs through June 30<sup>th</sup>. They have innovative behavior approaches for a very hands-off approach. They are a back East, a company that has many different small settings. They have been very successful in reducing their restrictive interventions, their psychotropic medications, restraint applications. So when an individual becomes agitated, there's deflection techniques in which are hands-off techniques in order to de-escalate the individual, and it's been throughout the Developmental Centers for the past year.

Diva

Thank you for that question. We mentioned earlier also the monitoring that's done at the Service Coordinators. So on here it says that Service



Coordinators are required to meet with individuals at least quarterly. I don't know any Service Coordinators that only see their folks quarterly.

They definitely see them more frequently than that because in addition to going out to the homes, they're also in the day programs. So there's that oversight. Then, the Service Coordinators, in addition to those quarterly meetings, actually embedded within those quarterly meetings twice a year they're meeting with administrators through the IPPs and the semiannual reviews, which again, these are the same meetings that you guys participate in here. They would just be in the community more frequently than a year.

Then, the Service Coordinators are not just responsible for reviewing the notes from the programs. They're also responsible for keeping their own notes. So any phone calls they receive, any incidents that occur, they're responsible for maintaining all of that information and following up on it as well. As I stated before, they meet with individuals as needed, so more it's frequently than quarterly. For licensed residential facilities, they also make unannounced visits. The QA staff do that for my center, as well as the Service Coordinators. Then for CVRC and Kern, that would be the Case Managers.



Any questions before I go on to Special Incident Reporting? Before I dive into Special Incident Reporting, I do want to clarify that the requirements that trigger a Special Incident Report are the same for Porterville as they are for the Regional Centers. These are state requirements. The things that I'm going to go over right now are the same reporting guidelines that your loved ones are being monitored with as they are here.

Anytime there is any suspected abuse, or neglect, all of our providers are what's considered mandated reporters. If there's any suspicion of anything, they are required to report, not only to the Regional Centers, but also to Community Care Licensing.

That's also true for the Regional Centers. We're also mandated reporters. The reporting responsibility is actually across the board. Even if you, as a family member, had a concern, you reported that to the Regional Center, we would then document that and follow-up on it. So that would trigger a Special Incident Report as well. That would be for any, actually you can flip through some of these incidents of—

W

I'd like to ask a question about that. One of the things that I feel secure about here is the fact that there's so many staff members here. It's tough to report on a coworker. It's tough to say that you think either a coworker

or client that something's going on, but I feel pretty comfortable that if that were to happen here, that that would be reported.

Depending on the staffing, the number of people per shift, or however you want to call it, I'm not as comfortable with that in a group home. This is specifically one of the concerns that I have is that things can go on, and if a staff member over there is engaged with a client over there, and then there's something going on over here, that reporting might not happen like it does here. So for me that's going to be one of the questions that I ask over and over again.

I can't imagine I'm the only one that has a real concern about reporting the things that go wrong. Here, they know when my [REDACTED] is quiet at a particular time of the day that something's going on. When the staffing decreases, that's not going to become as obvious. Sometimes those quiet incidents lead to outbursts, and so that kind of stuff is what scares me.

Diva

A couple of things, I think that the information that you just shared like when she's quiet, you know that there's something's going on, that's the information that's really important to come out in the planning team and happen as part of that transition, because again, there's cross-training. So the staff who are going to be supporting your [REDACTED] in the community are

going to be here and working with communicating with the staff who currently were so they can get the nuances of that information.

The other piece is in terms of the comfort level in reporting, there are, I have to say, just from experience, I haven't really experienced people that they can't report. I think that people generally embrace the fact that it's their responsibility to report because they're invested in the care of the people that they're supporting.

If someone were to feel uncomfortable about that, we do have avenues for people to report anonymously. Again, it's really making sure that they're not being supported in isolated situations, that there are several people who have contact with that individual and the program, so it's the Service Coordinators, the QA staff, the day program staff.

Cherylle                      And the community in general.

Diva                          Yes.

Cherylle                      They're up and about in the community, they're going to the library. That in itself, we even get calls from that, whether sometimes it's misunderstanding why an adult individual is being held by their hand, and



they said they're letting them walk by themselves. Sometimes we get reports like that. So even the community out there at large is open to letting us know what they see. So it's very common.

Cleora

I want to alleviate some of your fears about less staffing because many of these homes are very richly staffed not only with persons who are going to be providing direct care but with consultants and different experts that are coming in on a regular basis. So it's not like there's going to be one staff person for four or five individuals. There will be two, three, four people there at any given time during the night shift, the day shift, any time that there's clients present.

As Cherylle has pointed out, they're more likely to be interacting with people in the community as well as day programs, anywhere. So, there's a lot more eyes actually on them than maybe what you may be aware of at this point. I know it's a little frightening.

W

In regards to your concerns, having been a unit supervisor at Porterville Developmental Center for 40 years, and [REDACTED] also lives here, I share your concerns. One of the things that happens now, at the Developmental Center for me and [REDACTED] and our situation is that when there is an incident, they also notified me, even minor scratches, abrasions, or



whatever. They notify me. A Social Worker or the unit staff, mostly Social Workers notify me of the incident.

What's going to happen in the community? And, who or if is that going to be a practice to where family members are notified of incidents as they occur and the findings of incidents? Because I, having worked here for 40 years, question a lot, and regarding incidents I do question how, who, where, when, what are you doing to prevent it? Assure me that it won't happen anymore. Who or is that going to be part of the process, part of the protocol for [REDACTED] once he's in a community facility?

Cherylle

The answer is yes. We will do the same as they do here. We also contact a Community Care Licensing ombudsman, Adult Protective Services, depending on the level of the incident that took place. So, everyone is aware. It goes up to the Chief Counselor at the Regional Centers. It goes up to the Executive Director. We even report to DDS, again depending on the level of the incident that took place, but yes.

W

In none of that hierarchy that you just explained, I didn't hear me.

Cherylle Yes, you're the first. You're the first. That's why I said, yes, so I'm affirming that you're the first and then the rest of them can follow, but you're first.

W Alright, thank you. While I've got the mic, you mentioned different homes that are being looked into providing. Is there anything this month or at this meeting in regard to homes being developed for people with severe behavior issues such as pica that are life-threatening of nature in the Central Valley Regional area, or should I start a dialogue with programs that have these facilities already in place?

I'm hearing all these concerns from other people that are similar to mine, so I haven't raised the question, but then hearing the transition between one Regional Center in another Regional Center does not always work as smoothly, especially with the person who has high level of behavioral or nursing intervention needs. Are there any programs planned for, at this point, for the Central Valley area, or should I start being concerned with finding or helping, or plotting, or whatever is necessary? I call it helping, you may call it interfering, but that's [REDACTED], but with other Regional Centers—that's my question.

Cleora Well, we would love to work in conjunction with you. We've heard the concerns and we're now trying to figure out how to best meet that concern so that there won't be incidences that will be occurring. That's our goal. So we would love to work in partnership with Porterville to see how they've managed to maintain your [REDACTED] health here and try to partner with whomever would be providing the service in the community to replicate what's occurring here. That's our goal.

W Okay, thank you.

W I think something all of us have in common is we just love the staff that's here. That's part of the reason why we're having a hard time with our loved ones leaving. So is it being addressed that these new homes that are being built potentially in this area that a requirement or a request could be made that you hire the people that are here in these homes that are local to this area or a preference for those people if they apply for the jobs at these new homes in this area? Can we request that? Because we all feel very close to the staff. They know our residents, our family members. Is that possible?

Cleora We would love to have people who have experience out here at PDC come work at any of our residential facilities, and I think DDS actually has



implemented a hiring program that would take folks who are currently here and help supplement them into these homes. We are actively looking to see who might want to come out and work in these types of facilities. We would love that.

W But the reality of it is that these are private corporations, and as government, I think it's a little bit difficult to tell them what to do unless you make that as part of the award of the contract that you give them. Is that something that you're look at as a whole that you can do?

Cleora Well, like I said, we would love to work with, and we're trying to remediate the issue between conflict of interest. You can't work at a government agency and be double dipping, but there is trying to remediate the issues, and try to get people into working in these types of homes. As a matter fact when the Coffelt Settlement occurred 20 years ago, we had probably half the people that were recruited were people who worked at Porterville Developmental Center at that time and actually knew the individuals that went to live in their homes. We would love to have something very similar to that happen again. We're not sure how that's going to be able to happen, but we would love to do that.



Diva Well, to that end, and my apologies I don't have the details of the program because, given our location, we haven't really been able to take advantage of it, but there is a State Staff Program which is specifically designed to support providers in hiring developmental staff.

Nancy Hi, this is Nancy Bargmann again. There's a lot of information that over time I think it's going to be really important that we provide to you, and on the Community State Staff Program is absolutely one of them. What we may want to do is start working to prioritize some of the topics and start listing because this that is certainly in Community State Staff Program having familiar staff that would be working in the community is something that other families have expressed both at Sonoma, also at Porterville, and it's been a part of the closure plan for Agnews, and then also with Lanterman.

So instead of taking a lot of time today to go into the Community State Staff, I'm wondering if we should have this is one of the discussions for the next one. But, just to let you know, this is an area that we are, as a Department, are very aware of that's very important to families. There's a couple of things, you know we have John Doyle here, our Chief Deputy Director for the Department, that can speak real quickly or is available even after the meeting to talk a little bit. There's a couple of things

through the budget process that was addressed this year to give some support to the State Staff in their transition as they're facing also the closure.

We do want to make sure that the Community State Staff, again, just to be repetitive, is available as familiar staff for the folks that are residents of a Developmental Center. But, we also recognize that the State Staff that has been working at a Developmental Center for years is a huge resource that we want to keep within our service delivery system. Their knowledge and their expertise is something that and able to support them is something that we want to do.

So when we just talk about Community State Staff, what that means is that there's contracts that can go between the service provider and the state to be able to allow the service provider to hire the State Staff and be able to help the State Staff then maintain their compensation and their benefits. Again, we'll get into more detail so you understand that a little bit more, but there's definitely a mechanism for it.

We've also worked on a mechanism to be able to help the State Staff to be providers. So, there's an avenue now that's available that was not available in the past to where the staff that are working at a Developmental

Center can maintain their employment while they're working with a Regional Center to be a vendor. So, the State Staff could also be the vendor that is going to be providing the services.

Again, just to reiterate the importance that we see in trying to support the effort of having that expertise out in the community as well. What we'll do is we'll make sure that we carve out some specific time. I don't want to get ahead of everybody who does the planning for the trainings going forward, but I think we can easily say that we could carve that out for the next training if that would be helpful for you. Okay?

Diva

In the interest of time, I actually skipped ahead. I'm moving into the SIR process and followup. We talked about this a little bit already in terms of what happens once a special incident is reported. It's reported to the Regional Center. It can be reported, depending again on the level of the SIR, it can be reported to Community Care Licensing, to DDS, or public health for investigation and followup.

When those initial SIR's come in, the Service Coordinators or Case Managers receive those. They can work in collaboration with the provider for followup. I know in our center, when we meet and do our quarterlies, any SIRs that have been reported during that time, in addition to the



follow-up, all of that stuff is reviewed, so that they make sure that any plans or supports that are in place for the individual are current and meet their actual needs at that time. In addition to the notification, the Regional Center staff may sometimes interview the individual, if needed, or the staff, or other folks.

You just talked about the planning teams that occur and the decisions to follow-up. Also any followup that occurs is also documented. It's documented on the SIR. Then it's documented also in the notes that the Case Managers/Service Coordinators maintain. Follow-up may include, but is not limited to, this list of, depending on the circumstance, increased monitoring. There might be technical assistance or additional training offered to the staff or administrators. An unfortunate situation, sometimes it's determined that the staff are not really a match for that program to support individuals. That can happen.

There may be the requirement of a Corrective Action Plan, and that's very, very specific to a circumstance and specific to the provider in terms of what the expectations are, and Cherylle's going to talk about that in a little bit. For really serious circumstances, we may hold off on referring individuals to that provider until they remedy whatever the circumstance is. Then, finally, there's the option of devendorization. If all of these



steps are followed and the circumstance is not remedied, then we can terminate the contract with the provider and find other supports for the individual.

Cherylle

The Corrective Action Plan, based on the visits, complaints, your whistleblower, or SIRs, the Regional Center will complete with the provider a Corrective Action Plan. It doesn't mean that we have to wait that there's two substantial inadequacies within 12 months before we can issue a Corrective Action Plan. Sometimes depending on the situation we would issue at so that have it in writing, everybody knows what the rules are, what needs to be corrected, and what is the expectation for this provider to correct that problem or issue they may have. Then, they listed just some of those inadequacies that are cited by law. The next page also does the same thing.

Really, what the Corrective Action Plan does is it describes the reason the provider is receiving this action. Then we go in detail in steps with that provider to talk about what they need to correct in order for the program to be successful. It's not just the residential facilities that gets this. It's all the service providers that we serve.

We have deadlines as to when it's going to be corrected, where it could be the water, it's too hot because they do have temperature out there. They want to make sure by the following week, we want to make sure, or the next day that the thermometer is reading within reasonable timeframe. Or even the temperature in the home, maybe it was in Bakersfield, and I'm sure here too, we had 110 just the other week. We wanted to make sure that some of those homes have air conditioning now working. That's important.

They have to describe what action they've taken. They've called the air conditioning guy that day, that afternoon, to make sure that's fixed right away. There is no wait time. Copies of that report is given to, of course to us, to Community Care Licensing, and ombudsman to make sure that the follow-up has been taken care of.

Each Regional Center has what's called a Risk Management Assessment and Planning Committee or other versions of that. Really what it is is risk management and mitigation. What this committee does is a member of that is your Director of Community Services, myself, the Chief Counselor, your physician, a nurse, your clinical team.

What they're looking at is they review all the incidents that happen. They use statistics from Mission Analytics that we mentioned earlier, and we see the trend. We want to see what kind of situation is happening in a particular provider situation whether it's a day program, whether it's a facility, and then we analyze what type of training or monitoring needs to be increased. Then we make recommendation and further review.

This team meets, some Regional Center, by law, it's at least twice a year. For us, we meet quarterly right now, almost monthly. Each one has different, and we go by that reporting period.

Some providers, they're large enough that they do have their own team that actually analyze their own risk management so that they find it themselves before we find it, which is a good thing. They're really mindful of what it is that they're doing in their system and how it's working for them. The Regional Center does their own internal too regarding the services that we offer. So that's what risk management is about and how we track it within our system.

Dawn

If I may, I'd like to check and see if we have any calls. Operator, do you have anyone in the queue?

Moderator Yes, we do have one question from Dennis [REDACTED].

Dennis Hello.

Dawn Yes, go ahead, please.

Dennis Yes, I should have asked one more question when I was on before. What is the timing for some of these reviews to take place? The reason I'm concerned is, as I said, [REDACTED] has been diagnosed with COPD, and she is being given antibiotics which is exactly the wrong therapy for that condition, for what she has. It's going to exacerbate the problem rather than cure the issue. So I'm concerned.

I don't think she would last probably another year, or even possibly some months. The last time I saw her, she was very lethargic. In fact, she was sleeping most of the time. I'm really concerned that her health is deteriorating because of the anomaly that we deal with. Is there somebody that I can talk to to try to speed up the process of getting the correct therapy to her?



Dawn Yes, we have some individuals in our audience who work at Porterville Developmental Center, so I will have someone follow-up and get back to you.

Dennis Okay.

Dawn Our rhythm of meeting certainly is by mandate, the annual IPP, and then a semi-annual—

Dennis Right, I just went—

Dawn We can have a meeting anytime.

Dennis Okay.

Dawn Absolutely, it sounds like we need to get together.

Dennis Okay, that was when [REDACTED] told me that he couldn't do anything more because of the standard of practice, and we need to get around that, circumvent that.

Dawn All right, I will definitely have someone connect with you.

Dennis All right.

Dawn I've got the Executive—

Dennis My phone number's on file.

Dawn Okay, thank you.

Dennis All right, thank you.

Dawn Thank you for calling. Operator, is there anyone else in the queue?

Moderator At this time, there are no further questions.

Dawn Thank you.

Cherylle This next couple of slides just talk about the benefits of residing in one of the homes that's being developed in the community, and my counterparts here can speak also to that. One of the most personally that I love is again, having your own home, design it to the way an individual likes to be. In my recent visit, individual I visited had, he's into Marvel comics. So, the

entire room was just plastered with posters and colors. I'm a Marvel fan, so it spoke to my heart because to me that was fantastic. It was his space.

He showed me his room, his television, and of course all his DVDs of all the movies, and his favorite was Batman. So it was awesome. I'm a Wonder Woman girl, so it's one of those benefits that I think I take for me personally is that it's their own home. It's designed to their own comfort level and how they want to live. For me, that was big.

Diva

I would have to echo that sentiment and then offer just to some of the concerns that we talked about today, for our center we really embrace person-centered planning. Part of what we look at when we do our planning with the families is really looking at where they are now. What's working, what's not working? What's important to that person? So it is very, very personalized in that it's important for us to have the clinical components in place. It's more important that we're supporting the life that that that that person wants to have so that they're happy in their new home.

The other thing that I'd like to mention that we actually didn't talk about before is the number of individuals in a home. One of the things that I also find really refreshing and successful for folks is that they're in smaller

settings. People get their own rooms. They can decorate them the way that they want to decorate them. Typically our homes are no more than four beds. For the ARFPSHNs, those can go up to five.

Cleora

What's also nice is that as a state we are now developing more homes that are in perpetuity. That's going to be if the provider can no longer provide services, the clients aren't going to have to move. It would be we'd find new providers that would come in and take care who are equal to or greater than the service providers that were before. Individuals will not have to move if the provider decides they want to retire or something else occurs. These are homes that are forever homes now as opposed to something that may go away after some time.

We are trying to develop as many of those as possible, and we're trying to move ones that are not like that into being like that. So yes, we're dedicated to having forever homes for our clients so that we're not disrupting their lives. This will be the biggest disruption moving from here, and hopefully the next place will be their forever home.

Diva

We are similar. We have unless there's an existing resource for someone in development currently moving forward we utilize a nonprofit housing organization which is what she's referring to.



Amy                      That was just a great opportunity. I wanted to jump in. That was a question that was asked at our last meeting. How many were NPO versus non-NPO, the nonprofit owned homes, for Agnews and for Lanterman. I just wanted to report the numbers to you because we had our staff look them up. For Lanterman, we had 66 homes that were owned by nonprofit organizations, and we had 27 that were not owned by NPOs. Then for the Agnew's closure, there were 60 that were owned by the NPO and zero that were owned by non-NPOs or just by the provider itself.

Those are the numbers. We said we'd get them for you, and staff looked them up. If you have any further questions, I'd be happy to talk about it.

Diva                      In terms of community outreach and training, I know we talked about how important it is to create a really effective network in the community. So, to that end, I know that our centers all work really closely with educating law enforcement as well as actually not listed on here, mental health services, crisis services, disaster services, and this includes our public transportation which is the transit. For the majority, at least for us, our specialized homes typically provide their own transportation, so we don't really rely on those contracted services.

Cherylle                      There's occasions where the individuals may want their own way of getting around the community, so staff would be there to support that transition if they're using public transportation. So there is support for that, just depending on the individual and how the home is tailored and structured. The communication within our community is really vital. As Diva alluded, it's really important that we are part of that community with mental health, with the law enforcement awareness of our guys that's in the community.

Cleora                      We're very fortunate in the Central Valley to be doing training with American Ambulance, and the first responders are also going to be very aware of what our population is, so they're not going to be responding to folks who have a significant developmental disability the same way as they would be with somebody who may not. We are doing training with them actively in preparation for folks coming out of the DC and for folks who are in the community already just so that we can have a good communication and have a flow so that we don't have a situation where maybe there's misunderstanding.

Diva                      Questions?

W Do all the homes have a designated area for when family comes to visit that they can have private time with their family member, or is this something where they would be among everybody? You know what I'm saying? Like here, they have a room where we can go to and have private time with our family member. Does each home have that available?

Diva Yes. It would vary depending on the home. Sometimes, it may be the individual's room, or if there's a sitting room, but there would always be the ability to create privacy for a family visit.

Cherylle A backyard. We do have a nice patio area. It depends how the layout, again, of the house or a front porch. Those are some of the things, or walking around the neighborhood if need be, with support staff, if you want, walking back behind you as you guys walk together. The scenarios can play out.

If think of your own home and where you want a quiet time, and then you can visualize how that meeting could take place, that could be replicated in that space. Also, the timing of your visit too could be. It could be that your loved one happens to be home that day and not doing anything, and the rest of the group is doing activities. So you have the entire house with the staff there. The staff could be within a call's reach, hand's reach,

depending on the comfort level of how you want the visit to take place.

But again, it's part of the planning and the visit. You can also come unannounced.

Inez

Hi, my name is Inez. Years before I brought my [REDACTED] to PDC, I had him in three or four, five homes, and I was very unhappy, very unhappy. I'm glad to hear that it's changed. Sometimes I would go and I would knock on the door, and nobody would come to the door. I would go around the house to see where they were at, and they'd be out painting the house or something, and my [REDACTED] would be by himself in the house.

Another time, I would go, it was another house, they yelled at me. They were outside. They said, go on in, Inez. He's over there, and I knew where his bedroom was. He'd be on the floor, and they'd be outside, so that's why I was always afraid to have my [REDACTED] in a home. But I'm glad to hear that it's different, very glad. I hope you don't mind me bringing those bad points.

Cleora

No, thank you for sharing that because part of why things have changed is because people had the courage to speak up. So yes, we're very cognizant that we are entrusted with your loved one, and we want to be very respectful of that and be hopefully good stewards.



Inez I hear that they can have three or four of them at a time. When I had him in there, it was only homes for one patient. I was very, very unhappy, especially when they yelled at me from the yard and said go on in, honey. I knew where his room was, and he'd be on the floor. Thank you.

Dawn Any other questions from the audience here? Operator, do you have anyone in the queue?

Moderator At this time, there are no questions.

Dawn Anything else to add, panel members?

Cherylle Just thank you for your time. We really appreciate you listening to us, and we welcome you to ask us any questions. Each one of us here did bring a business card if you need to get in touch with us for any questions, anytime.

Diva I'm grateful to have the opportunity to share this information with you, but again we recognize how dense this is. It's a lot of information to digest, so I do encourage folks to ask questions. Definitely just part of this for me

is getting your questions and your concerns so that we can move forward and address them. Thank you.

Dawn

Amy's queuing me here to let me know that this information will be posted on the Porterville website. We are tape-recording, as I said, so all the transcripts will be posted, and then we're also going to email it to the group. So, if you have not received any emails from us, please make sure your email, if you wish, is on your sign-in at the back door there.

We want to thank you very much for coming and listening. Again, this is a lot of information. We know that we need to have many more meetings. Our intention is to continue to hold forums of this nature.

It sounds like we have some topics that were identified today. If there are other topics of desire, please do not hesitate to communicate that to us. Amy has her email also on the website, so you could email Amy Wall.

Any other questions or comments before we bid farewell for today? All right, thank you very, very much. Safe travels.