



## Final Transcript

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

April 24, 2016/1:00 p.m. PDT

### **SPEAKERS**

Theresa Billeci  
Terry DeBell  
John Doyle  
Heather Flores  
Lynn Fjelds  
Diva Johnson  
Dawn Percy  
Nancy Bargmann  
Amy Wall

### **PRESENTATION**

Teresa                      Some folks here from Sacramento headquarters, like we had in the past, as well as we're going to have some folks from the various regional centers. So, we're going to go ahead and get started. I'm Theresa Billeci, the Executive Director of the Porterville Developmental Center, and I'm going to welcome you all here today. Thank you very much for coming

**STATE OF CA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Host: Nancy Lungren**

**April 24, 2016/1:00 p.m. PDT**

**Page 2**

back. And to those of you that are on the telephone, thank you very much for calling in.

We're going to go ahead and get started. It's five after one, so the first thing that I would like to do is introduce Terry DeBell, who's going to be talking about CASHPCR. I know some of you folks had some interest in understanding better this organization and what impact it had for Lanterman and the other closures. So, Terry?

Terry

Hello. Nice to see some of you I remember from the other meetings here. My name is Terry DeBell, and I'm from an organization called California Association of State Hospital Parent Councils for the Retarded. You can tell from the name of that that's it's a very old organization. Is this okay? Is that better? It's very old organization using some terms that are no longer in use, like state hospitals are now developmental centers, mentally retarded is now replaced by developmental disabilities, and it's not just parents, but siblings, and friends, and other relatives who now come forward to advocate for their members.

A long time ago, when Porterville had a very active parent group, they joined with other parent groups from the other state hospitals and formed

this organization. Over the years we sort of dwindled down as the developmental centers have, so right now, currently, we represent Fairview. We also do represent some families from Porterville, or Porterville clients because the Porterville Parent Association, some individuals have remained active with us.

We have two people from Porterville on our board—one, Joan Grant, who is our Treasurer; and Christine Maul, who is our Vice President. Also, to let you know, the Porterville Parents Group, when they disbanded, they did give \$20,000 of their treasury as a donation to us which is used to cover expenses.

So, we are a family group, we will have some information available to you. I have some information in the back about the organization. Our members have been involved in advocating for the residents of, certainly, Lanterman and Fairview, and then by extension from our work with legislators really for all the developmental centers, also for Porterville.

So, we're like a family news organization. There's a sign-up sheet in the back for the newsletter for Fairview which will give other information on closures, but we do work with the department [audio disruption]

**STATE OF CA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Host: Nancy Lungren**

**April 24, 2016/1:00 p.m. PDT**

**Page 4**

developmental centers, and if there's anything we can help you with, we're happy to do what we can as a family advocate. Thank you.

John

Morning, everyone. My name is John Doyle. I'm the Chief Deputy Director at the Department of Developmental Services. I wanted to mention a couple things. First, since we were here last, the department has a new director, Nancy Bargmann, who while she is new as the director she is not new to the department. Nancy worked, she was our Deputy Director over our Community Services division for three years and has extensive experience working in the community. So, she is driving up from Long Beach and hit Los Angeles traffic so she is going to be a bit late, but will be here and asked me to extend her apologies for not being here at the start. But she will be here shortly.

The other thing I wanted to talk to you about was the status of the agreement that we're working on with the centers for Medicare and Medicaid services. You'll hear the acronym CMS thrown around a lot, and that's what that's referring to. That's the agency that provides funding for the developmental center system and the agency that we are working with to come to a settlement agreement to close both Porterville and Fairview.

We reached an agreement with CMS last year to close Sonoma, and we're in the process now. We have sent final documents back to CMS, we've been going back and forth with them on the language, on some of the requirements they want to see in the agreement. So, we think we're at a place where I think that acceptance of agreement is going to be imminent.

The funding that is provided by CMS is going to be extended until May 2nd, and we're hopeful that by that time there will be an agreement in place to continue funding on during the closure process. I wanted to just provide you with those two updates and ask if there are any questions.

Thank you.

What we'd like to do now is we have representatives from the local regional centers here, and we'd like to have them provide you with some information and answer some of the questions you might have regarding the development of resources in the community.

With that, I'm going to turn it over to Heather Flores from Central Valley Regional Center.

Heather

Good afternoon. My name is Heather Flores. I am the relatively new director of Central Valley Regional Center, so I haven't met many of you before. I have worked with Central Valley Regional center since 1994, however, which was around the time that many of you were aware of two public [audio disruption] decisions.

And here we are now with the situation where DDS is working with CMS and with other stakeholders to look at community development, which we've been doing for many years now, for family members and individuals who live in the developmental center.

What CVRC is here for today, along with our other regional center partners, is to talk about those questions and concerns that you have with regard to what is it like moving to the community, what is the process, what are the things that I can ease my mind about? We really want to be here for that conversation. And although today is our first day where we've been invited to this dialogue, we hope to continue this dialogue well into the future. Thank you very much.

Just so you know, I did bring Diane Kaus with me. She's been our long-term CPP leader for community placement for individuals who are

**STATE OF CA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Host: Nancy Lungren**

**April 24, 2016/1:00 p.m. PDT**

**Page 7**

prepared to move out of developmental center over the last several years.

So, I may be depending on her for support in some [audio disruption].

Lynn

Good morning. I'm Lynn Fjelds. I retired from Central Valley Regional Center three-and-a-half years ago, and now I'm working for the department and I'm stationed at Kern Regional Center. I have been coming out here since the early 1970s. I used to teach for the [audio disruption] County Office Ed, and we had a partner sister center out here, and I made many trips out here over the years.

In my history, with this population, I worked as a developmental center liaison and I will say, still, my favorite job I've ever had in the regional center system. So, I have a lot of history, I've met with a lot of you folks in the past, and I'm really pleased to be here.

Diva

Good Afternoon. I'm Diva Johnson, and I'm the Director of Community Development from Tri-county's Regional Center. Hi, Diana. Luis Cassano, is here with me. He is our community placement nurse.

Although we don't have a large number of families who are going to be impacted by this closure, it was important enough for us to be here so that

**STATE OF CA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Host: Nancy Lungren**

**April 24, 2016/1:00 p.m. PDT**

**Page 8**

we could answer questions for family members about what that transition looks like.

Luis and I have been involved in this for a long, long time and successfully experienced and partnership with the Lanterman closure and so we're going to be bringing that experience into the room, also, to answer questions that you may have.

Heather had mentioned the partnership with the regional centers. That's a really big part of this transition, also, because we want to make sure that we are partnering together to really develop resources and transition folks out in places that make sense, and to support their needs, and also support the happiness.

Dawn

Good afternoon. My name is Dawn Percy. I've met many of you at our last meeting. Currently, I work for the department, and I am the Interim Assistant Deputy Director for the Program Operations. So, in essence, I help support the developmental centers from headquarters' standpoint. I do have several years of experience at the developmental centers. I've worked at Camarillo Developmental Center prior to closure, and then Sonoma Developmental Center for approximately 16 years, and now I'm



in headquarters. So, I certainly understand the developmental center system.

I am here to talk about the transition process. And I did this last meeting. I'm going to do it again just to reiterate from the developmental center standpoint our transition process, and then we'll bring forward the regional centers again to talk about community placement planning.

Before I get started, I want to just remind people, we are going to have a question-and-answer period so we'll be walking around with the microphone. If you hold the microphone close up to your mouth, please, so that people can hear as well as this is being tape recorded. Last time we had our meeting, I think some of us, myself included, did not articulate very well in the microphone, so some of it was not able to be transcribed. So, if we could do our best.

We do have restrooms in the back of the building here, so I just want to let you know that as well, and we have some water here if you need some water. This is an open forum; feel free to get up and move around.

For the transition process we take this very seriously. We recognize that many of the individuals have lived at Porterville Developmental Center for several years and that we need to be extremely thoughtful in our planning. We have our interdisciplinary team meetings, which, hopefully, all of you have attended your annual family loved ones meeting. We have the entire team complete assessments, including the regional center. They're tasked with completing a comprehensive assessment. In that assessment and the IPP process, there should have been, already, development of what services and supports your loved one needs to be successful.

Certainly with the closure of the general treatment area, we really need to focus in on identifying what your loved one needs to be successful, what type of home do they need, what supports do they need, where would they be living? So, that is really the beginning phase of the discussion, through all the clinicians' assessments, from the consumer themselves if they can articulate, and everyone communicates in different ways so we need to be mindful of how people communicate, and then talking with the loved ones and talking with the team members of what does it look like.

I'm going to use myself for an example. If I were to be going into the community, perhaps I am someone that would like supported living. I

have a lot of skills in the area but I need some staff support. I would be telling that team that I would like to have an apartment and live in an apartment with some staff support. So, the team would be talking about where I would like to live—do I want to live where my family lives? A lot of our consumers as well as you would like your family member to live close to you, and we would like to honor that.

So, we want you to work with our regional center service coordinator and tell them where you want your loved one to live so we that can look at what currently is in that area, what needs to be developed, and how would we be developing that. Some people can manipulate stairs, some people have wheelchairs so they need to have widened hallways or different bathing experiences for how they would be showering. Those are all the details that that team is tasked with in developing what services and supports.

Then, the regional center will be looking at their providers, and they are very knowledgeable about who they have and who they need to get to provide your services for your loved ones. So, once there's a provider that has been identified, or several providers, then we would be doing an introduction meeting. We call that a meet and greet if you see some of our

documents online, and that would be meeting the individual, coming to the center, meeting that consumer because the consumer needs to be telling us that they want that person to provide support too. It's a consumer choice—meeting with you, meeting with the team, maybe it's meeting out in the community. That "meet and greet" can happen in many different fashions.

Once the meet and greet occurs and that provider feels like they have the skill set to provide services to your loved one and that person, themselves, says yes, I really like this person, I think that they can offer me those services, and you feel that way as well, we can go out and do tours of homes. Some homes are not built yet, so that's where, for me, that's really good to get in on that stage because then you can be part of that development. Again, some homes need to be modified for our loved ones, and so they would be doing that through the construction process. And they need to look at where they would be purchasing homes.

Once you have a successful meet and greet with what we call a match, if you and your loved one feels that this person can provide the services and support to your loved one, then we would have a meeting and we would call that a transition planning meeting. That's where the entire ID team

gets down to the table and says okay, how are we going to make this work? How many visits do we need for that loved one to go out in the community? Perhaps they're going to go out to have lunch. Maybe they're going to go out to do shopping to get some things for their room. Maybe they want certain furniture and colors. Maybe they need to spend the night, spend the weekend. What does it look like for that individual to transition into the community?

And then the staff that are going to be serving them, we want them to come to Porterville Developmental Center, and they need to meet the staff because the staff here are the experts of your loved one. They've been working with them many years. We want them to be able to show them, and that is where we would do cross-training.

So, those staff in the community would come here. They can come on the night shift, day shift, evening shift, during mealtimes, bathing times, day program times, all aspects of your loved one's time so that they can learn how the staff here work with your loved one. We can do that as many times as it needs for us to feel proficient with the staff that are going to be accepting the care of your loved one.

So, through that time, we may be having lots of visits into the community as well. Again, the home may have already been purchased, there might be some construction, maybe we need to go out shopping, any bit of aspect—we need to find a doctor for your loved one. The regional centers have doctors that are providers already, but that would be part of the plan, if your loved one needs occupational therapy or whatever their special need is. A dietician, we know that we have many special meal plans here. We want to make sure that they have that special meal in the community as well.

So, that's the time where we plan, and we can meet as many times during that planning session because we want to get this right. If there are times that things are not going as well as we planned, then we take a pause, we sit down at the table and say what's not working? Maybe we did not get a successful meet and greet, maybe we thought it was going to be a good match and it's not. And that's okay because we want to do the right thing. So, then we would go back to the drawing board.

Maybe it means we haven't trained enough, and we need to get staff back out here. Maybe we need the Porterville staff to go into the community and go into that setting as well, and we will be doing that. We do that

currently where our staff go into the new home and they train the staff in that setting as well. So, again, the planning stage is different for every single person depending on your loved one's needs. We will do whatever we need to do to make that successful, and everyone needs to have open dialogue about what that means.

Once that is done and we feel very confident, the consumer tells us they're ready, we feel that we've done a great job at cross-training, we have all the supports identified, a lot of your loved ones go to work; we want to make sure they have an active day program, evening program. As soon as we have all that together, then we have a final meeting, and we call that a transition review meeting. We review everything that we have said that we were going to put in place, and have we done our due diligence in making this as seamless as possible? Have we crossed all those T's and dotted those I's, and are we ready to take the next move which would be a placement into the community?

If we feel we are, then we set a date for placement. If we feel like we need to do a little bit more, then we would identify, specifically, what needs to be done, and then we do it, and then we meet again. Once that is done and we've identified a placement date, then we'll talk about how that's going

to look too. Again, Porterville staff can go with the consumer. They might need to stay there for a few days. They might need to follow up and go on a.m.'s and p.m.'s. It really is going to be specific to your loved one's needs. But I can assure you, once the placement occurs, Porterville Regional Project, which is based here at Porterville, they do frequent follow-ups; so does the regional center.

I'm just going to speak, though, to what the project does right this moment. The Porterville Regional Project has been involved in the transition as well, and so they know what the expectations of those services are, and they've gotten to know your loved one. Many of the project staff know your loved ones because they've worked here at Porterville for quite a long time.

But they will do a five-day followup. They will go out to the home, they'll talk to your loved one, they'll see how they're doing—is everything going okay? Are they sleeping well? Are they eating well? What are those precursors of maybe why they're doing well or not well? We're going to make sure that they've acclimated.



Then, we do a 30-day followup, and the Porterville Regional Project staff, they attend the IPP. That will occur 30 days post-placement. We will be a part of that. If we need to get a psychologist or someone that is on their Porterville team to attend as well, we can do that because, again, we want to make sure that we have a good partnership and that we support the consumer. We work in teamwork with the regional centers. So, we look at all of our resources.

Then, after the 30-day, then we will do a 90-day followup. And, that, again, is in person. We go to your loved one's home, we talk with them. We may go to the day program, and certainly we'll be talking with the regional center, and you'll be talking with them too to let us know how the transition is going.

Then after the 90-day, we will do a six-month review and then we will do a one-year review. All those are in person. I will tell you, in between those, we can go out anytime. The regional center will be out there, and if there are any issues that crop up, we will get those sooner than later. We want to deal with it as it occurs. So, if you're experiencing, or your loved one is seeing something that just isn't quite right, we need you to speak up, we need your loved one to let us know. And the providers will know

your loved one by then. We've trained them, and then they will be letting us know as well.

So, then that's when we get back to the table and say what's going on?

Hopefully, we will say, boy this was a great match; we did everything that we needed to do to transition this person, and we got the services and supports right. During that transition process, again, is the time to be doing that. So, it's not a process that takes a few days. It's not prescriptive of each person. They're different. Every person is different. We all move differently, so we need to remember it will be individualized.

With that said, I'm going to introduce to you our new director of the department, Nancy Bargmann. So, thank you very much, and I can entertain questions, of course, too, but I see Nancy's here. I'd like to introduce her. Do we have any questions or comments?

W

Question in regards to, I know the three representatives are here from the, I would call the local regional centers. I happen to live in Orange County, and my question is how would the process be if I wanted my [REDACTED] to go down and be served with the Orange County Regional Center instead of being up here? What is that process?

Dawn

That's a great question. The question is if you wanted your loved one to be in a different area, how would you go about doing that? I think this microphone gets a little wonky. What you would need to do is you need to talk to the regional center that your loved one currently has, and you would be making that request through them.

So, if you loved one has Kern Regional Center, you would talk to that case manager there first and let them know. We don't want you to be calling other regional centers, not that you can't, but certainly you have your liaison with your regional center of your loved one right now. That would be the smoothest way to request a transfer to another regional center. And then they would look in the area. Heather has some more information.

Heather

Hi. I just wanted to let you know that we went ahead and looked at the Sonoma process for case transfers and spent some time last week making sure that it also matched with the Porterville transition, because as you said, we're working with 20 different regional centers on placement, and we want to make sure that if you want your family member near you and the community you live, that those things can happen.

We also want to ease your mind that this is not your responsibility. You don't have to bear the burden for trying to figure out where the home is going to be. We're there to help coordinate that for you. So, what we have is a handout for you that was vetted by the 21 regional centers, and I want to share that with you. If you have questions from this, as well, it's much, as Dawn said, you want to make sure you connect with your developmental center liaison. You can connect with the Porterville Regional Project and talk to Angie and her staff about what your concerns are, what you're looking at, if you're looking at someone going to Orange County, how do we make that happen?.

W Orange County has residents at Fairview and there are quite a few there that are going to be placed. Are they going to be number one in placing their people before they would do, like, say, the Kern Regional Center person?

Heather That's a good question, but as far as I know, if somebody has a home that's a good match for their family member, that home is available to them. So, your family member would be a priority if that was the best match for your home.

W                    Okay. Another concern is getting to that point, because another question in regards to placement is there are quite a few that are all in my [REDACTED] unit that have been together for probably, forever. Any way that they could all, maybe, if the parents agreed, they could all go to one location? Is that possible?

Heather            Absolutely, yes. That's one of the things that our regional project and the developmental center liaisons try to work through with families. If there's somebody and they're best friends, we want to make sure that they can live together in the community if that's a possibility. And then we look at development to see what kind of development that would be to allow for that living arrangement. We have had successful friendship placements done before.

If I may, I'd like to hand this out to all you all.

W                    Okay, but what would take—the time process to make sure, because you want your loved ones to be in the best place possible. Which would be first, make sure that they could be together and then if that didn't work out, then move to the various locations throughout California where the parents are?

Heather I'm going to let—Diva, would you feel comfortable? Diva does more of the direct work in this line so I'm going to have her respond to this question.

Diva When you asked which came first, my first thought was chicken or the egg because it's simultaneous. There are so many moving parts. We may, depending on the regional center in question, they may already have the resources available that might meet the needs of the individuals that you want living together. So, I think the priority is on getting the information out there, so really communicating with the other family members and your liaison to make sure the regional project is aware that there is a group of people who want to reside together because if they're each represented by multiple regional centers, those regional centers need to get together, because otherwise we could end up with separate regional centers trying to develop for those groups of folks.

It really is simultaneous, and we look at all of that information when we do our planning. Part of the planning that happens behind the scenes is that there are—the regional centers are working together, we're working with the regional project, all of this in addition to the individual planning

team. So, we put all of that information together to do the plans and assessing what's available, what needs to be developed.

I hope that wasn't too broad of an answer for you, because probably the best you can do right now.

Dawn

The other overriding piece of that is, from my experience in doing the Lanterman closure, is as we're walking through this process, as we're collecting the information from the families and the planning teams, and communicating with other regional centers, we're also on a regular basis talking with DDS, and DDS is also meeting with each of the 21 regional centers to make sure that that information isn't lost.

Nancy

I wanted to just take a moment to say good afternoon. I'm Nancy Bargmann, and as of a few weeks ago I'm the Director of the Department. I'm very, very pleased to be here.

I just want to tell you a little bit about myself. It's always a little bit uncomfortable talking about who I am, but at the same time I think it's important for you to understand a little bit of my history. I'm going to give a nod to these ladies that are sitting here as well, because when we

**STATE OF CA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Host: Nancy Lungren**

**April 24, 2016/1:00 p.m. PDT**

**Page 24**

take a look at the work that we've done in the community over the years, I just want you to know who's out there that's keeping an eye on your loved ones, that's there supporting you in your effort as we're supporting the individual's transitioning from Porterville.

I started working in the field many, many years ago. It was back in the late 80s, and I worked at a day service. At the time, it was called Orange County Association for Retarded Citizens. Now, they've changed their name, and they're considered LA and Orange County ARC.

Over time, I worked at a regional center for about 12 years out at Inland Regional Center. Then I moved to work as a service provider. I developed services out in the community across California, and that was one of the first times that I met Heather, because Heather actually worked with us; we worked together in Fresno. So, being able to come full circle and come back to the Central Valley is a real honor and a treat.

So, I worked as a service provider developing resources and providing supports and oversight for pretty much every service you can think of—day services, early intervention services for children, intermediate care facilities, residential, all sorts of services, supported living services. I also



had an opportunity to see what the other states were doing in the United States because I went to do business development across the United States for the national healthcare company that I was working with.

From there, I went over to work with a non-profit housing foundation. It was really a huge interest of mine as far as looking at what are the housing options available for the individuals that we support in the community and how can we have some assurances that housing's going to be available in perpetuity. So, for as long as a person is residing in the home, the focus is on the person who's residing in the home.

It's not to say that the other types of living models are not phenomenal, because they certainly are, but this was certainly an area that I had a particular interest in, and I was able to do that for a couple of years until I went to the department to work as the deputy director for community services division for about three-and-a-half years. During that time, I had the opportunity to work very specifically on the closure of Lanterman.

Diva was talking about, and I think it's a really important part, while we're not the center of what's happening, we have to have the pulse of what's going on in your life, what's going on in the life of your loved one.

So, what we do, as a department, we also work with the regional center and as much as sometimes the regional centers sit there and think oh my gosh, we have another call with the department, but really, those opportunities are what's about helping support your person that's moving to the community. It's getting to the question, who has an interest? We get to the detail, who has an interest of transitioning over to Orange County? Or their family member because of changes in their life over the last 30 years may live in Northern California. So, how do we help support and make sure that those transitions are as seamless for you that we take that challenge on? That's something that we need to do because your responsibility is to make sure that you let us know what the needs are for your loved one. What are the preferences? Who are their friends?

So, the earliest that you can identify, if you have a group of friends who want to live together, from my experience, early identification is the best thing you can do. If you can identify that early on, then the regional centers have an opportunity to design a home specific for your loved one.

So, I saw with Lanterman closure where we had some families that they'd built this friendship over the years. And they said, you know what, we

really want our loved ones to live together. So, three individuals, they were friends, and the regional center worked. As they were looking at identifying a specific home to develop in the resource, they were able to also include the family in helping design some of the unique criteria or characteristics of the home.

So, I know these are difficult discussions, and it's a lot that's very overwhelming. I enjoyed what Dawn was saying because she absolutely did a great job in walking through from point A to point Z. But we're going to have to continue to share that with you because you're going to have more questions as you go forward than you do today, because you don't know what to ask all today.

But that's why we're here. So, as you're going through, if you have a question, if you have to ask the same question ten times, please ask that question ten times because that's what we're here for is to give you whatever guidance—if we don't have the answer, we're going to say we don't know, but let's go find out. Because every person is very unique, every person who resides here at Porterville is very unique. So, we need to have those unique conversations.

When I started at the state, I gave you a little bit of my story. I worked in a private sector, I worked a lot in the field. I've been in the field for a long time, but I could not understand the state language. So, while I loved everything Dawn said, I kept sitting there thinking oh my gosh, I kind of felt like I was back in my first day at the state. What does that mean? What does that mean?

So, as we go through and you hear meet and greet, and transition planning, and you hear all of the different, whether it's acronyms or you hear all the different terminology, if you need us to write out a definition list or something, we'll go ahead and write out a definition list because I know what it feels like when you're walking into something that's very different for you.

So, to just understand those elements, that's what we're going to do is kind of help you with those elements so you can look at the more important things, where do you really want to be able to help support and what are the needs of the person that's in your life that's living here and supporting them out in the community? It could be preferences of food, it could be preferences of—or the specialist that you need to have.

Again, the more you communicate the better we're going to do to support you in making sure that we have a very successful transition. I've had the benefit of listening to very wonderful families who struggled early on with their transition and then later sent pictures as far as what was happening. It's an evolution. You may be one place today; you may be in a different place in three months, or six months, or a year from now.

But let us know if we're doing something that is either not helping you at that moment or if there is something else that we need to pay attention to, whether it's a transition to another regional center, whatever it may be please let us know. Because we do talk a lot. We're on the phone, we have that dialogue, we can share that. So, again, we absolutely pay attention.

We're here for you to answer your questions, and like I said, if we don't know the answer we'll absolutely tell you we don't know but we'll get back to you. I see the agenda's very rich today, so I'm going to go ahead and stop for the moment. But I really ask you, please feel comfortable to come up to me, come up to Diva, Heather, Lynn, Amy, John, any one of us to tell us your story, because the more we know your story, the better we're going to be able to support you. Thank you.

Dawn As I said, we are having this transcribed, and we also have people that have the option to call in. So, before we move forward, perhaps I'll see if we have any phone calls in the queue. Operator?

Moderator Thank you. (Operator instructions.) We do have three, four, five, six questions. One moment, please. We have a question from the line of Eva [REDACTED], [REDACTED] of a client. Please go ahead, your line is open.

Eva Thank you for the opportunity to participate in this teleconference and meeting. I see that communication is an emphasis at this time for family members, and the staff, and the directors, but we are now listening to you speak, and you're doing a very good job and giving names. We, outside of the area that are living outside of California, need to have contact names, numbers, and telephone numbers, and the divisions, the local or if they're state, so that we can contact them and ask them more specific questions to our family members, our loves ones. It's difficult to ask these types of questions on the teleconference, but I'll be happy to call whoever is the names and points of contacts, as I said, for the different departments and division.

Dawn Absolutely. This is Dawn Percy speaking, and if you'd like to start off, you can call Porterville Regional Project here at Porterville, and the director's name is Angie Smith. You can reach her at 1-559-782-2120. She can certainly give you some information regarding your loved one's regional center and who you can contact from there, and certainly answer any questions you have. Do you want me to repeat that number?

Eva No. I have the number, but I don't have the first name. I have your first name, but I don't have your last name.

Dawn My last name is Percy. I work in the department. And the director's name at the project here at Porterville is Angie Smith.

Eva Okay. And that's 1-559-782-2120. I will start with Angie then and give her my specific questions, and then we can work from there as far as my being able to make sure that [REDACTED], who is my [REDACTED], has everything that he needs. Everyone, to this point, has been very helpful and very good to him. I just want to thank them for that. I hate to see that there has to be a transition, but everything has to go on, and I accept that.

STATE OF CA DEPARTMENT OF DEVELOPMENTAL SERVICES

Host: Nancy Lungren

April 24, 2016/1:00 p.m. PDT

Page 32

Dawn We thank you for calling in. Angie is present in the room, so she has heard the information as well, and so she looks forward to your call. Thank you very much.

Eva Thank you, Dawn, and thank you all for speaking up to the telephone, because prior to your taking over the floor the people before you were very soft spoken.

Dawn They have to be loud like me, huh?

Eva A little loud and a little bit closer to the phone, and there's no problem.

Dawn Thank you very much for sharing. Have a good afternoon.

Eva You too. Thank you.

Moderator Our next question will come from Linda [REDACTED], representing a client. Please go ahead.

Linda You're talking about how the regional center is going to be making sure our loved ones are going to have all the services that are supposed to be



provided for them. My question is that my particular loved one needs very specific dietary care, and when I attended the meetings, I couldn't be there to this one, but when I attended the meetings there was some talk about providing specialty clinics at Porterville Developmental Center so that our clients, our loved ones could still be serviced by the professionals at PDC so that he could still receive those services.

I have searched high and low for special shoes for him, and it's extremely difficult to get those for him, but biomechanical engineering here at Porterville Developmental Center does a wonderful job of adapting the shoes so that he can have boots that are comfortable and that he can wear. I'm wondering what the status is on that proposal because I know that was submitted—I've been there both times and talked about this both times at the other two meetings, and I'm wondering what the status is at this time.

Dawn

Mr. John Doyle is going to address that.

John

This is John Doyle. I'm with the department. One of the commitments that the department has made, not only for the closure of Porterville but for the closures of Fairview and Sonoma as well, is to keep the clinics

open through the closure process. Part of the issue that—a number of issues come up in the community.

There have often been questions—similar questions to yours at Sonoma, what are we going to do about orthotics, dental care, things like that in the community? Some of the issues that have to be addressed as part of this closure process are figuring out ways to work with the regional centers. We have funding in our budget. We receive funding each year to develop resources in the community.

The question becomes where is it appropriate to develop the resources in the community after the facility closed, and then what types of services will be available? So, that's something that the department will be working through with the regional centers to ensure that those services are in place before your loved one transitions into the community.

Linda

Is there any dialog going on about possibly even after the closure, keeping the specialty clinics open just for that? I mean, you already have professionals there, you have people that are working there that know the clients, know how to work with the clients, and it seems like to me you'd be reinventing the wheel if you're trying to start up new services in all

these various communities where you have centralized specialty clinics right there with all the professionals right there.

John I understand that, but part of the question becomes where are individuals going to end up living? It may not be having a clinic here at Porterville in perpetuity may not be the most convenient for everyone who is transitioning out into the community. That's part of the planning that goes into this process, to understand where are resources best placed.

Linda But my question is, is it being considered at all or not?

John Well, at this time, we don't have specific plans to—obviously the clinic, because of secure treatment area at Porterville is going to remain open, there will be services provided still to the residents in the secure treatment area. But we don't have any immediate plans to keep the clinic that serves the general population, the folks that are in the general treatment area, we don't have specific plans to keep an onsite treatment open for them right now.

Linda Okay. And then I understand you say that there's funding that's going to be given to help transition the clients. What about continued funding?

Because you're placing my loved one in a community care home, he's going to be residing there for the rest of his life. Are you guys just giving a one-time bonus type thing trying to set up all these resources and then it's going to be cut later?

John

No. The funding that is in our budget right now for community placement plans, the department has been placing people in the community for years. Our base budget for developing resources in the community is \$68 million that's proposed for next year. On top of that we have additional resources totaling close to \$80 million for the closure of the developmental centers. So, these funds are used to develop housing, to develop necessarily services in the community, support services. And then the funding that the department provides to the regional centers is also available to provide services and supports to your loved one when they reside in the community.

Linda

I have more questions. With the closing of Porterville and Sonoma, there's going to be a large influx of new clients that need to be moved, probably, predominantly in those surrounding areas. Are there plans to build more homes? And then who's going to run those homes? Because you've only got five years, technically, to place all these people, and I

know there's not enough spaces in the Porterville area right now for all those individuals currently residing at PDC.

John

Right. As was discussed earlier, part of it will depend on the individual's program plan and where they would like to reside, whether it's closer to the family members or a specific area. But what the department does is we work with the regional centers, and the regional centers work with non-profit housing organizations and with service providers to develop housing in the communities.

So, you're right, at this point right now there's not sufficient housing to accommodate everyone that will be transitioning from Porterville into the community. But that process will begin fairly soon. When we announced the closure of Sonoma last year at May, we began meeting with the regional centers that have most residents living at Sonoma in June. We expect the same will be true here. We'll begin monthly meetings with the regional centers to ensure that resources are in development and that they are on track to accommodate individuals when they're ready to transition into the community.

Linda

Another question is, is there any local media there today at the meeting?

Dawn No, there is not. This meeting was designed for the families of individuals from Porterville, and we have some department representation and regional centers of the local area and those who have quite a few people that are case managers here as Porterville consumers.

Heather If I may, this is Heather Flores with Central Valley Regional Center, and I just wanted to clarify a point with regard to development of homes. Diva will speak more deeply if you need her to. We actually develop as we go along. Any new development takes anywhere, typically, from about one to three months.

So, currently, for instance, for Central Valley Regional Center, we have 56 beds that are coming online. Now, that bed may or may not be a match for your family member, so future development would go through the comprehensive assessment process to see if one of those options is a match for you or if we need to develop something specifically that's different.

So, over the years we get a lot of information from the Porterville Regional Project about the types of homes that are needed, the types of

beds that are needed, and then we work on the details as we get closer to the opening of the home through the comprehensive assessment. You're right, it doesn't just happen overnight, and we are still developing as we go along, but we also have development in the wings that is coming online.

Linda

Okay. Then are you also developing more work sites?

Diva

This is Diva Johnson. I'm going to reiterate some stuff that Heather said and then address the day program sites. Although the closure is new, the transitioning of individuals to the community is not. So, we really have been doing this for decades. We were talking about Coffelt, and that occurred in 1993, which was what directed us to really start focusing on meeting individuals' needs in the community.

Since all the regional centers work together on this, we really do share information about what individuals' needs are to help guide our development process. We build homes around people. We don't build homes and then try to figure out who's going to live there.

So, it happens, on the local level here at the IPP, all that information is brought back to the individual regional centers. Regional centers, if they're able to develop what's in their catchment area for those individuals, that happens there. If there are individuals who are from different areas with different regional center representation, then those regional centers are talking to each other. And, again, throughout that whole process, we're also communicating with the department.

As far as the work sites, when we identify who's going to move, where the resource needs to be developed, those conversations happen then as far as what's appropriate for work site, day program, or what types of activities they should be engaged in. So, we identify all that as part of that planning process at the IPP on the individual level.

I also wanted to address a little bit, you were talking about earlier the specialty clinic needs that individuals have. That's also really, really important to address at the IPP. Those comprehensive assessments, and we also have what's called a whole-person assessment, all of those needs are identified then so that we can do the planning at that time to identify what resources someone is going to need in the community so we can find



them and identify them, and take care of the whole picture as people prepare to transition.

Linda

Thank you. But, see, I've been attending his IPPs for years, and so all this information is already there. I've brought up the specialty clinics and everything like that, and that's a big concern because the regional center, I'm working with them right now, and that is a concern is where can we find a place that does these adaptations for his shoes?

That's why I'm bringing this up now because I've been involved. I've been very involved. I attend all his IPPs. I've been to all those meetings. I've addressed all these issues, and now I'm trying to get some answers to make sure that this is going to be carried through because I understand that you've done this for years and I hear that, but I have also known of community care homes that have been closed due to neglect of the clients, and I'm trying to make sure that my loved one does not end up in a home like that.

Diva

The needs that are identified for you loved one, I'd strongly encourage you, at the IPP process, that's where you should get the answers as to how those needs are going to be met. And I know that that's a general answer,

but it's very difficult to get into specifics because it should be really, really specific to your loved one and the area that they're going to be moving to. But, again, I encourage all of you, the IPP, make sure that your concerns and priorities are expressed there so that they're integrated into that plan because that's where the groundwork happens.

Dawn This is Dawn Percy. If I may ask you again, to repeat your name, I'll have Angie give you a call, our project director. It sounds like you have more specific questions towards your loved one that we would be happy to answer, and she could start with that and then connect with the regional center as well.

Linda I've been in contact with Angie, and I already have her number.

Dawn Excellent.

Linda My name is Linda [REDACTED].

Dawn Thank you very much.

Linda Thank you.

Dawn Thank you very much for calling in.

Operator Our next question will come from Dennis [REDACTED], [REDACTED] of a client.  
Please go ahead.

Dennis Yes. Can you hear me?

Dawn Yes, we can.

Dennis Okay. I'm Dennis [REDACTED]. I'm [REDACTED] and [REDACTED] of [REDACTED] [REDACTED]. She has been there quite some time. In fact, she's the oldest surviving client of the center. I was just wanting to know, similar to the shoe issue with the previous lady, Mrs. [REDACTED], my [REDACTED] requires a specially constructed wheelchair, and she's gone through a couple of them in the last few years. She's been able to, up until about 20 years ago she was able to walk. But, she's not gone through, I think she's on her third chair. When this one wears out, what is the process? Is there a facility for getting a new one constructed when that time comes? That would be my first question.

Dawn We can answer that. Miss Diva Johnson is going to answer that for you.

Diva I can answer it in general systemic terms. Each regional center has a memo of understanding with the local managed care plan, so with Medi-Cal. I know that Medi-Cal covers replacement wheelchairs every five years, and if there are needs specific to someone, an adaptation that needs to occur with that chair prior to those five years, with a physician's order we can make that happen.

Dennis Okay, so it would depend up on the physician that is caring for her.

Diva Yes.

Dennis Now, my next question is related to that. My [REDACTED]—it's a two-part question. My [REDACTED] requires 24/7 care and monitoring of oxygen levels at night. She has a tendency to sleep and tuck her chin in very tight, thus cuts off the oxygen flow through her neck. They have an alarm on her at the center, and when it alarms they go and they either straighten her neck out or they go ahead and administer oxygen if that's needed.

Is that part of the care of some of these home centers? Do they have those facilities?

Diva There are various settings that can provide that type of support. There are homes that are called ARFPSHN. They're Adult—

Dennis You cut out just a second there. ARF?

Diva I'm going to give you what those letters stand for. It's an Adult Residential Facility Persons with Special Healthcare Needs.

Dennis Okay. Now, my next question then, leading from that, we live in Northern California. We were going to pursue the possibility of my sister being relocated to some facility in Sonoma County. Who would I talk to about that?

Dawn You could start with Angie Smith. You can also call, if you're already familiar with who your [REDACTED] developmental center case coordinator at the regional center is, you could call them. But if you'd rather just call Angie Smith, I can certainly provide you her number again. She's at—

Dennis I have the number. Thank you.

Dawn You have the number, perfect.

Dennis. Okay, now, my next question. Members of our family are targets of a lifetime parasite. My [REDACTED] has it, I have it, and it requires very unique medical care. Most doctors don't know much about it. So, my question would be if I could locate—I might be able to work up a list of doctors in our area that know about this particular situation. I'm very fortunate that I'm in an HMO and they formed a team and I'm well cared for. But she's not part of the HMO.

So, who would we need to talk to, to coordinate the medical assignment for my [REDACTED] condition?

Dawn That, obviously, is a very critical component of her service and support she needs. So, when you are engaged in the conversation of where she is going, what her needs are, that needs to be shared immediately so that the regional center and the facility can work on making sure they have the supports for that, absolutely.

STATE OF CA DEPARTMENT OF DEVELOPMENTAL SERVICES

Host: Nancy Lungren

April 24, 2016/1:00 p.m. PDT

Page 47

Dennis                    Okay. There's a medical school 20 miles from where we live that I think would have probably the expertise for that.

Dawn                    I'm sure they would be very happy to hear that you have some resources that they could look into, absolutely.

Dennis                    Okay. Well, I'll be talking to Angie then.

Dawn                    Could you please not hang up one moment? I do have an audience member who would like to know your name, one of the families, and they live in Northern California, so that is an interest of theirs.

Dennis                    My name is Dennis [REDACTED].

Dawn                    Thank you.

Dennis                    We live in Sonoma County.

Dawn                    Wonderful. Thank you very much for sharing.

Dennis                    Thank you.

Dawn Thank you for calling.

Dennis You bet. Thank you very much. I'm very interested in following up here.

Dawn Wonderful. Thank you. Operator, I think maybe we might—we've got some audience members here too that might have questions, and to proceed with our agenda as well. So, if we could keep a few people in the queue, we'll get back to you in a moment. Are there any questions here in the audience?

W Yes, I have a question. It brings me comfort to hear all that you're saying because I feel like you've got everything covered in a sense that we'll know we'll be comfortable having our children, our kids, or whatever you want to call them, our there. But my concern would be you mentioned earlier that whenever you look for the home, that maybe they could go out for a weekend or maybe a week or something like that to see if it works for them.

My question there would be if it did not work, would they be able to come back on the same unit that they left to go out on? Because our kids, we



have friends, we have a rat pack where [REDACTED] at, and he enjoys that so we've always tried to move the rat pack when one of them got moved. Would that be possible?

Dawn

Yes. During the transition process that I as speaking of, they will still remain on the home unit where they live currently, and that's when they would be doing that transition. So, they would not even be placed yet. Those day visits, lunch visits, overnight visits, weekend visits would happen while they still reside here. So, they may go to lunch and then they go back to their home residence. Then maybe the team decides they need to go for dinner, trying all aspects of their daily life. So, they would just go back to where they were living currently through that transition. Thank you for asking for that clarification.

W

What I would like to know is you're talking about homes, that you're building homes. Are they going to be run by state, the workers are going to be state workers, like psych techs? For instance, a home that they wanted me to move our [REDACTED] to was someone that you contract, it was a private facility, and he could hire whoever he wanted to, to watch our [REDACTED]. So, I wouldn't want that, so I'm asking you're talking about

building homes, are they going to be run by state or by technicians? I'm not saying it [audio disruption].

W You're saying it wonderful.

Dawn So, the question is, is there going to be staff who are psych techs or state staff that are in these homes working with your loved ones and not just outsourcing? It depends on where your loved one goes. We do have the Community State Staff Program in which if a provider and/or regional center would like to contract with the state, then we would be advertising positions, and the staff at the developmental centers throughout the state could certainly interview for those positions. But I will also ask the regional centers to address the staffing in the homes as well because we have both.

Diva I'm going to address a couple things. The first is the qualifications of the staff and the specialty really depends on the individual and what their needs are. In our area we have some homes that do have licensed psych techs, but we have other homes that it was more important to have behavioral component. In other homes it's more important to have

someone who has really strong clinical skills. We develop those minimum requirements based on who's going to be supported.

In terms of how we select those providers, every regional center, when we're developing, does what's called an RFP; it's more letters. It's a request for proposal, and based on the needs of the individuals we map out ahead of time what those minimum requirements are and what type of setting we need to develop. We post on our websites and also with other regional centers, hey, this is the kind of provider we're looking for, and then people apply.

Based on their proposals that they submit, we review them and we have an interdisciplinary team that's made up of clinical staff, service coordinators, managers, quality assurance, and anyone else who has a specialty that reflects the need that we're trying to develop. They review all the proposals, and through that process we select a provider to work with.

W

So, then, could you answer the question? Everything's going to be funded by the state. You're getting [audio disruption] million dollars. Say someone who had a home and they wanted to take care of our client, that

would be what I call outsourcing to a private entity. So, the only thing that you wouldn't really be responsible then for what happens in that home.

Diva We are. The process that I just described, the other piece when someone is selected, we contract with them, we fund them. So, we monitor them, we're responsible for them, oversight, all of that stuff.

W Yes. Where she's going and what she wants clarification on is that there's state oversight, and responsibility, and accountability, that they have to meet certain criteria in order to stay in business, to be successful, etc. And, that criteria is part of the selection process, and they have continual reviews they are meeting the criteria.

Diva Yes.

W So every one of the homes that you show us and make available as options will have that kind of criteria?

Diva When a home is developed, it's a licensed home. So, they're licensed by Community Care Licensing, which is also referred to as CCL. In addition

to that, they are monitored by us and our contracts that we sign with them because we fund them. So, yes, there's oversight on two different levels. Does that answer the question? We don't outsource.

Nancy

I think the question is an excellent question because I think what you're asking is you're trying to find out how do you compare the community home as compared to the support and the staffing that you have here at Porterville.

In the licensing, I think as Diva was explaining, the homes, if it's a residential home—now, there are a lot of different living options. You're going to get a lot of information as far as choices. But the living option that has a home in a residential neighborhood, say, for three or four individuals, is usually licensed, as Diva was explaining, by Community Care Licensing. So, there's criteria not only for licensing to have assurances that there's a standard that has to be met. But, in addition to licensing, the regional centers are also vrending. So, here's another word, vrending a home because they're going to, as a regional center, they're going to ensure that they're complying with the state's requirements for what we're funding for.

So, we're saying as for one of the homes, that there has to be a certain level of staffing and training. So, very specifically, what type of training needs to in, not only at the very beginning, but ongoing? Some of the homes may require a licensed staff. It may require licensed LVNs, may require licensed psych techs, might require RNs, but depending on the home you will know what the staffing is supposed to be in that home. So, that would be the question that you would want to ask so you're identifying what home or the type of living environment that your son or daughter is moving into that you're going to have something very specific.

Now, it's not run by the state. It's definitely run by a separate entity that is then working in contract with the regional center. Now, that said, one of the unique things about the homes that we have for individuals who have moved from developmental centers, and Agnews is certainly one that when we had folks moving from Agnews really had a great benefit of having providers that contracted with the state staff that are presently working at Porterville, or Sonoma, or at Fairview.

So, the provider can contract with the state, can have individuals that are working at a developmental center to work in the home. They will stay a state employee. So, some providers will have that contract, some

providers will not. One of the things that we found with Lanterman, and some of you may have heard, that Lanterman Developmental Center, the providers, many of them did not contract with the state to have state employees in the homes.

So, what we've done at the state, and we're continuing to do it, is to look at what was the success at Agnews and how are we going to replicate some of that success in the folks moving from Porterville, same with Fairview, and with Sonoma. We're building in some enhancements to have this Community State Staff Program be successful in the community. We'll have a lot more dialogue about it.

Again, I think just to simplify it, some homes will have either just staff that are meeting a very high level of criteria for training and qualifications, some may have the individuals, the staff that are working that are hired by the provider, plus also state staff. So, you may get a blend. It depends on the home that you're going to. Okay?

W Okay. So, the way I understood this, you called them the vendor. Okay, so you contract with them say, just for \$10,000. So, he's going to want to make a profit. So, the way I look at it, they're not going to look so much

as to the qualifications of the person that's working there, but they're going to look at the dollar amount. And that happens a lot.

Diva

That's concerning to you. I understand. There are a lot of protections that are in place. The regional centers, and they can certainly speak to this with a lot more detail that I can right now. But when the regional centers are working with the service provider—a service provider and a vendor are the same thing. So, when I say that, it's interchangeable.

When they're working and establishing a contract, they're establishing what is going to be expected as far as the service delivery, what type of staffing patterns, how many staffing hours per week, what the minimum requirement for paying the staff. In addition to it, the regional centers are out in the homes very frequently providing oversight and monitoring. Depending on the type of home, the department is also out. Then you have licensing, so there are a number of protections to have assurances that what the promise the provider's making, that they're meeting that promise and they're meeting the state—whether it's a statute that's required or the regulation. So, there are a lot of layers of protection.



We can walk you through that over time. We could sit down and show you, the regional centers will be happy to take some time to walk you through some of that and show you homes so you can see the protections that are there. So, I understand your concerns.

The other thing is that there are some homes, some service providers that are non-profit providers. So, you have some service providers that are non-profit, you have some that are for-profit, but the protections are the same in both of them.

Do you guys want to add anything else?

Lynn

This is Lynn Fjelds. Having observed the placement process over the last, almost, 30 years, in fact a little bit longer, I would have exactly the same concerns that you have right now. Part of me, I want to assure you that we are in constant communication with those providers. I don't know providers, I have not known providers who have been for-profit. In fact, many of the providers that I have worked with over the years originated their career at the developmental center, and they are among some of our best providers that are in the community now.

Our presence in those facilities is vigilant and constant. If we ever have— first of all, we want to communicate actively and have a successful relationship. But, if we ever have a question about the quality of care we face that immediately. I've watched providers close, I've watched employees leave because we weren't satisfied with the care. We're there, and you can be assured that we will be there.

W Could you talk about how the resident transition advisory group may work in putting in place, as it did for the Lanterman closure, some of these concerns, some guidance on staffing, and training, and [audio disruption]?

W I can speak to the resident transition advisory group. I'm currently chairing the group at Sonoma Developmental Center, and that group consists of family members, consumers, regional centers, Disability Rights of California, employees at Sonoma Developmental Center, some headquarters representation, and we look at the transition process itself.

We look at what currently is in process at Porterville when we have our meeting here, and we will be asking for some family representatives and consumer representatives. We'll look at the current transition process of how items are addressed and what tools are used, and we'll look at other

tools that were successful with other developmental center closures. And then we will make recommendations for changes so that we can address every issue that is critical to your loved one.

So, this document is really the process and guideline of the communication within the ID team through the transition process. So, any questions that you would have about staffing would certainly be one of those triggering points to bring it up at the beginning to identify what staffing is critical for your loved one. That will be starting in the near future.

W

I think we all have the same question here. We remember when they closed the mental hospitals and all the programs they promised that were not fulfilled, and what happened to our mentally ill people? You see them on the streets, you see them in homeless camps, and the majority of them that are in care are in jails. There are some places that are really good for these people, but there are not enough of them. The program just really failed. How do we trust it? How do we know the money is going to be there for them? Thank you.

Nancy

I'm going to just speak to it real quickly for you, and then John can walk through just a couple of the numbers that have been invested in developing the community. Again, a very good question because trying to understand what is being developed and experiences that were ten years ago, we're in a different place today. We really have looked at developing community resources to be responsive to the needs of supporting people with much more complex needs than maybe we did ten, fifteen years ago. As the needs increased, the development of resources and new models of service went along with it.

So, we have new options available today, again, just to repeat myself, that were not available ten years ago, and it's important to take a look at that. Over the last several years—we have what's called Community Placement Plan at the state level, and this is a source of funding that helps us develop resources in the community. So, as our population, not only in the community, but also as we're transitioning folks from developmental centers, that we're increasing those resource with state funds, and we've developed that in partnership with the regional centers and then with the service providers.

John had mentioned a little bit earlier about the amount of funds that have been earmarked very specifically in the past for individuals that are transitioning from developmental centers, but also from very complex needs in the community. Since I don't have the numbers off the top of my head, I just think so you have a context of what's already been committed and what's already proposed, coming forward so you can have assurances that there's a commitment to developing resources and the funds are behind in developing the resources in the community. Okay?

Just to add to what Nancy said, she mentioned the new models of care that we have in the community. One of the things that was discussed when a decision was made by the, what was then the developmental centers task force in looking at the future of the developmental centers, one of the decisions that was made was to develop new models of care in the community because one of the things that they were hearing from family members, from advocates, as that there were issues with—there were behavioral challenges in the community, issues with getting mental health services in the community. So, there are two new models of homes that have been developed as part of this closure process. You'll hear people talk about the enhanced behavioral support homes. Those are for individuals that have challenging behaviors.

You'll also hear about community crisis homes. Those are short-term residences for individuals who go into mental health crisis when they're living in the community. The intent is to get them into those homes, get them stabilized, and get them back to their permanent residence. So, with the understanding that a lot of the folks who remain in the developmental centers are there because of either very challenging medical needs or very challenging behavioral needs, we're developing these new models of home to address that.

As Nancy also said, the funding is ongoing. We have a base budget which continues on, and we adjust it from year to year just for developing resources in the community because, again, we're not just building homes and providing day programs and support services for individuals who are transitioning from developmental centers. They're individuals living in the community who are transitioning out of their family home, they're ready to live on their own, so we're developing resources for that as well.

W

Just to follow up on the general budgeting and the funding for the homes, with the recent increase in the minimum wage, 50% increase in minimum wage, what assurances are there down the road that you're going to

provide the funding and the resources to the individual contractors so they aren't required to cut staffing or other services? Is there a proportional increase in the budgeting forecast?

John

The way it works, and you're referring to Senate Bill 3, which the governor signed, and what that bill does is over a period of time, beginning January 1, 2017, it increases the minimum wage from the current level of \$10 an hour to \$15 an hour by 2022.

What the department does is when the minimum wage went from \$8 to \$9 an hour in July 1, 2014, and then it increased again January 1<sup>st</sup> of this year, it went from \$9 to \$10 an hour. What the department does is we put together an estimate of what we think it's going to cost providers to pay the individuals that work for them minimum wage.

So, based on information we have from providers, based on surveys we've done previously, we take that information and come up with an estimate of how much it's going to cost. We request those funds in the governor's budget, but in order to get those funds out into the community what we do require providers to do is send us information on the individuals on their payroll that are making minimum wage, and then we can adjust their

budgets accordingly. We can provide those funds accordingly through the regional centers.

That's how we make—the commitment is there by the administration to fund those minimum wage increases so that providers are not stuck with that problem. One of the problems you will hear about, though, and just to make sure everyone is clear because you'll hear service providers oftentimes complain about the compaction issue that is created by increased in minimum wage.

What that means is that you have an individual earning \$10 an hour, the minimum wage goes up to \$10.50, then it goes to \$11. Well, there are individuals who are either have been with a provider longer, are more experienced, they might be earning \$13 an hour and all of a sudden the gap between those two is smaller. And then you might have a supervisor who is an exempt employee, exempt from being paid overtime, and they are not receiving an increase either.

There is a state law that requires exempt employees to earn two times minimum wage. Well, the issue that the state faces, because we have heard from providers that we're not funding the full cost of the minimum



wage increase because we're not funding either the compaction issue or the twice minimum wage issue for exempt employees.

The problem that the state runs into is how do you determine what is appropriate there? Because if you have a provider that has a supervisor, and that supervisor is supervising ten individuals, if the state says okay, we're going to fund the twice minimum wage requirement, all of a sudden that provider says okay, I'm going to have two supervisors now. I'm going to have them supervising five people each, and all of a sudden the state is on the hook to cover that cost.

It's a delicate balance there. We understand the concern, but we leave it to providers to, within their own cost structure, to manage that issue. That's one thing that we don't, but it is an issue you'll hear frequently from providers.

W

My question goes back to when Lynn was speaking. Do the regional centers, the representatives, go into the homes unannounced at any time during the day or evening, and would we, as a parent, be able to go to the home unannounced?

Lynn

Yes, you will be. In fact, over the years, I have participated in many unannounced visits. As I began a rise within our system and retired as a chief counselor, I still wanted to be a part of unannounced visits. Trust me that I did not have a presence there to say aha, I'm going to catch you doing something wrong, because I found when people are relaxed and when you engage in a reciprocal conversation, you're going to gather far more information from folks than if you go in with a badge on.

Our announced visits within our system are structured and expected. Every regional center must have a presence in the facility that they don't know that we're going to be there. But then, don't forget about all the times we're mandated to be there, and then all the times we go out because something came up that we didn't anticipate. So, there may be as structure that's set for us, but we also are there many times in between, and parents, yes.

W

How often to you do the unannounced? Is it like once a month, once a week?

Lynn

It can be like that. If we get a sense, now, what's mandated through the system but also if we get a sense that there's a concern, there's just

something that's just nagging at me, little things just bothering me, then we will step it up. We'll go on weekends, we'll go before breakfast in the morning, we'll go in the evening. We have access to those facilities and, of course, we don't want to do anything that's going to alienate the relationship, but our presence and our vigilance in that activity is far more important than being friends.

W [Indiscernible].

Lynn We're there. You want to know what the mandated—

W [Indiscernible].

Lynn Oh, no.

W [Indiscernible].

Lynn Absolutely. We take this very seriously. Now, we wouldn't just do that to be ornery. It has nothing to do with that. But really we've been in this field for years and you can see after a while, something just doesn't feel

right, even if I'm out at the developmental center, something just doesn't gel with me, then we step it up.

W [Indiscernible].

Lynn Because I'm retired and back in the field now, I'm going to leave that. I'm sure a rule has changed in the last six months.

Heather This is Heather Flores, again, from CVRC. We're mandated twice annually for unannounced visits. But, as Lynn said, we do step it up. It's not just when we have a concern, but sometimes just for fun we'll go out on a holiday, we'll go out as Lynn said, breakfast time or on the weekend. And if we do have something that we're concerned about, of course, we do schedule our staff actually. Now, the provider doesn't know that we do this, but we'll schedule much more frequently which could be weekly, it could be daily, it could be monthly depending on the scenario.

Our providers, on occasion, will complain about that increased oversight, and what I tell them is it's not only a protection for the individual in your home, it's also a protection for you because if we catch you doing good

and we catch you doing right then that works in the favor. So, that's our [indiscernible].

We also have quarterly visits for people who are in the care of others. So, we have people who routinely go out and do their IPPs and quarterly updates in the facility, also at the day program. We have liaison monitoring, we have liaisons assigned to each of the facilities who go out for their big monitoring once a year, but they're also available to connect with the provider as needed. So, we have this microcosm that's focused on the individual, and then we have oversight that's larger and larger all the way up to the program manager level and the assistant director level.

Does that answer your question? Okay.

And I just want to say, I really appreciate, Terry, that you're here because when I heard you speak at the stakeholder meeting, I think it was just so wonderful for you to acknowledge that now is the time to talk about these things and ask about your specific needs for your family members. We have to hear these things. When we're doing our development, the more we know the more individualized we can be in making sure that your

needs are met and your family members' needs are met in the community.

So, thank you, Terry.

Terry

Thank you. I was going to say, actually, something about the monitoring.

But just to say in the beginning, this really is an opportunity. It is your mandate to participate in something called person-centered planning because this is very different now. I have been involved in this since I was, well, since I was born, so it's been a long time.

Things are different now. I've seen this over the many decades. It is not only developmental center families who are saying we want quality service, we want monitoring, we want care, we want funding, and by the way, in terms of the difference between the mentally ill and the developmentally disabled it's because California has the Lanterman Act, so legally our family members are covered and required to have these devices. Unfortunately the mentally ill do not have the protection of the Lanterman Act.

So, it starts sitting down, talking about, with professionals who want this to be a success—the regional center, the providers, the department, the legislature who are watching this very closely. Before, all they said was

close them. Now, they say close the DCs but do it careful, do it right.

Even the advocates who filed lawsuits in the past, like Coffelt and all these other ones, to try to capital people, for all these things to close, they are now saying, if you read their testimony, they are saying close them but do it carefully, do it right, do it with monitoring, don't move anybody out before services are ready.

So, take advantage of this now and participate in making sure that people have an idea of who this person is, what they need. You look at the developmental center and you see the excellent care that your client has received here, your family member. You'll find this in the community too. It very well may look different, but it doesn't mean that it's not careful and with quality.

What I was going to say about the monitoring, I have left over from the Lanterman closure an outdated schedule of how many times a home is touched by somebody coming in. Because it's not just the regional center, it's also the Regional Project, it's licensing, sometimes it's Department of Social Services, and then doesn't the Fire Department trot around too?

So, is it possible to get an updated schedule so people can see? And then one more thing, families are also an important part the monitoring and the QA thing of it. Oftentimes when you go to homes there may be a way for you, also, to put down your impressions of the home. Even if it's something like the home looked clean, but it didn't smell good. That's an important indicator, little things like this. My family member looked really happy, and the staff was very responsive. That's a very important indicator.

I went to visit a wonderful home, fantastic home. One of the family members I was with noticed that the van in the driveway, the tire didn't look good. They brought that to the attention of the—so, you can be eyes on this too.

Heather

Thank you, Terry. You're absolutely right. You said that so much more eloquently. But, absolutely, Department of Social Services, Community Care Licensing is out in the homes, Department of Healthcare Services Licensing is out in the homes. The fire marshal, as she said, trots through and makes sure that they're up to code in case of an emergency. Also, because of the quarterlies, because of the unannounced visits, because of



the liaison visits, because of family member visits, there are people in the home who are not just the provider on a monthly basis.

We definitely can get you an updated list of the regular monitorings that occur.

Terry I think, in the past, my greatest concern was too many people in there and interrupting the home-like environment. So, we have to be sensitive to that as well.

W I have a question about the RFP process that you were talking about earlier. I understand what an RFP is and how that works, but usually, say you have ten things on the RFP, you have a finite amount of money. Who ultimately makes the call to say—because you're going to go back and forth to discussing what those requirements are until you actually nail it and say okay, we can move forward.

Who ultimately decides that okay, we can only meet eight of those ten, that's okay and those requirements get changed based on the budget?

Who owns that and how is that communicated back to the family members

about the home? What's that process? Could you talk a little bit about that?

W

How much time do you have? The core requirement for the individuals who are going to be supported in the home, we've got—I would say there are two categories. There are non-negotiables and then there are things we can work out. If we're talking about things that are going to impact someone's health and safety, those are non-negotiables. Those are required; we don't take our foot off the gas on those issues.

There are different mechanisms by which we negotiate rates depending on the type of setting. John spoke a little bit about we required a minimum salary for staff and we also dictate the minimum qualifications for staff that can work in the home. All of that stuff is worked out up front. Does that answer your question? I know it's a broad response, but know that those, again, the most important thing is identifying those non-negotiables for the people that are going to be supported.

W

So, as family members, we're talking about a certain home, and with our family member, as in the case, [REDACTED] would we see that before you move forward, or how is that communicated back to the people during the

negotiating process? As a family member are you part of that? How does that all work?

W

You're a part of that in terms of the planning team meeting. So, if there is a setting identified, a provider identified for [REDACTED], all that information's going to be shared with you and you're going to have input on that as well to make sure that they don't miss anything in terms of what needs to be in place to support your [REDACTED]. So, that happens at that level.

Also, for all of the residential programs, there's something called the program design, and that document outlines all of the services that they provide and what they're supposed to look like, and what the requirements are in terms of their staffing and the qualifications. So, all of that's codified as well, but I really want to emphasize that planning team process up front, because all of the information, and I know that Heather had stressed this before, all of the information that's shared right now about what people need, that's what gives us the direction to incorporate that into a service.

W

That's great, and I guess what our concern is we hear that you say these things are non-negotiable. So, we're concerned is what if we, our vision

of what is non-negotiable is different than your version? For example, a lot of us have talked about 24/7 care, the importance to have special things that are required, oxygen or something. Yes, that's non-negotiable, but, maybe there's something that's a gray area that we see, we want someone there 24/7 just in case. Maybe there isn't a specific need. [REDACTED] is very profoundly retarded and she can't function on her own. She can't see right, she can't get up and move by herself.

W Then I would consider that 24/7 and non-negotiable.

W But we want to just make that we're all—we would want to make sure that those non-negotiable items are truly non-negotiable and that doesn't change. So, we would be part of that process and everything would be upfront.

W And the planning team. The two assessments that we talked about before, the comprehensive assessment, those things that—well, actually there are three avenues for you. There's the comprehensive assessment which identifies everyone's needs that we need to meet. There is also some regional centers utilize a whole-person assessment depending on the person's needs. There might be some specialized assessments that need to

take place for the person to look at their whole picture. And then, also, the IPP that's documented that comes from the developmental center, so all of that information is what we look at to develop. And in those meetings when you guys are working on those things is the time to identify those needs to make sure they're incorporated.

Patricia

I'm Patricia [REDACTED]. I have a background as a psych tech. I worked here at Porterville Developmental Center all my adult life for 40 years, but I also have [REDACTED] who is a resident here who requires one-to-one supervision 24/7 because of life-threatening pica. I'm very concerned about him leaving the support, the staff, the expertise of the staff that are present here at the developmental center, some of whom I know, some of whom I raised as psych techs, and him going into the community. He'd been in community placements before that were unsuccessful.

My big number one concern is that his requirement for 24/7 one-to-one supervision as well as adaptive equipment that prevents him from flexing his elbows in order to put an edible object in his mouth would not, at least prior to this, I don't know if it's still the same, but he could not wear those in the community. My concern is first of all, has there been any change in

the spec or in what is allowed to happen in the community that would provide for him being able to use those adaptive equipment?

Secondly, you're talking about staffing, and cost, and minimum wage.

My [REDACTED] needs a greater than most people who would be employed for minimum wage. He requires skilled, trained staff with behavioral components that have worked with not only him but other people with similar needs over time. A person off the street hired at a minimum wage level would probably not be able to meet his needs and I'm speaking of life threatening needs.

I want to leave here today satisfied that my [REDACTED] going to be okay in the community. I'm not right now. I've spoken at his team meetings. I've expressed my concerns regarding community placement for years. I know, I've lived here. I grew up at Porterville Developmental Center so I know what he's getting, and I know what he needs. I'm concerned that not only is he not ready for the community but the community is not ready for him. I haven't heard too much of anything today that assures me that the community will be ready to meet his needs by the time he needs to leave here.

As I said, I was a unit supervisor, and I know from the inside. I know the horror stories. I'm not going to tell them, but I know them. I want to know what's going to happen for people whose needs are like his, they're not skill nursing. Any nurse can meet skill nursing needs. But we're talking behavioral components here that the average person earning minimum wage is not going to have and not going to be trained to meet his needs. I want [REDACTED] safe.

I've listened to everything everybody's said, but again, as I said, I was raised here so I know the stories. I know the spin. I could sit up there and spin it with you, but I'm concerned about [REDACTED] and his life.

Nancy

Thank you for sharing that. This is Nancy Bargmann again. I'm not sure I'm going to—or any of us today, can get you comfortable saying that when you leave here today that you're comfortable and ready. It's going to take some time for us to show you some examples and to talk through how—I'm going to take a step back to some of the examples that Diva was just providing and Heather talking about developing the homes.

I see it as two separate issues. One is the discussion about the program design and the absolutes, the non-negotiables that are developed for that

particular home because it's a type of service. So, it's standard, it's set, this is exactly what has to be established. But then, very specifically, it's all about the person who's moving in the home. And that IPP, and that person-centered plan that's going to go with your son, or your brother, sister, daughter, that's going to define exactly what's going to be needed to keep them safe in the home that's been selected. It may be 24 hours, one-to-one support.

The homes that were developed, I'm going to use our most recent experience out of Lanterman. Again, we're developing homes in the community across California and have been for individuals with very complex needs. But the most recent example with Lanterman, there are a couple of regional centers that work very hands-on certainly with every family member, but really with the families that had some very unique issues that had a loved one that had very specific pica behavior—very, very significant as far as safety.

Those unique situations I think are so critical to make sure that you're working very closely to make sure that the developmental center, the regional project, the staff that are working with [REDACTED], so, the staff that are working with him every day that understands what are the needs,



working with the regional center, working with the new provider so everybody clearly knows. And it may take a year. It may take a full year of transition to be able to make sure that all the staffing's appropriate.

But the homes that I've seen developed, I can't tell you—I'm not going to swear that there's not a home out there that's using minimum wage, but I'm not aware of any of the homes for the purpose of transitioning folks from Lanterman, any of them had minimum wage. They all looked at some very unique staffing at all levels, everything from direct service professionals that had some unique training to psych techs, to LVNs, to RNs, depending on what the need is.

But I think if, as we move forward, because of a very unique need that your particular family member has, we may want to have you talk to another family member that had some similar needs out in the community. Because it is absolutely very, very personal. It's very unique to your family member. We do have some examples and some family members that we can connect you with that have some very similar experiences.

Again, I would be shocked if everybody walks out today going okay, I'm ready. You don't know yet what's out there until you have an opportunity

to see what those resources are, until we can work through some of the program designs, until we can identify the service provider, and you get to meet some of the new staff, or identify which staff are coming, and the community state staff that are going to be out in the community. Until you get some of your questions answered that comfort level—and I think I turn to Terry and to others, I think that comfort level kind of goes with it.

Let's keep talking about what those needs are, and we're going to have to have a very, very specific plan just for [REDACTED], just as we would with everybody. Again, I can't have all the answers today, but we can give you the promise that we're going to look at every individual and what's needed to help support them in their own personal, unique way and what supports to keep them safe.

So, those are the things that we need to talk about. Okay? Anything else, you guys, that you can share?

Heather

I think just to add on to that, as Nancy said, of course, we're not going to answer all your questions today, and it's about communication, communication, communication with your planning team. Also, in any

given setting it's not just one person who's responsible for the needs of a family member; it's the team. Of course, that team includes you.

But, for instance, in a home where there are behavioral needs, there would be a behaviorist and a psychiatrist working hand-in-hand with the provider of the home, and then with all the direct service professionals to be trained for those individual needs. So, as Nancy said, as we go along and we start identifying those resources, and you start forming relationships with those people, that's where some of that comfort starts coming in.

As I said when we started this meeting today, this is our first meeting that regional centers included in the conversation, and we anticipate many more as we go along—not just your individual meetings with your developmental center liaison and the Porterville Regional Project, but also these types of family meetings as you would like them. So, we want to continue this dialogue.

Darryl

I've got a question myself, here, if I could ask one, please. I'm Darryl [REDACTED], I'm the [REDACTED] of [REDACTED]. He's been here for 40 years, and we live in Madera which puts us in your regional center. One question I have is, okay, we're doing all these inspections, and we're

going out there and we find things that are wrong. So, the people decide that are supplying the service, I'm out of here, I'm done. Okay, what happens to our client? What happens if the provider, one of the family members, or the provider has a heart attack and suddenly there's no one to take it? What do you do? What happens to our client? What happens to [REDACTED]? What happens?

The other thing is how often can parents visit those places, those homes? And the thing that I'm wondering about is also in choosing—in your IPP meetings, how much weight or whatever you want to say, does the conservator or the parent have on the final decision? I know that you could probably have everyone on the team decide this is what we need. You go to that place and they see the client and they say, well, we don't want that client. And they have the right to do that, if I understand right.

So, I'm just concerned about if there's something decided on the majority of the team that he will be placed here, but we don't want him placed there, what happens?

Heather

Those are very good questions, Mr. [REDACTED], and I'm pleased to meet you. Unfortunately, we have had situations where providers have died and we

have been up against a time of how are we going to handle this situation.

One of the things that we've been doing proactively over the years is encouraging our providers to have a succession plan for their home because you never know what might happen, and we don't want them in a situation like that, or even to consider some type of business entity for their home so it's not just dependent on that licensee in the event that they have a health issue or something happens.

Additionally, if there is an administrator in the home—and this is one of our requirements for the home—who is prepared to step in and is trained, and is able to cover that home, that buys us the time to keep people in their homes so that we can work in partnership with licensing to get somebody licensed to continue the care.

Now, in other circumstances where the worst-case scenario occurs and we cannot get that exact home licensed, we work very closely with the families and we talk with you from the beginning that we're aware of a situation. We don't leave you out on what kind of transition if we must go there—that's not our preference, but if we must go there what transition do you feel you need.

In some cases, we've been able to find another provider who has other homes is able to come in and take over and obtain license for the facility. Then, in other scenarios, unfortunately, we do have to close the home. But licensing typically gives us time to do those things unless there's a true emergency with health and safety with the individuals in the home.

So, we work through it one-on-one with you, with your family member. If people want to stay together, we look for options where the family members can stay together. Sometimes we might have to do something temporary until it can become more permanent.

We have been through many of these types of scenarios before. And, additionally, as John and Nancy talked about earlier, we have many different types of development. You might have a non-profit organization that owns the building, and the land, and the property, and that home's going to continue to exist, so we would be able to bring in a new service provider to that home. There are many different scenarios, and I think those are really good questions for you to ask as we're going through the placement process.

What type of succession planning do you have, provider? I think that's really important. Are you an LLC? Are you a limited license corporation? Do you have a board of directors? What happens in the event of an emergency? Those are things we encourage our providers to be prepared for too. Did that answer that question?

Then, can you refresh me on your second question? I might look to Diva here.

Darryl In the IPP meetings they decide this is what we need for the client, but the conservator or the parent says I don't really feel that it meets the need, you all seem to think so, but I really don't feel like it. How much weight does that carry? None?

Heather Are you speaking specifically to placement or to services while—?

Darryl To placement, services, anything. How much do we have to say about things afterward?

Heather The voice that you have here at the developmental center is the voice that you have in the community. You are still the conservator. On the

individualized interdisciplinary team meetings for the IPP and other types of meetings that you might call on behalf of your family member, we want to hear what you have to say. Now, if there's a health and safety issue and there's a difference of opinion, those things need to be worked through, but the goal is to do the best to honor your voice. Diva, did you have anything additional?

Sunny Sunny Madden. At the governor's advisory board meeting we had an issue come up that was interesting. I hadn't known before that we have a residence here where all of the clients are on respirators. And I was wondering is it too early to ask the regional centers what kind of development is going on in the Central Valley for residences?

Heather Are you here out of Central Valley Regional Center or Kern?

Sunny No.

Heather Well, Diva and I can probably tag-team on this. Here in the valley we have a dialect issue, we call it an ARFPSHN, which is Adult Residential Facility for Persons with Special Healthcare Needs. Up at the state I think



it's called an "*ARF-Pushn.*" So, if you hear an "*ARF-Phishen,*" or an "*ARF-Pushn,*" we're trying to say the same thing.

Actually, we have some of those homes in development right now, and those homes typically are five-bed homes that have these great tracking systems so the person can access all areas of their home; they're not just contained in their bedroom. They have extraordinary requirements for dealing with issues in the event of a fire. They tend to have commercial fire sprinkler systems, corridors for exiting during an emergency, these sorts of things.

So, those homes will be staffed to allow for respirators, they will have back-up generators, all these different sorts of things. One of our family meetings that we can have is probably invite the non-profit organizations who developed those types of homes—they don't do the service but they build the home, and/or the service providers come and talk to you and give you more information about how those homes work

Many of our staff have visited the homes that exist up in the Bay Area and down in Las Angeles and seen the best of all the worlds. And that's our goal is to have the best. Some of our facilities right now, the non-profit

that's doing the build out is Brilliant Corners. Some of you may have heard their name. They've done work in the Bay Area and Los Angeles.

Each of those homes also are required to have the regional center hire an RN who will have time in the facility and coordinate efforts with the provider. So, there's a lot of medical oversight, and one of the really wonderful things, we met with Porterville Developmental Center and DDS not that long ago, and the regional centers, and we talked about the training that's available here that our staff can go to, to get trained in the general sense on the respirators, oxygen, and all these other sorts of medical needs but also to go through the certification training process. So, even though, for instance, the regional center's nurse will not be doing direct care, we want them trained at the level as if they were doing direct care. So, that's one of our goals for the future as we're moving forward in this next phase of opening that ARFPSHN.

Sunny Any other regional centers or developing, what's happening at Kern?

Diva I'm from Tri-counties.

Heather I'm sorry, what's happening at Tri-county and Kern.

Nancy

This is, again, one of the benefits I think of having a partnership between the regional centers and the department, and then working closely with Porterville and then the other developmental centers, is that as we're looking at the state level as to what the needs are for development and projecting, making sure that we have enough of the funding, the community placement plan funding, we're projecting how many homes we believe we need plus a few. Because there are choices that absolutely are there.

We've identified, as a state, and from input from the regional center as a response to identifying through the comprehensive assessment, this is the assessment that every individual who is a resident at a developmental center. So, based on the comprehensive assessment, that's helped informed us how many homes that we need to be prepared for.

So, every regional center is projecting development of—I can't even say ARFPSHN anymore so I just say the 962 home, so that's after the bill that was sponsored to develop this specialized home originally with Agnews. The regional centers and the community developed during the closure of Agnews developmental center, developed a number of homes, I think it

was over 20 of the specialized healthcare homes. Same with Lanterman, there are approximately 20 that were developed in the community. So, we're going to continue that development for the purpose of supporting folks from Fairview, supporting individuals from Porterville, and supporting individuals from Sonoma.

So, recognizing, also, because as it was described, the homes, they're very specialized due to the critical nature of the healthcare needs, they do take longer to develop. Immediately, we're looking at having those homes start development just as quickly as possible so we can have assurance that there's enough time for that development, plenty of time then for people to visit and have the transition support.

They're also all developed at the specialized healthcare facility, or the homes that we're talking about. Again, I refer to them as 962 homes. They're all developed with, I believe there may be an exception of one or two in the state, with the non-profit housing foundation. So, no matter what happens, the individuals that are residing in those homes, no matter what happens with the service provider, those individuals can stay in the home. The service provider can either be enhanced or changed out.

But just to give you some context, as Heather mentioned, there are going to be more meetings, and we'll make sure that there are some very specific information on each of the different living options. You're going to have that through your transition planning. So, we'll make sure that you have more opportunities than maybe you asked for to being informed as to the different types of services and then what goes into that.

More of an answer than you asked for, right, Sunny?

W Thank you, Nancy. Thank you, Sonny.

W As family members of these clients, one of the things that concerns me is the safety of the people they hire. I just wanted to see if there was something in place that when, especially, the ones that don't receive as much in wages, do you have a way to do a background check to make sure you're not hiring someone that maybe is a pedophile? Because I know with [REDACTED], and I know that a lot of the homes, as far as I've learned, usually just have one staff member to work with the kids at night. I don't want someone abusing my [REDACTED] or making them afraid. That's one of the things that's always been hard for me is to have [REDACTED] afraid. Of course, a lot of these kids can't tell. So, is there something that is required in

order to know what their background is, if there's a record or anything like that?

Diva Yes. For all the homes that are developed, there is a licensing requirement and also a requirement of the regional center that everybody goes through a Department of Justice fingerprint check. So, that's part of the due diligence that's done. In addition to that, all of the providers or vendors that we contact with, they also get checked on the federal fraud level. We do background checks on the agencies as well as the individuals who provide the support.

Dawn At this time, we're going to check and see if there are more phone individuals. Operator, do you have anyone in the queue?

Moderator I do have about four. We have a question from Mary [REDACTED] representing a client. Please go ahead. Your line is open.

Mary Hi. My name's Mary [REDACTED]. My [REDACTED] is [REDACTED]. He's been there for 62 years. My questions have been answered by the concerns of the other family members. So, I want to thank you for the information

you've given. Its excellent information. I'm real emotional about this whole thing, as I'm sure everybody else is. So, anyway, thank you.

Moderator We have a question from Monica [REDACTED] representing [REDACTED] and [REDACTED]. Please go ahead.

Monica Our [REDACTED] belongs to the Tri-Counties Regional Center, and he's one of those individuals that is going to require 24/7, one-on-one care. What I was wondering was will his placement automatically be in the Tri-counties area or region or will they look for the best possible placement for him?

Diva This is Diva from Tri-Counties. We strive to the best of our ability to bring individuals back to our catchment area. So, we are planning, at this time, for everyone who is a Tri-Counties Regional individual to return to our catchment area. Part of our planning process is, as a team, we look at the needs of everybody and start planning way ahead of time.

I know that right now this is the first meeting that we've had here to talk about the closure, but no, it's not the first time that we've had this discussion within our regional center. So, your [REDACTED] is included in a plan to actually have a home developed in our area. If you have questions about

that, you can contact Patrick Brown, the service coordinator, or you can feel free to contact me. If you want, I can give you my number.

Monica Sure, go ahead.

Diva It's 805-884-7262.

Monica And your first name again?

Diva Diva Johnson.

Monica Diva. Okay. Then my other concern, you've done a pretty good job of trying to assure us all that our loved ones will be out there well taken care of, they'll receive the services that they need, and you've talked about the budget. John mentioned the \$58 million, \$80 million to be used for support services.

Then, someone started to mention what happened to the mentally ill 40 years ago when the mental health hospitals closed, and his answer was well, there's a commitment to provide the resources. But what happened with the mental hospitals is a whole new legislature would come in and



they would just forget about these people. It was that simple. So, I'm not thoroughly convinced that this isn't the same thing that might happen to these folks.

Diva One of the things that Terry talked about, also in response, was about the Lanterman Act. It's in statute that we are required, mandated to provide services. That's really the big difference between our system and the mental health system, because they don't have those protections.

Monica I heard that, but I'm concerned about if the California State Legislature decides not to provide the budget or the resources to provide the services that the Lanterman Act calls for.

John This is John Doyle. I think, as was mentioned, the funding for the individuals we serve at this point, it's related to the guarantees that are provided in the Lanterman Act. So, what the Lanterman Act says, as I'm sure you're aware, is that anyone who is eligible for services in our system is entitled to those services for life. As you said, a legislature, a new legislature could come in and attempt to make changes. I think that, as you may be aware, back in 2003 when the budget was in such dire straits, the governor at that time attempted to repeal the provisions of the

Lanterman Act. The individuals who receive services, their family members, advocates stood up very strongly to that challenge and that repeal was never considered again.

So, while there are no guarantees on anything, I think the fact that the Lanterman Act is in place, we do receive funding for the individuals we serve not only in the developmental centers, but in the community on an annual basis. And recall that we serve almost 300,000 people now in the community. I think it's important to remember that that's part of this equation as well. I think that those things, again, while it's not a permanent guarantee, I think it does demonstrate the legislature's strong support of our community.

Terry

This is Terry DeBell from the family group CASHPCR, and I want to add something on that, because the legislature comes and goes, and they are part of the system that holds onto the budget. They need to be educated again and again on the needs of our individuals. Many legislators feel they know what a person with a developmental disability looks like, and it may not be what your family member looks like or what their needs are.

Right now, in Sacramento, I cannot remember a time when there is a greater understanding from the legislature and from the advocates, and from the administration on what it costs in terms of money, and time, and human work to care for our individuals. But that's only going to be maintained if people are active, if they contact their legislatures, if they keep in touch.

Anybody who wrote a letter about their impact on the closure, what that felt to them, that's very good because that's written documentation that if and when the legislature approves the closure plan, which I presume they're going to do, they are making a promise saying okay, we heard you, and we are going to take care of your people. We have to hold them to that. So, future advocacy from everybody please.

Monica

Thank you. I appreciate all of this information. I realize probably it's getting late, everyone wants to get home, but I hope that we have another meeting pretty much just like this where we can address some of the what ifs.

W

We absolutely intend on doing that.

Monica Great.

W Thank you.

Monica Thank you.

Moderator Our last question comes from Mickey [REDACTED] representing a [REDACTED].  
Please go ahead.

Mickey Yes. I have the unique ability to have been an advocate as well as knowledge of our homes in my county. And when it comes to the staffing I understand about going through the life scan, but it doesn't require them necessarily to have experience or knowledge of our particular population. They pick someone who may have worked at Dryer's ice cream factory to come into work. That doesn't necessarily mean they're going to be a good worker.

So, I have a deep concern about that. I have a deep concern about parents' involvement once placed in the home as well as the home working with the parent. Porterville has been a Godsend for me. Every time something happens I know about it, I approve everything. We work as a team. I

don't see that in the homes that I'm familiar with. Parents are like okay, they're there, but they're not necessarily, it's an annoyance more than a welcomed team member.

So, I'm not convinced this is the best thing. I'm not convinced by what was stated regarding the workers and how great they are. The training that's done is very iffy. I can share, as the other lady said, horror stories, but, I would rather see some positive ingestion from the regional centers with the training, Porterville with the training because it's not going on, if we're going to be honest. Thank you, and thank you guys for your time. I can't wait to have another meeting.

Diva This is Diva Johnson. Can I get clarification on the unique abilities you receive at work?

Mickey The fact that they can hire just anybody off the street is a concern of mine.

Diva They're a provider?

Mickey                   The vendors, the home vendors. I know the employees are supposed to go through the classes for DSP 1 and DSP 2. This is under the regional center's requirement, but it's not being done by all homes.

Diva                     Okay. Actually there are a couple things that I can speak to that I think you had some concerns about. One is the training and experience of the staff. When we develop homes for individuals to transition to the community, we have minimum qualifications that we put in place. And as regional centers across the board, people have to have experience with this population prior to being eligible to working in our homes. Quality of care is essential.

Mickey                   I understand you're saying that, but I'm telling you, from my experience and from my knowledge, it's not being done.

Diva                     We spoke a little earlier about the required oversight. We have quality assurance responsibilities to make sure that is the case, and if it's not then they're out of compliance and there are follow-ups that need to take place for whichever regional center is responsible for working with that particular provider.

The other thing that I really wanted to address, too, was the parental involvement. Quality assurance is everybody's responsibility. If you're feeling like your presence isn't welcome, then there's something wrong with that system and it needs to be tweaked. Earlier there was a mention of person-centered planning. The whole approach of person-centered planning is to keep that individual, their preferences, their safety, their health at the center of everything we do, and family members are a big part of that. So, we can't effectively support someone without those partnerships across the board.

W [Indiscernible].

Nancy This is Nancy Bargmann. Just to support what Diva is saying, especially if you have experiences, and it's going back to if there is an example, if for some reason a service provider is not meeting the requirement and not following the mandated requirement as far as having employees that are being hired with minimum requirements, having the experience, if that's occurring, we definitely want a phone call to go to the regional center so they can follow up on that. Because then there's likely more than one issue that is going on, there's probably more than one. So, we would encourage those phone calls coming in just as quickly as possible.

The other as far as—now I'm kind of forgetting what the second—the family. The one thing that came to mind when you were talking about family involvement, absolutely, if you're feeling like there's a provider that's not comfortable with the family being involved, that should be a red flag. Most of the providers, and honestly the providers that I've had opportunities to talk to and work with, I have found them to be extremely receptive and actually they want that involvement because it helps them understand the individual.

So, if there are some very unique things, because it's a partnership, everybody's working together. Really make sure that as you're talking to the service provider and not only the service provider, but the staff in the home, is that connection being made? Because you have to work as a team. Again, I've been very pleased to see that many of the providers are inviting—they're having whether it's picnics, and BBQs, and everybody's going together, and you get this real sense of community.

But, again, you have to go out yourself. See if you get that sense. If you're not getting that sense, let the regional center know, and then there's got to be another opportunity for us to say let's have you meet a couple



more providers and see if you're getting that feeling of family. You have to have that. Sometimes it's a gut feeling, it's not going to be something you can actually pinpoint, that well, they don't have this many staffing hours, they don't have—so, if it's a matter of you just walking in and saying okay, this is how I feel, it feels good, that's what you also need to listen to. It's that soft stuff that you can't actually describe.

I'd encourage you to look at all of your resources, not only the technical side of it, but use your feeling, your gut if that makes any sense.

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

Operator No. There is no one else in the queue.

Dawn Alright. We have one question here.

W This goes to the homes that are non-profit and then the for-profit. Are there more non-profit community homes than there are for-profit? And, also, in that is we should probably be looking for a non-profit because like you were talking about, if something should happen and, let's say

someone dies or whatever and they can bring someone in where that probably wouldn't be the case if it was a for-profit home. Am I right?

W

Well, I think it's an excellent question. But I'm not sure that—so, let me start with the percentages. With Lanterman we'd have to go back and take a look at, but there are actually more for-profit homes that are developed, but I don't know if we actually even got to 50% where it was split. There are a number of non-profit providers that are out there that have the opportunity to develop a number of homes. So, the split we can get you. We can tell you what our experience was with Lanterman and also with Agnews, if that would be helpful. And then as we develop, you can take a look at that.

The difference between when you're talking about the for-profit or non-profit, which one's better so if there's a challenge in the home, who's better prepared to bring somebody in, we've not found that there's one that's better than the other in doing that. Because you may have a small non-profit as compared to a larger provider that's for-profit that may be better positioned to bring on some new resources.

It's not an easy answer to just say one's better than the other. That's why the non-profit versus for-profit, everybody has a different comfort level. I've heard families say that they're a little bit more comfortable with for-profit providers or a particular provider who happens to be for-profit because they have a different philosophy that they've connected with. There are some non-profit providers that families have connected with not because they're non-profit, because they really connected again with more of a philosophy or the staff or the structure they have.

So, again, you have to just gauge it as to where your comfort level is, but there's really nothing that I'm seeing. Again, I would turn to the expert community folks to speak to this. There's noting that triggers whether one's better the other because they all are mandated to meet the same expectations, same requirements. So, again, you just have to meet the providers and see what the need of your loved one is, and can that provider meet that need. Does that answer your question?

Amy

Alright. I have a few items that I want to make sure that we talk about. I want to thank you all for staying so long, and I hope that we were able to answer your questions. Again, this is just the first of however many meetings we need to have. I realize this is a long format, and it gets

hard to remember what you were going to ask questions about and that sort of thing.

So, I just want to remind people that on your agenda is a dedicated e-mail address and a phone number. If you go home, reflect on what you've heard today, have other questions, what to hear something else, anything comes up, please do not hesitate to send us an e-mail or call that phone number, and we can connect you with the right person that you need to be talking to and answer your questions.

On the bottom of that agenda is also a website. It's the department website. That's where the closure plan is posted, and that's where we post updates and information. That's where a transcript of this meeting will be posted. We posted the transcript from the last meeting. It's hard to take notes for a couple hours, so we'll put the transcript up there for you so you can have a reference to what we talked about here today.

I also wanted to mention, Nancy talked about the different home types and also the regional centers. We have a handout that's been posted on our website about the different residential options that are available. We printed out some hard copies for you if you want to take that. It's just an

introductory, brief overview of the different types of homes that are available for people.

It's a starting point for a discussion with your regional center representative, but it is something that's been on the website so we provided some hard copies for you if you're interested, and they're up at the table in the back where you signed in.

Do we have any other questions?

W I just want to say thank you and I think it was a very good meeting.  
Thanks for doing it.

Dawn Operator, is there anyone else in the queue before we close?

Moderator One moment, please. Yes. We do. We have a question from Douglas [REDACTED], representing a [REDACTED]. Go ahead. Douglas [REDACTED], your line is open.

Okay, we have a question from Eva [REDACTED], representing [REDACTED]. Please go ahead. Eva [REDACTED], your line is open.

Eva Thank you. I want to thank everyone for all of their input and also sharing of information. Being out of state, I would like to request a copy of the transcript and also, if possible, a copy of the handouts that you're issuing to the members that are present there now. I would appreciate that very much.

And then I will direct my other questions to the name and phone number that was given to me earlier. But, again, thank you very much, and I hope I am included in the next meeting that you have. Thank you.

W Could you please state your name one more time so we can make sure that we do get that information to you?

Eva Eva [REDACTED].

W Alright. Thank you very much.

Eva [REDACTED] of [REDACTED].

W Thank you. Operator, anyone else?

STATE OF CA DEPARTMENT OF DEVELOPMENTAL SERVICES

Host: Nancy Lungren

April 24, 2016/1:00 p.m. PDT

Page 111

Moderator I'll try for Douglas [REDACTED], representing a [REDACTED]. Your line is open, sir.

Douglas Can you hear me?

Moderator Yes.

W Yes, we can.

Douglas I don't have any questions. I just want to thank you very much. After listening to this for two and a half hours, I'm going to just say one thing. Redundancy does not need to be part of it, and if we could cut it down so that if you're going to spend two-and-a-half hours we can cover the first hour or two of things so you can finish your agenda, and if there's something that we need to glean that's new out of it, that's great. But to hear things over and over again, after being to several of the meetings, to me, is not required. But thank you very much for the time, the effort that you've put into it, and we'll look forward to hearing from you again.

W Thank you, and we appreciate your comments. Thank you.

Dawn With that, Nancy, is there any closing remarks?

Nancy I just want to, well, of course, I always have something to say. I want to thank you all for being here, and we look forward to having many more opportunities to talk. And, please, let us know if there's anything else that we can do that's going to be helpful in this process, if there's a way we can add to the meeting, distribute information, sharing, networking, whatever it may be, because this is your time. So, you let us know what's going to benefit you the most to help guide you through this process. We want to be able to be there.

So, thank you for taking the time on a Sunday afternoon, and we look forward to talking to you again very soon. Thank you.

Moderator Thank you. Ladies and gentlemen, that does conclude our conference for today. Thank you for your participation and for using the AT&T Executive TeleConference service. You may now disconnect.