



Final Transcript

STATE OF CA – DDS CONNECT: PDC Family RCDDS Meeting

February 12, 2017/1:00 p.m. PST

SPEAKERS

Theresa Billeci
John Doyle
Amy Wall
Angie Smith

PRESENTATION

Moderator Ladies and gentlemen, thank you for standing by and welcome to the Department of Developmental Services PDC Family Meeting. At this time, all participants are in a listen-only mode. Later, we will conduct a question-and-answer session and instructions will be given at that time. [Operator instructions.] This conference is being recorded.

I would now like to turn the conference over to your host, Theresa Billeci. Please go ahead, ma'am.

Theresa

Okay. Hi, folks, we're going to go ahead and get started so if you would like to come over to this area, we'd appreciate it, and for those of you that need to continue to setup, please do so. The reason why we're asking you to come over here is because we actually have a call in and we have family members because this is also, in addition to the Community Opportunities Fair, it's also going to be our family meeting today.

We actually have a call in, my assumption is we do actually have families on the line and we have a couple of people that are going to be speaking today as well. I want to give them just a minute or two to come on around and then we're going to go ahead and get started.

The first person that I would like to introduce is John Doyle. John, as you all know, is chief deputy director for the Department of Developmental Services. Unfortunately, Nancy Bargmann, the director, could not be here today with us so John is going to stand in her stead, so to speak.

I'm going to turn it over to John.

John

Good morning, Theresa, and good morning, everyone. My name is John Doyle, I'm the chief deputy director at the department and I appreciate

everyone coming out today as we're moving forward with the closure process. I wanted to bring you up-to-date on where things are with the state budget and some of the things that are happening for the department's budget.

As you probably know, Governor Brown released his budget for the 2017/18 fiscal year which starts on July 1, 2017. The fiscal year runs, for the state, from July 1st to June 30th. The governor has put forward some proposals that—there are things in there that, we think, benefit the department but I wanted to talk, at a very high level about some of the things that are going on with the state budget.

First of all, there is a lot of uncertainty regarding federal funding. The new presidential administration and the new Congress have suggested that there will be major changes to the federal Medicaid program, which in California is called Medi-Cal.

Some of the proposals have talked about things like reducing funding for the expansion population in California, some of the proposals talk about block grants, where a state gets a fixed amount of money and some of the proposals have talked about per capita funding. So there is a lot of

uncertainty at the federal level and right now it's unclear how to interpret a lot of what's going on. We're following state and federal law as it currently exists but we wanted to point that out because there may be changes coming and we, the administration, is planning accordingly. They want to be aware of what's going on, monitor things and be able to react quickly if they have to.

The other thing that the governor mentioned when he released his budget was a concern related to the economic expansion that has occurred since the recession, like all economic expansions the financial analysts at the Department of Finance are looking at this to start to cool. It's not unusual that after a period of growth things start to slow down. If that happens, it's going to affect general fund revenues, and if that happens, it has the potential for affecting our budget.

The tax revenues, the personal income tax revenues come in in April, the stock market is doing well now so things could change. The news could be better by the time revenues come around in April but the administration is very guarded about what's going on with revenues right now.

I say all of this to kind of frame what is happening with our department's budget. As many of you know, the Department of Developmental Services service over 300,000 people in the community right now and if you take a look at our budget, you'll see that there have been some important changes to our budget made by the legislature and by the governor.

For the 17/18 fiscal year that's coming up, we're projecting an increase in our community services budget, and that's the budget that funds the regional centers that provide services in the community, we're projecting an increase of \$359 million. That's almost 6% above where our budget is right now. If you look at that in comparison to what our budget was in 2015/16, our budget has grown between what we received in the current year through the budget process, what we received in the special session on healthcare funding, we received another \$500 million through that, our budget has increased by about \$1.2 billion.

That money is to be used to develop the services and support that are needed to provide for your loved ones as they transition into the community and to provide for all of the people that are already served in the community. Again, I say this just to point out that while the news isn't

all great regarding the budget for our department, things, I think, are moving in the right direction. There are still issues we have to deal with, no question. There are things like local minimum wage that are difficult for our providers to deal with but these are things that we'll have to work through.

The other thing, too, if you look at— our budget is broken into two pieces so we have the community services side and then we also have the developmental centers side and as you can imagine, the developmental center budget is dropping as people transition into the community, as staff separate, we are seeing savings and we're seeing a reduction in cost. Our overall developmental center budget is expected to drop by about \$80 million by 2017/18 so that's a reduction of 15%.

We still have a budget of about \$450 million for the developmental centers and the good news is we are, as I think many of you are aware, we're working under settlement agreements with the Centers for Medicare and Medicaid Services. They're the federal agency that oversees the developmental centers and provides funding for them. We had settlement agreements to close all three centers. The agreement at Sonoma was terminated. There were some issues that CMS took exception to and they

have the ability to terminate these agreements very quickly. To put things in perspective, we receive about \$250 million a year to operate the developmental centers from the federal government.

The good news, and I would like to compliment Theresa and her entire staff, when CMS and the Department of Public Health were out at the end of last year to review Porterville, Porterville passed with flying colors and the federal government has extended funding until December 31st of this year. So that was very good news and it's a credit to all the fine work that I know you all know is done by the staff here. I just want to thank Theresa and her folks for all of the hard work because I know it wasn't easy.

With that, I'm happy to answer any questions anybody may have on the budget, if anybody on the phone has questions. If there are no questions, and being none, I'd like to turn it over to Amy Wall. Amy Wall is our assistant director over developmental center closure. Thank you.

Moderator

[Operator instructions]. We have no questions from the phones at this time.

Amy

Alright. Thank you, John. I appreciate the update. As John mentioned, this is DDS's return visit here. This meeting is for you. We wanted to know what you still had questions about. We wanted to make the providers available to you for questions and one-on-one conversations. We've come out here several times now, we've talked about the types of homes that are available, we've talked about the transition process, we've talked about oversight in the community but we know there's a lot involved with all of those.

Really, the purpose of this portion of today is to answer any outstanding questions that you may have, any lingering what ifs or how does that work or any of that sort of thing. We have the opportunity to get some answers from folks right now. I do want to point out some of the important people in the room. Could I have all of the regional center representatives stand up, please? We have folks here from Kern Regional Center and CVRC, is Tri-Counties here? Oh, I'm sorry, I didn't even see you, Patrick. Nice to see you. These are the main regional centers that are involved with the closures here and these folks are here to answer questions.

We also have Angie and the regional projects, so if the regional projects folks could stand up? Just so you know, these faces will get to be very

familiar to all of you. These are the folks who facilitate all of the transitions out of the facility and will get to be your new best friends with all the different meetings that we do to make things roll along smoothly.

Then, we have the department represented here by John, who's already spoken. We have Dawn Percy from the Developmental Centers Division and myself, so if you have any questions of the department or questions about licensing or questions about kind of state type stuff, we're the people to ask.

I will turn this over to the phone and see if we have any questions on the phone and then we'll turn it over to you to see if there's any questions there and if there aren't, I'll turn it over to Angie.

Operator, can you let me know if there's anyone that has any questions on the phone line?

Moderator

Yes, ma'am. [Operator instructions]. We will go to Marian [REDACTED].

Please go ahead.

Marian Thank you. I would really appreciate you speaking up, I can barely hear you. I am the [REDACTED] of [REDACTED], who has resided there since [REDACTED], and I really do want to listen to this conference today. Thank you.

Amy Alright. Sorry about that, we'll make adjustments but we're speaking in a microphone and trying to be as loud as we can so I understand that technology is not always our partner and friend in these sorts of things. All of the information that's shared today, in terms of conversation, will be posted on the website and you're welcome to call us and we can send hard copies, too, if you don't want to use the computer.

Marian Oh, I have a computer and thank you very much.

Amy Alright.

Moderator We'll go to our next caller, Barbara [REDACTED], please go ahead.

Barbara Yes, I was wondering how many residents are still at the Porterville Developmental Center and then how the progress is regarding the development of homes for these residents.

Dawn This is Dawn Percy speaking. I work in the Developmental Center Division and currently in the Secure Treatment Program we have 211 individuals here at Porterville, and in the general treatment area we have 127, as of February 8th, so a total population of 338 individuals. I apologize, your second question was?

Barbara My second question was the progress being made on the development of the group homes for the residents who are still at Porterville. I'm talking about the general treatment population since I'm assuming this is what's closing.

Dawn Absolutely. I think I'm going to turn that over to the regional centers just to maybe do a brief summary. I mean, we are definitely in the procurement stages of property and some property has already been secured going through renovations and licensing.

We have some homes that are starting to open but we are in the beginning phases of trying to identify the needs of the individual, transition planning, and so forth so it is on an individual basis. Each regional center, however, is very aggressively moving towards the goal of community integration so

we have lots of progress going and the department is monitoring that as well through monthly calls and updates.

If the regional centers would like to add anything else to what I have said?

Cleora

Hi. This is Cleora Ditommaso with Central Valley Regional Center and currently we have 52 beds that are being developed right now. In the next month or so, we're probably going to be opening 12 beds or maybe a little bit more than that but some for very severely physically impaired, some health challenges and then 12 that are specifically for persons who are having some behavioral difficulties.

We are taking into account that some of our folks are aging so we have populations for elderly as well as those who are under the age of 60. Right now, CVRC has 55 that are in general treatment right now.

Cherylle

Hi. This is Cherylle Mallinson from Kern Regional Center. For Kern Regional Center, we have 12 beds currently available, 4 still in development but 8 are currently in transition of placements.

Patrick Hello. This is Patrick Brown, Tri-Counties Regional Center. We have about 12 individuals remaining on the general treatment side and we have identified each and every one of them to be placed. Now, there are a couple of homes that we are now in the licensing phase and there are other homes that we're developing, but in the next few years or so we certainly will be placing each and every individual in the general treatment side.

Barbara Thank you very much.

Amy Alright. Do we have any other questions on the line?

Moderator Yes, ma'am. We'll take our next caller, Denise [REDACTED].

Denise My name is Denise and my [REDACTED] is, I believe [REDACTED] considered in the general area, my other [REDACTED] is [REDACTED] conservator so I'm filling in for [REDACTED] today so I don't have as much up-to-date information as my [REDACTED]. Anyway, my understanding, and I just wanted to confirm the closing date for the PDC, is that the closing date November of 2021?

John Hi. This is John Doyle. Under the agreement that we have with the federal government, we're proposing that the last individuals will

transition out in 2021 and the intent is to, hopefully, turn over the keys to the Department of General Services sometime later that year.

Denise Okay. Thank you.

Moderator We also have a question from caller Alan [REDACTED]

Alan Hello. I was interested in my [REDACTED], [REDACTED], and [REDACTED] a [REDACTED]-year-old [REDACTED]. I'm curious, do they place them with people their own age or are they in groups with people that are all different ages?

Amy Alright. Dawn, do you want to take that one or a regional center expert?

Dawn This is Dawn Percy again from Developmental Center Division in the department and each individual is assessed per what their need is and so we would want, certainly, individuals who your loved one would like to live with and who have similar needs, who are compatible, depending on the area you wish to have them. We would certainly talk to you, as well, to see if you would like them in a certain area near family or loved ones.

Certainly, all the individuals are adults so they would be with similar ages, per se, adult facilities, and then there are some facilities that serve individuals who, of course, have aging issues as well so the elderly population. But, like Porterville, your loved one is in an environment with many different ages but we do make sure that they have similar needs and interests and we would be talking with you to assess that situation.

Alan All of [REDACTED] family lives in Sacramento and I'm wondering if [REDACTED] can be moved up this way.

Dawn Absolutely. I would encourage you to connect with a few people. You could certainly start with your staff social worker at Porterville Developmental Center, they can then get you in contact with the regional center case manager and initiate that conversation and then we do have regional center transfer capability. So we would be talking with you what specific area, then we could identify what regional center serves that area and get some referral process started and an assessment to see if that area does have the ability to meet the needs of your loved one.

If you could talk to your regional center as well as the social worker at Porterville.

Alan Are they closing the general treatment area in Sacramento, also?

Dawn No. We do not have a general treatment area in Sacramento. It's based here at Porterville Developmental Center but what we do have is 21 regional centers throughout the state and so we would hook you up with a regional center in the area in which your loved one would be potentially going to and then they would have community homes available.

Alan Okay, thank you.

Dawn You're welcome.

Amy Alright. Operator, I think we're going to see if there are any questions in the room here.

Dennis My name is Dennis [REDACTED]. My [REDACTED], is—actually [REDACTED] the [REDACTED] client at the center. [REDACTED] came here in, I think [REDACTED] of [REDACTED], right after the center opened. [REDACTED] and I share a familial health issue that was inherited through our maternal side, and we've been dealing with some real difficult issues because American medicine is not—in fact,

almost doesn't know anything about it. It took them 13 years to diagnose me in 2008, it took 4 years to stabilize me and I'm been fine ever since I've been having the correct care.

My [REDACTED] showed symptoms of the same condition about three, four years ago. [REDACTED] was put into Porterville Hospital five times in one year for a related condition, and fortunately, the fifth time they had a doctor there who was from the East Coast and was familiar with the condition. He gave [REDACTED] the correct therapy and [REDACTED] was relatively healthy for a year.

I brought the issue up with our facility physician and he told me that [REDACTED] condition is not covered under the protocols. So I talked to the infectious disease specialist that's assigned to the center. I've had unfortunate experiences with four infectious disease specialists myself and he was no exception. They simply don't know anything about it, and I'm real concerned that [REDACTED] showing signs of deteriorating again and I'm real concerned that we're not going to be able to give [REDACTED] an opportunity to live out [REDACTED] life.

I know [REDACTED] years old but you have to understand, in our family longevity is kind of common. We have, on the paternal side, a number of

family members that have lived over 100. On my maternal side, the majority of them live into the late 90s and 2 or 3 have made it over 100 so it's fairly common to have that.

This little bugaboo has been a problem in my mother's family for quite a while and when I came down with it, I suffered for 13 years before finally finding a doctor who had Third World experience. This is more common than people realize but with a doctor with Third World experience, I walked in to see him for the first time and he said, "Oh my goodness, you have blah, blah, blah." That quick. He knew exactly what it was.

Since then, I've had four surgeries, told the IDS in charge of my case, in all four cases, if I have an infection or if I have this type of condition, this is what it is. In all four cases, I developed a problem; in all four cases I was given the incorrect therapy which resulted in three more surgeries, which were unnecessary in my opinion.

I'd really like to be able to talk to the doctors that are going to be servicing wherever [REDACTED] goes and find out if number one, if they have any idea what's going on; and number two, if they don't if they would be willing to investigate it and follow through.

Cleora Hi, I'm Cleora Ditommaso and I'm aware of your [REDACTED] condition and we have a nurse that we just hired recently who will be taking the information that you're going to give us and be sure that whoever is in the community would have an understanding of what this condition is and how unique it is. We are partnering with PDC to try to make sure that whatever information is here gets transferred and gets trained to the individuals in the community so we want to assure you that we are hearing you and that we are taking this very seriously.

Amy Alright. Over here.

Paul My name is Paul [REDACTED] and I'm a [REDACTED] and [REDACTED] of my [REDACTED], [REDACTED], along with my [REDACTED] Say hello, [REDACTED].

Brian Hi.

Paul Yes. First of all, I want to commend everyone for the protocols that you've put in place in moving the clients into the community. I was happily surprised and shocked at how thought out they are and how kind

they are and [audio disruption] but my [REDACTED] is not only a medical issue, but [REDACTED] also is a behavioral issue.

I'm fairly confident by when 2021 comes around, you're going to have a number of your clients that are going to prove to be unplaceable in the community; that there are special circumstances that we've set up here in Porterville that are particularly well-designed for caring for these types of clients. I'm wondering what's going to happen.

Amy

Alright.

John

We understand the concern. One of the issues that came up when the discussions began about closing the developmental centers was how are individuals who are medically fragile and how are people with challenging behaviors going to be cared for in the community.

We had a medical model home that was developed for the closure of Agnews. It has a long name, it's called an adult residential facility for persons with special health needs and you'll hear people refer to them as ARFPSHNs or they'll call them SB 962 homes or SB 853 homes after the enabling legislation that allowed the homes to be developed.

When it came to behavioral homes, we realized that that particular model was lacking in the community. So two years ago, in 2014, we had a series of meetings throughout the state to meet with providers, families and get a sense of what kinds of services were required in new models of care homes.

Based on those meetings, two new models of homes have been developed in the community. One is an enhanced behavioral support home and the other is a community crisis home. The enhanced behavioral support homes are long-term; they provide enhanced behavioral support services. The community crisis homes are short-term. If an individual goes into crisis in the community, they can go to one of these homes, stabilize and be returned back to their residential home.

Now, the concern, and I know we share it at the department, these are brand new models of homes but we believe that the services that are going to be available, the providers that are operating the homes are going to provide the necessary support that is needed to ensure that people can be successful with challenging behaviors in the community.

The other thing that we're working on— we just completed a series of meetings throughout the state to talk about the safety net in the community. One of the things that families are very worried about, particularly families that have loved ones with challenging behaviors, they're concerned about them ending up interacting with law enforcement. They're afraid that something may happen and all of a sudden, their loved one ends up in jail.

One of the things we're working on is proposals to work with law enforcement, work with local mental health, look at things like mobile crisis units. Some of the regional centers already have mobile crisis units so that if an individual has a mental health crisis in the community, they can go out and address it and ensure that it doesn't escalate.

The other things that we're looking at—we understand that there are a portion of the folks that we serve that have really—either issues with AWOL or they want to get out in the community, they want to leave their residences and sometimes it's not appropriate. We also have, what are called, delayed egress secured perimeter homes and those—one has already opened in Visalia. I've visited it. It's a wonderful model; it was the first one to open in the state. The providers are here today, I think they

will tell you they've had some challenges but it's been a very successful home.

We do understand the concern and a part of what we're moving towards is how do we address areas that we know we're deficient in right now. So, that's what we're working towards.

Rose

Rose [REDACTED]. Our [REDACTED] is also [REDACTED] here at Porterville and my concerns will kind of go along with yours. Our [REDACTED] has some past behavioral issues that have been handled beautifully here at Porterville, and I guess, one of my concerns is the continuity of services. The staff here is incredible, they're high-quality people who have been here for a long time. For those of us who have family members here, part of the reason that they've been successful is because the people here have been so dedicated, they are their family.

One of my concerns is, is there any possibility that those people are going to be employed in the homes? My experience with group homes in the past has not been that the people—there's not longevity with people, usually, in group homes, and so I think that part of the concern, for me, is

quality of staff and the staff here is incredible. Is there any way that they could be part of that process?

The other thing that—I know that for [REDACTED] is very successful—is the structure of the day and part of that is a locational component. I think that quality of life is as important as just having a place to live and so that's my second concern is having [REDACTED] day be fully occupied, not with community activities all the time, but with things that [REDACTED] feels good about.

Also, my compliments to the Porterville staff and the Porterville community because this is where I want [REDACTED] to stay because [REDACTED] used to this community and it's so user-friendly for [REDACTED]. Even though it's a little trip for us, not a very long trip, but it's a little trip for us, we'd rather have [REDACTED] be happy than think about ourselves.

Dawn

This is Dawn Percy again. I'll address that. Certainly, we recognize the level of commitment and the sophistication of the staff here at Porterville.

We have a few things going. One, I'm going to say that we are entering into many agreements with regional centers for a community state staff program. It is an opportunity for regional centers and/or providers to enter

into contracts and if they choose to do that then we would be advertising and interviewing staff who currently work at a developmental center, not necessarily Porterville, it's open to the entire state, but certainly the expertise of the individual with your [REDACTED] would allow them to show that they have that competency if the regional center provider chose to enter into an agreement.

In addition, the regional centers, and I will tell you, I'm getting educated as you all are because I've grown up in the developmental centers. I've had 35 plus years, worked most of my career at the developmental centers and now I'm in the department and I'm meeting a lot of community providers and I'm meeting a lot of the regional centers that I did not have the opportunity to engage with and there are just as many competent people out in the community. They are making sure that they have their standards up to par as far as the initial training, the background checks for your loved ones. Just like the developmental center, people go through the fingerprint process and they make sure that those people have the experience and expertise.

They're getting trained per the type of home, so if it has a behavioral aspect, they're making sure that those people are competent in behavioral

practices. We are also, during the transition process here at Porterville, we are doing multiple cross-training activities. So once you have that conversation with your regional center and you've identified where your loved one will be moving to, we have our staff here who do know your loved one talking with the new staff at the home.

The new staff come onsite, we do training and that's up to the team. It can be numerous training sessions. It should be training throughout the entire person's day. It should be training of mealtimes, bathing times, of vocational program. It would be all aspects of your loved one and we would make sure that those new staff are competent in understanding how to deal with your loved one.

What are those subtleties if the person is not verbal? What do they do if they're in pain? What do they do if they're hungry? Those things would be really talked about profusely at the transition planning meeting. The day programs, you're correct, we want people to have meaningful lives. What does that mean to everyone? If the person is retirement age, then they may want to have a different option but if this is a person that would like to be engaged and have employment, that's something you need to talk about at the transition planning meeting and don't let go of what your

loved one is needing. Make sure you work with that team and it is each individual is going to be totally different. Make sure you work with your regional center, your staff here at Porterville, and have it documented and agreed upon how you're going to do that transition process.

You're welcome. It sounds like we have some company. We're going to keep going with some questions but just for you to know, we definitely have company here. We have a question.

Renna Lee

My name is Renna Lee [REDACTED] and my [REDACTED], is on [REDACTED]. In regards to the other lady's question, I've heard that staff can go in the community home but it's only for one year. Now, can that be extended?

Dawn

It is contract-based. There is no one year finality. It can be longer than a year so it is contract-based and so depending on the person that enters a contact with a community state staff program, but there is not a cut off of one year.

Renna Lee

Okay. Then, they could still continue to get their same pay and benefits for—if they wanted to work another 10, 15 years?

Dawn Absolutely. We have people who worked Agnews Developmental Center that are currently in a contract still with a provider in a regional center and that's been several years. So there is no end date and they get their same salary, their same benefits.

Renna Lee Okay, great. I have a couple more questions. Will we, as conservators or guardians, still receive authorization forms for our loved ones such as vaccinations, medical procedures, etc., and then, who would that come from?

Dawn Alright. I'm going to hand this over to someone that looks real anxious to answer this. I mean, I would say yes but I don't know the regional center system.

W I'm sorry, can you please repeat that question for me?

Renna Lee Okay. Will we, as conservators, guardians, still receive authorization forms for our loved ones needing, say vaccinations or a medical procedure, etc.?

W Absolutely. The rights that you retain as a conservator now you will still retain once your family member moves to the community and whatever you feel you need in that capacity will be shared with you.

Renna Lee Okay, so we will have like—now regarding IPPs, will that be with the home that they're in? That person that's running the home, will they be doing the IPPs or will that come from the regional center?

W Right. The regional center counselor assigned to your family member will communicate directly with you and determine a date and time for those meetings that meet your schedule and they can be held at the home or in other settings as well.

Renna Lee Okay. Now, right now, I'm sure most of the residents here, they receive SSI benefits. Are those benefits then going to be—because I know right now they're paid to PDC so then will they be paid to the home that they go to?

W The majority of the benefits that are received under Social Security are paid directly to their living situation but they do receive a personal and incidental amount weekly.

Renna Lee Okay. Then, they'll administer all the funds that they get, like right now they get discretionary spending so someone there—I mean, there will be like in accounting, like a book and an accountant to say exactly where all their money went.

W Yes. The providers are required to keep receipts for any expenditures but if you as the conservator want to manage that portion of the money, you would still have that right to manage those monies or to see how they're spent and make sure they're meeting the needs of your family member.

Amy Alright. We will still be taking questions but I wanted to turn it over real quick to Angie to kick off the provider fair portion of today.

Angie Hello. My name is Angie Smith and I'm the regional project director here at Porterville. Today, we have a provider fair for you that has all of our three regional centers, in catchment area, have their providers here and they have booths set up to tell you all about their homes, their day programs, their work sites and all their different areas that they run.

We have the individuals here and PDC staff also so if you guys want to, after we're done here, go take a look or if you have any other questions that the provider or the regional center can answer, they'll have a table over there so it'll be a little more one-on-one. If you guys have any other questions afterwards, you can find me, also, or call me in my office and I'd be glad to help you. Thank you, guys, for coming.

Amy Alright. As you came in, there was a handout that has the regional project contact information on it so if you need Angie's contact information, you can reach her and her team at the phone number and email address on that flyer that's up at the front of the room.

It's a little loud here now but I want to check in real quick with the people on the phone and see if we have any more questions on that.

Moderator [Operator instructions]. We do have a question from Alan [REDACTED].
Please go ahead.

Alan I'd like to get that packet of the contact information. Can you have it sent to me?

Moderator Absolutely. Margaret and Alan, please remain on the line and we'll attend to you after the line disconnects.

Margaret Great. Thank you.

Moderator Thank you. We'll go next to Kirsten [REDACTED]

Kirsten Yes, I'd just like to request the packet, too.

Moderator Absolutely. We'll do that. Next, we have Denise [REDACTED]

Denise And 'ditto' on that—the packet info.

Moderator Anyone that would like that packet information, just remain on the line after the music restarts and we'll get your info and we'll pass it along.

Amy Alright. Thank you, everyone, for calling in. We really appreciate your participation. Do not hesitate to contact us if you have any questions. You don't have to wait for a family meeting and then yes, please leave your information with the operator and we'll get the contact information out to you for the regional project and the rest of the materials for today.

Dennis This is Dennis [REDACTED]. [REDACTED] and I assume other clients also, have a trust account set aside to cover burial expenses and that sort of thing. Is that account also going to be handled by the local group?

Heather Hi, Dennis. Thanks for your question. This is Heather Flores from Central Valley Regional Center. Yes, if your loved one has a trust already in existence, you can still manage and maintain that trust as you would like. If you would prefer for the regional center to assist you with that, you can ask for support in that as well.

W Yes, I have a question. When our family is out in the community, Porterville has always, pretty much, had the hospital here so the kids are used to getting out there shopping and being out in the public and they're treated well. How is that going to happen when the providers take them shopping in other towns and stuff? Are they going to be made fun of or are they going to be treated well? Do you have any idea about that?

Plus, my other question, some of the kids go to school and do things out in the community like bowling and that type of thing. Is it going to be required of the people, providers, to provide activities for the kids so that

they're not sitting there all day being [audio disruption] because that would be hard?

W

Your [REDACTED] name is [REDACTED]? Oh, okay. Pardon? [REDACTED] loves [REDACTED]

[REDACTED] The group homes have opportunities for socialization out in the community so they do take time to go and do many different things. It's not that they don't occasionally run into people who maybe have unkind words, but the staff are trained if they run into that, to deal with that.

The nice thing is lately people are getting more accepting of the people that we serve and it's actually more of curiosity now, I think, than outright rudeness. Although as I said, that is encountered at times but the staff are trained in how to deal with those types of situations.

A person is not going to languish in their home, they're not going to never have the opportunity to go out. They'll still go out on all kinds of different outings and usually the individuals in the home, if they're able, they'll help develop the calendar. Does that help?

Peter My name is Peter [REDACTED] My [REDACTED] has been here since [REDACTED]. Now, referring back to [REDACTED] death benefits, I have it on file here at Porterville. If and when [REDACTED] goes to a group home, will those be transferred with [REDACTED]?

Dawn Do you manage [REDACTED] funds right now?

Peter No. PDC manages them but the burial plot and everything else has been pre-arranged and handled through PDC. [REDACTED] had a local attorney here draw papers up at Superior Court. Now, if [REDACTED] to be transferred to a group home, will those documents go along with [REDACTED] or will they remain here?

Dawn To my understanding, they would go along to the new regional center and also to the home where [REDACTED] will be living so everybody is aware of your wishes and your [REDACTED] wishes as well. If you want to maintain those documents, you can but the regional center can also maintain them if you want us to be the payee for [REDACTED]

Peter Okay. Well, the whole pack has already been paid for, everything's been done.

Dawn I'm walking over. The burial has already been paid for?

Peter Yes. The paperwork is here on file [audio disruption]. Would the paperwork be transferred with [REDACTED]? On the day [REDACTED] dies, will that center notify me or how is the process going to work?

Dawn Right. We do our best to make sure the family is notified as quickly as possible so sometimes that will come from the facility, sometimes that'll come from the regional center and then we make sure that we follow your wishes.

If things are pre-arranged, they'll follow down that track. The regional center won't change your wishes for your family member.

Amy Alright. Given all the activity behind us, I don't want you guys to miss out. I really encourage you to go talk with the providers, talk to the staff, ask them the tough questions, figure out what people do during the day, figure out what their staff training is like, all those things are great questions to ask these people here.

They have photos of their homes, they have videos and tours. All of us will be here for the rest of the afternoon so feel free to come up and do one-on-one questions if you still have a question that isn't answered, but we're going to go ahead and close out the phone line and end the meeting part of this and turn it all over to the provider fair, so please enjoy.

Moderator

That concludes our conference for today. Thank you for your participation and for using AT&T TeleConference Service. Anyone that's wanting to leave their address or email to be provided with that packet, please remain on the line. The rest, you may disconnect at this time. Thank you, everyone, for your participation.