



Final Transcript

STATE OF CA-DDS CONNECT: SDC Family RC DDS Meeting

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SPEAKERS

Aleana Carreon
Nancy Bargmann
John Doyle
Chris, Family Member
Shelton Dent
Dawn Percy
D.D. Peters
Diana Anderson
Eric Zigman
Lisa Rosene
Kim Morgan
Steve Robinson
Javier Zaldivar
Jonathan Padilla
Dwayne LaFon
Bob Hamilton

PRESENTATION

Moderator Ladies and gentlemen, thank you for standing by. Welcome to the State of California DDS Connect DS Family RCDDS Meeting conference call. At this time, all participants on the phone lines 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 Aleana Carreon. Please go ahead.

Aleana

Thank you very much. Welcome, everybody, to this family information session. I'm happy everybody was able to make it out today. A little housekeeping things. There's some food and drink out in the large living room. There are men's restrooms on this side and women's restrooms—no I've mixed that up. Women's restrooms on that side, men's on the other side, and there's signs out there.

I'd like to introduce the DDS staff and the regional center staff that are here today. We have Nancy Bargmann, Director of DDS; John Doyle, Chief Deputy Director; Dwayne LaFon—oh he's back that way. There he is. He waved. He's the Deputy Director of Developmental Centers Division.

Brian Winfield, Deputy Director of Community Services Division; Dawn Percy, Acting Assistant Deputy Director, Developmental Centers Division; Amy Wall, Assistant Director, Developmental Center Closure; Shelton Dent, Acting Assistant Deputy Director, Community Services Division.

Now for the regional center staff. From Alta Regional Center, we have Phil Bonnet, Executive Director; D.D. Peters, Community Services Specialist; Syd Castain, Service Coordinator. From Far Northern Regional Center, we have Diana Anderson, Community Services Division Director. From Golden Gate Regional Center, we have Eric Zigman, Executive Director; Lisa Rosene, Director of Regional Center Services; Kim Morgan CPP and Forensics Supervisor.

From North Bay Regional Center, we have Bob Hamilton, Executive Director; Michi Gates, Director of Client Services—oh, Michi couldn't make it. Okay, thank you. Jonathan Padilla, Case Management Supervisor. He's in the back. Shallon Cosbourne [ph]. Shuan. I apologize. I have a name like that. Alina, I get called all kinds of things.

Regional Center of the East Bay, we have Jim Burton, Executive Director. Steve Robinson, Community Placement Plan Director in the back. From San Andreas Regional Center, Mike Keeley, Director of Client Services; Jeff Darling, Manager of Community Resources. Oh, and Javier. Javier is here, the Executive Director. I apologize for that.

Okay, so what I'd like to do now is have everybody introduce themselves. I'll pass around the mic, and if you can just state your name, and if you're a family member, community member, conservator, staff member, that would be greatly appreciated. So, why don't we start here?

Allen Allen [REDACTED], family member.

Fr. Tom [REDACTED] I'm Father Tom [REDACTED]. I'm a [REDACTED], vice president of the Hospital Association.

Kim Good morning. I'm Kim Garcia. I'm the director of the Sonoma Regional Project here at the Sonoma Developmental Center.

Diane Good morning. I'm Diane [REDACTED], [REDACTED].

Dee Dee [REDACTED]. My [REDACTED], has been here for [REDACTED].

George George [REDACTED], [REDACTED], [audio disruption] [REDACTED].

Tom I'm Tom [REDACTED]. I'm a family member and [REDACTED].

Carrie Good morning. Carrie Hobb [ph], program director for Program 4.

Wayne Good morning. I'm Wayne [REDACTED]. My [REDACTED] is here.

Ruth Ruth [REDACTED]. I'm a family member.

Mike Mike [REDACTED], family member.

Trish Trish [REDACTED]. I'm a [REDACTED] for [REDACTED] on
[REDACTED].

W [Audio disruption] [REDACTED] family member.

John John [REDACTED], family member. My [REDACTED] been here for [REDACTED].

Sylvia Sylvia [REDACTED]. My [REDACTED] lives here, and [REDACTED] been here over [REDACTED].

Joe Good morning. I'm Joe [REDACTED]. I'm a family member. My [REDACTED] has been here for—I'm doing the math poorly, but it's been the same range as some of the other people who have been here for [REDACTED] or more.

Wendy Wendy [REDACTED], family member.

Anna Lee Anna Lee [REDACTED], family member. My [REDACTED] been here for [REDACTED].

Jeff Jeff [REDACTED], family member.

Diane Diane [REDACTED]. My [REDACTED] been here for [REDACTED].

Steve My name is Steve [REDACTED], and my [REDACTED] been here for [REDACTED].

Renee Renee [REDACTED]. My [REDACTED] has been here for over [REDACTED]. I'm also [REDACTED].

W [Audio disruption], community member.

Daniel Daniel [REDACTED]. My [REDACTED], [REDACTED], has been here at [REDACTED] for [REDACTED].

W [REDACTED] of [REDACTED] and [REDACTED].

Janet Janet [REDACTED], family member, and my [REDACTED] been here [REDACTED].

Shirley Shirley [REDACTED]. My [REDACTED] been here over [REDACTED].

Steve Steve [REDACTED], family member.

Mary Mary [REDACTED]. My [REDACTED], [REDACTED], has been here [REDACTED]. I'm [REDACTED] and a PHA board member.

Sue Sue [REDACTED], and my [REDACTED] has been here since [REDACTED]. I'm a member of the board of PHA, and I'm also [REDACTED].

W [Audio disruption] [REDACTED], and I'm the [REDACTED] of [REDACTED].

W [Audio disruption] [REDACTED]. My [REDACTED] has been at [REDACTED] for [REDACTED]
[REDACTED].

M [Audio disruption], [REDACTED] of [REDACTED].

M [REDACTED] and [REDACTED] of a resident here.

Denise Denise [REDACTED]. I'm [REDACTED] and [REDACTED] for [audio disruption].

Larry Larry [REDACTED], family.

Lawrence I'm Lawrence [REDACTED]. My [REDACTED], has been here for close to [REDACTED]
[REDACTED].

M [Audio disruption]. My [REDACTED] been a resident here over [REDACTED], and
I'm [REDACTED].

Stephanie Stephanie [REDACTED], [REDACTED].

M [Audio disruption] as [REDACTED] to [REDACTED]. Been here [REDACTED]
[REDACTED].

Ala Ala [REDACTED]. [REDACTED].

Milton Milton [REDACTED]. My [REDACTED], has been a resident here since [REDACTED].

M [Audio disruption] [REDACTED]. My [REDACTED], has been here [REDACTED].

Charles Hi. My name Charles [REDACTED]. My [REDACTED], lives here at the [REDACTED].

Bill Bill [REDACTED], family.

Gina Gina [REDACTED]. My [REDACTED] has been here since [REDACTED].

Lionel Lionel [REDACTED], [REDACTED] of [REDACTED] where [REDACTED]
received the best of care up here. It's going to be a difficult standard to
match.

Sylvia Sylvia [REDACTED], and I'm the [REDACTED] to [REDACTED] in [audio disruption], and [REDACTED] been here since [REDACTED]. [REDACTED] this year.

Francine My name is Francine [REDACTED]. I'm a family member.

Bernice My name is Bernice [REDACTED]. I have a [REDACTED] here, and I'm a [REDACTED]. [REDACTED].

Dave My name is Dave [REDACTED], family member.

Cindy I'm Cindy Cunningham. I was a unit supervisor. I'm now working with SRP as a transition specialist.

Don My name is Don [REDACTED]. I'm a [REDACTED]. I have a [REDACTED] who's been here [audio disruption].

Becca My name is Becca [REDACTED], family member.

Janice Janice [REDACTED]. My [REDACTED], has been here for over [REDACTED].

Rachel My name is Rachel Arabs [ph]. I'm the acting director of quality assurance for Sonoma Developmental Center.

Kristie My name is Kristie [REDACTED]. My [REDACTED], has been here [REDACTED].

Luz Luz [REDACTED], family member.

Anna Anna [REDACTED].

Theresa Theresa [REDACTED], family member.

William William [REDACTED], family member of [indiscernible] living in [REDACTED].

Alice Alice [REDACTED]. Our [REDACTED], has been on [indiscernible], and [REDACTED] been here [REDACTED].

W [Audio disruption], administrator for Encare. We're in Sacramento under Alta Regional.

Angelina I'm Angelina Keno [ph], RN with Encare.

Barrett Barrett Champa [ph] with UCP, and we're also with Alta California Regional Center.

Amy I am Amy Maricee [ph]. I am a registered nurse and administrator for the two Santa Rosa homes with NBRC.

Chris I'm Chris [REDACTED]. [REDACTED] was here for [REDACTED]
[REDACTED], and [REDACTED] is now close to us in [REDACTED], and we couldn't be more pleased with what the transition has done, so we're extremely happy.

Michael Michael Cogi [ph], executive director for Elwyn California.

Anthony Anthony Rowe, regional director with Elwyn California.

Steve R. I was introduced earlier. Steve Robinson, director of community placement plan at Regional Center of the East Bay.

Allison Allison Miller, program assistant for Program 6.

Akesa	Akesa Sukowsky [ph], program director of CPS.
Robin	Robin Rosolt [ph], social worker in Program Q.
Paul	Paul Belcham [ph], program assistant to Program 2M3 [ph].
Brad	Brad Baxtrom [ph], senior psychologist.
Kris	Kris Gephardt [ph], coordinator of nursing services for SDC.
Kimberly	Kimberly Morgan, supervisor of CPP for Golden Gate Regional Center.
Lisa	Lisa Rosene, director regional center services, Golden Gate.
Mike	Mike Keeley, director of consumer services for San Andreas Regional Center.
Jeff	Jeff Darling, community services, San Andreas Regional.
Karen	Karen Toto with Alegria Community Living.

W [Audio disruption], family.

W [Audio disruption] with California Mentor, and we're developing services for Northern Regional Center, Alta California Regional Center, and North Bay Regional Center.

Shari My name is Shari Boblavax [ph]. I'm an area director for California Mentor.

Erin I'm Erin Duda [ph], also an area director for California Mentor.

Aleana Thank you very much, everybody.

JJ I'm JJ, assistant to the executive director and public information officer.

Aleana Thank you, [REDACTED]. I appreciate that. So, thank you, everybody. I'd like to now turn this over to Nancy Bargmann, the DDS director.

Nancy Thank you. If you don't mind, I'd actually like to be able to ask on the phone if they could also introduce themselves. I think we have about nine or ten folks.

Moderator Certainly. I will now open the line for Angela [REDACTED].

Angela Hello. I'm here.

Nancy Okay, thank you. Operator, would it be easier to you—well actually, no, I prefer if families would like to introduce themselves, you can go ahead and indicate. If not, that's alright as well.

Moderator [Operator instructions]. We will go first to Dennis [REDACTED].

Dennis Yes, our [REDACTED] has been at [REDACTED] for [REDACTED], wonderful care.
Thank you.

Moderator We move now to Eileen [REDACTED].

Eileen Hi, my name is Eileen [REDACTED], and my [REDACTED] is there in [REDACTED]. [Audio disruption] and it's wonderful. I'm the [REDACTED] [REDACTED].

Moderator We now go to Rommie [REDACTED].

Rommie My [REDACTED] has been in [REDACTED] for [REDACTED].

Moderator Next, Judy [REDACTED].

Judy Hi, I'm Judy [REDACTED]. I'm a [REDACTED]. My [REDACTED] [REDACTED], has been there since [REDACTED], and [REDACTED], so [REDACTED] been there for [REDACTED]. This is [REDACTED] family, the people that [REDACTED] around every day and the caregivers, God bless you. You give wonderful care, and I thank you.

Moderator We move now to Reba [REDACTED].

Reba My [REDACTED], has been there for [REDACTED], and yes [REDACTED] has received wonderful care, too. I appreciate it so much. I'm very thankful.

Moderator We go now to Leslie [REDACTED].

Leslie This is Leslie. My [REDACTED], has been a resident there for [REDACTED].

Moderator Lisa [REDACTED].

Lisa Hi. I'm Lisa. I'm a [REDACTED] of a [REDACTED], and it's been great.

Moderator [Operator instructions]. We go now to Shelly [REDACTED].

Shelly Hello. My [REDACTED] is at Sonoma Developmental Center, and I'm the [REDACTED].

Moderator Finally, Kay [REDACTED].

Kay Hi. My name is Kay. My [REDACTED] is at SDC.

Moderator We go now to Dennis [REDACTED].

Dennis I've already—

Bernadette That was me. I'm Bernadette [REDACTED], and I'm a [REDACTED].
Our [REDACTED], has been there for [REDACTED], and I am [REDACTED]
[REDACTED]. I can't believe the cruelty of taking all these people that have
been there [REDACTED] and moving them to strange places where we
don't even know what kind of care they're going to receive, and they
received the best of care at Sonoma. I'm extremely, extremely upset by
this, and I don't know where the consciences of all these people are.
Thank you.

Moderator There's no one else in the queue at the moment.

Nancy Okay. Thank you. I wanted to take a minute before we moved on to the
agenda. I appreciate all of you taking the time. We don't have a lot of
time here today, but I wanted to take the time for each of you to introduce
yourselves, so we could get to know each other. While it's an informal
way in a presentation, it does help to be able to hear the time that you have
had as family in receiving services with your loved ones here at Sonoma.

When you hear the years, the 40, 50, even individuals who have been here
10, 15 years, the relationship absolutely has been built and bonded. So, I

wanted to be able to hear from each of you. So, I really, really appreciate you taking the time and everybody taking the time to share.

When I look at the audience today, we have family members, friends, but we always have others that are here that are a part of the process that we're going through. With the announcement of the closure back in 2015, it was all, I think as you're aware from past presentations from the department, walking you through the process. That's a state process.

Today's not about the state process. I wanted to make sure that we had a chance to be able to talk about where are we in the development of the services, for you to ask questions, for you to have updates. So, I'm not going to go back to all of that information. We're happy to answer questions, but I want to spend the time to be able to make sure that the regional centers have time to be able to present information and you all have time to ask questions.

So, I'm really compelled by the fact that we do have so many family members and loved ones here. Also, very touched by the fact that we also have a number of regional centers represented. We have service providers represented. We also have a number of staff.

I've had some time to be able to visit Sonoma on a couple of occasions.

I've been the director of the department now since April, so it's just about a year so a couple of times.

It is without a doubt being able to come and listen to the touching stories and the love that is shared, so I will look forward to more visits to hear more of the stories, and even after our meeting today, to talk with some of you who'd like to be able to chat. I'm going to make myself available, and I look forward to it.

I also want to make sure that we're giving you information. One of the commitments that I have, and I've been working in the field just over 30 years, and I've had a chance to work as a direct service professional, so providing direct services and supports to individuals. Thirty years ago, I was able to be working as a service provider in a regional center.

I think more importantly of having time with each of you and making sure because I've had time as a director, one of the things that I want to make sure that we do is that we have communication. I know this is a very difficult and sensitive time, but what I want to make sure that we do is

we're informing you, that we're careful with our transitions, that we're making sure that everybody's informed, and we're building and supporting the community the best way that we can to be able to provide wonderful services for folks out in the community.

We're supporting 300,000 individuals out in the community today. We need to continue to build the services. The needs of individuals change over the years. We've had the community develop, and there's new services as far as making sure the needs of individuals with very complex medical needs, very complex behavior challenges, and over the time, we've built the community to meet those needs with some new services.

We've had opportunities to bring in staff that have years of experience to be able to provide those supports, and today you're going to hear from each of the regional centers to hear about some of those updates, so you can ask them questions as well as far as what's available in the community. But, I did want to just take a minute to say thank you for taking the time to share and recognizing that those that have loved ones here 40, 50, 60, 70 years, and it doesn't go unnoticed.

I do want to because it is the time of our budget, the governor's budget was just released, John Doyle, our chief deputy is going to give just a really quick overview of that. We are going to be able to keep our portion of our presentation fairly short because I do want to be able to get to the regional centers fairly quickly.

I'll then after John, presents, I'm going to go ahead and give you an update on some of the development and some of the efforts that the state is doing to develop the resources from the statewide perspective, and the supports that we're providing. The, after that, we'll move onto the next phase of our agenda.

We will periodically throughout today open up for questions. We may limit sometimes just to make sure that we can move forward with the agenda, but we'll absolutely get to questions, and we'll want to be mindful as we're asking questions and presenters are here that we speak into the mic so we can make sure our families that are on the phone can also hear as well.

So, again, I want to thank you for taking the time on your Saturday. It's a beautiful day. Thank you, Alina, for ordering the beautiful weather. I think you have the power, right? Okay. You did good.

So, without further comments, I'm going to go ahead and introduce John Doyle.

John

Thank you, Nancy. Good morning, everyone. As Nancy mentioned, the governor's budget was released earlier this month. It was released on the 10th of January. I'd just like to give you a real high-level overview of what's in there and what it means for our department, what it means for the developmental centers, and what it means for the community system.

Right now, there's a lot of uncertainty at the federal level. With the new presidential administration coming in, there hasn't been a lot of direction yet out of Washington, which is perfectly normal for a new administration coming in. They are setting their priorities, their goals, but one of the things that we have heard not only from President Trump's comments on the campaign trail, but from leaders in Congress is that they are suggesting major changes to the Medicaid program, which in California is Medi-Cal, so we're expecting changes there.

What those look like, we really don't know yet, but they have talked about things such as block grants where states get a lump sum of money and have to provide services to individuals with that money. They've also talked about capped amounts for individuals so that the individual will get a set amount, and you have to work within that allotment.

The other thing that they've talked about as well is cutting back on the expansion that occurred under the Affordable Care Act. So, those are significant issues for California, and they have the possibility to present significant fiscal problems.

One of the things that Governor Brown is also concerned about is the post-recession economic expansion. Expansion like this, things have been good lately. The stock market is doing well. The economy's doing well, but these kind of expansions tend to slow. The concern is that when that happens, that's going to reduce general fund revenues. When general fund revenues drops, we have less money to work with.

While it's probably too early to estimate what those impacts might be, we'll know more in April when tax revenues come in, but for right now, it

is something that the administration is watching. Given the uncertainty with federal funding, the uncertainty with revenues, one of the things I would like to point out is that the department has done fairly well over the last couple of years.

The governor, the legislature, see services for the individuals that we serve as the priority. So, to that end, obviously there are limited resources in the state budget, and there are a lot of competing priorities, but I wanted to just point out that while we're making incremental change, we're heading I think in the right direction.

What we have proposed for next year's budget in the fiscal year that starts in '17-'18 is an increase of \$359 million just in our community services budget. It's consistent with what Nancy explained that as the developmental centers are beginning to transition people into the community and starting to downsize, our developmental center budget is shrinking, but our community budget is growing.

So, with what we have proposed for next year for community services combined with what we received in the '16-'17 budget and what was approved by the legislature in a special session bill that was done to—it

was part of a special session that was related to healthcare financing. The department has received approximately \$1.2 billion in increases over the last couple of years, so it's significant.

There's still issues that we're dealing with in the community. No question. We have challenges that face us, things like local minimum wage. Those are issues for providers, and are things that have to be worked through, but I wanted to give you some perspective on what the big picture looked like.

Just real quickly, as I said, as you can imagine, the developmental center budget is beginning to shrink. We are estimating a drop of about \$80 million next year. That's a reduction of about 15%, so it's significant, but it is consistent with the direction that we're heading as far as building resources in the community so that as your loved ones transition into community living, the services and supports will there. Thank you.

Nancy

Thanks, John. I want to provide you just a couple of other updates before we move on. I briefly mentioned that there's been some development of new service models, and when you've had other presentations or discussions, we have what's called community placement plans, so as a

department, we do have funds that are earmarked specifically to develop the community, to help providers, to help develop residential services.

It could be a home in the community, it could be supported living services, individual support. It can also be earmarked, which we have quite a few dollars that have been focused on crisis services as well as some medical services.

There's a number of other things which the regional centers will walk you through, but just to give you a sense, the funds were out to support the development of 120 different residential settings in the community. Over this time, they're in various stages of development. The majority of the homes will be ready for development and services in this calendar year, so we are seeing that between March and September, a number of the homes will be licensed and transitioned so you will start seeing the progress that's occurring with the residential services with the development that the funds have been earmarked for.

There's also development for other efforts so for day services, for employment. You'll see some discussions that are centered around it, so oftentimes we talk about residential, but please don't forget that there's

funds available very specifically to develop the other support services that are needed.

So, we'll continue to provide you those updates. We do have, which you can check on our website every month, that there is a report that's required of our department which is an informational piece that will tell you the progress of all the development of every developmental center. So, not just for Sonoma. You'll see the development for Fairview and for Porterville as well.

The other piece of the update that is posted on our website is the updates regarding transitions, so how many individuals have transitioned into the community. Again, this is information that will be available to you, and if you have any additional questions, we can certainly answer those as well.

I do want to give you an update as far as talking about the number of individuals that are still residing at each of the development centers. So, statewide we have, as John had mentioned, we are seeing decreases, but currently at Sonoma, there's 312 individuals and an additional five in the acute crisis. At Fairview, 190 individuals are residing at Fairview, plus an additional five that are in the acute crisis.

Then, at Porterville, we have 334 individuals, but we have two different sections or units at Porterville. With the closure, we have 127 individuals that would be part of the closure of the general treatment area, so that would be folks that would be moving into the community. We do have a portion of Porterville that will continue to operate, and that's for secure treatment. That's for individuals with forensics histories.

So, moving on to some additional updates. We do have a number of services that are being developed. Our enhanced behavior support homes, community crisis homes, and then delayed egress with secured perimeters. All of those are in their final stages or they have their regulations done and ready to move forward.

All the homes are in the process of being developed. You also have your ARFPSHN. There will be a test after this. It's a test for me to even remember how to say it. So, an adult residential facility for individuals with special healthcare needs. Did I get it? Persons. Darn it. Test me later.

You'll oftentimes hear folks referencing it as 962 Home or 853 Home, and those are associated with the bills. They gave the authority to develop for the closure of Agnews, and then 853 was expanding that authority for the closure of Lanterman Developmental Center. So, you'll see more and more updates as we move forward with that.

I also want to briefly talk about the importance of the safety net. A lot of questions come about when your loved one moves to the community, what happens if. What happens if there's a crisis? What happens if? So, we had Secretary Dooley back in 2014 had the Developmental Center Task Force to inform the state as to the future of the developmental centers. That evolved to the Developmental Services Task Force, which focused very specifically on developing the community.

A part of that focus was making sure that we were looking at that safety net. What is going to be available in the instances when there's a need to provide additional support when there's a community resource that is not able to meet the needs of the individual if there's a crisis or if there's something that has occurred so to make sure that there's an option that's available.

So, we are working very closely with task members, the stakeholders that are participating in DS Task Force to continue to build the safety net. We have three stakeholder meetings coming up over the next several weeks to, again, help inform us what are the some of the things that need to be added to our existing services.

Now, remember, we've added a lot of services as far as helping people meet this critical need in the community, but we're also recognizing there are other additional options that we need to explore to continue to build our community for the future. So, the safety net efforts will be looking at what is missing, what do we need to continue to develop, and what do we need to do to make that happen.

So, we'll continue to provide you those updates. Once we have the stakeholder work groups, the DS, the Developmental Services Task Force is scheduled in February, and that is actually a public meeting. So, if you're not able to attend but would like to listen, that would also be available for you to hear the updates regarding the safety nets efforts that we're working on.

So, next into the agenda, there's information available regarding the data.

If there's additional detail you want as far as the resource development, please let me know. Any one of us we can make sure that we get that out to you because we're not handing out a lot of information, but we certainly have it available and be happy to share it with you.

Our next portion on the agenda is sharing a family experience of transition. Many of you may have had a chance to talk to family members who have had experiences, and we're very, very fortunate to have a family member join us today that's going to be able to share with us.

I want to make sure I have the pronouncing right. So, Chris [REDACTED] was kind enough to join us today and is going to share a few thoughts with you. So, Chris, thank you for taking a minute with us today.

Chris

Good morning, everyone. As I mentioned, [REDACTED] was up here up until 2015. Actually, [REDACTED] made the transition [REDACTED]. [REDACTED] had, over the years—let's give a little history of [REDACTED].

[REDACTED] basically lived at home until [REDACTED] was [REDACTED]. [REDACTED] was [REDACTED], but [REDACTED] basically had to move into a group

home in [REDACTED], actually a group facility called [REDACTED], and [REDACTED] was there for about [REDACTED]. So, at [REDACTED] made the transition up here.

[REDACTED] is turning [REDACTED] next month, so [REDACTED] up here for over [REDACTED] and in [REDACTED] probably for about [REDACTED]. [REDACTED] whole group in there, about over [REDACTED], were [REDACTED], and some of the family members may be here today who have residents there. They are like family to us. In fact, when I leave here, I'm going to stop by and say hello to some of them.

It was a difficult process to even consider initially, but when I give you a little summary right now, you're going to start to realize that it makes a lot of sense and is actually the best choice in the end for, I would say, 95% of anybody who is here living because this is the situation that we went through.

After all the years we enjoyed [REDACTED] being here and getting to know the staff like family—in fact, [REDACTED] social worker, we called [REDACTED] [REDACTED]. [REDACTED] was with [REDACTED] for over [REDACTED] until [REDACTED] retired, so that was comforting. Many of the staff, who are outstanding as you all know, were with [REDACTED] for over

██████████. So, we were very grateful for the retention rate for a lot of the staff here who devoted their care for ██████████.

So, up until about ██████████, we really weren't into hearing much about community living, but we saw signs posted as we'd come up and visit. Mom, who would take the lead, along with dad—dad passed away, by the way, in 2009. Mom is still alive at ██████████ in ██████████ where we all grew up. She basically was obviously the lead on it saying we're not that interested in that. We, too, were so comfortable with the environment here and their record of service and care that we, too, were the same way, all the family members.

My sister, by the way Nora, is a nurse. She was always very helpful in giving her perspective, too. I have two other brothers, Brian and Kevin. I share that because I'm going to give you this brief scenario of how we handled this transition.

So, we basically took that position. We went to the semiannual meetings. The East Bay Regional Staff were very tactful in how they addressed it. We would often say we're not interested. Up until about 2013, we

wouldn't even consider going out to see a group home. Sylvia, who is our representative, she basically was always encouraging me to just go out.

Then, Sheila, my sister who unfortunately passed away last year, we said we'll go. We actually never did. We never ended up making it out to a group home. In 2014, Nora, my sister who's the nurse, went to a semiannual meeting in the summer, and she heard from a doctor that was part of the team that was at the meeting. He said things are going to be changing in the future and sort of gave a realistic perspective of what's coming down the pike.

Even with that, mom and myself were basically maybe we should hold off. Let me back up just a little bit. I forgot to mention. Back in the early 2000s, there was a bill that was being proposed in the legislature. My mom and dad and I, we actually went to meetings in preparation to do lobbying in the state legislature. That bill was to close down the developmental center or minimize the services here.

So, it was in the early stages, so we went with a group that was going to do lobbying, and we actually went to the state capital and basically lobbied the legislative representatives, state senators, and pleaded our

case. Just so you know the history all the way up until 2014 was this is where [REDACTED] going to say, and we have to make this thing work, even though the reality, especially in terms of the economics of a facility that's supposed to be serving nearly over 3,500 residents was down to the level it was at.

So, with that being said, we basically started to, in the fall of 2014, after hearing this realistic perspective from one for the doctors here, we basically got together as a team, my two brothers and my sister with my mom being informed of what's going on. She basically was definitely approving of what we were going to do.

We did the due diligence that was required for a very important transition for [REDACTED]. My sister and my mom at first were saying well, this is reality. We're just going to have to do it. I said no. Let's go be objective and make the right decision and see what we come up with in regards to our findings.

After doing that, from speaking to the executive director here to also the president of the Parents' Association to also a lobbyist in Sacramento who was very knowledgeable on what was going on in the developmental

centers to talking, obviously, with the East Bay Regional staff, which was extremely helpful and informative on what the transition was about. After that thorough vetting of the process of getting all the information, we realized that [REDACTED] basically was going, with still uncertainty because we didn't see the reality of it yet, the best choice was for [REDACTED] to move down to the East Bay, and [REDACTED] be closer to us.

After that thorough research, we came to the decision that this is the right choice. Then, as I stated in my announcement, we are more than pleased. They've exceeded expectations. You look back, and you start saying—I've told people, and I'm going to explain why I say this in the last two years. We should have done this over the last 10 to 15 years ago because of what we've experienced.

First, they were very sensitive in how we made this transition. They basically brought [REDACTED] down there on some field trips to look at the facility—not facility, a home. We call it the home in [REDACTED], which is less than ten years old in a beautiful neighborhood, retrofitted to meet the needs of the residents.

Only [REDACTED] other residents are there, and they're all from Sonoma Development Center. Two of them are from [REDACTED], so they're [REDACTED] former housemates. They're there basically with a very dedicated and professional staff who basically are run by a woman who was an RN, and she basically had another home, not with the same type of residents, but with some other disabled residents in the area. So, she had that history. Her brother is a partner in running this with her, Rea [ph] and James.

Rea's two brothers, on the peninsula, run two homes also. So, they have a long history of running homes in that family. She got to learn the business and the way to operate from them as mentors, and they've helped her also. But, the staff is obviously all certified, trained, and basically friendly and caring of the residents there.

Let me back up a little bit. Now, that the choice was we're going to have [REDACTED] go down there, before we had the final decision, I actually went to the home. I took the lead from the other siblings and really played the tough guy with the difficult questions, challenging them, and they had all the answers that I was expecting, again, exceeding my expectations, but also in a way that was hey, this is going to bring [REDACTED] to a new level in regards to the way [REDACTED] going to live [REDACTED] life.

That is what we've experienced over the last two years. The irony of it all is why would we move from Sonoma Developmental Center? They have a hospital here. They have staff that know [REDACTED]. [REDACTED] knows how to— actually [REDACTED] would be able to walk from the entrance all the way down to [REDACTED] room in the back corridors. Why would we want to leave here? Because, first of all, the reality of what we're faced, and we don't have that ability anymore.

Second of all, we have the utmost respect for Sonoma Developmental Center, but the reality of care that [REDACTED] is receiving, not to put anything against the institutional setting here, but logically, [REDACTED] getting better care because [REDACTED] has only three other residents with [REDACTED].

[REDACTED] has [REDACTED] own bedroom that goes out into the backyard. [REDACTED] is eating healthier. [REDACTED] nutrition levels have improved significantly. I'm not exaggerating any of this. They basically have treated [REDACTED] with the best possible care [REDACTED] could have gotten anywhere.

I'm not going to be negative about Sonoma Developmental Center, but it's better care than [REDACTED] would receive here because [REDACTED] has two people there all the time with [REDACTED], oftentimes three. They bring in consultants.

The last time I was there during a visit during Thanksgiving, they had a consultant there from the East Bay Regional Center. I'll tell you, to reassure all of you that are very concerned about what's going on, obviously. This is going to be a very positive transition for all of you. There might be some minor cases here or there. Nothing goes perfect in life, but I'll tell you the probability is extremely high that you're going to be very pleased because you're going to see the level of care.

Let's give you another example. In regards to that, so [REDACTED] in now, we're enjoying it. [REDACTED] in a day center that they have. [REDACTED] did that for the first year and a half. [REDACTED] can still go there occasionally if [REDACTED] wants, but they thought, you know what, the day center works for the other residents. [REDACTED] wants to take a break.

The day center is right there about ten minutes away in [REDACTED]. It's with other patients from other types of group living, and it's a nice place to go. They've even upgraded it for [REDACTED] because you know what, we're going to

take [REDACTED] on field trips, and we're going to do our own little daycare program because [REDACTED] was going through, believe it or not, a little emotional period which [REDACTED] goes through occasionally.

Let's give you another example. In regards to a medical crisis, [REDACTED] had a couple of medical crises, and they have dealt with it professionally, and they have partnered with the hospitals and the medical offices in the area. I even, when [REDACTED] was having an emotional period, went down. [REDACTED] had [REDACTED] own room at [REDACTED]. Not only did we have the nurses there, the doctors, the administrators, but we had James and one of the other staff from the group home in [REDACTED] room.

So, you couldn't be more confident that [REDACTED] was getting the urgent care that was needed. We worked through that period. I went to do a visit. My sister went to do a visit, and you basically are dealing with people who are well-prepared to handle the situation.

My vision was somewhat of many of your visions. Why the group home? You get maybe a couple that runs this home. This is a very sophisticated operation.

Maybe back 20 years ago when it was first getting underway, that was the case. It is completely different. You have the resources of East Bay Regional Center, of the state there, and let me give you another instance.

During the holidays, and I didn't even realize this was still going on, they did a field trip back early on when [REDACTED] moved down there to Sonoma Developmental Center. They just did one during the holidays. They said [REDACTED] wanted to go up and see the staff that [REDACTED] missed. So, they came up for a holiday field trip up here.

We get pictures of the field trips [REDACTED] goes on. We get the happiness that [REDACTED] enjoying, but the other thing is my relative possible to achieve a higher level of existence. Can [REDACTED] excel in other areas?

Believe it or not, [REDACTED] is achieving areas of development that, again, unfortunately we didn't realize that [REDACTED] could achieve because [REDACTED] didn't have the ability with the care up here because, obviously, if you have 30 residents in one cottage, the dedicated and loving staff who are very competent don't have the ability to devote enough time to do that. That's what they're doing at the [REDACTED], run by Rea and James and the staff that is there.

Final point, the one part of the program that we never had, we always had to come up here. We would take [REDACTED]—I guess about 25 years ago, my young, ambitious self said I'm going to bring [REDACTED] down for Christmas. So, I brought [REDACTED] all the way down and then brought [REDACTED] all the way back. I said you know what, that was too much for [REDACTED] to go back and forth.

But, now that we have [REDACTED] group home, they have a van which [REDACTED] goes out not just with visits to the family, but [REDACTED] goes out two or three times a week maybe. In essence, they are offering, and we've already done it a few times, bring [REDACTED] to a family event. So, they come in with a van, we have two caregivers.

We brought [REDACTED], and this is the year my, actually my sister last year, my sister passed away from diabetes. Her one request was to have [REDACTED] there, and what happened was they brought [REDACTED] down.

We said we have a perfect place. We're going to do it at Chevy's. [REDACTED] birthday was about a week before, and we're going to do a group birthday party. So, what happened was we brought them to this Chevy's restaurant.

There was outside seating, and James and Joanne brought [REDACTED] down, and [REDACTED] had a wonderful time. We had an excellent celebration.

So, in the end, I'll tell you, most of you will say, we should have done this long ago because he's getting better care, or she's getting better care than she could possibly have done in an institutional setting that has even less resources now than they did long ago. Most importantly, logically, it's basically the best way to go in the end for them, and that's all I have to say in regards to them.

I also want to be thankful to everybody from here at Sonoma Developmental Center, the East Bay Regional Center, and all the staff who are dedicated. Our family knows what you're going through, so our prayers and thoughts are for all of you during this challenging transition. But, it will be good in the end.

Nancy

Thank you, Chris. So, our next two speakers, Shelton Dent and then Dawn. They're going to give an update and provide just a really quick—we're going to shorten it. It's going to take just about five to ten minutes. So, Shelton's going to give you an overview of the homes, and then

Dawn's going to give you an overview of the transition process. Thank you.

Shelton

Thank you, Nancy. Okay. This is usually a 30-minutes presentation. I'm going to cut it down to five, so if I speak too fast, you'll know why. What we have is community living options.

One of the things I want to make sure that you take home today above everything else is that the people who are developing these resources for your loved ones also care about what they're developing them for. It's not just people throwing up homes for whoever; they care about the people that they're developing these homes for.

So, what we have in the community is the community living options for folks. A great deal of time goes into this transition planning process, and it's all based on the IPP that you do with your regional centers, so it's not just somebody finding something. It's a whole team of people that are working together to visit with your loved one at the developmental center and make sure that a plan is put together before they go out into the community.

What we have, as you see there, parent/family members' homes. The majority of our folks still live in their parent/family members' home. One of the things that's provided in the community by the regional centers is independent living skills to help people learn the skills that they need to live in the community if they choose to move out of the parent/family home, or if they just want to gain more skills while living in the parent/family members' home.

We also have supported living services, which is when the consumer wants to live in a place that they own, rent, or lease in the community. We also have one of our newer programs has to do with the family home agency. The family home agency is modeled after foster homes for children, but it's a family home agency, developed family home for adults, so adults can live in a home in a family just like you live in now.

They take in one or two of our consumers, or in the family teaching home, which is also down there, they can take up to three individuals, but it's all in a family-type home rather than the licensed group homes. So, the family home agency and the family home are not licensed programs, but they live in a family home.

We have a self-determination program, which is on its way. It hasn't been implemented yet, but it's a program that allows the family or the consumer to have a budget of their own and develop resources and choose who it is that want to help support them.

Then, we get into our licensed facilities. We have facilities that are licensed by the Department of Social Services. Most of them provide 24-hour nonmedical residential care.

We have most of our folks, over 20,000 people live in our homes that are called alternative residential models depending on the number of staff that the homes need. Then we have specialized residential facilities. The specialized visit residential facilities are for folks that can't quite live in this [indiscernible] level facilities, so the regional center can negotiate rates for these types of facilities depending on the specific needs of the consumer.

We have what you heard Nancy mentioned, the ARFPSHN homes. I call them ARFPSHN homes, but it's the adult residential facility for persons with special healthcare needs. These homes have been developed specifically for folks that require 24-hour nursing care. These are fantastic

homes, and you'll hear a lot about them, as she said, also called 92 or 853 homes.

This is a look at one of these types of homes. You'll notice they have wider hallways to make sure that wheelchairs or gurneys can get through there. They have sensory rooms. They have specialized beds. These beds, you can see, they can go from looking like a hospital bed to a normal bed, but they all have whole side rails so that folks when they're sleeping at night don't have to be concerned about falling out of those types of beds. They try to make it look as home-like as possible. These homes are still developed right in the community and if you go down to look at one of these homes, you'll notice that it's probably one of the best homes on the street.

This is the inside of one of them. It just looks like a regular home. The floors are usually hardwood so that wheelchairs can roll around quite easily and that sort of thing.

Then we have another one of our new programs called delayed egress secure perimeter homes. These homes are also for folks with impulse control behavior or AWOL behavior where they'll try to run out for one

reason or another. One of the things that I always tell people about secure perimeter, because people think we're putting people in homes and having them locked in, but the secure perimeter is actually to make sure that they're supervised when they insist on leaving. They can leave these homes, but they're always supervised 24/7.

Then we have our new enhanced behavior support homes. There are homes for people who have the most challenging behavior. They're new, so we don't have any in operation yet. We also have our community crisis homes, which will be available in any case where there's a crisis in the community. We've developed these community crisis homes that people can also go to in lieu of the Developmental Center Crisis facilities.

Then we have intermediate care facilities. I don't know if you all know this, but the Sonoma Developmental Center is licensed as an intermediate care facility. We also have intermediate care facilities in the community. The ICF/DD-H is one of those smaller, licensed facilities. These are licensed by the Department of Public Health, just like Sonoma is, and they are usually 6-bed facilities that provide 24-hour nursing supervision, but it's not 24-hour nursing care. It's intermittent nursing care.

We also have the ICF/DD-N, which provides a few more hours of nursing care, but, again, it's the same type of licensing. They're just smaller in the community, as Sonoma Developmental Center is.

Then we have a continuous nursing ICF/DD facility, which provides 24-hour nursing care, just like ARFPSHN does. The biggest difference between this one—you'd ask why do we have two 24-hour nursing facilities. The biggest difference is when you have an ICF facility, if a consumer no longer requires that level of care as based on the medical model, if they don't require that level of care, if they get better, they have to leave because the funding cuts off if they don't require that level of care anymore. In the ARFPSHN facility that we developed, they can stay there as long as they choose to.

So, I went through that pretty quick. Thank you very much.

Nancy

Do you work as an auctioneer? Thank you, Shelton.

Many of you may know Dawn. Dawn is going to share some information regarding the transition process.

Dawn

Thank you. We have some handouts that are going to be coming your way and I'm going to speak briefly. Hopefully, the handouts will provide you additional information about the actual practice of transitioning your loved one out of a Sonoma Developmental Center.

I want to start by just re-introducing Kim Garcia, she's here in the front, and she works at the Sonoma Regional Project. Some of you may already know her. The Regional Project is based here at Sonoma, but I have the pleasure of managing and supervising a group. We have one Regional Project at each Developmental Center and they are really the conduit between you as the family, the consumer, the team here at Sonoma, as well as working with the regional centers, so that we can assure that we do the appropriate planning and that the transition process goes smoothly for your loved one, as well as they do post-placement follow-up activities.

Once your loved one is out in the community, Sonoma Developmental Center, through the Regional Project, does monitor your loved one. So, not only is the regional center doing monitoring visits, but we have also people who go in person out to the new home and we look for many different markers to make sure that they're acclimating well to their new environment. Kim Garcia is our lead person at the Regional Project.

One of the documents you have is 'Who Are The Regional Projects?', or as we call it, RRDPs: Regional Resource Development Project. The projects have been around since the '80s and, again, they are really working with all the disciplines and the family and the consumer to make sure we do proper planning. Kim's number is at the very bottom of the document, if you look at—we have all the projects represented here. This is a multi-state tool, but if you want to get a hold of her, certainly, her contact number is at the bottom. Kim Garcia, here, at Sonoma and her phone number as well.

You should have two documents. One—they're coming, so you'll be getting that. Thank you for asking. You'll be getting those documents. This one has some nice photos of the staff that I get to supervise.

Then the next document, that seems like you might already have, goes through what transition steps we do here at Sonoma. First of all, we have asked all the staff to ensure that every individual program plan that you have for your loved one, whether it be a semi-annual review, a special meeting, or their annual review, that you really start thinking about the transition process.

We start thinking about what needs to be done here at Sonoma to prepare your loved ones for the community. Perhaps, they need additional safety skill training. Perhaps we need to start looking at what medical equipment they're going to need in the community. But we really need to start talking very, very sincerely about what your loved one needs, so that we can plan appropriately.

We would like you to participate. I realize sometimes distance can be a factor. We have conference call capability. So, we would like the entire team, and that includes your loved ones first because, of course, it's about them, yourself as family members or friends, the staff here at Sonoma who work with that person, and the regional center as well. We are all a team in support of your loved one. At those meetings, we need to start preparing and planning.

Once the conversation comes to the fact that the regional center, and you all as a team member, have identified what type of home—kind of building on what Shelton Dent just showed us, there's a variety of homes. Some homes are not appropriate for your loved one. It will not meet their needs. So, as a team, through the regional center, who are our experts on

what the community has to offer, that's where we talk about what design fits your loved ones' need.

Then we sit down and we talk about how are we going to make sure that's a match? On our transition definition document that you have, we have what's called a meet and greet. That is where we want you, we want your loved one, we want the provider to all meet and see, is this a match? Can this provider meet the needs of your loved one? That meet and greet, as we call it—we could have five meet and greets until we find the right fit. We're not just going to go with the first one. We're going to make sure we find the right fit, that you feel comfortable with, that your loved one feels comfortable, the team, and the regional center, because we don't want to do this again. We want to get it right.

That can happen in the community. It can happen in the park. It can happen at a restaurant. It can happen here at Sonoma. So, we are advocating for lots of tours, that you work with your regional centers and go see what the options are, look at the homes, look at the day programs. When we have that meet and greet, and everyone feels like we have a good fit, that we call a successful meet and greet. And that means, from that time forward, we're going to start planning for your loved ones.

We get together and have, of course—we do many meetings, unfortunately. You guys already know that because you attend those. We have what's called a transition planning meeting. That is also on your document, so you can look at it later, because I know this is a lot of information. That's where we really talk about the nuts and bolts of what's going to happen. We talk about if I were going to be moving out, maybe I need to go visit that home several times. Maybe I need to have lunch at the home. Maybe I need to go shopping with the staff, so I get used to the staff. Maybe I spend the night, a few nights. Maybe I need a whole weekend or a few days to be able to really absorb that new setting.

Some people, that doesn't work. Some people, maybe they just want to go. We've had consumers tell us, I don't want to go back, I'm ready to move. And so, then we modify the plan.

We talk about their healthcare needs. Who's going to be their physician? What do they need? Perhaps they need to have a home closer to a hospital because they have some emergent issues.

Who is going to be their roommate? We want to do the right matches at the beginning, so that's why it's imperative that you all—and we've been talking with the staff and, hopefully, all of you. Maybe you have an individual, as Mr. Dowling said, where they have lived together for many, many years. Knowing my history here at Sonoma, there are a lot of people that have lived together and are friends for years. We want to keep those relationships going. We acknowledge those relationships and we want to encourage and get those going. We've even had two different regional centers working together to make sure we find that fit. So, it really is very based on your loved one and making sure we have the appropriate plan, but we need your help. You are also an expert with your loved one, so we need you in that planning.

Through the planning, we identify very specific tasks that everyone is going to do, dates, times, where visits are going to happen. We can regroup at any time. We know life is not perfect. We know we're all dealing with each other and human beings and we have things happen. So, at any time, we can meet and go back and say, okay, maybe we need to change our plan. Or, maybe, we need to expedite the plan. This is working so well, we need to move it faster.

And once we get done with the plan that we have developed, then we go into what's called a transition review meeting. You'll hear these acronyms and be invited to those. That meeting is actually when we say, okay, our plan has been complete. Let's take a look and make sure every step has been successful. Did we miss anything? Are we ready to set a placement date? At that point, we set a provisional placement date with the team. That's when we say, okay, now we're going to start packing up the loved one's items. Who's going to come pick him up? Are you going to meet them at the home? Do you want to be a part of driving them to their new home? Those are all those details, and then the individual moves.

The next step, as I said, is the Regional Project, Kim and her staff. She has very good staff right now. You'll call them transition support monitoring folks. Cindy Cunningham in the back is one of those. They're specialists with the transition. They've worked here for a long time.

Then we do our post-placement follow-ups. We go out on the fifth day and we make sure that that person has acclimated. Are they safe? Are they healthy? Are they happy? We go out at the 30-day marker. We attend the IPP meeting out in the community. Then we look at them in the

90-day. We might go visit their day program and their community home.

Then we look at them in a six-month interval and we go back at a year.

During that time, I need to stress that the Regional Project has very good relationships with not only the providers, but the regional centers, and so if we get a call that something is going on in between those visits, we will go out. We will send staff from Sonoma who know them. We are on stand-by at any moment. We also want to hear the successes because we want to pass those on to the staff, as well as you. So, certainly, we will be looking at the successes, too. But, it's not like once they leave here, we are not monitoring their progress. So, we will talk about what do you want to see and then we'll be looking at that. Of course, the homes are going to want you out there as well. Their door is open just like ours. You can go and visit at any time.

I want to assure you that the Regional Project and the staff will be monitoring the progress of your loved one. If there is something that is happening, maybe someone has a behavioral episode and they're really having an anxious time, sometimes it doesn't happen immediately. It might happen months later. We will be there. We are on-call 24-hours a

day, 7-days a week. We will help you, the regional center, and the new provider work through that issue. I just want to assure you of that.

That is my summary. Any questions? Alright.

I think Miss Amy is probably going to get a microphone. I might have already gone over my five minutes, sorry. I didn't talk as fast as Shelton. I don't think I can.

W My [REDACTED] has [REDACTED], as well as some medical problems due to the drugs that [REDACTED] takes. What if, in a month, this isn't working? You know, you placed [REDACTED], it looks like a good job. [REDACTED] can't come back here, is that correct? [REDACTED] just gets moved from place to place?

Dawn Certainly our hope is to keep [REDACTED] within the exact setting that [REDACTED] went to. So, we would immediately be working with the provider, with you, with [REDACTED], the regional center, to see what happened. Just like at the developmental center, if there's something happening, we group right away and we say, okay, what happened here? Is it because [REDACTED] not acclimating well? Do we need to bring more people from Sonoma to reassure [REDACTED]? Do we need to look at [REDACTED] medications?

We don't want to make big changes, but we need to identify what the issue is. So, it will be all-hands-on-deck trying to identify what happened with [REDACTED].

Our goal is not to move an individual, even back here. We would like success. That's why it's really critical in that transition planning that we do it right to begin with and that we put all the issues on the table and that we plan ahead of time for those. The staff here at Sonoma—people have their peaks and valleys here, too, and so we need to talk about what if your loved one has that episode. Let's not talk about it when it happens, let's prepare ahead of time and do that in the transition planning.

So, I urge you to bring that up. You know your [REDACTED] well. Let's plan ahead. Exactly. And we're going to use the experts here from Sonoma. What do they do when that happens here? Because, we need to make sure that the staff know.

I did neglect to say one critical component: The staff at the provider's home, they are trained by Sonoma staff on how to interact with your loved one, how to do certain things. Some of the nursing individuals have

feeding tubes and things like that. We do what we call cross-training. The provider will send all the staff out here. They can stay here at all hours of the day. The staff at Sonoma will show them how they interact. They will show them and tell them, with that individual maybe this is what you will see when they're in pain, because a lot of our folks don't communicate. So, it's going to be incumbent upon the staff as Sonoma to relay that information. Again, planning, planning, planning.

We're anticipating that some people may have issues. We need to plan ahead then, because they already have issues here, too. We know that. It's really important for the planning stage. But, you would be communicating with your regional center, they would get us onboard as well, and we would work as a team. Absolutely.

W

Hello. My question for you is: My [REDACTED]—this happened last year. I guess a bug was going around in the unit and they were throwing up. So, instead of them just assuming it was a bug, they checked my [REDACTED] out and noticed [REDACTED] was very sensitive in [REDACTED] abdomen. They brought [REDACTED] to the emergency. [REDACTED] had an obstruction of the bowel. My concern is, the doctors here are trained extra-special to deal with our special family

members. In the outside world, that's one of my big concerns. They might have just thought, oh, it's just the bug. My [REDACTED] could have died.

To make a long story short, after that, they did more intensive tests and found out that [REDACTED] also not only had that, but [REDACTED] had severe rotation of [REDACTED] stomach. This is one of our concerns. They were able to help [REDACTED], but in the outside world, I'm not convinced of that.

I know I have a wall up, but I cannot help but not to have a wall up, because you hear about the neglect, the abuse. These are our—my [REDACTED] has been here for [REDACTED], as well as the other family members here. Not just my [REDACTED], but I'm also a [REDACTED] Our parents are passed away. This is a big, big decision for all of us.

Dawn

Absolutely.

W

I mean, shame on whoever did this is, is all I can say, to put all of us in this horrible situation. But for all of us who are concerned about our family making sure that these doctors are trained to deal with special needs children, how are we convinced of that? And the staff, as well as the staff? That's my concern.

Dawn

I can assure you that we recognize that this is not an easy transition for you all and your loved ones. We have been doing this, I will tell you, for many, many years. Sonoma has transitioned individuals out for many years, not this many [ph]. The regional centers certainly have their experts in the community as well. So, you need to definitely, again, speak up, share your concerns, your fears right at the beginning. We need to hear those, we need to talk about those and we need to plan for those.

There are many individuals in the community who do receive medical services and so, you would need to be asking, who is going to be my loved one's doctor? We need to share what are those medical history issues that your loved one had? Also we have all of our trained doctors here. They are available and they are speaking to the new primary care physician. We are linking them with the new physician so that they can really pass off the case management, but, certainly, are available if those things come up. Again, looking at the record, years of history, your staff know it here and so they need to articulate that. But, you need to remind us, too, what's happened with your loved one, so that we can plan for that.

You're right, our individuals do not speak up or tell you, really, what is wrong. That's going to be incumbent upon that cross-training. So, the staff also, we're going to make sure they're trained appropriately. As a team member, you're going to say, yes, now we feel like the cross-training has done its due diligence, that people are familiar and comfortable. You know the Sonoma staff. I know them very well. They're going to let you know also if they feel it is a comfortable time to be having that individual move. If we need to do more cross-training with those staff, we will do it. We cannot do enough cross-training. We want everyone to feel comfortable.

Again, I want to reassure you, if there is a medical issue, they can call the project. The regional centers will call us, and then we can say, well, yes, that was a history and this is how we approached the situation. The unit physician can speak with the primary care as well, but we do have a lot of experts in the community. I did not know all of the experts because I've worked at the developmental centers my whole career.

I'm in headquarters now, so I'm hearing a lot of information that I wasn't even exposed to. I was really focusing more on the developmental centers. Now, I'm being exposed to a lot of the resources that have been

there, and they're just getting better and better. But, speak up at the individual planning meeting and the transition meeting. We need to hear that.

Lavelle Hello, my name is Lavelle [REDACTED] and my [REDACTED] has been here for [REDACTED]. I have a question. Once you go through the transition review meeting, is there a time frame that, okay, we've met, now we have to get them in their setting?

Dawn It is all person by person. Once that transition review meeting happens, the team has really said, at this point, we feel like we've done all the training, all the visits, we've planned appropriately and we're ready to really sit down at the table and talk about a placement date. That's up to the team to decide when that placement date occurs.

Lavelle So that could be 30 days, 60 days?

Dawn It has to be at least two weeks and I'll tell you we have an obligation to notify courts because all of your loved ones have been court ordered to Sonoma Developmental Center, and the regional center and the developmental center has an obligation to notify the committing court that

your loved one is going to be moving. So, we have to wait the 15 days, but after that, it is up to the team. That would be case by case.

Lavelle Okay. And then also, the regional centers—we live in the East Bay. You also mentioned about possibly partnering with one of their friends that they had on the unit.

Dawn Correct.

Lavelle So, if my [REDACTED] has a friend that's been on the unit—they've been together for [REDACTED]. They're now, I think, in—I think [REDACTED] in [REDACTED]. [REDACTED] somewhere, [REDACTED]. So, then I asked and they said, no, you can't do that because [REDACTED] needs to be in your area, which is [REDACTED], [REDACTED] [ph], so that's—

Dawn I would encourage you after the meeting today—we do have all the regional centers represented. That would be a really nice conversation to share your interest and why and have that discussion because we are certainly encouraging. I will tell you, there are some people that have wanted to live together, but the families—I mean, it just depends on all the circumstances.

Lavelle Right.

Dawn One family may not want their loved one to be at [REDACTED] if they live up here, and so we really are talking case by case. We want to maintain those relationships. That's very important to all of us. So, definitely talk with your regional center.

Lavelle Thank you.

Dawn Amy is going to get you the microphone there so everyone can hear your question.

W The centers, I'm sure, do a great job—

Dawn We have people on the phone as well, so they—thank you.

W I'm sure they do a wonderful job and they take care of people like [REDACTED]
[REDACTED]. What about the combatant ones, the ones that can destroy furniture?

Dawn Absolutely. As Nancy Bargmann, our director, stated—

W And I'm so happy where they are right now and they're calm and they're happy.

Dawn We need to plan for that. There are individuals out in the community—

W Also, [REDACTED] cannot speak. [REDACTED] cannot tell me if [REDACTED] being abused. [REDACTED] can't call me on the phone, okay?

Dawn And that's why the regional center's eyes and your eyes and the Regional Project—everyone has monitoring.

W I'm very frightened about [REDACTED] going out in the street and being abused by those poor kids that tortured a [audio disruption]. Of course, everything gets quiet. You never hear of what happened to those poor kids.

Dawn And that's where I do—

W Are they in prison?

Dawn I encourage you to share your concerns and your fears.

W Okay. This is what I'm afraid of.

Dawn Absolutely, absolutely, and you're not isolated.

W I'm 87. I'm going on 88, and my [REDACTED] are [audio disruption].

Dawn I would encourage you to do—

W I'm sure that all the money that's spent to house all these regional centers are great for these kinds of kids. I don't understand why, and I guess it'll not happen, the governor can't provide the [audio disruption]. My [REDACTED] is going to die. I'm going to die. [REDACTED] going to die. But there's going to be more retarded kids, and I use that word, retarded. And there should be a place, we need to have a place for kids like this.

My [REDACTED] had the measles when [REDACTED] was 2-years-old that brain damaged [REDACTED] from the high fevers. Now there's an epidemic in Los Angeles of measles. Parents are not vaccinating their kids. We didn't have the vaccine or [REDACTED] would not have been retarded. I have a lot of questions.

Dawn I do want to acknowledge all of your fears and concerns. Definitely—

W I don't want to die with this, but this is what's going to happen. I know that [REDACTED] will have to be placed [audio disruption].

Dawn And I would encourage you again. I acknowledge all the fears and your concerns—

W I don't know how everyone else feels—

Dawn I would really like you to talk with the regional center representatives here today as well. They will be connecting with you ongoing to be able to talk about that, but you are free to visit the home any time of day. Go on visits when it's not announced. That's a good way, also. You'll be able to feel how things are going. But, you're going to go visit those homes before your loved one even goes there. So, certainly, go with your instinct. There are a lot of wonderful resources in the community at this point, so, please, avail yourself to looking at those.

It sounds like you have an appointment, perhaps, after the meeting, too.

Mr. Bonnet, here, is willing to talk with you afterwards. He will come find you or visa-versa.

Nancy

Thank you, Dawn. We're going to go ahead and take a couple more questions regarding transitions because it's such a—I know there's a number of questions regarding transitions that'll be helpful for Dawn to answer, and what we'll also do—

So, what we'll do is let me take at least two questions from the phone regarding transition and then I also—this was a good reminder that—so you all know we have several service providers who are represented here today. Any questions, also, in addition to talking to your regional centers, please, many of them are at the tables. Take time, meet with them, ask them questions, ask them about the 'what ifs.' What if this happens? What can occur? What are the supports? They're here to be able to provide you answers and be able to share their experiences and to be able to outline what they're doing in the community to provide the supports in the difficult situations.

So, operator, can you open up a couple of questions that are related to transitions for Dawn?

Moderator Certainly, thank you. [Operator instructions]. We'll take a question from Judy [REDACTED].

Judy Hello. Thank you for taking my question. My concern is, currently, [REDACTED] is in the hospital in Sonoma with pneumonia. During [REDACTED] stay they keep someone from day and evening shifts with [REDACTED] because it is just too stressful for [REDACTED] not to have somebody there that [REDACTED] knows. How is that going to be handled in a group home? [REDACTED] lived with these people for over [REDACTED] and they're [REDACTED] family, the staff and the patients there. I have great, great honor for each and every one of them. But how do you deal with it? [REDACTED] can't even go to the acute care hospital without having Sonoma State Hospital employees be with [REDACTED]. How is [REDACTED] possibly going to transition to someplace else?

My other concern about that, which I've talked to the social worker about—my dad, who is nearly 99, said, no we're not going to put a preference in for Northern California. We want to leave [REDACTED] at Sonoma as long as we possibly can. I have to respect his wishes in that respect. He is

not able to travel to Sonoma anymore. We live in [REDACTED]
area.

So, there are issues and we have visited [REDACTED] from the time I was a little girl, and now I'm 74. It's not so easy. I just have such concerns [REDACTED] just going to be one of those scared, scared, scared people like [REDACTED] is now at the [REDACTED] They're sending people day and evening to be with [REDACTED]. How do you deal with that?

Dawn

Definitely we do have the support for the individual once they leave and go into the community. It would not be Sonoma Developmental Center staff supporting her at the hospital, but it would be the home. It would be the staff that [REDACTED] knows well. [REDACTED] would not be there by [REDACTED] The regional center and the provider would assure that [REDACTED] has support, absolutely.

That's one part of your question. The other that I do want to address is we do want you to be involved sooner than later. I would encourage you and your father to start talking with the regional center and we can do that via conference call. We recognize that there's a distance issue and it's harder

to get around, certainly. I know that for a fact. So, we will extend the conference call opportunity to you so we can have those dialogues.

Judy Thank you.

Dawn I can assure you that the home will be caring for [REDACTED] and putting in those supports. But, again, please, at your meetings, express all your concerns. We want to and need to hear those as well. And thank you very much.

Judy And thank you.

Nancy Operator?

Moderator [Operator instructions]. There is no one in the queue at the moment.

Dawn Thank you, operator.

Nancy I know there are some more questions, but as Dawn had shared that she will be available at the end as well to answer questions after we have the meeting. But, we're also going to make sure that we open up some opportunities for some additional questions at the end.

We're going to move forward with the regional centers. Each regional center is represented today and we're going to go ahead and have a brief overview so they can provide you an update. First, it's going to be Alta Regional Center and D.D. Peters.

D.D. I can talk fast because I know you guys have all been patiently sitting there and we really appreciate this.

Real quick, we actually serve ten different counties in Northern California, Sacramento being the center, up all the way to Alpine, Colusa, El Dorado, Nevada, Sierra, Sutter, Yolo and Yuba counties. Right now we have over 22,000 people in our regional center. All of the homes that are being developed for your loved ones are in the greater Sacramento area, the reason being is there's more resources there. There are day programs. There are more hospitals. There are more specialized things for your client. If we go up to Nevada County, where I'm from, there's not quite as many resources, although it's beautiful.

We've already introduced the people who are here today. Our service coordinators—hopefully, you do know who your service coordinator from

Alta is. It's Syd Castain who is here and Elijah Jenkins. Our CPP manager is John Decker, who could not be here today, but if you need his information, you can come to our table and we can get that for you.

Right now, in Sonoma, we do have 49 clients living here. We have 11 who have moved out since the closure. We have two who have been asked out of the 49 to go other regional centers and we've had 9 more come in from others. So, if that's a need because maybe you don't live in our catchment anymore, let us know that. Or you were in another center and you've now moved or have family members in our catchment, in our counties, then you want your loved one to be close. Please, contact us.

Some of the things we already have right now for our over 22,000 clients is that we do have IV general anesthesia dentistry with Dr. Begow [ph]. We have a crisis intervention support in the home called CBEM. We have Turning Point Community Programs, that's Mental Health Wrap Around Services and medication management. We have different consultants, and there's actually more that aren't in here, but things like RNs, PTs, OTs, psychiatrists, dieticians. They go into the different homes based on the clients' needs.

We also have lots of different day programs from employment to behavioral to arts and film making, etc. There are so many different options, which is wonderful. We have, right now, all the different types of homes that are being developed for your loved ones. We have six ARFPSHNs that are in development, two community care crisis homes, one enhanced behavioral support home, and then another enhanced behavioral support home with nursing. So, specific for your client needs.

We also have 2 SLS services in development and we have 15 specialized residential facilities. We've broken these down to things like medical behavioral. We have medical behavioral for blind and deaf. We have an autism home. We have one just for the elderly because there are older clients and they have different needs like hospice and dementia. And then we have psychological behavioral homes.

Right now, we have resource developments that are not homes, but other things that your family members might need. We're partnering with an FQHC for dental, so they can have specially-trained staff to work with your family members, special operative care. Basically, that means they can put the wheelchair on the chair, lean them back comfortably without

having to do the transfer. That's what that means. And then mobile hygienist services, so they can come to the home.

We also have community integration training programs, employment skills training programs, crisis service support, health services with UCSF, and psychiatric treatment services in the works also.

Then we get to see our pretty homes. So, four out of the six, these are pictures of ARFPSHN homes. Again, they're very large. They have big backyards. They're going to have large hallways. They're going to be the most beautiful homes on the street, I promise. Then we have some medical behavioral homes, and I know that one of our providers is here and her home is featured up in the corner. We have some pictures of our psych behavior homes and the different providers. Again, these are all in the community. Some maybe have more land or bigger back yards, so there's plenty of space for your loved ones.

These are the enhanced behavioral support homes. These are both very large homes and lots of land around them. I have to say these are two of my favorites. Then we have one of our community crisis care homes, an autism home, another psych behavior and med home, all in the

communities. One of these homes in the corner is the neighborhood right next to mine.

So, real quick, I didn't want you to have to sit so long, contact information, come talk to us and let us answer your questions and make you feel comfortable.

Nancy Thank you. So, Far Northern Regional Center, Diana Anderson.

Diana Thank you. Thanks for giving us the opportunity to come and talk to you about the services that we have and who we are. It's very important that we have that opportunity and we appreciate your time today. We're Far Northern. We're called Far Northern because we are far northern. We are the farthest north.

Our community reflects a lot of what you see around here. We're very rural. We serve nine counties. We serve a large territory. We serve a small number of individuals. We are a certified person-centered regional center, as many of the regional centers are, and providing personal services is what we are all about.

I think something that was missing here is Dawn talked a lot about the transition things that happen at Sonoma. What you may not understand is what happens at the regional centers. For several years, the regional centers have been assessing individuals who are in the developmental centers. We've done a really good job of working with the staff, working with the ID [ph] teams and understanding who the people are that are still left in developmental centers.

Then, what you don't see, is that we work together as a team for several months and years trying to figure out what those resources are going to look like for those individuals. Then we work with our providers. We put out requests for proposals that describe the needs for the clients that we're going to be bringing out into the community.

Then we interview. They have to give us very detailed proposals of how they're going to provide those services. We interview them. We have our teams go through their proposals.

And then we really select the providers who we think are really the best in the state. We don't just open up these services to anybody. It's very competitive. We talk to other regional centers about the services that have

been provided by those service providers. Those are things you don't see. You just go to a meeting and you hear, oh, we have a service for you. It's taken years to develop those.

We don't have very many people left here. We only have six. We'll have five as of next week. We're bringing out an individual next week. We've only transferred two since the closure notice, but we're very proud of the resources that we've developed for those two. We also have been asked by the department, because land is cheap, real estate is a little bit cheap, and we have so few people, we have the opportunity to develop 15 transfers from other regional centers to come into what you've heard as called the ARFPSHN model.

We have several day programs that we've developed over the years for individuals with medical needs, but we're very proud that we really worked at developing new day program services for individuals who want to work. We've tried to come up with lots of different environments. We have a gym that's run by clients right now. We have a pet day care center. We have a food pantry. We have several retail and food service. We have a visitor center that serves all of Tehama County. We have Custom Imprints, which do different t-shirts and all kinds of different promotional

stuff. There's lots of opportunities for individuals to do some real work out in the community in real businesses.

We are extensively Tele-Med, and I think that has a very bad reputation. We've done telemedicine for 25 years. We are very good at it and we have to do that because we're very rural. We have a network of 39 rural clinics that we work with that use very sophisticated camera systems that are HD. You can get right up to a person's sore on their hand, their face. You can really start to read people and we are able to access specialists at Cedars-Sinai, at Davis, at UCSF immediately over the Tele-Med system, so we're very happy about that. We have hospital dentistry in Chico.

The UCSF Cart model is a collaboration with six regional centers in Northern California. They are coming up and training our medical professionals to better understand people with special needs coming out of the developmental centers and to just work with the people already in the community. We have a lot of young people with autism that don't do well sitting in waiting rooms, don't do well with doctors coming right up to them and looking in their ears. So, they're working with our local medical providers.

We have a network of FQHCs. That's a very fancy acronym for federally-qualified health centers, and they are great. They are full service health centers. They do everything from dental—they do preventative care, podiatry. So, because we're rural, you can go into a one-stop medical center and get lots of different services. We use the PCM behavior consultants and trainers out of Florida for individuals with behaviors. That's Professional Crisis Management Associates. They developed behavior techniques for children and then moved into the adult arena. And then we also, years ago, were able to, with help from the department, develop two stabilization homes, crisis homes, one for children, one for adults.

These are some of the things that we have in development. We're developing a respite home. We know a lot of people live at home with their families and they need that break. We have several specialized residential facilities and, of course, the ARFPSHNs.

Some of the things that are in development that are not residential, we're doing an aquaponics day program for individuals that are coming out of the development centers who have some sensory issues, working with the water. It's also at the level that people can access and do the work in

wheelchairs, and the aquaponics program will support our food pantry program. We're developing another day program with medical support.

We're doing Ready Ride. Our department won't like how much this one's going to cost, but what we're finding is that individuals in the rural communities are having a long, hard time getting to work in the evenings and on the weekends. They're also having a hard time finding transportation to access social events. We're trying to build an entire person. We're not trying to put them in this program and this program and forget about the rest of their day, and so, we're developing this Uber-style transportation system with First Transit, so that people will be able to on-demand call for rides to work and to social events and pay on a sliding scale.

Mental health services, we're working with a provider for drop-in psychiatric and medication adjustments and they're giving us so many slots a day, so that anyone can just quickly walk in and access those. Then, of course, medical services for our ARFPSHNs that we're going to be developing.

Our safety net includes those drop-in mental health services, the UCSF Cart model. Already with the UCSF Cart model we've been able to generate home visits in all of our new specialized residential facilities by doctors. So, clients no longer have to go to waiting rooms and sit and wait. We have our specialized facilities for stabilization and, of course, a PCMA.

Again, these are just some pictures. These are our current projects that we still have and that we developed strictly for the six individuals at Sonoma. This one is an SLS model. This is the one that just opened 30 days ago, and it's for individuals who have moderate ID, as well as lack of communication skills. This is our first ARFPSHN up there. And, by the way, ARFPSHNs are going to be built with guest homes so that families can come up and stay in a separate facility and can stay for a couple of days, rent free, and come to visit.

This is one home that we're moving someone into next month.

This is a home we're building. Somebody said—they asked about their son who had severe aggressive behaviors. Four of the individuals that are here at Sonoma came out over different times in the last ten years and

failed in the community because of their behaviors and had to come back.

Interestingly enough, they taught us more than some of the other clients who ever came out, and they taught us that we had to build environments for them that were different than what some of these other homes you see.

So, this triplex that we are building will have three separate two-bedroom units that are all connected. Staff will be able to share in the servicing of the clients who live there without having each unit be full of staff. People live alone or with one roommate in these units, but we've worked with the contractor, we've worked with the providers, and we have developed these. They're going to be hardened. They're going to have really good lines of sight. We actually had two individuals who are here come out and they literally started eating the houses that they lived in. So, we had to start building those houses differently so that that wasn't an issue. We're really proud of this.

Each garage will have a different setting. One will be for office, one will be for exercise and recreation, and the other will be a Tele-Med location so that the individuals can just go right there for any of their medical.

If you're interested in any of these resources, I'm over here at a table.

California Mentor is here also. They are the service provider we are going to use for our ARFPSHNs. I'll give you a card. Certainly, get a hold of me or our DC liaison.

Nancy We'll make sure that we make time. Okay, we do have several other regional centers to present. We have Golden Gate next. Eric Zigman.

Eric Thank you, Nancy. I'll be brief. I'm just going to speak briefly and then turn it over to Kim and Lisa to give you some of the details about the current resources we have and the ones we're developing.

We are one of the two oldest regional centers. I have a colleague who always likes to hold up the Lanterman Act, so I'm holding up the 50-year brochure, which we have a few at our table to give you an idea. We served 250 individuals in 1966, and now we serve about 9,000. We have learned a lot in that time, certainly. You can read the story of the development of the regional centers.

Like many people in the regional centers and in the provider agencies around this room and here at Sonoma, I've dedicated my working life

for—I'm sorry, it's San Francisco, San Mateo, and Marin counties. We have about 200 staff—thank you.

So, I've dedicated like many, many people here our working lives and our lives, really, to the support of your loved ones and the folks we serve in the community. Like Nancy, I started 30 years ago in direct service and played a lot of different roles. For about seven, eight, nine years, I was involved in the closure of Agnews Developmental Center, and my responsibility was to measure and report on the quality in the homes and the day programs that individuals transitioned into.

In my 30-year career, I have never seen nicer homes and, more importantly, I've never seen more consistent and high-quality services. We had amazing results and I got to hear from my staff about the individual changes and the new world that folks got to experience in the community, including—so 300 people moved into 80 homes over 9 counties. That was our charge, including folks from what was called the Rappaport Building, with very severe disabilities who used no or very little language and had medical needs. So, like Chris, I echo that experience in dozens and dozens and hundreds of examples.

What we didn't have in Agnews—and I'll give you the numbers and turn it over to these guys—that we have now is we have places to show you. In the Agnews closure, the folks in similar rooms were so upset and emotional and nervous and it was hard because we didn't have things to show people in terms of new models of service, beautiful homes in nice neighborhoods, and we do now.

I'm going to give you the numbers for Golden Gate, so next slide, but the part of our dedication to the Lanterman Act is taking one person at a time. So, when I say we have 67 individuals here at Sonoma, for us, it's individual spirits and souls and human beings that we are talking about. In May of 2015, we served 120 people here. We've had five individuals going to other regional centers per family request and four coming to Golden Gate. We're working together, my colleagues and I, to make sure that the regional centers do everything we can to communicate and work together in serving your loved ones.

The last thing I just wanted to say is I really wanted to urge you to talk to, if your loved one is managed by Golden Gate, your Golden Gate case managers: Olivia, Shannon and Melanie, who work for Kim. And, again, really, really urge them in your planning to the degree possible—come

visit the homes. Some of those homes, the ARFPSHNs—awful acronym—the 962s have been in operation now for seven, eight, nine, ten years probably, and the other homes, too. So, you can talk to folks like Karen from Alegria and Mike from Elwin [ph] about their experience serving folks with really complicated needs with really severe behaviors. I urge you to do so.

Let me introduce Lisa Rosene, our Chief of Regional Center Services to talk about the current community resources.

Lisa Thank you. I'll be quick because I know those chairs aren't comfortable.

One of our most important resources, currently, is the family group that we have with people from Sonoma, family members and loved ones. We started these meetings shortly after the closure was announced. They are ongoing. Our next meeting is Tuesday, February 28th, simultaneously in our San Francisco and San Mateo offices. The agenda for these meetings is set entirely by the family members. So, if you have questions and you're in our area, I highly recommend that you contact Beverly Austin. She's with the parent group here and let her know that you want to be part of this. We've had some excellent conversations.

What is asked most of us are issues around healthcare, so what you see on this slide is what we have in each county. Each county has a county health plan that most of the people that we support are involved with because they have Medi-Cal. The most robust program in that area is in San Mateo County because they had worked with us so closely on the closure of Agnews. Someone asked earlier what experience do these doctors have with people who have developmental disabilities? San Mateo County has a great deal of experience. There are special clinics set up just for people who have developmental disabilities and we're also very fortunate to have the Puente Clinic, which is a specialty mental health clinic for people with developmental disabilities.

We also—it's not on the slide, but in San Francisco County we also have what's called the Anchor Program. It was one of the first programs in our catchment area to serve people with mental health issues in addition to developmental disabilities. We're working with Marin. We have a contract with Marin for an individual psychiatrist, but we're trying to set up a clinic with them as well.

We're also very, very fortunate to have the University of Pacific Dental School in our area. They provide specialty services in dental care for people with developmental disabilities and University of San Francisco, or UCSF, also has a specialty dental clinic. That's another question that's asked frequently: What about dental services?

Mentioning UCSF, we have UCSF and we have Stanford both in our backyards and they are very well-versed, have a wide range of specialty clinics for healthcare for your loved ones.

In addition to the medical services, we also have a very robust transportation network that provides curb-to-curb service to day services, to medical appointments, and that is coordinated by our transportation broker, R&D Transportation. We're also going to be involved in the state staffing program. That program allows us to hire staff that are currently at Sonoma and have them work in the community and we will be hiring an occupational therapist, two nurses, a psychologist and two psych techs.

Kim

Okay, so I'll just review the resources that we have in development right now.

In this fiscal year 2016-17, Golden Gate Regional Center has a total of 28 resources in development. Six of those are the ARFPSHNs. We have one community crisis home in development. It's been awarded the housing piece of it but we still need to match it up to a provider. That is similar to the enhanced behavioral support home, and we have one of those in process. We don't currently have any enhanced behavioral support homes with nursing. Supported living Services, we don't have anyone from Sonoma that's transitioning into Supported living right now, but we assess that resource individually and as requested by the individual, or the family, or the conservator.

We have 20 specialized residential facilities in development. Four of those are medical behavioral homes. The ARFPSHNs have the 24-hour nursing, these medical behavioral homes have 8 hours of nursing included in their program design. Then, seven of the SRFs, or the specialized residential facilities, are residential care facilities for the elderly. They serve a population of 59 and over.

In non-residential resources, we have, in addition to our existing day programs, we have five specialized day services or day programs that are in development. Those are both medical and behavioral. Four are in San

Mateo County and one is in Marin, which is where the two counties that we're developing in majority.

Lisa had mentioned R&D Transportation. That ensures that our individuals get to and from day services and other appointments, curb-to-curb. Then, this was mentioned as well, Cart Medical Consultations. They've assisted us in doing some whole-person assessments with individuals at Sonoma and then they're doing a lot of training with existing practitioners in those communities.

Then we have vendorizations in process, so that we can supplement funding for pharmacies, so gap funding for medication, as well as any supplements and things like that, and then also to ensure that the individuals as they transition out continue to get the necessary adaptive equipment. We have a vendorization with a couple different durable medical equipment suppliers.

Lisa

The other question that's frequently asked by family members is what happens when my family member has a crisis and not just a medical crisis but more of a behavioral or psychiatric crisis so we use the generic resources in each of the counties. The mobile crisis unit in San Francisco,

the SMART mobile crisis in San Mateo, and then we contract with an organization called CBEM, they serve all three of our counties. They are mobile which means they go where the person is. They will go to a family home. They will go to a residential facility. They will meet someone who's been taken to psychiatric emergency services. They will basically go wherever the person is. They will help assess what is going on. They will help with stabilization and with the transition of the individual back to their home.

Then, in Marin, the CBEM is also what we're using in that county for 24-hour crisis. We also have 24-hour availability at the regional center so we after-hours emergency response and that is a phone that is manned by a person at the manager level. They have direct access to our entire database and can give whoever's calling information and help them with next steps.

These are some of the homes that we're developing in our area, ARFPSHNs, behavioral homes, just want you to get a sense of the type of neighborhood. Someone said they're probably the most beautiful house on the block and these homes are gorgeous.

These are the folks you can contact. We also have a table back here on this side. Thank you.

Nancy The Regional Center of East Bay, Steve Robinson, and we apologize, we are going over but we're going to stay and continue with the presentation and allow some time for questions. Feel free if you need to go get a snack or something to drink. We certainly understand, we'll be here.

Steve Thank you, Nancy, and thank you to everyone being here and thank you for allowing us the opportunity to talk today and to present. Regional Center of the East Bay, we serve the counties of Alameda County and Contra Costa County. We serve 19,000 plus clients in our community.

Just to talk about our vision, we envision a future where people with developmental disabilities are truly a part of their community. We recognize that individuals with developmental disabilities and their families have unique and challenging needs.

We seek to meet those needs by providing information and services that are community based, flexible, accessible, and responsive to each unique situation. I'm the director of the community placement plan of Regional

Center of the East Bay. Our Executive Director, Jim Burton is here, and our Sonoma Developmental Center liaison and case managers are Kristina Miller, Cavena Hall [ph], Sylvia Cabrera [ph], and Lori Pretta [ph], and for family members who are here part of the East Bay, by now you should have contact with them. At the end of my slide presentation, their contact information will be available.

Currently we have 89 Regional Center of the East Bay clients who are residing at Sonoma Developmental Center. Since the closure was announced in May 2015, we have placed 20 individuals who currently live in our homes in the community.

We have also transferred 12 clients to other regional centers based on family requests. This is when the family has been living in the other regional centers catchment area. Other situations where we have transferred have been when a resident here has a friend or is very compatible with someone else who they're currently living with.

All regional centers are in close contact with each other. We do collaborate with each other and we do take requests from family members seriously. Again, our aim here is that your loved one lives in your

community close to where you live so they give you the opportunity to visit and be a special part of their lives. We also received four transfers from other regional centers.

Current community resources, we have six adult residential facilities for people with special healthcare needs and that's the last time I'll say that. For now I'm going to be calling it ARFPSHN. The six ARFPSHN homes were developed as part of the Agnews Developmental Center closure. They are currently located in Alameda County in the cities of Livermore, Fremont, and Newark.

We also have 17 specialized residential facilities, 9 were part of the Agnews Developmental Center Closure and 8 were developed to serve residents from Sonoma Developmental Center. The homes are located in both counties, Alameda and Contra Costa County and they're in the cities of Alameda, Castro Valley, Union City, Pleasant Hill, San Leandro, Newark or Newark, I say Newark because I'm from New Jersey, Hayward, and Antioch.

Community resources and development, we do have, as you saw, large amounts of residents currently who are here in Sonoma and so we have 23

homes in development for FDC residents. These are going to be 11 ARFPSHNs to be located in Alameda County and Contra Costa County. Currently we have located homes in Livermore and Fremont, and eight homes to be located in Walnut Creek, Concord, and Clayton.

We will be developing four enhanced behavioral support homes that will be located in Contra Costa County, and we will be developing eight specialized residential facilities, four to be located in Alameda and four to be located in Contra Costa County.

Supported living services, we've had three individuals who have moved from Sonoma Developmental Center into the community. It was their request to live independently. They've successfully transitioned to the community, are extremely happy with their living situation. We do have supported living providers who support them in the community.

Nonresidential resource development it was mentioned before, this is a big question, what are the medical and dental services going to be like as well as the mental health services? For dental services, Regional Center of the East Bay contracts with in-home dental hygienists. The dental hygienists do go out to the home. They do assessments, they do cleaning, and they

also do training with the staff, and they go out to the homes on a quarterly basis.

We also have a dentist in Alameda County who provides in-home dental care and treatment. He also has privileges at a hospital for sedation dentistry. We are also currently contracting with a dental provider who's going to be out in Contra Costa County to provide similar services. We'll have a mobile dental clinic. They'll provide dental services in the home. A dental hygienist will be there and also this dental group will get privileges at a hospital for sedation dentistry.

For healthcare services, we contract with a primary care physician group. This group was developed when Agnews Developmental Center closed. The physicians go out to the home once a month. They are also on call 24/7, they are available 24/7 as I mentioned by telephone and they provide advice, triage to clients transitioning from Sonoma and other developmental centers. They are there; they're the primary care physician. For emergency care, because I realize that's come up before, that's provided in a local acute care hospital as needed and care coordination is always provided by the primary care physician.

I do also want to point out if your loved one goes to the hospital, as Chris Dowling mentioned, the staff from the home will be with your loved one. We will never leave your loved one alone in a hospital in an unfamiliar setting. That is something that we absolutely require from our service providers.

For mental health, we will be developing a clinic in Contra Costa County to serve people with developmental disabilities and mental health. We currently have a mental health clinic open in Alameda County. It's called Shriver Center and they're doing a great job serving our clients who have both developmental disabilities and mental health issues. They provide psychiatric care as well as counseling.

Other nonresidential developments, we currently have five programs, five day programs that serve clients who have transitioned from developmental centers into the community. The programs offer community integration training support, behavioral support, medical support, and vocational support. We are also in the process of developing three additional day programs for folks moving out of Sonoma Developmental Center.

For crisis services, we contract with Crisis Response Project. They provide 24/7 mobile crisis support. This would be a case if an individual, or let's say the home, needs a little extra support for behavior. We have a team to come out and provide that support. They are capable and what they do is short-term behavioral training due to problem behaviors and they will be at the home and with the client to provide extra support as much as needed.

We also currently have an adult crisis home. We will be developing a community crisis home. These are some pictures for the homes that have been developed for residents of Sonoma Developmental Center. Each resident will have their own bedroom. We're developing four bedroom homes. As you can see from this picture the bathrooms are adapted for use for individuals in wheelchairs. This is a tub, it's called a walk-in tub. It allows easy access to a tub.

As Shelton pointed out, in ARFPSHN homes we do have ceiling lifts in each individual bedroom but also in the common area. If you could go back to the last picture, we always provide access to the yards in our homes. You'll see here, this is actually an ARFPSHN home and for folks

in wheelchairs it's easy for them to access the back yard. Also, in each bathroom for the ARFPSHN homes we do have ceiling lifts as well.

To contact us, our contact information is here. As I said I really hope at this point you've been in touch or at least our case managers have been in touch with you. I will be here, please come see me. [Indiscernible] families and also Elwin, one of our providers is in the back there as well as Karen Toto from Alegria. Thank you very much.

Nancy

Thank you. We have two more regional centers. The next one is going to be San Andreas Regional Center and we have the executive director here to join us. I'm just going to point out, you all have your map, if you want to take a look at the geographic areas it's available to you. Lastly, I wanted to let you know that all of the slides that are being shown today will be posted on the website for your availability. Javier.

Javier

Thank you, Nancy. Nice to see everybody and I'm not going to be offended that half the room is empty because it wasn't me, right? We are going to go ahead and start. We are San Andreas Regional Center and before we start I just wanted to provide a little bit of context.

I know a lot of the presentations have been going very fast but I assure you that in the transition of individuals, your loved ones, that we really take a lot of time and care, and we really make sure we understand as best we can every situation that may be presented so that when they are in the community, they're going to have a maximum amazing experience.

Section 4501 of the Lanterman Act you will see it. It is the foundation of what we do and why we do it, and it's the responsibility that the state has taken not just because it's the right thing to but it's the human thing to do in providing experiences for people regardless of their functioning level.

San Andreas Regional Center, we are the heart of Silicon Valley. We serve the counties of Santa Clara, Monterey County, San Benito County, and Santa Cruz County. We cover that beautiful coastal area from Santa Cruz, Monterey, Carmel, Big Shore, coming all the way down, just beautiful in the inner part of the counties.

Major cities include San Jose, a million strong, a huge network of services and providers in San Jose, Monterey, Santa Cruz, Hollister, and then all these cities that define Silicon Valley, the Mountain Views, Sunnyvale,

Cupertino, etc., Apple and Google, all of those are our backyard neighbors.

We currently serve approximately 16,500 individuals in our four areas. Along with Regional Center of East Bay and Golden Gate Regional Center, San Andreas was pivotal in closing down the Agnews Developmental Center back in 2009 when the final resident left but the planning had been going on for many years before, over 300 individuals transitioned into the community.

Just a little bit of historical context because many regional centers have gone through this process and we know, as Eric mentioned, when Agnews closed it was one of the first ones to close and a lot of times when we were meeting with families, we did not have a lot of context to provide. We had a lot of ideas, we had a lot of assumptions but we didn't have a lot of actual things.

Agnews was in existence starting in 1888 up until 2009 when the last individual left and AB-20100 at that time was the foundation, the legislation that allowed us to start moving forward and the Bay Area Housing Plan was developed. A lot of what you're seeing today regarding

all of the different kinds of homes were the foundation from the Bay Area Housing Plan.

The partnership of the regional centers, the department, and more importantly the families that helped guide us, it's not just what we wanted, it's what the families wanted and how could we develop something that was really in the community and more importantly able to deliver a service that is equal or superior to what they were getting at the developmental center.

For successful placement, when we're looking at successful placement, I didn't want to just—really quickly, successful placement, we always look at location. We look at medical needs, behavioral needs, staff support, back-up plans, back-up plans, and back-up plans. A lot of families are always wondering, what if we agree to move somebody to a particular home and that home doesn't work out?

A lot of the planning team is really looking at all of the areas that may go wrong and more importantly, how can we make it right. Many times we know the knowns and it's the unknowns that provide us the most challenge and it is there where we keep having back-up plans and

opportunities to meet and more importantly, opportunities to set the course right so that the individual is going to be safe in the community. Then, of course, we look at the type of home needed.

Once again, this just illustrates, Shelton mentioned the different kinds of programs. There's no cookie cutter model and what is nice about the transition is that we look at all the different kinds of supports that are out there in the community and not one is better than the other. They're all interlinked.

We are the community and when I work with my community I always say we are stronger when we are all represented in that community and when we all have equal access and equal opportunity. It doesn't matter how sick somebody is or how many behaviors they have, there are many opportunities for us to provide a network of care. This bubble here, and you'll get copies of it, really look at the different options that are available for families.

Currently here at Sonoma Developmental Center, as of Thursday we had only four people left and we had an individual that transitioned out yesterday. That transition, families, it took months and the reason it took

so long was because we looked at each individual line item detail and we weren't going to let anybody transition until the knowns were known and the unknowns were at least addressed so that we had a better idea how to work with the individual.

The individual that transitioned out yesterday, the staff from the new home were being trained by Sonoma staff. They were looking at the routines so that they didn't take him into his new setting. What the staff did is they morphed themselves into his way of living so that they knew how to maximize success. He was super excited to transfer into his new living situation.

That leaves us with three individuals. By the end of the month we will have two individuals left as we have one that's in transition to another regional center, and we are currently also transitioning people out of the other developmental centers. We have two people transitioning in from the Fairview Developmental Center. One we took out of the Harbor Regional Center, which is down in Southern California, and the other from Fairview is one of our own that we are going through the very same process, looking at what is the best option for that individual and bringing

them safely into the community. Here at Sonoma, by the end of the month, we'll have two people left to place into the community.

Real quickly, community resources, we really have a lot of focus on dental clinics. Often times many of you have already identified for us a lot of the individuals we serve don't have the ability like you and I to say I have really bad toothache. It takes people that know them well and to know how to work with them. We have a network of dental clinics that really help address individuals, work closely with our partners and our providers, and family members to make sure they are looking at potential areas of need. We have sedation dentistry.

We have medical clinics, MOUs, the memorandums of understanding that include working with the FQHCs, that federal clinic. We work closely with Stanford and the Santa Clara Valley Health which is two great resources and providers that are right in our own backyard.

We have two mobile crisis teams that can be deployed as needed. Each team has the ability to have an immediate response and have a physical response within 30 to 60 minutes depending on the severity of a situation.

They provide technical assistance and other supports to our partners in the community.

We have entered agreements with our adaptive equipment. I know a lot of people are concerned, what happens if somebody needs specialized equipment or specialized services, so we have a couple MOUs with vendors that provide that kind of equipment. We have many day programs that have an emphasis on community integration and employment.

In development right now we have two enhanced behavioral homes with nursing components. We have a community crisis home for children. One of you asked while we have more people that are being born and now we have a network of providers in the community that will be able to serve them well and one of the needs we identified is having a crisis home for children to make sure that they are equally treated with respect and dignity while keeping them safe in the community.

Then we have a specialized residential facility working with challenge behaviors, step down from the crisis home, that is in development. Real quickly, once again we have crisis teams, we have MOUs with all of our

mental health partners. We cover four counties and that's a challenge in and of itself as we have the huge county, that is Santa Clara County and then we have our tiny county, where it's San Benito County but we provide equal amount of opportunity to have a robust memorandum.

We work with local law enforcement to help them understand who we serve and how people communicate. Our crisis teams are often out there training the law enforcement people which may be the first responders in many cases where if you're in the community, maybe somebody starts having a behavior episode and what we want is to make sure that the law enforcement or paramedics know how to respond or at least are aware that there are different ways of working with an individual.

We have a training program that they tap into, and we once again, are developing both specialized residential facilities that deal with intense behaviors and enhanced behaviors.

And here, this particular home, we are in the process of acquiring, it is specific for the Sonoma closure. It is in Gilroy down in South Santa Clara County. The home itself sits on two acres, a little over two acres, and it is over 3,000 square feet. It has a great floor plan to be able to allow staff to

have quick responses and to work with people in different parts of the house and to support each other as needed.

Each individual is going to have their own room. Something we're always concerned about, well how far away are we? In Silicon Valley as you might imagine it's very expensive to find properties and the further away we move from Silicon Valley the more affordable it becomes. However, it still makes sure that we want to provide an opportunity, so this particular home is only a mile away from the nearest hospital. They work closely with us in other projects. They know very well who we serve and the mission that we do.

The dental clinic is two miles, two and a half miles away. The neighbors in this particular area are close but they're spread out. Each property has approximately two acres. The home is right off of the 101 which was important for us in the event of an emergency, how far are we from a particular transport, so very close.

This home is going to be the EBSH, the enhanced behavioral home, with a nursing component. Just for context the state's really making a lot of commitment. We are putting, hopefully, an offer in on this house that is

hovering at the \$1.2 million range. The state really is committing it's not about the money, it's about the services we can provide any community. We're grateful for the department to continue to work with us, especially with Eric and I out of Golden Gate where the property values are pretty astronomical. But that gives us an amazing property where we can sit on two acres and a 3,000 square foot home.

We have one more home to acquire. Here are some of the beautiful homes that we already have in existence. You would never know that they are specialized homes. They look like every other home in the community and they are optimized to make sure that they are part of a neighborhood. Truth be told, there was a lot of NIMBY, has anyone heard of the NIMBY? Not in my back yard? Especially when Agnews was closing.

Now we have many good neighbors. That particular property that I showed you earlier, they welcome us into the neighborhood. They know that this is a great opportunity to create community where everybody's a part of it.

Here, I wanted to show you again, here are the ARFPSHN homes. You'll notice here that we have—every home is going to have an ADA compliant

bathroom that has, you see the gurney there, the lift, and the wide open spaces. You have a lot of space here in the different areas in order to allow programming to occur.

Then, finally, definitely, we have two immediate openings in ARFPSHN. If you're interested in speaking with us about possibly moving into the Silicon Valley [indiscernible] home. These two openings are in Campbell and San Jose which are across the street and you're in the different city so in that general Silicon Valley area. We have 12 beds in development and if you are interested, we have Mike and Jeff in the back there. They'll be happy to chat with you as well as myself. Thank you for the time.

Nancy Thank you, Javier. We have North Bay Regional Center; that is our last one. Jonathan.

Jonathan Thank you, everyone, for bearing with us and appreciate you taking your time out on a Saturday to come and spend some time with us so we can share a little bit more about what we're doing.

At North Bay Regional Center we really believe in supporting choices and promoting opportunities for the individuals we work with. We want to

build alliances and partnerships with each of you as we go throughout the planning process. Currently, North Bay Regional has approximately 230 employees and here at the developmental center, our liaisons, their titles are senior service coordinator.

Also as a specialist we have registered nurses. We have a BCBA, two physicians, and three clinical psychologists on staff that are able to help support the senior service coordinators with their transition efforts in making sure that all of the support needs are identified and in place for your loved ones when they move out.

Our three county catchment areas services Napa, Solana, and Sonoma County and we have offices that are currently located both in Napa and Santa Rosa. We have roughly 8,900 individuals that we work with and support in our three county catchment area.

Currently, North Bay Regional Center actually since we sent this slide in we've had a few individuals that have transitioned out. Currently we have 86 individuals at Sonoma Developmental Center and we've helped 11 persons transfer out of the developmental center into the community. We have sent 8 individuals that have transferred over to other regional centers

and we've taken in 21 individuals per for their individual request or family request.

By way of current community resources that we have, we have a number of supported living services, providers, 68 different day programs that range in services from behavioral supports, we have nursing supports, we have community-based programs, we site-based programs. We also have programs that are arts based. We have a group that actually recently came to one of all staff meetings and they treated us to several songs that they actually go and perform at local music concerts and other community-based activities.

We have 13 supported employment providers, 13 hospitals. We also have dental coordination services and we're able to access hospital sedation dentistry in Vacaville and Sacramento through Dr. Miguel [ph]. For the developmental center closure, we're currently developing nine ARFPSHN homes. Those are the medical homes. We're going to be developing two community crisis homes as part of our safety net.

We're going to have five enhanced behavioral support homes and an additional two of that model that will have a nursing component built in.

We're also developing one supported living services provider specifically for the closure here at the developmental center, although we have had two or three agencies that have successfully worked with transitioning folks out of developmental center and we have I believe two or three individuals that are currently looking at that model.

We also are developing 15 specialized residential facilities for the closure and those will range from behavioral homes to nursing homes to a combination of the two.

The nonresidential development that we're doing, we have a number of federally qualified health clinics that we have partnered with but we're very excited that we get the opportunity to develop one that specifically works with the developmental disability population. Each federally qualified health clinic, it has to identify as part of their charter an underserved population in the community that they specifically cater to although they're open to anyone in the community and this is I believe going to be the second in the state of California that has a developmental disability focus.

We are developing medical training and assessment as well as mobile dental services. We're partnering with Dr. Kripky [ph] in the Cart model and then we're also developing a virtual dental home. I went and partnered with Dr. Glassman at University of the Pacific where they're arranging for in-home dentistry services to be provided, where they can do desensitization training. They can do basic cleanings and if something more like a filling or a crown is required then there will be a dentist that will be available to provide that support to them.

We also partnership with R&D. They develop a transportation access plan for each of our individuals in the community to help ensure that they have all of their transportation needs met and so they can access both recreational and day programming and vocational opportunities there.

We also are developing, we have BCBA psychologists, marriage family therapists, and registered nurses. We have interdisciplinary teams that we have vendored with that are able to help provide behavioral and psychological and other support assessments to help make sure that when individuals do have challenges in the community that those support needs are quickly identified and those supports are quickly implemented and put into place effectively.

We're also, as part of the closure, developing through three additional day programs for medically fragile individuals. Two of them are going to be located here in Sonoma County and then a third is being developed in Solano County.

Then, we're also developing five additional day programs for individuals with mild all the way to severe behavioral needs. Again, those are going to kind of run the range of community-based or site-based programs.

We're actually developing one with STEP that is going to have some more vocational opportunities, specifically it will, we're currently discussing possibly having like some kind of a juice bar and a physical fitness and training facility that they would be able to participate in.

Additionally, just to further emphasize for the crisis services, we are in the development in two community crisis homes. We are also in contract with CBEM creating behavioral and educational momentum as our crisis services provider and they have a mobile response team that is able to respond in the event of an immediate crisis or emergency but also, more importantly, when it's identified that an individual is having difficulties and is at risk of needing additional support, CBEM will go out ahead of

time and they'll build a relationship with each of those individuals so that in the time when a crisis does arrive, they've already built a relationship. They know who they're talking with, they know who's responding and we've seen much greater success with that particular model.

They have also gone and built alliances and partnerships with the local law enforcement communities, with the local mental health agencies, and we do have existing memorandums of understanding with our community mental health providers as well. Then we also have partnered with Turning Point Community Programs to develop a mental health wrap around service. They offer both individual and group counseling and have a drop-in clinic as well as a psychiatrist on staff that can be able to help support our individuals with their psychiatric and mental health needs that aren't otherwise met through the county mental health service delivery system.

Just briefly, some of the pictures of a few of the homes that have been developed for the Sonoma closure. These first two pictures are of the ARFPSHN homes that recently came online. Then you can see in the home the beds and then it does have the overhead lifts tracking system that

can access pretty much any part of the room. Large common areas so that everyone has easy access and can participate in the community life there.

This is another of our specialized residential facilities that recently opened. We had our first individual move into this home earlier this last week. Again, it has large common areas and is easily accessible for all the clients that are there.

Then this is the contact information for my existing staff. We're also in the process of hiring three additional case managers to help support the closure. It's very important to us that we have all of the requisite time to meet with you to address all of your concerns. We want to hear what they are. We want to partner with you and address all the concerns and build contingency plans so that your loved ones transitioning into the community is a successful one. Both Bob and Shuan and I will be here afterwards to answer any additional questions that you have and we can pass out our business cards as well. Thank you.

Nancy

Thank you so much, Jonathan. We want to provide time right now for questions and answers so Dwayne LaFon is going to help facilitate, and

we have the regional centers here and then department staff. We also will open up the line every few questions to make sure the folks on the phone also have an opportunity for some questions as well. Thanks, Dwayne.

Dwayne

We really appreciate you sticking with us and we know that the seats can be a little uncomfortable. We want to try and give you a little time to stand up, stretch, but also be able to talk more about, I know a lot of you have maybe individual questions about what's going to happen to my family member, I have a particular question I want to ask about my case. we want you to be able to talk to your individual regional center folks and to the vendors that we have here in the room.

If you don't mind, we'll take a few questions for the general group and then we'll kind of let you go. I do want to reiterate what Dawn said earlier, especially about your concerns, the IPP, as you do your team meetings, any concerns you have, that's where we want those to be addressed because we want to plan out a solution for them and then plan out a back-up plan for the solution for them and then make sure we can have the supports in place so that as we move through, your person moves forward with all the support they need.

Yes ma'am? Hold on just one sec, we'll get you a mic so the folks on the phone can hear.

W Some of our board members have been concerned about an issue related to religious training and religious services for clients who are moving out. For some, they could care less or are not really aware of that need, for others it's a very important part of their life. My statement is to the developmental centers and also to developmental staff, very seldom do you see anything that discusses chaplaincy services or religious services and a whole list of issues to address and so forth.

Perhaps at the state level there's always this desire to separate between church and state and so forth, but that is a very important need of some of our residents. I know that there's a couple of people who had to leave, that that's a critical issue. So I just ask that that not be overlooked in the planning for this and in the transitioning for this.

Dwayne Sure. I will say I understand what you said earlier about kind of this whole separation of church and state thing but remember your person's program plan, that individual program plan, can include whatever they want for spiritual, whatever their spiritual needs are. We can absolutely

cover that. I think a lot that is akin to what we were talking about before with physicians. We have physicians here who kind of know and understand our folks and it's important for us to match up them to somebody else who is knowledgeable as they move on into the community.

There are plenty of places in the community that provide spiritual services, that again, are going to be open and welcoming and the regional centers know those places. Again, if you really, if it's really important to that person, you should be talking about that in their planning team and make sure their spiritual needs are covered so that the regional center can plan for where they should be going and how often and who they should be seeing if they really choose to have those services.

W I kind of have two questions.

Dwayne Sure.

W The first one is to Mr. Doyle or has to do with what he had said about the budget. We have all these beautiful, fancy homes. We have all of these programs. We need, in order for these programs to succeed, the people

need to be paid more than minimum wage. They need to have benefits, but the way I understood is that the budget that we so called and had been fighting for is now on the chopping block. That's my first question.

John No, I didn't say it was on the chopping block. I said there's a lot of uncertainty. I said we don't know where the presidential administration or the new Congress is headed. Given those uncertainties, we're being very careful. We're moving forward with state law and federal law that's currently in effect. We're moving forward with that as a guideline. We just don't know what may happen, what new rules may come out related to Medi-Cal.

My point is there's uncertainty but that we were successful in getting resources and we think as far as developing resources in the community, we're getting at least on an incremental basis, we're getting the kinds of things we need.

Nancy Thank you. Often times the questions will come up, the resources, and I wanted to add when we take a look at the resources that were approved for the development in the community for every individual, every person at Sonoma, we have already provided to the regional centers and we have the

funds that are already allocated to the regional centers, that are going to the providers to develop all the resources.

There may be some additional resources that are needed to meet the needs out in the community, should that come up we still have some funds that are earmarked for current year and next year. But I do want to give some assurances that the resources that have been identified to develop to support every person at Sonoma, and John, correct me if I'm wrong on the timing of this, but I've seen the approvals that all of that has been approved and the regional centers have the resources and it's been allocated to them to support them.

W But will they stay? That's my—because in five years these people can't move again or can't lose—

Nancy Understand. We have had, what is the beautiful thing about the Lanterman Act and that goes for every individual that has a developmental disability in the state of California, the Lanterman Act has absolutely tested the test of time. It's been 50 years, we celebrated the 50th year of the Lanterman Act this year and we've had many years where we've had economic challenges, we faced challenges. And we've been able to

support, and there's been a commitment of California to support individuals with developmental disabilities for over 50 years.

We have—Javier's the one who raised up the Lanterman Act. We have to continue to focus on the fact that we have a system that's really a very unique system in the United States and we have that here in California. While there's uncertainties, we also understand that we have a significant commitment and a history of commitment of supporting individuals. So together, if there's challenges that come up, we're all going to be working on this together. We're all very committed to supporting the individuals that are your loved ones as well as others out in the community.

W It's just that—

Nancy Understand your concern.

W Another question has to do with the handouts from DDS about the types of homes. In here you have an enhanced behavior home which is nonexistent yet, but it doesn't, it says it's for non-medical care but what about the medical, the people who have behaviors who due to the drugs that they take have side effects of medical needs? Some of the regional centers

spoke to that, that they're trying to build some of those homes but you don't have it in your block here that I'm hoping it's on your radar.

Dwayne I'm going to let Shelton take that one.

Shelton Let me address that. By definition the enhanced behavior support home is also an adult residential facility. It's licensed by Department of Social Services. Department of Social Services definition for adult residential facility says non-medical care but that definition was way back when they first started developing adult residential facilities.

Today, things have changed. Social Services will tell you and will admit they've changed and they do allow medical care to occur in adult residential facilities now. There's a lot of things that have to be put in place before they can do that so people get healthcare plan that's then restricted medical conditions and that sort of thing. There's a lot of things that are in place so that they can provide medical care but by definition that's why it's in there like that because that's the definition of an adult residential facility but they can provide medical care now.

Dwayne

I'll add to that. Remember someone earlier mentioned all the comprehensive assessments that the regional centers are being done. Again, they're still focusing highly on what people's individual needs are so if you have an individual who has both medical issues and behavioral issues and really need that managed, we still, again, let the IPP essentially rule all and that will be the kind of service they get.

M

I need to second some of these things. Some of you may be aware of the fact that I'm, I have something to do with spiritual needs and so forth. As a matter of fact, I haven't heard of anything of any of the proposals that anybody said, where are these people going to church now? I'm kind of curious. Is anybody providing for them to be able to find a congregation with which to worship? And then that leads me to realize my [REDACTED] can attend church here and there are two chaplains on base. Are we going to waste the training of the chaplains that are here now, the doctors that are taking care of the present population, the psychiatrists who are specifically oriented towards the developmentally disabled and the dentistry? In my case, my [REDACTED] needs sedation dentistry just for cleaning the teeth let alone taking care of them.

The concentration of professional help that we have here we're going to lose. Are we making any provision for some of this professional help to be used in the community if we're going to have to move our children, in my case, is a child, well [REDACTED] old but [REDACTED] my child, that they're going to have to move?

Dwayne

I may jump to folks who want to add in. Let me unpack a little bit. There certainly are places where people go to church, and again I'll probably let the regional center folks tell you where they go and where they've identified folks.

As far as the resources that happened at the DC, we certainly are going to do everything we can to try and keep them in our system because I know for so many years there's been this there's the DC then there's the community, but the fact is our service providers are our service providers. We're just the one department and we really want to make sure that we always have the best professional services and everyday services that every person needs in the state. That's part of what our job is. We think that we have a great resource at the DCs. I'm with you there. How can we continue to utilize those services?

I'll mention the community state staff program but that's not going to be the answer to every need, but what I think it can do is help folks understand that just because a person has worked at a DC does not mean that the staff is institutional, per se, and they do have those skills and abilities to move on and provide the services and they have a special insight into our population.

I think the program can help show and prove that as we go along, but I think that's going to be one of those things that gets developed in the fullness of time as we say. But I understand from your point of view it's a short period of time. We're working on that for sure. Do you guys want to add anything in especially about churches or anything?

Steve

Sure. We have very diverse communities in the Regional Center of the East Bay including religious diversity. We have folks who attend just about every church in our area. I think the point you make is such a good one, I'm noted, want to make sure that it is fully discussed in every individual program plan that we hold so that we will support opportunities to attend and participate actively in [audio disruption].

In terms of state staff, we are very committed to state staff. As one of the regional centers that was involved in the closure of Agnews Developmental Center, we still have in our area many wonderful staff from Agnew's Developmental Center working in our community and for our regional center. We are actively working with the department to employ state staff and have at our regional center including psychologists, physicians, nurses, occupational therapists. We're a little distance away from where folks may live in the East Bay from Sonoma but we value very much the great workers that are here and their experience and we hope to retain, as do our service providers, as many of those folks as we possibly can.

Dwayne

I should add we've been working with Palin [ph], the folks in the back have a contract for about 44 folks, most of them here in the north, I think almost all of them here in the north. We've been doing interviews for folks. We've gotten about 33 interviews complete. We have more to go and those folks when they're selected will not move to work with them. They will stay here and then they will attend people's transition meetings, do the cross training, be involved in the person's transition process as they get ready to move and then when the person moves then the staff move with them and then stay in the community state staff program.

I think I can say today that we've expanded and added additional contracts from other vendors now that we're going to add 36 more positions to that as well in the coming months. Things are going to start picking up this year when you start seeing community state staff.

Yes, can we go to the phone for questions and then we'll come to you.
Can you open up for question on the phone?

Moderator Certainly, thank you. [Operator instructions]. I'll pause for just a moment to allow everyone time to signal. No questions on the phone at the moment, sir.

Dwayne Thank you.

M I have a question. My [REDACTED] been here for close to [REDACTED] and during that time I've met many of the people that help [REDACTED]. It's the most difficult job and often thought how can they do it? [Audio disruption] job? They were devoted but they have their own homes, their own families and everything.

They had a full life and they were working like 40 hours a week whatever it takes. [Audio disruption] people be working 60 hours a week or 70 hours a week be [audio disruption] employees take their job and not be too involved. I think [audio disruption] will these new homes [audio disruption] employees to be fully rested and things both themselves properly [audio disruption] less people, I guess is what I'm asking.

Dwayne

Sure. I'll let some of the regional centers weigh in on this one as well but I can tell you, I'm looking at Aleana, she's looking back at me and smiling because we've been looking at the amount of overtime that Sonoma's been doing recently as well.

We do hit a lot of overtime but because the staff are devoted and they want to make sure that the person receives the services they need. Go ahead and do your follow up.

M

I have [audio disruption] idea of homes is not that new. It goes way back, way back. [Audio disruption] our homes advice Golden Gate Regional people were magnificent, they are great people. There's good doctors. We did everything we could and we thought we were making the right [audio disruption] into a home a little too far away from us.

My wife and I would visit her. The third visit to see my [REDACTED], a woman that worked in the facility she did the laundry, she spoke Spanish and very little English, and she grabbed my hand and told me that my [REDACTED] was being abused. I told them everybody thought it was wrong and of course [REDACTED] was right.

There was an investigation. The District Attorney looked into it, no criminal charges were made but they should have been made and the District Attorney was pushing for them. Of course it's closed up and it's terrible. I've met so many wonderful people that had tried to help my [REDACTED] certainly overwhelming. But there are some people who are in it to make a buck. These new homes is somebody going to police them and see that they're properly doing their job and not in for [audio disruption]?

Dwayne

Right. I will tell you, I'll start with the basics; what I'll tell you is the same reporting requirements that we have at the DC are the same for the community. It's in the law and so everybody has to follow the law. To get to your point is what is the oversight like. I'll let the regional centers answer that a little bit, it's not too different than the way we do it in the developmental center.

I also want to mention that as you say, there have been homes in the community for any number of years as there have been DCs. I started in the DCs 38 years or so ago. Aleana actually a little before me. We think back to what the DCs were like 30 or 40 years ago, they're not anything like then like they are today and I think that we have to say that about the community service system, too. We're all really committed to ongoing improvement of the quality of the service we provide. And again, I have to say that's true system wide. That's not just something that's a DC thing or a regional center thing.

It's important I think to look again for today because things have changed everywhere. I think especially when you get down to abuse and the mandated reporting, the sensitivity today is much more pointed than it was even 10 or 15 years ago. I know I can never do enough to reassure anybody. As you say, sometimes there are people who come into the system to make a buck and that happens in the DC system as much as it happens in the regional center system on average.

We have to always be on constant, we have to be paying attention all the time. Any of you guys want to talk about that one?

Jonathan At North Bay Regional Center, we actually have an entire unit that is devoted to quality assurance as well as having our individual case managers that's assigned to the individual will go out and do quarterly visits where they'll review the program plan goals and review the facility files and ensure that the care that is supposed to be provided according to the program design in the home, that that is in fact being delivered. We also partner with licensing. Licensing also comes out and does their annual reviews of the home as well as well as our quality assurance monitors will also do manual reviews.

Dwayne I just want to remind you, too, as the person goes into placement, we will essentially notify you of the process for who you would contact if you have issues or problems regarding this. That's part of our new transition plan. Just like in the DCs we have a clients' rights advocate and office protective services in the community. They also have clients' rights advocates and local [indiscernible] and we connect you up with flyers and phone numbers to make sure if you have issues you have somebody to contact.

Nancy

This is Nancy. I just wanted to add a little bit more as far as the oversight.

The regional centers do provide the oversight and the quality assurance units have been supported to be able to provide that. In addition with the new models of service that's available today that was not available in the past, so were the enhanced behavioral support homes with the ARFPSHNs, with the community crisis homes, there's added layers of oversight.

You have nursing staff, the ARFPSHNs that are out there every months if not more, having additional oversight. In the enhanced behavioral support homes, you're going to have behavior specialists that are making monthly visits. This is from the regional center level as well. You're also going to get it from the Department of Developmental Services on a regular basis throughout the year that we also will have nursing staff and specialists that will be making visits to the home. Earlier Dawn had talked about within the time frame of the first year placement that you have the regional project that's making additional visits.

There's been quite a bit of enhancements as far as the support that go out not only to support the individual on a daily basis but then the oversight.

Also, what's really critical is to make sure that communication, as Dwayne was saying, is there.

There is a quality management advisory group that's available. Families are involved in that so if you need some more information to be able to have input and can learn more to that oversight, we can make sure that you have that information available to you as well. That is something that's going to be part of the transition of folks moving to the community.

Dwayne

There's another question here. If you don't mind, again, we'll still be around here that we can answer any questions you have and individual questions. The vendors have been really patient and we want you to have a chance to talk to them and really question them about their services and what's available to them.

Can we make you the last question, is that okay with everyone?

W

Oh, okay. So the transition team, I'm assuming when your family member is moving out, that the transition team is involved. But if you live far away, like I'm two hours away from here, will that transition team come with us to our community which is outside of Sacramento in

Rocklin-Roseville area and be involved in that? Or, are we given to someone in Alta Regional who has no clue about my [REDACTED]?

I would prefer to have someone that [REDACTED] knows from here help us make that transition and [audio distortion] two hours away. Would my [REDACTED] be able to visit some of the homes? It can be very tiring, if you're going to be seeing four homes in one day that we would need some support there.

Dwayne

Sure. There's an entire process that goes around the actual transition, what we call transition support. Again, it's very individualized to what the person needs and can tolerate because it may be the person might get tired. If there's a home near by that's similar that they can visit for at least to see would they like this kind then they'll visit with them.

Again, whoever goes on that visit, if you wanted to come here, it might be the regional center would show you places there while the person who lives here looks nearby and then as you get this match up, as Dawn said between the vendor and your loved one, then you would have visits to the area and then you would see the actual home.

All that comes out in what we call the transition planning meeting which is really just another IPP that you do the transition planning meeting. You project what kind of visits just as you said. Do they need to go visit that local area? Should it be a familiar staff going with them? How many staff do they need? All of that gets put into the transition planning meeting.

You go out and make all of those trips, visits. It maybe I want to see where the local theater is or where the local church is going to be. Those are the things that you can put in there to do those visits. And the Regional Project and that's why the Regional Project is there Kim, is instead of seeing your normal person kind of running that transition planning meeting, the Regional Project chairs that meeting so that they can make sure all these transition planning needs are covered. You do all of that, you can have more than one of these meetings so you can check in to see how things are going.

Then, at the point that the placement is ready, is available then a placement date will be set and before the person goes to placement you have a transition review meeting. That transition review meeting goes through everything that you planned for in the transition planning meeting said, did we do everything we said we were going to do? Has the person

had the experience we wanted for them set up so that the planning goes?

Did the planning go as we planned it or is there anything else we need to make sure gets covered?

It's an involved process but it should be individualized to what your person needs.

Dawn

If I can interject. I am over here on the side that indeed Sonoma staff will be involved. The people that know your [REDACTED] will be involved as well as the Regional Project will be facilitating that. We would be driving your [REDACTED] to see the home if that's what the team planned with familiar people.

W

My other question is does the state own the home? So that way if staff turns over or someone decides they want to get out of the business then our residents would have to move again.

Nancy

Let me just go ahead and cover that real quick and then, Bob Hamilton, can give anything that I missed from a regional center perspective. Most of the homes for the purpose of the development, I think it's almost like 90% of the homes that are being developed for the closure of Sonoma are through CPP, what I referred to earlier from the state.

When we provide the funds to the regional center, the regional centers are using then the opportunity to work with housing developers that are purchasing the homes, renovating the homes. Part of the condition of the funds that are going there, there's a need to have a restricted use of the property.

So, the property, and it's on their title, that they must only use the home for the purpose of individuals who are consumers of the regional center. It allows for in perpetuity that that home will remain for the sole purpose of supporting individuals of the regional center.

To your point, then, if for some reason the service provider can no longer provide the service, that the individuals get to stay in the home and then there's other supports that come in. It's a rare occasion that the provider's changing but in those instances, this way the person gets to stay in their home, in their community, keep their friends, and that's the intent of making sure that we have this model of service and home available.

Bob

Opportunity for me to thank the department and Nancy, particularly, for all the capital improvements and all of the funding that they've put into

this project because there are enough projects, enough homes that are being developed that you're going to have choices to make. It's not just one home for one individual. We are developing what they call excess capacity and that's really a wonderful thing and a real bright spot in the department's administration of this program.

What I wanted to say about the developers is they're almost all non-profit developers. Of course Nancy said they have to go through a process where they're doing restricted deed covenants and serving in perpetuity. These folks are really in it to as service providers. They have a long history going back to Agnews' closure, of developing homes for this purpose and it's a buy it once model.

I hope someday we'll be able to do that for everyone but what Nancy's saying is at least 90% of these homes, they're developed for the community placement plan for Sonoma, our buy it once model. There are means that we have to if there's inappropriate fit, to move the client if they want to, but most of the time is to change the provider either train the provider to enhance their service, to provide wrap around services for those clients. There are any number of ways we are going to be able to try to keep that client at home and in place.

Dwayne Thanks. So we know this is a really important time, one of the things that really helps with making decisions is that you have as much information as possible. So, you can be more assured that the transition that your person is making is right for them and right for you.

We really appreciate your time today in being here and getting information. Again, please talk to the vendors and get again, any information you need from them today. We will be here to answer additional questions for you as you move along because again, we really want you to have the information you need so that you can make informed choices as you move along.

Nancy Dwayne, I want to thank you again from the department for taking the time today. We will be available as Dwayne said and those on the phone, we want to thank you. We'll look forward to talking to you shortly. Have a safe trip home. Thank you.

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