



## Final Transcript

### **STATE OF CA DEPARTMENT OF DEVELOPMENTAL SERVICES: Family Information Session Meeting**

June 27, 2015/10:00 a.m. PDT

#### **SPEAKERS**

John Doyle  
Amy Wall  
Brian Winfield  
Jim Burton  
Phil Bonnet  
Bob Hamilton  
JJ  
Aleana Carreon  
Karen Clark  
Karen Faria  
Nancy Lungren  
Fariba Shahmirzadi  
Eric Gelber  
Mae Khung

#### **PRESENTATION**

Moderator                      Good day, ladies and gentlemen, and welcome to your Sonoma Family Information Session Meeting. At this time, all participants are in a listen-only mode. Later, we will conduct a question and answer session and

instructions will be given at that time. (Operator instructions.) As a reminder, this conference call is being recorded.

I would like to introduce your host for today's conference, Karen Faria.

Ma'am, you may begin.

Karen F.                      Thank you. So there are about 31 family members on our conference line, for people that couldn't come here. I want to say welcome to all of you, and thank you for coming. I also say welcome to the folks on the phone. We're so glad you could join us. I'm actually looking at the phone like they can see me.

So kind of important, historic meeting and it's important that we get an opportunity, all of us, all of you, to have this time to talk with the people from the Department of Developmental Services, there are people here from the regional centers, there are family members, there are FCC staff, and we're going to do introductions first. Then I have some opening comments.

So my first introduction is John Doyle. He is our Chief Deputy Director for the Department of Departmental Services. Then over here on my right, [indiscernible] introduce yourself?

Amy                      Good morning. My name is Amy Wall. I'm with the Department of Developmental Services.

Brian                    Hello. I'm Brian Winfield, also with the Department of Developmental Services.

M                        I'm Dwayne LaFon, I'm with the Developmental Center Division of Developmental Services.

Karen F.                Then way back in the corner [indiscernible] gentleman.

Jim                      You mean me? Jim Burton, Executive Director, Regional Center of the East Bay.

Karen F.                [Indiscernible] back here, over here we have two gentlemen.

Phil                      Hello. I'm Phil Bonnet, Executive Director at the Alta California  
Regional Center in Sacramento.

Bob                      My name's Bob Hamilton. I'm the Executive Director at North Bay  
Regional Center.

Karen F.                Then over here I'd like to introduce some Sonoma staff. So we'll start  
over here.

JJ                        We'll start with me. I'm JJ, assistant to the executive director.

Aleana                 I'm Aleana Carrion, Clinical Director.

Karen                  Karen Clark, the Administrative Services Director.

Karen F.                Karen and I work in the same building. She works on one end and I work  
on the other end, so it's Karen South and Karen North, to keep it straight,  
and I'm Karen Faria. I am the Executive Director here at Sonoma  
Developmental Center.

As you know, if you've been attending the PHA meetings, I have been talking for the last two years about all the different things that have been happening and have been happening at Sonoma Developmental Center. I've talked about the fact that the 2012 Trailer Bill that stopped admissions into Sonoma and the other developmental centers, that that would eventually, based on the mortality of our folks and the placement activity, the normal placement activity, that in eight to ten years we would be down to very few people.

I've talked to you about many of our infrastructure problems here at Sonoma. You know I said more than once in those meetings if somebody sneezes around here a pipe busts, and we've had several of those recently. I've talked to you about some of the challenges that face this 100-and-almost-25-year-old campus. I've talked about the fact that we're right here in this room and because I needed to put McDougal, where we used to meet, [indiscernible] shut down. So we're here in this room, which turns out to be a really good room. People seem to like it.

So I've been talking all along about those issues. I've certainly spent time talking about Medicare and their issues with us and how Medicare has been for years, but particularly the last two years, has not been in favor of

large institutions. They do not feel that as part of the American Disabilities Civil Rights movement that large congregate living, whether it's good services, which we do provide, really good services, whether it's good services or not, it's still large congregate living. The federal government in their administrative policy does not favor that and does not want to pay Medicare money for those types of services.

I've been talking all along about change and how change was coming. I talked about how difficult change is for all of us. Certainly the staff, feeling right along with all of you what that means, what it means to folks that you care for, the [indiscernible] livelihood. It's a difficult situation.

Today's meeting may be difficult. There will be lots of emotion. There are a lot of feelings that are going to kind of bubble up, we think. I know that I'm having my own feelings. We are going to be extremely, extremely respectful of all of those feelings.

So here we are on the doorstep of change. All of those issues have come together to form this kind of Bermudian Triangle type of situation and now we have to deal with it head on. What we'd like to do today, and I've known John now for two years and he is one of the most genuine, right up

front, very kind men I've ever known, and I feel an honor to know him, he wants to hear from you. The regional center directors, they want to hear from you. They want to hear what your concerns are, what you want for your family members in the community. They want to know. They want you to ask questions and they want to hear your ideas.

This isn't about us or them, we or they, community or the facility. It is about all of us, citizens of California, taxpayers of California, competing with 38 million other taxpayers in the state of California who want their tax dollars to go for certain things, and that's the messiness, the difficulty of democracy. It's hard to manage. Not everybody's going to be a winner, but that's what we've chosen as our way of government.

So I would just like to make a personal plea that we get together, that we do this together, that we work with the best, absolute best outcome for our folks as they transition into the community. You know your individuals better than any other person here and if you can contribute what your concerns are, what your ideas are, to get your questions answered, we're going to feel better about going through this process and I hope you will also feel better about going through this process.

So thank you very much. I'm going to turn it over to John Doyle.

M John, right before we start there are a couple more employees from the department [indiscernible].

Nancy L. Hello. I'm Nancy Lungren. I'm the Assistant Director of Communications, and it's a pleasure to be here.

Fariba Good morning. I'm Fariba Shahmirzadi and I'm also from Development Center, a division of Development Centers.

Eric I'm Eric Gelber, the Legislative Director with the Department of Developmental Services.

Beth I'm Beth DeWitt. I'm with Golden Gate Regional Center.

Carol I'm Carol [indiscernible]. I'm the Medical Director at Sonoma.

M Okay, that's everybody.



John

Good morning, everyone. My name is John Doyle and I would like to thank Karen for very eloquently framing where we are now. She, I think, put things in excellent context and perspective.

This is a difficult time I'm sure for you and your loved ones, but this is the direction that Sonoma is headed consistent with where their view and Porterville will be headed as well. The important thing is making this transition successful and that's why we're here today. We want to hear your best thinking about what the transformation of Sonoma should look like. We're here to hear your ideas, your thoughts, your concerns, and these things we're not only interested but we're required by law to do this. There is a section in the Welfare Institution Code that requires the Department of Developmental Services to provide a report to the legislature before we can close the Developmental Center.

Where we are in the process right now, and I'll kind of give you a background on timing and where things stand, as you're probably aware the Budget Act was just signed and in the Budget Act that was signed there was \$49.3 million as kind of a down payment on starting the transition process for Sonoma. Of that total, the bulk of it, almost \$47 million, is going to be used to begin developing housing and community

resources. There is a small amount in there for the department for staff that we need. There's \$1.3 million and there's another \$1.3 million for the regional centers. It provides the resources that both the department and the regional centers need to coordinate this process.

Getting back to what's required under law, when the budget gets signed—Karen mentioned earlier a Trailer Bill from 2012, and I don't want to bore anybody with a lot of detail, but what a Trailer Bill is, it's called a Trailer Bill because it trails the Budget Bill. Generally, Trailer Bills are needed to implement what's in the Budget Act and they reflect the intent of what the legislature may want to do in certain areas. The governor has to sign a Trailer Bill just like he does any other bill.

This year the developmental services Trailer Bill is Senate Bill 82. If you're interested in reading it, it is online. It's available. It's chapter 23 of 2015. What this bill has in it, it has modifications to the Welfare and Institutions Code, and there are some that I'd like to kind of walk through with you so you do understand that the legislature and the administration have been listening to the concerns we've heard.

We've been in regular meetings with the Sonoma Developmental Center coalition and we've heard the representation by not only the Parent Hospital Association, who is a member of the coalition, but of all the other entities that are part of that coalition as well. Again, we are interested in people's thoughts and in your input as it will help inform decisions going forward.

You know, is everybody going to get everything they want? No, that's not the way things work, but what we are hoping is that the ideas and the [indiscernible] that we hear will be useful in putting forward a plan that will be agreeable to the majority of people because, as Karen said, this is a democratic process and this is what's required under law.

So as I mentioned, the Welfare Institution Code requires that the department get input from a number of different stakeholders, so not only parents and residents and individuals with developmental disabilities who live in the community, but from the Association of Regional Center Agencies, which is the statewide organization for the regional centers, and a whole host of groups; Disability Rights of California, and the list goes on.

What was done this year in this particular section of the Welfare Institution Code was that there were amendments made in that section that were I think based on what we had been hearing about concerns of Sonoma. So one of the first revisions to that law is a section that says—I think you may be familiar with our community state staff program where individuals who are employees at developmental centers have in the past, both [indiscernible] and with less success maybe at Lanterman, gone out into the community to work for service providers so that they can stay with the individual that they cared for while that individual was in the developmental center.

What the new amendment does is it requires the use of state staff for mobile health and crisis teams in the community and use of state staff in new state-operated models that may be developed as a component of the closure plan. The thinking is that we'll look at these things and determine are these things that might be useful and necessary, and if so, is there a way to use current employees at the developmental center in this process.

The next thing, the next significant change again, and I'm focusing on the changes that I think are pertinent to Sonoma, but the next thing requires the submission of the plan that will legislate—prior to committing the plan

to the legislature, the department shall confirm with the county in which the developmental center is located and shall consider recommendations for the use of the development center property.

Now, I know that's been an issue as well in all this and I just want, I'd like folks to understand that the Department of Developmental Services doesn't own the land. We're tenants. We're renting from the Department of General Services, basically. They're the ones that are the state entity that controls what happens with state-owned property.

The next thing, the next amendment that again has been added could get a little more clarification into the plan for the legislature is a description of resident characteristics including but not limited to age, gender, ethnicity, family involvement, years of developmental center residency, developmental disability and other factors that will determine service and support needs. So what the legislature's made clear and what the administration agrees is very important is that we understand who is transitioning into the community and what are their service needs, how do we develop them?

The next item is a description of stakeholder input provided pursuant to a previous section to the bill that includes a description of local issues, concerns and recommendations regarding the proposed closure and alternative use of the developmental center property. So again, this gets back to the broader concern that people have about the use of the land, what will become of it.

The next item is a description of unique and specialized services provided by the developmental center including but not limited to crisis facilities, health and dental clinics, and adaptive technology services. I think you're all familiar with the new Northern Star unit that's been opened. One of the things that was loud and clear when the developmental center task force closure plan or transition plan was being developed was that there needed to be a place of last resort.

For individuals who are not doing well in the community typically because of challenging behaviors we now have the acute crisis unit here at Sonoma. We have a similar unit at Fairview. We also have the adaptive wheelchair shop. So these are things that we want to make sure those services continue on as people transition in the community. The thinking is how do we do that and what does that look like?

The next issue that they included is a description of how the department will transition the client right advocacy contract provided at the developmental center into the community. The clients' rights advocates that are here, those same services will exist in the community and will continue on.

Then the final item that's been added that again I think is significant is a description of how the wellbeing of your residents will be monitored during and following their transition into the community. This is an issue that is critical not only to the department but to the regional centers and to all the entities that monitor us. The most important thing is how well are people doing once they transition out into the community, so that's going to be an area of significant focus.

With that, that concludes my remarks. I'm going to turn it over to Amy Wall. Amy is our assistant director for developmental center closures and she's going to talk to you a little bit about how the transition process is going to work.

Amy

Thank you, John. Good morning, everyone. Sorry, a frog in my throat right there. As I mentioned before, my name is Amy Wall. I'm with the department. My job was to help the [indiscernible] families through the closure process at that time and now I'm evolving into the same kind of role and position here for the Sonoma families. So I know some of you from my work with the Developmental Centers Task Force and Secretary Dooley [indiscernible]. For those of you that I don't know, I look forward to getting to know more of you as well as your family members as I will probably be spending a lot more quality time with Karen and her team up here as we move forward in the process.

I am your direct line to the Department of Developmental Services. I'm in the director's office. I have Nancy and John right there where I can grab them at any moment and ask them questions or pin them down and get a decision or that sort of thing. I hope that will be a real value to you and something that you can use.

Everyone here today in this room is completely vested in the safe and successful transition for your loved ones. If there's anything that we can do to help facilitate that process or clear up misunderstandings or get you information, that's what we're here for.



We brought everyone and their uncle today so that we have a whole bunch of really knowledgeable people in the room today, too, to start that process off. We have regional center representatives, we've got department folks, we've got the executive team here. Pretty much any question that you have you should be able to get an answer today, but don't feel pressured to think of it all today. We're going to be here throughout. Sit back. After you get information today and reflect on it, if something else pops up we have lines of communication open and we'll get back to you and get you the answers that you need.

So on that note, I just want to reference the contact information document that we handed out with the sign-in table, and that's also available up here in case you need a copy. So we set up a web page dedicated to the transformation of Sonoma Developmental Center and this web page will have updates and information, copies of letters, public notices, all that sort of information all in one place for you as well as a place online to submit comments.

The comments are all input that you want to submit to the department before we put together the closure report. It also has the e-mail address so

that you can send e-mails, questions, concerns, comments, input for the report, anything like that.

We have dedicated phone lines where you'll be able to talk to a person if you have questions. Some people don't like to do e-mail or are not too keen on the computer. We totally understand that, so we have phone and mail contact information on this sheet here. Please take that with you. Use it. Really, whenever a question comes up, we want to be able to get you answers. We don't want anyone kind of operating in a vacuum. The regional centers are going to be a huge resource to you, but sometimes there are bigger picture issues and that's where the department comes in.

As John mentioned, I was just going to talk about transition. The department has worked really hard with developmental center families in the past and stakeholders to identify kind of the important elements of a process that supports safe and successful transitions. There is no one size fits all in transition planning. Since the process is tailored to your individual loved one, no two families are going to undergo the exact same transition process. There are no boxes to check, three visits, two lunches, done and that's it. It's very, very specific to each person and their needs.

However, there are some common big milestones that everybody has to kind of achieve to move through the transition process. So the transition process that I'm going to give you just a brief overview of is talking about those big milestones.

I have a document here, and JJ was making some extra copies for me because we have more people than we thought we were going to. I'm not going to speak exactly to this, so it's okay if you don't have one right now. Just hand them out. That's something for you to take home, read over, think about, ask questions as a result of.

M [Indiscernible.]

Amy It's resident transition advisor group members. There's a letter on the front that is stapled together. It's the transition guidelines for Lanterman Developmental Center closure.

M And we have copies being made right now, so more to come.

Amy My apologies. We didn't bring enough with us. So again, these are transition guidelines which were developed for Lanterman closure, so they

are specific to Lanterman, but it does do a good job of outlining those big milestones that everybody has to achieve. We will be pulling together a resident transition advisory group specific to Sonoma that's going to probably modify these to make it a Sonoma-specific process just for transition.

Again, the document that you're all going to receive and have an opportunity to look at to kind of give you the big picture, big steps, but it's specific to the Lanterman closure and we realize that Sonoma is a very different developmental center. There might be things that we want to tweak or do a little bit differently, so that's something that a resident transition advisory group is going to do and that's something that's going to be pulled together a little bit later in the process.

The resident transition advisors group makes recommendations to the department to enhance the transition planning process. So membership, includes parents and family members, regional centers, advocacy groups and employees of the developmental center, so all those different perspectives go into advancing from transition guidelines.

All right, so—

W                      Amy?

Amy                      Yes?

W                      Could you come stand over here? Nobody on the phone can hear.

Amy                      I'm sorry. I thought with the microphone it went right to the phone.

All right, so consistent with the Lanterman acts and the values of collaboration, person-centered planning, individualized transition plans are going to be developed for every person who lives at Sonoma Developmental Center. Each transition plan is going to be based on a person's needs and is developed by the interdisciplinary team, or the IDT, and that ensures that all services and supports are in place at the time that a person moves.

The process begins with the individual program plan, the IPP, and continues as IDTs meet to identify each person's goals and objectives and the services and supports that they're going to need in the community. Comprehensive assessments, which you've heard a lot about, are just a

piece of this puzzle, but that informs the IPP process when you talk about preferences and choices.

We're all going to provide opportunities for you to learn about different service options—tours, open houses, photos, provider fairs. Sonoma staff, the regional centers and the department will all be working hard to make sure that you have lots of different ways to learn about the different options that are out there in the community.

The next step after you've explored what's out there, you might want to look at some specific options. When you identify a specific option, a home that you like or that you think that you're interested in, then we set up a meet-and-greet. The Sonoma Developmental Center staff, through the regional project, are going to be kind of in charge of coordinating all the transition activities, so if you find something that you like, kind of one of the first steps is that meet-and-greet with that provider to see—pardon?

W Put the mic up to your mouth.

W Yes.

Amy

Okay. It just sounds so loud to me.

All right, so with the meet-and-greet set up you are introduced to the providers. The resident, the family member, everybody's there to see if that specific option really has the potential for success. It's all about figuring out is this really going to work or do I just like it but something's missing? You know, what's next? You can do one meet and greet and be perfectly happy with it, you could do 12 meet and greets. It just depends on what you need to do to get to that specific option that you're looking for.

Then once the specific option has been identified you have an initial transition planning meeting. So you'll hear a lot of alphabet soup through this whole process. We have IHCPs, IHTPs and all sorts of things, but that individual or initial transition planning meeting, a lot of times referred to as the TPM, that's kind of where we kick off things.

It's the first meeting with IDT where we start the individual transition plan, which is the document that formalizes all of the transition planning that you're talking about with your team, and you don't have just one transition planning meeting; there could be several. It's an evolving

process. It's very fluid. All of this is very dynamic and it just depends on the individual and their transition.

So the individual transition plan documents everything that you talk about in those planning meetings. You also have an individualized health transition plan which makes sure that all the healthcare aspects are taken care of that have been formed by the physicians and people who know your loved one the best here at Sonoma and then you look at what supports are going to be needed in the community.

So once you have that transition planning, you have your plan, you're implementing it, you have your health transition plan. All those pieces are coming together. You're kind of wrapping up the transition planning process. Then we hold a transition review meeting. That's called TRM. That's kind of at the end of everything and that's where a move date is set for an individual.

That's held no less than 15 days before the planned move so if there's time to address any last minute issues it gives the opportunity for the team members to raise any issues that they feel haven't been addressed yet. It allows for fair hearing or [indiscernible] if there's an objection from a



team member, but that's where the move date is set, and after that, the individual is moved.

Then we have the regional center, regional project, all sorts of folks doing the follow-up visits for up to a year afterwards. Then the department also monitors post-placement activity. We have a lot of different eyes on folks making sure that it's successful [indiscernible] different pieces.

I know that's a lot of information and I'm not the most eloquent speaker, but I hope that's an overview of kind of the big pieces for you to expect as you move through this.

I encourage you to read through the transition guidelines document.

There's a whole bunch about roles and responsibilities. It starts on page 6 and it goes kind of until the end. It gives a lot of definitions and some of the technical terms I talked about, helps with the acronyms. You can find that very useful.

This document is also available on our website so you can access it there, and we have the hard copies available.

So at this point I'd like to know if there are any questions from the group.

And before we start the questions I'm supposed to ask two more introductions that I'd like to definitely have. Mae, will you come forward, please, because people need to know who you are and your face. Mae, you know we have Sonoma Regional Project. They're the group that actually does all the coordinating of the transition here at Sonoma, so this is Mae Khung [ph]. She is our brand new Sonoma Regional Project Director. She had a brother who lived here and who she helped first very reluctantly. She's told me straight up she helped her brother move into the community. It was a little bit of work for her and it was very scary for her, and she made it work by being involved.

She brings personal experience and passion to the job. Please get to know her. She wants to get to know you. This is Mae Khung.

Then back here, I'll have you introduce yourself as our traffic getting here is difficult. Go ahead.

M

[Indiscernible] here is beautiful [Indiscernible] County. [Indiscernible]

Executive Director of San Andreas Regional Center and we're here to lend

as much support and provide as much information as needed to make you feel comfortable.

Karen F. Amy, if you want me to field the questions and you're going to take notes, is that how we're going to do it?

Amy That was actually if we had input for the plan. I was going to take the notes—I mean, for the questions. We have a lot of great people in the room, so I think you can help with the microphone and if it's a regional center kind of question we can ask the regional center folks to help with the answers and if it's a department question we can ask us to answer it. We have a lot of folks here, so I think if we just kind of—

W Go right into—

Amy Go into it.

W Amy—

Brian

Bear with me. My question will take just a little bit of introduction. First, my name is Brian [REDACTED]. [REDACTED], has been a resident here at the developmental center since 1958. My wife and I are her conservators.

I circulated an e-mail message to all PHA members roughly a couple of weeks ago urging that we all boycott this meeting because there's no interest in collaboration. I'm asking everyone to please give me your contact information because in some cases parents have passed away or we don't have as a PHA the best contact list. I'm not speaking for the PHA; I'm not on the board.

The board of the PHA has boycotted this meeting because there was an unwillingness to work together in this process, but there was collaboration to transform SDC and the groups that are participating with the coalition what has been at the table with the parents association in creating a schedule and there would be a third party facilitator [indiscernible] organizing this meeting.

I speak from personal knowledge. I'm the retired city attorney of Santa Rosa and whenever a park was going to be built or a traffic signal was going to be installed or if there was going to be a recovery home in a

neighborhood the city routinely used a third party facilitator and planned together with the neighborhood to schedule a meeting.

Why should this meeting not have taken place today? Because we as family members have not had an opportunity to gather and mourn and share expertise with each other about what our options and possibilities are. While we want to work together in trust, we are also adversaries. Many of us will end up retaining attorneys and have fair hearings to get the services that we feel are necessary for our family member.

I would like to quote from the letter from DDS that rejected Kathleen Miller's, the president of our PHA association, request that this meeting be put off until after July 11<sup>th</sup>. "The department is working under short timelines to prepare a plan for the legislature by October 2015," so in other words it was too inconvenient for DDS to wait until after July 11<sup>th</sup> when we will be gathering here at 10:00 in the morning in this very same room.

Well, for a little inconvenience for [REDACTED] who has lived in this safe spot, one of the chosen spots of all the earth as far as nature's concerned, she's received the healing benefits of nature here, an extraordinarily

dedicated staff, and she lives with residents who have been her friends for decades, and most of the staff have served her and cared for her and loved her for 10 to 25 years. So we really weren't weighing inconvenience at all. It was simply we're going forward, we have the power, we're walking over you, the PHA.

Second, the letter said the department is preparing a schedule of planned stakeholder meetings and other events related to the proposed SDC closure. "We will make a concerted effort to keep members informed in a timely manner as a closure plan is developed and implanted." So they will comply with the law by giving us basic notice of what they are going to do to our family members while they're assuring us that really, they want to partner and collaborate. Well, why couldn't we have met first to share information and our feelings with each other and to gather information about what we could realistically request?

I received an e-mail from the Lanterman family who experienced the most outrageous mistreatment during the transition of [REDACTED] and so when Lanterman is referred to I shake and I will distribute that to everyone [indiscernible]—if I get her permission I will distribute her summary of

her experiences to you because it will educate each of us on what we need to be mindful of as this process proceeds.

We heard today that under the law the landlord of this property is a general services partner. We did not hear that DDS is prepared to fight for us, to educate general services as to why a claim is essential here [indiscernible] some housing for the most severely disabled like our loved one. We just heard our hands are [indiscernible], we can't be held accountable for that. We expect more and that's what we received from the staff here. That's what we're all accustomed to, is selfless, loving dedication.

So we are now involved in the process that's cold and bureaucratic and is anything but collaborative. I urge you to attend the PHA meeting on July 11<sup>th</sup> in this room at 10:00. Thank you very much.

Renee

I'm Renee [indiscernible], [REDACTED] [indiscernible] is [REDACTED] and she has lived here the majority of her life. She is 53. I could not have said anything better than this gentleman has already said.

My question to you people who are supposedly collaborating with us, we tried this, my family tried this before, and my grandfather gave \$10,000 to assist the regional center in purchasing a home. For a while the staff from here went there to that home as several clients went. The parents furnished that home. My sister, because of her severe behavior, bi-polar, she ended up one night, because then those funds were cut off. So now we had people who were paid \$5.00 an hour who had absolutely no knowledge on how to deal with somebody with several behaviors.

Also, she ended up—they called the police, she ended up in jail, in handcuffs, drugged. She ended up in a mental institution for mentally ill people. It took an arm and a leg to get there, to get her out of there. She was so drugged she was—I forgot to say that my mother found her handcuffed to a chair and drugged to almost unconsciousness.

I really do not have the faith that this transition, that the community is, by law the community is not the least restrictive alternative for someone like

██████████ This is the least restrictive alternative.

In December I came to take her home. They would not allow me to take her home because she was in her angry state. She was in such an angry



state that they wouldn't even let me take her for a walk or in my car, and I was with my husband, so I was not by myself. I live in Alaska and come down here several times—I'm here at length.

Anyway, she had a one-to-one. Is that going to be offered? She also has to walk, she paces. She has freedoms here that—and so do the other people that live on [indiscernible]. They have freedoms that they will not have in the community. I can guarantee that there is not a place that [indiscernible] is going to be able to go on his walks, throw rocks in the creek, that [REDACTED] will be able to vent her feelings and pace and walk up and down the sidewalk screaming FU and every other thing.

What's going to happen in the community? She's going to get drugged more? I mean, you know, I can't afford the lawyers for when she gets drugged and put in jail again. I need some assurance that it's going to be a big, roomy, beautiful natured place. There is no other place on earth that—you know, we would have all taken our people out of here if we found another place that was better for them.

I mean, this is the least restrictive alternative. They have freedoms here that they do not have and will not have elsewhere, and that is my question.

What's going to happen, is that there was funding for people to go with them, for staff to go with them. When that is cut off because we are "just another special interest group" and apparently we didn't have enough senators behind us, somebody was paid off, or something to slip in some other little bill and somehow we missed that.

I see a lot of [indiscernible] places. I don't see anybody—hi, yes, we've got the answer for you. No, there is no quick answer, but there's got to be a way to make it work. Those are my concerns; the safety of our family members.

I really do not understand. Somebody has go to explain to me—I don't even know whatever happened to [indiscernible]. This took an arm and a leg to get [REDACTED] back here, and she ended up on a non-ambulatory unit because she was so drugged, and it took forever. She had never been non-ambulatory, never.

I'm really at a loss. I did use to work for the Department of Developmental Service for a long time, and I looked at many, many homes; that was part of my job out of Sacramento. Always looking for

that one place for [REDACTED] always. Never found it. Anyways, that's my consensus.

Karen F. Thank you. How about we open up the phone lines real quick and see if there's one on the phone, and then we can come back to here. I just don't want them to have to sit the whole time.

Karen Okay. Operator?

M I would like to ask—

W Do you want to do a quick [indiscernible].

W Okay.

John I just wanted to address your concerns. I understand there are probably a lot of people in here who have stories about their family member going out into the community and trying to transition and not being successful. But what I do want people to understand is that the department and the legislature, the governor's office, recognizes that this is the shift in how individuals with development disabilities live and where they're going to

reside. To that end, as I said, the money that's being put in the budget this year is basically the first installment.

The fact that you hear people talk about how we can serve individuals in the community for \$17,000 a year, that kind of thing; it's not a strong argument and it's not—the issue is that individuals who are here that have severe health needs, they have enduring medical needs or challenging behaviors are going to be just as expensive to serve in the community. It's not the money issue, it's what's appropriate.

One of the things that the department has done is we've developed new models of care for homes [indiscernible]. Homes, they're called enhanced behavioral support homes, and they will be providing services to individuals who have challenging behaviors. We have another model home, it's called—and this home has been in existence for a couple of years already. We haven't opened any yet because there have been issues with the Federal Government, but we have homes that are called delayed [indiscernible] perimeter homes.

We just had the law changed this year to allow those homes to be opened just using general funds, because there was a restriction on them. We

couldn't open those homes unless we received federal money. The Federal Government had told because of the secure perimeter on those homes they're not going to give us any money. But we understand that those type of homes are necessary for some individuals who have behaviors that require a secure perimeter.

Those are the types of things that we're attempting to do. Am I saying this is going to be an easy process? Not by any means. When Lanterman was closed at the end of last year there were some difficulties through the process, but we've learned from those and we try not to make the same mistakes. As I said, we do the best that we can.

The issue of resources is another one, I think. There's so much money to go around and there are competing priorities and we made sure that the Department of Finance, the legislature, the governor's office understands what the needs are. We work hard to make sure that we can get resources that are absolutely critical. I understand that's probably not a satisfactory answer, but that's what we're trying to do.

Amy

His comment, I think, was still in reference to this [indiscernible] right after.

M                      Actually, my question is for you, whose name I forgot. The gentleman mentioned some problems with Lanterman. I know you have worked a lot at the Lanterman transition, is that what you said?

Amy                    Yes.

M                      Talk about some of those problems, please, not in detail. But this lady here needs specific information.

Amy                    Right.

M                      The executive gentleman is being general by necessity. But you were there in the trenches. What were the problems?

M                      It was real.

Amy                    Okay. Well, there were a host of different issues that we were able to work through, through partnerships with the regional centers who were really key to figuring out what we needed. For example, we had an individual that had really significant behaviors, and there was not a model

in their regional center catchment area that served somebody with that intense of behaviors. For over a year the regional center was out looking for alternatives, programs, modalities, different ways of treating behaviors without restraints or drugs. They found a program out in Virginia that somebody was using. They contracted with them, vendorized [ph] them, trained staff and implemented a whole new system for a home specific to this individual so that they could have somewhere that meets their needs in the community—

M In California?

Amy —in California. We don't like to send people out of state. We like to keep them in their neighborhoods, near their families. The regional center was able to bring in a contractor to train the home staff in this certain type of service to help this individual with the significant needs.

W How long was the contract?

Amy Pardon me?

W How long was the contract?

Amy                    I'm not sure about the terms with the regional center, but it's something that they're going to do ongoing for this.

W                      So it's not for life?

Amy                    Oh, I'm sure—it's a whole different system for how they work with people, so that's how they're going to use it moving forward. It's not something that just ends.

M                      Would you mind telling us what regional [indiscernible]?

Amy                    That was Inland Regional Center. That was just one example. We had a lot of individuals at Lanterman that had really significant medical issues, so we had—well, there are 962 homes up here, but they were 853 homes down there and those are the adult residential facilities for persons with significant healthcare needs, which is a real big mouthful, but they called them ARFPSHN for short.

At Lanterman, ARFPSHN, it was a model that they were familiar with because they had done them up here for Agnews. We had some great



providers that were doing them. We have a couple individuals that, through the course of transition, their acuity levels got more intense so at the point where they were ready to move out suddenly they needed ventilator care or extra diabetes care, so these real medical homes were already set up to take care of them, but they needed that extra something. So we would bring in the specialist that was required. We had folks training on the ventilators to help with the ventilator-dependent people, and it was adding a whole new element to the service model that they were used to doing already.

It very much adapts to the individuals, it just depends on what they need. I think that's two examples that cross my mind.

W I'd like to also add; I don't know a lot about the Lanterman move, but there's a difference between the Lanterman closure and here, two differences that I can name off. First of all, there wasn't the kind of coalition that exists here at Sonoma, the Sonoma coalition and that's going to be very, very active in looking and figuring out how to transform Sonoma. The second thing is that we have, as you can see by looking around you, a very, very, very active parent's group. Now, Lanterman parents were very concerned, but they weren't as cohesive and active as

our parent's group is. That's going to be another factor that is going to impact how the resources are going to be developed and supported out once people go out into the community and as the transformation goes.

We have some more questions. [Indiscernible] one on the phone.

W                      Let's try one on the phone.

Karen F.              Yes. Operator, can you open the lines for [indiscernible]?

Moderator            Okay. (Operator instructions.) Our first question comes from Glenda [REDACTED]. Your line is open.

Glenda                Yes. I just have a couple questions. I've got [REDACTED] that basically has no family. My mother was the last family she has and she's got dementia so she can't really take care of her. Her mother's passed away so she really has no one there to represent her except us, and we really don't have the ability to say what goes on with her.

I can tell you that about 20 years ago that she's been in Sonoma since she was 13, she's now going on close to 70. She was transitioned out into the

community about 20 years ago, and it was really a bad experience. She, like the other lady's family member, ended up harming herself and ended up being put into a higher level of care when she did get back in because she was deemed violent, which she had never been violent before, mainly to herself. Finally after probably about five years my aunt was able to get her back into Sonoma and back basically where she started.

Since then she's been getting the care she needs, and they've done a wonderful job. She was able to work as much as she could and do community activities, things like that that she never got when she was in a home. I just fear for her that she's going to be put in there and nobody to really advocate for her at this point other than us, or me, I guess.

Then the other thing is, in our community, I live in West Sacramento, and we've seen a big influx of mentally ill patients that have just been thrown on the streets, if you will. They're called homeless here, but they're really not, but they obviously have mental disabilities. My fear, and I'm hearing Agnews was closed, Lanterman was closed, that these people are ending up getting out of those homes that they're transitioned into, ending up on the streets with vouchers for old motels and then eventually those vouchers run out and they're out on the streets and they're fending for

themselves without medication and they're basically a hazard to the community, as well as themselves, and it's just really, really sad.

In [REDACTED] case, [REDACTED] she was misdiagnosed. She ended up in convalescent care. It was just—I can't even tell you all the things that we went through at that point. Since she's been back in Sonoma they've figured out ways to keep her calm. She has her own area that she goes to, her own chair that she can rock in that calms her. They've really done a lot of good, quality things for her. I just fear that throwing her back out into the community she's just going to be one of a number that gets thrown out there and who knows, may end up on the streets.

Teresa

I wanted to say something. My name is Teresa [REDACTED]. [REDACTED] a resident here. Parent Hospital Association has taken a position that is vitally important that everybody that is a resident here has a conservator, and we will support that effort. As far as the caller goes, if that's something you're interested in we will help you with that. I just wanted to make sure everybody's aware of that. It's vitally important that your family member have a conservator. If you need assistance with that we do plan to support that effort. Thank you.

Amy                    I appreciate that. I don't know if any of the regional centers want to speak up a little bit about how you work with families where there's not someone right here. There are a lot of different issue that were raised in the phone call. There are several different portions to answer, but I think that the regional center perspective might be a little bit helpful on that just so that you know it's not just turning people out on the street with a bus ticket and a meal and saying good luck.

                          The transition process is exhausted. There's cross-training, there's the staff at Sonoma telling the staff and the community all those little things like the special chair that they like, the walks in the afternoon that calms them down, all those things are what the transition focuses on transferring that knowledge to the community providers that are going to be caring for them. There are a lot of checks and balances built into the regional center system, [indiscernible] department level, as well as the follow-up care for the Sonoma staff to assure that those sorts of situations don't happen.

                          Is there anyone from the regional center, I just want to—

Moderator           Pardon me, speakers, this is the operator. Can you speak up because you have participants that can barely hear you?

W Okay, thank you, operator.

Jim I'm a bit of a mumbler, so I'll try to speak up. First of all, again, thank you all for being here today. I know this is a difficult time [indiscernible].

W Speak up.

Jim I am going to try to be very brief because today is about listening. As director at regional center of the East Bay, I've participated in the closure of Agnews Development Center. We really struggled initially in developing partnerships and collaborations, but we did.

There are many folks who lived successfully in the community, and it happens with collaboration, it happens with partnership, it happens with working together, it happens with identifying all those things that work at Sonoma Developmental Center; those things that didn't work in the community, and making certain that we work together and identify and have absolute answers to all of the concerns and issues. We have to be thorough, it's not just about a house or a place to live in the community,

it's health care and behavioral services. We can do that in the community, but we need to do it carefully and plan carefully.

W Thank you, Jim. That's really, really helpful.

W We've got one more regional center director.

M Good morning, again, everybody. Just have to make sure they can hear me here. We have always undertaken a whole person assessment. For us, it's not just about a behavior. What we're very interested in is what got us to that behavior, what can we learn from that, what do we do after the behavior, and a lot of that means really looking at each individual piece, working very closely with the staff here that know the individual well so that they can hopefully duplicate a program in the community and that when we have staff in the community they will be confident in addressing any kind of behavior.

What we've always done, regardless of somebody being here or out of state, we also always look at, well, who is in that individual's life and if they weren't in their life but they're now interesting in partnering with us to make sure that we create a plan that is really reflective of that

individual. The one thing we've always done in IPP, the Individual Program Plan process, is to make sure that we take information from all sources; people that have known the individual, staff, family members that maybe they're representing now, whether parent, siblings, cousins, it doesn't matter, we'll bring neighbors in and we really, really want to create a plan that is both reflective of the individual, but more importantly is realistic in the community. We take it step by step.

One thing that we did learn with Agnews is that we weren't leaping. We didn't want to, well, we think this is the plan here and let's go ahead and just go launch it into the community. That will lead to ultimate failure of any plan, so we really do take it step by step by step; what got us there; how do you deal with it now that we're there; and more importantly, how do we either end it or be prepared to deal with it after it. We will always work with family members, whether they're on the phone or community members.

As Mr. Burton mentioned, from regional center of the east state, we create a safety net in the community, and a part of that safety net is really, really working with any of the providers that are going to support individuals and, as John mentioned, it is not about the money. We will provide



whatever plan is needed in order to keep that individual safe. Any of the Santa Cruz, Monterey area, Santa Clara that we represent, we have every kind of model available; people that live in homes, many, many people that now live in the community in their own apartments or their own individual plans and I am always available to give you any information regarding how we got there and more importantly, how are we creating that safety net for the community.

W                      If this is so good how is it a sweet girl like [indiscernible] wind up in jail?  
How [indiscernible]?

Karen F.            I'm going to try to answer that a bit. [Indiscernible] make two comments. First of all, not only do we have very organized and verbal and vocal family members here, but we have very vocal and very passionate staff at Sonoma, and I hear about it every single day. Our staff, who know all of your family members so incredibly well, they are immensely intent on working and getting every little nuance of service and support. When they have those meetings they're right there saying, we need this, we need this, we need this and if they don't feel that they're being heard they're on the phone or they're in my office.

You know that the staff at Sonoma are going to be there supporting this process, and we take our staff and we go out into the homes and into the day programs and wherever they may be going and they help train the staff, they offer all kinds of information, subtle background information about a person; how best they communicate; don't talk to them on their right side; all those little things that they've learned from years and years and years of working with your individuals. That's another little safety net, so I just wanted to add that.

In addition to answering your questions, that event that happened to [REDACTED] and to all of the other people who have lived in the community, it happened before; it happened years ago or just recently, but it's before.

Let me just keep going, and I will absolutely—I want to acknowledge everybody's concern and fear. It's fear. I absolutely get it. But what we want to do in moving forward is to learn from those past mistakes because the brutal truth is, we make some mistakes at Sonoma, we make mistakes here and we have to learn from those mistakes we make. Everybody here at Sonoma is no more special, all the staff is no more special than the staff or human beings out there in the community. What we have to do—

W They are.

Everybody They are [indiscernible] special.

Karen F. I'm going to take that as a compliment to our staff, and I will definitely pass it on. But we're going to take our knowledge, our staff's knowledge and we are going to work extensively close with the regional centers to make sure; one, can our staff go out and be community [indiscernible] staff so they just go right with the individuals; we're also going to train our staff, who is ever interested in opening a home. I already had a meeting with the regional center directors you see here and we're talking about helping our staff learn how to open homes in the community if they want to do that, and we're going to try to learn from mistakes and help. So, yes, bad things happen there, bad things happen here—

W Karen, if you weren't [indiscernible] I would feel a whole lot better. If you were here [indiscernible] I would feel a lot better, but when you say [indiscernible] you're not going to be here.

Karen F. Yes, and I will address that. Over here, we staff [indiscernible], executive team staff, people that I work with. Aleana Carreon, the clinical director,

she has been here since she was 17 years old, so I won't tell you her age, and she is just as compassionate, just as committed, just as intensely involved as I have been. If I'm not here, her and Karen Clark and Carol [indiscernible] our medical director, they're just as passionate about this process as I am, and they will commit just like you want.

W                      Okay. I have [indiscernible]—

W                      Karen?

W                      You're saying that your staff is going to train. Can they train their love, their compassion, their wanting? You can't, you can't put a price on that. People put up with [REDACTED] and I'm in awe because they don't get—[REDACTED] can be pretty annoying in her bad state, and the love—and she knows it. [REDACTED] knows who loves her and who does not, and I'm sorry I have taken up too much time. I just want you to know that you cannot train compassion and care.

W                      Could we do one more question and then we've got to do a phone—

W                      Yes, they've been waiting.

Karen F. It's going to be an intense meeting, folks, [indiscernible] one step at a time. Sir, go ahead. Go ahead, and then right after that we'll do a phone call.

M Okay, thanks. I have to be real honest with you, I came to this meeting with the intention of trying to keep an open mind about things even though the subject matter was very, very [indiscernible]. I personally feel that it really is a travesty. What's distinct is actually this whole process that they've embarked upon. My experience with mental health goes back 40 years. I graduated from the University of Michigan. [Indiscernible] began to work in a community-based organization then I went into private practice and I did that for years and years and years.

One of the things that got me back then was during the deinstitutionalization that occurred back in the '80s there was all this talk about we're going to get all these patients out of these mental health facilities and they were all going to be participating in these wonderfully set up community-based organizations who supposedly had an awful lot of funding to make all this happen. Well, my experience—again, I'm going back 40 years so it isn't like I just fell off the turnip truck about this. Over

a short period of time all these services that were being promised and [indiscernible] they sort of miraculously disappeared.

My question to DDS is, you talked about setting up programs, developing programs and so on and so forth. What I want to know, is there sufficient money to fund these programs? Second, what's your timeline for setting up all of these programs out in the community, because I'll tell you one da\*\* thing, I'm speaking on behalf of a young man who resides at [REDACTED] here. I don't personally want to see him going out into the community and not have the services available and funded just not for a year, not for six months but for long term.

The second thing I want to say in terms of the regional centers; years and years and years ago—now this relates back to Southern California. When we were trying to get service for this young gentleman, regional center, they wouldn't even talk to him. We were lucky to get him into a home in San Diego. I'll tell you one thing, I hope that none of these homes that these people are talking about, some of these foster homes or all these other homes that are being described in some of the paperwork we received, I hope that none of those homes are like the ones that I saw in San Diego.

I'll tell you one thing, you saw—one lady mentioned something about legal action. No one likes to throw that out there and just say, well, I'm going to sue you and so on and so forth. But I'll tell you one thing, I hope that DDS and whoever it is that's in charge of this whole process really has the presence of mind to make this thing work, because if it doesn't work you're going to have some big problem [indiscernible]. I'll tell you right now.

W Karen, we've got a—

Karen F. Okay, we have a caller that would like to ask a question.

W Operator, do you have a caller? Operator?

Moderator Yes, we have a question coming from Richard [REDACTED]. Your line is open.

Karen F. Okay. Richard [REDACTED]?

Richard Yes, speaking. I have a question for—this one would be more along the line of, you're training people for Sonoma area and that. We live up in

Chico. How are they going to work the training of people in the north state because we're spread all over the place up here?

Karen F. I can answer that question.

Richard Thank you.

Karen F. We send our staff all over the state of California. If they are going to be in a home in Chico we will send our staff there, we do already. We send people to San Diego, we send people over to Bakersfield. It will not be a problem. Does that answer your question, sir?

Richard Yes. Also, I would like to basically provide some kudos. I'm the co-conservator of [REDACTED] who's there. I would say that the job you people do is amazing, and to answer that other lady that was talking; no, you cannot train compassion, but remember the one constant in this world is change and things will change. All I can do is hope and pray for the best and train for it.

Karen F. Thank you, sir. Okay. We have lots of hands, but I think the [indiscernible].



W Okay. Operator, can you tee up the next speaker in a minute?

W [Indiscernible] tell how many [indiscernible].

W Okay. Operator, how many are on the line?

M [Indiscernible] clients have basically [indiscernible] into two sections.  
[Indiscernible].

Moderator We have 21.

M One section is called ICF, and that's where you mainly find the people with behavioral problems, but the other section where [REDACTED] resides is called NF nursing facility and that's where people like [REDACTED], who have very severe medical needs, are living. Some mention has been made of the people who have severe medical problems, but I want to go over a few things.

First off, as you've mentioned, there is, up on the hill, the specialized ability to do adaptive equipment for people who, like [REDACTED], are

profoundly physically disabled. [REDACTED] is completely quadriplegic, she has no ability to move whatsoever. Our experience, including about a year ago when we went down and saw a facility in Golden Gate Regional Center, is that the adaptive equipment being provided by the providers, it's coming from organizations in the community, companies which are set up with a business model of selling pre-packaged wheelchair components to people whose physical needs do not approximate those of the kind of people who live here in Sonoma.

We went to that provider, the one that sold the wheelchairs. They had no interest in learning anything from Sonoma; they had no knowledge of, or interest in the type of wheelchair adaptive equipment which has been developed over decades here at Sonoma; and it is now obvious that the only way [REDACTED] can get a proper wheelchair is to come right back up here to Sonoma where she now lives.

There are other issues. We had [REDACTED] at home until she was 12. She was hospitalized 13 times before she was 12 years old. She came up here, she's only been hospitalized in the last, what, 25 years, only been hospitalized, I think, once and that was for a bacterial infection. They had

to give her a higher grade of antibiotics and they wanted her in the hospital.

Basically her health has been far better here at Sonoma than what we were able to arrange in the community. You can't send medically-fragile people just out into the community healthcare system and assume that because they're being seen by licensed M.D.s that they will get proper care. The care here at Sonoma is better because there has been decades of experience which has been passed on from one employee to another over generations. You have providers, individual providers, who have the knowledge and the interest in dealing with profoundly-fragile, medically-fragile people.

You're going to have to try and provide that in the community, and the only way I can see it is if you literally set up medical clinics in which all of the clients with these types of needs are going to a single doctor, or a group of doctors and specialists who are going to then develop the ability to provide these services. Furthermore, as you take people from Sonoma and spread them out over half of Northern California, you're going to have to arrange for those specialists, which are now in different counties, to communicate actively with each other so that they can continue to share

information. All of this is going to have to go on indefinitely into the future.

The other thing I want to comment is the comment that we have a very active parent hospital association here at Sonoma. We do. What bothers me is that when you shut this place down, all of these parents are going to be dispersed into community settings with regional centers which, as far as I know, do not have such parent regional center organizations set up. The whole setup with the regional centers is that they are run by boards, which are self-perpetuating.

When there's a vacancy on the board the remaining board members choose someone that they like to fill the vacancy. There's no way for parents to organize inside the regional centers, and there's no way for them when they're split out into numerous little homes to even get to know one another. I think that that's something that needs to be addressed because there's a complete lack of transparency actually in all aspects of quality care in terms of the disabled.

We have tried to gather information from DDS on mortality. DDS has been far less than forthcoming on that. When in point of fact, DDS should

simply be collecting that information itself and making it publically available. The parents, the conservators and the public in general have a right to know how many people are getting DDS services die; they have a right to know how many are hospitalized; they have a right to know how many are arrested and how many are incarcerated, either in a jail for a few days or in prison.

We're not getting that information. That should be public information. It's our money that's paying for these services. We have a right to know how well they are being provided. This type of transparency is not present.

The gentlemen said, we are active here. I'll tell you one thing, if [REDACTED] winds up in the community I sure as heck am not going to be quiet. I am going to be looking for ways to organize people because my feeling is, the regional centers are basically set up with a mindset that the bureaucrats in the regional center are going to basically run the lives of the disabled, and they don't want anything to do with parents and families. In particular, they don't want the parents and families to be organized.

W

[Indiscernible], Mr. [REDACTED].

Hal

My name is Hal [REDACTED]. [REDACTED], has lived here for 50 years. I will just give you a brief history. I served on the PHA board for, I think, seven years and then served on the Golden Gate Regional Center for seven years, just termed out two days from now. Three years ago—before I get into that, Sonoma has been a lifesaver for all of us, and we all have stories; lots of good stories, lots of heartwarming stories. Can you hear me now? Oh, okay.

We've had a few challenges along the way, all of us have had. About three and a half years ago I heard of the potential closure of FTC, and I came up with an idea that would try to save FTC and change it. I enlisted the help of a world-class designer, I also had the support of several regional center directors that are here, and some attorneys and we came up with a group called Jack London Meadows [ph]. What is Jack London Meadows?

Jack London Meadows is a plan to build homes on this land to comply with Lanterman, to retain staff as much as we can, to retain medical people in a different format, but maintain them, and a clinic and the crisis center and day programs and provide a safe environment, which we've

had for over 100 years. The challenge, the challenge is, as you say, it's really not money, it's a political football. It turns out, and for the last three years I and several regional center directors and other people in our group have been talking to our state legislators, and now that the word is that the developmental center will transform or close it's now on the radar of lots of politicians. The department needs to have information of what to do to give to the legislators, to give to the government, governor and to the director of Health and Human Services to see if our plan can work.

What does it involve? It involves building some homes to comply with Lanterman, a four to six person home and everything else that I've just mentioned; safety, medical care, day programs forever, not only for the people that are here, but for the people that are going to need the services in the future. We have a chance to make this a center of excellence [indiscernible] rather than scattering homes and people outside their environment.

What's my want list? My want list is, how do you make it happen? My question to you is, it's a simple plan. The closure has been stated for 2018. Without homes, without housing, without staff I don't know how

you're going to do it. If you start tomorrow we can build homes, we just need the approval; it's state land.

They do care. Some people do care. The politicians that we've been talking to say they care. I'm talking to them a lot. It's interfering with my day job, but this is what I do. This is a volunteer job. I'm not seeing any money for this. Matter of fact, my 401(k) suffered for all the time that I've been running around doing this.

But, I think it's worthwhile and necessary. It's a simple fix. It doesn't have to be our plan, it has to be a plan like a model that we've proposed. Director Dooley, [indiscernible] Rogers, the regional centers, the politicians all have copies of what we put out. It's easy, we just need approval.

What's a little bit complicated here is there is a coalition. There are a lot of coalitions. Director Diana Dooley, of Health and Human Services has her coalition. The community here of Supervisor [indiscernible] has her coalition. This community is very complicated and it's very strong and it's a solid community.



Of the 800 acres here, we want to protect and leave the land. We only need 70 acres to build homes and keep day programs, keep safety, keep medical. It's easy, it's not that complicated. The question is, how do you do it? How can you make it happen? That's my wish list. That's all our wish lists, I think. Thank you.

Karen F.                      Who do we have next? We've been on this side of the room, but we ought to give that side of the room a little chance over here. And then after that call, we'll visit another telephone because there are 21 people wanting to ask questions. Go ahead.

Mary                         I'll try to be brief. My name is Mary [REDACTED], and [REDACTED] [indiscernible]. So I'm coming with all ears today to find out what the future holds for my family and [REDACTED]. What I feel like I'm being asked to do is jump ship with [REDACTED], and I think that's what a lot of us feel like. The gangplank that goes off of the ship, that we're on here in this place that's been secure, the gangplank is the transition. I just have to say that leaving this ship and walking across the gangplank to the next ship that we're going to be on, I don't see that ship in the vocabulary that I heard this morning. It all sounds like it's more in the future.

I've been listening to things like, this is what we're going to need, we're going to figure out how to do that, we're going to start up, we're going to develop a staff in three years, we're going to do this step by step, and we're going to plan carefully. We don't have that long, but we'll figure it out. We'll start looking, and in a year, we'll find out what it is. And then things like, because we're human, and I understand that, well you know we have competing priorities, but we do work hard [indiscernible] the best we can. We haven't opened yet or been able to do that because of issues with the federal government or the restrictions of government. We don't have that model, but we'll figure it out. I don't see the ship there yet. I don't feel confident to take [REDACTED] hand and do that crossover.

Karen F. Well, I'm going to capture that by saying the final structure isn't there, and the confidence of the final structure is not there. Does that capture it for you?

Mary No. There's too many open-ended, vague. There's too much vocabulary, too much on speakers, as opposed to concrete experiences that we've had on the ship that we're now on.

Karen F. Okay. I think I've got that one. Who else over here? Okay.

W Karen, Karen, Karen.

Karen I'm sorry I did promise the phone, and then we'll come back to you.

W Operator, do you have a caller? Operator?

Moderator Yes, we have a question coming from Norm [REDACTED]. Your line is open.

Karen F. Thank you. Norm [REDACTED], go ahead.

Moderator Please check your mute button.

Norm Some of us don't have email, and so I'm wondering if whatever the sheet that was listed for the phone numbers and whatever is being passed out, if that's going to also be mailed to us.

I have a thing in terms of accountability and transparency. A lot of us are concerned that we're talking, that we're hearing these great things that are going to happen, but the concern is that they're words, and nobody walks the talk. That gets into accountability. Because there is no tracking of

mortality, arrest, incarceration, hospitalization, there's really a lack of accountability and knowledge to see how well things are working out, especially when that's not provided to us. It's a poor state of affairs that we have to receive a letter from a person who underwent problems at Lanterman, and yet, we're not provided some documentation from the developmental services regarding these were the problems, these were the key learnings. This is what we're going to do in the future.

What happens is the departmental services lets each closure operate as its own, and while it says it incorporates key learnings from other closures, it fails to pass on any information to others telling us what the transition plan for Lanterman was. It's totally insufficient because that was the plan. A more workable document would be this was the transition plan for Lanterman. These are the problems that they experienced, these are what we're going to do, this is what you should look out for, as opposed to we have to rely on some correspondent from a concerned parent. That shows a lack of caring. That shows a lack of accountability. That shows that the departmental staff is not walking their talk.

There's also a problem of what's going to be a safety net when something doesn't work out? If people just don't work out, and people are having

problems, are they still going to be dumped into it? There's also this problem of funding, as was mentioned earlier. Yes, there is funding, there is monitoring for this one year, but what happens when that runs out? Again, if you don't track the problems that are going on in the regional centers, how can you fix them? Instead again, as was pointed out, you let individual families try to battle it on their own because it's easier to defeat them.

You talk about, well, we're going to go out, and we're going to train these people, we're going to tell them the skills, we're going to tell them the nuances of our relatives, our family members, and how to treat them, but that fails to take into account the minimum wage and the high turnover of people working at these regional centers. It does no good for you to train someone, and two months later, that person leaves because there's no ongoing to keep training and training and training people. There's a reason why there's a high turnover of people. That's because they don't provide, one, there's a high turnover because they can get a better job elsewhere, and that's what they look at. This is just a job. It's just a minimum wage, low-paying job.

In terms of the business model is how can they get the most money from the state to run the facility for the least amount of money, and the way they do that is they hire people for minimum wage. These people do not have the caring. These people do not have the wanting to stay and provide care. It's just a means to an end to fill their pocketbook, and once they're done, they move on.

Karen F.                      Okay, Norm, thank you for that. I want you to know that you feel, because you can't see it, but I have captured your comments on our sheet here that we're putting down people's concerns, and I worded it what about the minimum wage and turnover in the community staff? Did I capture it correctly?

Norm                              That's one of the terms. There's also the accountability and lack of transparency. How can you run a system and know how well you're doing and how well the transitioning is going if you don't monitor, track it, and then have accountability and provide those results, so other people can see? You want us to have faith in you and confidence, but you're doing many things that destroy that confidence. If you truly want us to have faith and confidence in the system, you have to have more accountability

and more transparency, so people can actually see what the results of the transition are.

The one last thing that I want to emphasize is we talk about we're trying to do this to save money. Just the economies of scale, you cannot provide the same level of service from a centralized place and decentralize it without costing more money. I'm done, thank you.

Karen F.                      Thank you. One more from the phone.

W                                Operator, operator, can we take another caller?

Moderator                      Yes. You have one coming from Kenneth [REDACTED]. Your line is open.

W                                Go ahead. Go ahead, [REDACTED].

Kenneth                        I do not have any questions. I could not hear this meeting at the beginning, and there was no way for me to contact anybody to get that corrected. Now, fortunately, the last hour of the session, I have been able to hear it, but I don't have a question. Thank you.

W Thank you. Apologies for the sound system.

Karen F. Okay. We have a question in the back.

W I have a couple of questions and then a statement to make. My first question is there were a couple of regional centers that came in, so how many regional centers are actually represented here?

Karen F. There was one, two, three, four, four regional centers right now, and one is on the phone.

W How many regional centers are there that are represented by all the people [indiscernible] people on the top?

Karen F. We have most of our regional centers that we deal with. About 98% of the people that live here are six regional centers. We have like one from the Tri-County Regional Center. We have one from the Harbor Regional Center. So about 98% of the people of Sonoma are represented by six regional centers—the East Bay, the North Bay, Northern California, down towards the Monterey area, and East towards Sacramento and that area.



W I understand the reason for doing a meeting this big, but I would almost think that it would be more helpful to those of us who all belong to different regional centers to be able to meet with those regional centers on a separate basis so that we understand the services they offer and the services we need, so we have a list for our [indiscernible]. I'm a [REDACTED] [ph]. She's here since she was 13, and she's almost 70, so she's been here a lot of years. I can't even imagine this place called her home is suddenly going to put her somewhere else, and we don't even know where that is. We don't know how the transition is going to go.

There's lots of work here, and there's a lot of people with good, big ideas, but that doesn't help us right here for our people who have to transition out within a couple years. We need to know what's really out there for them.

Karen F. Absolutely.

W And how the training. We don't know that the regional centers are going to be open to that training. We [indiscernible] good faith in trying to provide that.

Karen F.                      Actually some parents have already organized, and they have met with regional centers and I'm going to let—how about you? Would you like to comment on that? Let me give you the mic.

Phil                              Oh, you're giving me the mic. Great. Yes, I'm Phil. I'm from Sacramento from the Alta California Regional Center. We have about 55 folks who live here. Just for your information, I've been coming here for 29 years as a service provider and as a person who cares deeply about the people who live here. I've been in this room many times for client meetings and have met with many families. I would be personally happy and welcome the opportunity to speak with any parent, brother, sister, or loved one as a regional center client who lives here, who either is a client of our regional center or who might end up at our regional center. Our regional center covers a huge area from Sacramento up to Lake Tahoe and North up to Grass Valley, but I've talked to all of my colleagues and we're all willing to know, we want to know where people want their loved one to live.

I'm not saying anything about whether this is the right thing or not, it seems to be, but it's just inevitable that the place is going to close or transform. What I want to do is be here to be a supportive and personally

responsible and accountable to everyone that I can. I came here yesterday, and I met with several of the clients and the staff, thanked the staff for the transition that's happening tomorrow for one of our clients who's going to do really well, we think. So happens, they live right down the street from me, I promised the staff that I would personally check on him. We can do this. It's going to take personal accountability, I agree.

W                      Okay. That's basically some of the answer. Is there a way to set up meetings into the group situation because there is more strength in numbers? People can have their ideas bounce off each other, somebody might not think of something, or somebody might not feel very comfortable talking.

Karen F.            Okay. What I'd like to commit to you is that I'm already starting to meet with regional centers. We have another meeting in July, right, where all the regional center directors, six, when I get together with members of DDS. We will put that on the agenda and figure out how we can do that. I would like just one other comment, and then we'll do another question.

You know, people say about me, out in the community, they call me just a bureaucrat who just sits up there in the pink palace, and she doesn't care

about the rights of the people who live at Sonoma Developmental Center.

Those of you who know me know that's not how I operate, and I know many of the people at the regional centers. I can tell you I work very closely, more than 20 years ago, with 66 individuals. I was lent from Sonoma.

I went out and worked with the regional center. I worked with this gentleman right here, Jim Burton. We worked with the families, and we worked with the people who lived in the homes, and we worked with the issues of budget, and we worked with the issues of the law. We figured out a way for 66 people who were about to lose their homes, we figured out a way with this gentleman right here who is now one of the executive directors of a regional center how to support those people. And they got new homes, 66 people.

So it's really hard, you know, to hear that about yourself that you're just a bureaucrat, and I hear it all the time about me, and they hear it too. But they're real people, they really do care, and they do work hard just as we do. We will be continuing to meet and develop those communications and professional relationships, so that we can take all of this stuff that you've just named here and start working on those issues.

And yes, it's in the future. But it's in the future, tomorrow, and the day after that, and the day after that, and it's every day until we make this work. Okay. Let me just go ahead and hear one.

Rich My name is Rich [REDACTED] [ph] at the center of [REDACTED]. I've lived here for about 20 years. I have three areas that I'd just like to speak to, some of which picked up on the phone calls that took place from the gentleman who talked about the business model of the regional centers.

M Louder please.

W Louder.

Rich Okay. I'll get up there a little bit louder for you. The first part is received a letter from the director, Roger, June 4<sup>th</sup>, and that letter inviting us to this meeting today indicated in there that the DDS is committed to utilizing all the resources for the transition, etc., etc., and retaining dedicated, professional staff. We heard about that closure.

The word I want to speak to is the word “afterwards” to ensure a safety net for people we serve. So my basic question is, is the DDS still going to be involved after everybody is sent out through the community? What oversight will take place, and what will be sustained? You can put in a lot of dollars in the beginning to make the best cosmetic change possible.

But if things aren’t sustained, as somebody spoke to before, over a period of time, the quality of training that’s not sustained, if there is not continuity of the culture of these homes, no matter who starts it off, and what degree of caring capacity they may have or their dedication, as they move on, and you don’t have that institutional memory of that home, then all of your money that you fronted in this is going to be wasted. So the state, the DDS, has to make a commitment that they’re going to provide that sustainability through the legislative process, or however because that’s important.

The second part is the oversight. Usually institutions, organizations, groups, or individuals perform many times the degree to which they’re held accountable. We heard that word used before. So my question again would be what’s the frequency with which the DDS or whatever governmental agency will be onsite to check on the quality of the services

that are provided on an ongoing basis. Not just in a transition period, but across training that's taking place.

But three, four, five, ten years down the line, what kind of evaluation system? What kind of hiring practices do they have? What does the evaluation system look like? What's the frequency of it? Where's the accountability built in to that?

I bring that question up.

W [indiscernible].

Rich Yes, obviously, it's something more than licensing. I bring that question up because the opportunities there that I attended just several weeks ago. I asked a representative from a regional center to what degree do you assess the compliance with the comprehensive assessment that was done with the IPP being carried out to rigorous oversight of how our sons and daughters, and brothers and sisters, etc., are being cared for. The answer I received was well somebody comes by once every quarter, and then they do a comprehensive assessment once a year.

Now I don't want to believe that. I'm sure there's much greater oversight than that, but that is tokenism in its worst expression. So that's my concern; sustainability, oversight, and the continuation of what we assume is going to happen with a comprehensive assessment, sustainability and quality care that we have experienced firsthand here at Sonoma.

Karen F.                      Okay. So I think I captured that. Will DDS sustain their involvement, and what oversight will be provided, detailed high frequency that you would like to hear about that, and I want to make sure everybody gets a chance—

Rich                              Sustainability of resources also.

Karen F.                      Yes, okay. I'll add that, and while I'm doing that, how about [indiscernible]?

W                                Thank you very much, sir. My name is Wendy [REDACTED]. [REDACTED] [REDACTED] is over in [REDACTED] [ph]. I want to tell you a quick story that really will enlighten the rest of you to your question.

My [REDACTED] came here when he was eight, deaf, blind, and severely retarded from birth. He couldn't walk. He sat in the corner. He wasn't



helped much. My dad was in the military, and he was being flown all over the planet. He finally had the military build [REDACTED] a little gizmo to help him build his legs, so he could at least learn to walk. He learned to walk here by the age of 12. So he's the size of a hobbit, he's very short, again blind, deaf, and very incapable of caring for himself.

Along the line, while he was here, Reagan was our governor, and he decided at the time that our disabled were not worthy of financing, and the ward [REDACTED] was on suffered dysentery constantly. They were sitting in their own defecation. Okay. So we brought Clorox for months and months and months, and finally decided it was time to move him.

We went into homes all over the Sacramento—we're from Vacaville. All over the Vacaville, Sacramento, Roseville, whatever area, and we found a home we were told about, and we went to that home to see it unannounced. Thank you, that's the only way to go. I'm sorry, it's BS that they're going to line us up and send us over and take a look. So we got there, there were eight developmentally disabled people in that foster home. The mother of the home was at the market. There was no other adult there. Okay, yes, thank you. No other adult. She puts the one that

was the least challenged in charge, and he invited us in the house to take a look around, thank you very much. So duh, that didn't work.

We finally found a place in Sacramento called [REDACTED] [REDACTED] was at least clean and basic, and [REDACTED] care was pretty good. Then one day, thank you very much, IRS decided that they hadn't done their paperwork quite right. IRS came in and took all of the kids, all of the adults, all of the people, put them on the front lawn, padlocked the building and called in buses. So a couple of buses came, all of those clients were shipped off to Sonoma and to Atascadero. We had to go to our assemblyman, Tom Hannigan at the time. It took him approximately two months to find [REDACTED] There was no manifest. Nobody knew where he was. We didn't know he was here, and IRS felt no complicity or reason to tell us, they didn't know.

Okay, so now we're going to be one more time, sending our loved ones off into the wild blue yonder, and I'm not assured at this point that these people have got services in place. So that's my story. My story sucks.

Now, we found him here at Sonoma, thank God. By that time, Sonoma had gone through a beautiful transition. We had new government. My

■■■■ learned to sign language a bit. He was given a chance to do bead work and Legos and keep himself occupied. They had Bows R Us [ph]. Hewlett Packard came in even for a while. Some of you know that, and he actually learned to pack computer chips blind and deaf and retarded. It's amazing what they learned here, and now they want to shut us down. Wrong answer.

This is a beautiful facility. I think that if we're going to have our loved ones taken care of, they need to at least take the North Cal kids, adults, most of them have the capacity of children, and at least combine our services. Bring a Porterville, Sonoma, Fairview, and maybe instead of having three facilities, which is very costly, why don't we have one? At least we know that they're cared for appropriately.

Now, my question is for these new services that are going to be offered, apparently IRS didn't like the paperwork that this place was putting out. They had quality of care, they had some inexpensive workers there, who's going to do that? Who's going to protect them from IRS? Who's going to make sure their paperwork, along with your quality of care, is covered? That's question number one. I'm sorry. I think that's really important.

When they go out into our community, I hate to tell you, our 911 services are not prepared to take care of our kids, our children, our loved ones, our brothers, our sisters, our mothers, our aunts, our uncles, whoever is here. 911 is not equipped. We can maybe have a doctor in the area, great. When we need them, help, that doctor has got to take a vacation once in a while. Who's going to care for our kids, our family members, our brothers, our sisters, our aunts, our uncles, out in the community? I don't think Lanterman has addressed that to my liking, that whole process.

And then the other statement that was said by a gentleman back here who was quiet. He said something about many of our programs are working. So the answer to me is what many programs are working? Why aren't all our programs working? I don't think that the department of services has really put together a program that all of us can stand up and say, "Hey, I'm excited about this. My family member might really enjoy this." I'm not thinking that my deaf, blind, retarded [REDACTED] who has no other hope for life, other than being cared for, is going to understand when another blind person falls on him, or beats him up, or bites him, or worse off, kills him like some of the other mortality stories I heard at the last parents' meeting. I'm going to ask you all please to come July 11<sup>th</sup>, if you haven't already

planned on it because those are very enlightening, and the stories that you hear are terrifying. Thank you.

Karen F. I took down here can we have one DC [ph] by combining the three of them? Can there be help for the homes and their paperwork? Can we have some backup to 911, or at least some support? Okay, I know you've been just dying, your hand's been up so much.

W My name is [indiscernible] [REDACTED]. We have a group that's meeting with Golden Gate Regional Center. We've had two meetings so far. One of the concerns I've had is that the director actually said was San Andreas, when Agnews closed their clinic, that there was still problems with dental care and psychiatric care. So if you open a clinic here, I would hope it would stay open and not close in a year or two, which is what you did at Agnews.

[REDACTED] needs special dental care, and I'm told that Medi-Cal [ph] doesn't cover cleanings, so that means would lead to further problems with cleanings. So I think something needs to be done about the dental care for our people, especially the behavioral. The other thing is a number of people here have special shoes made that cannot be made elsewhere so

that the special services that are here should remain open, or at least moved somewhere where people can access them.

When [REDACTED] was home, we had to come here for a wheelchair. There was nowhere, we live in San Francisco. In San Francisco, there was nowhere to get a wheelchair other than here. And if she had been born later and need it, they don't let you come here now to get a wheelchair. So once she's out of here, and she needs her wheelchair changed every so often because her body has had a lot of contractures, she will not be able to get a wheelchair here. So far, we have not found anywhere else, our regional center has not been able to provide us anywhere else that we can get it, and so that's a real worry. So something needs to be done to provide some of these services in the community somewhere that's provided by DDS.

Karen F. I tried to capture that with make sure a clinic, an FDC [ph] stay open not just for a year. Make sure we have a dental clinic, and make sure we have access to the shoe, our cobbler shop. Okay, over—

W [indiscernible].

Karen F.                    We have the phone, and then this lady right—[indiscernible].

W                            Operator, do you have a call? Operator?

Moderator                Yes. Our next question comes from Joan [REDACTED]. Your line is open.

Karen F.                    Go ahead, Joan. Joan?

Joan                        Can you hear me?

W                            We can hear you.

Joan                        [REDACTED] has been there since she was seven years old.  
  
She is now 62, so she's lived there 55 years. And like many of the people  
have said, she has gotten excellent care, and I'm so thankful for that. I'm  
currently co-conservator for [REDACTED] with my father.

What I would like to know just briefly is we could not be there today. We  
will be there for the July 11<sup>th</sup> meeting, that's why we're calling in today,  
but how can I get the documentation that's being passed out there, and  
how can I get the contact information? I would like to get the email

address for the parent PHA association because I'd like to start getting information via email.

Karen F.                      Okay. This is Karen Faria with the ED speaking. We will make sure I've got your name here. Can you tell us your name again?

Joan Joan [REDACTED]. J-O-A-N. Last name is spelled [REDACTED]

Karen                      Okay. I'm going to make sure that we send you all of the handouts that are here today, and I'll talk to Cathleen. We will absolutely send you the PHA's email address, and then I will also have our email address, and you can always direct your questions to me as well.

Jan                      Okay. Could you read that [indiscernible]? I'm sorry.

W If anybody wants to get on the list now, today, just see me, and I'll put you down, and I'll get you on the list.

W So why don't you repeat that?



W So the person who handles the email for PHA is here today. So we'll make sure we get that information to her. She heard you, so we'll make sure you get that information. Alright?

Karen F. Joan, I know we'll get your phone number, but what is your phone number right now?

Joan That I'm calling from is [REDACTED].

Karen F. Okay. Thank you.

Joan Thank you.

Karen F. Thank you very much. Okay, back here. And then we'll go to the other side of the room.

W My name is [indiscernible]. I'm a big supporter of [indiscernible] plan to have the Sonoma property turned into homes and clinics and that kind of thing. I know that everybody will say you can't do that, but all I can say is we're a big group, we're a vocal group, and we're in California, and California is an innovator. If you want your people to stay here like I do,

then we really have to get behind that and see if we can't force our way and do something new.

Karen F. I'll add that to the list as well. We're going to go this side and that side, and we'll just keep going. Absolutely. I know you've been trying.

Ed Thank you very much. My name is Ed [REDACTED], and I'm on both sides of the fence on this. I'm the President of the Board of Directors of [REDACTED] House. [REDACTED] House is the largest and longest serving multiple service organization for people with developmental disabilities. [REDACTED] House has residential, independent living, supportive living, education programs, trading programs, and also workforce placement. We've been in existence since 1967, so obviously, I have a great affinity for community-based organizations.

We work centrally with the regional center since 1967, and we've always quite honestly been very thankful for the work that they've done with us. Their problem is, and it's a problem that [indiscernible] I hear is funding. It's kind of a situation in California, chronically unfunded, I think you know that. We're 50<sup>th</sup> in the nation in terms of our support, so when I hear that we're adequately funding, I just really kind of laugh.

Also if you've been following the legislature, Governor Brown has nixed additional monies that were supposed to go in there. They were hoping it was going to go in there. It was going to help regional centers with their complex mandate that comes down from DDS. So everything that people have expressed, I think, this afternoon, I really hope, and I don't see you as just bureaucrat, and I know you're restricted, but I hope you hear what people are saying.

Particularly, I've heard some wonderfully innovative ideas. The idea of taking a chunk of land, 70 acres or more, and turning it into the kind of living situation that we all know would be best for the people.

Particularly, those in the most fragile situations, it would be good for them. I really hope you hear that, and you're willing to inform and just tell us. There's nothing I hate more than being patronized. Don't tell me you're going to really look into something when you know damn well you might not be able to, right. Tell me the truth because I want to be able to deal with the truth. The fact is with the centers closing, I think that's a travesty, but it's a done deal that we might as well deal with. You know, I have—

W [indiscernible].

Ed Okay. You can operate on that assumption if you want to. I'm going to operate on the assumption it is closing because I have to look after really what's best for [REDACTED]. I'm sorry to be selfish like that, but I really have to. But I have two very practical questions, and I'm sorry, everyone else says you probably know the answers to these.

Number one, who is the ultimate decision maker for [REDACTED]? I'm her LPS conservator. And short of having to go to court to try and stop different things from happening, which I do know that's counterproductive, who's going to make the final decision? Will it be the regional center of the East Bay which is [REDACTED] home regional center? Who makes the final decision when we get down to time, and let's say that I don't like any of the things in the homes that they show, then what? Who makes that final decision if centers are going to be depopulated? I want to know who I have to deal with and talk with. I'm working very closely with [REDACTED] caseworker at the regional center, and I found her to be marvelous. I've seen nine places that they've opened up. There are a lot of them, but they're not suitable for [REDACTED], and the caseworker knows that, and we're trying to figure something out. That's the first one.

And second, if you really have innovative ideas, so for instance, in [indiscernible] where [REDACTED] is, the five of us got together, five families or six families or whatever, and wanted to go to a regional center and say, look, you've got to have a home anyway, you got to have homes for these people. There aren't proper situations. We want to get together and have a home in which all four to six of the people who are now in [indiscernible] can go reside, and it provides the proper services for that. Can we do that? Are you really going to listen to us? And who do we go to talk about those kind of things? Thank you.

Karen F. [indiscernible] capture this. While I'm capturing it, I know that you wanted to ask a question.

Tanya Yes. My name is Tanya. I came with [indiscernible].

M Louder please.

Tanya Sustainability and the government over here thought of the whole issue that's on my mind as well. I would like somebody here that's representative from the state or the developmental center to answer his

question about the sustainability after one year that the client has put into these homes, then who and what is the oversight going to be? So could somebody here, will one of you representatives please answer his question?

Karen F. I can take it on, but does anybody else want to comment from the regional center before I open my big mouth?

W This is [indiscernible] in general.

Karen F. There is the Department of Community Services, which is a separate state department, and Phil and Jim and everybody jump right in if I say this wrong because this is not my area of expertise. But this Department of Community Services, Community Social Services, is the oversight for certain types of homes. They're the ones that go out, and our new director of our SRP that I introduced earlier, Mae, she's had experience with that entity. They go out, and they make unannounced visits to these different types of homes. There's about 15 different types of homes, and some of them fall under the community social services division. Some of them fall under the state licensing that we fall under, so there are different types of homes, and there are different state agencies.

To answer your question, yes, the state pays for that. Actually, you all pay for it, it comes out of your taxes, and they're the oversight for many of the homes. There is also case managers from the regional centers who are also charged with going out and making unannounced visits and looking at the homes and meeting with the individual. And seeing that, in fact, that comprehensive assessment, and the IPP that was developed is being implemented.

Now, have I got that right? Okay, I'm getting the nod from the regional centers that I explained it right. So does that answer your question?

W I'd like to know for how long? Is that ongoing indefinitely?

Karen F. Yes. That is ongoing. The state social services department is just another state department just like DDS, so it's ongoing.

W And how often can we expect them to inspect the homes?

Karen F. I don't have that information, but I will make a note of it, and we'll get you that information. Okay?

W [indiscernible].

Karen F. Okay. I want to make sure everybody gets a chance who hasn't spoken yet. So if I could just make sure I get around, and we'll be here, we'll keep listening.

Joe Okay. Thank you very much. Good afternoon, it is already now afternoon, not morning anymore. Another thing, a few extra chairs now that are now wide open, two of them were from my brothers.

My name is Joe [REDACTED]. [REDACTED], has been here for more than 40 years, and given some of the other stories I've heard, she's a newbie. So I did have a couple of comments, first of all from my brothers who have had to leave. One of them says, they say it's not about the money, it is.

Second one though is a little bit more telling, and that is when you, the people, from the department of developmental services there set up this meeting, you probably knew that this was going to be I heard the word emotional. It was not going to be an audience filled with people fully in



support. He said, well why didn't you bring in success stories from prior transitions? Not just the employees that you have here, but genuine people, parents, friends, parents and family from other success stories to let them be here and reassure us. His guess was maybe there weren't any, okay.

My [REDACTED], similar in many ways to the lady over there who spoke earlier. She basically has a mental age of two if you're lucky, blind, very fragile is best you can say, okay. There's no way that she's going to go into the community and be safe. She does not have the ability to count the money that they do. You go to the meetings here periodically and you say does she have her money, and they take her to the store. She can't count. She doesn't know a penny from dollar from a \$500 bill, whatever. She doesn't know it. She's blind. She is one of the ones that is the most at risk. There is no way that she's going to be able to do anything.

We had some comments earlier about the park like setting here. Let's recognize that for what it is. That is a setting where a person who is blind who has very limited capabilities can walk around and be safe. You

cannot do that “in the community.” It’s going to be a busier area. She’s going to get run over, whatever; it’s not going to be safe.

She’s also extremely at risk because she doesn’t know how to say no. If you have somebody that wants to, some guy wants to have his way with her, she won’t know the difference. She is at risk and that’s not going to change by putting her in the community. You’re simply going to have fewer protections. There are a lot of protections here and I think you ought to recognize that.

I’ve been around in my regular job to see community group homes, that’s a low margin business. It’s not just low margin in terms of the salaries that are paid, but—

W Operator, how many callers?

Joe —decides it’s safe and whatever of going itself [indiscernible].

Moderator You have 13.

W Thank you. Sue, one moment.

Joe —[indiscernible] my last note that I'm going to say, incidentally second to last note, [REDACTED] was one of those that also worked with Hewlett Packard. One of the things that the bureaucracy is working with right now is you are structured geographically. You've got the north bay. You've got the Golden Gate Regional Center. You've got I heard Tri-County, a couple out in east bay. That's very good in many ways, but what I'm looking at in terms of my sister would be more if you had a needs-based organization structure, because there are a lot of people, we've heard of behavioral situation cases and there are a lot of people like that.

[REDACTED] is not one of them. If you were organized in terms of their need rather than the geography, you would probably do a better job of taking care of [REDACTED]. I have other issues with [REDACTED].

So that's pretty much, that's the gist of what I'm trying to say. We've spent the last—we were told when she was born that she would probably live to be about 10, 12. That was the average life span of a [REDACTED] [REDACTED] child at the time. She is, like I said, she's been here 40 years plus. She's over 50 years now, so we've been blessed. We'd like to continue the blessing to have peace in our heart about the continuation of that program. Thanks.

Nancy F. I'm trying to capture that, what you said with, and I do apologize for the handwriting, I make no excuses. It's bad. Will there be a placement meaning where land is available to trade in the movement, can we get some success stories from other [indiscernible]. And can we have a needs based structure in term of this transition as opposed to the current structure. Did I capture it?

Joe Sufficiently.

Nancy F. Okay, thank you. [Indiscernible].

Kimberly Thank you, hello, my name is Kimberly [REDACTED]. [REDACTED] has been here 40 years. He has had his experiences in the community. Some were okay, but some were not. At seven we went to pick him up from his regional center to move into San Francisco and he could not walk because he'd been chained to his bed as a hyperactive young boy. Since he's been at Sonoma Development Center he has thrived. He's thriving, but he's medically fragile and the comprehensive assessment that I have right here for him from the CVIM and East Bay Regional Center is that there isn't a home that satisfies his needs. It would be a specialized residential facility

able to support medical and behavioral challenges with enhanced dot ratios due to his medical conditions, oxygen in place, and also in need of a behavioral consultant to develop plans and train staff, etc.

What happens in this transitional process that you have with step 1 is a non-starter. Do we just wait for the clock to tick down to December 2018 and hope they build something for us?

W [Indiscernible].

Kimberly No, it is not built. There is not one that exists.

Nancy F. They're harder to find if I heard you correctly. Do you want to talk to that [indiscernible]? That's with the executive director [indiscernible].

M There are a number of services that will need to be put together and there are new models. We have to address every one of the needs that are there, but the process would not be to please not be with us, please do. We will continue. We are not going to recommend transitioning anyone until everything is in place and ready, but we can put together a model and we will look at new models. And part of the plan that is so important for all

of you to also participate in the development of the closure, because if there are models that are missing, we need to include those in that plan.

Kimberly                      Thank you, okay, so we're looking at we will do it and we'll come if you build it.

Nancy F.                      It will be a continuous process. If we start here and we start planning and we hit a home and it looks good and you've got the services and then suddenly it's not working and as somebody said, there's IRS problems or there is the staff isn't here. And then we go to another home and it's just not working, we will just keep going and keep going and keep going until we get the home that has the support and services for each of the needs that's been identified. There is no end. We just don't say here's the home, go. It is here's the need. Here's what we want. Here's what we're concerned about that all gets captured in those transition planning meetings.

That's what Mae does. She goes to every one of those meetings. She listens and her staff go out and starts working with the regional centers, what have you got, what do you have to get? We need the [indiscernible], we need a provider there and we just keep going until it gets all the needs

are met, so it's not start here end here. If it's not here, keep going, keep going. If needs get met and everybody is satisfied, family included, then we go on and do [indiscernible], but if it isn't we just keep going until we find that spot.

W Is there timeline for the parents? Are you going to an appointment with her and an appointment with us, an appointment with them, how does that work, so that we can get you the model we need and when is that supposed happen? This goes in two and a half years, and just like we've heard, because I'm not letting [REDACTED] live on the streets.

Nancy F. It starts when every single IPP, this transition information, both the comprehensive assessment from the regional center plus all the information that is known by the people who work here plus the family, every IPP this will be discussed because that's the start of that process. In addition the money that John spoke of earlier, that \$49.3 million, did I get it right, that's just the down payment to start. Those resources are out there being developed because they already have a regional center, already have lots of those comprehensive centers, so they are starting to see what they need; and they will starting thinking and developing the homes. They're in the process of developing homes and they progress.

So if they all of a sudden see something that's ready to go, they're going to come back and meet with the family. Tim is going to get called at the regional center. They're going to meet with them and say we think this is what you're interested in. Can you come and look at it and you tell them does this work for you. Am I speaking right, Tim, so it's going to start with the IPP or if there is a resource already being developed, the regional center will be contacting family. Does that answer your question?

W Yes.

W Okay, we've got to deal with a couple of phone calls.

W Okay, operator, do we have a caller?

Moderator Yes from Odette [REDACTED][ph], your line is open.

Odette Yes, I've been listening to what everybody has had to say and [REDACTED] has been there for many years, too, but [REDACTED], even though he's going to be 40 this year, he's taken care of like you do a baby. He's stented through his stomach. He has the seizures and has to be turned every so often; and



you're talking about these transitions. What my concern is is a home that he's going to be in, he needs the medical needs every day, too, because of the tubes he has and the medication he has to have. And I want to know also is when are the center supposed to close? I don't live in California, so I would need someone to contact us and if I have to fly to California to what we need to do to take care of him, but my concern is is that he has to have 24 hour care and like I said with being fed through the tube and also he has aspirate sometimes and ends up at the hospital with pneumonia and these kind of things. And those are my concerns because the hospital was right there and they were able to take care of him right away; and so this idea of him going to a home to be honest with you scares the he\*\* out of me.

Karen F. Yes, I absolutely hear what you're saying about the continuous medical care. This is Karen Faria. I'm the Executive Director here, and like I said earlier I've already been meeting with the regional centers and I've already commented to our regional center directors about the types of individuals and the needs here. We have shared that there are 123 people that live at Sonoma Developmental Center who have some type of tube feeding or tube support and so they're well aware. They know there's already a model. We refer to it as an 962 home, but that provides

continuous medical care, so they're very familiar with that model and more of those homes are going to be developed. But you will definitely have the opportunity to talk with regional center representatives and share all of your other concerns; and it doesn't matter how far away you are. We can do Skype or we can talk over the phone or whatever works for you, we'll make that connection happen.

Odette                      Okay, that was my concern, so this is supposed to start in about two and half years you're talking about.

Karen F.                      As I just said a little bit ago and let me reassure everybody here I personally heard Santi Rogers say in a legislative hearings yes, the target date for closure for Sonoma Developmental Center is December of 2018 or sooner. However, we will move people when the people are ready to move, when they have the support that they need established for them in the community and however long that takes, that's how long it's going to take us. So yes, there's a target date out there. Legislators wouldn't let us do anything but have a target date, but we're going to do it based on the individual needs of every single person that lives here right now and however long it takes, that's how long it takes.

Odette                      Okay, because like I said if we have to either my husband or I have to fly out there to see the place where he's going to go, that was my concern because of his medical needs. And I understand that you do have a lot of other patients that are in the same boat he is, but I just had the concerns and those questions I needed to ask.

Karen F.                      We welcome those questions, thank you so much for being on the line and staying there all this time and waiting your turn.

Odette                      Thank you.

Karen F.                      I know it's very difficult. Should we do another caller?

W                              Yes, operator, let's take another call.

Moderator                      Our next question comes from George [REDACTED] Your line is open.

George                      Hello. My name is George [REDACTED] My [REDACTED] is conserved by me, my wife and my daughter, [REDACTED] she is [REDACTED] skilled nursing. I'm just going to run through a few of her problems. She's blind. She has arthritis, Alzheimer's, feeding tube and severely retarded. Now how are

they going to handle these children to place them properly? That's one question. We were recently asked to make funeral arrangements for her. How is that going to be affected and where is she going to go? Will she be going someplace where we'll be able to visit her? We can't drive hardly anymore, so these are my concerns.

Karen F.                      You raised a very good point about parents being further away and having the ability to drive and visit their family member. The regional center directors have been talking among themselves and with me. We're trying to build into the closure plan—and we will build it in, it's not a matter of trying, we will build it in—that parents can express if they're in one regional center, but they live somewhere else and they want their family member closer, there's a transfer process between regional centers and we're going to make that information available to families. And the regional centers want to hear where you would like your family to live.

We've already started looking at the demographics of where everybody lives right now, so that we can be prepared for this kind of possibility of transferring between regional centers. Where your family member is going to live you're going to be involved in that decision. You're going to be provided information about various homes and types and you get to be

involved in that decision, so it won't be a decision made away from you.

You will be part of that decision process and you will know before it's too late. Does that answer your question, sir?

George                      Yes, it does, thank you.

Karen                        Okay, one more call.

W                              Thank you, one more call, operator.

Moderator                We have a question coming from Jeannette [REDACTED]. Your line is open.

Jeanette                    Hello. I have just a quick comment and then also a question. What is the website that is for the closure of Sonoma Developmental Center?

Karen F.                    Okay, we have it right here, do you want me to give it to you right now?

Jeanette                    Yes, I couldn't find it searching it online, so I'm on the phone so I can't see.

Karen F.                    Can you write it down, I'm going to tell you it?

Jeanette Yes.

Karen F. So it's <http://www.dds.ca.gov/SonomaNews> and that's the website where you can find the information about the closure. Did you get that?

Jeanette Okay. I think so.

Karen F. Okay.

Jeanette I'll try it out. Sonoma News like a newspaper.

W Ms. [REDACTED], what's your phone number? We can also follow up.

Jeanette Okay, it's [REDACTED]. And will the documents that you've been referring to, the contact lists and the regime closure guide, will those be on that website? Are they already on it?

Karen F. They're on the department's website and the Department of Developmental Services and then there's a couple of links that take you to

Lanterman and then the link takes you to Lanterman closure and it's already there.

Jeanette                      Okay, are you going to post minutes from this meeting on the Sonoma News website?

Karen F.                     I believe that will happen yes.

Jeanette                     Okay, great.

W                               Summarized comments.

Jeanette                     Okay. So like most people here [REDACTED] has been there for more than 50 years. I just want to reiterate the desire for more information and statistics. The stability of the staff and the continuity of care at Sonoma has been amazing and really has allowed my brother to have the quality of life that I'm not seeing how he's going to have in the community. And one of the I'd like mortality and morbidity statistics at the residences, but also if you could add I'd like to know how much staff turnover there is at residences where Lanterman and Agnew's patients

were transferred. And so that's my question. You don't have to answer it now.

Karen F. All right. Okay, but we do have that on the list already, other family members have said that and so we will put another template like that one that more people want that information.

Jeanette Thank you.

Karen F. Thank you for that call and who hasn't had a chance yet to speak? I want to make sure, yes.

W You were asked some time ago by the gentleman in the blue t-shirt [indiscernible] and you didn't respond to that. I'd just like a response to that because over and over again I've heard about how willing everybody is to hear what we have to say. But I don't want someone to hear what I have to say. I want to absolutely know that my decision—that I have the final say as a conservator and if that's the case or not.

Karen F. In the view process, and you as a conservator you're part of the entire IDT team in the interdisciplinary team. As far as the individual placement,



where your individual goes, not what happens to the property or what happens to the transformation of Sonoma, but as it relates to where your family member will be going it's you and the IDT team that have the final decision on whether or not you want your person to go a particular placement or not.

W                      So, in other words, it's a collective decision, so I could be overruled. Yes or no is fine.

Karen F.            It is a possibility, but you have options. You have court appeals, so—

W                      Are you kidding me, court?

Karen F.            Because okay, so this is why [indiscernible]

W                      This is why I'm concerned. Wait; hear me out. It's because at [REDACTED] IPP everything was spelled out as to what the team collectively decided was best for her and I concurred wholeheartedly. Then came the CDEM report and then came her case worker from Golden Gate Regional and it was as though nothing we said had—it's as though we had been completely been silent because what the CDEM report and the caseworker

said was a recommendation for a home that would be totally inadequate.

So then what happens in that [indiscernible]?

Karen F.                      Okay.

W                                If I don't have the money to go to court, then what?

Karen F.                      Okay, so maybe Phil or Bob, maybe you could both talk to that.

Bob                             Bob Hamilton from North Day Regional Center, I don't know about the timing of the actions that were taken, but basically if the report that I think you're talking about the comprehensive assessment that's seen after you had your IPP and you'll have to wait to the next IPP to try to adapt that to meet your needs. In other words it's not just a done deal. They don't supersede what you have to say about it. That's a report that's required of all folks that are in the center right now about legislature. And we're going to have that, we're speeding up—all of those are going to be complete by August.

W                                Right, so what's the point of an IPP meeting if the CDEM report doesn't pay any attention to it?

Bob                      That's a very good question, but they will have to pay attention to it at your next IPP meeting absolutely.

W                        They didn't pay attention before. What's makes—

Bob                      That's the quality of the report, which maybe you might want to call into question did you consider this, did you consider that? That's what your IPP process. It is person-centered planning, not dictated by the contractor that's doing the assessment or the staff. It is a team decision. You're involved.

Karen F.                You're still in that decision making process. Nobody is being placed based on that particular document that you got from that regional center. That IPP process is still there and will continue to be there. I don't want to make flippant of the whole court issue or the appeals issue, but we are a public state entity and by that we have to follow the laws of the state of California. We don't have any choice, so I offered the comment about the appeal process which says even if we have to follow the state law, which we do, we have absolutely no choice, then you still have options, whether they're good options or whether you're comfortable with those options, I

don't know. But as a state entity, and that's what Sonoma Developmental Center is, it belongs to the state.

We have to follow the state laws, so I want to make sure that everybody understands the IDT team is involved and the IDT team is what makes the decision about the community placement. And even if that decision is made and a family member objects, there is a process to deal with that objection and the transition process stops until it's resolved. Everybody still has options and no one is going to be placed in a way that is counter to the law, so I hope I answered your question.

W                      Operator, how many people on the line?

Moderator            You have nine.

W                      Can we take one more right now?

Moderator            Yes. And our next question comes from Annie [REDACTED], so your line is open.

Annie                   Yes, hello.

W Hello.

Annie Hello.

W Hello, go ahead.

Annie Yes, hello. [REDACTED] lives at the developmental center on [REDACTED]  
[REDACTED] [ph] and my question is what are you going to do with clients  
whose placements repeatedly fail and those whose needs can't be named  
and met in the community, or there is no appropriate community  
placement? And the reason I point out is we have some really difficult  
clients and [REDACTED] is one. He's autistic, a behavioral client. He's also on  
dialysis. It was mentioned about we'll keep trying again and again and  
again till we find the right placement. This is a person who may die after  
the first placement that doesn't work. We've got to get it right the first  
time.

And I'm concerned because it sounds like you have fallback positions  
planned at the developmental center, but that's I understand temporary and  
a very limited number of clients, so what will you do for those who cannot

move to the community or cannot be maintained in the community?

Thank you.

Karen F.

So I'm the person that said we'd be trying again and again and what I was referring to was strictly the planning part. If we're planning a transition and there aren't services being met in the planning stage, then we'll go back to the drawing board and plan some more. This did not refer to go out into the community and fail the community placement and then come back. The planning stage is where we try to identify all of the needs and the support; and we will just keep planning and if our plan comes together and somebody says nope, that's not going to work and here's the reason why, then we start again and we do that planning over until we get it right.

There are people out there and I've talked to the regional center directors and they're very well aware that there are some people that are very, very tricky in trying to find all the needs and support and services. And one of the regional center directors said we have to design a new model of home before we ever just put somebody else in the community. This is about figuring out every single person's individual needs and developing the resources that that person needs in the community before they move out. So when you say there are people that just couldn't move out, the reason

they can't move out is because the resources aren't yet developed. But if we plan and we work with the regional centers and we work with the department, then we will develop those resources or new models of homes that don't exist and have that in place before that person leaves Sonoma.

Does that answer your question, ma'am?

Annie

I'm very glad to hear you're talking about the planning stage and not bouncing someone back and forth again. I still have concerns about developing the right kind of home, but [REDACTED] has always provided challenges and you will have an interesting time meeting this one. We have three other developmentally disabled sons and daughters in the community, so I'm not opposed to community. I just know the hazards and the difficulty of staffing and [REDACTED] has been out three times and come back before he had dialysis.

So I understand where you're coming from your part, but understand that you will have some challenges and hope you like them. Thank you very much for the meeting.

W

Thank you.

Karen F. Okay. Anybody else here? You haven't had a chance to speak yet, have you?

M Just a real simple question, the centers are closing December, what, 2018.

Karen F. That's the target date.

M The target date, okay. What happens when they shutter the building and we don't have the people placed someplace else?

Karen F. We won't shutter the building.

M Do they move to another location?

Karen F. We will not close and, John, you can back me up on it, or tell me I'm off the planet, we will not close this place until everybody has a placement. There won't December if there's three people left throw them out the door and just swap the key and go away. We're going to close when the very last person actually is placed in the community and that's what they did at Lanterman.



M Can they go to Fairview or Porterville?

Karen F. The legislature does not want that to happen. They want everybody to have a chance to live in the community and if you've listened to any of those hearings, they're very painful, but we will try to find and develop the resources that your family member needs and that you feel comfortable with before the placement occurs.

W Yes, sir.

M I'd just like to make a short comment. We've been talking about resources and models and things like that. The DDS basically has a mandate from the state, probably has for decades now, to close these centers, so they're trying to develop models and resources and things like that. Unfortunately, the models and the resources have been here for decades, they're right here. They don't have to be moved anywhere. They don't have to be developed. They're already here and they have been here for a long time.

So make no mistake about it, it is about money and I'm going to leave here today with the feeling that so far DDS really does not have a plan for our loved ones, has no plan. That's the way I'm going to leave here today.

Karen F.

I'm going to just stick my neck right out there and say you are absolutely correct. They don't have a plan yet, because they want your involvement in the development of that closure plan. That's what these meetings are about. That's why we're taking this information. That's why there's a website. We want your input into that closure plan and into communicating with the regional centers about what you want to see in the way of community resources.

So yes, I understand why you would walk away with that feeling. I also hope you will walk away with the feeling of I'm going to be involved and I'm going to share my ideas for what they're worth and you have. You said the model is here. I hear that very loud and clearly except that the federal government won't support it and we've been knowing that for years. They just won't support it. They don't believe in congregate living and it is a fact that is so hard. I've spent 30 years of my life helping people in congregate living and it's very invalidating to me personally, I don't know how other people feel, that I've dedicated my life to this

process to make congregate living the very, very, very best it could be, but it's the reality we're faced with.

If this isn't our option, what can we develop that will be a good alternative option or one that might even be better.

Carol                      My name is Carol. I have [REDACTED] here. She's 51. She's been here since just after her third birthday and [indiscernible] has taken very good care of her. My concern is her safety out there in another home because she was in a home and she was abused and physically hurt, so can you tell me how they're going to keep an eye on these children?

Karen F.                      I can't personally tell you that, because I don't run a regional center, but I know that the regional center people here have heard that safety issue very, very loud and clear. It's one of those issues we put on the board and they will be addressing that and figuring out how they're going to have that accountability, that transparency and the data people are interested in and how they're going to meet that issue of providing safety head on. And it isn't just one day and you put a system in place. I deal, as the ED of Sonoma, I deal every day with 1,500 employees how do I keep people safe

here at Sonoma. It's an ongoing problem. It will always be a problem when you have human beings involved taking care of other human beings.

So systems do have to be put in place, training, I know the regional centers train their staff, monitors, that has to happen, reporting systems, that has to happen. But it isn't something that you just say, okay, here's the system, this will take care of it. No one system keeps anybody or all the people safe all the time. It is a constant complex effort of ongoing management to keep people safe and even Sonoma makes mistakes.

W She's been very happy here. I don't know whether the community placements will include—she sometimes gets to ride a horse here. There's a swimming pool. She gets to go out in public to the fair. She can't talk. She has less IQ of less than a two year old and I just thought as young and stupid as I used to be [indiscernible].

Karen F. I can feel for you because I have that same feeling. I know what you mean and—

W I wouldn't let it go like I did before.

Karen F. And that's a good thing. That's a very good thing and that will help the process. Okay, another phone call?

W Okay, operator, do you have a call?

Moderator Yes, our next call comes from Momi [REDACTED]. Your line is open.

Momi Yes, thank you. I'm calling, [REDACTED] has been there 53 years and I can never complain about his care. It's been wonderful, but I had a call from the Bay Area Regional Center about seven, eight years ago and they told me they were going to move him to Fremont. We used to live in the Bay area, so I asked where and they gave me the name of the person and everything, so I called this person and I told her I understand you're opening up a home and she said oh, yes. I says all I want to tell you is you'll never know when I'm coming. I will never announcement myself. That home was never opened. She was doing it just to make some money on our children's lives and that's what scares me that this is all that's going on.

And then another thing, it's a rumor, I don't know how true it is, and I hope it's not true that [indiscernible] Ridge is prime property and they

want to build a huge resort there, so is it just money and they don't care about the humans?

Karen F.                   Are you ready for me to answer? I don't want to interrupt you. Is there something else you want to say before I respond?

Momi                      No, that's it. I appreciate you having my call.

Karen F.                   Okay, I love the rumor. I start all my town halls and I ask that what's the latest rumor? When we had to cut down the palm trees because they were full of fungus and they were beyond their life span and they were in danger of falling down, the rumor was that I made the decision. It was an operational decision I said yes it's a danger and they have to go after we got an arborist to come out and look at it. So when the trees were being cut there was a reporter that came by and asked why the trees were being cut because he had heard a rumor that the Hilton Corporation was going to build a hotel right there where those palm trees were. And I'm the one that made the decision to cut the palm trees and I can assure you no Hilton Hotel had ever contacted me about cutting down the trees. It was part of some grand plan to build a Hilton Hotel. No, the trees were infected. They were dangerous and I cut them down.

Rumors are absolutely flying in every direction. You just can't believe the rumors that are flying. The Sonoma Coalition, the PHA, those people are very, very concerned, and I'm not talking about DDS because you would expect us [indiscernible], so I'm going to leave us out of it. The Sonoma Coalition, the Parent's Hospital Association, they are very concerned about the land and the rumors about property development. The citizens of Sonoma Valley are very upset. If you read all of the local paper, there is no plan to turn this land over to any developer that I have any knowledge of. The Secretary of Health and Human Services on Friday June 19<sup>th</sup> sat right here in this campus, told the Sonoma Coalition the land is going to be saved for supporting people that the department supports, so supporting the 285,000 people that are supported by the Department of Developmental Services. He said the land is being preserved. It will not be sold, so that's the information I have that I can share.

Let's take another phone call. Yes, go ahead.

M I just want to reinforce the [indiscernible] strange coming from a regional center director, but I have been sitting in on coalition on almost every meeting and the coalition supervisor [indiscernible] support and the

county support that's been poured into this health services, all the legislators sent a representative including Mike Thompson. Even the federal legislator had a representative there and they have clearly in my mind impacted this plan because I don't recall any of those kind of statements before last Friday, but even when the budget came out and you read [indiscernible] letter, you realize you guys have already made a huge impact, so even though the PHA isn't here to say that themselves, but if anybody is, please speak up now, because I do believe that they have totally impacted the process and made it possible for some services to remain here.

Karen F. Absolutely. As John read in the very beginning, that language in the Lanterman Act got changed just for Sonoma, the law had changed just for Sonoma's closure based on all of the inputs that the Sonoma Coalition and the PHA has already provided the department and the legislators. The law got changed just for Sonoma's closure, so there is impact that people aren't already influencing how the closure is going to go with Sonoma.

W Okay. Operator, do you have another call?

Moderator Yes, our next question comes from Eva [REDACTED]. Your line is open.



W Go ahead.

Eva Yes, good afternoon. My concern—and thank you for making it able for all of us that couldn't be there to be on a call. [REDACTED], has been part of Sonoma since I can remember and I'm in my 50s. Our mother recently passed away, so I'm taking over as conservator for her and this is a lot to take on so soon after our mother passed away, so I'm trying to catch up with everything. We recently had her IEP. She is bed ridden. She was born with [REDACTED] and does not speak, so I am her voice. And I will say that as long as I can remember Sonoma has taken excellent care of her. I'm going to try to keep this message as positive as I can.

But I just want to start by saying that if one person in government could live one day in the life of a person with a disability would we be having this meeting right now and would we be closing? And I also want to thank everyone that takes care of [REDACTED] on a minute by minute basis because that is what she needs, around the clock care. And I have to entrust in them, because they know [REDACTED] better than anyone, that

she'll be put into a place that's going to take care of her that she so deserves.

I also want to thank the gentlemen that's trying to build these homes, I hope that somebody listens to him because this place that they do live in is their own community and when I drive into it, I feel like that's her sanctuary. And when I drive away from it, and I do live in the Bay area, nothing is like where she lives and I know that if she's put into a setting, into a home, it's not going to be anything close to what she gets right now. I just have to hope and pray that the people that know her the best will put her into a place that will help her to live the rest of her life the way she deserves, because she sure didn't ask to be born this way.

And I just want to say that these people with disabilities didn't ask for this and [REDACTED] also was not supposed to live as long as she has. I just know that my mother was always worried about because of her not being able to walk or talk to be hurt by others and that's going to be my main concern in looking at places for her. I want to make sure that she's put into a setting, because she is one of those 962 people that's going to need the care, that she be put into a facility where everybody is wheelchair bound or bed bound, so that she doesn't get hurt.

I thank you for your time to listen to me today.

Karen F. Thank you very much for calling in and hanging in there so long, I appreciate that. We have put your comments down and we've got the person that's taking notes here at the phone, so thank you very much.

Eva I just want to make sure that I get all the information mailed to me also or emailed.

Karen F. Okay, would you like to give us your phone number and we'll make sure we have contact back with you?

Eva Sure, it's [REDACTED] and I will say that the person that's on her ward, I've already been in contact with her. She's reached out to me and all I can say is everyone be your advocate for your loved ones and together this is going to happen. We are just a voice and I hope that everybody there that's on the board takes into consideration what everybody said today.  
Thank you.

Karen F. Absolutely, thanks so much for calling.

W Operator, do you have another caller?

Moderator Yes, our next question comes from Ann [REDACTED] Your line is open.

Ann Yes, hello. This is Ann [REDACTED] and I'm a co-conservator [REDACTED] [REDACTED] who's been at SDC about 50 years. And the first thing my parents were always very concerned about his safety and that SDC has been exemplary in their ability to take care of him. He is a fragile needs person with eating issues and other medical problems that the SDC has taken care of. There were a couple of times where he would have died, but since someone was awake and alert 24/7 he was able to get medical help immediately and his life was spared.

So first of all I want to say how much we appreciate this staff at SDC because it has been a wonderful place for him all these years and the Parent Hospital Association, of which I am a member, my many thanks for their advocacy over the years as well.

Now my concern of course is for his medical issues and that so far with SDC all these years when something has happened, they by law have to

call me and say he got a scratch. Now when we have a group home, is that going to be something that is going to be kept in place? That kind of reporting to a family member of anything that happens has to be reported.

The next thing is very concerned about his safety with he has a sexual behavior that has been trained and people there are very careful in how they help modify that behavior, very respectful of him, but they said this is a risk issue being out in the community, a risk issue for abuse, so that's a concern how much the people who are on staff in the community are going to be watching out after his safety.

The other thing someone made a question the SDC makes mistakes but SDC has a lot of checks and balances. Not too long ago I heard that a staff member was escorted off the premises because they caught this person abusing a member, a client, and someone saw it and immediately reported and he was dismissed. So how much more safe is it going to be in the community I don't think so unless there can be some guarantee by regional center that people are looking out after these clients.

The other thing that has to do with auditing the staff and the auditing and training and accountability, those are my big concerns. Someone

mentioned about IRS and who is going to be auditing the finances of these group homes? Now that has to do with what are they spending on food, what are they feeding the clients, how are they taking care of the clothing, any other kinds of things. This seems way too open ended.

So anyway, those are my main things, [REDACTED] does need around the care watching and concerned about where he would end up. Thank you.

Karen F. Thank you very much. We captured all of the points that you made on our big list here, so there'll be a summary of this. Is that correct, Nancy? And we will provide that back to everybody.

Ann Okay, I have no way—I know you have given out a website, but I would like to leave my telephone number. I do want minutes of this meeting. It was hard to hear who was speaking and who made the various comments and by the people who are in charge at regional center and SDC. I really need to have that information, so how can I get that information?

Karen F. If you give us your phone number right now, we will make sure it gets to you and we'll call back and get contact information.

Ann                      Excellent, my number is [REDACTED].

Karen F.                Thank you very, very much.

Ann                      Thank you.

Karen F.                What time is it? I have no idea.

W                        It's about 1:15.

Karen F.                1:15, how many more callers do we have?

W                        Operator?

Moderator             Five.

W                        Five, okay.

Karen F.                Okay, why don't we just finish up the calls?

W                        Go ahead.

Moderator And our next question comes from Sylvia [REDACTED]. Your line is open.

W Go ahead, Sylvia.

Moderator Please check your mute button. And our next question comes from Philip [REDACTED]. Your line is open.

Philip Hello.

W Hello.

Philip I didn't know that I had been put on. I kept on dialing \*1 and nothing would happen. I apologize. Our local senator, Senator Bill, puts out a monthly newsletter and his last newsletter just came out a few days ago. And one of the concerns he addressed was the fact that cost of living increases for the Department of Social Services when it came to people out in the community in terms of their cost of living increases and freezes on funding. And he also cited I don't remember the exact number in my head, but several hundred group homes having to close.



I was just wondering whether the staff at the regional centers have any comment on this? Hello?

Karen F.                      We're here. We're looking around the room. Do you want to comment?  
  
This will be Phil Bonnet from—

Phil                              Yes, this is huge concern for us on every level in our developmental services system; inadequate funding for services has been an issue that we've grappled with for years and years and years. I think what it comes down to the closure of a developmental center and the specialized money that has come forward to follow the folks that frankly that people who need developmental centers generally do a lot better in terms of the level of support that they're able to get for them. Does that make this issue go away? Absolutely not, as an entire system we really need to work on getting better—

Philip                            I just worry about when it comes to even special money, I worry about the whims of the legislature to just cut it off and say we're not going to give adequate pay for these people or adequate money, so that they can't run the programs in the way that they need to be run. I worry that once clients of Sonoma are out in the community, they're going to be facing the same

pressures that everybody else is facing out there, all the other clients that are already out in the communities.

John                      This is John Doyle with the Department of Developmental Services. One of the issues that the question of resources in the community this has come up a number of times in the discussion today and one of the things I think is important to remember is that the governor has convened a special session, one dealing with transportation issue and the other dealing with the sustainability of health services and funding of a variety of services for MediCal services and to services for the developmentally disabled. So the special session, it convened on June 19<sup>th</sup>. There was not a lot of work done in that initial session as they've appointed members to the special session, the various legislators that will be working on it. The expectation is that they'll likely convene again in July and begin a process of looking not only at what needs are in these various areas, but what resources are available, too, so the intent will be to develop revenue sources that will sustain funding for these programs into the future.

W                          Okay, operator, do you have another call?

Moderator              Yes, we have a question coming from Alan [REDACTED]. Your line is open.

Alan

Hello. Yes, [REDACTED] has been there since 1959 and my question is this. I hear a whole of what everybody is saying is what we're looking for is the continuity of the level of care that we get at Sonoma. We know there are budgetary constraints, but I hear people saying we don't have a plan; we're looking for you to tell us what you want. I think it should be obvious is what we want is to maintain the level of care that our family members have here and even then improve on that, but start at the level of what we have here. We have the doctors, the dental experience to deal with cleaning of the client's teeth, psychiatric, the education and licensing level of staffing, the environment, the secure environment, the secure patios for people to socialize with their family members.

And when I hear stories about IRS coming and closing a group home and then someone being transferred without having to fight to figure out what happened to their family member. I'm still not going to have to worry about that happening here at Sonoma, I hope. And now I have to worry about that when he goes into a group home. Where is your commitment? Is there a commitment at all to try to maintain the continuity of care? And that's my question.

Karen F.                   The answer to this question yes there is commitment and it comes from a variety of sources, but having said that we have captured your points on our big list here and that will be built into part of that closure plan about how to maintain that commitment of care. So is that all right, sir, have I captured it?

Alan                       Yes, and I don't know if you've really captured the comment. Isn't this obvious from the beginning this is what everybody is wanting?

Karen F.                   Yes, we hear you loud and clear and so many people before you have said the same thing; they're very, very concerned about the quality of care once they transition into the community. The regional centers are here. They heard that as well and that's the efforts that they're going to be putting forward is to try to make that quality of care one of their highest priorities and bring that to the people as they transition out into the community.

Alan                       All right, thank you.

W                           Thank you. Operator, do you have another caller?

Moderator               Yes and we have one coming from Pamela [REDACTED]. Your line is open.

W                      Go ahead.

Moderator            Please check your mute button.

Pamela                Hello, can you hear me? I just wanted to say I had difficulty calling in and I'm hoping the next time that we do this that the lines will be easier. It took me about six times to call in.

Karen F.              Okay, we'll check that next time, Ms. [REDACTED].

Pamela                Thank you so much.

Karen F.              Do you have another comment?

Pamela                No, except that I agree with what everyone says. I share equal concerns, especially for the care and the safety of [REDACTED] who does not speak and has the mentality of a 22 month old. We have the resources already existing at Sonoma Developmental Center. Now there's going to be a lot of time and energy expended on trying to move everyone out to all these other facilities, which may not be as secure as the safe environment.

Also [REDACTED] recognizes the staff and when the staff goes on vacation, at least the person who dresses her in the morning, she was quite upset for several weeks. She doesn't understand you're moving and you're not going to see these people anymore. I think it will be a living hell and it will put her in a great depression. I don't think and I also am worried about the high turnover and the minimum wage employees and also the oversight of the staff and the community at Sonoma Developmental Center if someone is out of line there are other professional staff who will contact the authorities. We cannot see this.

I also want to be able to just pop in on the home any time to see what's going on and we're encouraged to check out these community homes before putting our loved one in a placement. I want to have the ability to pop in without giving them a heads up to say we're coming, so that I can see what's going on. If I can do that, then I can check and see whether or not this is the right environment for [REDACTED] I don't want the people at the home to know I'm coming and when I show up, I want to have clearance to be able to see what's going on.

W

Okay.

Karen F.                      Thank you very much for those comments. I'm capturing the ability to have unannounced visits, that you would like that to be a consideration. We have on our list already so many of the other points you made, so we'll just keep adding that. Is that all right with you, ma'am?

Pamela                      Absolutely, and thank you very much for the opportunity to share my concerns.

W                              Thank you. Operator, do you have another caller?

Moderator                      Yes, our next question comes from Carol [REDACTED]. Your line is open.

Carol                        Yes, [REDACTED] is 58 years old and he is severely mentally retarded since birth, [REDACTED]. He needs assistance of course with feeding, toileting and my mom and I both have concerns about his safety and how his needs will be met. Will he be in a place where he can have a full time RN in the home? What will the ratio be of patient to any kinds of aids and will there be a doctor or dentist available immediately if needed for any problems that he or other patients would have?

Karen F.                   What we will be doing is those are the needs that you've identified for your particular individual for when we have the IPP and start building transition plans, we're going to address those needs that you just named and you'll be invited and there'll be lots of communication back and forth with you about what those needs are as well as what the team already knows about your family member. And those will be built into the transition plan and the model of home that ultimately will be the home that your family member will go to. So your concerns as you're expressing here not only are we taking them as a group concern and the regional center and the department is listening, but they will be taken as individual concerns as the transition plan for your particular family member is developed. Does that make sense? Did I answer your question, ma'am?

Carol                     Yes, you did. I also want to have the PHA email.

Karen F.                   And if you give us your phone number, we will get back in contact with you and we'll make sure you have that information.

Carol                     Okay, my phone number is [REDACTED]

Karen F.                   Okay.



W Any other callers?

Moderator Yes, our final question comes from Sylvia [REDACTED]. Your line is open.

Sylvia Hello. I hope everybody can hear me, because I got disconnected five calls ago. So my name is Sylvia [REDACTED] and [REDACTED]. He's been at the Sonoma Development Center for the last 48, 49 years, almost 50. And I've been listening to the call observing and for the last three hours and guess what I'm the last on the call. But what I've heard today is a culmination of all the concerns that everyone has. It's the same quality of care that we're looking for. You're looking for health care. You're looking for the family members to have social activities, maybe job related activities if they can do this, but also oversight of personal money and special care, wheelchair, because [REDACTED] is wheelchair bound and he may get up in the middle of the night to crawl around and staff there is accommodating and helps him. He needs toiletry help as well because he can't get in and out of the toilet and of course he needs help with bathing and he wears a helmet, so he has a Merry Walker that he uses to help walk maybe during his job to hold him steady. And also he has wheelchair, so my concerns here is not just health care, but social activities for him to

keep trying to grow developmentally as much as he could and have a quality life and also job related activity and oversight.

My other really concern has to do with this community center that we've been talking about for the last three hours or community home. These have not or maybe have been developed. I don't have much information, but I have read a lot of the documentation that has been sent to me and also talking to the staff and so concern here is he has the SIB, self-injurious behavior. He's half blind, can't walk and so these centers, are they equipped to do this?

And then I think a lot of people have brought up this may or may not be a minimum wage job and so the turnaround is great, so what are we looking at here in terms of certification for these folks? Do they have the skill sets to do this? And also what about criminal background checks, is that being done, do we know this?

Also these facilities, are they brand new, meaning that did it just open or is this some place that has been built for some time and it's established. I had asked that question during the IPP when the regional center staff person that was assigned to [REDACTED] and she had a very explicit answer.

Did you ask this question when he was admitted to Sonoma Development Center. I didn't hear this question that she asked, but she was on the phone. She didn't have the decency to be at the IPP, the IPD, or maybe that was just initial call, so I was there. My sister was also there and my sister I think heard her to say that did you research all of this or ask this before he entered into the SDC.

Well, I was ten years old at that time and my parents did not speak English. They were immigrants. They were really new to this process and I will not allow this to happen because I could speak English now. I'm old enough to understand what this is doing and how it's impacting not just my loved one, but everyone else's.

So dealing with the question here or a comment that there was someone that was looking into building these I don't know, it was a facility for some of our loved ones. And then I think the person that was moderating also had said that while we're not going to be selling this property or anything like it. It's not going to be built into a condo or a resort and you're going to preserve the facilities because you're spending I think I heard a number of \$43 million just to start off to get this to launch this and then in three years, hopefully all of this will be behind us. And you get

one year of oversight by a staff member from the regional center and then who knows what happens after that?

The concern I also have is what happens after that. Now maybe I'm thinking of this very simplistically. You have the land. You have the building. Why can we not spend the money that is being used to decentralize all of this into other community homes into a centralized location and not be calling it congregate living, but a community home? Why is that not possible?

Karen F.                      We have the audience here agrees with you. I hope you heard that clapping. That is a very difficult question. We've captured what I think you want to have and that is a quality of care, sustainability of care, the right kind of funding and are the homes being opened, do they have sustainability in that they're going to last a long time or how long have they been opened? Did I capture that correctly, ma'am?

Sylvia                      Yes, and then might you also capture this, this meeting is great as an initial launch or kickoff meeting for the families, the parents, the regional centers and some of the legislature folks that are also attending, but it's really a half a\*\* attempt at trying to say we don't have an action plan, but you're

going to be a part of that action plan. How can you allocate \$43 million or whatever how many million dollars without having an action plan and you want somebody else to figure this out?

I've never heard of this. I've been in projects that are a billion dollars and these things just don't happen in that manner. You have to have a plan. Why do we not have a plan? I've read the reviews, not reviews, but comments regarding the Agnews development center closure and then one of the other ones, and you want to use that as a model, that's great. You take some of the good things and then the bad things, you do your lessons learned. You come back, okay, this is what we think it's going to look like, but we need feedback to add to it. It's not a repeatable process. Not all portions or the bullet points are repeatable. They are customized to the center itself and to the resources and also to the family members that are currently living there.

I don't think that people should take this lightly. I'm sure you're not. I'm sure you're not. I know it's everybody just gives their ten cents into it. Really the folks that are there now today, they care about their families. We had 43 people that called in that stayed on for three hours listening to this over and over and over. The theme is very, very clear and I hope that

the people are—[indiscernible] will be there for the July 11<sup>th</sup> meeting. I was just unable today. But one other thing is that I did not have a really good experience when the Golden Gate regional center person that was available to attend the meeting, I just found it appalling that she dialed in for the meeting when it was so important that I got the same letter from someone that said the building is going to be closed. The Sonoma Development Center is going to be closed. In fact I was the one that called in to confirm the IPP meeting and I was told at that moment in time I hadn't even received a letter yet.

So if this was planned on some sort, it was poorly planned, so judging from what has happened right now that I'm assuming that it's been floating plans on what's going to happen in the next two, three years. I hope that there is a better plan than what was your initial launch.

That's what I had to say and I'm glad that you guys gave me the opportunity to do so.

Karen F.

And we thank you for hanging in there for so long and the three hours and still being willing to share your thoughts and concerns with us. That was very important and we appreciate it for your contributions to the

conversation. And just to address the issue about the plan, the Lanterman Act and I'm going to have just turn the mic over to our deputy director, but the Lanterman Act defines the basic components of the closure plan, so we have a basic structure, but the idea is to get input to put details and the individuality of Sonoma on that closure plan and this was the very first step, so here, Joe.

M I just one other question that the issue of abuses that was stated a number of times, I would assume that all the employees here recognize that they have some training as mandated reporters, fair assumption?

Karen F. Fair assumption.

M Can we assume that that same level of training takes place with the regional terms?

Karen F. As the regional centers and they're taught [indiscernible]. The answer is yes.

M                    So they have some professional do the training and the employees have to sign off that they are aware of their responsibilities and consequences for failure?

Karen F.            Yes, they're mandated reporters.

M                    Thank you.

M                    Just to follow up on Karen's comment about the plan and she said earlier part of the purpose of this meeting is to get your comments, your thoughts about how to inform the plan, but there was a concern that we had \$49 million appropriated with nothing in mind. That's not accurate. That money was given to us. We know the direction that that money is headed, but the intent is to build homes in the community. Those homes working with the regional centers, working with our staff, the intent is to look at what needs are based on individual's comprehensive assessment, their IPP, and determine from that we know generally these are the types of homes we're going to need to build. Do we know all the specifics yet? No, because a lot of that will be informed by individual program plans, so that's the issue.



I don't want anyone to leave thinking is it cohesive and do we have all the details, no we don't. That's what we're hoping these meetings will inform, but we do have a general plan and we know the direction that we're generally headed.

W                      Okay.

M                      A follow-up from me.

W                      Yes, go ahead.

M                      How many things you want to say to try to clear up misunderstandings, first of all the rate structure for the programs and homes that are coming in for the folks that are going to live in those homes in the community from Sonoma are going to have negotiated rates and so their rate structure will be probably a lot better than some of our older community homes who are struggling under a median rate and rate freeze right now, but hopefully the legislature will answer that to our satisfaction and keep more of our folks in business.

So these programs will be fairly financially solid and the way that our funding goes from year to year it'll be funded on the base, unless they take the whole Lanterman plan down, they'll have adequate funding. Our providers have to get an audit every year if they're over a certain level of income by a CPA firm. We review that. They also have reports from the program versus the residents in terms of if something isn't going right the mandated reporters come in and tell us and we investigate. We're beefing up our quality assurance staff and our research development staff, so we can meet this need.

Over the last 15 years we've placed, just North Bay has placed about 80 folks from Sonoma into the community, average 8 or 12 a year, and those are primarily successful. Obviously we have learned a lot in the past from some of the things that we couldn't handle very well and we've got new models that we're going to be trying out. We've already developed a wraparound service for the folks that have a behavioral episode and need some help, and so they can maybe stay in place and not have to go a crisis center. But we also are going to have develop more crisis centers that take people immediately when they need help and not end up at the police station. We have training, ongoing training for all the law enforcement,

fire protection and other entities that are first responders and will see our folks in the community, so they recognize them.

And housing, what we're trying to do is with the new housing is we have what we call nonprofit organizations who are affiliated with us because we can't own property. They can, but that property that they develop based on DDS approval, that property becomes available in perpetuity for our client, so it's not going away. If we have a problem with a provider and they're not performing like we'd like them to perform, we replace the provider and the folks stay where they're at. Obviously people have different needs as time moves on and they might have to move on their own accord, but we're trying to minimize that and I hope those details help you understand I've got over 800 people in community care placement, just for North Bay alone I've got over 1,000 people and supported in independent living, so we've been working with your community quite a long time and we really, really, really want this to be the most successful transition that we've ever made, so we appreciate your support.

W Okay. [Indiscernible] what is the destiny for your department, Mr. Doyle, once everyone is out of this development center and the next two and it

shifts to the Department of Social Services, what is the DDS going to be doing?

John                    I think it's important to remember that the developmental center system, we're going to have Porterville remain open, the secure treatment program at Porterville will remain open, Canyon Springs will remain open under the current plan. But the majority of the individuals that we serve currently reside in their own home and live in the community and so the oversight that we have for those individuals now, the responsibility that we have will continue, so the department it's not as if Social Services completely takes over once an individual is transitioned in their community. The department still works with the regional centers. We still monitor what's going on and that's not going to change.

W                        I'm confused though. I thought that regional centers had [indiscernible] older people who were in independent living and supported in a home.

John                    That's correct and we work with the regional centers, we're partners with the regional centers in that.

W                        And so what's the role of Social Services?

John Social Services, they have a licensing responsibility on some of the types of homes they're going to operate in—

W [Indiscernible].

John Correct.

W So their oversight is a community based home; CDS' oversight is the state owned homes.

W That may be [indiscernible] have services that are our oversight.

W Okay, okay. So you're not going away.

W And will [indiscernible]?

W I don't mean to be confused, but some of you are too I think. We have to develop all these homes, create new licensing, train people, train fire departments, train paramedics, get all these extra services of the

community and that's cheaper than keeping this place open? That's my question. Really? None of this makes sense to me.

Karen F.                   The federal government, that's their funding to support people through waiver programs [indiscernible] and Bob and everybody speak up if I'm saying this wrong. But the federal government supports people living in the community. They do not support people living in the DCs, so if we continue, they would take all our funding away and that means taxes, the general funds of the state of California has to pay for it and all of us as taxpayers and all of the legislators that we have voted into deciding how we spend the money said it is too expensive if we do not have partnership from the federal government.

W                           [Indiscernible].

Nancy F.                   So good luck with that.

W                           Do we [indiscernible].

Nancy F.                   Go ahead, Sue.

Sue [Indiscernible] as part of that is they have a website as well, and they are invited to federal events as [indiscernible] getting of the aggregate piece.

W [Indiscernible].

W I cannot it explain it here. It's very complicated. You would need to go on that website and get connected with them and they'll send you email.

Karen F. You federal representative—

W [Indiscernible].

W Senator Thompson.

W All of your federal legislators [indiscernible] it's been we've been represented at the [indiscernible] in DC for decades.

W I have one other thing to say. I don't understand. It seems like to me that we talk about community. Why can't we just change the name of Sonoma to a community designed for the very developmentally disabled and have it as a community instead of doing it is to have everything under the sun

that [REDACTED] who has severe behaviors that could get him injured. And I have difficulty talking about it. He would probably end up in jail or with a shot in the back, so this is very emotional for me, but I have simply under the name of God I do not understand why this is happening. They leave the people who have the least ability to speak for themselves [indiscernible] better.

W But that [indiscernible] because I'm in the same situation. We're very concerned about [REDACTED] going, very concerned, especially when I heard about [REDACTED] going to jail it's like my God if she can go to jail, because she is so sweet, what chance does a full grown man who's mentally ill how do we protect them in the community. And I guess that's my big question is how do we protect them, how does that work?

W And I think that's a part of more strategies that need to go into tailoring this particular course or plan, but I think Bob Hamilton already started to speak to that about making sure that wherever somebody is in the community in place—

W This cannot be a new issue. This is something that you've come up against—



W Many times, yes.

W And are there any answers or just we hire a bodyguard?

M We developed we've got training, we provide and I think some of the others centers here do the same thing. We've contracted with and our board approves it, it's a major contract for an organization to work with law enforcement or any first responders. They call them first and then they get a hold of the operator and they try to calm the situation down and make sure that nobody does anything drastic. In a lot of our communities they have a really good rapport with those folks and especially like Sonoma, for example, they're extremely tolerant and work with our folks. We've got programs in town and so we just want to continue to replicate that.

You got to keep doing it because there's new police officers, new fire people and so you have to continually do that and we're trying to do more public media information, so people understand what our situation is. We have some pretty interesting folks that are in the community and do require a lot of attention already. I don't want to seem like—we can do

this because everything is individual and we're going to have to develop that program around your family member and you understand their needs. We're going to have to have cross-over training between the staff that are here, perhaps even have the staff follow the client and have the programs that are going to serve them come into FDC and meet with them and see them in their place because as we all know transition is the hardest thing they do. It's very difficult.

W I know it's very difficult because I deal with this [indiscernible] next door. It was a well trained staff and it took them almost a year to get settled down and what's going to happen when he's moved totally out of this environment here. It's inhumane. I can hardly handle it.

Karen F. Are there any more questions?

M What is the difference in the meeting today and the meeting on July 11<sup>th</sup>?

Karen F. The July 11<sup>th</sup> meeting is being organized and it's sponsored by the Parents Hospital Association. They're calling the meeting. They want a separate meeting for all families just to come together to talk among themselves. Kathleen Miller, the president, has called the meeting. It'll be here right in

this room and she did ask me to come. I'm going to be there just to listen and answer questions that I can, but it's a parent meeting for parents to talk among themselves about their issues or concerns.

W Is there another one of these meetings in July?

M We have a public meeting scheduled for July 18<sup>th</sup>.

W Do we know the day?

Karen F. It's on the calendar that we have right here and it is July 18<sup>th</sup> there's going to be a public hearing, so location is still being determined. It's going to be from 10 o'clock in the morning til 5 o'clock in the evening on Saturday, July 18<sup>th</sup>. And there's more copies up here if you need one, so that's going to be a full public hearing, but this was intended as the first informational meeting and we can certainly schedule more if needed.

W [Indiscernible].

Karen F. So we're responsive to you, so if you feel like there needs to be another meeting, we'll schedule another meeting. We anticipate that there's going

to be a lot more opportunities to talk and ask questions and keep this  
dialog ongoing as we move forward.

M Are there any additional questions?

W Are there any more callers, operator?

Moderator No more.

(Call ends abruptly.)