



## Final Transcript

### **STATE OF CA – DDS CONNECT**

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#### **SPEAKERS**

Aleana Carreon  
Nancy Bargmann  
John Doyle  
Steve Robinson  
Lisa Kleinbub  
Jonathan Padilla  
Katherine Barresi  
DeDe Peters  
Geneva Luedtke  
Eric Zigman  
Lisa Rosene  
Amanda Pyle  
Kim Morgan  
Laura Larson  
Diana Anderson  
Javier Zaldivar  
Jim Elliott  
Dawn Percy

#### **PRESENTATION**

Moderator                      Ladies and gentlemen, thank you for standing by. Welcome to the SDC  
  
Family RC DDS Meeting. At this time all participants are in a listen-only

mode. Questions will be taken throughout today's meeting and instructions will be given at those times. [Operator instructions]. This conference is being recorded.

I would now like to turn the call over to Aleana Carreon. Please go ahead.

Aleana

Thank you. Good morning. Welcome to the session here today. My name is Aleana Carreon, and I'm the Executive Director here at Sonoma Developmental Center. I'd like to start off with doing some introductions. We have Nancy Bargmann, DDS Director; John Doyle, Chief Deputy Director; Dwayne LaFon, Deputy Director, Development Center Division; Dawn Percy, Acting Deputy Director, Program Operations, Developmental Centers Division, she has the longest name; Amy Wall, Assistant Director, Developmental Center Closure; Charlotte Phillips, who works with the Developmental Center Closure.

And now I want to introduce the regional center folks that are here. We have from the Alta Regional Center Phil Bonnet, Executive Director, and DeDe Peters from Alta. Far Northern Regional Center we have Laura Larson, Executive Director, and Diana Anderson. We have Golden Gate Regional Center, Eric Zigman, hi, Eric, Kim Morgan, and Amanda Pyle.

North Bay Regional Center, we have Bob Hamilton and Michi Gates.

Regional Center of the East Bay, Steve Robinson and Lisa Kleinbub. San

Andreas Regional Center we have Javier Zaldivar and Jim Elliott. And

then also we have 11 people, I believe, on the phone, and we'd like to ask

everybody who uses the microphone to make sure that people on the

phone can hear us.

And housekeeping items, we have restrooms out in the hallway, we have

the women's on the right and the men's on the left, and there's water in

the back, and also some snacks for you as well. Handouts from the

presentation today will be posted on the website, and you can have a copy

mailed to you as well.

So, with that, I'd like to turn it over to Nancy Bargmann.

Nancy

Thank you, Aleana. Good morning. I'm just impressed with the weather

that we have out here today. I was a little worried last week when I saw

how hot it was, I thought maybe we might be facing a little bit of warm

weather, but it's a beautiful day, so thank you all for being here.

One of the things that we do, the last meeting that we had was very helpful, it helped me listen to some of the questions. I think what we want to make sure as we go through the process of transitioning folks to the community is that we have a priority of communication, not just communication to all of the individuals who are residents at Sonoma Developmental Center, families and loved ones as well, but also for us to hear from you. It's been really nice to be able to hear what your questions are and it's helped frame our agendas for some of the meetings that we're having. We were able to do the presentations last time focusing on residential services, focusing on what is available within each of the regional centers, giving you an opportunity to talk with your regional center and even some of the providers in the area.

Feedback we received was asking about what is available for other services in the community. So, we know that it's not just about the residential options, we know that what are the other services, is it employment opportunities, we know that many of the individuals here have wonderful jobs and paid employment, is it looking at what the healthcare services are out in the community, recognizing the importance in the relationships that have been built here at the developmental center.

So, you can really take a look at what is even broader outside of just the residential services.

And so to that end, that's where our agenda today is focused, on those opportunities. And so I don't want to take too much of your time with me going through too much, but I do want to give you some highlights, because we have an important agenda for you. But I also want to thank Mr. Gerhardt, where did you hide, there you are, he sent this really informative letter to the department and to me, and this is just another opportunity to share the importance of the questions that are shared out there that come to our attention and where we can take a look at agenda items for the future, and what was helpful is because I think some family members had shared some questions and he was able to communicate that, and so I want to thank you for taking the time to write to us.

And the questions are very appropriate, they're really about, well, what happens with the training, what is the expectation for training for staff that's out in community, what is the background checks, what is the training regarding client rights, what kind of training is occurring that may be competency based, what's the training around choice. So, what we're going to do is for our next meeting, and we're opening it up also for you to

send us a note, catch us at the end of the meeting as far as ideas that you would also like to see for our future meeting. But that's where our focus is going to be, we're going to make sure that we can have somebody with some expertise on the licensing side to talk about what the background check process is so you can also get a little bit more information regarding those requirements. So, again I do want to just encourage folks to be able to share that.

A quick update for you, I know that you'll see the population changing here at the developmental center, as individuals are transitioning to the community you are going to see those changes. And I know it's not always an easy change to see, but I also know that since the last meeting that we had many of the families have connected with the regional centers. We're hearing that the regional centers are having family meetings, the attendance at the family meetings has increased. I think it's a really great way to be able to get the local information, continue to do that, but whatever we can also provide from a state perspective we want to also be available, and we'll continue to have our meetings here with you so you can have the benefit of both. But again thank you all for connecting with your regional centers and making that commitment to build that

information and communication link that is really critical as you're looking to those opportunities for your loved ones.

So, I wanted to share since May of 2015, since the announcement of the closure we've had just a little over 100 individuals that have transitioned to the community from Sonoma Developmental Center. Since January we had just a little over 30 individuals that have transitioned. This next year we have a lot of homes that are going to be coming on line, we had a total of 114 homes that are being developed to support loved ones throughout the northern California area, and we can say that we have almost all of them have been acquired and are in different, various stages of renovation. You heard about the different types of services, but again I don't want to just focus on residential services because there's so much more to supporting somebody out in the community. But I did want to give you that little bit of an update.

But because the homes are coming on line and they're all coming on line fairly quickly, over the next six to eight months, you're going to see a significant increase in transition activity, what is that planning, so just really as you guys are continuing with your individual program plan meetings, as you're seeing that you're having the transition planning

meetings, the opportunities to ask questions, we want to make sure that you have every opportunity.

If you feel that you want to have an additional meeting, go ahead and ask for that. This is really about you and your loved one, so make sure, if you feel that the meetings that are out there is not sufficient and you want to have an additional one, don't hesitate to ask for that because we'll make sure that we can accommodate those needs. So, the individual program planning meetings will be transition planning meetings, talking about what are the needs for everybody that it needs to have as far as supports in the community.

Additional changes that we've made some decisions, I'm not sure it's broadly shared just yet, but we also want to make sure that you know that as your loved one is moving to the community you're going to hear about some development of health supports in the community, dental in particular. Let's say the dental services are not quite yet ready to go by the time your loved one goes to the community, we will make sure that we have, as long as we still have the developmental center open and we have staff here, you can have your loved one come back to Sonoma to received dental services, as an example.



It's not going to be for routine medical, but if there's some specialized services, as long as we have those services those opportunities will still be available to you as you transition your loved one to the community. And Aleana will be more than happy to share more information about that if you have questions. So, those are some new things that we wanted to be able to share with you today.

Another area that's been of particular interest that's been a concern to families, not only through Sonoma but also with Fairview and Porterville and some of our community families as well, is the concern about the safety net, what happens if there's an urgent need out in the community, so what is that safety net going to look like? So, when you're at your transition planning meetings you will have the regional projects and you'll have the staff from the regional center and at the developmental center asking the question what is that safety net for that particular person. If there is something that is urgent that happens, who is the person that's going to be called. So, those discussions will happen and it's going to be person by person as to what that looks like.

But on a broader scale from a state perspective we as a department have to provide to the legislature a plan of a safety net. It's due under part of our

budget process, which is the May Revise. Unfortunately, we're just about a week or two off of being able to share with you what that safety net plan looks like. We have our chief deputy director here, he'll spend a couple of minutes with you to talk about the budget process, so I'm sorry I'm not able to give you details about it but you will be able to see our report here in the very, very near future. And we'll make sure at our next meeting that we can go ahead and share with you a little bit more detail about that.

So, today, again, I just want to make sure that you know that we're here to answer questions, if you have questions. I want to give most of the time today to the regional centers, as they're sharing information, but we'll take just a couple minutes for Mr. Doyle to share with you the budget process. We can take a few questions after that, but again I want to make sure, like I said, that we have opportunities for our regional centers.

So with that, John, if you don't mind.

John

Good morning, everyone. My name is John Doyle. As Nancy mentioned, we're at a portion in the budget process right now where we're going to be submitting what's called the May Revision next week, it's going to be released by the Governor's Office. When we met last time in January the

Governor had just released his budget for 2017/2018, and what happens now is that budget gets updated for revenue numbers, population growth, things like that.

As Nancy also mentioned, we have a safety net report that we're required to submit as part of the May Revision process, and the reason it can't be shared right now is because the entire budget process is a deliberative, confidential process. As you can imagine with all the decisions that get made at the state level, things change and change very rapidly, so that information isn't shared until it's completely finalized and ready for release.

But one of the things that we talked about back in January was the fact that the department would be focusing on strengthening the safety net in the community, and that's one of the concerns that we heard from the Developmental Services Taskforce, that it was a priority, and it's something that we made a commitment to as part of the Governor's budget to work on for May Revision. So, while we can't go into the details at this point, one of the things that I think you will see is that there are components in the May Revision that will work towards strengthening the safety net. Kathleen?

Kathleen I keep hearing rumors that information is being shared with certain people that NorthStar will be closing, and yet the official position that we've had, you've given PHA is that that won't be decided until there's a site assessment component that looks at that and the affordability of keeping it here. Where are we really, can you tell us anything about that?

John The commitment that was made to keep NorthStar operational hasn't changed. The intent is to keep the unit open for as long as individuals are residing here and for as long as we can staff it. The other concern obviously is as the developmental centers are closing and people are transitioning into the community, staff are looking for other employment. So, to the extent we can keep it staffed, the intent is to keep it open.

Kathleen So, what about after SDC closes, that's the critical thing. And I think that the staff that work at NorthStar tend to be separate from a lot of the staff that work for the center as a whole, and obviously it would have to be under a different license, we know that, if it continues after the SDC closure, that process could start now even, and probably wouldn't provide healthcare, it would be more similar to, say, Canyon Springs model or something like that.

But what we are wondering, what we don't want is for our loved ones that are now in the community, our fingers are crossed, we hope it's going to work, I know we all feel that way, but we also know that for many it won't work and so the safety net is for those where they are struggling. So, my question is, what is the vision for NorthStar after SDC closes, that's where we are looking, we're out there in the community now, we're floating on our own, there's no more PHA, there's no more anything and something goes wrong, that's the real question, and it's always been the question for many of us, what's our safety net, is there going to be a NorthStar?

John                      After the facility closes, the NorthStar unit is going to close as well. But, as I said, one of the things we're working on for May Revision is the safety net in the community. So, what that looks like, I can't go into the details of that right now—

Kathleen                So, basically NorthStar is gone, it's gone?

John                      When the facility closes, NorthStar will close as well.

Kathleen                Okay. Well, that's not, I don't think, what we were hearing all along. Our conversation with you has really been about NorthStar retaining and

operating after SDC closes. We've never been that concerned, as long as SDC is here that's not the main focus, it's only here one more year and then it's gone. So, when my son is in the community and he gets kicked out of his community home the crisis homes look exactly like the enhanced behavior homes to me, and he's back, we're relying on jail, we're relying on psych units, we're relying on 24 hour holding facilities, hospital beds, and secure perimeter, that is not what we wanted.

John Well, Kathleen, I understand that concern, and as I said, that's one of the things we're dealing with, with the safety net as part of May Revision. And again, I apologize that we can't go into the details of it here because it is a confidential process, but those are the concerns that—

W [Indiscernible].

John Because as I—

W [Indiscernible].

John Right. And as I was trying to explain earlier, the issue is that there are a number of competing priorities for general fund money, and there are a

number of decisions that have to be made by the Governor's Office. Until those decisions are all finalized, we can't talk about what is going forward and what isn't.

Lionel John, can I ask a question, please. I'm right here, Lionel Enby. Why was this meeting scheduled when you don't have any data? The May Revision is not complete, so therefore you have no information, you can only tell us it's confidential, and we came all the way up here to hear the updates on the closure, how in the world, we have no hard data to go on.

John The intent of this meeting wasn't to provide information on what's contained in the May Revision. The intent of this meeting was for families to interact with the regional centers, ask questions, the regional centers are going to be providing information—

Lionel [Indiscernible] the budget impacts that tremendously.

John The closure process hasn't changed, we're still moving on the same time schedule that we had previously. The intent is to close by December of 2018, so that hasn't changed.

M That's all confidential stuff.

John That's right.

M And therefore it's stupid to have this meeting today instead of next week or whenever the confidentiality is open. It's stupid.

John With all due respect—

M Are you going to call another meeting in another week?

John With all due respect, I was trying to explain the purpose of today's meeting, and the purpose is not to talk about what's in the May Revision. The purpose of today's meeting is for the regional centers to provide you with information on the programs that they're proposing for your loved ones as they transition into the community.

M [Indiscernible].

John I understand that, and I've explained why we can't talk about that.



Teresa May I summarize, Teresa Capote. What I'm hearing right now today is there isn't a safety net. As of right now there is no safety net.

Nancy Okay. So, I hear your concerns, if you'll give me just a moment. I think it's important to hear what John was saying, is that, and this certainly is not the intent to feel like we're not providing you the information, absolutely correct. The intent of this meeting was scheduled for the purpose of making sure that you had updated information from the regional centers as far as what's available in the community. This is important information, and it is absolutely part of the closure.

Now, the safety net side of it, we have had several meetings about safety net, we've heard the input, and I am going to ask for your patience because you will receive the information after the release of the May Revise.

M When?

Nancy The May Revise will be out on either Thursday or Friday.

M [Indiscernible].

Nancy                      So, what we will do is that as soon as it's released we will send out a copy of the safety net plan, and actually what we have typically done, and we'll do it, is we make a phone call to many of our stakeholders as soon as the May Revise is released, and so one of the first phone calls is always to the PHA to make sure that that is something that is informed. And we will do that, we will provide that information to you.

Can we go ahead, we had somebody else, and then Kathleen.

W                              With all due respect to the regional centers, they've been very good about arranging meetings for the families in those centers. So, I think we've been communicating very well with the regional centers, I feel that, and you're DDS, I think you have other issues besides the regional centers.

Kathleen                      And I was going to suggest after the May Revise maybe you could arrange a meeting through PHA to come out and share with the folks here what that safety net looks like. I think that would be a good idea, a lot of us are very concerned, so maybe we can work that out.

In addition, my question is, when that comes out it seems like there's little opportunity for us to impact it. I have a feeling I already know what it's

going to contain, as I'm sure you know, and if we have concerns, I'm

trying to word this properly, how can we address those concerns?

Because it seems like what has happened in the past, that comes out and

it's a done deal, the May Revise comes out and it's a done deal, we don't

have time to react to it, our input isn't valued, it isn't even heard, it gets

washed under the bridge. And I feel like a lot of the meetings that we've

had, we've emphasized in those meetings there needs to be a place of last

resort, we talked at the last taskforce meeting SouthStar and NorthStar are

critical, they're programs that are working, and now we hear they're gone.

And so it feels like where is our input in this process? And if you do

inform us, we do want to hear what you have to say, of course, but do you

really want to hear what we have to say?

Nancy

And to respond to that, one of the things, because, Kathleen, you know I

do want to hear what you have to say, that the meetings that we've held as

far as the stakeholder meetings throughout the state, we held very specific

stakeholders throughout California and it was a very organized process to

make sure that we had family representation, we had clinical

representation, we even had some of the site techs that were in attendance.

I could list all of the different perspectives that were so critical that

informed us to the report that you're going to see very shortly.

And I apologize that you are getting a little bit of a disconnect right now because you don't have the information, and I cannot share it with you. But I can tell you that the process that we went through with the stakeholder meetings was an informative process, we heard the concerns from families, we heard the concerns as far as what was needed in the community, not only families at the developmental centers but families who have loved ones in the community and consumers themselves. So, let's just push the pause button for a minute, I'm not saying that we're shutting you down and not listening, because I will accept your invitation to come back and present to you the safety net report, I'm happy to do that, and we can have that discussion.

So, development in the community, I've been in the system for many, many years and I have watched the development of resources to be responsive to the needs of the families and the consumers that we have. We do that because we hear what the concerns are, what's working and what's not working. We listened to you as far as what was going to be in the safety net, now let's get that back out to you in the next week and then let's have a conversation.

So, if we can start the program for today to look at what the other information is that we have that's available in the community, let's do that. You have my word I will come out and present the safety net to you at a separate meeting.

M What is the difference between [indiscernible]? What's the difference? This sounds to me like you're specifically in an anti-democratic system by keeping little secrets. We have this and we won't tell you what it is until it's no longer confidential. We're the stakeholders, we're the voters, we're part of it.

Nancy Okay.

M I'm sorry. I don't like your system.

Nancy Okay. Thank you for your input. We're going to go ahead and move forward with the program today. And I hope that when we have the follow up regarding the safety net I look forward to having you all there and happy to have that additional discussion. I know it's an important discussion and you have my commitment to do that.

So, let's go ahead and move forward. I do want to do a real quick recap from our last meeting, and again this is just a summary from some of the presentations. I'm going to go very quickly, because we do have a full agenda for today.

We talked about residential services, and this is just a reminder, so as you're having the discussions with the regional centers you will continue to have what are the options as far as where your loved one can live. Specialized residential facilities was one that was presented by the regional centers. I will say the acronym, sorry about that, ARFPSHN, so it's the Adult Residential Facilities for Persons with Special Health Care Needs for individuals with very complex medical needs. This is a very specialized home that was developed with the closure of Agnews and you will often see a high level of nursing.

Many of the state staff often go work in the ARFPSHNs, you will see quite a bit of activity about the licensed nursing that is available at the specialized homes. Those homes also have very unique tracking systems for safety, the homes are designed very specifically for individuals with very unique wheelchairs or other adaptive equipment that's needed.

The Enhanced Behavioral Support Homes were actually designed after the ARFPSHNs, but with an emphasis for individuals with behavior challenges. So, it allows for a very unique opportunity to work with individuals who have the need for some specialized behavioral supports, making sure the professionals are there, advanced and additional training for staff. So, those are the things that are going to be available. We understand that there's concerns that this is one of the homes that is going to have a secured perimeter. No. Almost all of the Enhanced Behavioral Supports Homes do not have fencing or secured perimeter, so I just want to provide that quick clarification for you as you're looking at those options. Yes, Kathleen?

Kathleen [Indiscernible].

Nancy The question is, do any of the Enhanced Behavioral Supports Homes have a secured perimeter that could be for somebody who is moving from Sonoma? I'm not sure. I think we have one that's developed. I'll have to go back and verify that. There may be one, but only individuals who choose to live in an environment, it is absolutely voluntary. So, if that one home that has a secured perimeter, if somebody doesn't want to live in the

environment or that home, that's not an option for them. So, if there is a home, I think there's only one home.

Anybody? You know what, it may actually be in southern California. But I'll verify that and get back to you on that, Kathleen. I think it's in southern California actually.

W [Indiscernible].

Nancy There's up to six that can be developed, and I think there's only four right now that are in development. None are in operation yet.

W What if my son goes to the community and Enhanced Behavior and takes off and is picked up by the police, where is he going to go, go to jail or go to the secured perimeter? Where is he going to go, that's what I want to know, and I thought I'd find out today.

Nancy So, earlier when I was talking about the importance of transition planning, where for every person, including your son, during that transition plan in your meeting you need to talk about what is that safety net. So, in that instance if your son leaves, first of all, there's going to be enough staff in



the home, prevention is really, really key, that's really the most important, but what is that whole plan for your son to make sure, A, it doesn't occur, and then what are the supports if something does happen. So, it's really critical in those individual program planning meetings and transition planning meetings that you have those questions answered for your son and what your son's needs are.

W Well, you know, my son's not the only one that will need that kind of protection.

Nancy And that will be for anybody who needs that level of support. That's why your transition planning meetings are so important, that you share your concerns but you know what the plans are for your loved one with their specific needs. Absolutely.

W [Indiscernible].

Nancy Well, the resources are there, so you need to have your planning meeting to talk about what resources are needed for your loved one, so go with the support—

M [Indiscernible].

Nancy So, Supported Living Services, that is certainly an option. We've had a number of individuals who said they would like to live in their own home with the individual supports to be wrapped around to make sure that they have their individual choices that are made. That is an option.

And then there's also the Community Crisis Homes that are being developed with the regional centers, and again that was shared a little bit by each of the regional centers as to what is going to be available. Delayed Egress, Secure Perimeter homes are very limited, and like I said, most of them right now are identified for southern California, but we'll provide PHA a list of the homes.

And then also the Adult Family Homes and Family Teaching Homes, and that's where similar to where a family is certified and somebody can and move in and live with a family that has a certification for support. Most of that was actually through Agnews and I don't think we actually have any, if not maybe one is being developed for the purpose of Sonoma closure. So, this is a just a recap because the request for us was to be able to move past the residential services and see what's available in the community.

So, with that, I will take one or two more questions, if there's anything, and then we can finish with the questions at the end as well. But are there one or two questions in response to our update, or are you guys ready for us to move forward with our first presentation from a regional center?

Alright. I'm going to go ahead and introduce Steve from the Regional Center of East Bay. He's going to be our first presenter, and then we're going to go ahead and move through each of the regional centers. Also, a couple of them have additional presenters that are going to help them with sharing what's available in the community.

So, again, thank you all for your time. I know sometimes the questions are hard questions that are out there, but we will absolutely be working with you to make sure that we're able to respond to your questions just as much as we're sharing information as well. So, thank you.

Steve

Thank you, Nancy. Hello, everybody. I'm going to start off by actually introducing Lisa Kleinbub, our Director of Health and Behavioral Services at Regional Center of the East Bay. We are going to present about our health and day program services that we have been developing and continue to develop in the community, so here is Lisa.

Lisa

Thank you. I'm glad to be here today and meet with all of you. I'm going to talk about the healthcare services that we're in the process of developing, as well as expanding what we developed over the years for people who moved from Agnews Developmental Center, so we're building up what we've had.

The first area is primary care physicians, and we have worked with Bay Area Home Care Medical Group to provide primary healthcare services to the individuals who live both in our Specialized Residential Homes as well as in our ARFPSHN, and this medical group has provided visits to the community homes on a monthly basis as well as 24/7 urgent care triage response. Sometimes an individual does have to go to the emergency room with serious medical conditions, but often for those with serious medical conditions where there's 24 hour nursing care, that can be handled by the home. Dr. Sam Ramakrishnan, who works with Bay Area Medical Group, is here today, and I'll ask him to raise his hand. He will be here if anyone has any questions for him.

The other thing is that through the primary care physicians there are referrals made to specialists and to hospitalists for follow up. And when

someone is hospitalized the primary care physicians do work with the hospital to transition back to the home that people are living in.

The other thing that we've been working on, and we really believe strongly in this model, is using Community State Staff. We have right now two registered nurses who are state staff who previously worked here at the developmental center who are helping with the transition of individuals to the communities. When the developmental center closes they will work at the Regional Center of the East Bay and they will follow along and monitor monthly in the ARFPSHN homes and also monitor in the other homes and supported living arrangements that we're developing. We have two of those as full-time staff right now at the Regional Center of the East Bay. We also continue to have an occupational therapist full-time at the Regional Center of the East Bay of the Community State Staff who's been with us since the closure of Agnews, and she works on equipment issues and that sort of issue that comes up.

We are in the process of posting and hiring for a physician and a psychologist Community State Staff, and the posting for those two positions has been up, and the closing of that is May 24<sup>th</sup>. We're hopeful to meet with and interview a physician and a psychologist who may work

with us at the Regional Center of the East Bay as well, providing consultation, so that's really exciting. We actually had a number of people show up for the informational interviews, and we had good conversations about the individuals. We will then look at an occupational or physical therapist from Sonoma as well for the Community State Staff, so that's in our plans. And those clinicians are providing the assessment, really working on good, clear transition plans for individuals and will be able, after people move, to really monitor the healthcare and make sure that things are really in place and people's health is the primary concern.

In terms of mental health treatment, we developed with Alameda County, what's called the Schreiber Clinic. The Schreiber Clinic is actually run by Alameda County Behavioral Health Care, and that clinic provides mental health treatment to people who have both a developmental disability as well as a mental health diagnosis. And they are billing Medi-Cal through behavioral healthcare for that and getting support from our case management staff to make referrals. So, if someone is in Alameda County and they have a mental health diagnosis as well, the Schreiber Center is an option, and at least one person who's already moved out of Sonoma Developmental Center is using that clinic at this point.

We are also working right now on developing a similar model in Contra Costa County to provide mental health services in a similar way. We are coordinating both through Contra Costa Behavioral Health Services, as well as through the Contra Costa Health Plan, which has responsibility to provide services to people with mild to moderate mental health conditions. So, we're working on a coordinated system so people's needs are met, and we actually have had a number of meetings in the last month to address those issues and start developing which doors we go through as those needs arise.

We also will have contracts with some of our care providers. Particularly those in enhanced behavioral homes often have a contract on their own with a psychiatrist to work with the consumers who live in their homes, and that will be done based on the needs of the individuals living in a particular home.

The last area of concern is dental services, and we currently contract with a number of dental hygienists who are in alternative practice, and those dental hygienists actually provide oral health care, dental cleanings in the home and provide the monitoring and care that avoids having to have lots

of intensive dental treatment under general anesthesia for many of our consumers as frequently.

We have a contract right now with a new dental provider, Altruistic Dental Services, that will be providing mobile dental services in the home for those services that can be done there, which would be routine exams, routine x-rays. It would also include some treatment such as fillings and those sorts of things. If someone needs more intensive dental services then we would look towards hospital-based dentistry.

And that's one of the other things we are working with the Contra Costa County on establishing a home for an operating room to have the oral healthcare done for this group of individuals in a way that would coordinate with the dentist who would be visiting folks in their home. So, that's another thing that we're working on with the folks, just so you know, in Alameda County who would be with the Alameda Alliance for Health, most likely for their Medi-Cal services, of which dental care falls under that. We have worked with a hospital called Valley Care that has an operating room and is familiar with working with our consumers for providing those dental services in the OR.



And then specialty care is provided by physicians who are contracted with both Medicare and Medi-Cal in the community, and the use of a primary care physician helps with establishing the connections with specialty care in all areas. We have consumers who need neurologists and we have consumers who need nephrologists, so we have connections with that specialty care. Many of our consumers actually use both Stanford and UCSF for some very specialized care, and I think that's similar to some of those folks were actually using those providers when they resided at Sonoma Developmental Center for very serious medical care.

But medical centers like Contra Costa Regional Medical Center, John Muir, Sutter Valley Care and Washington Medical Center serve the consumers on a routine basis if they need hospitalization. That is not very frequent, but it does occur for some folks, and it occurs more frequently for some folks than others. We are able, in ARFPSHN homes, to provide follow-on care if someone needs antibiotics in the home, that they can get out of the hospital quicker and have that done in their residential home.

Then with hospitalizations, all of our homes are located in close proximity to a hospital. The residential provider ensures that any staff who are knowledgeable about that consumer are going to accompany the consumer

to the hospital, and generally there is a staff there 24 hours a day with someone who is hospitalized. There might be ten minutes when they take a bathroom break, human, but there are nurses there as well, but we do actually have staff 24 hours a day with our consumers when they're hospitalized. Those are staff who know them well so they're able to identify any problems that regular hospital staff who didn't know them well might not be aware of. The other thing is the staff bring updated medical information to the hospital, insurance information, all of those things, so their needs are well-known and their medical history is well-known.

Then the last thing is health insurance, and we are working carefully with the health plans in each county, and people with Medi-Cal may join a managed healthcare plan. Most of our consumers from Sonoma have Medicare and Medi-Cal, so Medicare is their primary insurance and that will be the first bill, but we do have to work with Medi-Cal as well as a secondary insurance. Our regional center is very committed, if there are gaps in the processing or the services provided by Medicare or Medi-Cal, we will fill in. We will not leave people not have their needs met. And sometimes issues come up with authorizations, we will authorize in those gaps, it has to be done, and that's our commitment.

Then I think I'm going to turn it over now to Steve to talk about day programs, but I'm going to be around so if you have questions about healthcare, I know that's an important issue for many people. Lucy Rivello, who is our clinical supervisor and is really working on the coordination, is here today as well.

Steve

Thank you, Lisa. And I'm back up here again to talk about day programs. I'm going to talk about day programs that we've developed through our community placement plan over the years. When Agnews Developmental Center closed in 2008 we did make an effort to open up several new day programs, and I'm going to be talking briefly about some of them, and we do continue to develop new day programs as well.

So, I'll start with Deaf Plus, and this is a program that was developed a few years ago actually to serve clients who have moved out of Sonoma Developmental Center, and we do currently have five individuals attending this program. We also have individuals who have already been residing in the community attending the day program as well, and it's a community training integration program in Alameda County, it serves clients who are deaf or have hearing impairment, and they have an enhanced staff ratio, one staff to every two clients. They do provide

behavioral support if it's needed, and in-center activity is included, educational activity is communication using sign language, recreational activity is health and nutrition education, independent living skills development, and self-advocacy development as well.

There is a strong focus on community outings and activities. These include—do you have a question? So, behavioral support is the day program has a behavioral consultant who trains staff, and so if there is an individual that has behaviors those are looked at by the behavioral consultant, and they develop a plan, they train staff, and the staff has to implement the behavioral plan. And it's based on each individual's needs. The next day program, well, I was almost done with this, so I'll talk about the community outings and activities, volunteer opportunities, bowling and cultural, festivals and parades, museums, trips to local parks and the zoo, and plays and concerts.

Our next day program, this is a new day program that we're developing in Contra Costa County, it's called the Open House Center. It is a community integration training program in Contra Costa County, again an enhanced staff ratio of one staff member to every two clients. It does serve clients who have medical needs. There will be a licensed vocational

nurse or a registered nurse on the site, and the in-center activities will include educational, recreational, independent living skills development, stretching exercise, healthy aging and sensory activities. The community outings and activities may include volunteer opportunities, cultural festivals, trips to local parks, dining out experience, shopping excursions, farmer market trips, and these will all be based on the interest of the individuals who will be attending the day program.

The next day program is called Hand in Hand for Progress. It's an existing day program in Contra Costa County, and they provide community-based behavior management services for clients with sensory impairments, again with the enhanced staffing ratio of one staff to every two clients. Other program features include sensory activities, composure relaxation rooms, vocational activities, they have a sports and fitness area, arts and craft area, and they do activities of daily living training, they do have a computer area, and also clients who attend participate in cooking, if that is their interest. And they also have an entertainment area, where I've been there and I've seen actually the clients put on plays and other sorts of entertainment, if that's what they're interested in doing. The program is geared toward community integration and building social recreational networks and a high emphasis on choice.

The next day program I'm going to talk about was developed as part of the Agnews closure. There is another question in the back.

M

We can read this ourselves. Where's the real information? I can read.

Our concerns are making sure our loved ones, and not consumers, please, language is important, is that they are safe, taken care of by reasonable people who know what they're doing. And we're not hearing that. I'm not hearing that. I'm not going to speak for everybody else. So, this is wonderful, it's good information, but you could have given us a handout, you're literally just reading word for word. So, I want to get some heart into this, I want to know you care. I want to know everybody cares. That will help us a lot. That will help me.

And for what's working, earlier someone said, oh, what's working for us? What's working for us is Sonoma Development Center right now, that's working for us. We don't know what's going to happen outside. They are protected here, we don't know they're going to be protected outside. So, keep reading and let me know when you're done.

Steve

Okay. I'm giving an overview of our day program resources right now, but I'm happy to talk to you more after I present. We do make a strong

effort to obtain providers in the community who do care and care a lot.

We do have very experienced providers who have been serving individuals who have moved out of developmental centers and have been providing services in the community for a long time. We do have a request for proposal process, all regional centers do, that we take very seriously, to interview potential providers, and we do have a committee that includes not only regional center staff but we have included family members, we have included our own clients in the process, so, yes, we do care a lot. I will continue with the several day programs that we have developed, or continue to develop, and again this is a general description of each day program.

The next one that I'm talking about is collocational services, which was developed when Agnews Developmental Center closed, and it serves several clients who have moved not only from Agnews but also Sonoma Developmental Center. And it's located in Alameda County, it's a behavioral management program that also does community integration and they have vocational activities. They also do a lot of small and large group activities that's integrated into their overall program, and it has been a very successful program.

The next day program is called Way of the Elders, and it's located in Alameda County. They serve individuals who have moved from developmental centers as well as the community and are currently serving several individuals who have moved from Sonoma Developmental Center. They do a lot of recreational and social arts and it really is a wonderful program. A lot of family members have been out to visit, and for those East Bay families that are here I'm happy to talk to you more about those programs.

The next program is called Community Integrated Work Program. This is in Contra Costa County, and it is a community-based behavior management program that provides vocational services to adults. They do provide volunteer training and competitive employment opportunities in the community.

The last day program I'll talk about is ARC Access. It's an in-home day program. It serves our clients who are the most medically frail. A lot of the clients who reside in ARFPSHN homes who are unable to attend day programs in the community to meet their healthcare needs, we do have a day program with wonderful staff that go into the home and provide day program services in the home, including activities. They also do bring the



clients out into the community if they're able to. That's all I have. Thank you.

Nancy I think next we have North Bay Regional Center. Thank you.

Jonathan Thank you, everyone, for showing up. For those of you who don't know me, my name is Jonathan Padilla. I'm North Bay Regional Center's Supervisor for our Developmental Center Liaison, and I'll be making time afterwards for any of the families that have questions regarding our North Bay Regional Center Services.

We have a two-part program. We have the privilege of having a partnership health plan come, and they are the managed care provider for Medi-Cal services in North Bay Regional Center's three county catchment area of Napa, Solano, and Sonoma Counties. And so I'll go through and present briefly about some of our current resources and our day programs, and then I'll turn the time over to Katherine Barresi from Partnership HealthPlan, and she can talk about the managed care the partnership offers to all of our clients.

So, as a brief overview of some of the non-residential resource development that North Bay is currently working on, we are in the process of developing a federally qualified health clinic that has an emphasis on serving individuals with developmental disabilities, and in some of our current meetings we'll be giving a more detailed presentation specifically about this resource, and so we'll look forward to seeing the North Bay families there at that meeting in the future. But just briefly, it's currently anticipated that Santa Rosa Community Health Clinic is developing this project and will complete it towards the end of this calendar year.

We are also in the process of developing a virtual dental home service through the University of the Pacific, and it will have the capability of providing community outreach and visiting clients directly in their homes. It will be able to provide desensitization training to help minimize the need for the use of local anesthesia and general anesthesia. The hygienists that are working under the supervision of the dentist that's running the dental home will have the capability to bring the mobile x-ray equipment and they will be able to perform deep cleanings, they'll be able to perform general cleanings.

Also, there has been a lot of new dental research that has shown that the cavities or the caries that are developed, previous training was that you had to completely remove the entire area that was being decayed in order to prevent it from progressing. But now you can actually, if you identify it early enough you can go in, you can seal that, and that removes the ability of the bacteria to continue growing, it dies and it saves the entire tooth and greatly limits and reduces the need to come in and do general anesthesia to help treat many of the clients. And because it's a procedure that doesn't require any use of anesthesia, it produces no pain, so as long as the individual is able to allow a person to move instruments around in their mouth, this process can be applied.

M [Indiscernible].

Jonathan We have a referral procedure where we can access general anesthesia if that is in fact needed. There are hospitals in Sacramento, and then we have an outpatient clinic that is in the city of Vacaville, through Dr. Bigao, where individuals that require general anesthesia are able to go and have that process performed.

The transportation is provided by our community care home providers.

They have transportation vans that will enable them to transport all the clients in their homes to wherever they need to go, whether it be general medical appointments, whether it be transportation to their community day programs, or just general community outings. We also in the homes and as a standalone supplement, we are developing behavioral support services that will enable the planning team to have third party communication and assessment regarding behavioral challenges that the homes might perhaps need a second or third opinion on.

And then we're developing three day programs for medically fragile individuals. This is primarily for folks that are residing in the ARFPSHN facilities, the Adult Residential Facilities for Persons with Special Healthcare Needs. And then we have five day programs for individuals that require mild to moderate and some severe behavioral supports.

So, now we'll go and talk about some of the specific day programs. There are eight programs that we had briefly mentioned. Kaleidoscope is the first of the medically fragile day programs that we developed specifically for the Sonoma Developmental Center closure. It's currently operating and I believe has approximately 20 people that are being served in it

currently, and approximately, I believe, 13 of those individuals are from Sonoma Developmental Center.

The staffing ratio is enhanced, it's a one to two program, and it has overhead lift systems inside, it has licensed staff that are able to handle all the restricted medical conditions that the individuals being served in it may have. They do community outings. They have site-based activities for the residents there to engage in. And we'll go to the next program.

Equi-Venture is the second medically fragile day program. This program is currently in the process of being developed and it's going to be located in Solano County. Currently we have two ARFPSHN programs that are going to be developed in the city of Vacaville. Excuse me, the city of Fairfield is where those ARFPSHNs are going to be located, and in this program they're currently looking for a site. This program is actually going to be operated by a current SDC staff member, that she's going to be transitioning out once this program opens.

We're currently in the process of talking with a couple of different providers. Regarding this one, a provider has not been selected but this one is going to be located in Sonoma County, where the vast majority of

our ARFPSHN programs will be located, and will have the same capabilities as the Kaleidoscope and Equi-Venture programs.

Pretty much all of the community day programs that we're doing for the closure operate on the community integration model. This is a model that is geared toward helping individuals develop and maintain adaptive living skills, and so it can help support trainings that are being completed in a variety of different settings, whether it be therapeutically through occupational therapists or through mental health counselors. These programs are geared to help provide individuals with the supports that they need to help further those ongoing conversations and increase their ability to integrate and participate in ongoing community life.

This program recently opened, and I believe has a handful of residents that are currently being served. Currently no one from SDC is attending this program, but it does have an enhanced staffing ratio of one to two and has the ability to provide behavioral supports with a BCBA that will help to train the staff and make sure that they can provide appropriate redirection and support for them.

This is another community integration program that has been recently developed. This is currently serving, I think it's almost at capacity now, but it's actually geared to be a resource center for individuals that are interested in finding employment or vocational and volunteer opportunities in the community. They provide a one to two staffing ratio during the day and helping people to build resumes, to identify job interests and skills that they're interested in developing and then once a volunteer setting has been located or competitive employment is identified and obtained, then they are able to provide one-to-one staffing with job coaching.

This is a non-license program and so it doesn't provide any activity of daily living supports. But this is something that we could look at if there's Sonoma Developmental Center individuals and clients that are interested in accessing a program like this we can find other ways through some of these other programs that we're going to be showing you, or maybe some additional support brought in by the care home to help them access this type of a program.

This program is a community-based program. The majority of our programs are site-based, however, we're developing at least one or two

programs that are community-based, where the program provider will pick the resident up from their house and they will take them out into the community and do activities that the individual finds meaningful, whether that be going to cultural events, or different sites and points of interest in the community, to helping them explore and identify volunteer opportunities or other vocational opportunities that they might be interested in looking for. This program is going to be developed by staff for Strategies to Empower People. They currently operate several community-based programs that have been very successful, and we're looking forward to working with them on this.

Amani is another one of our community integration programs. This one is site-based and will operate in a similar manner to the Leap Day Program that was mentioned previously.

Creative Community Services is another similar program. They're currently in the process of trying to get their program design completed, but they do have a site that's located in the city of Santa Rosa. And this program is currently in the process of trying to identify a site. They're looking for a site in the area of Fairfield where the majority of our Solano County homes are being located.



Are there any questions that people have regarding the—

M                    You haven't mentioned anything that comes near a day program for my son, who is totally non-verbal, totally economically uninterested and totally uninterested in involvement in the community and social activities in it. He can't, he has no capability to do that. You haven't said anything about a day program, I haven't heard anything.

Jonathan            Okay. I hear you, [REDACTED]. All of the community integration programs that are site-based will have the ability to find activities that an individual is interested in there at the facility that they're being transported to.

Kathleen            [Indiscernible] visit our Sunrise program. They have contracts for work, and, no, they can't be paid officially but they might be able to find out about what those contracts are and do them in their new day programs. Work is hard to come by, especially the kind of work that our folks do, and it's very, very important to them and critical to them, and I don't see why they can't just transfer some of those contracts over. So, it would be meaningful doing tasks that they can feel good about and maybe they can get a token or a cookie, or something to reward them since they can't be

paid anymore. It's just an idea. I hope that you mention it to some of the providers.

Jonathan                      Yes, I think that's an excellent idea, Kathleen, to look at the existing programs that are here and identify the areas that seem to be working very well. I know that many of the residents that are our clients, they do have different opportunities here at SDC with the various contract work that the developmental center has.

Kathleen                      It would really be great if they could get a couple of state staff in those day programs. I know that the funding sometimes isn't strong enough, but for some of our behavior folks bringing that experience over for just even one employee might be a really helpful thing to strengthen the day program, get it off the ground, since some of these day programs are going to be new. And I think the day programs sometimes go undervalued a little bit, but they really, really are a critical component of our folks' lives and they enrich them, and enhance them and help their behaviors when they go back to the home. So, I'm just encouraging you to think about whether or not we can adopt some of the strategies and even a couple of the people that work here so effectively with our folks. Thank you.

Jonathan                      We absolutely agree with you, Kathleen. We're very committed to trying to encourage the providers to access the Community State Staff program and we have many of our providers that are currently working through and trying to do that as we speak. The first of our Enhanced Behavior Support Homes is currently in the process of hiring several Community State Staff, and I'll follow up with our resource development supervisor regarding the day programs accessing state staff as well as whoever—

W                                [Indiscernible].

Jonathan                      Yes. And then I think as I had mentioned previously, we have a state staff person that's operating one of the day program sites here and she'll be doing the Equi-Venture program for our ARFPSHN residents in Solano County. Yes.

Okay. I guess with that I'll turn the time over to Katherine from Partnership HealthPlan. Thank you, everyone.

Katherine                    I'm not sure if you're familiar with Partnership or who we are, but we are the Medi-Cal managed care plan. I'm sorry. Is this better?

M Yes.

Katherine Okay. I apologize. I was sitting by the window and I'm a little cold, so I feel like I'm shaking like a Chihuahua a little bit. So, I apologize. Again, my name is Katherine Barresi. I'm the Associate Director of Care Coordination for Partnership HealthPlan of California. We are the Medi-Cal managed care plan for 14 counties in northern California, including Sonoma County. So, a lot of the clients and your family members and loved ones here have both Medicare coverage and Medi-Cal coverage, and we are their Medi-Cal health insurance company, to keep it simple. So, anything that Medi-Cal covers, Partnership covers, as well as some additional enhanced benefits.

The reason why I'm here today is to really provide a background overview of how for the last 14-some-odd years Partnership has partnered very closely with the regional centers to make sure that all folks connected with regional centers get coordination of care. So, we work with Far Northern Regional Center, Golden Gate Regional Center, Alta Regional Center, North Bay Regional Center, and Redwood Coast Regional Center. Sorry, I'm cold. Sorry.

But we have embedded staff in my Fairfield office of about 50, 2 in our Santa Rosa office, and 25 staff members in our Redding office to assist the service coordinators with any gaps that our members and their clients might be experiencing. So, we also make sure that the funds are distributed appropriately and that resources are channeled effectively so that the regional center can provide things that both Medicare and Medi-Cal can't, so, for example, specialized equipment, retrofitting homes, transportation, those kind of things that Medicare and Medi-Cal might have red tape on, we make sure that we're paying for things that we're responsible for so that the regional center can take care of those extra specialized needs that these clients have.

So, I'm not going to read the PowerPoint, there is a PowerPoint on the table. Please feel free to reach out to us or any of the regional centers if you guys have any questions. Do you guys have questions about Partnership in general? Yes?

W [Indiscernible].

Katherine Absolutely. And I'm sorry I didn't preface this earlier, for the SDC closure we have staff, a liaison, Linda, if you want to go ahead and stand

and wave so they know who you are, an allocated resource within Partnership who are working very closely with the SPP group here on site with regards to the transition planning and helping both the health plan and the counties and the regional centers collaborate. Sometimes, from a health plan perspective, we're a leader initiating processes via DHCS, who oversees us, versus DDS, who oversees developmental centers. Sometimes we're a convener, just kind of bringing resources together, and sometimes we're just a conduit passing through resources. In this process we're a support adjunct, we really are just trying to align ourselves to make sure that these clients get what they need and that the agencies are working together in a collaborative way. But we would love to participate and we plan on being there. Thank you.

Nancy Thank you. The next regional center is Alta Regional Center.

DeDe Hi. My name is DeDe Peters and I'm a Resource Specialist here at Alta.

Geneva Hi, I'm Geneva Luedtke, and I'm also a Resource Developer at Alta.

DeDe So, we're just going to do a quick overview. We're a ten county region, so we're actually pretty large geographically and have reaches all the way

up to Tahoe and the Sacramento Valley, up to the Yuba City area, so we're pretty large, over 22,000 clients. The other two people with us today is our Service Coordinator, Sid Castene, and Phil Bonnet, our CEO of Alta. So, afterwards if you have any questions please come talk to us because we're not going to stand up here and take a ton of your time, because we know there's more regional centers. And our contact information is in the beginning and in the end.

So, real quick, we have about 47 clients at the developmental center right now, and some of these numbers actually already changed this week, but we had already sent it in. We have actually now 17 transfers from other regional centers, and we have over 12 people that have already moved out right now from SDC.

Some of the things we have, really quick, that we already have, we already have a doctor who does general anesthesia for IV when that is necessary in the community already for our existing clients, and of course Sonoma movers will have access to that. We have also the crisis intervention support, so these are a group of people for those severe behaviors that can come into the home and help support with any mental health or behavioral needs and the client doesn't have to then leave, and they are a 24/7. We

also have Turning Point, which is a wraparound service, and also Medication Management System, and they again will come to the consumer so the consumer doesn't have to leave to get those services.

We also have most of our homes, all of the CPP homes, so all the homes for your clients will have all the different consultants that are based on individual needs, behaviorists, RNs, dieticians, psychiatrists, etc. Those will all be provided in the homes. And then we also have a lot of different day programs in existence, since we already are a large catchment, we have a lot of an existence that already can serve some of the needs of your consumers and then we're developing some more, but from if they like art, if they like filmmaking, if they want only community integration, if they want employment, we have a lot of those and we're developing more too.

Real quick, we have just a list of the different homes that are being developed specifically for our Sonoma movers, and we did go through this all last time so I won't bore you with all the different homes. One of the new services that we are going to provide is specifically an enhanced behavior support system, so a team of BCBA and MFT and RBTs will go in and either work with the family or the staff if the client's behaviors have increased and become a little maybe unmanageable for the staff or



the family, and that way they will not lose placement, is one of the biggest things. And to help teach the staff or the family how to manage those behaviors appropriately so they will stay in their home and they don't have to leave. So, that is a new program and we're working with Advance Kids on that, who is already a behavior management consulting and goes into homes already and does this for children, and they will do for adults now.

W Can you please explain those acronyms? I'm over here. Sorry.

DeDe I'm so sorry.

W I have a mic, but could you explain the acronyms for us?

DeDe A Behavior Consultant, so it's a licensed position, then a Marriage and Family Therapist, and then a Registered Behavior Technician, those are all of those acronyms. I'm sorry. We just love acronyms. I apologize. I just think everybody knows them. So, thank you for slowing me down for that.

The other program that I'm going to wrap up with and then I'll hand it over to Geneva is our medical intensive day program. UCP, which is

United Cerebral Palsy, has quite a few day programs and some are already serving some of our clients who moved out from Sonoma. This program specifically where it is different is that they will have a full-time R.N. on site all during the day program, and they will do things like sensory issues, the MOVE program, to be able to move them up through their wheelchairs or into different settings. They will do things, community integration, teaching of ADLs, if necessary, so that is definitely specific to clients who have more medical needs and want to be able to go to a day program that will help service.

Geneva

For the intensive behavior support day program, the service provider will be CVTC, Central Valley Training Center, and they will focus on four main areas of community integration, behavioral interventions, skilled training and exploring possible internships. And CVTC will also have an employment skill development day program, where their main areas of emphasis will be soft skills training, office skills, and technology usage, retail training, as well as janitorial service training.

And for the specialized dental clinic we are working with a local FQHC, their name is HALO, and that stands for Health And Life Organization. They currently have four locations in the Sacramento area and they are

building a new location that will offer specialized dental services for clients with developmental disabilities. And they have specialized operative equipment for clients in wheelchairs, and essentially this is a platform that the wheelchair can roll on to and lift and rotate, and it's mainly so that clients will not have to transfer in and out of wheelchairs as much.

HALO will be in collaboration with the University of The Pacific for their initial training needs. And Dr. Glassman from UOP and his team are developing a system of care for clients with developmental disabilities and they will be training in areas of systematic desensitizing for care home staff, for the daily mouth care as well as dental procedures. And here are a few photos, they're going to begin construction soon, and there is a photo of specialized operative equipment. And I'll be around after today if anyone has any additional questions about this service. Thank you.

Nancy                      Thank you. Alright. I think Golden Gate Regional Center is up next.

Eric                        We have no slides, so I was just telling her she can rest. Hi, I'm Eric Zigman. I'm the Executive Director of Golden Gate Regional Center. And we've been asked to be brief to keep moving along to honor our time

commitments, but the four of us will be here after to answer any questions you have.

So, I think I said this last time, I've been in the field for 30 years, definitely like many people in this room dedicated our hearts and our working lives to individuals with disabilities, and about seven or eight years of it was for me a focus on the Agnews' closure and developing services in the community and assuring quality of service in the community. So, I'm happy to talk to folks about the infrastructure that was built during Agnews that we're really using and capitalize on to expand.

Golden Gate serves San Francisco, San Mateo and Marin Counties for our geographic location, and I'm here today with Lisa Rosene, the Director of our Regional Center Services; Amanda Pyle, the Director of Community Services; and Kim Morgan, our Manager of Community Services and individual transitions. So, you're going to hear from them and I'm going to get out of the way in a minute.

I just wanted to mention that we've been meeting with families who have loved ones here from the Golden Gate area for, I think almost two years,

and they're a great group and they send questions ahead of time and we endeavor to answer all those questions. And we've been enjoying those meetings and really getting positive feedback from the folks who have had their loved ones transition. And not to repeat what other regional centers have said, we certainly are utilizing state staff, both from Agnews and Sonoma in our regional center area, and we're about halfway through the transitions, if you go back to that May starting date we're serving about 60 individuals, and back in May of 2015 here we had about 120 people that we were serving and taking one individual at a time and really trying to make measured and safe transitions to ensure those people did well.

So, let me just talk about the home development's going well, we're on track with that as well, some challenges in high cost areas but we're really doing well, 14 homes are in renovation at this point, and 4 are up and running, and we've got a few more down the pike, but we're feeling confident that we'll do well in terms of the home creation. So, we really want to talk more about the other services that we have and not concentrate so much on the homes, that was our charge today, so I'm going to turn it over to Lisa Rosene to talk about some of those non-residentials. Yes?

M [Indiscernible] having state staff psych techs in the direct care in the homes. I haven't heard that from any of the other presenters. Have we any possibility of people who are as qualified as the psych techs are here as the direct care people in the homes that they're living in?

Eric Well, there's a couple answers to that. It wasn't my intent to allude to that exactly. I was speaking more specifically of state staff who are working for the regional center at this point, and nurses going into homes and others. But I do know that that does happen and certainly I think Regional Center of the East Bay in particular you could talk to those folks, Lisa and Lucy, and they can talk to you about some organizations that have hired a lot of state staff.

So, going back to Golden Gate, the Agnews closure really made an effort to develop very strong relationships of a very large cadre of smaller agencies, and those have really done well over the last 15 years. So, when Steve was talking about trusting our providers, vetting our providers, having long term relationships, it's really resulted in high quality services.

So, with that I want to turn it over to Lisa to talk about some of the non-residentials.

Lisa R.

Thank you, Eric. I think good afternoon may be appropriate right now. I want to just briefly follow on the parent meetings we've been having. And for those of you who are in our catchment area, Beverly Offton is the parent who has graciously agreed to chair, and you can give the questions to her. But the questions that we get specifically up to now have to do with things like what are the faith opportunities for the people we serve, how can we ensure that people get to go to church, or synagogue, or mosque and practice their faith. Those considerations are definitely in the forefront of our planning process, and we encourage all of you if that is an area that you want to ensure happens for your family member, to please make sure that that happens in the transition planning.

Also, work comes up frequently, what are the opportunities for work. Golden Gate Regional Center is an employment first center, and we strongly believe that everyone who wants to work should be given that opportunity. We supply that through all of our existing day programs, and as Eric said, we are fortunate enough to have a strong day service program base in all three communities that has experienced serving people who have lived in a developmental center. So, again, if you want your family member to have some kind of paid work experience, volunteer experience

in those areas, we will make sure that that happens for your family member.

Recreation, we are very, very fortunate in the Bay Area to have all kinds of cultural opportunities for people, the outdoors is wonderful, and the programs again that we have are making sure that people get out into their community, not just with a group in a van going to the mall, but that people actually get to experience things that we all enjoy, concerts, hiking, boating, swimming, whatever it is that people want to do and enjoy. And we're also hooked up with a couple of organizations that do vacation trips for people, so that's another option, and it doesn't matter the supports people need, we work with those organizations to provide those opportunities, and people have gone to Hawaii, to Disneyland, so there are those opportunities as well.

In terms of the medical services, again, in the Bay Area we are fortunate, and I know someone already mentioned UCSF, Stanford, we have hospitals and clinics that have a very high reputation for medical care excellence. We're part of the CART model that is out of UCSF and it is run by Dr. Clarissa Kripke, and she is also working very closely with the homes that we're developing for people who are transitioning from



Sonoma. She is very, very committed to providing specific healthcare for people with developmental disabilities and she has expertise in this area.

We have a number of partnerships that we already spoke, but we are also working closely with the Health Plan of San Mateo and the Health Plan of San Francisco. The Health Plan of San Mateo has a program called Landmark Health, and it is an extension of people's regular medical, and if you have five or more chronic conditions you're eligible and this program will provide 24/7 care in the home as well, and so, again, it is designed to limit emergency rooms and medical crises for people. We currently have 40 individuals served by Golden Gate Regional Center that are receiving those services.

Dental, we're working with Dr. Glassman, and I don't know how many of you are familiar with University of The Pacific and Dr. Glassman, but he has been in practice specifically with people with developmental disabilities since the 1980s. He really knows his stuff and he also will arrange the virtual dentistry. We're working with him in a coalition right now to talk about hospital dentistry specifically in San Francisco at UCSF. Currently those services are provided at California Pacific Medical Center in San Francisco, and at Seton in San Mateo County.

We also have in terms of mental health services the Puente Clinic with Health Plan of San Mateo, again, specifically designed to work with people who have mental health needs and developmental disabilities, and it is staffed by a former clinician who was with the regional centers, so she's been doing this for ten years now, again, very, very knowledgeable. And the Anchor Program, which was developed with San Francisco Community Mental Health back in the early '90s, again, specifically for people who have mental health needs, medication monitoring, and all those things.

So, I know I've heard the concerns that you have about your family member's safety and how things are going to go in the community. Please bring up all your concerns, don't be afraid to do that. We will work with each of you individually to make sure that whatever plans are made are tailored to your family member and that you feel comfortable working with us and communicating with us. Thank you.

Amanda

In addition to the employment services that Lisa had spoken about previously, I just want to touch on some of our specialized day services that we also provide. We have several existing day service providers in Marin and San Mateo Counties that focus on providing services for people

with complex behavioral needs that may have significantly challenging behaviors.

Those models have a site as well as community integration options, they do have the enriched staffing ratio of one staff to two individuals, and the activities that happen with those programs as well as the outings are very much based on what each individual person that receives services in that setting really wants to do. They work with additional consulting services like BCBA, other behavior consultants, in addition to anything else that they may need, so we have some programs that are providing things like art therapy or music therapy.

We also have a model similar to the other regional centers that is for people with complex medical needs, and we currently have our most recent program that provides nursing support opened up and is serving individuals who have moved from Sonoma to start with day services, and that opened in December. That program has a nurse any time the program is open, they also provide additional nursing support for individuals who may need it on community outings. Those community outings, once again, are very much tailored to the individual that is going out, so when we look at what the individual's interests are, when we look at how long

an individual likes to be in the community, do they want to just go out for an hour or several hours, the programs like that are also able to meet any nursing need that an ARFPSHN is able to meet.

In addition, they also work with things like side liers and standards and can provide that additional support. They're able to support individuals who are non-verbal and using a variety of communication methods. All of our behavioral day programs, nursing day programs, any of our programs work very closely with the individual that they're going to be supporting, the family members, the staff at Sonoma during that transition to really get to know what are the individual's interests, what does that person want to be doing when they go to the day program, and really able to gear those program services around that particular individual's interest as opposed to trying to just make that person fit into the existing program.

I can tell you from experience that a number of our programs that are serving individuals, from Sonoma as well as previously from Agnews, have been able to individualize their programs very much. I've gone and looked at the programs and I see individuals that are doing a separate program if they don't want to do what the entire large group is doing. So, we really try and make sure that those day program services do

incorporate a lot of choice and are based on what each individual wants and needs.

I'm not going to go into each individual program that we have, but I am happy to answer questions after a little bit more specifically to the programs that we have up and running. Also, we do have Mary Beth Lucero, who is one of the administrators of one of our existing medical day programs and also has a medical day program in development for herself, so she's happy to answer some questions after as well.

Alright. Far Northern?

Laura

Hi, I'm Laura Larson. I'm the Executive Director, Far Northern Regional Center. I'll try to be quick and brief. Far Northern starts where Alta stops, we go up to the Oregon border and over to Nevada. We are a very small regional center, but we are mighty, and we had ten people living here at Sonoma Developmental Center when the closure announcement was made.

Two of those individuals had really involved medical needs and so we requested dollars to create one of the ARFPSHNs or the special needs

facilities for folks with that level of needs. Unfortunately, those two individuals died. So, we have a facility in Redding, we have two cities, Chico and Redding that are both very, very beautiful, and what you have to do in a rural area, we serve about 7,400 people, and you have to listen to people not only with your ears but with your heart, and what we heard from those two individuals is that the families were looking for something very peaceful.

We can't replicate these grounds, but we looked for a home that was a little bit in the country, just a couple of miles out, which is easy to do in Redding. And it has floor to ceiling windows in the living room, so if you are not real mobile and with a salt lick you'll see deer in the morning, and eagles and foxes, well, you don't want to see the possums, but lots and lots of wildlife. And so I really encourage you to, if you have family members that live up north, do consider this particular facility. It also has an apartment attached to it, and I learned last week that the apartment now is a business for some of the other folks that we serve, that they'll be booking the family visits and they'll be cleaning and restocking the apartment, which does have a kitchen.

Far Northern is a welcoming center, everything is small, everything is individually designed, and our day programs and our medical services are very, very creative because we've had to be creative because we're up north. We were a leader in telemedicine over 20 years ago.

But I'm going to turn this over to Diana Anderson just to tell you a little bit about, not a lot because you're probably not interested in living up north, but we have enormously creative day programs. I think we have probably some of the most creative services you can find, because once again we have to be creative.

Diana

[Indiscernible]. We're very proud of this ARFPSHN because it does have an in-law suite that is very comfortable and is a wonderful spot for families to come up. Every family who has a loved one in this home can do three free nights a month to come up and visit in a beautiful setting, and there's some pictures that show you that beautiful setting. So, we're very proud of the fact that we may have the first visitor center in an ARFPSHN.

As Laura just said about the day programs, about eight to ten years ago the regional center decided that the large programs were creating environments of behaviors, we were not addressing a lot of the medical

issues, and so we went to a model of small programs, 15 to 20, 25 was our model, and it's created a lot of niching. And so now there's a lot of different, we've got some day programs that only have four people in it, and so they're able to really address a lot of the interests of the individuals and the needs, and we saw behaviors just drop off and we saw medical issues drop off. But I'd like to talk a little bit about some of our local safety nets.

In Far Northern it's all about relationships and about over the last 20 or 30 years we had to develop relationships because we don't have fancy hospitals and we don't have a lot of specialists. So, we did pioneer telemedicine, which is on Polycoms, at a time when it was terrible connections and the pictures were blurry, but it's come an amazing long ways in the last couple years. We have HD cameras and the doctors can just go right in and pick up visual kind of things, and we have 37 clinical satellites in our nine county catchment area, but beyond that we also access ten major medical facilities throughout the State of California for specialty treatments as well as psychiatric services. And while it sounds terrible if you've never used it, it's actually come a long ways and it's very high tech and very effective for our clients.



We also have had a local doctor who's been doing hospital dentistry for 20 years before Dr. Bigao came along, and he's actually going to be retiring soon and Dr. Bigao will be coming up and it looks like he'll be accessing those medical services at [indiscernible] hospital. But we've also had a long term relationship with a federally qualified healthcare provider in doing, we contract with them and they provide extra staffing when our clients come in and do a lot of desensitization stuff.

We also have really great assisted technology, we have two providers, North and South, and besides just doing a really good assessment we got away from doing the assessment and purchasing equipment and then that was the end of it. We do ongoing training and we do ongoing small group, every month there's small group meetings, where anyone who's received assisted technology can come in with their staff, they can come in with their family members, and they can learn new things. The equipment's amazing.

We did a pilot a couple years ago with Native American Indian Health, and we are going into a contract with them for drop-in mental health services where medications can be addressed immediately. Many times it's hard, you have to wait a week to get an appointment, and we don't like

people going to the emergency rooms for those kinds of situations so they will be able to get an appointment that very same day to come in and meet with a psychiatrist and talk about their medications and tweaking.

Dr. Kripke from UCSF has been up in our area. She's doing a lot of training with our local doctors about individuals who may have autism, who may have very complex medical needs, and she's been doing a wonderful job working with the residents at one of our training hospitals, as well as our treating doctors. And she's been able to set up, through partnerships with Partnership that we have doctors coming in to our specialized residential facilities, because many times it's not just the medically fragile but it's individuals who do not do well going into a medical setting, and as we all know you have to wait and wait and wait and wait. We've also done a lot of nursing consulting in our residential facilities, SOS, day programs, we were doing this for a long time before individuals started coming out of the developmental centers because we had a need in the community for those things as well.

And then I heard, the lady's gone, I'm sorry, I heard a family member say, what if my son wanders off and gets picked up the police. Well, we have for years have had a forensic specialist who works with the courts, the jails

and the police, sheriff's departments throughout our nine counties, and we get a call immediately. We do not believe in people being put in jail. We have two crisis homes that we developed years ago as well, we can move them from that setting into the crisis homes if we need to. But the judges, the jail staff and the police officers are very familiar with the regional center, we have a relationship that cannot be duplicated quickly, and so we get the call, the judges, the police do not want to put our clients in jail, they want us to come help them and problem solve together. So, we do that.

And then transportation, we're really proud, we don't have really good transportation up there, but we have developed a new REDI-Ride that we'll be able to access a lot of community outings. It's our in-house Uber service. Clients will be able to access it on their cell phones and order up a car to take them to the movies with their friends or with their staff, lots of different things to work those kinds of things. So, those are some of the safety nets that we've put in place.

Laura

I have my business card, and if any of you want to come up and visit Far Northern and look at anything, I'm happy to clear my calendar and take you out. One of the things we developed with CPP dollars was a day

program that's a doggie daycare center, and they board cats for the day and overnight, and dogs, and they do grooming too, so we're really hoping that some of the folks that have more severe disabilities will be able to put some love into those little dogs that their mom or dad's off to work for the day. But that's the kind of creative day programs we've developed along with gyms, and we don't have the time, but lots and lots of very innovative environments for people to spend their day and also earn a little money.

Diana

Yes, we're really proud of our food pantry programs, we have several food pantry programs that are run by clients for clients. And one of the things, it's always been a problem with fresh food because you get into health department issues, so one of our programs is we're in the process of building an aquaponics environment and so it will be perfect for individuals who are in wheelchairs or lower functioning who can just, it's all in the water, it's very soothing, and it's all at a low level for people to be able to access. So, those who want to can work in many different environments.

Nancy

Thank you, Diana. Last is San Andreas and then we'll go into an update on transitions and then be able to have some questions and answers.

Dwayne, or Dawn, Aleana, who's going to be leading the questions and answers? Dawn will be doing that. Okay. Thanks. Javier?

Javier

We are very mindful of time, so we're just going to take a couple of minutes. I'm Javier Zaldivar, the Executive Director of San Andreas Regional Center. We represent Silicon Valley, and we have currently three individuals and soon two individuals that will be served here and transitioning into the community. And we have acquired our final two homes, and the reason I mention that is we have two people slated for the home but we have capacity for eight. And we have our doors wide open, again, if any family member ever wants to go see a program in motion you're more than welcome to contact Jim Elliott or myself and we'd be more than happy to show you. We're not serene, like Redwood Coast, as a matter of fact you will be honked at.

W

[Indiscernible].

Javier

Far Northern, my goodness, you're right. So, definitely you are more than welcome to come down. And just a couple of comments, we take the safety net question very seriously, and it is something that we're always

trying to prepare for, as we want to make sure we create an environment that is safe for everybody.

And that safety net question, I can tell you, we are having the same conversation in reverse, just a week ago had a conversation with a family and the individual that's being served in the community is probably having many of the same kind of behaviors that many of your loved ones may have been having, or had issues that were very similar. And the comment was from the family, and the advocate that was working with them, well, is the state hospital, is that a possibility? And my comment was, well, we are in the state hospital. Look around you, this is now the state hospital, our reality. And the safety net question we talked about in detail because it's not a buzzword for us, it is something that is so critical as we create the environments that will foster growth and continue to provide growth in the community.

So, we appreciate all the feedback, as it's so important, and we were the beneficiaries of the Agnews closure. And a lot of the people that have been in the community now, we're going on a decade now that the last person left Agnews, and along the way now we've learned a lot regarding

how to create safe programs, how to work with people, and more importantly how to make sure that we have a continuum of care.

Now, I'm surely not going to read it, you can read it, and we decided to do it in a circular fashion because it is a circular thing. There is no one program that is going to be the end-all when you enter a program, and things change, and that's what we're going through with Agnews leaders, we are ten years later and many of the services that we had in place ten years ago may no longer be appropriate now ten years later.

So, a lot of the questions that we have here really are when you're developing your plans make sure that you're looking at each little bubble, so that each little bubble is going to be considered, and I always tell families put everything on the table, but you want to make sure you talk about everything. We want to make sure you are comfortable and we want to make sure that the providers are comfortable and we know what is known and we can't fear what is unknown. But I can tell you ten years later we have a very strong structure in Santa Clara County in particular where 90% of the Agnews' leavers that were being served by San Andreas are residing. The county is huge, and I'm not going to go through any of the programs because we have many of the very same programs and we

are very proud, we just vendored our aquaponics program for behavior management, and as Laura mentioned, it's going to be an opportunity for people to work in that outside environment and hopefully provide.

So, we encourage you to keep the questions coming, and once again if you have any particular desire to visit Silicon Valley, definitely come down and we'd be more than happy to open the door. Jim is going to talk about, just real quickly, about one of our programs that is offering services in Silicon Valley.

Jim

Just as an example of one of the programs that was developed during the closing of Agnews, we have a program called Mission Bay Works, they have two sites, they are a behavior management adult day program. It was actually founded and run by a nurse from Agnews Developmental Center and they're proven themselves to be our most reliable behavior services provider for individuals attending community-based day programs and site-based day programs. They have, it's a wonderful approach, they integrate people into small teams, they go out in groups of one to three, or two to six, and they'll go out to different job sites or they'll go out to different community-based activities and they'll mix between the site and the community based on how the individual's doing during the day, let



alone how they're doing during the week or what goals they're progressing towards in their day program.

We work very hard to make sure that our homes and our day programs are integrated fully as members of the individual program plan team, they participate in the same meetings, we all go to the same location and talk and go through the plan, how is what's happening at the day program feeding into what's happening in the home and vice versa. And the service coordinator really acts as the fulcrum for that communication.

So, it's been a really positive experience for us, for our Agnews' leavers, and for our gentleman who just moved out of Sonoma. He's having a fantastic time, he's already moved from one to one staffing down to one to three staffing, and he's only been in the community since February. So, it's been a really successful model for us.

Javier                      And I guess that's it, so welcome to Silicon Valley, and alright, we'll see you. Thank you for your time.

Nancy                      Thank you. Dawn, on the transition process? And we're going a little bit over, but we'll make sure that you have the information from Dawn, and

then Dawn and Dwayne will provide the question and answer for you this afternoon.

Dawn

Good afternoon, Dawn Percy, I work with the Department of Developmental Services. I'm in the Developmental Center Division, but I'd just like to share with you most of my career has been at the developmental centers. And I have been through a closure with individuals that I served down south, so I understand the complexity and the sensitivity of this task that we are doing. And it's extremely important for us to work together and get this right for your loved ones.

First, I want to introduce Kim Garcia, she works at the Sonoma Regional Project, and you will be hearing about the regional project here at Sonoma throughout your transition process with your loved ones. I supervised the regional projects from headquarters and we have a few sites out of the developmental centers, and they are the conduit between the regional centers and the families and the consumer of course, number one, and then the staff who have been working with the individuals for several years. We do rely on your information as you are our expert of your loved one and the transition process is really very critical to us. We want to make sure that we have good engagement, we'd like to have that as early as

possible, so we hope that you're already talking with your regional centers and your teams so that we can do proper planning for your loved one.

We do have a lot of processes, and Amy is handing out a flyer, and that explains in detail what our system is for transition. I'm not going to go through all that. I did go through it last time that we met, but we believe and are very confident that we have a thorough process from the beginning of just a conversation of planning and then going into meeting our service providers that you and your loved one has the opportunity to determine is that a good fit. We want to make sure that we get the right fit so that we can acknowledge and work with that provider that can meet the needs of your loved one.

And then we really do a thorough job here at the center and with the regional center and the provider to make sure that we transfer all the knowledge at the developmental center, the staff that have worked with those individuals to the staff that are going to be working with the individuals in the community, so we have what we call cross-training activities. And you'll be a part of designing what is it going to take for your loved one to transition from Sonoma Developmental Center into their new community option. Some people, we have found, get really anxious

during the process, so maybe it's not going to be as long, maybe they're not going to have as many visits. Some people we need to take our time and do multiple visits. It's all individually tailored.

So, I want to assure you, it is a team process, we do rely on your participation, your loved one telling us what their needs are, the experts here at Sonoma, we value the staff at Sonoma and recognize all their years of commitment to the individuals and their knowledge base, and we want to transfer that information before the individual leaves. And then as a team you'll determine when it's the right time, when that person is ready.

So, we're already engaging in a lot of transition planning, and as Nancy articulated, we are going to be starting the transition planning at every individual program plan meeting now because time is of the essence as well. And we don't want to rush through it, so we need to do it sooner than later. We don't want to get down to the last six months and find out that we didn't plan for the time period that your loved one needs.

So, if you have not talked with your regional center, I urge you, please, attend the family meetings, talk with your service coordinator. If you're not sure who that service coordinator is, Kim Garcia can connect you.

Amy, did you hand out the document also, what is the RDP? Kim's number is on there as well as the other two projects that we have at our other facilities, so you can contact her directly and she can connect you with the appropriate resource. Obviously, your social worker at the center as well knows who the developmental center liaison is for each regional center. And so again we really want to make sure that we do a very thorough, safe, thoughtful process of transitioning.

So, with that, I know time is of the essence, I'm going to open it up to questions. But I would like to start, you know, I've been bringing the mic down because we have people on the phone and it's hard to hear if we don't use the microphone. So, I want to see if there's anyone on the line that has any questions or comments.

Moderator            Thank you. [Operator instructions]. And I'll pause for a moment to allow everyone on the phone lines time to signal.

Dawn                    I think I'll take this opportunity to thank Sonoma for all the goodies and, please, on your way out have a refreshment. Thank you.

Moderator            And we do have a question from Steve Dougherty. Please go ahead.

Dawn                      Hi, Steve.

Steve                     Hi, PHA. Thanks for the presentations. It's more just a comment that oversight is all very important and making sure that oversight happens, and you're all working very, very hard but we have to stay on top of that.

Dawn                     Absolutely. I want to tell you, there's a lot of head shaking here in the audience. We agree and are committed to oversight, absolutely, monitoring and oversight.

I do want to say that the regional project staff, who have helped with the transition, do go out and do the post-placement follow up visits, they do a five day visit in person at the home. Regardless if it's on a Saturday, or Sunday, or holiday, they're out there. Then we do a 30 day visit, we attend the IPP of that individual, hopefully it's on that 30 day, we do a 90 day visit, we do a six month visit and a year visit, and then we're always available at any time, we have the open communication, that 24/7 if there is an emerging issue we would like to know about that as soon as possible so that we can deploy some of the staff that know this individual and that we can help mitigate any issues. So, we are available even in between those time periods. Thank you, Steve.

Operator, is there anyone else?

Moderator No one at the moment. [Operator instructions].

Dawn Thank you. Is there any other questions here?

W Hi, I just had a quick question. When you mentioned IPP review, how is that done once the community placement has taken?

Dawn Would one of you like to share the IPP process in the community?

Laura Well, I can only speak for Far Northern, but I think most of the other regional centers are doing the exact same thing. We are person-centered planning, and so we do an extensive IPP process where the whole entire team is sitting at the table, the residential program, the day services, behavior services or any of those kinds of things, to really talk about what is important to that individual, what progress are they making on any of the objectives and what changes need to be adapted to that plan to ensure success in the future, those kinds of things.

W [Indiscernible].

Laura                    The IPPs are done in our regional center annually. But the client, if they're residential they're seen quarterly, and the same in Supported Living, they're seen every quarter.

M                        [Indiscernible] a month after you're not happy with what's going on with your IPP, at all regional centers we will convene a new meeting to discuss issues as they arise. So, it's pretty much a never-ending process and something that really works for our folks.

Dawn                    Thank you for that question. Any other questions?

W                        I have one.

Dawn                    Oh, okay.

W                        Sorry. And this has to do with the regional project. My [REDACTED] just had [REDACTED] meet-and-greet last Friday, and so are we assigned one contract at the regional center? I know Kim is the director.

Dawn                    Yes, Kim has what we call transition coordinators, and they are staff from the facility, they may be a licensed psychiatric technician, they may be



what we call a community program specialist and they work in the project, a registered nurse, and she tries to match with their skill set, so if they've had a lot experience in the nursing side, she tries to match that so that they have that expertise. Maybe they've worked with the person because some of our staff have worked here so long we can build that partnership and continue that relationship. So, she's very mindful of how she assigns that person, and then they will follow the individual through the transition process.

W Great. Thank you.

M Dawn, in the previous question you mentioned oversight a number of times, and that would be over a period of the first year, correct?

Dawn Correct.

M Okay. When they come out for the oversight, are they looking at a list of benchmarks or standards—

Dawn Absolutely.

M —that are determined in the transition planning meeting?

Dawn Yes.

M Okay. And that's the criteria—

Dawn Absolutely. Also they're looking at has the individual had any weight changes, maybe increase or decrease, they're looking to see are they adapting to their new environment, they're looking at have there been any medication changes, and talking with the individual, if they can communicate, are they happy and healthy. And then looking to make sure the plan that we developed is being followed, and that transition planning meeting can certainly state what the follow up items need to be as well. But there's a whole host of milestones that we want to make sure that the person remains on baseline. But definitely each individual is different, so there might be other areas that are identified through the transition planning meeting that we need to follow up on.

M Let's assume that they don't meet all of the expectations of the benchmarks, does that automatically re-schedule an additional meeting

prior to the normal scripted meetings so that they would be given recommendations for improvement?

Dawn                      Absolutely. Yes, they communicate with the provider, they communicate with the regional center. We may see the need to call a special meeting. We may see the need to just follow up ourselves, maybe there was a piece of equipment that was supposed to be ordered and delivered and it hadn't been, so the project will keep following up on that. Some individuals, if they feel the need that they want more extra support we'll just make additional visits. So, it really is tailored and we will do whatever it takes to support that transition.

M                              On those visits and the assessment that would follow that, is that information available to parents or conservators?

Dawn                      We certainly can provide you with a summary of what we saw, it's a scripted tool that goes into a database in headquarters so that we can monitor those milestones. But, absolutely, we want you to be involved. We want to hear how you're feeling as well. In fact, that's one of the first questions when the individual goes out is, are you satisfied with their new home and are things going as planned, as committed by the planning team.

M Last question, about—

Dawn And may I say, Kim just brought up a very valid point, that hopefully you're there too, because you're welcome to come with us on our visits. So, we can tell you when we're going to be there and you can join us. Certainly we tell you, and I know the regional centers, they visit also at unannounced times, and you're free to come in any time. But we can let you know, and that would be a point that you would tell the transition planning team that I'd like to be there when you come and do these follow ups. We do have a commitment to do it, especially other facilities but we're trying to honor here as well with Sonoma under our CMS agreement we must do it on the 5 day, the 30 day, so we sometimes don't have as much wiggle room, but Sonoma's not under that agreement anymore, so let them know you'd like to participate and we'll definitely reach a date with you.

M Last question. About five or six weeks ago I received a survey requesting my evaluation assessment of the transitional process, having not gone through it yet, it was somewhere in Fresno, so I tried to find out—

Dawn Did it say National Core Indicators on it maybe?

M No.

Dawn No?

M No. So, I tried to find the number and I couldn't find the number that I ever got a response to, so I was just wondering.

Dawn Interesting. You and I can connect and—

M I'll give it to Kim.

Dawn Okay. Yes, we'll work that out and figure out what that was.

M It was two pages.

Dawn Anyone, regional centers, do we have any idea of maybe something that comes?

M No. [Indiscernible].

Dawn                      Disability Rights of California maybe. Yes. Did it have something to do with the Quality Management Advisory Group, because I know you're going to be a member of Sonoma's group? No? Okay. Alright. So, we'll figure it out with you. Yes?

M                            I thought I had addressed this kind of question before, but obviously the guy didn't want to respond to that. Is there any effort being made to hire state staff at the level of direct care in the homes? Right now my son is in contact every day with psych techs and professionally qualified state staff people. Are we making any effort that that quality, that ability, that professionalism is going to be happening in the places where they are, at least partially?

Dawn                      I will tell you that I do supervise the Community State Staff Program now and we are definitely seeing an emerging request for state staff in the community. I have a coordinator in northern California and a coordinator in southern California, and we're talking with all the providers, we're talking with the regional centers, we're going to different fairs just to make sure people understand what the Community State Staff is. We certainly can't require that someone participate in the program, but we are

seeing a remarkable increase in the program. So, things are moving very well.

And Aleana just reminded me, we have interviews here, we just did 40-some and they're all the level of care positions and resident managers for home administrators, so we've hired several staff and they're in the hiring process right now. So, we're definitely seeing robust growth.

W [Indiscernible].

Dawn No, at this point it really is, I think our staff have done a remarkable job of just informing individuals of the benefits of the state program. The regional centers have really embraced that and are looking at the need of their providers in the regional centers, and of course there's lots of conversation because we're having three closures. So, we're out and about all the time. I don't see my coordinators, they're out beating the pavement on this, and we're seeing the efforts, absolutely. And I think there was a notation from Regional Center of East Bay, we have a physician and a psychologist that is being advertised, psychiatric technicians, the CNAs, the certified nursing assistants, which we call psychiatric technician assistants here, occupational therapists, RNs,

they're really doing a huge request. We have a day program down south that we're creating a contract for, for ten psych techs, so people are starting to talk and understand the importance and the skill set that they're going to be getting with state staff.

Alright, any other questions? Any other questions on the phone?

Moderator We do have a question on the phone from Dennis Spillane. Please go ahead.

Dawn Alright. Question, please.

Moderator Mr. Spillane, your line is open.

W Hello.

Dawn Hello.

W I wanted to ask two questions. With all these community programs, etc., and everything, what kind of transportation will be provided? Will they



be providing buses, will they have a car? How are they going to handle all that?

Dawn Well, I certainly know from some of my experience that each home has their own vehicle, and so they transport utilizing their personal vehicle. But I did hear we have an Uber service that's up in Far Northern, which is very creative. I know some of the regional centers use transportation companies as well, they have contracts with those. I'm looking at my regional center experts here, anything else that maybe I missed? Obviously, families take their loved ones out all the time with their vehicles. Transportation is definitely something that we know is a component to getting our individuals out in the community.

W I see.

Dawn And we have one more person that's going to speak.

M Yes. Just regarding transportation, it is so critical and we take each person individually, figure out what works best for them, and sometimes it's a really seriously equipped vehicle that can lift them in and make sure that their safe in that way, and sometimes it's as simple as the care home van,

if they live in a care home. And it's a critical part of planning for every person as they come in, that's one of the first things we talk about is how are we going to get where we need to go.

W Right. Because it sounds like there are a lot of places to go.

M There are a lot of places to go, people to see.

W And staff would accompany the patient each time?

Dawn Absolutely. Yes.

W And then I have one other question. I'm curious to know about the confidentiality thing and that secretive stuff that was mentioned in the first part of the meeting. Why is that happening? It sounds like something's being hidden, which that's jumping to conclusions of course, but why would they have something that would be confidential that we're going to probably know anyway, what is that about? I'm just curious.

Dawn There is a budget process in which we as a department are not able to share all the details because we need to find out what is being approved

and what isn't. So, we should be knowing hopefully within the next week and the department is committed to communicating that with PHA. My supervisor, Dwayne LaFon, is going to say a little bit more on that because he's much more sophisticated with that one.

W I see.

Dwayne This is a government process and it is a democracy so what happens is the administration puts together a proposal and then that proposal is presented to the legislature and then you have the discussion, so that's when it's made public and then everyone can comment on it. You can come to the budget hearings and comment on it if you want. Those are publicly talked about, they're public hearings.

W So, it's just bureaucracy then. Yes.

Dwayne I'll say yes. So, the formal proposal once it's all put together and finalized and approved, then that's presented out, as they were saying, this next week. And then after that there will be hearings scheduled, and if you want to you can come into Sacramento and attend the hearing where the

budget's heard, and speak your mind. So, that's when it becomes public, so it is a public process.

Dawn Thank you.

W And I think it's important to note, I'm sorry, I just want to jump in real quick, it's not just our department, no department in the State of California can talk about what's going on right now until the governor says this is what I'm putting out. So, this is not limited to just DDS, this is everybody has to keep it under wraps—

W But you can see how it sounded.

W Oh, I know. Definitely.

Dawn Absolutely.

W One other thing, let's see, what was I going to—no, I think I'm through. I think I'm through.

Dawn Well, we thank you very much for calling in and listening.

W Okay. Thank you so much.

Dawn Thank you. Any other callers on the line?

Moderator No one in the queue.

Dawn Alright. Any other questions here before we bid goodbye? Thank you all very much for coming. We appreciate the attendance and the participation from all the stakeholders. Again, the department has committed to continuing to discuss your questions. We want to provide you as much information so that you are informed in your loved one's transition. Thank you very much. Drive safe.

Moderator That concludes our conference for today. If you wish to receive the handouts from the presentation, either mailed or emailed, please remain on the line and an operator will pull you privately to collect your information. Thank you for your participation and for using AT&T TeleConference Service. Unless you wish to receive the handouts, you may now disconnect.