Department of Developmental Services

Plan for the Closure of

FAIRVIEW DEVELOPMENTAL CENTER AND

THE PORTERVILLE DEVELOPMENTAL CENTER GENERAL TREATMENT AREA

Attachment 3

COMMENTS FROM FAMILIES, CONSUMERS, EMPLOYEES AND OTHER INTERESTED PARTIES

April 1, 2016

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Attachment 3

Written Input and Comments Received

This attachment to the April 1, 2016, Plan for the Closure of Fairview Developmental Center and the Porterville Developmental Center General Treatment Area includes emails received, written comments submitted at the public hearings, and comments submitted online via the "Comment Submission" feature on the DDS website.

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A 90-page transcript of the testimony provided at the January 30, 2016, PDC GTA Public Hearing is available online at:
http://www.dds.ca.gov/portervilleNews/docs/PDCPublicHearingTranscript01302016.pdf

A 136-page transcript of the testimony provided at the February 6, 2016, FDC Public Hearing testimony is available online at:
http://www.dds.ca.gov/fairviewNews/docs/FDCPublicHearingTranscript02062016.pdf

Written comments and testimony have been redacted to protect the privacy of developmental center residents and to remove email addresses, mailing addresses and phone numbers.

Disability Rights California
California's protection & advocacy system

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February 16, 2016

Department of Developmental Services
Attention: Amy Wall
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814
via email: fairview.closure@dds.ca.gov, porterville.closure@dds.ca.gov

Re: Disability Rights California's Public Testimony in Support of Fairview and Porterville Developmental Center Closures

Dear Ms. Wall:

Thank you for the opportunity to share our input regarding the future of Fairview and Porterville Developmental Centers. Disability Rights California submits this letter as public testimony to support the proposed closures of Fairview Developmental Center and the General Treatment Area of Porterville Developmental Center. Below we highlight the reasons for our support and identify concepts we believe are important for inclusion in the closure plans.

About Disability Rights California

Disability Rights California, the federally mandated protection and advocacy system, works to advance the rights of Californians with disabilities with a goal of creating a barrier free and inclusive society. In addition to our federally required services, we employ the clients' rights advocates at the 21 Regional Centers and advocates at each of the five state psychiatric hospitals. In 2014, we provided services to more than 23,000 individuals with disabilities, including more than 10,000 individuals

with intellectual and developmental disabilities. These services include information and referral, short term assistance, peer self-advocacy training, investigation of abuse and neglect, advocacy assistance to help people transition from developmental centers to the community, and direct representation in legal proceedings. Additionally, our class action cases and systemic litigation have benefited hundreds of thousands of Californians with disabilities, including people with developmental disabilities who once resided in or currently reside in developmental centers such as Fairview and Porterville.

Reasons for Disability Rights California's Support

Closing Fairview and Porterville Developmental Centers Continues the National and Global Trends Toward Community Inclusion of All People With Developmental Disabilities, Regardless of the Severity of Their Disability

Up and until the late 1960's, services for individuals with developmental disabilities were primarily provided through state operated institutions. Changes came as state legislatures, Congress, and the courts recognized that unnecessary segregation of people in institutions is stigmatizing, socially isolating, and a form of unlawful discrimination. In enacting the Americans with Disabilities Act ("ADA"), for example, Congress found that "historically, society has tended to isolate and segregate individuals with disabilities, and . . . such forms of discrimination . . . continue to be a serious and pervasive social problem." 42 U.S.C. § 12101(a)(z). The Supreme Court in *Olmstead v. L.C.* further explained that unnecessary institutionalization "perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life" and "severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment."

The Lanterman Act has a similar mandate, which the California Supreme Court in *Ass'n for Retarded Citizens–Cal. v. DDS* concluded is "to prevent or minimize the institutionalization of developmentally disabled persons and their dislocation from family and community, and to enable them to approximate the pattern of everyday living of nondisabled persons of the same age and to lead more independent and productive lives in the

community." *Ass'n for Retarded Citizens–Cal. v. DDS* (1985) 38 Cal.3d 384, 388 ("ARC").

Based on the principles in the Lanterman Act and state and federal law, the total developmental center population in California has been declining as the community system expands, from a high of over 13,300 residents in 1968 to approximately 1,000 residents today. While significant progress has been made, the promise is unfulfilled for the thousand people who remain unnecessarily institutionalized in developmental centers today.

The Community Successfully Supports People with Complex Behavioral and Medical Needs

Virtually all of the services and supports provided to people at Fairview and Porterville Developmental Centers can be provided in community settings. For every person with complex behavioral or medical needs who lives in an institution, others with similar or more complex needs live in the community. In fact, the community supports almost 300,000 people with a wide range of disabilities, including people who have complex medical or behavioral needs. For example, as of June 2015, 8,586 people with a profound intellectual disability live in community settings, compared with 534 people who live in developmental centers. Likewise, more than 12,688 of our neighbors in the community have medical conditions that make them technology dependent, compared to 234 people who live in developmental centers. And almost 48,058 community residents have behavioral problems that cause them to be self-injurious, compared to 518 developmental center residents.[1]

Services to these community residents are provided by community doctors, nurses, personal care assistants, provider agency staff, and trained family members. At times, specialized medical services must be created or packaged in order to meet needs, often through careful planning and implementation. The closure plan must ensure every Fairview and Porterville resident has the opportunity to take advantage of these services.

[1] More statistics can be found on DDS Quarterly Client Characteristics Report (July 8, 2015) Table #3, available at http://www.dds.ca.gov/FactsStats/docs/QR/Jun2015_Quarterly.pdf. "Return to Main Document"

Decades of Research Shows that People Who Move from Developmental Centers to the Community are Better Off

The decline of the people living in state operated institutions in California mirrors the national trend: the number of individuals living in public institutions peaked at 194,650 in 1967; by 2004, this number had declined to 41,653 and continues to decline today. Consequently, in the past 40 years, a body of literature has developed on deinstitutionalization of people with developmental disabilities. It shows what happens to the quality of life of people when they move from large congregate care settings to community living.

This body of literature is remarkably consistent. Overall, it demonstrates that people are "better off" when they leave large congregate care settings for community living in small, family-scale homes.[2] Correspondingly, the satisfaction and perceptions of quality among parents and other family members rises.[3] California, especially, has a decades-long history of tracking outcomes of people who move from state operated facilities to the community and has generated many reports on this subject. One such example is a 2008 report by Sacramento State, which demonstrates that the majority of people who moved from a developmental center to the community are satisfied with their residence, enjoy the people working in their residence and day program, are making choices for themselves, have

[2] Lemay, R., (2009). Deinstitutionalization of People with Developmental Disabilities: A Review of the Literature, *Canadian Journal of Community Mental Health,* (28)1, 181-194; Kim, S., Larson, S.A., & Lakin, K.C. (2001). Behavioral outcomes of deinstitutionalization for people with intellectual disability: A review of US studies conducted between 1980 and 1999. Journal of Intellectual & Developmental Disability, 26(1), 35-50. "Return to Main Document"

[3] Larson, S.A. & Lakin, K.C. (1991). Parents' attitudes about residential placement before and after deinstitutionalization: A research synthesis. *Journal of the Association for Persons with Severe Handicaps,* (16)1, 25-38. "Return to Main Document"

people in their lives helping them go out into the community, and are learning to live more independently.[4]

Fairview and Porterville Developmental Centers Are At Risk of Losing Federal Certification

In 2013, the California Department of Public Health found that numerous conditions and practices at Fairview and Porterville Developmental Centers placed residents' health and safety at risk. In particular, the licensing surveys found that residents suffer significant harm and risk of harm from the facilities failures to provide certain resident protections, active treatment, or provide appropriate health care services. The survey team also identified numerous situations that posed immediate jeopardy to the health and safety residents. To date, these deficiencies have not been fully remedied.

Key Issues that Must be Addressed in the Closure Plans

Disability Rights California supports the development of closure plans which will ensure that each developmental center resident can successfully move to the community. Because California has successfully closed other developmental centers, there is extensive experience which demonstrates that we know how to do this right. Key elements of successful planning must include:

1. **Individual Decision Making.** Residents and their families must be provided information about community living options so they can make informed choices about the full variety of available community services and supports. Subsequent decisions concerning the

[4] 2008 Evaluation of People with Developmental Disabilities Moving from Developmental Centers to the Community, Sacramento State College of Continuing Education Conference and Training Series, 2008, available at http://www.dds.ca.gov/Publications/2008MoverStudy.cfm.; *See also* Conroy, J., Fullerton, A., & Brown, M. (June 2002). *Final Outcomes of the 3 Year California Quality Tracking Project*. Report #6 of the Quality Tracking Project for People with Developmental Disabilities Moving from Developmental Centers into the Community, available at http://www.eoutcome.org/default.aspx?pg=332. "Return to Main Document"

transition of each developmental center resident must be made by that resident's individualized planning team and documented by way of individual program and health care plans. California's own Olmstead Plan provides a framework for this assessment process, which we encourage the Department to adopt. It states that planning for deinstitutionalization requires assessments that, for example:

- Determine the specific supports and services that are appropriate for the person to live in the community, including those needed to promote the individual's community inclusion, independence and growth, health and well-being;
- Are person-centered;
- Provide the person with a full opportunity to participate in the planning process;
- Provide the person with information in a form they can understand to help them make choices and consider options;
- Provide the opportunity to visit and temporarily test out a choice of community services options prior to being asked to choose where one wants to live;
- Are performed by professionals with knowledge in their field and who have core competencies related to community-based services (including knowledge of the full variety of community living arrangements); and
- Are based on the person's needs and desires and not on the current availability or unavailability of services and supports in the community, and
- Identify the range of services needed and preferred to support the person in the community, including where appropriate, housing, residential supports, day services, personal care, transportation, medical care, and advocacy support.

2. **Intensive Futures and Transition Planning:** Intensive futures and transition planning needs to proceed immediately for all residents along with adequate resource development in the community, even if the preferred futures identified for some residents change as the time approaches for them to move. Only in this way is it possible to adequately plan to address the specific needs and choices of developmental center residents so that, when the time for

implementation arrives, the person's needs can be met without undue delay.

3. **Monitoring of the Transition Process.** Quality monitoring and oversight are essential services in that they represent a way to understand which services have the greatest impact on the lives of citizens with developmental disabilities and where public dollars are most effectively used. To this end, the closure plans must include a strong commitment to quality assurance and closely monitor resident transition and outcomes.

4. **Additional Regional Center and Clients' Rights Advocacy Staff.** The closure plans must include additional staff positions at each regional center who have clients living at Fairview and Porterville Developmental Centers to help ensure each individual's health and safety and a successful transition. This includes additional service coordination staff, program development staff and specialized resources such as health coordinators.

   We also support additional clients' rights advocates who can help consumers and their families identify appropriate community homes and work to eliminate barriers to successful transition. Attached to this document are a few examples of our recent work in this area.

5. **Targeted Community Placement Plan Funds to Develop Community Homes.** The closure plans must identify how community placement plan funds will be targeted to ensure the development of appropriate community placements tailored to the needs of developmental center residents. These funds will ensure that resident needs are appropriately assessed and sufficient funding is devoted to the development of housing and other community resources.

   Resource development should also be targeted to develop homes that meet the characteristics of programs unique to Fairview and Porterville. For example:

   - Fairview Developmental Center operates an acute crisis unit to provide short-term crisis and stabilization services to help

people return to their communities after a crisis. These services have proven to be very successful, and we encourage the development of community crisis homes to meet this need. We also encourage the state to explore other safety-net services which could include “can’t say no services” or state-run or state-staffed crisis services.

- Porterville Developmental Center operates a transitional treatment program within the General Treatment Area. This program is designed for individuals in the secure treatment area who are committed under Section 6500 and no longer require a secure treatment setting, but are in need of specialized transition supports to leave the secure treatment area and return to the community. Capacity must be developed to meet this need, which could include supporting the expansion of qualified SLS providers, the development of Enhanced Behavioral Support Homes, or other specialized settings. We also support eliminating statutory restrictions that prevent individuals charged with non-violent or non-predatory sex offenses from living in community care facilities located near schools. These bright-line restrictions often lead to individuals being unnecessarily placed in the limited number of specialized settings that currently do exist.

6. **Include Components in the DC Task Force Report.** We recommend that the any plan address the elements identified in the Developmental Center Task Force Report including: acute crisis facilities; small transitional facilities for individuals with behavioral challenges, and the development of additional homes to meet the needs of individuals with enduring health needs.

   We also support keeping the land in the system in a way that benefits all individuals with developmental disabilities; for example, through the creation of fully integrated housing developments such as Harbor Village and the proposed development at Shannon’s Mountain.

7. **Use of Self-Determination to Facilitate Choice.** Any plan must include a thoughtful transition. One way to assist with this transition would be to ensure that developmental center residents have access

to the self-determination program authorized by WIC 4685.8, and to increase the cap set by the 2015-16 Budget Trailer Bill, if needed, to allow greater access.

8. **Expedite Rate Exception Approvals.** Many of our clients in developmental centers and other institutional settings face unreasonable placement delays when the rates required to serve them in the community exceeds rate ceilings set by statute. Although there is an exception process outlined in the Lanterman Act, approvals can take a year or longer. This prolongs unnecessary institutionalization and could create barriers to implementing the Closure Plan within the timelines suggested by the Department. We encourage the Department to find ways to expedite approvals, either through examining its internal process or by working with the stakeholders and the Legislature to suggest necessary statutory changes.

9. **Ensure a strong community system, which will be California's safety net.** The successful near-simultaneous closures of Fairview, Porterville, and Sonoma Developmental Centers depends on a strong community service system. We therefore support additional investment to the system, including targeted rate adjustments, as a critical means to ensure both the successful implementation of developmental center closure plans and compliance with federal requirements to avoid any loss of Medicaid and other federal funding. Examples of these investments include:

    - Expedite and expand the development of short-term crisis facilities.
    - Explore other safety-net services which could include "can't say no services" or state-run or state-staffed crisis services.
    - Establish a "Community Placement Plan" for people in crisis, and strengthen the role of Regional Resource Developmental Projects to help keep individuals in the homes of their choice;
    - Increase rates for services which are necessary to move people from developmental centers to the community, with additional consideration given to (1) those programs that provide services in HCBS-compliant settings, and (2) SLS providers faced with overtime associated costs for consumers who require 24/7

support and whose needs require staff to work more than 40 hours per week.

Conclusion

Disability Rights California strongly supports the closure of Fairview and Porterville Developmental Centers. We have noted many reasons for our support, including global and national trends valuing quality of life and inclusiveness, as well as decades of research showing that people who leave developmental centers are better off. We look forward to working with both the Department and all interested parties to ensure that the development of the closure plan proceeds in a way that protects the health, safety, and well-being of every resident.

Community Integration Stories

E.S. moves into the community after 40 years in a developmental center.

About the time E.S. was placed in a state developmental center, President Nixon returned to Yorba Linda and Jerry Brown was elected the youngest governor of California. For many reasons, including attitudes and culture that are slow to change, no one helped E.S. explore ways to become more independent, as is his right under the Lanterman Act.

Our staff met E.S. and worked with him to help him achieve his goal of living in the community. In the fall of 2014, he moved into an apartment. When we first met E.S., we were told he was afraid to go places and be out in public. However, he is now on the go every day and prefers exploring "big box" stores via elevators. When he comes home, he calls out, "Where is E's new bedroom?"

H.T. moves from developmental center to a home of his own

After nearly 20 years of living at a developmental center, H.T. decided he wanted to move and asked us for help. Our staff attended numerous meetings and hearings for H.T. and worked with the regional center, regional project, and his provider to create a safe transition plan that aligned with his needs and wishes. Our staff also assisted H.T. directly with issues along the way that could have been barriers to placement.

H.T. is now living in his own home and exploring his community with supports that enable him to live as independently as possible. He helped to decorate his new home with some artwork he selected, and a bamboo plant for good luck. H.T. is also now living close to his sister and is enjoying her home-cooking.

After 60 years in institutional settings, M.J. finds a home.

M.J. has spent the past 60 years in institutional settings, most recently at Sonoma Developmental Center. Our staff review M.J.'s assessments, met with him, and worked with the regional center to make sure M.J. received information about all of his community placement options. When visiting one particular community care facility, M.J. went directly to a bed and laid

down, showing us all how comfortable he was at this home. Soon after the visit, M.J. moved to his new home.

CALIFORNIA SCDD State Council on Developmental Disabilities

STATE OF CALIFORNIA
Edmund G. Brown Jr.
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February 8, 2016

Michael Wilkening, Director (A)
California Department of Developmental Services
1600 9th Street
P. O. Box 944202
Sacramento, CA 94244-2020

Dear Director Wilkening:

Thank you for inviting the State Council on Developmental Disabilities (SCDD) to provide feedback on the draft closure plans for General Treatment Area at Porterville Developmental Center (PDC GTA) and Fairview Developmental Center (FDC). SCDD and the Department of Developmental Services (DDS) enjoyed a spirited, collaborative process during the drafting of the Sonoma Developmental Center (SDC) closure plan. We look forward to that quality of exchange related to PDC GTA and FDC.

SCDD made a number of general recommendations regarding SDC that can also apply to PDC GTA and FDC:

- The current residents must have access to health care and other supports available before and after the transition to community living
- DDS must have affordable housing, including an array of housing options available to meet their clients' needs, providing informed choice
- The goal of informed choice is a full complete understanding of all options available for transition into community living
- The SCDD Clients' Rights Advocate inside the DC should continue to protect and advocate for the rights of people transitioning into the community for twelve months
- The SCDD Volunteer Advocacy Services (VAS) should extend beyond a year post placement to assure continuity of care and successful community transition
- DDS should reach out to the community to inform them of key changes
- DDS should Create a clear process for the use of the land and other assets
- There should be clear guidelines for the use of money saved from the closure of the developmental centers, which should be a long-term investment in the future of people with intellectual and developmental disabilities

"The Council advocates, promotes & implements policies and practices that achieve self-determination, independence, productivity & inclusion in all aspects of community life for Californians with developmental disabilities and their families."

However, SCDD has not addressed the unique aspects of the PDC GTA and FDC closures. Because of that, I would like DDS to present at the next Council meeting and receive feedback about the draft closure plans. Our next meeting is:

March 8, 2016
10:00-5:00
Crowne Plaza Hotel
5321 Date Ave
Sacramento, CA 95841

Please let the SCDD office know if DDS is able to attend and who will present for the Department. It is a great opportunity for the Department to present on the unique aspects of these closures and receive Council feedback at that moment. DDS presenting on March 8 would continue the collaborative conversation we have had in the recent past and aid the Department in the public aspects of the process that you are currently undertaking.

Thank you again for your consideration. I look forward to continued communication as we both seek to protect the rights and wellbeing of those individuals who are about to enter a community setting.

Sincerely,

Dr. April Lopez
Chairperson

ARCA ASSOCIATION OF REGIONAL CENTER AGENCIES
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February 29, 2016

Department of Developmental Services
Attn: Amy Wall
1600 9th Street, Room 340, M.S. 3-17
Sacramento, CA 95814

RE: Association of Regional Center Agencies' Comments on the Closure of Fairview Developmental Center and the General Treatment Area at Porterville Developmental Center

Dear Ms. Wall:

The Association of Regional Center Agencies (ARCA) represents the network of 21 non-profit regional centers that coordinate services for, and advocate on behalf of, approximately 290,000 Californians with developmental disabilities. In his letter to the community on November 30, 2015 Santi Rogers, Director of the Department of Developmental Services (DDS), announced the Department's intention to submit closure plans to the Legislature for both Fairview Developmental Center (FDC) and the General Treatment Area (GTA) at Porterville Developmental Center (PDC). ARCA strongly supports the proposed closures and appreciates the opportunity to comment on the closure plans that are under development. The plans must be thoughtful and ensure that individuals receive the needed supports to transition to successful lives in their communities. The recent closures of Agnews and Lanterman Developmental Centers (ADC and LDC) highlight the developmental services community's commitment to support former developmental center residents in the community and its ability to do this to the satisfaction of former residents and their families. In offering input into these closure plans, there are common elements that are essential in every proposed closure as well as specific features that apply individually to either FDC or the PDC GTA as outlined below.

General Strategies

The transition from developmental center to community care is challenging for individuals with developmental disabilities and their families, whether carried out in the midst of a developmental center closure or not. While the closure of a developmental center is a large undertaking, it is important to maintain sight of the fact that each closure is made up of hundreds of individuals that must transition safely to the community. In order to make any developmental center closure successful, the following principles must be adhered to:

- Individuals and their families must be central to the assessment and planning process to make them as comfortable as possible with the change.

- Each transition from a developmental center requires the close collaboration and coordination of the entire planning team. Overall closure projects require synchronization of the Department of Developmental Services (DDS), the Legislature, and the Administration.

- Effective interagency collaboration is needed to promote efficient resource development and individual transitions. This is particularly important as new models of care such as the Enhanced Behavioral Supports Homes are being developed.

- Resources needed to successfully transition individuals out of developmental centers include community health, dental, psychiatric, and behavioral supports. Alternatives to services currently provided at developmental centers, such as specialized dental care and wheelchair fabrication need to be identified in the community. Funding for these services must be adequate to attract a sufficient pool of providers. Health plans must authorize funding for services that are responsive to the specific needs of individuals with developmental disabilities.

- The perspective of current developmental center residents and their families need to be central to the development of each facility's closure plan.

- The maintenance of adequate staffing at developmental centers to meet the needs of individuals who are awaiting community placement needs to be a priority. The needs of each individual for direct care and clinical support services must be met at each stage of the closure process to ensure their health and safety.

- Closure of a developmental center also changes the safety net for those individuals currently struggling to remain in the community. Sufficient funds to develop resources for these individuals' unique needs must also be available.

- ARCA recommends elimination of the median rate cap for resources developed to transition individuals out of developmental centers.

- As each individual's planning team works to identify the best community resources, it is essential that his or her unique needs and interests drive the choice. Artificial regulatory barriers, such as the length of bedrails the person requires, should not impact available placement options.

FDC Specific Concerns

- As FDC currently houses Southern California's only Acute Crisis Unit, it is essential that an alternative location for this community resource be identified.
- A portion of FDC's land is currently used for a mixed-use housing project known as Harbor Village, which has allowed hundreds of individuals with developmental disabilities to live in integrated communities. A similar project (Shannon's Mountain) is also proposed for the FDC land. The state should ensure that the proposed closure of FDC does not impact progress on the development of this vital community resource. To allow this future development, the FDC land should not be declared surplus.

PDC GTA Specific Concerns

- Many individuals and families may have a strong preference for individuals to live closest to where a family member lives now. The bulk of individuals in the PDC GTA are currently supported by two regional centers, but many do not have family members living in those catchment areas. Learning about these preferences will help to guide the appropriate development of community resources.

- PDC GTA staff members represent a sizable portion of the Porterville and surrounding area population. Many of them are dedicated professionals with a passion for serving individuals with developmental disabilities. ARCA strongly supports solutions that will enable these staff members to continue to support individuals with developmental disabilities in the community.

As closure plans are developed, it is essential to keep in mind that community twins exist for the vast majority of developmental center residents who have similar service needs (i.e., behavioral, psychiatric, medical). In many instances, these individuals with complex needs are the ones struggling to maintain stability in the community because they do not have access to start-up and Community Placement Plan funding. This lack of comparable funding for those in the community is creating a two tier system that leaves many unsupported. At the same time, the expectations for community service providers are changing in response to the Home and Community-Based Services Final Rule. The state needs to also identify a source of funding for the development of new resources or enhancement of existing ones to meet the needs of those who have never lived in developmental centers or other institutional settings. Additionally, the median rate limitations need to be lifted to encourage the development of critically needed community resources.

ARCA would like to thank DDS for the opportunity to comment on plans for the closures of FDC and the GTA at PDC and its collaboration with regional centers on these projects. It is imperative that the unique needs of the individuals with developmental disabilities who reside in developmental centers drive the decisions about the steps that will be taken to close these facilities.

Sincerely,

/s/Eileen Richey

Executive Director

Cc: Mike Wilkening, Department of Developmental Services
Diana Dooley, Health and Human Services Agency
Donna Campbell, Governor's Advisor, Health and Human Services

CASHPCR

Representing families from Fairview and Porterville Developmental Centers
www.cashpcr.com

March 1, 2016

TO: Department of Developmental Services

RE: Comments on the Closure Plan for Fairview Developmental Center

CASHPCR is an organization of families and friends with family members currently or formerly served by Fairview, Porterville, Sonoma, and Lanterman Developmental Centers. Currently representing families from Fairview and Porterville DC, we wish to submit the following comments concerning the development of the Closure Plan for Fairview Developmental Center.

1. **The Comprehensive Assessment of every Fairview resident should be just that – Comprehensive.** Successful outcomes of community placements are very much dependent upon clients receiving all necessary services and supports; a comprehensive assessment to identify the individual services and supports is mandatory. Assessments should be performed by personnel familiar with moving fragile individuals with complex conditions from an institutional setting to a community setting; consultants outside of the RC system may be preferable. Families, staff familiar with the resident, professional personnel, and others such as Foster Grandparents and teachers should be contacted to contribute information to the assessment. A "checklist" assessment is not sufficient to plan the future of a DC resident.

2. **Comprehensive Transition Planning** is key to successful community placement. This includes cross-training of staff; identification of medical, dental, therapeutic and recreational services; outreach to neighbors; and many other elements pertinent to each individual such as community visits, acquisition of specialized equipment, etc. Adequate time should be allowed for transition planning; the transition plan should be flexible to reflect any necessary changes.

3. **All necessary community services and supports must be in place, secure, and operational before placement occurs.** Identification of providers of community services, including residential, day programs, medical and dental, specialty services, transportation, recreation, etc. must occur well in advance of placement. Special attention should be paid to those services that have been noted to be problematic for some DC movers and others, i.e. dental services and day programs. The problems with accessing these and some other services persist decade after decade, and DC movers and others in the community setting suffer. ANY necessary service that is not in place and likely to remain that way can lead to a failed placement and true suffering for the DC mover.

4. **Funding must be sufficient to develop and maintain services and supports for community placement.** Capitol is required for the development of necessary and quality community services, and also for the ongoing support and maintenance of them. The Fairview Developmental Center Closure Plan must include appropriate fiscal support. The Legislature and Governor must understand that ongoing services for former DC clients must be funded.

5. **Community State Staff Program can be an important asset for successful community transition and enduring successful placement.** The use of licensed and experienced DC personnel in the transition of DC movers into the community setting could avoid some medical

and behavioral challenges, and support the client and community staff alike. The training, expertise, and commitment of DC staff to the Fairview residents are invaluable assets; the Community State Staff program should be utilized as fully and as creatively as possible.

6. **Community staff licensure/credentialing/certification should be optimized to increase quality care.** DC residents are served by a high proportion of licensed/credentialed personnel, as required by their clinical acuity. This should be translated to the community setting as much as is possible, including requiring Direct Support Professional (DSP) certification in advance of working with FDC movers, including Day Program personnel, and by requiring various professional standards for individuals working with the movers.

7. **The development of a State or Federal Health Clinic on Fairview Grounds should be considered.** The development of such a clinic may be possible under current federal programs (Federally Qualified Health Center, Community Health Center). Such a clinic could absorb at least some current Fairview Medical personnel, be located in an existing building, and provide experienced care for DC residents during transition and after, and for current community clients.

8. **The FDC land should be utilized as much as possible to provide services for individuals with developmental disabilities.** Harbor Village, located adjacent to Fairview on former FDC land, offers housing and programs for individuals with developmental disabilities, and others. Harbor Village is fully integrated into the city of Costa Mesa, and also provides revenue for California. This community plan should be replicated on as much of the Fairview property as is possible. The tentative plans for the development of "Shannon's Mountain" on Fairview grounds should be reviewed for possible expansion. Despite local interest in developing Fairview land for general housing, parks, and athletic venues, it would be very unfortunate to lose all of this important resource for the population that has been served at Fairview for many decades.

9. **Expand the Southern STAR Acute Crisis Center** to serve the current DD community and to have the capacity to serve the future DC movers and others in the Southern CA area who may have need of crisis intervention services. The current number of available beds could be increased within the existing infrastructure.

10. **Planning for enhanced monitoring of FDC movers, as done for LDC movers, should begin now.** A schedule of monitoring visits and which entity (RCs, RPs, etc.) is responsible for each visit should be developed, with input from Fairview families.

11. **Planning for data collection of FDC mover outcomes should begin now** in order to assure that complete and pertinent data is collected, in a timely manner. Data should include information on all types of settings, medical and dental services, psychology and pharmacy services, day programs, changes in placements, Special Incident Reports, CDERs, etc. Input from FDC families on the makeup of the survey should be included, along with a schedule of when the data should be reviewed.

12. **The Self Determination Program should be expanded to include FDC movers** who wish to use this program to transition to a community setting. DDS should be ready to request expansion of the Self Determination program from Department of Finance for this purpose as soon as the federal waiver is approved. FDC residents and families should be fully informed about the potential of this program to access their choice of community services. DC movers should be allowed to enter the program irrespective of RC quotas and diversity requirements, so that they can use the Self Determination program to transition directly from FDC, and not wait until the Self Determination program becomes statewide. This would avoid an additional move from one placement to another.

13. **Lessons learned from the Lanterman DC closure should be considered.** In addition to input from consumers, families, Regional Centers, the Regional Project, providers, and others involved in the Lanterman closure, information from the **Lanterman Quality Assurance System** should be reviewed, especially in the areas of medication errors, access to recreation and religious services, and day programs.

14. **Recommendations of the Future of the Developmental Centers Task Force should be followed.** Those very specific recommendations focused on the expansion of current services in short supply, the creation of services not yet in existence, public-private partnerships, the development of health networks, and other items specific to the needs of current DC residents. These recommendations, several of which are currently in development process, will support a strong community system for DC movers and others.

The members of CASHPCR recognize that successful closures of the California Developmental Centers are dependent upon the individual outcomes of each resident who leaves a Developmental Center to reside in a community setting. We know from many experiences that DC movers can be very well served and truly blossom in a community setting. We also know from experience that placements can fail, sometimes tragically, if individual needs are not properly identified and the corresponding services and supports are not provided. We appreciate the opportunity to join with DDS to work to ensure successful community transitions for all DC residents.

Most sincerely,

Terry DeBell, President, CASHPCR
debell.theresa@gmail.com 310-291-7243

Southern California Conference of Regional Center Directors

15400 Sherman Way, Suite 170, Van Nuys, CA 91406-4211 (818) 756-6200

Patricia del Monico
Harbor

Carlos Flores
San Diego

Dexter Henderson
South Central L.A.

Lavinia Johnson
Inland

Larry Landauer
Orange County

Robert Riddick, Interim
Kern

Mike Danneker, Interim
Westside

Omar Noorzad
Tri-Counties

R. Keith Penman
San Gabriel/Pomona

George Stevens, Chair
North L.A. County

Melinda Sullivan
Frank D. Lanterman

Gloria Wong
Eastern Los Angeles

STATUTORILY REQUIRED STATEMENT OF IMPACT ON REGIONAL CENTER SERVICES

The statute governing closure requires the plan to address the impact on regional center services. Below are statements from the Association of Regional Center Agencies and the Southern California regional centers that serve most of the Fairview residents:

The SCCRCD is in agreement with the Department of Developmental Services' (DDS's) decision to close Fairview Developmental Center (FDC). We recognize the decision to close FDC is extremely complex and will forever change the lives of the consumers who will be impacted by the closure. However, we believe that with careful person-centered planning and tailoring resources to the unique needs of each consumer, viable community living arrangements can be secured for each of them.

To affect the successful closure of FDC, DDS needs to work proactively with the SCCRCD. Specifically, DDS needs to: 1) support and enhance each regional center's resource development and case management efforts associated with the closure; 2) support and fund the collaborative resource development and community placement activities among the Southern California regional centers via the Southern California Integrated Health and Living Project; 3) support and fund permanent and affordable housing; 4) facilitate timely licensing for Community Care Licensed residential and day services; and 5) develop adequate and sustainable rate structures for the specialized medical and behavioral services required to safely serve FDC residents in the community.

The SCCRCD recognizes that the aforementioned support plan will require more details than covered in this letter. As such, we look forward to working with DDS to develop the comprehensive plan necessary to ensure individuals moving from FDC into the community can and will receive the appropriate residential, day and health services consistent with their individual needs.

The SCCRCD looks forward to working with DDS, FDC residents and their families, as well as FDC staff to affect a smooth transition of each individual into the community.

Sincerely,

George Stevens
Chair, SCCRCD

MARK A. REFOWITZ
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RICHARD SANCHEZ
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SANTA ANA, CA 92701
FAX: (714) 834-5506

OFFICE OF THE DIRECTOR

March 25, 2016

Amy Wall
Assistant Director
Department of Developmental Services
Developmental Center Closure
1600 9th Street,
Sacramento, CA 94244-2020

Dear Ms. Wall:

The Orange County Health Care Agency (HCA) supports the City of Costa Mesa's General Plan use for the Fairview Developmental Center. The multi-use plan, which is the integration of a variety of land uses and intensities, will include a variety of residential, open space, and institutional uses. HCA has given thoughtful consideration to the ongoing need for services for the developmentally disabled and behavioral health communities that will be impacted by related transitions at the current site of the Fairview Developmental Center.

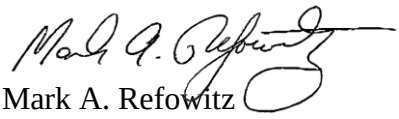
HCA has identified a need for a certain programs, which will demonstrate positive outcomes for those served as well as the community at-large. Services that have the greatest potential and uses include:

- **Health Resource Center/Federally Qualified Health Center (FQHC):** A satellite health clinic to treat the comorbid and complex medical conditions of clients. FQHCs must serve underserved populations and receive enhanced reimbursement for delivering services to populations in need. The benefit to the community is the availability of a clinic that serves underserved populations. The benefit to the FQHC is that it gets enhanced reimbursement, usually based on actual costs, and access to 340B discounted drug pricing, the Vaccines for Children Program, etc. This provides the opportunity to have a community-based clinic that can treat the former residents of the Fairview Developmental Center who will continue to reside in Orange County. These are complex clients who require specialized staff experienced in addressing and properly responding to their service needs. Current clinical staff of Fairview Developmental Center are potential employees of this FQHC. We anticipate that this clinic will be able to contract with CalOptima, our County-operated health system (COHS), and receive Medi-Cal reimbursement.

- **Supportive Housing:** Supportive housing is a combination of housing and services intended as a cost-effective way to help people live more stable, productive lives in their community. Supportive housing is a proven model for those who face the most diverse disabilities (e.g., intellectual disabilities, mobility and/or sensory impairments) or other serious challenges to a successful life. Supportive housing can be coupled with other services such as job training, life skills development, alcohol and drug abuse programs, community support services (e.g., child care, educational programs), and case management to populations in need of assistance. Supportive housing is intended to be a pragmatic solution that helps people have better lives. The primary goal of the program is to provide housing to people and to provide supportive services to assist individuals with treatment and development of the life skills necessary to remain in independent housing.

My staff has met with representatives of the City of Costa Mesa and discussed potential future uses of the Fairview Developmental Center complex that are consistent with both County and City goals. I stand ready to work collaboratively with the City of Costa Mesa and the State to develop the most comprehensive plan for the use of this property while compassionately assessing how to best meet the complex, special needs of the populations currently served and ultimately impacted by transitions related to the Center's closure.

Sincerely,



Mark A. Refowitz
HCA Director

MAR:lla 16-030

February 5, 2016

THE Kennedy COMMISSION
www.kennedycommission.org
17701 Cowan Ave., Suite 200
Irvine, CA 92614
949 250 0909
Fax 949 263 0647

Department of Developmental Services
Attention: Amy Wall
1600 9th Street, Room 240, MS 2-13
Sacramento, CA 95814

RE: Closure of Fairview Developmental Center

Dear Ms. Wall,

The Kennedy Commission (the Commission) is a broad based coalition of residents and community organizations that advocates for the production of homes affordable for families earning less than $20,000 annually in Orange County. Formed in 2001, the Commission has been successful in partnering and working with jurisdictions in Orange County to create effective policies that has led to the new construction of homes affordable to lower income working families.

The Fairview Developmental Center site provides the best opportunity for the development of homes affordable to the developmentally disabled. No more than 20 acres of the Center will be used for housing and of that, 20% of housing will be set aside to be affordable to developmentally disabled residents. **The Commission urges that the allowable density, including Density Bonus, should be maximized on the site.** By maximizing the allowable density, more units will be constructed which in turn will generate more rent subsidies/ revenue needed for the developmentally disabled households living at the proposed site. Aside from the 20% affordable set-aside for the developmentally disabled, **the site should also include an additional set-aside for the development of homes affordable to lower income working families in the City.**

Please keep us informed on any updates or upcoming meetings regarding the Fairview Developmental Center. If you have any questions, please free to contact me at (949) 250-0909 or cesarc@kennedycommission.org.

Sincerely,

Cesar Covarrubias
Executive Director

community Action PARTNERSHIP

Helping People. Changing Lives.

Community Action Partnership of Orange County

March 15, 2016

Amy Wall
Department of Developmental Services
1600 9th Street, Room 240, MS 2-13
Sacramento, CA 95814

Dear Ms. Wall:

It is with great sincerity and hope that I write you today that the OC Food Bank, operated by Community Action Partnership of Orange County, be considered for use of three to five acres of land at the Fairview Developmental Center (FDC) for the purposes of producing fresh produce for low-income families.

For more than fifty years, Community Action Partnership of Orange County has been a strong partner in working with the State of California to serve our most vulnerable populations and in finding innovative solutions to helping low-income families gain self-sufficiency. Through working with the Department of Public Health and Network for a Healthy California, we have championed healthier eating and lifestyles in the communities we serve. In tandem with our OC Food Bank, we provide fresh produce to families, teach nutrition education, and have established community gardens to help increase physical activity and promote higher consumption of fruits and vegetables.

As the number of low-income seniors and families in Orange County will continue to grow in the coming years, it will be a struggle for the OC Food Bank to meet their needs by providing them with fresh produce. While we currently work with local growers to purchase produce at deeply discounted rates, we still have limited access to produce based on available supply at any given time. In order to prepare for the future and meet the needs of our community, Community Action Partnership is asking the Department of Developmental Services and the State Legislature to designate land at FDC to benefit low-income families through agricultural use.

With use of the land, Community Action Partnership will work with the City of Costa Mesa, local collegiate agricultural programs, and other safety-net providers to produce millions of pounds of produce each year. Recently, Community Action Partnership has received media coverage and accolades for our use of innovative technology such as aquaponics farming systems. Through funding from foundations and public/private partnerships, we are confident that we will be able to sustain costs of production while using students and volunteers to maintain cultivation and harvest of crop.

11870 Monarch Street Garden Grove, California 92841 • Tel. (714) 897-6670 • Fax. (714) 894-5404 • www.capoc.org

As we know the Department of Developmental Services (DDS) if in the midst of putting together a recommendation for land use to be reviewed by the legislature, we hope that you may consider using land in ways that best serve the community and will consider our proposed use.

Sincerely,

Mark Lowry
Director, CAPOC's OC Food Bank Director

My name is Renalee [redacted] and I am a [redacted] & conservator for [redacted] who lives at Porterville Development Center. I am speaking today in support of the families whose loved ones call Fairview Developmental Center their home. Porterville Developmental Center has been [redacted] home for 38 years. A home where love, respect and care is shown, just as it is here.

When I heard that the State was closing the developmental centers my heart sank and I got a knot in my stomach that has not left. I have a cloud that follows me every day. I never thought this would ever happen...NEVER. I have not been the same since nor do I imagine the other families have been either. They probably feel as I do that before the news came out, they could sleep at night and rest during the day knowing their loved one was getting the best care possible.

Our children have many different disabilities and challenges. They have limited understanding and they are medically fragile. Don't you think, we as parents, conservators, or guardians would have had our children in a community home already if we thought that was best for them? We are their voice! I will speak for myself and I know I am not alone in this: a community home is not where our loved ones should be. They have different needs! They should live where they have lived for most of their lives with their peers and staff who treat them with love, dignity, respect and like family.

Without firsthand knowledge you cannot know what we are feeling or what our loved ones will feel once they are torn away from their home. If you could visit the units you would see the interaction, care, love and support they receive and you would then understand how we feel. The lives of our children, the most venerable, are being disrupted. It is a disservice to them. I don't think you grasp the trauma they will be experiencing. They are human beings with rights. Just because they cannot speak for themselves doesn't mean they don't have feelings and now they will experience fear and loneliness. That's really hard as a parent to think about. We know our loved ones, the staff knows our loved ones, but unfortunately you do not.

I know the State is saying the developmental centers are faced with decertification and loss of federal funding. I don't understand why the State is putting the almighty dollar above a human being. It seems so inhumane.

When I read Under the State of California – Health & Welfare Agency the Rights of Individuals with Developmental Disabilities our children ARE in the least restricted environment. It is written they have a right to make choices in their own lives, including, but not limited to, where & whom they live.

We have our loved ones here at the developmental centers because their needs are met. They move around their unit freely if they are so able. There is accountability among the staff. Someone is awake 24 hours watching over them. Is that going to be the same in a community home? Will a nurse be available 24 hours a day?

As a [redacted] who loves her [redacted] very much, I would respectively ask that you please reconsider the closing of the Developmental Centers.

Thank you.

Dear Amy,

1/10/16

I am writing to you to address my concerns over the Closure of Fairview Dev Center in Costa mesa. as a Parent and a [redacted] who loves her [redacted] very much. I Want [redacted] to be safe and to be able to live in a group Home that has understanding, Patience Love, and a good understanding of [redacted] Disabilty the Closure is a sad one you have to allow this Center the time it will take to find places for these kids. you Can't throw them out in the street and say TOUGH luck! thats mean and inconcerate I would like you people to Consider Building a Better Center for these kids Build Homes on this Property Buck it Down in to the programs these kids Belong to that way trying or attempting these kids to get used to Someone new Wont scare them they need this Center Dont you it needs a ~~Remodle~~ / ~~Remodle~~ Remodel But what Better way to Dig Down in your Pockets and give these kids

Something Better a Real Place to Live Play and grow up in a good safe Area! they could have their own Park and recreation area where they can Be who they want to be without outsiders Judging them Beause they were Born this way they can't help it! [redacted] means the World to me and For All them years I took Care of him and Spending half my life hearing the word NO every-time I needed the help and assitance Please For the love of GOD and these wonderful kids DO NOT TURN your Back on Them and Tell them NO to their Faces! SAY We're here to help you live a Better and Safer life! CAN YOU DO THAT?

Thank you

Jackie [redacted]

[redacted]

[redacted]

From: Mickey & Jeanne [redacted]
To: DDS HQ Fairview Closure
Subject: CLOSURE OF FAIRVIEW DEVELOPMENT CENTER
Date: Tuesday, January 19, 2016 12:46:22 PM

Re: [redacted]

I am concerned about the state's priorities. They are willing to exceed their health care budget by giving unlimited access for non-citizens and exceed their budget by ONE BILLION DOLLARS!

They preach the need to improve mental health to avoid gun violence.

But the message coming from our legislators is to use the DEVELOPMENTAL HANDICAPPED as a political foot ball.

Why? Because they have no voice?

At least the non-citizens have access to emergency services with out access to Medi- Cal. Where will the developmental handicapped go?

Into the community?

I have yet to see suitable facilities developed for them in our community's.

In the case of [redacted] he needs constant skilled nursing care and on site doctor access.

Look at what is happening with our homeless growth, most of whom are suffering from mental illness.

I am opposed to the closing of Fairview.

Mickey [redacted]
[redacted].

January 27, 2016

[redacted] lives on a skilled nursing unit at Fairview Developmental Center. He is very medically fragile, prone to UTI's and pneumonia.

[redacted] had pneumonia three times in 2016. Only because the pneumonia was diagnosed early, the doctor was notified immediately, an x-ray ordered and read quickly and an antibiotic started soon, was his pneumonia able to be treated and cured at Fairview.

Previously, [redacted] was on an excellent unit; but, it wasn't skilled nursing. He had pneumonia several times. Because of delays he ended up in Hoag Hospital for 5-6 days each time and we almost lost him the last time.

[redacted] very survival depends on expertise and speed. I imagine this is a fact for some of the 40-50 other residents on skilled nursing units at Fairview. It is the state's moral and legal obligation to provide equal care for these residents and no doubt it DOES NOT exist in the community at this time.

A small facility like Fairview that can provide equal care must be built, a facility that has readily available doctors that are experienced with the disabled and every medical service that the resident urgently needs. The time it would take to transfer a resident in the community to some doctor, then go for X-Rays, then go to a pharmacy and whatever else, could eventually be a matter of life or death; and this doesn't even make sense cost wise to me.

PLEASE keep the lives of these innocent souls as top priority as you are making these life changing decisions.

Sincerely,

Margaret [redacted]

Margaret [redacted]

[redacted]

[redacted]

From: Larry
To: DDS HQ Fairview Closure
Subject: Shut it Down
Date: Thursday, January 28, 2016 7:12:04 PM
Attachments: BOOK "In The Wrong Hands" by Ryan Gabrielson.pdf

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Why it should be shut down. See attached. Larry [redacted] …..brother of Fairview Homicide Victim [redacted]

This email had a full, 81-page e-book *In the Wrong Hands* attached that can be downloaded at the following link:

https://docs.google.com/viewer?url=http%3A%2F%2Fcaliforniawatch.s3.amazonaws.com%2Ffiles%2FCIR_WrongHands_ebook_Jan.pdf

From: Main user
To: DDS HQ Fairview Closure
Subject: Regarding [redacted]
Date: Thursday, January 07, 2016 11:39:05 AM

Were is my sister going to be moved to?

From: Steve [redacted]
To: DDS HQ Fairview Closure
Subject: Written comments from the public
Date: Monday, February 29, 2016 9:03:51 PM

What can we, meaning DDS, do. In years gone by it was always us versus them. The DC's versus the RC's. The Developmental Centers versus the Regional Centers. Now that there will soon be no more us (DC's), we're going to have to get along with them (RC's). Quite frankly, I think many of the them's think many of the folks here at Fairview are properly placed (as does [redacted] public defender) and the clients are doing as well as they can in any environment. Except for the Feds breathing down Jerry's neck and Jerry pulling the plug – they (RC's) would be fine letting their clients live out their lives at Fairview. Yes, the Fairview clients are "institutionalized" as one RC caseworker said to me, but they SHOULD be institutionalized. As should the MI living on skid row, at least until they dry out and can function on their own – but the severely handicapped never will be able to function on their own.

We're in California. We've got Hollywood, we've got Silicon Valley, we've got a mild climate and we've got an abundance of very rich people. Why can't DDS make something work in spite of the Feds. Have you heard of Qualcomm stadium or the Sleep Train Arena – how about some pressure from the state on these folks to create residential care centers for people who can't quite cut it in the community. Think about this for a minute.

Or for another example, build six, six bed homes (that's 36 residents) around a common yard with a separate dining room and a separate recreation room. Build it on Shannon's mountain or on the re-purposed Tustin airbase. Build a bunch of them. Utilize the medical / dental facilities that Fairview already has as a center of excellence. Now that the funding buckets can be stirred together, the community clients can come to Fairview for dental and medical. The 6-by-6 centers can throw events and invite the community folks to join in with them. They can have Special Olympics intramural sports.

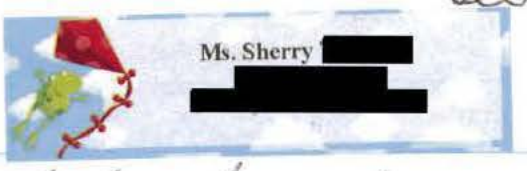
Figure out how to harness the generosity of the parents and relatives of the people who live in these state supported homes. Maybe the law needs to allow private moneys to help support. I'm sure that several orphaned clients have wealthy families that would leave some of their legacy to the care of their child.

Jim Palmer, the president of Orange County Rescue Mission said in December:
My one and only wish this Christmas is that the above mentioned corporate titans and business leaders, and the many others like them here in Orange County, take a moment and join in strategically capitalizing the resources, facilities and programs that are necessary to provide a hand-up to the least, the last and the lost of our community.

V/R
STeve [redacted], Conservator & [redacted] of [redacted], a Fairview resident since 1961
[redacted]

Feb-2016

To Those Advocating closing Fairview,



"Advocates say community housing options give residents more freedom, allowing them to live more normal lives". [redacted] was transferred from Sonoma State Hospital to Fairview in 1978. [redacted] has had two placements in the community. At Jackson Place in Santa Ana she almost died. Due to [redacted] disabilities and declining health status she returned to Fairview, [redacted] calls Fairview home. I am [redacted] and I am very concerned about moving [redacted]. [redacted] has many special needs and an inappropriate setting could cause [redacted] harm.

Right now [redacted] goes to workshop every day, she goes to church on Sunday she goes to the O.C. Fair and a wonderful Christmas Party and several special activities thru out the year. When I visit I take [redacted] for walks down the very wide hallway or under covered wide walk ways outside. I bring lunch and we eat in the visitor room (w/ bathroom). [redacted] needs help with everything.

[redacted] does not want more freedom she wants to feel safe and know what comes next.

Fairview offers her freedom, her wheelchair fits on the walkways and thru the doors. Fairview has all the stuff it takes to take care of [redacted] and she has her peers and staff. I can't see her having this at a group home.

[redacted] Individual Program Plan is thirty pages long and I could write more, I just want to know your plans. Where are these places for [redacted] and her friends? What happens if [redacted] has a problem (medical, psychological) Fairview has everything right there with doctors that know and understand how special [redacted] is.

For [redacted] life at Fairview is her normal life and I worry that changing her normal life would be very hard for her.

I pray that Fairview continue's and the powers that be expand Fairview to offer services to a variety of people.

Thank You,

[redacted] Sherry

To: Department of
Developmental Services
Attention: Amy Wall

February 10, 2016

1600 9th Street, Room 240,
MS 2-13
Sacramento, Calif 95814.

From: Andrew [redacted]

Dear, Amy Wall

I do want to let you know that I been work at Fairview Developmental Center (formerly Fairview State Hospital) in Costa Mesa, California in past 38 years, That's Not my 1st time that Peoples were keep on telling me that Fairview will be Closure, in past 37 years & I did'nt belive them, because I thought that was an Roomers, So, Now that I been told that it's Not an Roomers , it's for Real. What I understand that Fairview will be close end of 2021 & some Staffs don't belive that Fairview will be close end of 2021 because Some Staffs belive that it's will be close Early then 2021. I hate to say this, that they may be right, it's could be happen that way, Nobody who would knows when Fairview will be inzakly when Fairview will be close in the Furture. What I been told that we are loseing alot of cliants at Fairview every year , it's will Not replace an New Cliants & hairing more New Staffs in the Future, it's Bad for Business. I went to the Meeting at Fairview Auditorium on Saturday February 6, 2016 that away that I find out about Fairview that it's Not doing very well latly, the Poperlation of the Cliants are down the Trub, to making an Matter Wrose. Alot of Old Staffs like me will going to have to Re-tire as Sooner or Later, Alot of young Staffs will be get laid off in the Future, just wint & see, it's will happen. You have to keep this in mind , that Not Every State Hospitals, & Developmental Centers are still exsised today, because some of State Hostals & Developmental Centers in California has All Rendy been close in the past, You know that Fairview was the last & new State Hospital & Developmental in California in the 20th Century, & it's been around since 1959 & they don't built any more State Hospital & Developmental Center in California later then 1959, that's the whole points. So, my consured that some of the cliants at Fairview who may not quiterfild to live at the Group Home, because if any Cliants may cost more prombles , the Neihgbors will complants, then the owner & the manager who would getting blam by the City & the County, You don't know that some of the Claints who could enter an Bikecycle Race with an Crazy High School Teenagers, So the Crazy High School Teenagers will Win & the Cliants will Lose. There could be some Claints who would be ride on the Bikecycle on the Busy Streets going thu the Red Lights & getting ran over by Cars, Think about it, it's going to make it an matter wrose. That is my Big Fat Consured about the cliants at Fairview in the future. There could be un-preforoly Staffs who May Not, what are they doing & they may Not useing there Heard properly. So, you got to think it over, that's the whole POINTS, You know what am I saying.

Sincely

Andrew Coen
the Author of The Silver Palm Tree ca.1984
& The Golden Palm Tree ca.2009.

1. I WOULD LIKE TO LIVE IN HARBOR VILLAGE DEFINITELY W, THE [redacted] GROUP HOME. AND WHEREVER HE GOES I will like to live with him. My DEFINITELY I WOULD DEFINITELY to BE HIS HIS ROOMATE.

2. I WANT ME ([redacted]) AND [redacted] TO WORK ON THE SAME JOB AT COSTCO. AND HE AGREE TO.

3. I DEFINITELY WANT TO MOVE MUCH MORE FARTHER AWAY OF THIS HOSPITAL THAN EVER. AND I DEFINITELY WOULD LIKE TO MOVE ON MY BIRTHDAY WHEN I AM 40 YEARS OLD OR CLOSE LOCK.

4. I WANT [redacted] TO WORK IN MY GROUP HOME THAT HE PLAY ME. AND HE will LET ME KNOW ABOUT THAT MY JOB COACH STAFF

February 9, 2016

Department of Developmental Services
1600 9th Street, Room 240, MS 2-13
Sacramento, CA 95814

Re: Closure of Fairview Developmental Center

To whom it may concern:

[redacted], who is 64 years old, has resided at Fairview for over 50 years. She has PKU which means she has behavior issues related to this form of mental retardation. Of particular concern for community placement is her screaming and though less often, her tendency for hitting others. The well-trained and caring personnel on her unit at Fairview know what triggers these behaviors and can oftentimes intervene to stop or at least mitigate them. She is safe, healthy and happy at Fairview. She has been able to thrive and live up to her potential there.

I know that the closure plan for Fairview, and the well-meaning professionals involved in the planning, is to provide a community placement home where staff and the actual physical location of this home in the community will meet her very special needs, but I remain concerned and skeptical that one will really be available for [redacted] and that qualified staffing will actually be found and maintained on an on-going basis. Nor do I believe that it will be possible to find a location where appropriate doctors and medical facilities will be nearby with the ability to cope with her behaviors. The same concerns hold true as to a church, workshop, etc. being nearby and able to accommodate her. Any small community home that is specifically being planned for residents with these types of behaviors would have the added disadvantage for [redacted] of possibly being noisy, etc. which would further aggravate [redacted] behaviors. She did NOT do well on a unit where many of the residents were autistic and younger which meant there was a lot more noise and confusion. If community placements do not work out for [redacted] (i.e. she either has behaviors that the provider cannot cope with or the environment is such that [redacted] cannot tolerate it and becomes very unhappy and has more incidents of her maladaptive behaviors because of this), without Fairview, what options would be available to her, keeping in mind that she is also a "senior citizen" with probable increasing physical needs for her arthritis, etc. that aging may bring but that are not to the extent of needing nursing home care? Or will it become necessary that in a relatively short time she will need to be moved again to accommodate these changes in her needs. These are all very emotionally traumatic moves and are not what the intent of the Lanterman Act was supposed to address for these residents. The blanket

statement of the least restrictive environment meaning non-institutional care does not and should not be assumed to be in the best interests of every current resident and should not be forced upon them (one size does not fit all).

I would like to propose a compromise solution. Obviously, not all the land is necessary for the remaining residents. Why not reduce the footprint for Fairview, retaining the necessary facilities with fully trained and experienced staff for these special needs residents while utilizing the rest of the PUBLIC land for community service needs such as a shelter for the homeless which could include job training, medical and psychiatric help all in one place, or for similar services for veterans, etc., and could even include low cost housing. This would certainly be a huge asset for Orange County and the surrounding communities,

Thank you for the opportunity to comment on this important issue.

Gail [redacted]
[redacted]and Conservator
[redacted]

[redacted]

Department of Developmental Services
Attn: Ms. Amy Wall
1600 8th Street
Room 240 MS 2-13
Sacramento, CA ~~9514~~ 95814

February 1st 2016

Subject: Closure FDC

To whom it may concern,

[redacted] has resided in the residence at FDC for over forty years. It is his home. All of his friends live there. They are all mentally and physically the same, but, they have their own special culture which is far different than yours or mine. Above all, they are happy there.

I hope that my voice and this letter will be heard. I am crying out for your sensitivity, kindness and understanding. Please do not overlook either those who have dedicated their lives working to make the residents lives better. They also deserve your consideration.

I, in my own way endeavor to practice Charity for those less fortunate.

Please join me and keep FDC open for the needy.

Thank you.

Chester [redacted]

[redacted]

From: [redacted]
To: DDS HQ Fairview Closure
Subject: Suggestions for closure plan
Date: Thursday, February 25, 2016 10:26:34 AM

Hello,

Here is a suggestion for a win win for our clients and staff:

Open the community state services job to include opening day work and leisure programs. Give people at FDC who are currently teaching our clients and providing work for them the opportunity to create a day program utilizing the funding that will no longer be used in the developmental centers. Based on the amount of money the department will save from our centers closing, there must be money to develop solid programs in the community for our staff to develop.

And, if the community state services contracts are time limited, then do not have the day programs fall under that, but instead just have the funding cover development, staffing and program implementation/maintenance.

Thank you for considering these suggestions so the continuity of services helps our clients not lose everyone they've ever known in their moves. I believe this will help them be successful too as the staff who know them best can trouble shoot if the new providers are having a difficult time with our clients in their homes. It is also a win win for our staff who have chosen this profession and have worked in it for their entire career but do not necessarily want to work in a group home setting, but in the settings where they have excelled and serve our clients the best.

Sincerely,
Erinn

From: Stephany [redacted]
Sent: Tuesday, January 19, 2016 11:35 AM
To: DDS HQ Fairview Closure
Subject: Comments for the Closure Plan

Hello,

This is [redacted].

Photo of FDC Resident Provided

Removed to Protect Privacy

I am [redacted] and his legal conservator and am submitting these comments regarding the Closure Plan for FDC.

[redacted] is now 71 years old, and has been institutionalized since he was 10 due to profound disabilities. He first lived at Pomona State Hospital, and now resides at Fairview where he has been cared for by dedicated staff who know him well. [redacted] had his last annual IPP meeting in [redacted] 2015, and his comprehensive assessment by the Regional Center in [redacted] 2015. From physician reports, licensed staff input and formal assessments, the following conditions would be required in order to meet [redacted] needs in an alternative placement:
1. 24 hour nursing care (Stevie has advanced [redacted] disease, is [redacted] exclusively [redacted], he is non-ambulatory and needs total assistance in activities of daily living. He is also blind, non-verbal, and cannot make his needs known. He has a seizure disorder and is at risk for falling. He is profoundly retarded.)
2. Accessible surroundings to accommodate his wheel chair
3. Trained staff to anticipate his needs and perform all ADL tasks including transfers, toileting, [redacted] feeding, bathing, grooming, and dressing

[redacted] physician indicated that a move to a different location may greatly impact his health. Transporting him is risky, especially if it for a long distance. His Regional Center worker has told me there is not an appropriate placement for [redacted] at this time.

I respectfully urge the legislature to re-consider the Governor's proposal to close Developmental Centers until suitable alternative placements are available for all of the people living in these Centers.

Thank you,
Stephany [redacted]
[redacted]

2.6.16

To the Department of Developmental Services:

I strongly urge you, please, to keep the Fairview Developmental Center (And the Porterville Center, as well) open. I support and echo many of the speakers today in that this is a service the state of California should provide for those residents, and their families, in need of these services. Period. It was a huge mistake to shut down all the state mental hospitals in the 1980s, just as it will be if these centers are closed and the patients are sent into private "homes." The FDC is an extremely necessary facility for those California residents in need of this type of care. It would be shameful of the state to close a facility ~~that~~ and services that it is obligated to provide to its residents who are in need of them. Please, do not close FDC, keep it open!

Sincerely,

Jamie Macleod

[redacted]

Dear Amy Wall

Hello
Regarding the proposal to close Fairview Developmental Center (FDC)

I suggest that a gold handshake be given to employees who have worked at FDC or with the state for the last 17 years work or more.

If the employee needs 1-3 years to finish the 20 years work, he or she can be given the time needed to make it up to 20 years to get the free health insurance.

That would be great to help FDC employee.

Thank You
Best Regards

Magdy Mesdary
FDC Employee
[redacted]

From: Margaret Mooney
To: DDS HQ Fairview Closure
Subject: Closure of Fairview Developmental Center
Date: Saturday, February 13, 2016 11:16:45 PM

Dear Ms. Wall,

I do not have a connection with any residents of Fairview Developmental Center. I am writing about any mandates that the state or governor may make about the use of the land. I would strongly encourage the state and governor to make further mandates that the buyer of the land, hopefully and presumably the city of Costa Mesa, must facilitate the construction of permanent supportive housing for the homeless on the property. This is a great need in Costa Mesa. Although permanent supportive housing was discussed by our City Council a few years ago it was quickly dropped .

Another suggestion would be to explore the concept of a much smaller developmental center remaining on the property and sell the remaining acres to the city of Costa Mesa. Local newspapers reported the desires of family members that the facility remain open.

Thank you for your consideration of these suggestions.

Margaret Mooney
Costa Mesa resident

Good Morning Ladies and Gentlemen,

Thank you for this opportunity to speak to you about my concerns. My name is Kristina [redacted] has been a resident here at Fairview Developmental Center since November 2008. [redacted] has autism with communication and severe behavior issues and a long history of wandering and running away. [redacted] was placed here at Fairview, by court order, after being severely injured having gotten away from his caregiver, running onto the 101 freeway and being hit by a car. At the time of [redacted] accident, he was living at his third crisis home placement, having failed at two prior group homes. It is for this reason I have 3 major concerns about community placement for [redacted] and others like him.

My first concern is that [redacted] and others with the same behaviors will be placed in a non-locked group home. The home will only be allowed to have what is called delayed egress which is, in my opinion, a death sentence for [redacted]. Tom may have autism but he does not lack intelligence. He is very observant and persistent. He has managed to escape from his locked unit, here at Fairview, twice in the last six months and has ended up running across Harbor Boulevard. Had it not been for the diligence of the Fairview staff, [redacted] might have been hit and injured once again. Please! If [redacted] and others like him must be removed from the developmental centers, please create and fund regulations allowing locked homes or facilities in the community for individuals who meet the criteria of severe runners and wanderers. Delayed egress is not sufficient to provide the level of safety required for individuals like [redacted].

My second concern is that [redacted] and others like him will be placed in homes with inadequately trained staff, or an insufficient number of staff needed to manage their extensive behavioral programs and severe behaviors. [redacted] is a big strong young man. He is [redacted] tall and weighs over 250 pounds. When [redacted] has a severe behavior, he requires a minimum of five very strong people to control him. Here at Fairview, they have an emergency system which provides that number or even a greater number of staff to be available to intervene in crisis situations. My fear is that in a community placement home, there would not be a sufficient number of staff available for severe behavioral incidents and that [redacted] staff and/or members of the general public could be severely injured. Please make and fund the needed regulations mandating 5 or more well trained psych tech or psychiatric technician to be available at all times for individuals who meet the criteria of severe behavioral outbursts which might cause danger to self, others or property. A psych tech level of education should be the minimum level of education required for caregivers working with individuals like [redacted] who have severe behavioral problems with extensive behavioral programs and interventions. Anything less than that level, they become guards and not caregivers.

My third and final concern is where these homes will be located. Since the general attitude of most established communities is "not in my backyard" when it comes to treatment facilities and homes for disabled individuals; I have great concern on where [redacted] and others homes will be located. Please make and fund the needed regulations stipulating that all homes must be placed near quality medical and dental facilities and that they must have close access to appropriate educational and employment opportunities for those individuals who live in them.

Thank you again for the opportunity to express my concerns!

Kristina [redacted]

February 6, 2016

From: [redacted]
To: DDS HQ Fairview Closure
Subject: [redacted]
Date: Wednesday, February 03, 2016 9:30:40 PM

I have been shocked to learn of you releasing [redacted] from Fairview Development. He has been there around 15 years. [redacted] is very close to the staff there and is dependent on them for his care. He is severely autistic and is in need of supervision 24 hrs. a day. He cannot function living on his own. Unfortunately there are no family members able to take care of him now that he is a grown man. He is not even capable of using a restroom on his own. [redacted] is also mentally retarded and often violent, needing the professional care he gets at Fairview.

Please take this into consideration when the decisions are made to release him or not. If he is just released onto the streets he will not survive and could be of harm to himself and others.

Thank you for your services.

Mrs. Linda [redacted]

Jessica [redacted]
[redacted] of a Client

- Make use of this public land to serve the needs of California citizens

- Do not close all developmental centers, some clients can not survive in the community

- Use the available facilities to provide services for others like veterans and homeless

- keep the skilled nurse care and work with schools to train providers

- follow the regulations stated by the Lakrman Act

From: Jesse [redacted]
To: DDS HQ Fairview Closure
Subject: Input Developmental Closures
Date: Wednesday, February 10, 2016 3:14:15 PM

To whom it may concern,

Hi I'm Jesse [redacted] Consumer Advocate of Eastern Los Angeles Regional Center. I would like to give my input on the closures of the Developmental centers. A Transition Plan that includes all necessary support groups, a safe and quiet neighborhood, to be able obtain jobs of their choosing and have fun things to do like going to a coffee shop, dinner outings, and parks. Also information about their rights that can be obtained by having inclusion within the community.

Jesse [redacted]
Consumer Advocate of Eastern Los Angeles Regional Center
[redacted]

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Any views expressed in this message are those of the individual sender, except where the sender specifies and with authority, states them to be the views of Eastern Los Angeles Regional Center.

[redacted]

February 8, 2016\Department of

Developmental Services
Attn: Amy Wall
1600 9th Street, Room 240, MS 2-13
Sacramento, CA 95814

Dear Ms. Wall:

Thank you for this opportunity to comment on the development of a plan for the residents at Fairview Developmental Center (Costa Mesa, CA) which will be closing. I am Victoria [redacted], the conservator and [redacted] of a long-term resident at Fairview. Fairview is his home.

[redacted] has had bad experiences in group homes. Many years ago his group home had to be closed due to an unacceptable landlady who among other things served a poor diet to the clients. His residence at another home ended after 3 weeks with him in distress and rushed to the hospital. Last year, he left Fairview to move into supported living. It ended with his arrest and three months in jail. Now he is back at Fairview where he is well settled and happy.

In any new location, he will need the same support that he receives at Fairview, including the list below:

Safety Net – He must have professional supervision that will respond quickly to any crisis causing him to become agitated and aggressive. For example a mental health urgent care facility should be nearby and there should be protocols to get him to a safe haven, outside the group home quickly.

Team of Care - Out in the community, he would still need a team of well-trained, honest and professional caregivers. At Fairview, an excellent team of psych techs, social workers, social worker assistants, a physician, a psychologist, a dietician, and a vocational (jobs) director all look after his well-being and encourage his generally good behavior.

Food and Diet - [redacted] requires a proper food and diet so that he can better control his weight and his diabetes 2. Fairview's dietary staff addresses this. He did not eat properly in community care.

Activity and social life – He needs well-structured, constant activity. Fairview staff ensures he has work and productive activity such as the gardening he does now. He is always on the go at Fairview and does not get bored. He knows his caregivers by name and makes friends with roommates and neighbors. He likes to talk and engage with others. He should not be alone.

Reassurance and counseling - I hope professionals can counsel [redacted] about this next move. If he is fearful, his situation will be extremely risky.

I am ready to learn about the options available under the transition plan for Fairview closure. I would favor a larger (e.g. 10 bed), secure, professionally run facility. In conclusion, [redacted] must be closely supervised, engaged in constant activities such as a paying job and socializing with friends. Over the years, DDS and the SGP Regional Center have been a great support to me and my family and I am asking with this letter that you continue your efforts first and foremost to protect [redacted] and secondly help him live happily as you make your major transition plans.

Sincerely,

Victoria [redacted]

Cc: SGP Regional Center, Attn: Lourdes [redacted]

[redacted]

VIA EMAIL (Fairview.closure@dds.ca.gov)

February 29, 2016

Department of Developmental Services
Attn: Amy Wall
1600 9th Street, Room 240, MS 2-13
Sacramento, CA 95814

Re: Closure of Fairview Development Center (FDC)

Dear Ms. Wall:

We are aware that DDS is developing a closure plan for Fairview Development Center (FDC) due to state budget pressures and as part of the state's continuing effort to place the remaining (and most challenging) FDC residents in a community setting. Thank you for the opportunity to provide the following comments, which were prepared by us independent of any other organizations or stakeholders.

As background, [redacted] are limited conservators for [redacted], who has been a resident at FDC for almost 40 years. He is severely intellectually and physically disabled and requires 24/7 care and access to emergency medical services due to seizure, choking and other risks. Simply stated [redacted] is completely helpless and requires assistance in <u>every</u> facet of his life – to say he's *vulnerable* is an understatement, just as the same is likely true for the rest of the current FDC residents. We are profoundly grateful to FDC staff for their professionalism and the way they *truly care* for our family member.

Generally, we accept the philosophy of community placement <u>so long as</u> the setting is appropriate to the level and quality of care required for the safety and well-being of the patient and it meets all other requirements. However, the decision to place FDC patients in a variety of facilities across Southern California does <u>not</u> relieve or lessen in any way the responsibilities of DDS to oversee the care of former FDC residents. In fact, the community placement "distributed care" model, as distinguished from having a single care site such as FDC, raises the bar for DDS including the need for increased oversight of care providers for this vulnerable population.

Here are our specific thoughts…

First, DDS must complete a thorough review of its approved "roles" for care providers taking on these much more challenging FDC clients. I am skeptical that the current long-standing training and other requirements for the Direct Support Professional (DSP) role are adequate for that person to care for the increasingly challenging and risky patients being transferred out of FDC given the myriad of complex client conditions and issues. Moreover, based on my military experience, formal training is not the only element that should be reviewed. As a part of ongoing care, care providers should conduct "drills" where the application of training should be tested in an environment closer to an actual event. It's one thing to recognize that an emergency situation, and it's another to understand in the moment what to

do and to carry those actions out. (I'm thinking of a situation I heard about a few weeks ago at a DDS public hearing a FDC where an external care provider recognized a choking situation but, for some reason, chose to go change another client – resulting in a death).

Second, as a part of any role evaluation, it's essential that DDS' compensation for care providers (including DSPs and any higher levels of service providers) is adequate. Underpaying frontline care providers only increases staff turnover and attracts less capable applicants, both of which significantly increase the risk of inadequate or improper care where the consequence can be death.

Third, DDS must ensure the frequency and timing (including "off hours" surprise visits – like the middle of the night) of onsite inspections of care providers provide a suitable level of oversight. Just as an example, I looked through a small sample of inspections of care providers using the CDSS care facility search at https://secure.dss.ca.gov/CareFacilitySearch/. In some cases, inspections appear to be done only every 1-2 years. That's insufficient to ensure proactively that care is being provided at the appropriate level. In effect, once a provider has "passed," for example, its latest annual inspection it can breathe easy for another year and potentially allow its performance to slip. Visits need to be increased and, in some cases, be conducted randomly to ensure care providers stay on their toes.

Fourth, given it is increasing the number of remote community facilities for high risk clients, DDS must increase the number and training/capability of DDS staff used to inspect and oversee care providers. For illustration sakes, if we assume that there are about 250 highly challenging FDC clients being placed in the community with, on average, 4-5 clients per community site, that's another 50-60 homes that require inspection. Additionally, assuming the nature of the care being provided to these former FDC clients is higher, then the qualifications of any DDS inspectors needs to be correspondingly higher.

Fifth, the State must reallocate a suitable portion of its "savings" from closing FDC and use it for the above purposes. Closing FDC should not be viewed as a "windfall" – some portion of those savings must be reallocated to ensure adequate funding for the distributed care model the state is implementing for these high risk clients.

Finally, DDS needs to provide clearer and transparent standards for assessing the qualifications and performance of care providers. As a limited conservator, it should be easy for me to identify, find and understand standards of care for my charge. In contrast, the current online CDSS care facility data base (see URL above) provides essentially only two things – contact/location information for the care provider and a copy of any inspection reports. There should be other evaluation factors for care providers such as: inspection periodicity requirement (how often must this site be inspected), number of regular/random/surprise visits, care provider financial condition, care provider training levels, care provider staff turnover, etc. And, this provider performance data should be compared to state averages for all care providers. Bottom line, care provider evaluation criteria should include forward looking and potentially predictive data elements to help DDS and families anticipate potential issues, NOT just be "point in time" or look back inspections.

In closing, the care for these highly vulnerable clients is a team effort --- the California Legislature, DDS, Regional Centers, care providers, clients (where they can) and families. I know that stakeholders in this area want to serve these clients properly. But, I've worked in plenty of organizations and ecosystems and, the truth is that sometimes inadequate standards and processes and insufficient funding get in the

way or cause shortcuts. We need to have zero tolerance for institutional failures limitations where the consequence is frequently pain or injury and sometimes death.

I'm happy to clarify any of my comments.

Sincerely,

Phillip [redacted]

Email: [redacted]

Cc:

Senator Mike McGuire, Senate Committee on Human Services (senator.mcguire@senate.ca.gov)

Senator Holly J. Mitchell, Senate Budget Committee, Subcommittee 3 Health and Human Services (senator.mitchell@senate.ca.gov)

Assembly Member Kansen Chu, Assembly Committee on Human Services (assemblymember.chu@assembly.ca.gov)

Assembly Member Tony Thurmond, Assembly Budget Committee, Subcommittee 1 Health and Human Services (assemblymember.thurmond@assembly.ca.gov)

R.MORGAN, INC.
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Huntington Beach, CA 92646-7050
RMorganCorp@yahoo.com

February 6, 2016

State Department of Developmental Services
Attn: Amy Wall
1600 9th Street, Room 240
MS2/13
Sacramento, CA 95814

RE: PUBLIC HEARING: Closure of Fairview

Dear Ms. Wall,

This testimony is given in response to the February 6, 2016 Public Hearing concerning closure of Fairview Developmental Center and on behalf of persons who are developmentally disabled who the R. Morgan nonprofit knows desire choices about their FUTURES and where they live.

We support appropriate residential placement of the 251 individuals currently placed at Fairview, 77 of whom are citizens of Orange County. Unlike those who have resided at Fairview for many years, there are currently over 740 Regional Center of Orange County residents of Orange County over the age of 45 who have developmental disabilities who still live with their aging parents. Orange County has 18,000 infants, children and adults identified as developmentally disabled who are clients of the Regional Center of Orange County.

The current system providing resources to those who are in our community is in crisis. Providers are going out of business because rates have remained stagnant since 2007 and with the 2019 enactment of **federal full inclusion policy, both residential and adult day program resources designed to exclusively serve persons with developmental disabilities will cease to exist. It is paramount that the 114 acres of Fairview property be designated for development of housing and other community resources that will include persons with developmental disabilities.** We are aware that Shannon's Mountain has been carved out, however, no matter how large the complex, ONLY 20% will be available for persons with developmental disabilities as of 2019. This means that only 40 people with developmental disabilities will be able to live in a residential complex of 200!

Our recommendation is that DDS, in collaboration with General Services, issue sole source leases of 5, 10 and 20 acre parcels of Fairview property for development of housing that will provide additional housing choices for persons with developmental disabilities and include community businesses and services necessary to sustain an integrated community, provide employment as well as a tax base.

We hope that we are mistaken in the belief that while CA is spending whatever is necessary to provide alternative community living arrangements for the few, if the majority of persons with developmental disabilities have been forgotten and will be faced with a future not unlike that of the 1940s and 50s when the only resource available to them were institutions. The institutions existed because there were no community resources. When these community resources cease to exist, what then?

Sincerely,

Rhys Burchill

Rhys Burchill
President, CEO, R. Morgan Corp.

cc: OC Legislators

FACTS ABOUT PERSONS IN ORANGE COUNTY WHO ARE DEVELOPMENTALLY DISABILED 5/2015

700 adults with developmental disabilities, age 45 and older, live at home with aging parents. There are no solid residential plans for these individuals when the parents of these individuals are no longer able to care for their adult child with a developmental disability. For this reason while the FUTURES community supported living pilot that R. Morgan will establish in Orange County gives priority to these individuals, the project will exclude no one.

9,666 are adults 18 years and older:
5,774 live with their families,

18,552 individuals in Orange County **are developmentally disabled and identified as clients of the Regional Center of Orange County.**

295 Dept. of Social Services licensed community care facilities in Orange County serve 1,625 persons with developmental disabilities. Recent Federal and State policy is reducing what has been the typical bed group home model from 6 to a 4 to 2 bed model. This severe reduction in residents is resulting in caregivers not being able to sustain the income necessary to remain in business. This, as well as the fact that DSS licensed residential facilities serving individuals with developmental disabilities has not received a rate increase since 2002 has resulted in non-negotiated rates not having kept pace with inflation. As a result, inadequate residential rates additionally place individuals living in group homes of 6 or more at risk for not having a place to live. Creation of the R. Morgan community *FUTURES* supported living pilot model in Orange County offers the only **new** out-of-home residential alternative available in California at this time.

121 Intermediate care facilities licensed in Orange County serve 796 persons. (697 reside in 6-bed ICF Homes and 99 reside in one large facility.

1,421 adults with developmental disabilities live in their own homes with various types and levels of support services: 439 in Supported Living and 982 in other independent living arrangements.

R. Morgan, Inc. rmorgancorp@yahoo.com

From: Lois Raffel
To: DDS HQ Fairview Closure
Cc: Julie Allione
Subject: closure of Fairview Development Center
Date: Thursday, February 04, 2016 2:52:59 PM

February 4, 2016

Dear Amy Wall,

We have strong feelings about the fate of the property on Harbor Boulevard in Costa Mesa that is currently Fairview Developmental Center. The area backs up to our public golf course and is perfect for much needed recreation fields for the young and for adults. The majority on our counsel has been passionate about fields, but they are also Okaying and encouraging building on much of our unused land and adding high rise apartments. This location is prime property for developers that stand to make a great deal of money from building more high density units. Our council majority favor development/construction since that is how they earn a living.

Please consider using this valuable land for recreational fields. A wonderful example of how this concept has been incorporated in Fountain Valley is Mile Square Park.

Respectfully,
Lois Raffel
[redacted]

DEVELOPMENT CENTER ASSIGNMENT
BY RENE [redacted] CAC MEMBER SAN DIEGO

Step by step manual to build a story of where would you like to live.

Simple yes or no questions, such as, “Would you like to live in a group setting?”

Ask the client before the meeting to make a list of questions they may have.

Ask the client if they would like to live with a family member or in a group home.

Have stories of success and photos for motivation of clients who have moved into the community.

Ask the client about their skills, hobbies, taste in music, and preferences for their new home.

If the client becomes frustrated or overwhelmed – stop and come back to the process another day.

From: Heather [redacted]
To: DDS HQ Fairview Closure
Date: Thursday, February 04, 2016 6:18:21 PM

To Whom it May Concern,

I am writing out of concern for [redacted] and the other individuals who call Fairview Developmental Center their home. When I was a child, my parents spent years trying to find [redacted], a home that could handle him. Finding Fairview Developmental Center was a blessing - a blessing that is now being threatened to be snatched away. [redacted] cannot thrive in a typical, unlocked home for the handicap, he needs a locked, 24-hour surveillance home. He is physically violent to himself and others.

[redacted] left to Fairview Developmental Center when he was about nine years old. I was eight. Saying goodbye was the hardest thing [redacted] had ever done and it brought them into a deep depression which has stayed with them to today. However, they couldn't physically handle him. He would attack [redacted] and I on a daily basis, and my youngest [redacted] was just an infant. He yanked out our hair, punched us in the gut, kicked us, and threw objects at us, such as tin cans and glass mugs. Not only was he violent towards us, but to himself. One moment, he would be sitting and eating candy, then suddenly out of nowhere he would be banging his head repeatedly against the wall. This is still a daily occurrence, and If someone isn't with him to restrain him, he will continue until he knocks himself unconscious, or worse. He is unpredictable, and this is why he needs 24-hour care.

When I was a child, [redacted] brought him to group home after group home. I don't know the exact number of group homes that he had been in and out of, but it was on a monthly and weekly basis. We couldn't find a 24-hour surveillance home near us that could take him, and the unlocked group homes would send him home because he was too violent. I remember hearing reports of him giving the staff black eyes and causing bodily harm to the other patients. They could not control his episodes, nor provide him the 24-hour surveillance that he needed. [redacted] had even tried hiring trained care-workers to come into our house and take care of [redacted], but they didn't last either. We had to keep a constant eye on his whereabouts. The second you looked away, he would attack you or run off somewhere. He doesn't have a sense of danger. A few times he escaped the house and ran into the road. Once, he was inches from getting hit by my neighbor's car. But he didn't seem to care as he crawled atop the car's hood, pulled down his pants, and peed on her windshield.

I understand that some autistic individuals can live in a traditional group home, however, autistic disabilities vary in severity. I, myself, would have never known that an autistic individual could be so aggressive and unpredictable if I hadn't [redacted]. He cannot speak, read, write, draw, or obey commands. The group homes that had rejected [redacted] stated that he was the most violent autistic child that they had ever encountered. Fairview Developmental Center was the only home that was able to handle [redacted] and keep him safe. He has to wear a full helmet to protect his skull from his self-harming, head-bashing episodes. He is under constant surveillance, even when he sleeps. He cannot go to the restroom alone and he cannot share a room with another patient due to his violent tendencies. I fear to think of what would have happened to [redacted] if a 24-hour surveillance home such as this did not exist. He may have hospitalized staff and patients. He may have escaped and gotten hit by a car, or have gotten lost and sick. He may not be here today.

In conclusion, I am begging you to please reconsider your decision to close down Fairview Developmental Center. I understand that our country is low on funds, but the budget should still aim for the greater good, and should not harm the country's people in any way. For once our government stops caring about the welfare of its disabled people, we demote our country's honor. If this budget cut occurs and the developmental center closes, what will happen to the patients, like [redacted], who are severely autistic with mental retardation? I know from experience that unlocked group homes are for typical autistic individuals and will not be able to handle these patients. Not only will people like [redacted] be in danger, but so will the people who work and live at the group homes. And that's if [redacted] doesn't escape the home and find himself lost or in harm's way.

Everyone needs compassion and everyone needs someone to stick up for them, especially when they cannot stick up for themselves. I know that you will do the right thing. As Fairview Developmental Center's philosophy states, "All people have value as human beings and as members of the human family. People do not lose their inherent value simply because of a disability."

Thank you,

Heather

To: Department of Developmental Services—Testimony

Some think that money would be saved by closing Fairview. Studies show that if clients would receive the same care, resources, and treatment in group homes as in state hospitals, there would be very little if any savings. It is difficult to find doctors and dentists who are trained to deal with this population. In the case of [redacted] who has a rare degenerative syndrome, few doctors have even heard of her disease. She was in a group home until they could no longer manage her, due to incorrect medication causing serious problems. Fairview managed to stabilize her, and she has received excellent care at Fairview. A well trained staff, as well as access to quality health care, is vital for these individuals. Staff turnover in the community is also a big problem.

U.S. Supreme Court Olmstead decision requires that community placement not be imposed on individuals who do not desire it. The Olmstead right of individual choice is clear. Though group homes are good for some individuals, state hospitals are more appropriate for many. Data from the National Organization, "Voice of the Retarded" newsletter finds tragedy in the wake of deinstitutionalization with unexpected deaths in the community as well as high rates of hospitalization. In Georgia of the 535 patients who died in 2013, 500 were receiving care in the community; in 2014, 498 of the 526 who died were receiving community care. Combined, the death rate would be 16 times higher in community care than in state facilities. Other states requiring community placement are also experiencing tragic results. It would be a disservice to put those needing specialized care to be put out in the community. Also, would they still benefit from the Foster Grandparent program or be able to attend a church service with their peers?

Please take the aforementioned things into consideration. How would the closure of Fairview benefit its most needy clients?

Sincerely,

Barbara & Jack [redacted]

Mr. & Mrs. Jack [redacted]

A.W

Feb. 6th 2016
Department of Developmental Services
Attn. Amy Wall
1600 9th. Street, Room 240, Ms 2-13
Sacramento, California 95814

To WHO EVER is concerned:

After leading the nation with laws that have always protected our most Medically fragile and behavioral challenged residents.

Our Governor and Senators along with our Assembly members (with few exceptions.) have made decisions to not allow CHOICE for our residents who need the services and supports that are available here at Fairview Developmental Center.

Why would you tear down a system that has provided a Centralize Center with 50 years of experience that has helped thousands of medically and behavioral challenged residents to realize their fullest potential?

We have all been told that it is because of decertification and the loss of federal funding is the reason as to WHY this Center is closing!

The decertification would not have come if Fairview had not had all those cut backs for years as well as not granting the needed state funds to stabilize the decertified DC Units.

There is a direct need for a Developmental Center in our state as well as a Need for --- General Hospitals, Convalescence Hospitals, Retirement Homes, Centers for the Needy and Homeless ,Centers for the Blind , VA Centers, Hospitals for the mentally ill and drug addicted !!

So here I ask --- Where is our specialized center??

P.O. Box [redacted]

So here I ask --- Where is our specialized center??
Where is our Specialized Hospital??
Why are our relatives being made to suffer-- the most medically fragile and those who have behavioral problems who have not been able to thrive in group homes.

Why is every one so bent on tearing down a system that has provided so much for our clients in NEED!

Fairview Developmental Center for more than 50 years has provided Comfort and Security to all our residents and families.

It has been providing expert care and opportunities for all individuals with developmental disabilities.

Besides Providing:

Experts that have years of experience such as :

Doctors	Licensed Trained Staff
Dentists	Qualified Administration Staff
Nurses	Trained Security Officers
Psychologists	Teachers
Social Workers	Job Coaches
Rehabilitation Therapist	Hospital Workers
Dietitians	Transportation Experts

Our Developmental Center has provided STABILITY for every client that has lived here!!!

So the so call experts --expect us to accept the statement of LESS RESTRICTED!

Well --ONE SIZE DOES NOT FIT ALL!!

I ask you this.

What is less restricted? 100 acres with walkways accessible for wheel chairs --with cover areas to protected you from the weather? OR -- a 50 by 100 feet back yard of a house all fenced in?

How would you like to have your work close by so you could walk with in a very safe environment and not have to worry about traffic, mugging , stabbings ,and being confused about your location ?
Or would you prefer being picked up in a van along with 5 other people and driven for an hour or more to a work shop that maybe you grew tired of in 30 minutes and wish to leave-- but couldn't because of the 4 other people who had to stay. (At Fairview you just walk home.)
I ask you is that less restricted?

Lets talk about being SICK -- And not being able to talk or speak or see.
Many of our residents here can not SEE OR SPEAK OR HEAR OR SEE Or WALK OR UNDERSTAND OR EXPRESS THEIR PROBLEMS OR ILLNESS.
If this was you --- Wouldn't you rather have a Doctor who knew you --Understood your medical condition and would attend to you immediately or send you up or over to a facility that could take care of you .

Or would you prefer to lay around in pain and then be transfer to a emergency room hospital ? Have you been in one lately with all

the NEW Managed Care Laws?
I suggest you visit.!

Were is the CRISI S CENTER when Fairview Developmental Center is gone - ??? (this was even funded in the budget for Fairview)

Where does that individual go if he or she does not work out in their new group home? (Jail)

Where is your facility to provide Medical, Dental, And Behavioral support for our DD Clients!

Where is your housing for those who are not successful in the community facilities?
There is suppose to be land developed here at Fairview for our residents?

So my last question is " Why is it that NO ONE CARES?

Our State was always ahead in giving the best quality of life to our relatives and the proof is the gift of LONG LIFE AT FAIRVIEW DEVELOPMENTAL CENTER ---- YOU need to give that to all our relatives and all the DD clients being born in our state today.

Fairview Developmental Center needs to stay open as a Resource Center, even Governor Brown's father recognized the need to help all of the special needs people regardless of the Cost to the State of California!

Closing Fairview would create an emotional instability that would cause great harm and death to some of our clients.!

This Developmental Center was given to the residents to have a wonderful full LIFE that fit their needs!
I sincerely HOPE that you DO NOT DESTORY IT.!!!!

Alexine Wells
Alexine Wells.

[redacted]

ds. This what we get - ??

DO YOU HAVE A SPARE BEDROOM?

California MENTOR's Family Home Agency is seeking loving families with a spare bedroom to support adults with special needs

Receive between $1100-$2000 per month and ongoing support

Give us a call!
Contact **Heather** or **Vanessa**
(619) 293-0214

As a mentor you become a teacher, an advocate, and a friend.

California
MENTOR
Family Home Agency

MentorsWanted.com

How about - This - ?..

80 - JOBS & EDUCATION

HELP WANTED / JOBS OFFERED

THE ARC OF SAN DIEGO is committed to its employees by offering an outstanding work environment, which affords them every opportunity to thrive and grow both professionally and personally. We are hiring for the following position:

Direct Support Professional (FT and Subs) - Poway $11.52 per hour

Provides group and individual instruction to assist each consumer to gain his/her fullest potential and meet Individual Program Plan goals. Assumes full case management record keeping responsibility. Assists in areas of self-care, toileting, feeding, mobility and other areas based on an individual's needs.

Qualifications:

High school diploma or GED, 6 months of hands-on direct care experience with persons with developmental disabilities preferred. Must have a valid California Drivers license, have 3 years driving experience, and be able to transport consumers in an Arc vehicle.

You must apply on-line at www.arc-sd.com

We are an EOE dedicated to a diverse work force and Drug Free work environment, Qualified M/F/D/V candidates are encouraged to apply.

[illegible] CAMEL DAIRY IS HIRING

A Special Place
A Unique Community

This Brochure was
Written and Produced by
Fairview Families & Friends

Fairview Developmental Center

1959

Facilities

Fairview Developmental Center is a residential facility providing expert services for people with developmental disabilities.

Fairview Developmental Center opened in 1959 and has been dedicated since its inception to the growth of each individual to realize their fullest potential.

Fairview's administrators and staff are committed to providing an environment of care and commitment for its residents. Each staff member at Fairview has a deep concern for each individual who lives at the center.

Fairview's mission is to provide quality services that meet individual needs and preferences, promote self-determination and independence, facilitate community integration and support, and development of community resources.

People with mental retardation, especially individuals with severe and profound mental retardation, have vastly different support requirements than those with physical disabilities.

The Fairview Staff

Fairview Developmental Center has a caring, highly dedicated, professional staff trained to provide superior support and assistance.

The entire staff is committed to fulfilling the values and mission of Fairview. These include quality of life, human dignity, advocacy, choice-making, accountability, civility, self-reliance, collaboration and outreach, creativity and innovation, and individualized services and support.

The Center's staff is dedicated to providing each individual served the opportunities for growth and the ability to lead fuller and richer lives. The Fairview staff insures that health and safety come first.

A special bond is created between the highly trained and dedicated staff. Nuances of communication are developed over time. Changes in routine can be detrimental to the residents on-going development.

Programs

Fairview Developmental Center offers a wide variety of activities to help its residents develop their highest level of ability and self-expression.

The programs are designed to provide both a nurturing and productive environment for the developmentally disabled.

The facility's music center provides growth, stimulation, as well as entertainment for its residents.

Fairview's Vocational Services Program employs and trains residents in a variety of work environments.

Individual and group growth is provided for with hands-on activities at the farm and recreation center.

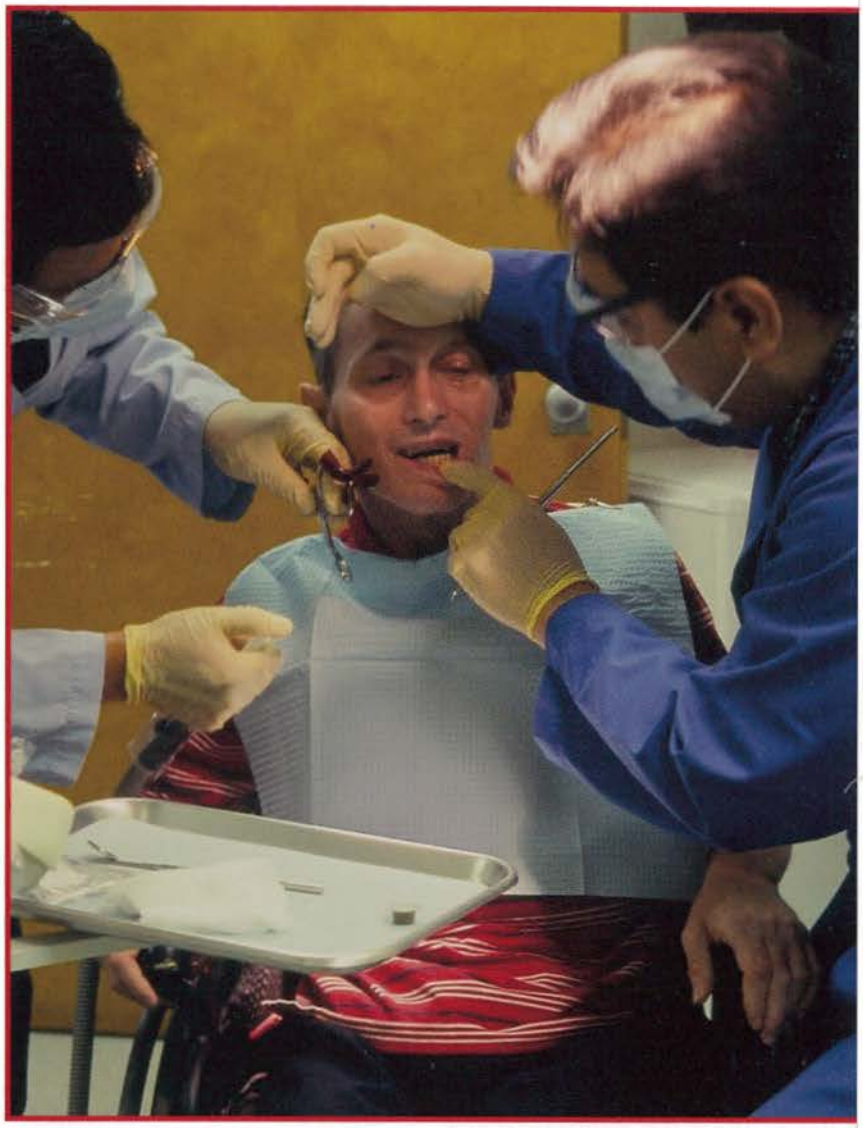
Programs are individualized to each community member to take advantage of each individual's uniqueness. The entire Fairview staff truly wants each of its residents to have lives that are rich and fulfilling.

Unique Medical Services

Fairview Developmental Center offers many unique medical services that provide 24/7 health care supervision to meet the diverse and unique challenges and demands of its residents. Providing the same level of dedicated service would be difficult to duplicate in the outside community.

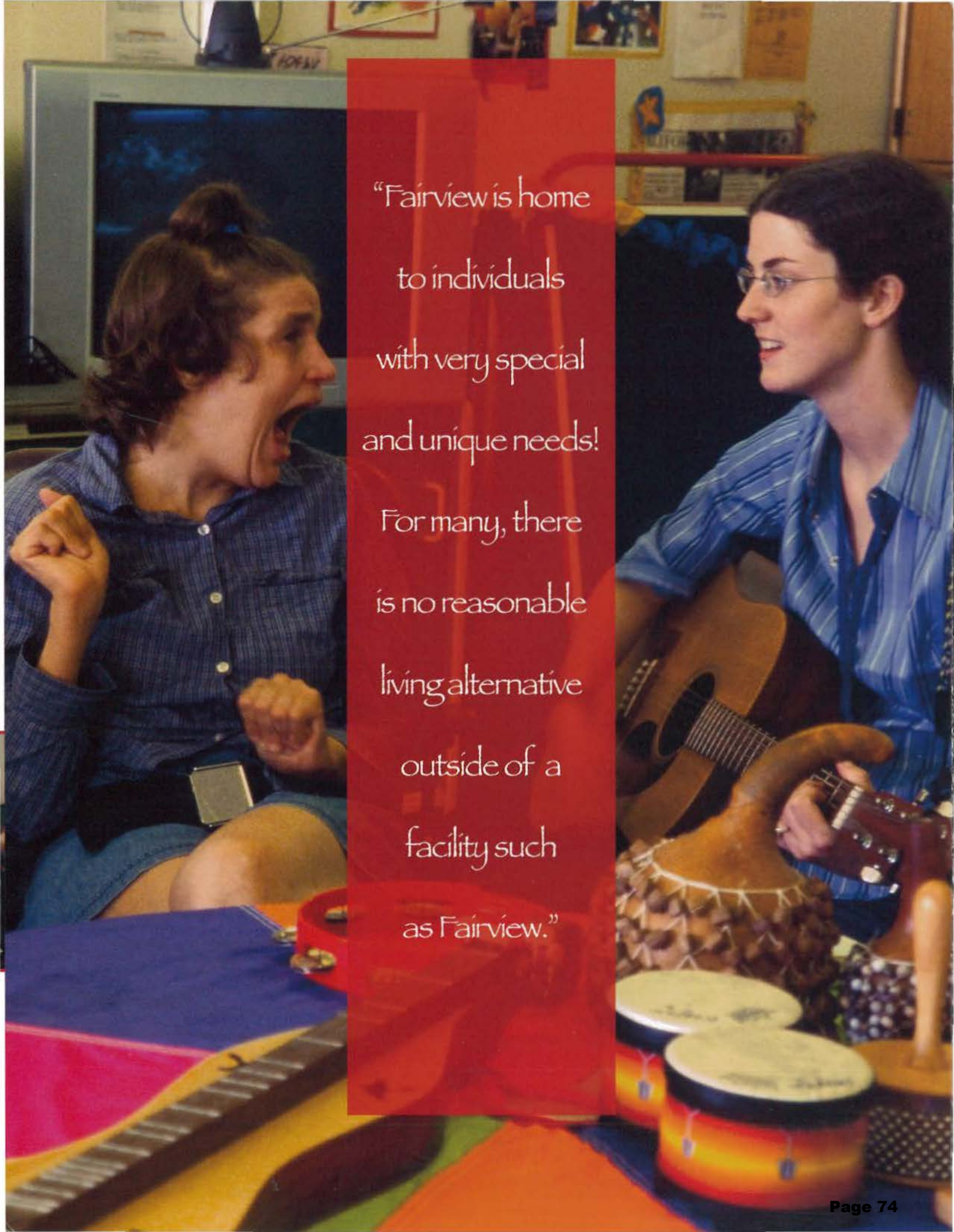
The Center's Health Care professionals provide ongoing medical support and treatment. They provide acute and continuing medical care for individuals who have significant physical handicaps and limited mobility skills.

The Dental Center is prepared to meet the individualized needs of the residents which would challenge most dental resources outside of Fairview.



The widely-held belief by policymakers that it always costs less to care for people with mental retardation and developmental disabilities in group homes rather than in institutional settings is not true if all costs of care are considered.

Mental Retardation - a journal by the American Association on Mental Retardation: April 2003

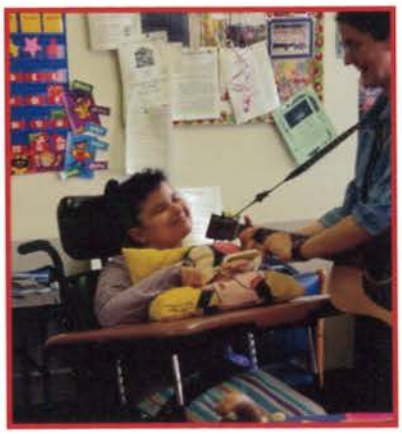

"Fairview is home
to individuals
with very special
and unique needs!
For many, there
is no reasonable
living alternative
outside of a
facility such
as Fairview."

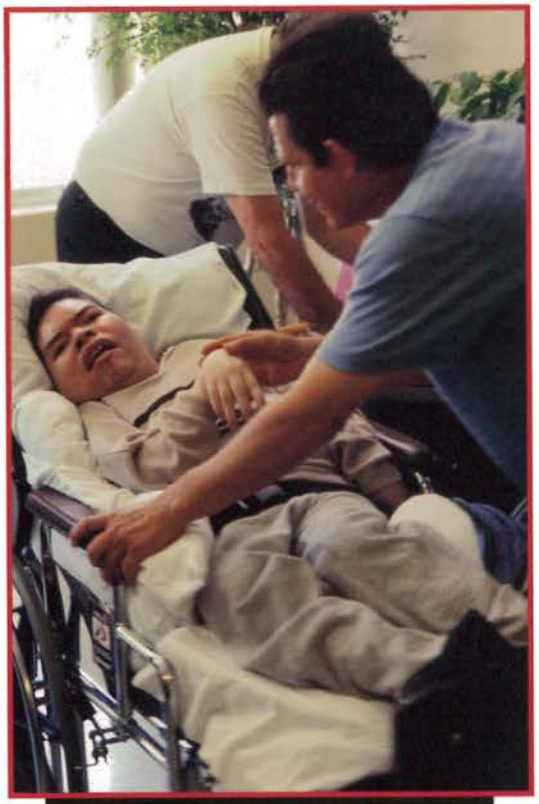
The Financial Facts

The widely-held belief by many that it always costs less to care for people with mental retardation and developmental disabilities in group homes rather than in larger, specialized settings needs to be reassessed. Institutional care is a financially viable alternative to community based solutions.

A peer-reviewed Cost Comparison study published by the American Association on Mental Retardation states, "….it is clear that large savings are not possible within the field of developmental disabilities by shifting from institutional to community placements."

California's state-operated Developmental Centers play a key role in providing intensive training and supervision to individuals whose needs cannot readily be met by available community based services. Developmental Centers play a vital role in helping those who need it most.





"The feasibility of private community based-care for the majority of DC residents is dangerously under estimated."

Fairview is Truly a Special Place and a Unique Community!

Fairview Developmental Center is located in Costa Mesa, California. It is licensed by the California Department of Health Services to provide acute, skilled, and intermediate care. Fairview provides services to individuals who have been determined by regional centers to require programs, training, care, treatment, and supervision in a safe, structured health facility setting on a 24-hour basis.

This brochure
is sponsored and produced by:

FAIRVIEW FAMILIES & FRIENDS, INC.
2501 Harbor Boulevard
Costa Mesa, CA 92626-6143

State Department of Developmental Services
Attn: Amy Wall
1600 9th Street, Room 240
MS2/13
Sacramento, Ca. 95814

Feb. 6, 2016

Polly S. [redacted]
[redacted]

RE: PUBLIC HEARING: Closure of Fairview

An addendum - Our affordable housing crisis here in Orange County.

This letter is an addendum to the testimony that I gave in person at Fairview Developmental Center, in Costa Mesa, on Feb. 6, 2016.

My name is Polly Musch and I was speaker number 12.

Due to the time constraints, I was concerned after leaving the podium that I had not covered all the points I intended to make after reading the information from "Opening Doors, a Housing publication for the disability community titled **The Olmstead Decision and Housing: Opportunity Knocks.**, written by the Technical Assistance Collaborative, Inc. and the Consortium for Citizens with Disabilities, in the year 2000. The article was a report on lack of housing for folks with developmental disabilities here in our country.

"Although Olmstead confirmed the ADA's integration mandate, the word housing does not appear in the decision. Instead, the Supreme Court uses terms such as "community placement" and "less restrictive settings" for people with disabilities, including many people ready for discharge from institutions, these terms can and should mean affordable housing of their choice in communities of their choice - including apartments, condominiums, and even single family homes. "

The lack of affordable housing for persons with developmental disabilities is now a major crisis in Orange County.

It is a known fact that in every person's life, everything starts with housing. It is also a fact that with the supports of the RC services, people with developmental disabilities are able to live in our communities. Families have been struggling with those facts for years, knowing one day they will not be there to support their loved one and also knowing that there is no available, affordable housing for their family member here in OC. Having a choice of housing is not even part of the equation. There is no affordable housing at this time that persons with

developmental disabilities can qualify for in Orange County without a HUD voucher, and there are no HUD vouchers available.

According to the article I read aloud:

The **Opening Doors** article also said, " **TAC's Priced Out in 1998**", study confirmed that people with disabilities receiving SSI couldn't afford decent and safe housing in any housing market area in the country without government housing assistance. Unfortunately, people with developmental disabilities are disproportionately poor - particularly those individuals who must rely on Supplemental Security Income benefits.

The article went on to say:

"Unfortunately, the housing needs of people with disabilities have not been a top priority for HUD, nor are they a top priority for most state and local housing officials that distribute HUD funds. A recent **TAC report titled Going It Alone: The Struggle to Expand Affordable Housing for People with Disabilities** documents the poor track record of government housing officials and their failure to target federal housing funding to people with disabilities."

Sadly, eighteen years later... nothing has changed for people with developmental disabilities here in OC.

Although we have four housing authorities located in our area, families still cannot have their adult loved ones with developmental disabilities move out of their homes today. All four HUD offices have at least a nine - year waiting list. Worse, only Anaheim is open at this time to serve the residents of Anaheim, and the others haven't opened for years. When they do open, they stay open for two weeks before having to close again due to the numbers. I believe at this time there are over 55,000 people on the current waiting lists.

Because of that fact alone, I believe that it is imperative that the land at Fairview have 'set asides' to create affordable, and stable housing for persons with developmental disabilities. The land at Fairview was originally set aside for persons with developmental disabilities, and it needs to continue to be set aside to again help serve them. Even with the acreage that was originally set aside for Shannon's Mountain, it will only serve a few. If there were 200 affordable housing units built on that piece of land, by law, only twenty percent would be for persons with developmental disabilities.

There are over two hundred fragile people living in Fairview right now, 77 that are OC residents. Where are they going to live? If the state is willing to create some housing for them by throwing money in that direction, what are all the other OC residents who have developmental disabilities expected to do? The fact is that here **in OC, we have over seven hundred people over the age of 45 who are still living with their parents.** That makes 900 people with developmental disabilities who actually need affordable housing today. Our state needs a future plan for these people as it is only going to increase by the year. We need

choices that hopefully will include housing that has an assisted living component, apartments, condo's and single family homes... much like our seniors are enjoying today.

The testimonies given before mine by Robert Sterling and Rhys Burchill, were excellent. Both made suggestions to create some much needed affordable housing, as well as recreation areas for all. Mr. Sterling suggested that some of the facilities already in place could be used by the entire community of Costa Mesa as well as other OC residents.

Rhys Burchill, CEO of the RMorgan Corp., gave testimony about creating housing models for seniors, veterans, people who are homeless, and persons with developmental disabilities. Ms. Burchill suggested that that land could also have a medical center as well as a dental clinic **saving the State of Calif. a lot of money by combining the medical services with those of the RC**... as well as offering services to other residents in Costa Mesa and the surrounding cities.

There are so many wonderful suggestions as to how that land could and should be used to help folks with developmental disabilities, rather than to build more housing for the affluent... folks who can readily afford to live anywhere. As I stated before, the land was set aside originally to help house and serve those in need. The families, and more importantly the individuals who are developmentally disabled, as well as the residents of OC, need for that land use to continue.

Please help us in our quest to create some affordable housing that will keep our loved ones safe and living in a community of folks who have a life well lived. We need decent, safe and affordable housing as well as access to the supports and services they want and need to live as independently as possible.

Enclosed please find:

Technical Assistance Collaborative, Inc., and the Consortium for Citizens with disabilities Housing Task Force

www.tacinc.org web site

Opening Doors... the Olmstead Decision and Housing, Opportunity Knocks, by CCD Housing Task Force and TAC ; and a current list of affordable housing here in OC, showing the lack of affordable housing.

Respectfully,

Polly S. Musch

Polly Musch

Opening Doors
A HOUSING PUBLICATION FOR THE DISABILITY COMMUNITY
DECEMBER 2000 • ISSUE 12

A PUBLICATION OF THE TECHNICAL ASSISTANCE COLLABORATIVE, INC. (TAC) AND THE CONSORTIUM FOR CITIZENS WITH DISABILITIES (CCD) HOUSING TASK FORCE

WHAT'S INSIDE?

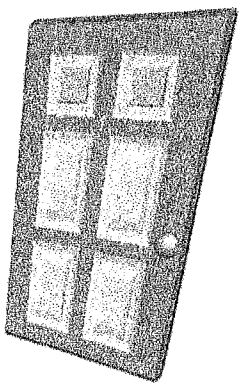
The *Olmstead* Decision and Housing: Opportunity Knocks

Introduction

On June 22, 1999, the Supreme Court of the United States issued its decision in *Olmstead v. L.C.* This important lawsuit against the State of Georgia questioned the state's continued confinement of two individuals after the state hospital's physicians had determined that they were ready to return to the community. The Supreme Court described Georgia's action as "unjustified isolation," and determined that it violated these individuals' rights under the Americans with Disabilities Act (ADA). The impact of this decision on people with disabilities who are in institutions, or who are at risk of institutionalization, has already prompted a great deal of activity by advocates, states, and the federal government.

Although *Olmstead* confirmed the ADA's integration mandate, the word "housing" does not appear in the decision. Instead, the Supreme Court uses terms such as "community placements" and "less restrictive settings." For people with disabilities, including many people ready for discharge from institutions, these terms can and should mean affordable housing of their choice in communities of their choice – including apartments, condominiums, and even single family homes.

Researchers and practitioners have demonstrated repeatedly that people with severe disabilities living in institutions can live successfully in the community. To succeed, they need decent, safe, and affordable housing as well as access to the supports and services they want and need to live as independently as possible. Unfortunately, people with disabilities are disproportionately poor – particularly those individuals who must rely on Supplemental Security Income (SSI) benefits. For low-income people with disabilities, affordable housing means subsidized housing that is either developed or rented through government housing programs. Because most funding for these programs comes directly or indirectly from the U.S. Department of Housing and Urban Development (HUD), there are potentially significant implications for federal housing policies and programs in the *Olmstead* decision. Thus far, however, the affordable housing issues raised by the *Olmstead* decision have received scant attention.



Thus far, however, the affordable housing issues raised by the *Olmstead* decision have received scant attention.

To date, only health and social service agencies have responded to the *Olmstead* decision. The U.S. Department of Health and Human Services (HHS) has been working with state Medicaid agencies to inform them about *Olmstead*, and to help them incorporate the ADA "integration mandate" into their delivery of medical and other support services for people with

continued on page 3

Opening Doors

A housing publication for the disability community

OPENING DOORS is published as a joint effort by the Technical Assistance Collaborative, Inc., Boston, MA and the Consortium for Citizens with Disabilities Housing Task Force, Washington, DC.

The Technical Assistance Collaborative, Inc. is a non-profit organization that provides state-of-the-art technical assistance and training to housing and human service organizations so that they may achieve positive outcomes in their work on behalf of people who are disadvantaged and/or disabled. For more information, please contact Emily Miller, Marie Herb, or Ann O'Hara, Technical Assistance Collaborative Inc., One Center Plaza, Suite 310, Boston, Massachusetts 02108. Phone: 617-742-5657 or Fax: 617-742-0509 or e-mail: info@tacinc.org.

The Consortium for Citizens with Disabilities (CCD) is a national coalition of consumer, advocacy, provider, and professional organizations who advocate on behalf of people of all ages with disabilities and their families. CCD has created the CCD Housing Task Force to focus specifically on housing issues that affect people with disabilities.

CCD HOUSING TASK FORCE Co-CHAIRS

Suellen Galbraith American Network of Community Options & Resources	(703) 642-6614
Kathy McGinley The Arc	(202) 785-3388
Andrew Sperling National Alliance for the Mentally Ill	(703) 524-7600

CCD HOUSING TASK FORCE MEMBERS

American Assoc. on Mental Retardation	(202) 387-1968
American Council of the Blind	(202) 467-5081
Autism Society of America	(301) 657-0881
Bazelon Center for Mental Health Law	(202) 467-5730
Brain Injury Assoc.	(202) 296-6000
Indiana Neighborhood Housing Project	(202) 312-7401
International Assoc of Psychosocial Rehabilitation Services	(410) 730-7190
National Assoc. of Developmental Disabilities Councils	(202) 347-1234
National Assoc. of Protection and Advocacy Systems	(202) 408-9514
Easter Seals	(202) 347-3066
National Mental Health Assoc.	(703) 838-7530
NISH	(703) 641-2747
Paralyzed Veterans of America	(202) 416-7707
Rehabilitation Engineering & Assistive Technology Society of North America	(703) 524-6686
United Cerebral Palsy Assoc.	(800) 872-5827

The CCD Housing Task Force and the Technical Assistance Collaborative, Inc. would like to thank the Melville Charitable Trust for the generous support provided for the preparation and publication of *Opening Doors*, and for their continued commitment to addressing the housing needs of people with disabilities and people who are homeless.

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FROM THE EDITORS

The topic of this issue of *Opening Doors* is the United States Supreme Court's *Olmstead v. L.C.* decision – a decision which some have called the Magna Carta of the disability community. *Olmstead* is a very important case because it affirms the community integration mandate within the Americans with Disabilities Act (ADA). The ADA and related federal civil rights laws provide that programs and services for people with disabilities be delivered in "the most integrated setting appropriate" to their needs. How much the *Olmstead* case will actually help people with disabilities live in communities of their choice – and obtain decent and affordable housing of their choice – remains to be seen.

Readers of this publication know that, whenever possible, *Opening Doors* is written in "lay terms." We do this in order to help the disability community decipher complicated government housing bureaucracy. However, because of the importance of the *Olmstead* decision, the authors and editors of this article were careful to use words and phrases that we felt most accurately conveyed the Supreme Court's written opinion.

We encourage you to make *Opening Doors* available to your members and constituents. All past issues are available on the *Opening Doors* web site at www.c-c-d.org/doors.html.

Readers will also note that we do not draw definitive conclusions from the case regarding what the impact of *Olmstead* will be in states. Only future case law will do that. However, the editors of *Opening Doors* do believe that the *Olmstead* decision provides more "ammunition" for the disability community to use with government housing officials. Olmstead represents an opportunity to educate the housing system about the housing needs of people with severe disabilities and their ability to live successful lives in the community.

In some states, *Olmstead* may provide the impetus for state human service officials and disability housing advocates to "claim" their fair share of the billions of dollars in federal housing funds that HUD distributes to state and local government housing agencies. This "claim" can be made not necessarily because of what the Supreme Court has said, but rather because people who are potentially covered by the *Olmstead* decision should have a high priority for housing assistance.

 continued from page 1

disabilities who are ready to move from institutions into the community or who are at-risk of institutionalization.

It is clear that more affordable community-based housing for people with disabilities will be needed as a result of the *Olmstead* decision. However, HUD was not involved in the *Olmstead* lawsuit, and has not been an active player in *Olmstead*-related planning activities. Yet HUD's role in funding housing programs and encouraging states and cities to create a sufficient supply of affordable housing for people with disabilities is critical if the ADA's integration mandate is to become a reality.

This issue of *Opening Doors* highlights key federal housing policy issues that may be relevant to the *Olmstead* decision, including several housing programs that can be used to facilitate the development of housing for people with disabilities who are leaving institutions or who are at-risk of being institutionalized.

Olmstead v. L.C. and E.W.

Both of the *Olmstead* plaintiffs – identified as L.C. and E.W. to protect their privacy – were diagnosed with mental retardation and mental illness. Both women voluntarily admitted themselves to Georgia's state mental hospitals. After a period of time, they and their treatment team decided that they were ready for "community-based care." Unfortunately, they remained in the state hospital because Georgia had no available community-based housing or services for them and no funding to generate more housing and community services to accommodate them.

E.W. and L.C. based their lawsuit on the ADA. They argued that the ADA required Georgia to administer its mental health program "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." Georgia argued that its continued hospitalization of the plaintiffs was the result of a funding decision, not a decision to discriminate. The Supreme Court rejected the State's argument, and interpreted the ADA to mean that states could not legally require people with disabilities to remain institutionalized in order to receive health care services.

The Court explained that unjustified isolation was a form of discrimination. It reflected two judgments:

"First, institutional placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life... Second, confinement in an institution severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment."

Nonetheless, the Supreme Court was careful to say that the responsibility of states to provide health care in the community was "not boundless." States were not required to close institutions nor were they to use homeless shelters as community placements. Without imposing specific requirements, the Court said that if "...the state were to demonstrate that it had a comprehensive, effectively working plan for placing qualified persons with mental disabilities in less restrictive settings, and a waiting list that moved at a reasonable pace not controlled by the state's endeavors to keep its institutions fully populated, the reasonable modifications standard [of the ADA] would be met."

The Court also defined the standards for states to follow in releasing people from institutions. The state's treatment professionals must determine that the

placement is appropriate; the individual must not object to being released from the institution; and the state is able to provide a community placement and services without displacing others on a waiting list for similar benefits and without unduly burdening the state's resources.

As a result of their lawsuit, L.C. and E.W. are now living in the community with foster families. Each is receiving health and support services through the Medicaid program. According to their lawyers, both are very happy, are enjoying their new homes, and are engaged in community programs that had previously been unavailable to them.

"... No person should have to live in a nursing home or other institution if he or she can live in his or her community."

As a result of the *Olmstead* decision, states are reviewing whether current policies and practices in their health care and service delivery systems are in compliance with the ADA. Where people with disabilities will live, and how their housing will be made affordable, are topics which should be included in these discussions. It is also the right time to include government housing agencies, and the programs they administer, within these *Olmstead* planning activities.

HHS Actions

Olmstead is a case about de-institutionalization. Not surprisingly, the majority of commentators and public officials have discussed it in terms of a state's responsibility to provide long-term health services to people with disabilities. Two agencies within HHS – specifically the Health Care Finance Administration (HCFA) that administers the Medicaid program for the federal government and the Office for Civil Rights (OCR) – are responsible for providing information and guidance to the states on how to comply with the ADA mandates in *Olmstead.*

On January 14, 2000, HHS sent a letter to every state governor citing *Olmstead* as affirming the "shared belief that no person should have to live in a nursing home or other institution if he or she can live in his or her community." The letter encouraged the governors to develop and implement the kinds of comprehensive working plans that the Court had suggested, "[to ensure] that individuals with disabilities receive services in the most integrated setting appropriate to their needs."

Letters were also sent to state Medicaid directors encouraging them to work together with the state human service agencies towards the shared goal of integrating individuals with disabilities into the social mainstream, promoting equality of opportunity and maximizing individual choice. HHS has also issued numerous policy clarifications designed to help Medicaid beneficiaries transition to "less restrictive settings" and expedite Medicaid funding for community-based services.

Housing Implications – Where Will People Live?

Where does housing fit into the state planning activities that may occur as a result of the *Olmstead* decision? Thus far, the housing issues implicit in the *Olmstead* decision have received very little attention. For example, HHS guidance to States does not address where people will live. However, the term "less restrictive setting" usually means some kind of community-based housing option linked with Medicaid or other publicly funded supportive services.

In the 1970s and 1980s, efforts to reduce the number of people with disabilities living in institutions produced the first community-based housing programs for people with disabilities. For the most part, these housing options did not resemble the types of conventional housing (i.e., apartments, small single family homes) that non-disabled people live in. Instead,

they were large congregate settings with a "package" of support services that, in some instances, residents were required to accept in order to live there. People were usually required to share a bedroom with others, were not given rights of tenancy under landlord/tenant laws, and were typically required to pay all but $30 or $40 per month of their SSI benefits to live in these types of residential settings. It can be argued that people with disabilities living in some of these arrangements were still segregated from – rather than fully integrated into – community life.

Fortunately, people with disabilities now have more choice in where they live, who they live with, and the services they will receive. These changes came about because of: the advocacy of people with disabilities, their families and service providers; the use of innovative Medicaid policies; and new federal fair housing laws which made it illegal to discriminate against people with disabilities seeking housing in the community. During the past decade, "community-based housing" for people with disabilities has been redefined and now means rental and homeownership options linked with voluntary services and supports.

Housing Affordability and Policy Implications

HHS's *Olmstead* planning guidance also does not address how housing for people with disabilities moving into the community will be funded. Because of the extremely low incomes of people with disabilities, they have increasingly relied on government housing programs – particularly the programs provided through HUD – to obtain decent and affordable housing. At this time, there is no guidance from the federal government summarizing how federal housing policies and programs might intersect with the need to expand community-based housing options for people with disabilities leaving institutions.

To disability housing advocates, the *Olmstead* decision clearly has potential implications for federal, state, and local government housing policies. Most people with disabilities affected by the *Olmstead* decision will be receiving SSI benefits – which nationally are equal to only 24 percent of median income. TAC's *Priced Out in 1998* study confirmed that people with disabilities receiving SSI couldn't afford decent and safe housing in any housing market area in the country without government housing assistance. Because of their low incomes, all SSI recipients are income eligible for HUD's housing programs.

Unfortunately, the housing needs of people with disabilities have not been a top priority for HUD, nor are they a top priority for most state and local housing officials that distribute HUD funds. A recent TAC report titled *Going It Alone: The Struggle to Expand Affordable Housing for People with Disabilities* documents the poor track record of government housing officials and their failure to target federal housing funding to people with disabilities. In a few states, housing advocates for people with disabilities are beginning to overcome the institutional barriers separating government housing and human services agencies. However, for the most part, the disability community has not been able to sustain successful working partnerships with federal, state, and local housing officials.

The Olmstead decision clearly has potential implications for federal, state, and local government housing policies.

Housing Not Mentioned

The question of whether states will see new opportunities within the *Olmstead* decision to target more federal and state government housing funding for people with disabilities has yet to be answered. It is very possible that without a significant

investment of government housing funding, the "community based settings" developed as a response to the *Olmstead* decision will resemble outdated models from the past rather than the rental and homeownership strategies that have been successful during the past few years.

Of the 22 *Olmstead*-related plans that states have sent thus far to HHS for review, not a single one mentions housing. None of the state plans reflect discussions or partnerships with state housing or community development departments. As of September 2000, none of the committees formed, Executive Orders issued, or legislation enacted by states in response to *Olmstead* mentions housing or includes housing officials or experts.

Of the 22 *Olmstead*-related plans that states have sent thus far to HHS for review, not a single one mentions housing.

On the bright side, the majority of states have begun to take some action as a result of the *Olmstead* decision. Many states are developing *Olmstead* -related plans. A few states have Executive Orders or legislative resolutions requiring that a plan be developed by a certain date. Nine states thus far have declared that their programs are adequate to meet the *Olmstead* test and that no new action is necessary.

The Importance of Affordable Housing and *Olmstead*

Some legal advocates suggest there are mandates within federal housing policies that could require some direct linkage between federal housing resources and *Olmstead*-related activities. Others aren't so sure. However, the housing issues raised by *Olmstead* do create an important new opportunity to engage federal, state, and local government housing officials in *Olmstead*-related planning discussions. These officials control billions of dollars of new federal funding which could be used to expand affordable housing for people with disabilities who may be moving into the community as a result of the Supreme Court's decision.

Unfortunately, because there are millions of low-income households in need of housing assistance, the demand for federal housing funds is much greater than current funding levels. Since 1980, the federal government has reduced funding for housing programs, while the number of low-income families has grown. For example, between 1985 and 1995, such families increased by 2 million. In contrast, affordable housing units increased by only 700,000. People with disabilities – particularly those people with severe disabilities whose monthly SSI benefits are only $512 a month – have been the most severely affected by this housing crisis.

To what extent will the housing needs of people with disabilities – including those potentially affected by the *Olmstead* decision – be given a priority by government housing officials who control affordable housing resources? Most government housing officials are very uninformed about the housing needs of people with disabilities and, as mentioned earlier, don't consider their housing needs a high priority. They also lack good information about the fair housing and civil rights laws that protect people with disabilities – including the *Olmstead* decision and its potential relevance to future government housing policies.

Housing Officials Not Involved

Housing officials' lack of involvement in *Olmstead*-related planning activities is not surprising. Very few state health and human services agencies are engaged in affordable housing planning with their state housing agency. State and local housing agencies have virtually no knowledge or information about the *Olmstead* decision.

Even in states with a history of housing and service agency partnerships, the partnerships typically do not include state Medicaid officials. Without help from the housing system, state health and human services officials often do not have enough knowledge of government housing programs to judge how the housing programs could be used, who controls the funding and decision-making, and what types of housing can be created.

State housing officials are frequently not responsive to inquiries from human services agencies or are reluctant to fund housing for people with disabilities. Some are deterred by community siting and Not In My Back Yard (NIMBY) issues. Others assume that Medicaid or other human services funding streams will be used to pay for housing – as was the case when housing and services funds were "bundled" within one residential services contract. New funding for affordable housing is always in short supply for all populations groups (e.g. elderly households, family households, disabled households) so it is easy for housing officials to say "no."

Existing affordable housing programs desired by people with disabilities – such as Section 8 vouchers, housing developed with HUD Section 811 Supportive Housing for Persons with Disabilities funding, or high quality public housing – have long waiting lists. There is also a serious shortage of affordable housing that has accessible features that are often necessary for people with disabilities with mobility or sensory impairments. And there is no "quick fix" that will address this shortfall overnight.

Where to Begin?

The connection between *Olmstead* and government affordable housing policies will need to be initiated by those agencies and groups that are directly concerned about where people with disabilities will live. For these discussions to be productive, however, housing advocates must have a good understanding of the opportunities and mandates that exist within government housing policies to leverage new affordable housing for people with disabilities – including those with the most severe disabilities who may be moving from institutions to the community as a result of the *Olmstead* decision. These opportunities include: (1) state and local affordable housing plans required by the federal government; (2) billions of dollars of new federal housing resources appropriated by Congress each year; and (3) federal fair housing laws which reinforce the ADA mandates included in the *Olmstead* decision.

Federally Mandated Housing Plans and Federal Housing Programs

Currently, there are three housing plans required by the federal government that are prepared at the state and local level and then approved by HUD. Government housing officials use these plans to make decisions about who will benefit from federal housing funding that HUD provides to states and local communities. In the aggregate, these plans directly or indirectly influence the use of billions of dollars of funding for more than 20 HUD programs. These plans are:

- The Consolidated Plan (ConPlan)
- The Public Housing Agency Plan (PHA Plan)
- The Continuum of Care Plan (Homeless Assistance)

Although each plan is a "stand alone" document, the plans do have some relationship to one another. For example, the housing activities to be funded through PHA Plan and the Continuum of Care Plan

The connection between *Olmstead* and government affordable housing policies will need to be initiated by those agencies and groups that are directly concerned about where people with disabilities will live.

must be "consistent" with the housing needs and strategies described in the ConPlan.

Each plan requires some degree of community input before it is submitted to HUD. However, the community process used to develop each plan – and the components of the plans – are complicated. Nonetheless, these plans are extremely important to state agencies and housing advocates involved in *Olmstead*-related planning, because they determine exactly what types of housing activities will be funded and which low income groups (i.e., families with children, elderly households, people with disabilities) will receive priority. Issue 8 of *Opening Doors* provides further details regarding the these strategic housing plans. Having a basic understanding of these plans and the federal housing programs covered by these plans is a good first step towards expanding affordable housing options for people with severe disabilities who are in institutions or at-risk of institutionalization.

These plans are extremely important to state agencies and housing advocates involved in *Olmstead*-related planning, because they determine exactly what types of housing activities will be funded and which low income groups... will receive priority.

The ConPlan and *Olmstead*

The ConPlan is the "master plan" for affordable housing development in states and local communities. Each year, Congress appropriates billions of dollars (approximately $7 billion in FY 2001) that HUD distributes by formula to all states, most urban counties, and communities "entitled" to administer certain federal housing programs on HUD's behalf. Before states and communities can receive these funds, they must have a HUD-approved ConPlan.

The ConPlan is intended to be a comprehensive, long-range planning document that describes housing needs, market conditions, and housing strategies. It also includes an Action Plan which specifies how the state or locality will spend the money provided through four

Fair Housing Laws and

In addition to the ADA integration mandates upheld in the *Olmstead* decision, there are two federal fair housing laws that provide additional protections for people with disabilities, including their rights to fully participate in federal housing programs.

Section 504

Section 504 of the Rehabilitation Act of 1973 was the first civil rights law for people with disabilities. Before this law was passed, it was legal to discriminate against someone just because they had a disability. The impact of Section 504 was widespread since it requires recipients of federal funds – including state and local housing agencies that receive federal housing funds from HUD – to make their programs and activities accessible to people with disabilities.

One of the central themes of the federal government's Section 504 regulations is that recipients of federal funds – including state and local housing officials administering federal programs – must ensure that their programs, as a whole, both meet the needs of people with disabilities and do not discriminate against them. The regulations require that program benefits and services be delivered in "the most integrated setting appropriate to the needs of qualified individuals with handicaps." The reference to integrated settings is a powerful parallel to the ADA mandates in the Olmstead decision.

The Fair Housing Act Amendments

Several aspects of the Fair Housing Act Amendments (FHHA) of 1988 may also be

Olmstead

critical to *Olmstead*-related activities. The law as it applies to people with disabilities has three purposes:

- To end segregation of the housing available to people with disabilities;
- To give people with disabilities the right to choose where they wish to live; and
- To require reasonable accommodation to their needs in securing and enjoying appropriate housing.

The FHAA requires that all new multifamily housing that was built after March 1991 must include the universal features of accessible design that are listed in the Act. These include doors wide enough for wheelchair users to pass through; the absence of stairs; and kitchens and bathrooms large enough for a wheelchair user. Unfortunately, compliance with the FHAA access requirements has been very problematic. Better enforcement could lead to the creation of many more housing units that are fully accessible to people with disabilities.

The FHAA also requires zoning and land use laws to allow unrelated individuals with disabilities to live together, either in group homes or in multi-bedroom houses in all residential neighborhoods. Such zoning ordinances and statutes must explicitly provide such opportunities or be interpreted to do so if these approaches are necessary to help people with disabilities live independently in housing of their choice. See issues 5 and 10 of *Opening Doors* for more information about these housing laws.

federal programs, specifically the Community Development Block Grant program, the HOME program, the Emergency Shelter Grant program, and the Housing Opportunities for Persons with AIDS program.

The ConPlan must catalogue housing needs by income categories and by housing type. Several of the elements required to be in the ConPlan housing needs assessment are relevant with respect to *Olmstead*. Perhaps the most important requirement is that the state or locality quantify and discuss the need for supportive housing including persons with disabilities, persons with alcohol or other drug addiction, persons with HIV/AIDS and their families, and any other category the state or locality may specify. The plan must also describe the nature and extent of homelessness (including the needs of specific groups of homeless people) and address the need for facilities and services for homeless individuals and homeless families. Finally, housing officials preparing the ConPlan must consult with public and private agencies that provide health and social services to people with disabilities, among others.

Several of the elements required to be in the ConPlan housing needs assessment are relevant with respect to *Olmstead*.

These ConPlan requirements are directly relevant to the housing needs of people with disabilities who may be institutionalized unnecessarily; who are at-risk of being institutionalized; or who may be homeless as a result of being discharged from an institution. For example, human service agencies could propose that a special category of supportive housing should be included in the ConPlan for people with disabilities who may be affected by the *Olmstead* decision.

Anecdotal evidence suggests that most ConPlans do not accurately describe the housing needs of people who may be living in state institutions or facilities or who are

at-risk of institutionalization. Housing strategies adopted in most ConPlans do not typically target federal housing funding to people with disabilities who are waiting to leave institutional settings. At the present time, there is little meaningful consultation occurring between health and human service agencies and government housing officials regarding either the housing policy issues raised by *Olmstead* or the housing resources which could be directed towards more community-based housing for people with disabilities.

Amending the ConPlan

Fortunately, HUD's rules for the ConPlan provide that the document can be "substantially amended" at any time. The importance of this requirement should not be underestimated for states submitting *Olmstead* plans to HHS. Changes that can qualify as "substantial amendments" include (1) a change in priorities for spending funds controlled by the ConPlan; (2) a change in the purpose or scope of a ConPlan housing activity; or (3) a decision to carry out a housing activity not previously described in the ConPlan.

It can be argued that state and local ConPlans should assess the housing needs of different groups of people with disabilities including: people in institutions who are ready for discharge, people at-risk of institutionalization or who became homeless upon discharge, and people who are on residential waiting lists. Housing advocates for people with disabilities can request that ConPlans lacking this information be amended. The ADA community integration mandate affirmed by the *Olmstead* decision – and the extreme poverty of people receiving SSI benefits – should compel government housing officials to target a "fair share" of ConPlan funding to people with disabilities.

The ConPlan and the HOME Program

A thorough discussion of the potential use of HUD housing funds is well beyond the scope of this article. However, the federal HOME program, which this year will provide $1.8 billion in housing funding to state and local governments through the ConPlan process, is a key program to target for people with disabilities leaving institutions. This year, Congress increased the HOME program appropriation by $200 million. These new funds could make it easier for states and communities to undertake new housing initiatives for people with disabilities while continuing to support housing that is targeted to other groups.

The HOME program could fund the acquisition, rehabilitation, or new construction of housing for people with disabilities or could fund 2-year rental assistance subsidies for individuals leaving institutions. However, the HOME program can also be used for rental or homeownership strategies that benefit higher income households who are employed but still considered low income. How HOME funds are used by states and localities is decided through the ConPlan process, which is why the ConPlan is so critical to *Olmstead* -related planning.

The PHA Plan

Most federally subsidized housing for people with the lowest incomes – including people with SSI benefits – is still controlled by Public Housing Agencies (PHAs). These resources fall into two primary categories: (1) public housing units; and (2) Section 8 rental vouchers.

For many years, the federal government debated what to do about PHAs. Finally, in 1998, Congress enacted public housing reform legislation that gives PHAs more

control and flexibility to decide how certain federal resources – specifically public housing and Section 8 vouchers – should be used in their communities. For example, PHA officials can now decide to create "elderly only" public housing; to direct Section 8 voucher assistance to higher income households who are saving to purchase a home; or to provide Section 8 vouchers to people with disabilities who have Medicaid Home and Community Based waivers.

PHAs make these decisions through the preparation of a PHA Plan, which is then submitted to HUD for approval. Similar to the ConPlan, the PHA Plan is intended to describe the agency's overall mission for serving low-income and very low-income individuals and families and describe the activities that will be undertaken to meet their housing needs. The preparation of the PHA Plan requires the input of a Resident Advisory Board, but not the extensive public process and consultation requirements that apply to the ConPlan.

New Section 8 Vouchers

The PHA Plan process offers several creative opportunities to expand housing for people with severe disabilities. For example, for the past four years, new Section 8 vouchers have been appropriated by Congress exclusively for people with disabilities. These vouchers help people with disabilities rent housing of their choice in the private rental market, including housing owned by non-profit organizations.

For FY 2001, Congress has appropriated $40 million in new Section 8 funding which will fund at least 6,000 new vouchers targeted to people with disabilities. A PHA application to HUD for these vouchers must be consistent with activities outlined in the PHA Plan. HUD recently awarded PHAs

On November 1, 2000, TAC announced the creation of its new **Housing Center for People with Disabilities.** The Housing Center for People with Disabilities is a TAC program of technical assistance, training, and knowledge dissemination on the affordable housing issues that are critically important to people with disabilities, their families, housing advocates, and service providers. The goals of the Housing Center for People with Disabilities are to create and strengthen the capacity of the disability community to influence state and local affordable housing policies and practices as well as to increase access by people with disabilities to subsidized and affordable rental and home-ownership resources. For more information about TAC's new Housing Center for People with Disabilities visit www.tacinc.org and click on News.

thousands of new Section 8 vouchers for people with disabilities from last year's (FY 2000) budget. Many of these awards "set-aside" vouchers for people with disabilities in several categories, including a special set-aside for people receiving Medicaid funded Home and Community Based waiver services (see Washington Bulletin on page 14).

New policies enacted by Congress this year will make it easier for PHAs to "project base" some of their Section 8 vouchers. This means that the PHAs can work directly with disability organizations and other non-profit groups to develop rental housing in the community and "attach" Section 8 vouchers to units in the project. PHAs can also use Section 8 vouchers to implement the "shared housing" option, which permits unrelated people with disabilities to live together in one dwelling with on-site staff, if appropriate. This approach has been very successful in coordinating housing resources for people with disabilities who want on-site supportive services.

The Continuum of Care Plan

Unlike the ConPlan and the PHA Plan, the Continuum of Care Plan is not mandated by federal law. Instead, the Continuum of Care is a HUD policy which encourages communities and states to develop a plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. The HUD housing and services programs funded through the Continuum of Care Plan also differ from those in the ConPlan and the PHA Plan, because they are targeted exclusively to individuals and families that meet HUD's definition of homeless for HUD's Homeless Assistance programs (at right).

HUD has required communities and states competing for Homeless Assistance funds to prepare Continuum of Care plans as part of the annual process for awarding $1 billion in housing and supportive services funding. There are very few rules regarding how the plan is prepared and how funding priorities are established for housing and services projects included in the plan. HUD mandates that the process should be "inclusive" and involve stakeholders in homeless programs and services as well as government agencies and the private sector. This year, Congress explicitly directed HUD to coordinate and integrate Homeless Assistance funding with "other mainstream health, social services, and employment programs for which homeless populations may be eligible, including Medicaid ... and services funding through the Mental Health and Substance Abuse Block Grant."

The Continuum of Care and Discharge Planning

This year, Congress also stipulated that any government entity applying for Homeless Assistance funding must agree "to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities...or institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons." Congress is concerned that there is little relationship between state health and human service agency discharge planning and federal policies that affect the delivery of housing and services for homeless individuals. Improvements in this area would reduce the incidence of homelessness among people with disabilities.

HUD's Homeless Assistance funds are in great demand in part because they are so flexible. However, there are several issues to consider when targeting Homeless Assistance programs for people with disabilities leaving institutions. HUD rules do provide that, under certain circumstances, people with disabilities leaving institutions can be considered homeless. But HUD's eligibility guidelines also take into consideration state discharge policies that vary from state to state.

It is important to remember that HUD's Homeless Assistance programs controlled by the Continuum of Care are part of a "safety net" to address the problems that result after people with disabilities become homeless, and cannot be used for homeless prevention. For this reason, they should not be the foundation of a comprehensive state plan to ensure that people in institutions who are ready for discharge have affordable housing made available to them.

HUD'S Section 811 Program

Of all the federal housing funding available from HUD, the Section 811 Supportive Housing for Persons with Disabilities program (Section 811) is the only one intended by law to be used solely for low-income people with the most severe disabilities. Since its inception, the Section 811 program has provided funds to non-profit organizations to acquire, develop, or rehabilitate rental housing with supportive services for very low-income people with severe disabilities. A relatively new tenant based rental assistance component of Section 811 provides funding for new Section 8 vouchers for people with disabilities through the Section 8 Mainstream Housing Opportunities for Persons with Disabilities program.

HUD considers a homeless person* someone who:

- Is living in places not meant for human habitation (streets, cars, parks, etc);
- Is living in an emergency shelter;
- Is living in transitional or supportive housing but originally came from the streets or shelter;
- Is living in any of the above but spending up to 30 consecutive days in an institution;
- Is being evicted within a week and has no subsequent residence;
- Is being discharged within a week from an institution (e.g., mental health or substance abuse facility or jail/prison) in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; or
- Is fleeing a domestic violence situation and no subsequent residence has been identified.

*As defined for the McKinney-Vento Homeless Assistance programs.

Each Section 811 project must have a supportive services plan designed to meet the needs of people with disabilities, although the supportive services do not have to be delivered on-site. Services in Section 811 projects vary from 24 hour on-site services to in-unit call buttons and planned activities. The Section 811 program has the potential to provide housing resources for significant numbers of individuals with severe disabilities, including those who will be leaving institutions and those on residential services waiting lists. Unfortunately, funding for the program is extremely limited. For FY

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RECENT HUD FUNDING ANNOUNCEMENTS

Section 8. In October of 2000, HUD awarded approximately 64,000 new Section 8 vouchers, including at least 9,000 targeted exclusively to people with disabilities. The awards were as follows:

1. 600 vouchers awarded to eight non-profit disability organizations under the Section 8 Mainstream Housing Opportunities for Persons with Disabilities program (Mainstream program).
2. Approximately 3,520 Section 8 Mainstream vouchers awarded to 54 Public Housing Authorities (PHAs) exclusively for people with disabilities
3. Approximately 60,000 Section 8 Fair Share vouchers awarded to 499 PHAs, including at least 5,000 that certain PHAs have agreed to set-aside for people with disabilities. Fair Share vouchers are usually given out on a "first come, first served" basis to any household on the PHA waiting list (e.g., elderly households, family households, and disabled households.) This year, at least 5,000 of the new Section 8 "Fair Share" vouchers will be given to people with disabilities by the 224 PHAs that agreed to dedicate the vouchers for this purpose. These 224 PHAs also agreed to give a percentage of these vouchers (approximately 1,000 total) to people with disabilities who have Medicaid Home and Community Based waivers.

Section 811. Awards for the Section 811 Supportive Housing for Persons with Disabilities program were announced by HUD on October 5, 2000. HUD received 235 Section 811 applications and awarded funding to 144 non-profit organizations in 39 states to create housing for approximately 1,600 people with disabilities. See the HUD website at http://www.hud.gov/pressrel/pr00-281.html for more information about these awards.

FY 2001 BUDGET HIGHLIGHTS

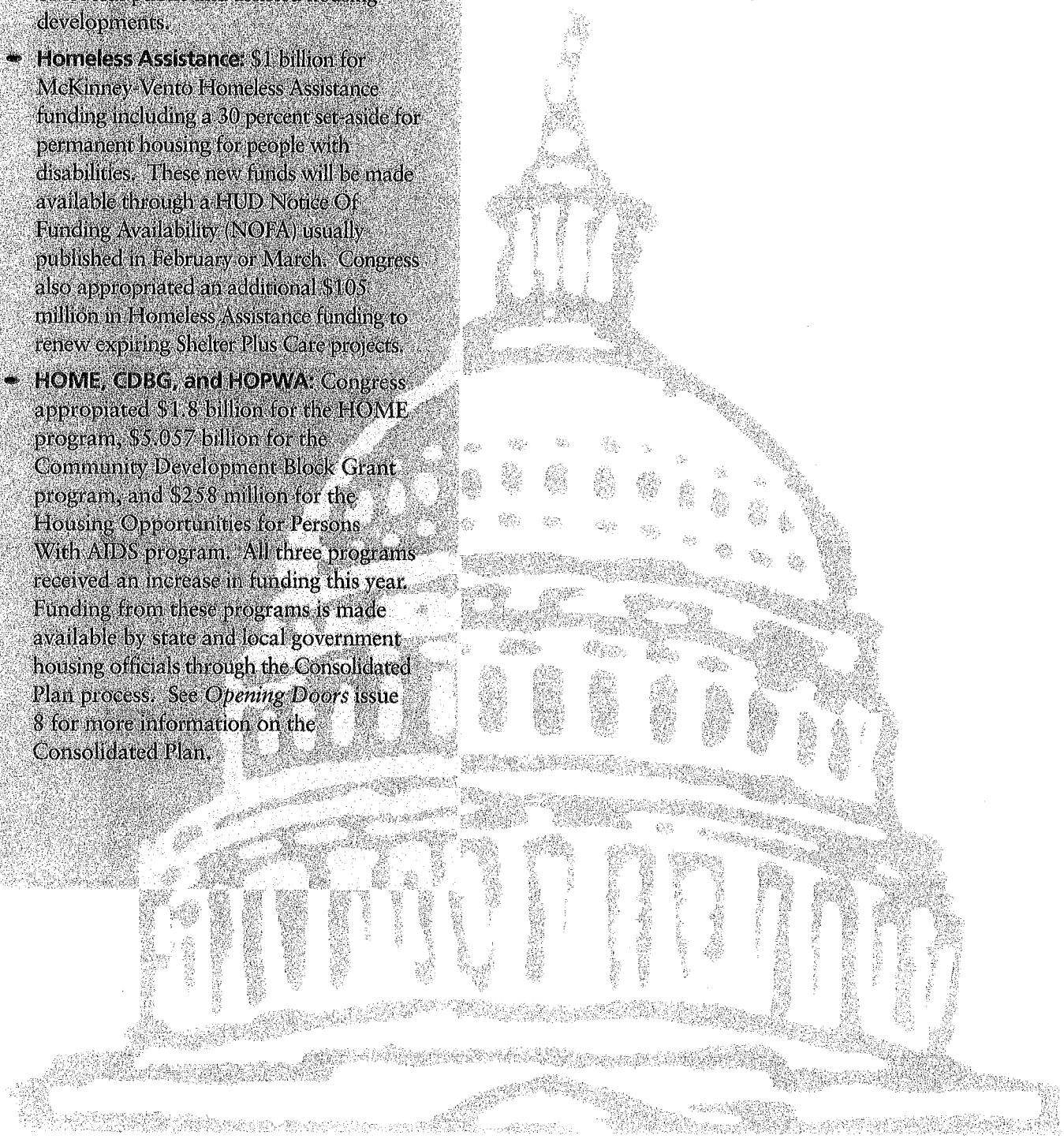
During this fiscal year (October 2000-September 2001) new federal housing funding will include:

- **Section 811:** $217 million for the Section 811 Supportive Housing for Persons with Disabilities program – an 8 percent increase from last year. 75 percent of the funding will be used to buy, rehabilitate, or construct housing and 25 percent will be used for tenant based rental assistance through the Section 8 Mainstream program (see #2 above).

Non-profit organizations that received Section 8 Mainstream funds in 2000

		SUBSIDIES
AZ	Behavioral Health Corporation	75
CO	Bluesky Enterprises	75
FL	Housing Partnership Inc.	75
LA	Pilgrim Rest Community Development	75
NH	Harbor Homes	75
NJ	Collaborative Support Programs	75
NY	New York Society for the Deaf	75
OR	Northwest Oregon Housing Association	75

- **Section 8:** $40 million for new Section 8 vouchers for people with disabilities affected by the "elderly only" designation of federal public and assisted housing developments.
- **Homeless Assistance:** $1 billion for McKinney-Vento Homeless Assistance funding including a 30 percent set-aside for permanent housing for people with disabilities. These new funds will be made available through a HUD Notice Of Funding Availability (NOFA) usually published in February or March. Congress also appropriated an additional $105 million in Homeless Assistance funding to renew expiring Shelter Plus Care projects.
- **HOME, CDBG, and HOPWA:** Congress appropiated $1.8 billion for the HOME program, $5.057 billion for the Community Development Block Grant program, and $258 million for the Housing Opportunities for Persons With AIDS program. All three programs received an increase in funding this year. Funding from these programs is made available by state and local government housing officials through the Consolidated Plan process. See *Opening Doors* issue 8 for more information on the Consolidated Plan.



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2001, Congress appropriated $217 million for the Section 811 program. This amount is actually an increase of $16 million over the previous fiscal year, but will only support the development of approximately 1,600 new units of housing.

Conclusion

At this time, it is unclear whether the Supreme Court's *Olmstead* decision will affect federal housing policies and help direct more federal housing funding to people with disabilities. Housing advocates for people with disabilities do agree, however, that the *Olmstead* decision is one more opportunity to emphasize that extremely low-income people with disabilities – particularly those who rely exclusively on SSI benefits – cannot possibly afford to live in the community without some type of government housing assistance. They also agree that any housing created as a result of the *Olmstead* decision must respect and support the housing preferences and choices of people with disabilities and truly fulfill the mandates of the ADA with respect to community integration. Finally, state *Olmstead*-related planning activities offer an ideal opportunity for state health and human service agencies to establish partnerships with state and local housing agencies and housing providers. The goal of these collaborations should be to develop interagency strategies that would increase affordable, community based, integrated housing options for people with disabilities that meets their preferences and needs.

Authored by Emily Miller, Bonnie Milstein, and Ann O'Hara.

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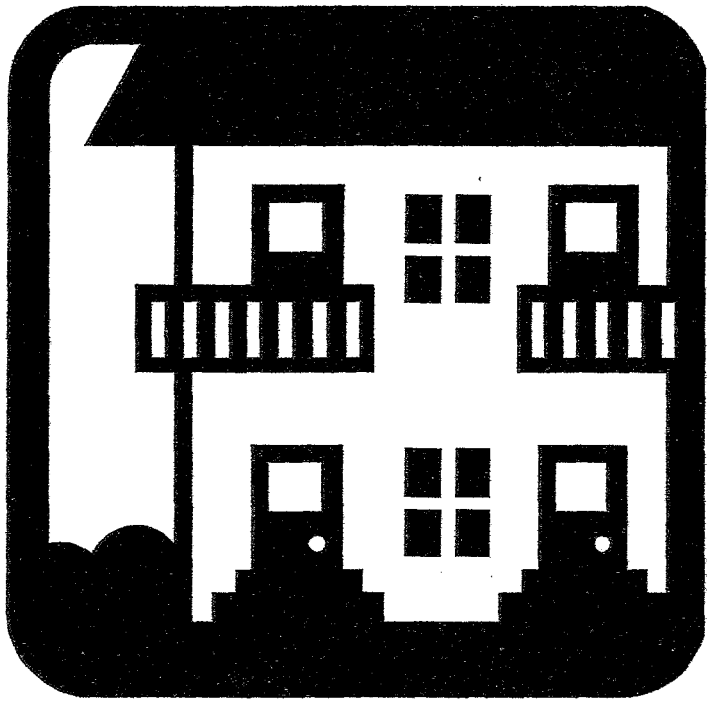

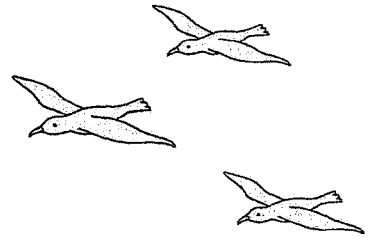

County of Orange
Affordable Rental Housing List

County of Orange
OC Community Services
Affordable Rental Housing List

This list is intended to assist individuals looking for affordable rental housing throughout Orange County. **THIS IS NOT A LIST OF VACANCIES.** However, this list reflects affordable housing units in Orange County that are "Deed Restricted" (Affordable through governmental financing). The list may not represent 100% of the deed restricted units in Orange County due to the limitations of gathering the information. This list is designed to assist you in finding an affordable unit by providing the most comprehensive list currently available. This list is regularly updated on the OC Community Services website at http://occommunityservices.org/. Units are designated as affordable within the complex. Please call the number under CONTACT INFORMATION to find out if units are available and the associated rent for those units. Rents may vary between complexes.

Please note that OC Community Services provides and maintains this list, however, OC Community Services does not assist individuals with looking for affordable rental housing units. Individuals must call the number under CONTACT INFORMATION to find out if units are available and the associated rent for those units. Rents may vary between complexes.

NAME	CITY	ADDRESS	ZIP	TYPE OF UNITS	#UNITS AFFORDABLE	TOTAL # OF UNITS	CONTACT INFORMATION
Wood Canyon Villas	Aliso Viejo	28520 Wood Canyon Dr.	92656	Family 1 & 2 Bedroom	46	230	Waiting List Closed (1 Bdrm) 6 Month – 2 Year Waiting List (2 Bdrm) (949) 643-3944
Woodpark Apartments	Aliso Viejo	22702 Pacific Park Dr.	92656	Singles & Families 30 - 1 Bedroom 54 - 2 Bedroom 44 - 3 Bedroom	128	128	6 Month – 2 Year Waiting List Onsite (949) 448-0044 Applications accepted Monday – Friday, 9 am – 5 pm
Acaciawood Village	Anaheim	1415 W. Ball Rd.	92802	Seniors 62+ 1 & 2 Bedroom	31	131	Anaheim Housing Authority Referral List Tania Barrera (714) 765-4300 x4810
Anaheim Memorial Manor	Anaheim	275 E. Center St.	92805	Senior 62+ & Mobility Impaired Studio & 1 Bedroom	75	75	Waiting List Closed (714) 758-3807
Bel-Age Manor	Anaheim	1660 W. Broadway	92802	Senior 55+ 1 Bedroom	72	180	Anaheim Housing Authority Referral List Tania Barrera (714) 765-4300 x4810
Carbon Creek Shores	Anaheim	3060 E. Frontera St.	92806	Families, Mobility & Sensory Impaired 1, 2 & 3 Bedroom	40	40	3 Year Waiting List (714) 630-3100
Casa Alegre	Anaheim	2761 W. Ball Rd.	92804	Disabled Persons	23	23	Anaheim Housing Authority Tania Barrera (714) 765-4300 x4810
Cobble Stone	Anaheim	870 S. Beach Blvd., #103	92804	Family	63	64	5 Month – 1 Year Waiting List (1 Bdrm)

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Apartments				1 & 2 Bedroom			2 – 3 Years Waiting List (2 Bdrm) Onsite (714) 826-5912
Cornerstone Apartments	Anaheim	9541 W. Ball Road	92804	Family 2 & 3 Bedroom	48	49	Waiting List Onsite (714) 635-0226
Diamond Aisle	Anaheim	1310 W. Diamond St.	92801	Special Needs	24	25	(714) 774-4930
Fairhaven Apts.	Anaheim	535 Fairhaven	92801	Senior 62+ 1 and 2 Bedroom	6	17	Anaheim Housing Authority Referral List Tania Barrera (714) 765-4300 x4810
Fountain Glen	Anaheim	225 S. Festival Dr.	92808	Senior 55+ 1 & 2 Bedroom	225	259	Anaheim Housing Authority Referral List Tania Barrera (714) 765-4300 x4810
Gilbert Park Apts.	Anaheim	925 S. Gilbert	92804	Senior 62+ 1 and 2 Bedroom	8	24	Anaheim Housing Authority Referral List Tania Barrera (714) 765-4300 x4810
Heritage Village Apts.	Anaheim	707 W. Santa Ana St.	92805	Senior 62+ 1 and 2 Bedroom	49	196	Anaheim Housing Authority Referral List Tania Barrera (714) 765-4300 x4810
Hermosa Village Apartments	Anaheim	1515 S. Calle Del Mar Dr.	92802	Large Families 1, 2, 3 & 4 Bedroom	521	521	No Waiting List Onsite (714) 520-4041
Linbrook Court	Anaheim	2240 W. Lincoln Ave.	92801	Senior 55+	80	81	Anaheim Housing Authority Tania Barrera (714) 765-4300 x4810
Magnolia Acres	Anaheim	640 S. Magnolia Ave.	92807	Senior 55+ 1 Bedroom	10	40	Anaheim Housing Authority Referral List Tania Barrera (714) 765-4300 x4810
Miracle Terrace	Anaheim	225 S. Western Ave.	92804	Senior 62+ Studios & 1 Bedroom	177	179	3 – 4 Year Waitin g List (714) 761-4241
New Horizons Apts.	Anaheim	835 S. Brookhurst	92804	Senior 62+ 1 and 2 Bedroom	32	80	Anaheim Housing Authority Referral List Tania Barrera (714) 765-4300 x4810
Newporter Apts.	Anaheim	835 S. Brookhurst	92804	Family Studio, 1 & 2 Bedroom	8	44	Anaheim Housing Authority Referral List Tania Barrera (714) 765-4300 x4810
Nutwood Park Apartments	Anaheim	1668 S. Nutwood St.	92802	Family	2	30	Anaheim Housing Authority Referral List Tania Barrera (714) 765-4300 x4810

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Palacio Villas	Anaheim	435 S. Anaheim Hills Rd.	92807	Senior 62+ 1 and 2 Bedroom	27	117	Anaheim Housing Authority Referral List Tania Barrera (714) 765-4300 x4810
Paseo Village	Anaheim	1115 N. Citron Ln.	92801	Family 38 – 1 Bedroom 84 – 2 Bedroom 54 – 3 Bedroom	176	176	8 Month Waiting List Onsite (714) 991-9172
Palm West Village	Anaheim	644 S. Knott Ave.	92804	Family 1, 2 & 3 Bedroom	58	58	1 Year–1 Bdrm, 2–3 Year-2 Bdrm, 6 Year- 3 Bdrm Waiting List Onsite (714) 821-1017
Park Vista Apartments	Anaheim	1200 Robin St.	92801	Family 1 & 2 Bedroom	392	392	Onsite (714) 776-8125
Pebble Cove Apartments	Anaheim	2555 W. Winston Rd.	95242	Family 1 & 2 Bedroom	68	112	3 – 6 Month-1 Bdrm 6 Month - 1 Year–2 Bdrm Waiting List Onsite (714) 828-4129
Renaissance Park Apartments	Anaheim	3433 W. Del Monte Dr.	92804	Family 1 & 2 Bedroom	127	127	Onsite (714) 761-7087
Sage Park Apts.	Anaheim	810 N. Loara	92801	Senior 62+ 1 & 2 Bedroom	25	100	Anaheim Housing Authority Referral List Tania Barrera (714) 765-4300 x4810
Sea Wind Apartments	Anaheim	1925 W. Greenleaf	92801	Family 1, 2 & 3 Bedroom	91	91	Onsite (714) 778-1267
Solara Court Apartments	Anaheim	3335 W. Lincoln	92801	Senior 62+ 1 & 2 Bedroom	132	132	Anaheim Housing Authority Referral List Tania Barrera (714) 765-4300 x4810
Sterling Court	Anaheim	935 S. Gilbert St.	92804	Senior 62+ 1 & 2 Bedroom	34	34	Anaheim Housing Authority Referral List Tania Barrera (714) 765-4300 x4810
Tyrol Plaza Senior Apartments	Anaheim	891 S. State College Blvd.	92806	Senior 55+	54	60	Anaheim Housing Authority Referral List Tania Barrera (714) 765-4300 x4810
Villa Anaheim	Anaheim	3305 W. Lincoln Ave.	92801	Senior 62 + 1 & 2 Bedroom	47	134	Anaheim Housing Authority Referral List Tania Barrera (714) 765-4300 x4810
Villa Catalpa Apts.	Anaheim	1680 Catalpa	92801	Senior 62+ 1 Bedroom	6	18	Anaheim Housing Authority Referral List Tania Barrera (714) 765-4300 x4810
Village Center Apartments	Anaheim	200 E. Lincoln Ave.	92805	Senior 62+ All 1 Bedroom	100	100	3 – 4 Year Waiting List Onsite (714) 956-3840
Westchester Apartments	Anaheim	125 S. Westchester Dr.	92804	Family 54 – 2 Bedroom 10 – 3 Bedroom	64	65	Waiting List is closed Onsite (714) 220-2456

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OC Community Housing Corp.	Anaheim	Various Locations	92801 92802 92804	Family 2, 3 & 4 Bedroom	17	17	3 – 5 Year Waiting List OC Community Housing Corp. Offsite (714) 558-8300
Acacia Apartments	Brea	125, 131, 137, & 211 E. Acacia St.	92821	Family 2 & 3 Bedroom	16	16	Waiting List Application available at www.cityofbrea.net Or call (714) 671-3622 16 very low-income units
Birch Hills Apartments	Brea	255 Kraemer Circle	92821	Family 1,2,&3 Bedroom	114	115	Waiting List Application available at www.cityofbrea.net Or call (714) 671-3622 114 very low-income units
Birch Street Loft Apartments	Brea	260 & 330 W. Birch St.	92821	1 Bedroom Lofts	17	30	Waiting List Application available at www.cityofbrea.net Or call (714) 671-3622 17 moderate income units
Birch Terrace Apartments	Brea	601 E. Birch St.	92821	Family 1 & 2 Bedroom	18	36	Waiting List Application available at www.cityofbrea.net Or call (714) 671-3622 11 low & 7 very low income units
Bonterra Apt. Homes	Brea	401 Discovery Lane	92821	Family 1, 2 & 3 Bedroom	93	94	Application available at www.cityofbrea.net Or call (714) 671-3622 93 extremely-low to low-income units
BREAL Senior Apartments	Brea	111 N. Orange Ave.	92821	Senior 65+ Studio & 1 Bedroom	30	30	Waiting List (714)671-4421 (Must have lived in Brea 2 years) 30 extremely low income units
Imperial Park Apartments	Brea	350 & 430 W. Imperial Hwy.	92821	Family 2 Bedroom	91	92	Waiting List Application available at www.cityofbrea.net Or call (714) 671-3622 80 low and 11 very low income units
Orange Villa Senior Apartments	Brea	137 N. Orange Ave.	92821	Senior 62+ 2 Bedroom	9	36	Waiting List Onsite (714) 990-0334 9 low income units
South Walnut Bungalows	Brea	302-314 S. Walnut Ave.	92821	Family 1, 2 & 8 Bedroom	9	9	Waiting List Application available at www.cityofbrea.net Or call (714) 671-3622 9 very low income units
The Pointe Apartments	Brea	100 Pointe Drive	92821	Family 1 & 2 Bedroom Washer & Dryer included in each unit	26	260	Waiting List Application available at www.cityofbrea.net Or call (714) 671-3622 26 moderate income units

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Tamarack Pointe Villas	Brea	330 W. Central Ave.	92821	Family 2 Bedroom	5	48	Waiting List Application available at www.cityofbrea.net Or call (714) 671-3622 2 moderate & 3 low income units
Town and Country Apartments	Brea	800 S. Brea Blvd.	92821	Family 1 & 2 Bedroom	12	122	Waiting List Application available at www.cityofbrea.net Or call (714) 671-3622 6 moderate & 6 low income units
Vintage Canyon Senior Apartments	Brea	855 N. Brea Blvd.	92821	Senior 62+ 84 – 1 Bedroom 21 – 2 Bedroom	105	105	Waiting List Onsite (714) 529-4261 105 very low income units
Walnut Village Apartments	Brea	620 S. Walnut Ave.	92821	Family 1 Efficiency 9 - 1 Bedroom 26 - 2 Bedroom 11 - 3 Bedroom	47	47	Mercy Housing Onsite (714) 529-7022 47 very low income units
Williams Senior Apartments	Brea	212 S. Orange Ave.	92821	Senior 62+ 1 Bedroom	28	28	Waiting List Onsite (714) 256-0384 28 moderate income units
Casa Santa Maria	Buena Park	7551 Orangethorpe Ave.	90621	Senior 62+ 1 Bedroom	98	100	5 – 8 Year Waiting List Onsite (714) 994-1404
Dorado Senior Apartments	Buena Park	8622 Stanton Ave.	90620	Senior 55+	150	150	(714) 236-0007
Emerald Garden Apartments	Buena Park	8720 Valley View St.	90620	Family 2 Bedroom	109	110	Onsite (714) 527-5404
Harmony Park Apartments	Buena Park	7252 Melrose St.	90622	Senior 62+ 1 & 2 Bedroom	58	59	8 Month – 3 Year Waiting List (714) 994-9633
Walden Glen Apartments	Buena Park	6664 Knott Ave.	90621	Family 2 Bedroom	186	186	Onsite (714) 523-8210
OC Community Housing Corp. (Palm Village)	Buena Park	7602-7638 W. 9th St.	90621	Family	38	38	3 – 5 Year Waiting List OC Community Housing Corp. Offsite (714) 558-8300
OC Community Housing Corp.	Capistrano Beach	25942 Domingo	92624	Family 2, 3 & 4 Bedroom	24	24	3 – 5 Year Waiting List OC Community Housing Corp. Offsite (714) 558-8300
Seaview Lutheran Plaza	Corona Del Mar	2800 Pacific View Dr.	92625	Senior 62+ & Mobility Impaired	99	100	Waiting List (949) 720-0888
TheTower on 19th	Costa Mesa	678 W. 19th St.	92627	Senior 62+ Studio, 1 & 2 Bedroom	268	268	(949) 642-9941

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Camden Martinique	Costa Mesa	2855 Pinecreek	92626	Family Studio, 1 & 2 Bedroom	144	714	Onsite (714) 540-5500
Camden Sea Palms Apartments	Costa Mesa	1850 Whittier Ave.	92627	Family 1 & 2 Bedroom	28	138	Onsite (949) 646-6787
Canyon Crest Townhomes	Costa Mesa	2178 Canyon Dr.	92627	Family 2 & 3 Bedroom	4	17	1 Year Waiting List (949) 722-0289
Canyon Palms	Costa Mesa	2230 Canyon Dr.	92627	Family 2 Bedroom	2	7	No Vacancies (949) 458-8300
Casa Bella	Costa Mesa	1844 Park Ave.	92627	Senior 62+ & Mobility Impaired 74 - 1 Bedroom	74	75	3 Year Waiting List Onsite (949) 646-0960
Civic Center Barrio Housing	Costa Mesa	Multiple Locations 721,717, 734, 740, & 744 James St. 745 W. 18th St. 707 & 711 W. 18th St.	92627	Family 1 & 2 Bedroom	250	250	1 – 5 Year Waiting List For all locations Apply at 980 W. 17th Street, Suite E, Santa Ana, CA 92706 (714) 835-0406
Costa Mesa Family Village	Costa Mesa	1981 Wallace Ave. 1924 Wallace Ave. 2015 N. Pomona Ave.	92627	Family 2 & 3 Bedroom	14	72	Waiting List Onsite (949) 650-3063
Costa Mesa Village	Costa Mesa	2460 Newport Blvd.	92627	Studios	96	96	First Come, First Serve Onsite (949) 642-8226
Hamilton Park	Costa Mesa	419-423 Hamilton St.	92627	Family 2 & 3 Bedroom	1	9	First Come, First Serve (949) 650-5190
Hamilton Terrace	Costa Mesa	439 Hamilton St.	92627	Family 2 & 3 Bedroom	9		Inquire within
Mesa Breeze Apartments	Costa Mesa	867 W. 19th St.	92627	Family 10 - 1 Bedroom 5 - 2 Bedroom	15	62	Waiting List Onsite (949) 574-3070
Park Place Village	Costa Mesa	1662 Newport Blvd.	92627	SRO Studios	59	60	2 – 6 Month Waiting List Onsite (949) 646-7804
Pomona Townhome Apartments	Costa Mesa	1985 Pomona Ave.	92627	Family 1, 2 & 3 Bedroom	4	22	First Come, First Serve (949) 930-7513 (Info. Only) (949) 930-7524
South Court Apartments	Costa Mesa	736 Baker St.	92627	Family 2 Bedroom	5	24	3+ Year Waiting List Onsite (714) 557-2481
South Coast Paularino	Costa Mesa	801 Paularino Ave.	92626	Family 1 & 2 Bedroom	10	46	Waiting List (714) 966-9168
St. John's Manor	Costa Mesa	2031 Orange Ave.	92627	Senior 62+ & Mobility Impaired 1 Bedroom	36	36	Waiting List (949) 645-3728
Villa Nova Townhomes	Costa Mesa	2043 Charle St.	92627	Family 2 Bedroom	1	24	(949) 722-9725

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No Name Provided	Costa Mesa	863 Center St.	92627	Family Studio 1 & 2 Bedroom	3	18	First Come, First Serve (949) 930-7513 (Info. Only) (949) 930-7524
No Name Provided	Costa Mesa	2038 Maple St.	92627	Family 2 Bedroom	1		(714) 963-8045
No Name Provided	Costa Mesa	2241 Pomona Ave.	92627	Family 1 & 2 Bedroom	2	3	Waiting List Closed (714) 550-1015
Wallace Court	Costa Mesa	1955 Wallace Ave.	92627	Family 2 & 3 Bedroom	5	22	(949) 673-1221
No Name Provided	Costa Mesa	650 W. 18th St.	92627	Family 2 Bedroom	2	8	(714) 839-7810
No Name Provided	Costa Mesa	685 W. 18th St.	92627	Family 1 Bedroom	5	5	(949) 930-7513 (Info. Only) (949) 930-7524
Cypress Park Senior Community	Cypress	9021 Grindlay St.	90630	Active Senior 55+ All 1 Bedroom	31	124	First Come, First Serve Onsite (714) 995-5300
Cypress Pointe Senior Community	Cypress	5120 Lincoln Ave.	90630	Senior 55+	11	110	First Come, First Serve Onsite (714) 229-8500
Cypress Sunrise	Cypress	9151 Grindlay St.	90630	Senior 62+ & Mobility Impaired Studio & 1 Bedroom	74	75	Waiting List is Closed (714) 527-6237
Sumner Place	Cypress	8542-8552 Sumner Pl.	90630	Family 2 & 3 Bedroom	5	5	Waiting list closed (714) 826-4724
Tara Village	Cypress	5201 Lincoln Ave.	90630	Family 2 & 3 Bedroom	170	170	6 Month – 1 Year Waiting List (714) 827-5390
OC Community Housing Corp.	Cypress	8702 & 8692 LaSalle	90630	Family 3 Bedroom	8	8	5 – 8 Year Waiting List OC Community Housing Corp. Offsite (714) 558-8300
OC Community Housing Corp.	Dana Point	25942 Domingo	92624	Family	24	24	Waiting List OC Community Housing Corp. Offsite (714) 558-8300
Club 42	Fountain Valley	17230 Newport	92708	Family 1 & 2 Bedroom	7	7	Waiting List Closed Los Cabelleros Real Estate Onsite (714) 241-RENT
Guadalupe Manor	Fountain Valley	17103 Magnolia St.	92708	Senior 62+ & Mobility Impaired (18+) Studio & 1 Bedroom	69	71	First Come, First Serve Onsite (714) 843-1121
The Jasmine at Founder's Village	Fountain Valley	17911 Bushard St. (and Talbert)	92708	Senior 55+ 1 & 2 Bedroom	154	156	First Come, First Serve Onsite (714) 963-9660

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Allen Hotel Apartments	Fullerton	410 S. Harbor Blvd.	92832	Family 1 & 2 Bedroom	16	16	6 Year Waiting List (714) 879-5634
Amerige Villa Apartments	Fullerton	343 W. Amerige Ave.	92832	Senior 62+ or Disabled 1 Bedroom	100	101	4 to 5 Year Waiting List Onsite (714) 879-4790
Casa Maria Del Rio	Fullerton	2130 E. Chapman Ave.	92831	Mobility Impaired 21 – 1 Bedroom 3 – 2 Bedroom	24	24	2 Year Waiting List (714) 680-8815
Courtyard Apartments	Fullerton	4127 W. Valencia Dr.	92633	Family 2 & 3 Bedroom	108	108	First Come, First Serve Onsite (714) 992-0905
East Fullerton Villas	Fullerton	2140-2190 E. Chapman Ave.	92831	Family 2, 3 & 4 Bedroom	27	27	First Come, First Serve Onsite (714) 578-0400
Franklin Garden Apartment Homes	Fullerton	3828 Franklin Ave.	92833	Family	11	15	(714) 447-8776
Fullerton City Lights	Fullerton	224 E. Commonwealth Ave.	92832	1 or 2 person Single Room Studios	136	137	1 Month Waiting List Onsite (714) 525-4751
Garnet Lane Apartments	Fullerton	3125-3149 Garnet Ln.	92631	Family 2 & 3 Bedroom	17	18	Mercy Housing Onsite (714) 529-7022
Garnet Housing	Fullerton	3012-3024 Garnet Ln. 1512 & 1518 Placentia	92831	Family 2 Bedroom	20	20	1 – 5 Year Waiting List For all locations Apply at 980 W. 17th Street, Suite E, Santa Ana, CA 92706 (714) 835-0406
Harborview Terrace Apartments	Fullerton	2305 N. Harbor Blvd.	92835	Physical Disability 21 – 1 Bedroom 3 – 2 Bedroom	24	25	Waiting List Onsite (800) 466-7722
Klimpel Manor Senior Apartments	Fullerton	229 E. Amerige Ave.	92632	Senior 62+ All 1 Bedroom	59	59	6 Month – 1 Year Waiting List Onsite (714) 680-6300
Las Palmas Apartments	Fullerton	2598 N. Associated Rd.	92835	Family 1 & 2 Bedroom	52	259	2 – 4 Year Waiting List Offsite (714) 870-4567
North Hills Apartments	Fullerton	570 E. Imperial Hwy.	92835	Family 188 – 2 Bedroom 16 – 3 Bedroom	203	204	First Come, First Serve Onsite (714) 870-1911
Palm Garden Apartments	Fullerton	400 W. Orangethorpe Ave.	92832	Family 83 – 1 Bedroom 140 – 2 Bedroom	223	224	2 – 3 Month Waiting List (714) 526-1080
Richman Court Apartments	Fullerton	466 W. Valencia Drive	92832	Family 16 – 1 Bedroom	16	16	(714) 289-7600
Richman Park I	Fullerton	436-442 W. Valencia Dr.	92832	Family 2 Bedroom	8	8	1 – 5 Year Waiting List For all locations Apply at 980 W. 17th Street, Suite E, Santa Ana, CA 92706 (714) 835-0406

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Richman Park II	Fullerton	461 West Ave.	92832	Family 2 Bedroom	4	4	1 – 5 Year Waiting List For all locations Apply at 980 W. 17th Street, Suite E, Santa Ana, CA 92706 (714) 835-0406
Acacia Villa Apartments	Garden Grove	10931 Acacia Pkwy.	92840	Senior 62+ Disabled/ Handicap 1 Bedroom	159	161	10+ Year Waiting List (714) 537-6718
Arbor Glen Apartments	Garden Grove	12680 Buaro St.	92840	Family 2 & 3 Bedroom	68	136	First Come, First Serve Onsite (714) 638-1525
Arroyo Vista	Garden Grove	12242 Haster St.	92840	Family 1, 2 & 3 Bedroom	10	148	On-site (714) 748-0450
Aslam	Garden Grove	11211 Steele St.	92840	Family 1 Bedroom	10	10	Howard James Co. (714) 283-5910
Crystal View Apartments	Garden Grove	12091 Bayport St.	92840	Family Studio & 1 Bedroom	80	400	6 Month – 1 Year Waiting List Onsite (714) 750-6771
Briar Crest and Rose Crest	Garden Grove	Briar: 11701 Stewart St. Rose: 11762 Stewart St.	92843	Briar: Studio, 1, 2 & 3 Bedroom Rose: 1 & 2 Bedroom	Briar – 32 Rose – 10	Briar – 32 Rose – 10	Waiting List Onsite (714) 491-6549
Garden Grove Manor	Garden Grove	10642 Bolsa Ave.	92843	Family 20 – 1 Bedroom 44 – 2 Bedroom 14 – 3 Bedroom	31	78	Waiting List Onsite (714) 554-2032
Garden Grove Senior Apartments	Garden Grove	12721 Garden Grove Blvd.	92843	Senior 55+	85	85	(714) 537-6606
Jordan Manor	Garden Grove	11441 Acacia Pkwy.	92840	Senior 62+ Studio & 1 Bedroom	64	65	10 Year Waiting List Onsite (714) 530-2072
OC Community Housing Corp.	Garden Grove	Various Locations	92843	Family 1, 2, 3 & 4 Bedroom	44	44	3 – 5 Year Waiting List OC Community Housing Corp. Offsite (714) 558-8300
Malabar	Garden Grove	9777 Bixby Ave.	92841	Family 10 – 1 Bedroom 75 – 2 Bedroom 39 – 3 Bedroom	126	126	6 Month – 2 Year Waiting List Off site (714) 539-3822
Stuart Drive Apartments	Garden Grove	11632 Stuart Dr. #3	92843	Family 1 & 2 Bedroom	144	144	First Come, First Serve (714) 530-0866
Rose Garden Apartment	Garden Grove	9645 Wetminster Ave.	92844	Family 2 & 3 Bedroom	95	95	First Come, First Service (714) 638-3751
Sungrove Senior Apartments	Garden Grove	12811 Garden Grove Blvd.	92843	Senior 55+ 1 & 2 Bedroom	80	82	Call for Availability (714) 636-5708

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Thomas House	Garden Grove	12601 Morningside Ave. #6	92842	8 -1 Bedroom 4 – 2 Bedroom 2 – 3 Bedroom	14	14	Thomas House Temporary Shelter (714) 554-0357
Tudor Grove	Garden Grove	12631 Sunswept Ave.	92843	Family 1, 2 & 3 Bedroom	144	144	2 – 3 Year Waiting List Onsite (714) 554-6362
Valley View Senior Villas	Garden Grove	12200 Valley View St.	92845	Senior 55+ 1 & 2 Bedroom	36	178	Waiting List (714) 898-6860
American Family Housing	Huntington Beach	17382 Keelson Ln.	92647	Family 4 – 2 Bedroom	4	4	(714) 897-3221 ext. 114
American Family Housing Barton 1	Huntington Beach	7802 Barton Dr.	92647	Family 4 – 2 Bedroom	4	4	(714) 897-3221 ext. 114
American Family Housing Barton 2	Huntington Beach	7812 Barton Dr.	92647	Family 4 – 2 Bedroom	4	4	(714) 897-3221 ext. 114
Beachview Villas	Huntington Beach	8102 Ellis Ave.	92648	Single Room Occupancy	106	107	First Come, First Serve Solari Enterprises Inc, (714) 965-7178 47 Very Low & 59 Low Income Units
Bowen Court	Huntington Beach	1978 Lake St.	92648	Senior 55+ 1 Bedroom	20	20	3 – 5 Year Waiting List Onsite (714) 374-4045 20 Very Low Income Units
Bridges Apartments	Huntington Beach	16851 Nichols St.	92647	Family 2 Bedroom	80	80	1 Month Onsite (714) 842-2411 Low income units
Emerald Cove	Huntington Beach	18191 Parktree Cir.	92648	Senior 62+ Studio & 1 Bedroom	164	164	2 Year Waiting List (714) 842-0802 Very Low & Low Income Units
Five Points Seniors Apartments	Huntington Beach	18561 Florida St.	92648	Senior 55+ 159 – 1 Bedroom 7 – 2 Bedroom	50	166	1 Year Waiting List (714) 848-3883 www.hbseniorliving.com
Hermosa Vista Apartments	Huntington Beach	15363 & 15425 Goldenwest St.	92647	Family Studio, 1 & 2 Bedroom	88	88	Call for availability (714) 892-5217 26 Very Low & 62 Low Income Units
Huntington Gardens	Huntington Beach	18765 Florida St.	92648	Senior 1 Bedroom	183	183	5 Year Waiting List (714) 842-4006 183 – Very Low Income Units
Huntington Pointe (Quo Vadis)	Huntington Beach	18992 Florida St.	92648	Family Studios, 1 & 2 Bedroom	104	104	1 Year Waiting List (for 2 Bedroom) (714) 596-7448 21 Very Low & 83 Low Income Units
Huntington Villa Yorba	Huntington Beach	16000 Villa Yorba	92647	Family 21 – 1 Bedroom 152 – 2 Bedroom 19 – 3 Bedroom	192	198	6 Year Waiting List (for 1 & 3 Bedroom) 4 Year Waiting List (for 2 Bedroom) (714) 842-9622 192 Very Low Income Units
Main Place Apartments	Huntington Beach	7305 Luna	92648	Family 2 Bedroom	26	26	Call for availability Bart DeBoe – (714) 381-4222

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Oakeview A	Huntington Beach	17372 Koledo Lane	92647	Family 2 Bedroom	5	5	Jamboree Housing Corporation (949) 263-8676
Oakview B	Huntington Beach	17362 Koledo Lane	92647	Family 2 Bedroom	5	5	Jamboree Housing Corporation (949) 263-8676
Oakview C	Huntington Beach	17362 Jacquelyn Lane	92647	Family 2 Bedroom	4	4	Jamboree Housing Corporation (949) 263-8676
Oakview D	Huntington Beach	17442 Koledo Lane	92647	Family 2 Bedroom	5	5	Jamboree Housing Corporation (949) 263-8676
Ocean Aire Apartment Homes	Huntington Beach	7811 Talbert Ave.	92648	Family 2 Bedroom	65	65	Call for availability (714) 847-1019 65 Moderate Income Units
OC Community Housing Corp.	Huntington Beach	17372 Keelson Ln.	92647	Family 2 Bedroom	4	4	Waiting List Closed OC Community Housing Corp. Offsite (714) 558-8300 4 Very Low Income Units
OC Community Housing Corp.	Huntington Beach	17351, 17361, 17401, 17412 Koledo Ln.	92647	Family 2 Bedroom	43	43	Waiting List Closed OC Community Housing Corp. Offsite (714) 558-8300 43 Very Low Income Units
OC Community Housing Corp.	Huntington Beach	17422, 17432 Queens Ln.	92647	Family 2 Bedroom	8	64	Waiting List Closed OC Community Housing Corp. Offsite (714) 558-8300 8 Very Low Income Units
Pacific Court Arpartments	Huntington Beach	2200 Delaware St.	92648	Family 48-2 Bedroom	48	48	Call for availability (714) 960-6100 23 Very Low Units 24 Low Units
Sea Air Apartments	Huntington Beach	725, 729 & 733 Utica Ave.	92648	Family 36 – 2 Bedroom	36	36	1 – 3 Year Waiting List (714) 969-0877 36 Low Income Units
Sher Lane Apartments	Huntington Beach	16112 Sher Ln.	92647	Family 1 & 2 Bedroom	66	66	6 Month – 3 Year Waiting List Bridge America Foundation (714) 842-1393 33 Very Low & 33 Low Income Units
Ability First Apartments	Irvine	14501 Harvard Ave.	92606	Disabled 1 & 2 Bedroom	24	24	For Adults with Disabilities (949) 559-5902
The Arbor at Woodbury	Irvine	300 Regal Avenue	92620	Family 1, 2 & 3 Bedroom	89	90	Waiting List (949) 336-8300
Avalon Irvine Apartments	Irvine	2777 Alton Pkwy	92606	Family 1 & 2 Bedroom	23	280	Waiting List Closed (949) 863-9549
AXIS 2300 Apartments	Irvine	2300 Dupont Avenue	92612	Family 1 Bedroom	18	115	7 Year Waiting List (949) 474-0733

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The Camden Apts.	Irvine	2801 Main St.	92614	Family 1 & 2 Bedroom	58	290	Waiting List Closed for Very Low/Low Moderate Units Available (949) 833-7900
Cedar Creek	Irvine	5051 Alton Pkwy.	92604	Family 1 & 2 Bedroom	36	176	Waiting List Closed ((949) 733-0404
Cross Creek	Irvine	22 Creek Rd.	92604	Family 2 & 3 Bedroom	45	136	Waiting List Closed (949) 733-0414
Deerfield Apartments	Irvine	3 Bear Paw	92604	Family 1 & 2 Bedroom	20	288	Waiting List (949) 559-5000
Doria Apartments (Phase I & II)	Irvine	1000 Crested Bird	92620	Family/MHSA 1, 2 and 3 Bedroom	132	134	(949) 701-4719 (949) 701-4936 doria@isco.net doria1@isco.net
Granite Court	Irvine	2853 Kelvin Ave.	92614	Family 1, 2 & 3 Bedroom	71	71	Waitingl List (949) 863-9790
Harvard Manor	Irvine	50 Cornell Dr.	92712	Family 1, 2 & 3 Bedroom	100	161	5 – 6 Year Waiting List (949) 854-1536
Harvard Manor	Irvine	21 California Ave.	92715	Senior 62+ 1 Bedroom	35	50	6 Year Waiting List (949) 854-1536
The Inn At Woodbridge	Irvine	11 Osborne St.	92604	Senior 62+ 1 & 2 Bedroom	116	116	Waiting List (949) 651-8600
Irvine Inn	Irvine	2810 Warner Ave.	92606	Single Room Occupancy Small Studios	192	192	First Come, First Serve (949) 551-7999 Leasing Agent
Kelvin Court Apartments	Irvine	2552 Kelvin Ave.	92614	Family 1, 2 & 3 Bedroom	27	132	(949) 797-0003
Laguna Canyon Apartments	Irvine	400 Limestone Way	92618	Family 1, 2 & 3 Bedroom	120	120	Waiting List Onsite (949) 502-5424
Mariposa Co-Op	Irvine	3773 University Dr.	92612	Disabled/Physically Challenged/Senior 36 – 1 Bedroom 4 – 2 Bedroom	39	40	2– 5 Year Waiting List Onsite (949) 509-7012 Or 1-800-500-7725 (Call MWF 10 a.m. – 2 p.m.)
Montecito Vista	Irvine	4000 El Camino Real	92620	Family 2 & 3 Bedroom	161	162	Waiting List Onsite (714) 389-7580
Northwood Place	Irvine	1300 Hayes St.	92620	Family 1, 2 & 3 Bedroom	186	604	Waiting List Closed Onsite (949) 857-4100
Northwood Park	Irvine	146 Roosevelt St.	92620	Family 1, 2 & 3 Bedroom	34	168	Waiting List (Very Low List is Closed) Onsite (949) 552-0177
Orchard Park	Irvine	50 Tarocco	92618	Large Family 2, 3 & 4 Bedroom	60	60	Waiting List Closed (949) 651-0200
The Parklands	Irvine	1 Monroe, #11	92620	Family 20 – 1 Bedroom 92 – 2 Bedroom 8 – 3 Bedroom	120	120	Waiting List Closed Onsite (949) 651-0468

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San Leon Villa Apartments	Irvine	1 San Leon	92606	Family 1, 2 & 3 Bedroom	72	247	Waiting List Closed (949) 863-7050
San Marco Apartments	Irvine	101 Veneto	92614	Family 1, 2 & 3 Bedroom	361	426	5-10 Year Waiting List (949) 975-1888
San Marino Villa Apartments	Irvine	403 San Marino	92614	Family 1, 2 & 3 Bedroom	59	199	Waiting List Closed (949) 553-1662
San Paulo Apartments	Irvine	100 Duranzo Aisle	92606	Family 1, 2 & 3 Bedroom	203	382	Waiting List Closed (949) 756-0123 or (949) 223-0800
San Remo Villa	Irvine	1011 San Remo	92606	Family 1 & 2 Bedroom	76	248	Very Low Waiting List Closed Low – First Come, First Serve Onsite (949) 474-5056
Santa Alicia Apartments	Irvine	100 Santorini	92606	Family 1, 2, 3 & 4 Bedroom	82	84	3 – 5 Year Waiting List (949) 653-2995 M-F 8am-5pm Only
Toscana Apartments	Irvine	35 Via Lucca	92612	Family Studio, 1 & 2 Bedroom	84	563	1 Year Waiting List Onsite (949) 757-1111
Turtle Rock Canyon Apartments	Irvine	100 Stone Cliff Aisle	92612	Family 1, 2 & 3 Bedroom	66	217	Waiting List Closed Onsite (949) 854-8989
University Town Center	Irvine	1100 Stanford	92612	Family 1, 2 & 3 Bedroom	285	1207	Waiting List Closed for Very Low/ Low Units Available Onsite (949) 854-2417
Villa Siena	Irvine	25 Palatine #100	92612	Family 2 Bedroom	216	1442	Waiting List Closed (949) 474-4422
Windrow Apartments	Irvine	5300 Trabuco Rd.	92620	Family 1, 2 & 3 Bedroom	96	96	3 – 4 Year Waiting List Onsite (949) 861-2470
Windwood Glen	Irvine	97 Hearthstone	92606	Family 1, 2 & 3 Bedroom	40	196	3 – 5 Year Waiting list Onsite (949) 551-1577
Windwood Knoll	Irvine	2 Flagstone	92606	Family 2, 3 & 4 Bedroom	60	188	Closed Waiting List Onsite (949) 551-3258
Woodbridge Cross Creek Apartments	Irvine	22 Creek Rd., #1	92604	Family 2 & 3 Bedroom	45	136	Waiting List (949) 733-0414
Woodbridge Manors I & II	Irvine	25/27/29 Lake Rd.	92604	Senior 62+/Disabled 1 Bedroom	165	165	Waiting List Closed Onsite (949) 552-6794
Woodbridge Oaks	Irvine	1 Knollglen	92604	Family 2 & 3 Bedroom	120	120	Closed Waiting List Onsite (949) 786-7154
Woodbridge Villas	Irvine	10 Thunder Run #30	92614	Family 48 – 2 Bedroom 6 – 3 Bedroom 6 – 4 Bedroom	60	258	Closed Waiting List Onsite (949) 786-5110

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Woodbridge Willows	Irvine	344 Knollglen	92614	Family 1, 2 & 3 Bedroom	40	200	Waiting List Closed Onsite (949) 857-0383
Woodbury Walk Apts.	Irvine	99 Talisman, #100	92620	Family 1, 2 & 3 Bedroom	150	150	Waiting List Closed (949) 861-8914
OC Community Housing Corp.	Irvine	Various locations	92604 92618 92620	Family 2 & 3 Bedroom	6	6	3 – 5 Year Waiting List OC Community Housing Corp. Offsite (714) 558-8300
Casa El Centro	La Habra	101 N. Cypress St.	90631	Senior/Disabled 62+ 53 – 1 Bedroom 2 – Handicap	55	55	Waiting List (562) 691-4342
Casa Nicolina	La Habra	1510 W. La Habra Blvd.	90631	Family 1 – Studio 4 – 1 Bedroom 15 – 2 Bedroom 1 – 3 Bedroom	22	22	First Come/First Serve Onsite (562) 690-2704
Cypress Villas Apartments	La Habra	900 N. Cypress St.	90631	Family 1 & 2 Bedroom	72	72	Now accepting applications First Come/First Serve Onsite (562) 697-0173
Grace Ave. Apartments	La Habra	251 Grace Ave.	90631	3 Bedroom	4	4	Mercy Housing (714) 529-7022
La Habra Inn Senior Apartments	La Habra	700 N. Beach Blvd.	90631	Senior SRO 55+	70	70	(562) 694-1991
Las Lomas Gardens	La Habra	900 S. Las Lomas Dr.	90631	Family 14 – 1 Bedroom 43 – 2 Bedroom 32 – 3 Bedroom 4 – 4 Bedroom	93	112	3 – 5 Year Waiting List (714) 879-5583 or (800) 638-5510
Villa Camino Real	La Habra	601, 607, 609 E. La Habra Blvd.	90631	Family	12	12	Mercy Housing (714) 529-7022
Camden Place Apartments	La Palma	4500 Montecito Dr.	90623	Senior 62+ 30 - 1 Bedroom 5 - 2 Bedroom	35	35	Onsite (562) 865-2511 Call Monday – Friday, 9 a.m. – 5 p.m.
Seasons La Palma	La Palma	7051-7061 Walker St.	90623	Senior 62+ 1 & 2 Bedroom	60	60	1 – 1.5 Year Waiting List Onsite (714) 690-9830
Nova La Palma Apartments	La Palma	7777-7799 Valley View St.	90623	Family 2 & 3 Bedroom	272	272	1 – 2 Year Waiting List Onsite (714) 523-7171
Laurel Glen	Ladera Ranch	70 Sklar St.	92694	Family 1, 2 & 3 Bedroom	44	220	Waiting List Closed Onsite (949) 218-4025

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Hagan Place	Laguna Beach	383 3rd St.	92651	1 Bedroom Disabled 24 – 1 Bedroom	24	24	5 Year Waiting List Onsite (949) 376-3033
Harbor Cove Apartments	Laguna Beach	310-312 Broadway St.	92651	Senior 62+ 1 Bedroom	15	15	Now accepting applications (714) 974-1010 x222
Alice Court	Laguna Beach	450 Glenneyre St.	92651	Studio	26	27	6 Month – 2 Year Waiting List (949) 759-1238
Vista Aliso	Laguna Beach	21544 Wesley Dr.	92651	Senior 62+/Disabled 18 – Studio 52 – 1 Bedroom	70	71	Waiting List Closed (Temporarily) Onsite (949) 499-5581
Rancho Niguel	Laguna Hills	25952 Via Lomas	92653	Family 40 – 2 Bedroom 6 – 3 Bedroom 5 – 4 Bedroom	51	51	Waiting List Onsite (949) 831-8486
Rancho Moulton	Laguna Hills	25705 Via Lomas	92653	Family 40 – 2 Bedroom 6 – 3 Bedroom 5 – 4 Bedroom	51	51	Waiting List Onsite (949) 831-1604
Alicia Park Apartments	Laguna Niguel	23681 Cambridge Cir.	92677	Family 2, 3 & 4 Bedroom	55	56	3 - 4 Year Waiting List Onsite (949) 495-5131
Laguna Serrano	Laguna Niguel	30001 Golden Lantern	92677	Family 1, 2 & 3 Bedroom	68	336	Onsite (949) 495-7041 Waiting List Closed
Village La Paz	Laguna Niguel	24275 Avenida Breve	92677	Family 80 – 2 Bedroom 12 – 3 Bedroom 8 – 4 Bedroom	100	100	6 Year Waiting List Onsite (949) 831-1534
Bellecour Way	Lake Forest	21041 Osterman Rd.	92630	Family 1 Bedroom	6	131	Waiting List Closed (949) 855-9915
Crestwood Apartments	Lake Forest	21011 Osterman Rd.	92630	26 – 2 Bedroom 50 – 3 Bedroom	38	76	Advanced Management Company (949) 770-4755
Emerald Court	Lake Forest	21141 Canada Rd.	92630	Family Jr., 1 & 2 Bedroom	58	288	6 Month – 1 Year Waiting List Onsite (949) 472-4474
Spring Lakes	Lake Forest	21641 Canada Rd.	92630	Family Jr., 1 & 2 Bedroom	36	180	1.5 Year Waiting List Onsite (949) 472-3553
Trabuco Woods	Lake Forest	22159 Rimhurst Dr.	92630	Family 1 & 2 Bedroom	15	72	First Come, First Serve (949) 380-7593
Westridge	Lake Forest	26571 Normadale Dr.	92630	Family & Senior 1 & 2 Bedroom	78	390	1 Year Waiting List (949) 380-7324

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Laurel Park Manor	Los Alamitos	4121 Katella Ave.	90720	Senior 62+ and Mobility Impaired (7) Studio & 1 Bedroom	70	71	4 – 5 Year Waiting List Onsite (714) 827-2553
Bishop Apartments	Midway City	8142 Bishop	92655	9 – 2 Bedroom	9	10	American Family Housing (714) 897-3221
Jackson Aisle	Midway City	15432 Jackson St.	92655	Special Needs Housing	30	30	A Community of Friends Outreach Coordinator (323) 757-0670 x105
Midway City SRO	Midway City	15161 Jackson St.	92655	Studios (SRO)	17	18	Shelter for the Homeless (714) 897-3221
Midway Meadows	Midway City	14852 Park Ln.	92655		91	92	Advanced Property Services (714) 289-7600
Pacific Terrace Apartments	Midway City	15000 Pacific St.	92655	Seniors 62+	97	97	3 – 4 YearWaiting List G& K Management Co., Inc. (714) 893-8822
Arroyo Vista Apartments	Mission Viejo	26196 Crown Valley Pkwy.	92692	Family 36 – 1 Bedroom 72 – 2 Bedroom 40 – 3 Bedroom 8 – 4 Bedroom	156	156	1 Year Waiting List (949) 347-0650 Apps accepted Tu & Th 2-5pm only
Avalon	Mission Viejo	24950 Via Florecer	92692	Family Jr., 1 & 2 Bedroom	32	166	Waiting List Onsite (949) 380-7656
Park Ridge	Mission Viejo	27444 Camden	92692	Family Studio, 1 & 2 Bedroom	50	250	First Come, First Serve (949) 582-8605
Heritage Pointe	Mission Viejo	27356 Bellogente	92691	Senior 62+ Studios & 1 Bedroom	36	178	2 Year Waiting List (949) 364-9685
Heritage Villas Senior Apartments	Mission Viejo	26836 Oso Pkwy.	92691	Senior 62+ 1 & 2 Bedroom	142	143	8 Month - 1.5 Year Waiting List (949) 348-1894
Bayview Landing	Newport Beach	1121 Back Bay Dr.	92660	Senior 62+ 1 & 2 Bedroom	120	120	Waiting List Onsite (949) 759-1238, M - F
Newport Seacrest Apartments	Newport Beach	843 W. 15th St.	92663	Family 20 – 1 Bedroom 45 – 2 Bedroom	65	65	Onsite (949) 722-0189
Adams Triplexes	Orange	1741-1745, 1837-1841, & 1915-1919 E. Adams Ave.	92867	Family 1 – 1 Bedroom 1 – 2 Bedroom per triplex	9	9	2 Year Waiting List Orange Housing Dev. Corp. (714) 289-7600

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Alice Clark Orange Blossom Sr. Apartments	Orange	141 E. Walnut Ave.	92866	Senior 62+ 3 – 1 Bedroom 1 – 2 Bedroom	4	4	1 Year Waiting List Orange Housing Dev. Corp. Offsite (714) 771-1439
Buena Vista	Orange	8610 N Olive Road	92865	11 – 2 Bedroom 6 – 3 Bedroom	17	17	Advanced Property Services (714) 289-7600
Casa Ramon	Orange	840 W. Walnut Ave.	92868	Family 26 – 1 Bedroom 41 – 2 Bedroom 8 – 3 Bedroom	74	75	2 Year Waiting List Orange Housing Dev. Corp. Onsite (714) 639-1700
Casas Del Rio	Orange	1740 E. La Veta Ave.	92866	Disabled Only 20 Studio 15 – 1 Bedroom 5 – 2 Bedroom	40	40	3 – 5 Year Waiting List Onsite (714) 633-2510
Chestnut Place	Orange	1745 E. Fairway Dr.	92866	Senior 62+ 1 Bedroom	49	50	6 Month – 1 Year Waiting List Onsite (714) 633-5610
Citrus Grove Apartments	Orange	1120 N. Lemon St.	92867	Family 38 – 2 Bedroom 18 – 3 Bedroom	56	57	Advanced Property Services (714) 289-7600
Citrus Village	Orange	501 N. Citrus St.	92868	Family 11 – 1 Bedroom 11 – 2 Bedroom	22	47	Onsite (714) 744-0800/ (714) 315-4585
Community Garden Towers	Orange	3919 W. Garden Grove Blvd.	92868	Senior 62+ 332 – 1 Bedroom	332	333	3 Year Waiting List (714) 971-2522
El Modena Senior Apartments	Orange	18852 E. Center St.	92869		12	12	Advanced Property Services (714) 289-7600
El Modena Transitional Shelter	Orange	18662-18692 E. Pearl St.	92869	5 – 3 Bedroom	5	6	Orange County Rescue Mission (714) 247-4311
Esplanade St. Apartments	Orange	280 S. Esplanade St.	92869	Family 27 – 2 Bedroom	27	27	2 – 3 Year Waiting List Orange Housing Dev. Corp. Onsite (714) 289-7600
Friendly Center	Orange	451-453 N. Lemon St.	92866	Family 3 – 1 Bedroom 4 – 2 Bedroom 1 – 3 Bedroom	8	8	Waiting List Varies (714) 771-5300
Harmony Creek Sr. Apartments	Orange	1616 E. Rock Creek Dr.	92866	Senior 62+ 1 & 2 Bedroom	82	83	3 – 6 Month Waiting List Onsite (714) 516-1900
Hoover Avenue	Orange	108-118, 218-228 W. Hoover Ave.	92867	Family 32 – 1 Bedroom 8 – 2 Bedroom	40	40	6 Month – 1 Year Waiting List Orange Housing Dev. Corp. (714) 289-7600
The Knolls	Orange	3138 Maple Ave., Suite C	92869	Family 2 Bedroom Townhomes	256	260	Now Accepting Applications (714) 538-1400

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Lemon Street Apartments	Orange	481-491 Lemon Street	92866	Family 1 Bedroom	6	6	6 Month – 1 Year Waiting List Orange Housing Development Corp. Off-site (714) 289-7600
OHDC/Orange Rotary Senior Plaza	Orange	235 W. La Veta Avenue	92866	Senior 1 Bedroom	6	6	6 Month – 1 Year Waiting List Orange Housing Development Corp. Off-site (714) 731-1439
Orange Garden Apartments	Orange	928 N. Highland St., #2	92867	Family 12 – 1 Bedroom 12 – 2 Bedroom	24	24	1 Year Waiting List Onsite (714) 633-4840
Orangevale Apartments	Orange	1300 N. Shaffer Ave.	92867	Family 56 – 2 Bedroom 8 – 3 Bedroom	64	64	6 – 9 Month Waiting List Onsite (714) 639-6286
Orchid Gardens	Orange	1051 N. Glassell St.	92867	Senior 62+ 17 – 1 Bedroom	17	33	6 Month Waiting List (714) 633-7008
Plaza Garden Apartments	Orange	928 N. Highland St., #2	92867	Family 28 – 1 Bedroom 28 – 2 Bedroom	56	56	First Come, First Serve (714) 633-4840
Parker Street Apartments	Orange	161 N. Parker St.	92868	Family 3 – 3 Bedroom	3	3	1 – 3 Year Waiting List Orange Housing Dev. Corp. Offsite (714) 771-1439
Pixley Arms	Orange	537 W. Almond Ave.	92868	Senior 62+ 15 – 1 Bedroom	15	15	6 Month – 1 Year Waiting List Orange Housing Dev. Corp. Offsite (714) 289-7600
Rose Avenue Apartments	Orange	1743 E. Rose Ave.	92867	Family 6 – 2 Bedroom	6	6	2 – 3 Year Waiting List Offsite (714) 731-7313 or (714) 289-7600
Stonegate Senior Apartments	Orange	170 N. Prospect St.	92869	Senior 62+	19	20	Waiting List Onsite (714) 538-7729
Triangle Terrace	Orange	555 S. Shaffer St.	92866	Senior 62+ Studio & 1 Bedroom	75	75	1 – 5 Year Waiting List Onsite (714) 633-7344
Villa Modena	Orange	4431 E. Marmon Ave.	92869	Family 2 – 2 Bedroom 3 – 3 Bedroom	5	5	1 – 3 Year Waiting List Orange Housing Dev. Corp. Offsite (714) 771-1439
Walnut Court	Orange	1519 E. Walnut Ave.	92867	Family 7 – 3 Bedroom	7	7	1 – 2 Year Waiting List Orange Housing Dev. Corp. Offsite (714) 771-1439
Wilson Avenue Apartment I	Orange	1924 & 1934 E. Wilson Ave.	92867	Family 1 Bedroom	20	20	6 Month – 1 Year Waiting List Orange Housing Dev. Corp. Offsite (714) 289-7600
Wilson Avenue Apartments II	Orange	1844 E. Wilson Ave.	92867	Family 1 Bedroom	10	10	6 Month – 1 Year Waiting List Orange Housing Dev. Corp. Offsite (714) 289-7600

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Wilson Avenue Apartments III	Orange	1944 E. Wilson Ave.	92867	Family 1 Bedroom	10	10	6 Month – 1 Year Waiting List Orange Housing Dev. Corp. Offsite (714) 289-7600
Arbor Lane East	Placentia	1621 & 1931 Cherry St.	92870	Family 2 Bedroom	2	2	(866) 239-5176 2 Very Low Income Units
Highland Orchard Apartments	Placentia	140 S. Highland Ave.	92870	Family 2 Bedroom	10	104	1 Year Waiting List Onsite (714) 961-1985
Imperial Villas	Placentia	1050 E. Imperial Hwy.	92870	Family 46 – 2 Bedroom 6 – 3 Bedroom 6 – 4 Bedroom	58	58	5 Year Waiting List Onsite (714) 996-1021
Ramona Gardens	Placentia	415 & 421 Ramona St.	92670	Family 2 Bedroom	6	6	3 – 5 Year Waiting List OC Community Housing Corp. Offsite (714) 558-8300
Villa La Jolla	Placentia	734 W. La Jolla St.	92870	Family 44 – 2 Bedroom 6 – 3 Bedroom 5 – 4 Bedroom	54	55	Onsite (714) 630-1744
No Name Provided	Placentia	219 Melrose St.	92870	Family	2	2	(714) 528-8420 1 Very Low income Unit 1 Low Income Unit
No Name Provided	Placentia	307 Santa Fe Ave.	92870	Family	2	2	(818) 207-1541 2 Low income Units
No Name Provided	Placentia	338 Santa Fe Ave.	92870	Family 1 Bedroom	4	4	(714) 865-3841 4 Low Income Units
OC Community Housing Corp.	Placentia	Various Locations	92870	Family 2 & 3 Bedroom	14	14	3 – 5 Year Waiting List OC Community Housing Corp. Offsite (714) 558-8300
Villa La Paz	Rancho Santa Margarita	2 Via Amistosa	92688	Family Jr. 1 Bedroom, 1 & 2 Bedroom	100	500	First Come, First Serve Onsite (949) 858-1600
Villa Aliento	Rancho Santa Margarita	114 Aliento St.	92688	Family Studio, 1 & 2 Bedroom	23	225	1 Year Waiting List Onsite (949) 858-4620
Casa de Seniors	San Clemente	105 Avenida Presido	92672	Senior 62+ or Disabled 18 – Studios 54 – 1 Bedroom	72	72	2 – 3 Year Waiting List Onsite (949) 492-2970
Escalones Nuevos	San Clemente	150-152 W. Escalones	92672	Family	6	6	1 Year Waiting List Mary Erickson Community Housing (949) 369-5419

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Henderson House Shared Housing	San Clemente	676 & 680 Camino De Los Mares	92672	Singles "Sober living" Shared Housing	6	6 two bedroom (24 beds.)	Friendship Shelter (949) 494-6928 4 – 6 Week Waiting List (60-day maximum stay)
Mendocino Apartments in Talega	San Clemente	123 Calle Amistad	92673	Family	185	186	6 Month - 1 Year/3 – 4 Year Waiting List (depending on income) (949) 498-6430
Mary Erickson Community Housing	San Clemente	133-135 W. Canada 143 W. Marquita	92672	Family 4 – 2 Bedroom 4 – 3 Bedroom 1 – 4 Bedroom	12	12	1 Year Waiting List Mary Erickson Community Housing (949) 369-5419
Vintage Shores	San Clemente	366 Camino De Estrella	92672	Senior 55+ 1 & 2 Bedroom	122	122	First Come/First Servet Onsite (949) 661-6160
Rental Subsidy Program	San Juan Capistrano	Various Locations	92675	Single Family Homes Privately Held Properties 2 & 3 Bedroom	10	10	2 – 5 Year Waiting List (949) 443-6333 Leave Name and Address
Little Holiywood Program	San Juan Capistrano	Los Rios Historic Area	92675	Single Family Homes 1 – 3 Bedrooms	24	24	2 – 5 Year Waiting List (949) 443-6333 Leave Name and Address
Seasons	San Juan Capistrano	31641 Rancho Viejo Rd.	92675	Senior 55+ 1 and 2 Bedroom	150	150	(949) 487-0210
Villa Paloma	San Juan Capistrano	27221 Paseo Espada	92675	Senior 55+ Studio, 1 & 2 Bedroom	66	84	8 Month Waiting List (949) 443-9237
3524 W. Washington Ave.	Santa Ana	3524 W. Washington Ave.	92703	Family 2, 3, 4 & 5 Bedroom	6	8	Civic Center Barrio (714) 835-0406 1 – 5 Year Waiting List
2009 W. Myrtle St.	Santa Ana	2009 W. Myrtle St.	92703	Family 2 Bedroom	6	6	Civic Center Barrio (714) 835-0406 1 – 5 Year Waiting List
Raitt Street Apartments	Santa Ana	201 N. Raitt St.	92703	Family 3 Bedroom	2	6	Civic Center Barrio (714) 835-0406 1 – 5 Year Waiting List
405 S. Raitt St.	Santa Ana	405 S. Raitt St.	92703	Family 2 & 3 Bedroom	6	12	Civic Center Barrio (714) 835-0406 1 – 5 Year Waiting List
City Gardens Apartments	Santa Ana	2901 N. Bristol	92706	Family 1 & 2 Bedroom	55	274	Leasing Office (714) 547-5343

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Cornerstone Village	Santa Ana	805 – 904 S. Minnie	92701	Family 1 & 2 Bedroom	126	127	Leasing Office (714) 558-1003 6 Month Waiting List
Flower Park Plaza	Santa Ana	901 W. First Street	92703	Senior Studio & 1 Bedroom	199	199	Leasing Office (714) 542-6002
Harbor Pointe Apartments	Santa Ana	1500 N. Harbor Blvd.	92703	Family 1 & 2 Bedroom	26	130	4 - 5 Year Waiting List (714) 554-2083
Heninger Village Apartments	Santa Ana	200 S. Sycamore St.	92701	Senior 1 & 2 Bedroom	58	58	Leasing Office (714) 541-9438
Highland Manor Apartments	Santa Ana	1128 W. Highland St.	92703	Family 2 & 3 Bedroom	12	12	Leasing Office (714) 538-7729 3 - 5 Year Waiting List
Jackson Park	Santa Ana	300-304 N. Jackson St.	92703	Family 3 & 4 Bedroom	4	7	Civic Center Barrio (714) 835-0406 1 – 5 Year Waiting List
638-642 E. Adams	Santa Ana	638-642 E. Adams	92707	Family 3 Bedroom	6	6	Civic Center Barrio (714) 835-0406 1 – 5 Year Waiting List
1025 N. Spurgeon	Santa Ana	1025 N. Spurgeon St.	92701	Family 2 Bedroom	4	4	American Family Housing (714) 897-3221
Orange County Community Housing Corporation	Santa Ana	Various Locations	Various	Family 3 & 4 Bedroom	10	10	Leasing Office (714) 558-7300 3 – 5 Year Waiting List
1060 W. Third	Santa Ana	1060 W. Third St.	92706	Family/Senior 1 & 3 Bedroom	4	6	Civic Center Barrio (714) 835-0406 1 – 5 Year Waiting List
415-417 Birch	Santa Ana	415-417 Birch St.	92701	Family 1 Bedroom	3	3	Onsite Mgr., no phone numbers.
Santa Ana Towers	Santa Ana	401 W. 1st St.	92701	Senior 1 Bedroom	198	198	Leasing Office (714) 835-6905
Sullivan Manor	Santa Ana	2516 W. 1st St.	92703	Family 2, 3, & 4 Bedroom	54	54	Leasing Office (714) 541-8616
Town Square	Santa Ana	600 W. 3rd St. 700 W. 1st St.	92701	Family 1 & 2 Bedroom	48	63	Civic Center Barrio (714) 835-0406 1 – 5 Year Waiting List
Villa Del Sol Apartments	Santa Ana	811 S. Fairview St.	92704	Family 1 & 2 Bedroom	114	562	1 - 2 Year Waiting List Onsite (714) 547-7485
Vintage Wood Apartments	Santa Ana	3900 W. 5th St.	92703	Family 1, 2 & 3 Bedroom	35	172	1 Year Waiting List Onsite (714) 554-7100
Warwick Square	Santa Ana	780 S. Lyon St.	92705	Family 1 & 2 Bedroom	500	500	(714) 836-0955
Flower Terrace Apartments	Santa Ana	1401 N. Flower St.	92706	Senior 62 or Disabled	140	199	Leasing Office (714) 541-4451

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Orange Housing Development/C&C Development	Santa Ana	Various Locations	92701	Family 1 & 2 Bedroom	609	661	Leasing Office (714) 289-7600 6 month Waiting List
Vista Del Rio	Santa Ana	1600 W. Memory Lane	92706	Developmentally Disabled	40	41	John Stewart Company (213) 787-2700 Waiting List
Rosswood Villas	Santa Ana	100 N. Ross St.	92701	Senior	199	199	Leasing Office (714) 972-1319
American Family Housing	Santa Ana	Various Locations	92701	Family 1 & 2 Bedroom	13	13	Leasing Office (714) 897-3221
Santa Ana Station District	Santa Ana	600 N. Lacy, 631 N. Lacy 680 N. Garfield	92701	Family 1 & 2 Bedroom	112	113	Leasing Office (714) 660-7272
Continental Gardens	Stanton	8101 Cerritos Ave.	90680	Family 1, 2 & 3 Bedroom	297	297	(714) 995-3311
Park Stanton Senior Apartments (Formerly Park Place Apartments)	Stanton	7622 Katella Ave.	90680	Senior 55+ 294 – 1 Bedroom 40 – 2 Bedroom	334	335	Onsite (714) 895-1340
Plaza Patria Court	Stanton	11440 Court St.	90680	Family 36 – 1 Bedroom 36 – 2 Bedroom 32 – 3 Bedroom	104	104	First come, First serve Onsite (714) 799-0028
Casa de Esperanza	Stanton	10572 Knott Ave.	90680	Special Needs 9 – 1 Bedroom 1 – 2 Bedroom	9	10	United Cerebral Palsy (818) 782-2211 ext. 512 or (818) 782-2211 ext. 550
Trabuco Highlands	Trabuco Canyon	31872 Joshua Dr.	92679	Family 1 & 2 Bedroom	37	184	Inquire within (949) 858-8185
Chatham Village	Tustin	16331 McFadden Ave.	92780	Family 1 & 2 Bedroom	210	335	1 Year Waiting List (714) 836-5702
Flanders Pointe	Tustin	15520 Tustin Village	92780	Family 1 & 2 Bedroom	57	82	Onsite (714) 542-2229
Heritage Place at Tustin	Tustin	1101 Sycamore Ave.	92780	Senior 62+ 1 & 2 Bedroom	53	54	(714) 734-6752
Westchester Park Apartments	Tustin	1602 Nissan Rd.	92680	Family 16 – 1 Bedroom 94 – 2 Bedroom 40 – 3 Bedroom	149	150	Waiting List Closed – 1 Bedroom 2–3 Month Waiting List (2/3 Bedroom) Onsite (714) 832-8400

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Summerville at Brookhurst	Westminster	15302 Brookhurst St.	92683	Senior 62+ Studios, 1 & 2 Bedroom	24	117	Waiting List (714) 775-4253
Coventry Heights	Westminster	7521 Wyoming St.	92683	Senior 62+ 1 & 2 Bedroom	76	76	1 - 2 Year Waiting List (714) 379-0795
Rose Gardens	Westminster	8190 13th St.	92683	Senior 60+ All 1 Bedroom	132	132	Waiting List Onsite (714) 896-0024
Windsor Court & Stratford Place	Westminster	8140 13th St.	92683	1 & 2 Bedroom for Seniors 62+ and 3 Bedroom for Families	85	86	Accepting Applications Onsite (714) 891-3000
Cambridge Heights	Westminster	7541 Wyoming St.	92683	Senior 1 & 2 Bedroom	21	22	Onsite (714) 899-3022
Evergreen Villas	Yorba Linda	5100 Avocado Circle	92886	Senior 55+ 1 & 2 Bedroom	28	52	Advanced Property Services Attn: Rosie (714) 288-7600 ext. 34
Parkwood Apartments	Yorba Linda	4075 Prospect Ave.	92886	Senior 55+ 1 & 2 Bedroom	100	100	Waiting List Onsite (714) 986-9505
Riverbend (Archstone Yorba Linda)	Yorba Linda	25550 River Bend Dr.	92887	Family 1 & 2 Bedroom	100	400	Waiting List (714) 692-7711
Victoria Woods Senior Apartments	Yorba Linda	5303-5365 Stonehaven Dr.	92887	Senior 58+ 1 & 2 Bedroom	125	125	4 Year Waiting List (714) 695-0500
Yorba Linda Palms	Yorba Linda	18542 Yorba Linda	92886	Family 2 & 3 Bedroom	44	44	Solari Property Mgmt., Orange (714) 282-2520

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Date submitted: 03/02/2016
Name: Mari Light
Role: Local Resident

Comments:

I am a resident of Costa Mesa, who is in favor of using 3-5 acres of land to grow produce for the Orange County Food Bank, a program of Community Action Partnership of Orange County. Since the property is near an impoverished area of Costa Mesa, it makes sense to use some of the land to help low-income families.

Their website is: www.capoc.org.

Date submitted: 03/01/2016
Name: Kaitlyn Gaither
Role: Local Resident

Comments:

I believe that it would be beneficial to utilize around 4 acres of this land to grow produce for the benefit of impoverished local residents. If you work with a local food bank (such as the OC Food Bank), it would be easy to manage volunteer groups to take care of the garden as well as pick up and deliver the goods since this is already an activity the food bank is familiar with. By utilizing around 4 acres for this worthwhile purpose, the Department of Developmental Services could provide hundreds of thousands of pounds of healthy produce to Orange County's most vulnerable citizens.

Date submitted: 03/01/2016
Name: Michael [redacted]
Role: Parent or relative of an individual at FDC

Comments:

Many believe that Fairview should be closed so that the residents may find a, better-happier life in a smaller group home in a local community. This is commendable and proper for those individuals who are able to make such a transition.

[redacted], has been a Fairview resident for many years and will not benefit or be able to make the transition. [redacted] has been diagnosed as severely Autistic with mental retardation. He is mute and has not been able to learn sign language. He is not able to use the restroom without assistance. [redacted] is violent when unprovoked and does not understand consequences. He needs 24 hr

supervision and security. Sadly, [redacted] and many others at Fariview will not be able to live outside a facility like Fairview.

Nowhere in all of the discussion on the closing has there been any commentary on how residents such as [redacted] will receive care. As unfortunate as it is, Fairview is needed. Our hope and prayers are that Fairview can be spared, or as a minimum be given adequate time to prepare and care for residents like [redacted] who will never be able to live in a facility without 24 hour care and security.

Date submitted: 03/01/2016
Name: Doug Vogel
Role: Local Resident

Comments:

As Fairview Developmental Center touches an impoverished area of Costa Mesa, it makes sense that a few acres of land (approximately 3-5 acres) be used to grow produce in cooperation with a local food bank to provide produce to low-income families.

Not only would this create nearly a million pounds of fresh produce a year, but it would allow local agricultural students to learn how to cultivate high yields of produce with aeroponics and other technology, allow opportunities for homeless individuals transitioning back into the community through work groups, and allow families to volunteer together which leads to higher consumption of vegetables and an increase in physical activity.

As the OC Food Bank provides CSFP boxes to seniors in Costa Mesa, fresh produce could also be delivered to seniors from the produce grown here. The project could be managed by Community Action Partnership of Orange County's community garden staff in coordination with Orange Coast College's agricultural department and with help from volunteer groups.

Date submitted: 02/29/2016
Name: Lorraine [redacted]
Role: Parent or relative of an individual at FDC

Comments:

[redacted], has lived at Fairview Developmental Facility for about 15 years. [redacted] is severely autistic with mental retardation. Closure of this facility will force his family to find a comparable place for his care. I believe no other facility has been found. [redacted] needs professional care, 24 hours a day. He cannot live independently; he cannot even use the restroom without assistance.

Please seriously consider the impact closure of Fairview would have on [redacted] and others there who are severely autistic or suffer with other mental challenges. Thank you, Lorraine [redacted]

Date submitted: 02/29/2016
Name: Beverly Corona
Role: FDC Employee

Comments:

Good day DDS-

This request is in memory of my dear friend Patrick [redacted] whom I had the honor of being his friendship sponsor for over 20 years. I request that DDS put into place a Policy and Procedure for Regional Centers to follow when our Developmentally Disabled individuals are transported to an Acute Hospital setting in the Community.

The Intermediate Care Facilities, vendored by Regional Centers to provide 24-hour-per-day-services to a Californian with a developmental disabilities should be required to be a part of the intake process at the Acute Hospital. More times than not, individuals are transported by ambulance, by themselves, when they are not able to give informed consent, give identifying information, articulate their symptoms, give their medical and medication history, know their legal status, insurance information, emergency contacts, etc. Medical staff at the Acute Hospitals cannot provide adequate medical care without having information about the person whom they are expected to serve.

Per Welfare and Institutional Code § 4655, Consent to medical, dental and surgical treatment,

"The director of a regional center or his designee may give consent to medical, dental, and surgical treatment of a regional center client and provide for such treatment to be given to the person under the following conditions:(b) If the developmentally disabled person has no parent, guardian, or conservator legally authorized to consent to medical, dental, or surgical treatment on behalf of the person, the director of the regional center or his designee may consent to such treatment on behalf of the person and provide for such treatment to be given to the person. The director of a regional center or his designee may thereupon also initiate, or cause to be initiated, proceedings for the appointment of a guardian or conservator legally authorized to consent to medical, dental, or surgical services."

Please put a Policy and Procedure into place to address the importance of Regional Centers requiring their vendors to accompany any individual that seeks care in an acute hospital setting. We cannot advocate and protect our clients interest if we do not show up in their behalf.

Sincerely, Beverly Corona, MSW 2-29-2016

Date submitted: 02/29/2016
Name: Becky San Roman
Role: FDC Employee

Comments:

To: DDS- Concerning: Fairview Developmental Center Closure I have worked at FDC for the past 26 years, I started as a PTTC in 1989, 3 months after my high school graduation. I then got accepted into the PT Apprenticeship Program and got my PT license in '91. I have been completely dedicated to working here and take pride in my job and have never wanted to change my profession. I have worked as LOC staff and for the past 15 years I have been in day programming/Vocational workshops. I have been working with my current Cardboard Recycle Crew for the past 10 years. I even met my husband, a fellow PT, here and we've been married for 17 years and have been blessed with 2 girls. You can imagine how frightened we are for our family financially when we lose our jobs here at FDC! I am hoping and praying that the Community State Staff Program will be implemented in any homes in Orange County CA. I absolutely want to finish my years as a LOC staff or in direct vocational/ activity programming! I understand that FDC is not the most normal living arrangement for our clients, but many still need the intensive support available here. I have a few clients in my workshop that are having visits for transition into community group homes. I am working closely with the providers to help with these transitions. My heart goes out to my clients right now. There has not been one day programming option brought up for them. I am so afraid that the clients will just get swallowed up by a community living option system and not receive meaningful activities/paid employment. Even if they are sheltered workshops- many would even benefit from at least this type of day activity. We recently had a meeting with Reg Ctr of Orange County and they were unable to answer/skirted around the questions about future employment for our clients as they move to the community. We were told that each client has the opportunity to get any job that we may try for. This is absolutely absurd to hide behind non-discriminatory job options. If they truly want our clients to have a meaningful, rich life- a day program would provide this! I am so committed to working with our type of clients and would be so ecstatic if I could continue to work in a day training site. I am also so absolutely frightened about my financial future and would never be able to survive on the pay that is offered in community settings. Nor do I deserve such a pay cut when I can provide so much more to our individuals out in the community. Honestly, I am having 1:1 interactions with the future care-providers and am so heart broken about the day training options for our clients- there just aren't any!!!! I truly request from the bottom of my heart that funding will be provided to offer more meaningful programming and future employment for me and my peers. I have so much to offer and in the job market today, "you get what you pay for". I know first hand now how many of the future group home companies are going to receive so much funding per client. But, as our family members continue

to visit these homes- there is not any evidence other than room and board that extra money is being provided to the individuals. I am hoping and praying that this will change as better ran companies begin to build homes. I currently have 2 individuals that recently moved to the community that have returned due to lack of any structure in their new homes. It is heart breaking. The clients are going through so much stress and having one Client Stakeholder forum will never help anyone in feeling more secure with their future movements. The fact that the Regional Centers don't even have realistic ideas/options for an enriched life for our clients is shameful. My experience in day programming/workshops is so needed out there! I would give anything to work with my current clients out in the community to continue the positive and meaningful rapport I have with each one. I know 100% that us dedicated employees are the only family that some our clients have. To break up a "bond for life" that I have breaks my heart for the future of my clients' lives. I also know that community group homes are more normal for our individuals and I would love to support them in the new life journeys they are about to make. I could make such an absolute positive difference if I were able to be employed by one of these homes, but I have to receive a reasonable salary to even live my life with my husband and 2 daughters. I implore you to look into providing more funding for us dedicated PTs/PTAs and ancillary staff to not only improve the future of our individuals, but also to provide for our own futures to continue living our lives. I know the employees in my department feel cheated and pushed aside by our management's lack of concern in sharing any news with us. We have several peers that came from LDC, but we have a different type of folks here and their issues with closure are not be the same as ours. Thank you for receiving this!

Date submitted: 02/25/2016
Name: Laura [redacted]
Role: Other: [redacted] is a guardian. I know this individual as well, and been there to visit several times.

Comments:

[redacted] has been a guardian of a individual who has lived at FDC, for many years. I have visited, with [redacted] several times. We need more Centers like this one, not less. Group homes do not work for many of the individual that live at FDC. They have community, work, church and much more. For many that live there, their medical and physical needs make a group home very difficult. [redacted] the woman that [redacted] has visited weekly, has been in a group home, and it has never worked. She knows others that have loves ones at FVC and have the same negative experiences with group homes. Could there be some way the property could be utilized while still keeping the Development Center open? I hope so, and I know many others that hope as well! Sincerely, Laura [redacted]

Date submitted: 02/15/2016
Name: John [redacted]
Role: Parent or relative of an individual at FDC

Comments:

I am petitioning the DDS to keep Fairview Developmental Center open so a relative, [redacted], can continue to receive the level of care he so desperately needs. There is no other facility that is capable of providing the services [redacted] requires.

Date submitted: 02/14/2016
Name: Wendy [redacted]
Role: Parent or relative of an individual at FDC

Comments:

I am the [redacted], who has been living at the Fairview Developmental Center for a very long time. I also taught Special Education for 25 years, working with many Asperger's and autistic children. [redacted] is severely autistic and also mentally retarded. In addition [redacted] can be very violent to himself but also others. No one seems to know what brings on his violent episodes.

Many attempts were made when he was young to find a public school classroom that would work for him. There were people coming into his home to work with him. None of these attempts worked. It was not until he moved into Fairview Developemntal Center that his family could be relieved that he was in a safe place and well taken care of. [redacted] being at Fairview also relieved the family of constant fear that [redacted] might hurt himself or one of the other children or animals in the home. His youngest sister was born before he left their home. His mother was afraid to put the baby down for even a moment for fear that [redacted] might hurt her in some way. [redacted] has no control over his behavior. He does not choose to do these things. Because of his autism and mental retardation his brain does not function the way a normal brain works.

He is not able to talk or easily make his wishes known. He is in need of constant supervision so that he is not a danger to himself or others. The "Lanterman Development Services Act" wants the least restrictive environment for the patients at Fairview Development Center. After spending 25 years as a Special Education teacher I learned that the "Least Restrictive Environment" does not work for everyone and everyone I worked with were a lot less severe than [redacted]

[redacted] cannot live independently. He needs 24 hour supervision. A group home where he would be given independence would not work for him. He would wander away at any moment without constant supervision.

I am sure that [redacted] is not the only resident of Fairview that needs the same level in supervision. Please consider these needs of these people who do not fit into what is described in the "Lanterman Development Services Act." [redacted] needs a very restrictive environment so that he can thrive and his family can feel that he is in a safe place and well taken care of.

Respectfully, Wendy [redacted]

Date submitted: 02/10/2016
Name: Desiree [redacted]
Role: Consumer who does not live at FDC

Comments:

1. A place to live? If I where coming out of the DC I would like to live in apartment. 2.What to do during the (job ,fun)? Coming out if the DC I would like to go to the beach and volunteer my time at hospital and start applying for a job. 3. Staying Well? I would start eating healthy and going walking around in the park for exercise. 4.Seeing family and friends? I would make to time visit my family and friends we would go to the restaurants movies and church. 5Consumers moving out of the DC will have been able to make choices to better themselves they learn by processing information. 6. The role of self advocate in supporting the consumers who are coming out of the DC is to listen to there needs help find resources i the community . I would tell them how important it is to get involved in their local CAC or self advocacy groups and People First Chapter. I would support the consumers to make choices that will help them adjust to living back into the community.

Date submitted: 02/10/2016
Name: Mariana Romo
Role: Other: Friend who's family goes to fairview

Comments:

This facility should not be closed . Every patients family will be affected. This facility needs to stay open

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Date submitted: 02/09/2016
Name: Rebecca Beal
Role: Other: I have a friend who's [redacted] lives at Fairview.

Comments:

Please keep Fairview open. So many families and friends, residents and caregivers are counting on this facility to stay open and continue providing the care these residents need.

Date submitted: 02/09/2016
Name: Melissa [redacted]
Role: Consumer who does not live at FDC

Comments:

I am a friend of [redacted] family, a teacher, and voter. I'm writing to ask you to please consider keeping Fairview open. [redacted] is a resident there. He cannot live independently! He is mute, mentally retarded, severely autistic, and poses a danger to himself and others. He has no other options. Out of human decency, please keep these homes open for those in our society who have NO other options.

Date submitted: 02/09/2016
Name: Heather [redacted]
Role: Parent or relative of an individual at FDC

Comments:

[redacted] has been diagnosed as severely autistic with mental retardation. My family struggled for years to find a group home that could handle his violent episodes. However, every group home in Sacramento sent him packing. He would attack the staff, the other patients, and himself. The only home in California that was able to handle them was a 24-hour-survellience home - the home that this budget cut is threatening to close! If someone were to wrongfully evict you from your home, would you not fight for your rights? Many of the people who live at Fairview Developmental Center cannot speak up for themselves, but like the others who have sent in their comments, I am here to fight for the rights of these people! Just because they cannot defend themselves, doesn't mean that you have the right to evict them from their homes and force them to live in an unlocked group home where they will not be safe. We are Americans. We are the "United" States. If money comes before the helpless and the disabled, then where is our unity?

Date submitted: 02/09/2016
Name: Peggy Partnoff
Role: Local Resident

Comments:

I object to the closure of the Fairview Development Center. They have been very good neighbors in our community and provide a much needed service to those afflicted persons who have a great need for this type of care in this setting. It is a travesty to deny the services provided at this facility to those in need. Please re-consider the closure of this and the other two Developmental centers breing considered for closure to save money.

Date submitted: 02/09/2016
Name: Sueann [redacted]
Role: Parent or relative of an individual at FDC

Comments:

[redacted] was in and out of other care facilities for years until we finally found a place that would care for him, Fairview. [redacted] is extremely violent towards himself and others. He is non verbal and doesn't use sign language. According to reports, the staff at Fairview 'just know ' how to read his cues . Closing his home of 20 years is a huge mistake. Please reconsider keeping the home open for these people who really need it and have no voice to defend it. Sincerely , Sueann [redacted] I behalf of [redacted], residence [redacted]

Date submitted: 02/09/2016
Name: Alan [redacted]
Role: Consumer who does not live at FDC

Comments:

we NEED TO KEEP THIS REGIONAL center OPEN SO THE PARENTS AND CARE PROVIDERS CAN CONTINUE TO GET THE SUPPORT THEY NEEDS FOR THEIR CHILDREN OR CONSUMERS. I DISAGREE STRONGLY WITH THE CLOSING THAT THEY ARE TRYING TO MOVE FORWARD WITH. MANY FAMILIES MAY SUFFER DUE TO THE CLOSING OF THIS REGIONAL CENTER.

Date submitted: 02/08/2016
Name: Alyssa [redacted]
Role: Consumer who does not live at FDC

Comments:

I am a Consumer from South Central Los Angeles Regional Center and my thoughts on the close is very disappointing. Every Developmental Center needs to be there to help with the Consumers such as provide them with services. I wouldn't

recommend the place closing down. Some Consumers live near the area and they need good services. So, please keep the building.

Date submitted: 02/08/2016
Name: Donald Haddock
Role: Local Resident

Comments:

Proposal for Closure of Fairview (Partial Facility Recommended Use; 1) I propose that the City of Costa Mesa and the State of California create a partnership to address the critical "first 72 hours" for both the Drug and Alcohol addicted, and the Homeless population of our city, by providing the Professional, Medical, and psychological services needed by both populations before they can be placed in a group home within the City. 2) I propose that City officials and State representatives put together a Joint Task Force to evaluate the viability of acquiring ,through lease or grant, some of the unused residential housing units at Fairview Developmental Center. 3) I propose that the State Health and Human Services Department, and the City on Costa Mesa ,as well as other stake holders both Private and Public join together to provide funding for the full time staff and volunteer services that will be needed to provide these short term critical care services. 4) Finally, I propose that one of these residential units be set aside to house individuals that may need longer than 72 hours of medical and psychiatric services to acclimate themselves back into the general population in order to meet the community standards for a group home lifestyle within a neighborhood. ********** ********** I am sure there will be resistance from all sides as to why this partnership cannot be accomplished. But Costa Mesa and Fairview Developmental Center have over 50 years of cooperation and partnerships being formed for the betterment of all. Both the existing Golf Course ,and the Harbor Village Apartments surrounding Fairview were once vacant land owned by the State. Through mutual need and benefit , these lands have been developed to the betterment of Costa Mesa . In recent years, the City of Costa Mesa and Fairview Developmental Center partnered once again to develop a new Lighted Soccer practice facility on the grounds of the existing school at Fairview which is used by Costa Mesa youth soccer teams.. The social problems of poverty, addiction, and homelessness are not exclusive to our Community. They are a reflection of society as a whole. But, we cannot turn our backs on this issue and make it go away. As a City, we have a responsibility to provide safe harmonious neighborhoods. It is my hope that the City of Costa Mesa and our State leaders will take a look at this proposal as a way to possibly deal with the first critical days of contact with the most needy members of our society. It is my hope that such a system could be used to augment the existing Sober Living group home model, and offer some possible options for addressing the issues of the homeless population for agencies responsible to provide solutions/services. sincerely, Donald H Haddock

Date submitted: 02/07/2016
Name: Colleen Nelson
Role: Other: a concerned Orange County citizen

Comments:

I do not understand, in a era where the mentally ill and the developmentally disabled population is growing, not shrinking, how our state is closing down facilities that have the capability to handle people who need round the clock care. Our federal and state governments have spent decades dismantling such places, which has led to increased homelessness, crime and loss of jobs....in this case, almost 1,000 jobs in my county. All to potentially build houses and bring more residents into our drought stricken region? I do not believe for one minute that there is not funding to keep such places running and running properly. Maybe our illustrious governor could put aside pet projects like a bullet train to nowhere, and use such funding to support, rather than pull the rug out from under, these patients, employees and their families. Thank you for reading.

Date submitted: 02/06/2016
Name: charlene ashendorf
Role: Local Resident

Comments:

I attended the public hearing, but did not speak as I was trying to hear all sides of the issues that relate to the proposed closure of the Fairview Developmental Center. I believe this site is one of the mainstays and gems of Costa Mesa, Orange County; first and foremost, the service it provides to its residents is exemplary. The support and comfort for families and caregivers that FDC staff can offer like no other living situation is like no other. The testimony by educators, professors, Coastline, nonprofits staff, volunteers and employees has weighted heavily on the quality of life for the residents. There were many options offered including partner with Veterans, animal therapy, homeless to make this FDC a rose instead of 500 housing units. Please add me to your mailing list. I want to read over the testimony in total. I will speak at my city council and I do support housing for FDC residents with full service supportive social services. Thank you for all you do.

Date submitted: 02/06/2016
Name: Gloria [redacted]
Role: Local Resident

Comments:

I am a resident of Costa Mesa since 1963 (52 yrs.). I am a retired Sr. Psych. Tech. (11yrs.) at FDC, (employed there for 38 yrs.) I am also the [redacted] who had cerebral Palsy, and passed away from urinal failure, at Victoria Health Care Facility in Costa Mesa. [redacted] health was compromised at Victoria HCC, due to untrained staff. When he was placed there, he was in good health despite his physical handicaps, when I could no longer care for his needs. Every interdisciplinary team meeting, I was told how well he was doing. I reminded staff, that [redacted], cannot pour nor open containers, for his liquids. Nursing staff would have to give him liquids. They assured me that he uses a " nosey" cup. Now if a man that wears diapers, is dry for a full shift, this should have come out during a shift change report for the on coming shifts. Never should he have died with kidney failure... It wouldn't have happened at Fairview, our staff were trained...trained...and retrained to care for those in need. The Gentleman whose brother died of [redacted], was a retired Police Officer, claimed that the Staff murdered his brother. That is as ridiculous as all Police, are murders because of the "Black Lives Matter" issues. People die at Fairview as they become old, maybe accidental, as peers may have asaultive behavior. But rarely due to neglect, unless they are under staffed. When staff work short handed, they may not even know the people they care for, nor behavioral and health issues. Fairview is surrounded by a Golf Course, approximately 3-5 miles from Newport and Huntington Beaches. The land is worth a lot of money, as the location and climate draws people here. In conclusion, FDC should not close for the following reasons: 1). Community placement does not adequately care for the true needs of People with mental and physical health issues as evidenced by the Homeless population increase. Death hikes of Health Facilities and board and care homes with untrained or under trained staff. 2). Location..location.. Location.. $$$$$$ 3). Our develomentally ,physically and mentally disabled, citizens deserve the right to live in the same invironment they are a costumed to and thrive., with the staffing that can adequately care for their training and needs. 4). FAIRVIEW DEVELOPMENTAL CENTER, also provides a multitude of jobs for our community. Apartments and Condominiums do not sustain jobs.

Date submitted: 02/06/2016
Name: Robert[redacted]
Role: Conservator or Guardian of an individual at FDC

Comments:

[redacted] has been a resident at Fairview since he was 6 years old and has known no other home.Fairview is his home and family . The state of California now wants to take his family and home away and place him with strangers in an unfamiliar place . [redacted] has the mentality of a 2 year old having never spoken a word in his life .How could he begin to understand why this is happening to him. A society is judged by how it treats it's most vulnerable citizens . The State of

California claims that this closure of Fairview is justified for mostly financial reasons . A state with so many resources and wealth willing to support illegal immigrants and other underprivileged people ,but doesn't have the funds to protect it's own citizens . Fairview is held to high standards with a 24 hour a day open door for unannounced inspection by the authority . No other community housing proposed for [redacted] offers this.This proposed closure of Fairview is not in the best interest of the remaining clients , it is in the best interest of the politicians . The remaining clients are the most dependant on the full services that Fairview provides . The clients that were less dependant have already been placed in the community . I believe if the best interest of the remaining clients was used ,the state could find a way to keep Fairview open . It could either be done by downsizing and keeping only the necessary buildings for a smaller clientele or a smaller facility elsewhere . I hope and pray that the state will consider the lives of the severally disabled over the ambitions of the politicians .

Sincerely and dissatisfied , Robert [redacted]

Date submitted: 02/05/2016
Name: Catherine Orlando
Role: Other: Previous Emplyee

Comments:

Good Evening- I am very concerned about the residents at Fairview -The clients that are medically compromised will be taken from their peers and family (yes, staff are family)-They grew up at Fairview-Who will be able to read their non-verbal cues when they are hurting? They will end up in hospitals instead of their medical needs being monitored 24/7 by Licensed staff and caring for them in a way that prevents most hospitalizations. I am a nurse and I know staff on medical floors are not trained for care of this population.

-Who will track those that are sent out? Will they just be lost in the system and the world moves on. How will anyone know if they thrived or if their health declined after the move?

-What will happen with behavioral clients when their behaviors are difficult to manage? They will end up in the Emergency Rooms and Inpatient Mental Health Facilities-There is a shortage of beds for mental health patients as it is and the ER's are already strained with the mental health population. The hospitals and inpatient psychiatric facilities will not be able to accommodate these clients and their special needs. -Fairview Dev. Center is the least restrictive home for most of these individuals. Their parents are elderly and some no longer have blood relatives. After one of our clients went to a group home, his father came back to us and said he is unable to bring his son on walks. The sidewalk is bumpy and his wheelchair is too difficult and unsafe to move in that environment. Fairview has grounds to walk on and staff close by if needed when parent's visit their child. Now the elderly parents

will have to worry about the care their loved one will receive. They should not have to be burdened with this worry at this time of their lives.

Fairview is NEEDED. The closure will affect the community in a negative way. The ER's are overloaded and there is a lack of beds. I am not saying clients shouldn't have a choice. I am saying some do not have a voice.

-Picture yourself taken from your family, peers and environment and not being able to express yourself to say you are scared and want to stay in your home. Look into the eyes of these individuals and look at their faces light up when the familiar staff member jokes with them or comforts them when they are hurt or scared. Years ago, they said it was about least restrictive environment. Now, at least they are being honest and saying it is about money. -Doesn't this most vulnerable population deserve the excellent care they have been receiving, to stay with their family and friends and to not have that security ripped out from under them? They are not numbers. They are people and they need a voice. My heart will always remain with my clients at Fairview. I respectfully ask that Fairview remain open for those in need. Sincerely, Katy Orlando

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Date submitted: 02/05/2016
Name: Rachael [redacted]
Role: Parent or relative of an individual at FDC

Comments:

I'm writing on behalf of a family member who lives at Fairview. [redacted] needs this facility. He cannot move to an unlocked group home where he is no longer under 24 hour supervision. His quarterly reports say that he cannot even use the restroom on his own ! He is mute and has not been able to learn sign language. [redacted] is violent when unprovoked and he doesn't understand consequences. [redacted] is diagnosed as severely Autistic with mental retardation. He cannot move to a place where he can be more 'independent'. [redacted] will not be able to survive without professional care and none of us are capable of giving him the 24 hour care he needs. He is like many cases in his facility where he will never be able to live on his own. Fairview Developmental Facility has been wonderful! [redacted] has lived there for at least 15 years or so and is very close to the staff. Please keep him in mind and his circumstances when a decision needs to be made to close this facility. Where is Russell supposed to go?

Thank you, Rachael [redacted]

Date submitted: 02/05/2016
Name: Carol Morrison
Role: Local Resident

Comments:

When Fairview closes, I would like to see some of the buildings used to house disabled vets, the homeless, and low income families.

Date submitted: 02/04/2016
Name: Paul Kelly
Role: Local Resident

Comments:

To Whom it may Concern, I have been living in Costa Mesa since 1973. During that time I have seen our housing and apartment rental prices skyrocket so as many of our younger and newer residents are being priced out of the market. Also during that time the city administration has failed to provide housing options for low income families including some of our city employees who cannot afford to live in Costa Mesa. Our number of homeless persons has also increased so as many are living on the streets, in the parks and behind business establishments. Again the city has done nothing to provide for these homeless people. I would like to see the Fairview center converted to an apartment complex for low income families and some of our homeless population. We currently have a majority of developers on our city council. If they get control of the Center, it will be raised to the ground and high end housing will be built there. If the state gives/sells the Center to the city, there must be strict restrictions as to what the Center can be used for so that our low income residents and homeless aren't ignored any more. I see that Mercy Housing California has done an impressive job in converting old/unused buildings into housing for low income and other underserved populations. Maybe they should be contacted about this property.

Date submitted: 02/03/2016
Name: Nancy [redacted]
Role: Parent or relative of an individual at FDC

Comments:

[redacted] lives at this facility. He cannot move to an unlocked group home where he is no longer under 24 hour supervision. His quarterly reports say that he cannot even use the restroom on his own. He is mute and has not been able to learn sign language. [redacted] is violent when unprovoked and he doesn't understand consequences. [redacted] is diagnosed as severely Autistic with mental retardation. He cannot move to a place where he can be more 'independent'. [redacted] will not be able to survive without professional care and none of us are capable of giving him the 24 hour care he needs. He is like many cases in his facility where he will never be able to live on his own. However, under the new

proposal the goal is to have these mentally ill adults do just that! I say "If isn't broken don't fix it!" Fairview Developmental Facility has been wonderful! [redacted] has lived there for at least 15 years or so and is very close to the staff. Please reconsider this closure not only for [redacted] but for others living there in the same situation. Thank you.

Date submitted: 02/02/2016
Name: Frank [redacted]
Role: Parent or relative of an individual at FDC

Comments:

[redacted] has been a resident at Fairview for 50+ years.

I hope we can keep Fairview open. [redacted] needs the special nursing + outstanding care that she has always received from the staff at Fairview. To move [redacted] now would set back her development.

Frank [redacted]

Date submitted: 01/19/2016
Name: Stephany [redacted]
Role: Conservator or Guardian of an individual at FDC

Comments:

I am writing on behalf of [redacted]. I am [redacted] and his legal conservator and am submitting these comments regarding the Closure Plan for FDC. [redacted] is now 71 years old, and has been institutionalized since he was 10 due to profound disabilities. He first lived at Pomona State Hospital, and now resides at Fairview where he has been cared for by dedicated staff who know him well. [redacted] had his last annual IPP meeting in [redacted] 2015, and his comprehensive assessment by the Regional Center in [redacted] 2015. From physician reports, licensed staff input and formal assessments, the following conditions would be required in order to meet [redacted] needs in an alternative placement: 1. 24 hour nursing care ([redacted] has advanced [redacted] disease, is [redacted] fed exclusively [redacted], he is non-ambulatory and needs total assistance in activities of daily living. He is also blind, non-verbal, and cannot make his needs known. He has a seizure disorder and is at risk for falling. He is profoundly retarded.) 2. Accessible surroundings to accommodate his wheel chair 3. Trained staff to anticipate his needs and perform all ADL tasks including transfers, toileting, [redacted] feeding, bathing, grooming, and dressing

[redacted] physician indicated that a move to a different location may greatly impact his health. Transporting him is risky, especially if it for a long distance. His Regional Center worker has told me there is not an appropriate placement for [redacted] at this time.

I respectfully urge the legislature to re-consider the Governor's proposal to close Developmental Centers until suitable alternative placements are available for all of the people living in these Centers.

Thank you, Stephany[redacted]

Date submitted: 01/13/2016
Name: John Corder
Role: FDC Employee

Comments:

Will Fairview continue to operate in some capacity after all clients have relocated?

Date submitted: 01/08/2016
Name: Abel [redacted]
Role: Parent or relative of an individual at FDC

Comments:

I am very concern for the future of [redacted]. We have tried a community placement in the past and it did not work out due to his ability to care for himself. Are clients of Fairview going to just be displaced with families left to worry of their future placement? I am quite concern as to where he will be relocated and to whom? Please help us with all plans related to the future plans for the clients of Fairview. What are the plans of DDS. as to the clients of Fairview Center.

CASHPCR

Representing families from Fairview and Porterville Developmental Centers
www.cashpcr.com

March 1, 2016

TO: Department of Developmental Services

RE: Comments on the Closure Plan for Porterville Developmental Center

CASHPCR is an organization of families and friends with family members currently or formerly served by Fairview, Porterville, Sonoma, and Lanterman Developmental Centers. Currently representing families from Fairview and Porterville DC, we wish to submit the following comments concerning the development of the Closure Plan for Porterville Developmental Center.

1. **The Comprehensive Assessment of every Porterville resident should be just that – Comprehensive.** Successful outcomes of community placements are very much dependent upon clients receiving all necessary services and supports; a comprehensive assessment to identify the individual services and supports is mandatory. Assessments should be performed by personnel familiar with moving fragile individuals with complex conditions from an institutional setting to a community setting; consultants outside of the RC system may be preferable. Families, staff familiar with the resident, professional personnel, and others such as Foster Grandparents and teachers should be contacted to contribute information to the assessment. A "checklist" assessment is not sufficient to plan the future of a DC resident.

2. **Comprehensive Transition Planning** is key to successful community placement. This includes cross-training of staff; identification of medical, dental, therapeutic and recreational services; outreach to neighbors; and many other elements pertinent to each individual such as community visits, acquisition of specialized equipment, etc. Adequate time should be allowed for transition planning; the transition plan should be flexible to reflect any necessary changes.

3. **All necessary community services and supports must be in place, secure, and operational before placement occurs.** Identification of providers of community services, including residential, day programs, medical and dental, specialty services, transportation, recreation, etc. must occur well in advance of placement. Special attention should be paid to those services that have been noted to be problematic for some DC movers and others, i.e. dental services and day programs. The problems with accessing these and some other services persist decade after decade, and DC movers and others in the community setting suffer. ANY necessary service that is not in place and likely to remain that way can lead to a failed placement and true suffering for the DC mover.

4. **Funding must be sufficient to develop and maintain services and supports for community placement.** Capitol is required for the development of necessary and quality community

services, and also for the ongoing support and maintenance of them. The Porterville Developmental Center Closure Plan must include appropriate fiscal support. The Legislature and Governor must understand that ongoing services for former DC clients must be funded.

5. **Community State Staff Program can be an important asset for successful community transition and enduring successful placement.** The use of licensed and experienced DC personnel in the transition of DC movers into the community setting could avoid some medical and behavioral challenges, and support the client and community staff alike. The training, expertise, and commitment of DC staff to the Porterville residents are invaluable assets; the Community State Staff program should be utilized as fully and as creatively as possible.

6. **Community staff licensure/credentialing/certification should be optimized to increase quality care.** DC residents are served by a high proportion of licensed/credentialed personnel, as required by their clinical acuity. This should be translated to the community setting as much as is possible, including requiring Direct Support Professional (DSP) certification in advance of working with PDC movers, including Day Program personnel, and by requiring various professional standards for individuals working with the movers.

7. **The partnership between Porterville Developmental Center and Porterville Community College is an asset that should be vigorously supported**. Porterville Community College, using PDC for training purposes, has supplied several communities and settings with health care personnel that is in short supply. This relationship will certainly change under the closure of the GTP at Porterville, but all possible areas of collaboration should be explored.

8. **The Porterville land and continuing services should be utilized as much as possible to provide for individuals with developmental disabilities.** This could entail the use of the facilities such as the pool, auditorium, cottages for community client events, or the use of medical and dental facilities for community clients.

9. **Institute a STAR Acute Crisis Center** to serve those in the Central CA area who may have need of crisis intervention services. Porterville has existing infrastructure, and trained personnel to provide this service.

10. **Planning for enhanced monitoring of PDC movers, as done for LDC movers, should begin now.** A schedule of monitoring visits and which entity (RCs, RPs, etc.) is responsible for each visit should be developed, with input from Porterville families.

11. **Planning for data collection of PDC mover outcomes should begin now** in order to assure that complete and pertinent data is collected, in a timely manner. Data should include information on all types of settings, medical and dental services, psychology and pharmacy services, day programs, changes in placements, Special Incident Reports, CDERs, etc. Input from PDC families on the makeup of the survey should be included, along with a schedule of when the data should be reviewed.

12. **The Self Determination Program should be expanded to include PDC movers** who wish to use this program to transition to a community setting. DDS should be ready to request expansion

of the Self Determination program from Department of Finance for this purpose as soon as the federal waiver is approved. PDC residents and families should be fully informed about the potential of this program to access their choice of community services. DC movers should be allowed to enter the program irrespective of RC quotas and diversity requirements, so that they can use the Self Determination program to transition directly from Porterville, and not wait until the Self Determination program becomes statewide. This would avoid an additional move from one placement to another.

13. **Lessons learned from the Lanterman DC closure should be considered.** In addition to input from consumers, families, Regional Centers, the Regional Project, providers, and others involved in the Lanterman closure, information from the **Lanterman Quality Assurance System** should be reviewed, especially in the areas of medication errors, access to recreation and religious services, and day programs.

14. **Recommendations of the Future of the Developmental Centers Task Force should be followed.** Those very specific recommendations focused on the expansion of current services in short supply, the creation of services not yet in existence, public-private partnerships, the development of health networks, and other items specific to the needs of current DC residents. These recommendations, several of which are currently in development process, will support a strong community system for DC movers and others.

The members of CASHPCR recognize that successful closures of the California Developmental Centers are dependent upon the individual outcomes of each resident who leaves a Developmental Center to reside in a community setting. We know from many experiences that DC movers can be very well served and truly blossom in a community setting. We also know from experience that placements can fail, sometimes tragically, if individual needs are not properly identified and the corresponding services and supports are not provided. We appreciate the opportunity to join with DDS to work to ensure successful community transitions for all DC residents.

Most sincerely,

Terry DeBell, President, CASHPCR
debell.theresa@gmail.com 310-291-7243

March 21, 2016

Ms. Amy Wall
Assistant Director, Developmental Center Closure
California Department of Developmental Services
1600 9th Street
Sacramento, California 95814

RE: Reuse of Porterville Developmental Center General Treatment Facilities

Dear Ms. Wall:

Please accept this correspondence on behalf of the Porterville City Council, and thank you for the opportunity afforded to provide input of potential reuses of the Porterville Developmental Center General Treatment facilities, as these facilities are proposed by the Governor to be closed as of December 31, 2021.

Since its opening in 1953, the Porterville Developmental Center (PDC) has played an integral role as an important institution of the Porterville community, providing both critical services to vulnerable individuals and valuable employment opportunities to local residents. With the Secure Treatment portion of the facility is to continue operation, and likely expand in the future, it will be instrumental that the reuse of the General Treatment facilities be unaffected or preferably complimentary.

The City is aware and supportive of the concept that the facility be transitioned to academy and/or training facilities for State public safety agencies. CalFire has an existing significant presence with the Air Attack Base at the Porterville Airport, and, given the proximity to ten (10) of the State's prison facilities, the PDC facilities could play a significant support role to the Department of Corrections and Rehabilitative Services.

Recognizing the significant deficiency and lack of a four-year and/or graduate-level State institute of higher education in Tulare County, a permanent location or extension of either a California State University or University of California would be welcome at the PDC facility. Given the proximity to the Sequoia National Monument, Tule River Indian Reservation, Lake Success, Tule River, and a diversity of local agricultural crops, teamed with the Secure Treatment facility, tailored educational programs (i.e. clinical psychology, environmental sciences, forestry, etc.) could be offered. The local Porterville College is also landlocked and challenged in its further expansion, so that institution could also benefit in co-locating with those educational programs.

Finally, given the vacant property on the northeast portion of the property, as well as the existing gymnasium facility, development and use as sports facilities for local residents, especially playfields for football and soccer, may be an option.

Thank you, again for accepting this correspondence and allowing the Porterville City Council to express its interests in reuse options for the PDC General Treatment facilities.

Very Truly,

Milt Stowe, Mayor
City of Porterville

From: [redacted]
To: DDS HQ Porterville Closure
Subject: Fw: closure
Date: Friday, February 05, 2016 7:50:59 AM

----- Forwarded Message -----
From: Provident Health care [redacted]
To: "portervill.closure@dds.ca.gov" <portervill.closure@dds.ca.gov>
Sent: Friday, February 5, 2016 7:49 AM
Subject: closure

I am the owner of Provident Health Care Inc based in Merced Ca with ICF-DDn facilities
in Merced, Atwater and Ahwahnee Ca.

I would like to express my intent to be part of any meeting in regards to the closure of the Porterville Developmental Institution with the purpose of sharing some ideas on how to
distribute the clients and the staffs if ever the closure proceeds.

Looking forward to hear from you.

Thank you.

Jerry Tiu
Provident Health Care
Tel. No. [redacted]
Fax No. [redacted]
[redacted]

From: [redacted]
To: DDS HQ Porterville Closure
Subject: RE: Closure of Porterville Developmental Center-GTA
Date: Tuesday, March 01, 2016 10:37:50 PM
Attachments: ddscommentpdc.doc

Hello,
Please add these attached comments to the closure plan information-Attention Amy Wall
Thanks a lot!

From: [redacted]
To: DDS HQ Porterville Closure
Subject: Closure comments for PDC/Amy Wall
Date: Tuesday, March 01, 2016 10:45:43 PM
Attachments: ddscommentpdc.doc

Please see attached comments.
We'd rather keep our name from this document as we believe that it may be posted online and we share privacy issues.

Thanks you for reading the document and including it in your discussion.

California should not authorize the closure of three longstanding developmental centers at one time. We strongly oppose the closure of the general treatment program at Porterville Developmental Center (PDC) **at this time** and believe that in doing so, it will for many clients deny equitable access to services that currently ensure access to health care and safety. The treatment programs that are in place are maintaining good physical, emotional and medical heath for clients. They provide comprehensive and well-integrated services and are rendered by highly specialized and trained individuals who are well-acquainted with residents.

Its acute care facility is excellent; the staff are familiar with clients within the facility and trained to address individual needs quickly in emergencies. As the acute care facility is on grounds, it decreases the clients' need for admissions/readmissions to the outlying medical centers; this in turn reduces costs, improves communication among health care providers, and reduces unnecessary contact with a large numbers of patients that may then in turn compromise health problems even more.

In addition to an on grounds acute care facility, there are numerous clinics including cardiology, neurology, GI, podiatry, dental, urology, and pulmonary. This set-up enhances improved diagnostic turn-around time and maximizes collaboration among interdisciplinary staff members, thereby decreasing the need for hospitalizations in the community and/or extended lengths of stay. The integrated model as it exists also allows for preferred scheduling opportunities for

clients and staff, decreased wait time for procedures, and accommodations in treatment areas that may be required by clients to optimize diagnostic test results.

PDC has a religious center, pool with adaptive equipment, a clothing store, a canteen/ restaurant, an outdoor camping facility, park areas, and easy reliable access to the city center (a city bus picks up within the facility and the Dial-a-Colt provides door-door transportation services within the city). Transportation services support maximum integration with the outlying community.

At this writing there are over a total of 976 clients housed at Sonoma, Fairview and Porterville Developmental Centers, with ongoing health care needs. There is currently a significant shortage of placement options for them; and though reportedly under development, there is no guarantee that community-based programs will be available to provide safe equitable services to clients within a two-three-year period.

Due to the announcement of a closure plan for PDC, some staff have recently left the facility to seek other employment. Though there is discussion of using State Staff for transition purposes, it is our opinion that “the skilled staff” will be employed elsewhere with insufficient numbers to provide such a service as was the case at Lanterman.

Per the Department of Developmental Services website, PDC provides 24-hour residential services for individuals 18 years or older who have serious medical and/or behavior problems for which appropriate services are not currently available through community resources. We continue to believe that the State of California does not have appropriate transition facilities for the hundreds

of the current developmental center clients (976 at this writing). We believe that the general treatment facility at PDC should be left open to house clients who would not benefit from community placement and continue to require a comprehensive multi-disciplinary treatment programs. This would additionally allow for a safety net for clients who fail in community placement. Many of the clients have grown up at PDC and see the facility as their homes, as do families. Clients have developed friendships and trust in the provision of care under the tutelage of well-trained, sensitive staff who are carefully monitored by licensing entities.

There are no published cost analysis studies that we are aware of that show community placement for all types of developmental center clients would be less costly, more inclusive of a community, and most importantly safer for clients.

There are, however, numerous studies that show rampant staff turnover, facility closures, and abuse at community-based residential settings.

We urge the Department to move slower in its attempt to close the developmental centers, including PDC, so that skilled staff remain and clients remain safe. **Our clients need to transition safely and with great care, supervision, and monitoring systems in place.**

Thank you for reading this comment.

3/1/16

From: Tom and Carole [redacted]
To: DDS HQ Porterville Closure
Subject: Porterville closure plan
Date: Tuesday, March 01, 2016 7:21:22 AM

I am writing on behalf of [redacted] who is a resident of Porterville Developmental Center. [redacted] is 74 years old and became a ward of the state of California at the age of 12. He was at Porterville Developmental Center from 1954-1968, Fairview Developmental Center 1968-1968, Camarillo Developmental Center 1968-1994, and back to Porterville from 1994 to the present; a total of 62 years! [redacted] are deceased and I am [redacted] only living relative. I am 71 years old and have lived in Huntsville, Alabama since 1968. [redacted] visited [redacted] regularly until they moved to Alabama in 1990 because of health issues.

[redacted] were very pleased with the care [redacted] received through the years and became close to some of the staff. They visited him regularly. They were also involved in the parents organization for many years. They were very opposed to him being sent to a group home and did not feel that would be in his best interest.

I have also been very pleased with [redacted] care since I have become more involved upon the death of [redacted]. The Program Social Workers as well as the social workers in the hospital have always kept me informed of his medical and health issues and other pertinent issues in a timely manner. Although I have never been able to attend his Annual Reviews I have always received a copy. My questions have always been promptly addressed either by the social workers, staff on the unit or nurses when he has been in the hospital.

[redacted] is now very medically fragile with many health problems. He has [redacted], asthma (needs nebulizer treatments and oxygen sometimes), profound intellectual disability, [redacted], osteoporosis, glaucoma, repeated [redacted], G tube with special diet, recurrent UTIs, arthritis and hand contractures. He is non-ambulatory and uses a wheelchair. He has very limited speech – both in expression and understanding. He communicates through body language, facial expressions, sounds, gestures and behaviors. He needs total care with most of his activities of daily living.

Porterville has excellent experienced and trained staff ; many have worked there a long time. They are very familiar with the clients and their medical and psycho-social needs and their non-verbal gestures. They understand them. Not everyone is equipped or trained to handle this patient population. The medical staff is readily available and it has been wonderful to have a hospital on the grounds.

[redacted] has resided at Porterville, the second time, for 22 years; this is certainly home! He is familiar and comfortable with his surroundings and the staff who have cared for him. This is very important to me, especially as I am so far away. I feel he should be able to live out the rest of his life in peace in these familiar surroundings with people who know and love him. I am very upset and opposed to him being transferred.

What is your plan for someone like him? He has a legal and moral right to excellent care. Who will oversee this care? I feel Porterville is the least restrictive and best environment for him. It has never been a recommendation from the staff of Camarillo or Porterville that he be

transferred to a group home. Where will he get the quality of care he needs from such a highly trained, experienced and caring staff? He needs a 24 hour nursing staff, staff trained in behavior management, registered dietician, staff trained in management of gastrostomy tube and associated equipment including feeding pump, dentist, optometrist, podiatrist, neurologist, urologist, and physical and occupational therapists, respiratory therapists and access to leisure activities.

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From: [redacted]
To: DDS HQ Porterville Closure
Subject: Comments/Recommendations on Developmental Center Closures
Date: Thursday, January 28, 2016 10:22:08 AM

My name is Tom Casson. I am an LCSW at Porterville Developmental Center, and my cell phone is [redacted] if you have any questions on what I am saying here-in. I am writing to provide some input that is hopefully useful in the process of transferring persons living in developmental centers into community facilities, and in helping to ensure their safety and quality of life once they are in the community.

I have worked as a social worker at Porterville Developmental since 1975 and I have also worked part time (around 15 years total – all ICF/DDH facilities) in several community homes. During all of my service I have been and remain an advocate for community placement, but only as long as it is carefully planned. I will explain my concerns about the process of closing developmental centers, along with some recommendations.

Almost all of the people who live in developmental centers have important social relationships, sometimes families but also often other persons who live with them. In my experience, when community placement is being planned these vitally important relationships, family and friends, are not always given the weight they should be. Often if a person is a client of one regional center and the family lives in another regional center catchment area, and maybe the friends live in a third regional center catchment area, in such cases priority (often for fiscal reasons) tends to be given to placing the person in the catchment area where his or her regional center is located rather than near the family and/or with the friend(s).

The law regarding ARFPSHN homes mentions that each facility will provide “A week's program schedule, including proposed consumer day and community integration activities.” This is the only mention in the law on ARFPSHN homes that I can see (I did not look up all of the cross-referencing of other laws, so I could easily be wrong) that pertains to providing the people living in these homes with leisure activities. Probably all of the persons I currently work with (I now work in the General Acute Care section of PDC) have, in addition to the usual items like TVs and radios, Leisure Coordinators (usually Recreational Therapists), Senior Companions, and Pastors who visit them daily to weekly at their bedsides, and read them books, pray, sing, play with the person with leisure items of the person’s choice, etc., and this really is beneficial to increasing the quality of their lives. (I have persons I work with who are diagnosed as being in a “persistent vegetative state” but who still seem to give some indications of enjoying these types of activities).

We have made progress over the years in focusing on easing the transition of a person living in a developmental center moving to a community facility, including for example by increasing the number of preplacement visits, but this of course increases the cost. Still, I think that we need to really try to make as many visits as are needed, including the prospective community staff spending time at the developmental center with the client and staff persons who best know the person being considered for placement, both to start developing the new relationship and so that the familiar staff can impart the little details that don’t get written down, or cannot be adequately described in writing, such as subtle changes in expressions, movements, skin color, etc., that alerts the familiar staff to what the person may be feeling either emotionally or physically. In other words, in my opinion no placement should occur until the client appears to be feeling comfortable with the new staff and the new staff have become very familiar with how the person either unconsciously or consciously communicates. (One unfortunate example of the benefit of this type of plan is that I had a client who had lived at PDC for years. He fairly often went to the community hospital, primarily with pneumonia because he was bed-bound, but even when away from PDC he had staff who knew him around him. Last year we lost access to the compounding pharmacy that was providing us with his special formula, and as a result he had to be quickly moved to a hospital in Los Angeles where the formula was available. He died in less than a month).

I also have a concern about the level of abuse/neglect that may occur in community homes, based on my experience in such homes. I assume there are studies on this issue, which probably don’t rate the

community homes as worse, but I did not find this to be true in my career. In the first community home I worked in I found that the husband and wife care providers kept their teenage clients with behavior issues in line through subtle (and sometimes not so subtle) intimidation as well as a lot of psychotropic medications, even though the evidence demonstrated that in most cases the medications were not helping and may have been worsening behaviors. When I raised these issues I was fired. (The home did go out of business). Sometime later I worked for a non-profit organization that had several homes where I worked as the QMRP. I investigated quite a few allegations of abuse/neglect in these homes, including for example one case where a worker engaged in sadistic behavior toward several clients over a period of at least a number of months (possibly even years, as she worked for us for about 5 years). Another example was a case of neglect, e.g., “awake” staff often sleeping at night while a client in her 80s who needed help walking was calling to be helped to the bathroom. She ended up by walking alone, which was very risky.

A very disturbing aspect (in addition to the abuse/neglect) of these investigations was that the other staff in the homes all new about what was going on, but they failed to tell me or the Program Manager even though they all knew the reporting requirements and they did not particularly like the abusive staff. When asked why they did not tell management their responses included such statements as “I did not want to get involved” or “You would not have done anything even if I told you,” even though they had seen us take action against other staff.

A related issue concerning the sadistic staff person was that the Regional Director of these facilities did get an anonymous note from one staff person concerning this abuse issue but she did not tell me so that I could investigate it, and it was not until a few months later that a vague comment made by a staff person resulted in an investigation occurring. When I asked the Regional Director why she had not told us of this note she said that the note was too vague to follow up on and that she was involved in an investigation in another home where two staff had been slapping a client and it would have been too stressful for her to have two serious investigations occurring at the same time. I later saw the note and it was <u>not</u> vague about the allegations. (That Regional Director and the abusive staff no longer work for that organization).

Finally, this investigation did involve my reporting what was a series of felonies to the local police. As a result one officer did take a report. A couple of days later he told me he had gone by this ex staff person’s home a couple of times. Her car was there, the lights were on, and her TV was playing, but she did not answer the door. Even though we had documented evidence (if I remember correctly, we had at least 6 eye witness statements from staff that this person had committed felonies) we heard nothing further from the police.

I have worked with clients with various types of issues, but for the last several years my clients have been those with serious health issues, e.g., bed-bound, ventilator dependent, g-tubes or j-tubes, etc. I have had training on the types of homes they will be going to (ARFPSHN), and have also read the law establishing
these homes. There are a lot of safeguards that the law requires for these types of home, but still I think there could potentially be more risk for persons living in these community homes than is true while they live in a developmental center. One issue concerns the number of staff available during an emergency, such as during a fire or a power outage. At this facility we do not have one to one staff for these totally dependent persons, but if a fire or power outage occurs (and the generator fails) there are always plenty of staff who can be at the unit in a minute or less to help move and/or ambu bag the persons living there. I know these community homes have back-up generators which are tested often, but our community power goes off fairly often (at least in Porterville), and if the backup generator then also fails to function and there are no backup batteries for the ventilators (which you may already have planned for) you may have two staff trying to ambu bag 5 persons, which would put all of them at risk of death. The same risk would occur in the case of a fire, as even with smoke alarms and sprinklers fires can put out a lot of smoke, and smoke can be especially deadly due to the types of health issues of the clients who live in ARFPSHN facilities, especially because of the time involved if there are only two staff to get 5 clients out of the building.

I read on the DDS website that the non-licensed staff in ARFPSHN homes are to have 35 hours of

training at the beginning (or before) starting work, and then will have another 35 hours of training after being at work for one year. Thirty-five hours of training is not very much compared to the complicated needs of clients who live in ARFPSHN facilities, even with the presence of licensed staff to help supervise them. A year later they will receive another 35 hours of training. The website does not state if this is a refresher course or if additional skills are being taught, but it appears from the wording that this may be referring to additional skills. If they are different skills, staff should have them from day one before working with these very fragile clients. Regardless, there tends to be a lot of staff turnover in community homes, so a significant proportion of these staff will only get the initial 35 hours.

RECOMMENDATIONS:

1. Set a high priority to placing persons from developmental centers near their family and if possible with their friends (assuming they all want this).

2. If not already planned for, ensure that the leisure needs of the persons moving into ARFPSHN homes are met by having adequate access to leisure/companionship/religious activities.

3. Ensure that the person being placed has come to know and is comfortable with the prospective care providers before placement occurs.

4. Ensure that the care providers have spent enough time with the person being placed, and with the staff who work with this person at the developmental center, so that the prospective care providers can recognize and interpret the individual nuances of the person, both in terms of emotions and how the person is feeling physically.

5. Ensure that lines of communication remain open between old (PDC) staff and new (community) staff as long as it may be of help after the person is placed.

6. Monitor as closely as can be done for the possibility of abuse or neglect occurring in the home, by increasing the number of surprise visits (on all shifts), by privately communicating as well as possible with the persons living there about how they are being treated, and by observing their interactions with the staff, especially their emotional reactions to the staff. If abuse/neglect is suspected but cannot be proved, increase surprise visits.

7. Work with the police and District Attorneys in each area where a home is located, training the police to fully investigate all allegations of abuse/neglect and when evidence is found referring this evidence to the DA for prosecution.

8. If police in certain localities do not appear interested in fully investigating allegations, call in DDS Police Investigators to investigate and present evidence to the DA, and encourage the DA to follow up. (If this would involve a change in the law, work with legislators to accomplish this).

9. Consider the location where ARFPSHN homes are to be built, ensuring that they are as close as possible to a fire station so that help can arrive ASAP. Liaise with the fire station staff ahead of time so that they will be thoroughly familiar with the home and the needs of the persons living there.

10. Consider the location of the ARFPSHN home relative to the closeness of hospital/ambulance services, so that help can be quickly available in the event of a health emergency. (This is mentioned in the law, but it is vaguely worded).

11. If not already planned for, consider installing a battery back-up system in addition to the generator in the ARFPSHN homes so as to allow enough time for more help to arrive if power goes off and the generator fails to function. Ideally, these backup batteries will be attached to the beds, and the beds would have wheels on them and doorways large enough to push the beds through, so that only one staff could simply unplug from the wall and push the person to safety if the home environment has become hazardous, such as from a fire.

12. Another safety consideration might be to limit the number of persons who require ventilators in each home, so that instead of 5 the maximum might for example be 3, with the other two persons still meeting the health standards for other reasons required for placement in this type of home.

13. Increase the amount of training to the unlicensed staff in the ARFPSHN homes, and ensure that they receive all necessary training prior to beginning their work.

I likely will not still be working when this major transition really gets going, but I truly wish all of you the best of luck in successfully carrying out this huge project. Some of the most wonderful, caring persons I have ever known have been persons with intellectual and other disabilities, and they deserve the very best life that we can provide for them. ….. Thank you, Tom

From: [redacted]
To: DDS HQ Porterville Closure
Subject: Attached Document on Client Input on PDC GTA Closure
Date: Thursday, February 04, 2016 8:58:45 AM
Attachments: Questions.doc

We were asked to seek Program I client input for PDC's Strategic Plan by asking them the questions contained in the attached document. The questions are not directly related to the planned closure of PDC GTA, but that was part of the context in which they were asked so the answers are in part relevant to the planned closure. This document was provided to PDC's management but I thought it might be of benefit to send it directly to you, too, to assist in providing client input into this process. Please let me know if you have any questions. ..... Thank you, Tom Casson, LCSW,

PDC Program I Interviews/Observations Regarding the Below Listed Questions

Very few Program I clients are able to comprehend the following questions. The answers are based largely on interviews over time of the few people who do have at least some understanding, plus observations of them and other clients. The context of the answers of those who could comprehend was with the understanding that the GTA portion of this facility will eventually be closing:

"What 3 things do you like most about living here?"

1. **Family contacts – The few who can communicate all have family who visit, (plus send mail, photos, phone calls, etc.) and these visits/contacts are the highlights of their lives. These contacts are not specific to them living here, but are so important in their lives that it rates as number 1 in importance to them.**

2. **Personal interaction that is friendly, caring, and frequent – Most (but not all) clients seem to really enjoy the frequent personal interactions with persons who they (as indicated by those who could directly communicate this) consider to be their friends, including direct care staff, rehab therapists, senior companions, pastors, etc.**

3. **Leisure activities – Most indicated by communicating or observation that they enjoy the variety of activities offered to them, including at bedside (e.g., being read to, pastors praying/singing) when their health does not permit them to be out of bed much.**

"What 3 things do you like least about living here?"

1. **Not enough family contact – Families are in large part good about visiting as often as they can, but due to distance (e.g., some are even out of state) and other factors they cannot see their loved ones as often as the clients want to see them.**

2. **Fear over having to leave their home – There appear to be many factors involved in this: fear of the unknown; concern over loss of contact with friends; knowledge that their families want them to stay here due to the quality of care offered at PDC (which makes the idea of moving where they may not get as high quality of care even scarier), etc. The level of anxiety over the planned closure does vary, but the clients most able to comprehend this future are most concerned over this move. The possibility of being closer to their families likely will do much to alleviate this anxiety.**

3. **No other concerns were elicited.**

"What one thing would you change if you could?"
Not make us leave our home.

Comments – Regional centers tend to be "territorial" about the facilities in their catchment areas, which is understandable since they help plan for the types of homes they need based on their clientele, provide start-up funds, etc. However, this can be detrimental to the client whose family is still involved with their loved one but who live in a different regional center catchment area from the regional center who has charge of the client's case. If efforts could be made to increase the probability of a client being placed near their families this will help decrease their anxiety and improve their post-PDC quality of life. When relevant (as long as it does not interfere with placement near families), consideration should also be given to placing friends with each other, as many of the people living here have been living together for decades, and some have formed close bonds with other clients). Finally, some clients have family who live out of state (e.g., Washington, Florida). Inter-state transfers often take a long time, so maybe we should start soon, first checking with the families to see if they want this.

From: [redacted]
To: DDS HQ Porterville Closure
Subject: Comments regarding PDC closure
Date: Monday, February 29, 2016 4:23:29 PM
Attachments: PDC closure comments.docx

Please find the attached document with my recommendations for PDC closure and clients' improved success in the community.

I am a psychologist who has worked at Porterville Developmental Center (PDC) for 34 years. My first psychologist supervisor told me that all clients could be served in the community if the necessary services and supports are available. I have never forgotten this. Nevertheless, PDC is very good at serving difficult clients, both those with special medical needs and those with severe behavior problems. This year, as PDC goes through the closure process, the number of client placements has increased significantly, and a number of clients are failing in their placements because the services in the community are inadequate.

A number of clients have failed because they are AWOLing from the home. For example, after only a few months in placement, [redacted] stole a vehicle and crashed it. Luckily, [redacted] did not kill [redacted] or anyone else. Another [redacted] AWOLed and was missing for a significant period of time. [redacted] was recently found shot. A [redacted] failed preplacement to a group home after repeated AWOLs. That placement was stopped and another group home was found. [redacted] continued to AWOL from the second group home over several visits, neighbors called the police, and [redacted] was admitted several times to the emergency room of the hospital. This placement is currently on hold while the home is being remodeled. Several years ago, I was involved in this [redacted] psychological testing. [redacted] functioning is similar to a 5-year-old, [redacted] and walks up to strangers [redacted]. [redacted] would be particularly vulnerable to being picked up if [redacted] AWOLed in the community. Therefore, **the community needs to do a better job in preventing clients from going AWOL.** The delayed egress homes are not adequate in preventing clients who are determined from AWOLing.

We have some clients at PDC who have life-threatening pica or who have very severe self-injurious behaviors and who use highly restrictive interventions to prevent death or very severe injury. There is [redacted] with a helmet with face shield (enclosed at the neck), [redacted] with hard plastic hand devices, and [redacted] with elbow flexion limitation devices. These are used for life-threatening pica. [redacted] also has 1:1 supervision and a very complex treatment program. Each [redacted] has had surgeries because of pica. There are [redacted] with special programs who exhibit very extreme self-injurious behavior. One has deep injuries that run the length of [redacted]. Historically, [redacted] has also injured his head, shoulders, legs, feet, face, tongue, and abdomen. [redacted] has also removed his fingernails and toenails. He requires medical treatment daily and has an intensive treatment program with an assigned staff that does ongoing activities with him throughout his waking hours. The other [redacted] injures [redacted] (tries to cut it), has raked his arm across broken glass, has pulled out [redacted] fingernails and toenails, and caused other extensive damage to [redacted] body. [redacted] an adaptive vest and hard plastic mittens and has a very intensive program and 1:1 supervision. These [redacted] functioning level is profound to severe intellectual disability. These [redacted] cannot be served in a regular group home or at Canyon Springs. Their needs are life-long and a crisis home would not be adequate. **There**

needs to be a place for clients who have life-threatening pica and very severe self-injurious behavior and who need very complex, intensive treatment programs including the daily use of highly restrictive interventions.

We also have some clients at PDC who have high frequency behavior problems and who periodically require intervention from multiple staff and sometimes containments or restraints. [redacted] was placed in a "good" behavioral group home. The home asked that placement be terminated after 6 weeks. During that time, the client assaulted several staff, broke a glass and threatened to cut [redacted] broke a window, tried to AWOL, and engaged in sexual behavior. The police were called and mental health was called. Before [redacted] returned to PDC, [redacted] had 2 staff assigned to him. [redacted] was put on so much medication during the 6 weeks [redacted] was in placement that when [redacted] returned to PDC, [redacted] staggered and drooled. Community homes for behavior clients need to be better staffed, with more experienced, licensed staff. One thing that is successful for behavior clients at PDC is that it is possible when clients are out-of-control, to quickly assemble 3-5 staff to provide a show of support. Just having the quick arrival of multiple staff, without any hands-on intervention, is usually enough to bring the situation under control. **Placements in the community need to be able to provide multiple staff to handle an emergency.** This would be preferable to calling the police.

Some of the placement problems recently have involved clients with behavior problems who also have medical problems. Homes for behavioral clients do not seem to be staffed with people who have the adequate training and experience to handle medical issues. We have had several clients recently who went on preplacement visits and were not given all of their medications. Several clients had to be taken to the emergency room for seizures or high blood pressure. **Behavior homes need to also have experienced, licensed staff that are capable of taking care of clients' medical needs on an ongoing basis. A nurse who comes through occasionally is not sufficient.**

Some needs:

Leave a few residences open in the General Treatment Area (GTA) to accommodate those clients who cannot be safely placed in the community. PDC is in a unique position to do this since the Secure Treatment Program will still be open, and there will already be Administrative staff and Plant Operations to run the facility. A few residences left open in

the GTA should not be cost-prohibitive given that the Secure Treatment Program will still be open.

If the above option is not politically feasible, open one or two more small facilities such as Canyon Springs and the former Sierra Vista. Some of the lower functioning clients with life-threatening pica and very severe self-injurious behavior who require special highly restrictive devices on a daily basis would not be suitable for Canyon Springs, but cannot be served in the community due to their ongoing specialized needs.

For some clients with behavioral problems, having 3-4 homes or apartments next door to each other could improve clients' success during crises. If the homes are adequately staffed, they could rely on each other to provide more staff to provide a show of support. Having a number of staff appear when clients are having behavior problems often defuses the situation. This occurs even at PDC when staff from one residence run over to another residence to assist during an emergency. This is preferable to calling the police.

Make homes in the community where clients cannot AWOL.

Have better day programs/vocational programs in the community. The regional centers have often lamented that the jobs/day programs at PDC are superior to what is available in the community. This is probably because our programs have licensed psychiatric technicians, rehabilitation therapists, and other licensed and experienced personnel who run our programs at PDC.

Have more licensed, experienced psychiatric technicians employed in the homes. Staff with limited education and training should not be the primary caretakers for clients with difficult medical or behavioral needs.

Have clinics staffed by professionals experienced with our developmentally disabled clients. This could be medical, dental, occupational therapy, psychological, psychiatric, neurological, etc. It is often difficult to find adequate services in the community.

It is my hope that our developmentally disabled clients who are difficult to treat and are therefore very vulnerable can be well served and have a very good quality of life. Their lives should be improving, not getting worse, when they leave PDC for their new homes in the community.

Thank you for your consideration.

Meri Coleman, Ph.D., Licensed Psychologist

Porterville Developmental Center

[redacted]

Janet [redacted]
[redacted]

January 15, 2016

Department of Developmental Services,

I am the [redacted] a current resident at Porterville Developmental Center. I was his conservator for many years while he was a patient in the mental hospital at Napa. After they closed the Deaf Unit that hospital became an unsuitable place for him. I was relieved when he was finally transferred to Porterville, even though it's too far away for me to visit him. I was able to visit there twice before becoming widowed and I participate in his IEPs and talk to his social worker by telephone.

[redacted] is deaf, has learning disabilities, is on the autism spectrum, and has vision problems which are currently being treated. As a child he was diagnosed with ADHD. He is likely to have tantrums and become dangerously violent, which is why we were unable to keep him in our home. At Napa he spent a lot of time in restraints and seclusion, but the staff at Porterville has used much better ways of handling his behavior.

While I'd like to have [redacted] in Northern California so I could visit him once in a while, it's extremely unlikely that he would ever become capable of living out in the community so a transitional home would be inappropriate for him. Porterville has been an excellent place for him to live and I'm concerned about what will happen to him when it closes.

I'm sure [redacted] is not the only person in one of the facilities scheduled to close who would not be able to function in the community and I hope you'll find a way to make appropriate care available for them.

Please keep me informed.

Thank you,

Janet [redacted]

Janet [redacted]
[redacted]
[redacted]

California Public Hearing

January 30, 2016

Good morning/afternoon.

My name is Peggy [redacted] and I am from Sacramento, California. My mother and I are here to oppose the closing of the Porterville Developmental Center (PDC). [redacted] has been a resident of PDC for 31 years (over half her life). She is profoundly retarded (mental capacity of an 18 month old child), blind, non-verbal, medically fragile and needs care around the clock: 24 hours a day/7 days a week.

[redacted] arrived at PDC at age eighteen after living previously in a private facility. She had recently lost her sight and as a result became depressed and refused to eat. Her previous facility was not capable of handling her new disability (loss of sight) and at the advice of her social worker, she transferred to the acute section of PDC's hospital where she received life saving care and treatment. When she was stable, she was transferred to the appropriate unit for her specialized needs.

[redacted] is an excellent example as to why the Center should not be closed. The Developmental Centers (DCs) care for those among us that cannot care for themselves. Their medical issues are such that they require specialized and professional care. I don't believe the committee really understands what it is like to have a family member who is developmentally disabled. Remember your children at 18

months? You talked to them and saw a hint of understanding, but they could not communicate/speak to you. They had a rudimentary way of letting you know if something pleased them or not, but could not speak to tell you if they were hot, cold or in pain. So for [redacted] simple tasks such as walking down a hallway, feeding herself, going to the bathroom, dentist visits, etc. all require trained staff to help her.

PDC is a well-run facility and provides not only for her physical needs but also provides educational opportunities as she attends classes every day to develop motor skills. In addition, PDC has many on-site services such as:

- Doctor on call 24/7
- Small hospital
- Dental clinic
- Swimming pool
- Auditorium and gym
- Chapel
- Outdoor activities
- Classes led by professional educators and recreational therapists
- Entire campus and individual facilities are all wheelchair accessible
- Transportation available 24/7 in case of emergency

In addition, [redacted] has been assigned a Senior Companion who visits with her weekly and takes her for walks on the campus.

PDC has provided professional and loving care for [redacted] and has saved her life a couple of times. This center was specifically created for extremely retarded people because they ***could not live in the community due to their physical and mental limitations.***

Certainly we all understand budget/labor/resource constraints and want the center to run as efficiently and productively as possible. But we believe that it would be better to modify or update the current facility than to close PDC.

It does not seem that the committee has taken into to account that the residents are fragile people. In the case of [redacted] she does not handle change well. She came to this facility because she had to move once before and her coping mechanism was to stop eating and nearly died. What if she spirals again?

We would also like to point out that when a Senior citizen develops serious physical or medical problems and can no longer care for themselves, it is acceptable for them to live in a large facility with residents with similar problems/ailments. Is that any different from [redacted] living at PDC?

There are many retarded persons coping well in the community. That is great! But caring for the mentally retarded is not a 'one size fits all'. Both environments are necessary: community settings ***and*** developmental centers. The care and love that [redacted] has been receiving at PDC has been outstanding and I have a hard time

believing that she would receive the same specialized medical care and educational opportunities in a community environment.
PDC has services on site available 24/7. While the community setting may be able to provide some services, they will not be on site 24/7 and as a result will require more time/effort/budget to implement.

We ask that you re-visit your analysis of the center and the services it provides. [redacted] and the other residents in the facility need the structure and the 24/7 specialized care the DC gives.

Thank you for your time and the opportunity to speak today.

Margaret [redacted]
Peggy [redacted]
Conservators for [redacted]

Wed. March 9th, 2016

Please, please, please,

Hear my plea for [redacted] She was fourteen years old when she was in an auto accident. She will be forty four this year. She has been in Porterville since 1988. The care she has had there is the very best.

How are these new places going to compair?

I would very much like to see her in a compable place in Bakersfield where all of her family can see her more often.

If it can't be Porterville, I pray the people that will take care of her are as caring as all those in Porterville. Thank You

Yours [redacted]

From:	DDS HQ Sonoma Closure
To:	DDS HQ Porterville Closure
Subject:	FW: Closures of Developemental Centers
Date:	Monday, January 04, 2016 9:55:27 AM

From: glenna [redacted]
Sent: Tuesday, December 29, 2015 10:49 AM
To: DDS HQ Sonoma Closure
Subject: Closures of Developemental Centers

Hello, my name is Glenna [redacted],

[redacted] has been there in Porterville a number of years and well there.
After hearing that this center is going to be closing, worries me once again. This will be another major move since he was 17, in Stockton,ca. Then it was [redacted] ca. when they dicided to put dangerous criminals there, and [redacted] was moved to Porterville, ca. He's been doing great there and h[redacted]n got a landscaping job on the grounds there. He's gotten a raise and now they let him run a lawnmower. That made me very happy. So no[redacted]ar of a closure by this next April. What's going to happen with [redacted] and other clients???. I live in Henderson, Nv. and we visit Nat[redacted]ery 3 month[redacted]s-up on what's going to happen. m[redacted]mail addy is [redacted] Please let me know Glenna [redacted]..

Rusty/GLENNA

"You have the rest of your life to solve your problems. How long you live depends on how well you do it."

From: mimi[redacted]
To: DDS HQ Porterville Closure
Subject: Fwd: [redacted] resident of PDC Porterville
Date: Saturday, January 23, 2016 11:24:02 AM

Sent from my iPad

Begin forwarded message:

From: mimi [redacted]
Date: January 23, 2016 at 11:21:30 AM PST
To: "Porterville.closure@dds.cagov" <Porterville.closure@dds.cagov>
Subject: Fwd: [redacted], resident of PDC Porterville

Sent from my iPad

Begin forwarded message:

From: <[redacted]>
Date: January 23, 2016 at 11:07:45 AM PST
To: <Porterville.closure@adds.ca.gov>
Subject: [redacted] **resident of PDC Porterville**

My name is Miriam [redacted]. [redacted], resides in [redacted] at the Porterville Developemental Center in Porterville, Ca. He has received excellent care at PDC and his caretakers have always had his safety and wellbeing forefront in their care of him. He is 55 years old and has been has resided at PDC for most of his life.

Every year, [redacted] and his advocate [redacted] and myself have always attended [redacted] IPP report meeting. Every year we told the committee that we prefer having [redacted] at the PDC because of the many medical and person needs that he has. And that he has received such excellent care at the PDC and advocate [redacted]. We also told them if they could show us a home in the community that would meet all of his many many many medical and personal needs that we would love to see such a place. The regional center has not been able to provide such a home to view.

Now that [redacted] has a [redacted] in his stomach, more than ever we need him to remain at PDC. [redacted] is not able to eat and swallow because he aspirates and has suffered many bouts of pneumonia and pleural effusion. One bout happening in the fall of

2015 almost took his life but because of the continued care from the PDC staff remaining with him constantly, through The Lord, he recovered.

Please provide care for these special gifts of God. Governor Brown wants to help illegal aliens and refugees but not residents of California that can not take care of them selves is beyond any comprehension.

Please help [redacted] and others like him. Keep the Porterville PDC open!!!

Miriam [redacted]

Sent from my iPad

From: [redacted]
To: DDS HQ Porterville Closure
Subject: PDC closure
Date: Tuesday, March 01, 2016 12:51:06 PM

To: Amy Wall

I am writing to strongly object to the closure of Porterville Developmental Center. [redacted] has resided at Porterville Developmental Center for the past 50 years since he was 7 years old. Porterville is the only home he has known for most of his life. [redacted] before us, and now [redacted] and co-conservator have always believed that PDC was the least restrictive environment for him. [redacted] has numerous chronic health issues as well as behavioral issues that cannot be met in a community care home.

As a retired special education teacher and special education administrator, I am well aware of the spectrum of services that have always been available to individuals and also of the many times individuals have been moved out of DC's only to return because their needs could not be met. I am also aware of deaths of such individuals when adequate supervision was not provided. By contrast, my family has always believed that [redacted], while at Porterville was monitored, supervised and most importantly cared for in a professional, compassionate environment. The staffing ratio in the PDC for daytime is 7 staff to 20 clients and overnight is 3 to 4 staff for 20 clients. These ratios certainly will not be duplicated in any community setting. The PDC has medical staff available daily. [redacted] pulse and blood pressure are monitored three times each week or more often if determined medically necessary. It is because of this that [redacted] need for pacemaker surgery was discovered and he had the surgery in time. I cannot help but wonder if he would still be alive if he had resided in community care at the time.

I believe that many, if not the majority of clients in the remaining three DC's have lived there for decades. It is his home. The staff are well versed in his personality traits, such as not liking to be touched. He thrives on consistency and does not like changes to his environment or routines.

I know a major thrust of the decision to close these centers is based on finances saved rather than needs of the clients. I am aware that the Sonoma DC sits on prime real estate which many agencies want to acquire. I am fairly certain that property values for the Fairview DC are similar. However, it is beyond my comprehension to understand why the state would not move all the remaining clients in the three DC's to Porterville to allow them to have their unique needs continue to be met. The secured area (incarcerated population) will continue to reside at Porterville, so costs would continue there, but significant savings could be achieved. I think even families who would not prefer to have their loved one moved, would likely accept the compromise so that their loved one could retain existing service levels. Please let these

individuals live out their lives, and then close the last remaining one.

Sincerely,
Kathleen [redacted]
[redacted]

Sent from Windows Mail

From: [redacted]
To: DDS HQ Porterville Closure
Subject: One more thing
Date: Tuesday, March 01, 2016 3:03:15 PM

Hi Amy:

I can't believe I forgot one more thing I wanted to include in my letter sent by email earlier today.

In the event that all the Developmental Centers are closed, and [redacted] moves to community placement, and proves to be unsuccessful in multiple attempts, what then? What will the state do for him?

Also, could you please let me know that you received both these emails as I know the deadline is 5:00 p.m. today. Thank you!

Kathleen [redacted]

Sent from Windows Mail

January 18, 2016

RE: Porterville DC Closure

From the time I learned about PDC closing, I have been deeply upset. My worry over what will become of [redacted], is always there.

[redacted] is has been at PDC for over 60 years. His mental level is 1.5 years and he has cerebral palsy. He requires a high level of care which he receives at PDC. His care comes from well trained professionals who seem to like their jobs and stay. It is a community and [redacted] is at home in his community of his peers and his caregivers. At group homes, the employee turnover is high and the professionalism is low. How can he be safe and secure, as he is now?

[redacted] has a very hard time with change. It is just cruel to put him through such a drastic change and to take him away from all that has been familiar to him for the last 60+ years. Normal people suffer some level of trauma from transfers. Profoundly retarded people cannot always survive such an impact on their lives. I fear that at his age and stage that it could kill him.

I worry about him being at a smaller place where there is less oversight and the employees are less experienced. He can't eat solid food. Will they feed it to him? What about abuse? I hear about it all the time. He can't talk and wouldn't be able to tell me if someone was mistreating him. How far away would he be from a doctor? He isn't young and has medical issues. My concerns are too many to list.

I feel a strong responsibility for [redacted]s well- being and I have always felt comfortable with his care at PDC. He has always been happy there. I can tell by the way he interacts with staff that he likes them and is treated well. That means everything to me.

There should always be a developmental center for the people who need a higher level of care. A group home is NOT the answer for all. I know it isn't right for [redacted] I feel that his future has been taken out of my hands and that greatly disturbs me. I worry about what will become of him.

Why isn't our government making sure that our most helpless citizens are cared for in the best way possible?

Mary [redacted]

[redacted]

[redacted]

[redacted]

From: Diane Kaus
To: DDS HQ Porterville Closure
Cc: stacey [redacted]; Miguel Haro
Subject: FW: Follow up from RC Comp. Assessment Update and weekend Family Hearing
Date: Tuesday, March 01, 2016 4:19:04 PM
Attachments: PDC Letter to Miguel Haro 3-1-16.docx

To Whom It May Concern - Attached to this email are the concerns of Ms. Stacey [redacted] addressing the Porterville Developmental Center Closure plan. Ms. [redacted] wanted to make sure that her comments were received before the deadline for input which is today. Again Ms. [redacted] comments attached. We appreciate your attention to her concerns. Thank you.

Diane Kaus, MSW
Assistant Director of Client Services
Central Valley Regional Center
[redacted]

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March 1, 2016

cc: Amy Wall

Miguel Haro
Developmental Center Liaison
Central Valley Regional Center
4615 N. Marty
Fresno, CA 93722-4186

Dear Miguel,

Unfortunately, I was not able to attend, but I listened to the Porterville Developmental Center Family Meeting on Saturday, February 27, 2016. What I heard was incredibly concerning. I heard highly-articulate family members speak to concerns and experiences regarding the closure and placement of their loved ones into the community.

What I heard concerned me significantly. While I know some comments during the hearing were very isolated and specific to a person/patient's specific situation, many were more global in how they could impact all patients including [redacted]. Such as the following statements/comments:

- One family member needed to get a mediation order to ensure their family member was the "last one out" -- required to keep a woman's sister at PDC.
- She also commented that her sister was placed in an "inappropriate home that didn't fit IPP requirements" – so the representation of a "collaborative team effort using the IPP, and including the family, to place PDC patients in the right community home ensuring fit and that everyone agrees" doesn't seem to be working.
- "Six hours a month of licensed nursing presence" is planned for the homes.
- "...the IPP will direct everything – so make sure your presence and input to the annual assessment is important – it is your chance to ensure your loved one's needs are documented."

It seems that trying to save the PDC is futile. And communications seem to have been handled last minute – there is little to no time to provide thoughtful input. So, it sounds like I needed to get you this critical plan input and expectations for [redacted] future care by today (March 1 -- deadline for getting input for the plan development). Here is my input for the plan:

- Why can't all CA Developmental Centers be closed in "expensive markets" where land value and staff costs can be saved and all patients (who have specialized needs for care) be consolidated in Porterville where they land is less expensive, the facilities are large enough, the staff costs are lower, and where the community needs and depends on the Center for viability.

Has a proforma been done on this option? Would seem that value realized from closure of So Cal, Sonoma, etc. could provide dollars for improvement to PDC, cover staff and ensure consistency of care.

- Current PDC staff should be assigned to follow individual patients (even if they are no longer staff – contracted to maintain consistent care management).
- Current staff should be secured (enough to manage all transitions and future assessment of transition scenarios) NOW, and kept on salary to ensure this consistency for a period after PDC closure.
- There should be an emergency phone number and response team set up to ensure medical support is responsive to life-threatening issue (to avoid situations that risk the lives of patients/consumers.
- Physicians, dentists, dieticians and other medical staff team members need expertise in how to deal with patients like PDC's. This provider experience (beyond licensing documentation) needs to be provided to the families to ensure consistent levels specialized and high quality care.
- Patients need to be medically monitored – not just through a nurse. A specified visitation/scheduled in-home appointments with primary care and specialist physicians, as well as incorporation of the use of sophisticated monitoring technology.
- All homes should be digitally monitored for surveillance of inappropriate care. Video cams, etc. And a team of experts review on a specific schedule that is unknown to the care home owners (as well as drop in checks).
- Government funding needs to be adjusted (and/or MediCal/MediCare reimbursement adjustments), in order to ensure homes don't close due to budgetary gaps in servicing developmental center patients. And to ensure that the homes are not driven to sending these patients away. These funding discrepancies are critical to transition success. I heard this on the call and from individual families dealing with placement in Sonoma.

Please send the above information to those who led the hearing – I want to be sure that these comments make it into the consideration required before the March 1 deadline.

The following points are specific to the needs of [redacted]

1. I am unsure what document leads/trumps another. So I reviewed your recent "Regional Center for Comprehensive Assessment – Update" and tried to compare it to [redacted]PP from 1/20/16. I have many comments, corrections and additional expectations for his care moving toward eventual closure of the PDC.

    a. Has his care team reviewed your document to ensure it is aligned with his IPP? It is unclear to me which document will be followed. I am not a clinician and am unsure if your expertise is in medical

documentation. I want to ensure that [redacted] needs are transferred correctly into this shorter document. Can you please confirm his care team's review of YOUR document?

b. I am not sure that his socialization and psychological needs are properly conveyed in your document. Isn't this important to convey these so that they are provided for? Page 8 of his IPP for instance.

2. I want to confirm that [redacted] won't be considered until care is no longer able to be provided at the right levels/quality at PDC – it was unclear in the hearing. I don't want him to be testing conceptual homes before they are proven. And there seemed to be discrepancy between the closure date (deadline) and the date when funding will end.

3. Who will be his care "champion" from the Center for this transitional period? Who can I stay in touch with and confirm continued high level of care as you inevitably lose staff?

4. I want to make sure that he will not be put into a home that houses those who have severe (and sometimes violent) behavioral issues that could risk his safety. He is unable to communicate, as you know, and I can't/won't be able to be there to protect him.

5. I need details related to the type of home that will be considered for [redacted] Different models were referenced. Can you send me the details for the home type [redacted] will be considered for?

6. Can you give me the address of a home, of that type, that is currently being operated (in the San Jose/Agnew service area) that I can visit to see how they service patients like [redacted]?

7. Under "Services and Support Required for Successful Community Placement" you wrote "[redacted] could be served in a facility with continuous nursing component/plan to address her health care needs." I think you picked this up from another patient's form – since it refers to "her". Can you please revise and make your statement less definitely and subjective. I do not think [redacted] can necessarily be "served" adequately – how do you know that? I feel this is an unfair statement. And "nursing component/plan" means what? He needs way more than nursing. I would prefer a more accurate statement that is specific to [redacted] vs. overwriting another patient's form. Something like "[redacted] has significant 24/7 medical and physical needs that must be addressed in any care option outside of PDC." Please revise and send back to me. Thank you.

8. Also, in "Additional Assessment Recommended or completed i.e. Nursing Risk, Nutritional, etc." You wrote: "None, IPP current, physician assessment upon consideration for community placement". That is fine,

but will [redacted] be involved until the closure of PDC? She has known him and cared for him since he arrived at PDC after birth.

I know this is stressful for everyone. And I appreciate your assistance in supporting the needs of every patient – including [redacted] Please get back to me with the answers/responses to the points I have listed above. I hope to hear from you before mid March.

Best regards,

Stacey [redacted]

Stacey [redacted]
[redacted], resident PDC

My contact information:
[redacted]

Pamela [redacted]

[redacted]

[redacted]

To Whom it May Concern,

[redacted] has been at PDC for many years. I remember when he was sent there due to the closure of Stockton I was upset because of the distance from me. However, PDC was and is superior to any other facility he has been in. They are in contact with me and consider me when making any changes to [redacted] daily routine. The staff has always been courteous and made me as a parent feel at ease with [redacted] being there.

ALTA regional tried with no success to place [redacted] in the community with bad results. I am terrified of PDC closing. [redacted] is insulin dependent and can be difficult at times.

I am working with [redacted] from VMRC to locate a place for [redacted] to go to when PDC does close. I wanted to let you know how I feel about the closure and how difficult this will be for [redacted] himself as he is happy there at PDC.

As I live so far away, I have not been able to attend any of the meetings but wanted to inform you that I am a very concerned parent.

Thank you for your time.

Sincerely,

Pam [redacted]

[redacted]

Pam [redacted]

2-28-16

Date submitted: 03/01/2016
Name: Stacey [redacted]
Role: Parent or relative of an individual at PDC: [redacted]

Comments:

Unfortunately, I was not able to attend, but I listened to the Porterville Developmental Center Family Meeting on Saturday, February 27, 2016. What I heard was incredibly concerning. I heard highly-articulate family members speak to concerns and experiences regarding the closure and placement of their loved ones into the community.

What I heard concerned me significantly. While I know some comments during the hearing were very isolated and specific to a person/patient's specific situation, many were more global in how they could impact all patients including [redacted]. Such as the following statements/comments:

• One family member needed to get a mediation order to ensure their family member was the "last one out" -- required to keep a woman's sister at PDC. • She also commented that her sister was placed in an "inappropriate home that didn't fit IPP requirements" – so the representation of a "collaborative team effort using the IPP, and including the family, to place PDC patients in the right community home ensuring fit and that everyone agrees" doesn't seem to be working. • "Six hours a month of licensed nursing presence" is planned for the homes. • "…the IPP will direct everything – so make sure your presence and input to the annual assessment is important – it is your chance to ensure your loved one's needs are documented."

It seems that trying to save the PDC is futile. And communications seem to have been handled last minute – there is little to no time to provide thoughtful input. So, it sounds like I needed to get you this critical plan input and expectations for [redacted] future care by today (March 1 -- deadline for getting input for the plan development). Here is my input for the plan:

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expertise in how to deal with patients like PDC's. This provider experience (beyond licensing documentation) needs to be provided to the families to ensure consistent levels specialized and high quality care. • Patients need to be medically monitored – not just through a nurse. A specified visitation/scheduled in-home appointments with primary care and specialist physicians, as well as incorporation of the use of sophisticated monitoring technology. • All homes should be digitally monitored for surveillance of inappropriate care. Video cams, etc. And a team of experts review on a specific schedule that is unknown to the care home owners (as well as drop in checks). • Government funding needs to be adjusted (and/or MediCal/MediCare reimbursement adjustments), in order to ensure homes don't close due to budgetary gaps in servicing developmental center patients. And to ensure that the homes are not driven to sending these patients away. These funding discrepancies are critical to transition success. I heard this on the call and from individual families dealing with placement in Sonoma.

Please send the above information to those who led the hearing – I want to be sure that these comments make it into the consideration required before the March 1 deadline.

Stacey [redacted]

Date submitted: 03/01/2016
Name: Carole [redacted]
Role: Parent or relative of an individual at PDC

Comments:

I am writing on behalf of [redacted] who is a resident of Porterville Developmental Center. [redacted] is 74 years old and became a ward of the state of California at the age of 12. He was at Porterville Developmental Center from 1954-1968, Fairview Developmental Center 1968-1968, Camarillo Developmental Center 1968-1994, and back to Porterville from 1994 to the present; a total of 62 years! [redacted] are deceased and I am [redacted] only living relative. I am 71 years old and have lived in Huntsville, Alabama since 1968. [redacted] visited [redacted] regularly until they moved to Alabama in 1990 because of health issues.

[redacted] were very pleased with the care [redacted] received through the years and became close to some of the staff. They visited him regularly. They were also involved in the parents organization for many years. They were very opposed to him being sent to a group home and did not feel that would be in his best interest.

I have also been very pleased with [redacted] care since I have become more involved upon the death of [redacted] The Program Social Workers as well as the social workers in the hospital have always kept me informed of his medical and health issues and other pertinent issues in a timely manner. Although I have never been able to attend his Annual Reviews I have always received a copy. My questions

have always been promptly addressed either by the social workers, staff on the unit or nurses when he has been in the hospital.

[redacted] is now very medically fragile with many health problems. He has [redacted], asthma (needs nebulizer treatments and oxygen sometimes), profound intellectual disability, [redacted], osteoporosis, glaucoma, repeated [redacted], G tube with special diet, recurrent UTIs, arthritis and hand contractures. He is non-ambulatory and uses a wheelchair. He has very limited speech – both in expression and understanding. He communicates through body language, facial expressions, sounds, gestures and behaviors. He needs total care with most of his activities of daily living.

Porterville has excellent experienced and trained staff; many have worked there a long time. They are very familiar with the clients and their medical and psycho-social needs and their non-verbal gestures. They understand them. Not everyone is equipped or trained to handle this patient population. The medical staff is readily available and it has been wonderful to have a hospital on the grounds.

[redacted] has resided at Porterville, the second time, for 22 years; this is certainly home! He is familiar and comfortable with his surroundings and the staff who have cared for him. This is very important to me, especially as I am so far away. I feel he should be able to live out the rest of his life in peace in these familiar surroundings with people who know and love him. I am very upset and opposed to him being transferred.

What is your plan for someone like him? He has a legal and moral right to excellent care. Who will oversee this care? I feel Porterville is the least restrictive and best environment for him. It has never been a recommendation from the staff of Camarillo or Porterville that he be transferred to a group home. Where will he get the quality of care he needs from such a highly trained, experienced and caring staff? He needs a 24 hour nursing staff, staff trained in behavior management, registered dietician, staff trained in management of gastrostomy tube and associated equipment including feeding pump, dentist, optometrist, podiatrist, neurologist, urologist, and physical and occupational therapists, respiratory therapists and access to leisure activities.

Date submitted: 03/01/2016
Name: Esther [redacted]
Role: Consumer who does not live at PDC

Comments:

My name is Esther [redacted]. I represent the consumer advisory committee of Westside Regional Center. I spoke with the Self Advocacy groups. we never lived in a developmental center but if we did and we had to move. the important things

that's important to us. Keeping the relationships that people with the staff stay in tack. And if that has to change a little talk the consumers and let them know that the staff will continuing to stay in touch with them. Because a of the consumers may not understand what's going on, this is a big change for everyone. The people that live in these places this is the only home they know. This can be scary, afraid, uncomfortable, and it will take some time to get use to. Were they are going to be living is the place in a safe area, friendly, kind, and acceptable. were the place that we are going to is it central located that way friends and family could go and vised there love ones. Are parents are allowed to visited their one daily. Before people from Fairview and Porterville move make that there's a plan in place for example, make sure the consumers have a place to go, the staff that work in the Developmental centers have a job where the go as well, and make sure that you speak with the consumers so they know what's going on, why this is happen. what self advocates could do is write them to, encourage let them know that everything will be okay, Will they continuing to receive services that they have now. For consumers that have jobs will they be able to have a job, and have social events that they could enjoy themselves as well will that continuing.

Date submitted: 02/26/2016
Name: Barbara [redacted]
Role: Parent or relative of an individual at PDC

Comments:

We are very concerned about the Department of Developmental Services plan to submit a closure plan of the GTA of PDC. For [redacted], the PDC provides the most independent and productive life in the least restrictive environment appropriate for his needs. [redacted] has a potentially life threatening behavior of PICA. He is totally unable to take care of himself, has no safety awareness, his only language is a few signs and requires 24 hour supervision and assistance. In addition, he has multiple chronic health conditions which include seizures, stage 3 kidney disease, a hiatal hernia, abnormal gait, hyperlipidemia, constipation, vomiting and anemia. He is at high risk for fracture and a history of bradycardia and respiratory depression with the use of UltraLite sedation during dental work. He has been at PDC for 48 years, is very much "at home" in the PDC facility and among staff with whom he is very familiar and who are very aware of his needs, which he is unable to communicate. We cannot imagine the services he receives at PDC being duplicated. It is our opinion that closing the GTA or PDC would hurt rather than help [redacted] and hope that the closure will not take place. Barbara [redacted] and co-conservator of [redacted] Elizabeth [redacted] and co-conservator of [redacted]

Date submitted: 01/11/2016
Name: Stacey [redacted]
Role: Parent or relative of an individual at PDC

Comments:

I am very concerned about the closure of Porterville Developmental Center. The staff and kept [redacted] safe, healthy and cared for. His needs are of medical nature and can not be supported without trained clinical staff. I am seriously concerned about his welfare and survival should he leave PDC. I am also concerned about losing the staff who has been there -- they have been amazing over these many years. I am anxious to hear the plans for keeping [redacted] safe and cared for at the level PDC has done in meeting his critical needs over the last 30 years.
