DEPARTMENT OF FINANCE
OFFICE OF THE DIRECTOR

ARNOLD SCHWARZENEGGER, GOVERNOR
STATE CAPITOL ■ ROOM 1145 ■ SACRAMENTO CA ■ 95814-4998 ■ WWW.DOF.CA.GOV

APR 0 1 2010

Honorable Denise Moreno Ducheny, Chair
Senate Budget and Fiscal Review Committee

Attention: Ms. Keely Bosler, Staff Director (2)

Honorable Bob Blumenfield, Chair
Assembly Budget Committee

Attention: Mr. Christian Griffith, Chief Consultant (2)

Amendment to Budget Bill Item 4120-101-0001 and Reimbursements, Local Assistance, Emergency Medical Services Authority

Federal Reimbursements for the California Poison Control System (Issue 002)—It is requested that Item 4120-101-0001 be amended by increasing Reimbursements by $5,380,000. This adjustment is necessary due to the availability of new federal funds for the California Poison Control System (CPCS), passed through the Managed Risk Medical Insurance Board (MRMIB). The federal Centers for Medicare and Medicaid Services approved funding for the CPSC retroactive to July 1, 2009. The related current year increase was previously requested by MRMIB in a Section 28.00 notification letter dated March 2, 2010.

The effect of my requested action is reflected on the attachment.

If you have any questions or need additional information regarding this matter, please call Jay Kapoor, Principal Program Budget Analyst, at (916) 445-6423.

ANA J. MATOSANTOS
Director
By:

Todd Jerue

TODD JERUE
Chief Deputy Director

Attachment

cc: On following page

APR 0 1 2010

cc: Honorable Christine Kehoe, Chair, Senate Appropriations Committee
Attention: Mr. Bob Franzoia, Staff Director
Honorable Bob Dutton, Vice Chair, Senate Budget and Fiscal Review Committee
Attention: Mr. Seren Taylor, Staff Director
Honorable Felipe Fuentes, Chair, Assembly Appropriations Committee
Attention: Mr. Geoff Long, Chief Consultant
Honorable Jim Nielsen, Vice Chair, Assembly Budget Committee
Attention: Mr. Peter Schaafsma, Staff Director
Honorable Mark Leno, Chair, Senate Budget and Fiscal Review Subcommittee No. 3
Honorable Dave Jones, Chair, Assembly Budget Subcommittee No. 1
Mr. Mac Taylor, Legislative Analyst (4)
Mr. Craig Cornett, Senate President pro Tempore's Office (2)
Mr. Christopher W. Woods, Assembly Speaker's Office (2)
Ms. Christine Robertson, Chief of Staff, Assembly Republican Leader's Office
Mr. Michael Wilkening, Undersecretary, Health and Human Services Agency
Ms. Suanne Buggy, Assistant Secretary, Health and Human Services Agency
Mr. Dan Smiley, Chief Deputy Director, Emergency Medical Services Authority
Mr. Rick Trussell, Chief of Administration, Emergency Medical Services Authority

DEPT: Emergency Medical Services Authority
LOCAL ASSISTANCE

****
4120-101-0001 10 10 G
***ORG-REF-FUND YOA YOB**

ISSUE: 002 P98: N
P98 ISSUE:

ITEM TITLE:
101 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 002 Federal Reimbursements for the California Poison Control System

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
Increase Reimbursements for the California Poison Control System as a result of increased federal funds passed through the Managed Risk Medical Insurance Board.				*
Grants and subventions			5,380,000	*
TOTAL FINANCE LETTER CHANGES	0.0		5,380,000	*
TOTAL DETAIL CHANGES	0.0		5,380,000	
---SCHEDULE CHANGES---				
10.00.000.000 Emergency Medical Services Authority			5,380,000	*
00.00.900.000 Reimbursements			-5,380,000	*
NET IMPACT TO 4120-101-0001			0	*
TOTAL NET IMPACT TO 4120-101-0001			0	
---IMPACT TO SUBSIDIARIES---				
4120-601-0995 R			5,380,000	*
TOTAL FINANCE LETTER CHANGES			5,380,000	*
TOTAL NET IMPACT TO SUBSIDIARIES			5,380,000	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT: ALM
SEN CONSULTANT: DVM
DOF ANALYST: Lawana Welch
LAO DIRECTOR: S. MARTIN

RUN DATE: 03/23/10 17:58:44
UPDT TIME: 03/23/10 17:58:29

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ITEM=4120101000011010
ISSUE= 002
ISSUE-STATUS=L
MULTI-DOF=

DEPARTMENT OF FINANCE
OFFICE OF THE DIRECTOR

ARNOLD SCHWARZENEGGER, GOVERNOR
STATE CAPITOL ■ ROOM 1145 ■ SACRAMENTO CA ■ 95814-4998 ■ WWW.DOF.CA.GOV

APR 0 1 2010

Honorable Denise Moreno Ducheny, Chair
Senate Budget and Fiscal Review Committee

Attention: Ms. Keely Bosler, Staff Director (2)

Honorable Bob Blumenfield, Chair
Assembly Budget Committee

Attention: Mr. Christian Griffith, Chief Consultant (2)

Amendment to Various Budget Bill Items, Support, Office of Statewide Health Planning and Development

Fund Staffing for Data Requests (SB X5 2) (Issue 101)—It is requested that Item 4140-001-0143 be increased by $144,000 from the Health Data and Planning Fund and that Item 4140-001-0121 be amended to reflect this change. The funds will be used to address the anticipated workload increase resulting from the enactment of Chapter 1, Statutes of 2010, Fifth Extraordinary Session (SB 2), which expanded the number of institutions eligible to receive health care data to include "nonprofit entities." The proposed increase will enable the Office of Statewide Health Planning and Development to fund 2.0 existing vacant positions that will be assigned to this workload. The funding will come from available fund reserves and will not raise fees.

Augment Mental Health Loan Assumption Program (Issue 102)—It is requested that Item 4140-001-3085 be increased by $2,543,000 from the Mental Health Service Fund (Mental Health Service Act, Proposition 63) and that Item 4140-001-0121 be amended to reflect this change. The funds will be used in the Mental Health Loan Assumption Program to increase the number of awards ($2.5 million) and to cover related administrative costs ($64,000 for supporting student assistants). The goal is to encourage mental health service providers to practice in the public mental health system by authorizing repayment of their educational loans. The Department of Mental Health has provided a letter of support and identified the proposed funding for this purpose.

The effect of my requested action is reflected on the attachment.

APR 0 1 2010

If you have any questions or need additional information regarding this matter, please call Tom Williams, Principal Program Budget Analyst, at (916) 445-6423.

ANA J. MATOSANTOS
Director
By:

TODD JERUE
Chief Deputy Director

Attachment

cc: Honorable Christine Kehoe, Chair, Senate Appropriations Committee
Attention: Mr. Bob Franzoia, Staff Director
Honorable Bob Dutton, Vice Chair, Senate Budget and Fiscal Review Committee
Attention: Mr. Seren Taylor, Staff Director
Honorable Felipe Fuentes, Chair, Assembly Appropriations Committee
Attention: Mr. Geoff Long, Chief Consultant
Honorable Jim Nielsen, Vice Chair, Assembly Budget Committee
Attention: Mr. Peter Schaafsma, Staff Director
Honorable Mark Leno, Chair, Senate Budget and Fiscal Review Subcommittee No. 3
Honorable Dave Jones, Chair, Assembly Budget Subcommittee No. 1
Mr. Mac Taylor, Legislative Analyst (4)
Mr. Craig Cornett, Senate President pro Tempore's Office (2)
Mr. Christopher W. Woods, Assembly Speaker's Office (2)
Ms. Christine Robertson, Chief of Staff, Assembly Republican Leader's Office
Mr. Mike Wilkening, Undersecretary, Health and Human Services Agency
Mr. Peter Barth, Assistant Secretary, California Health and Human Services Agency
Ms. Stephanie Clendenin, Acting Chief Deputy Director, Office of Statewide Health Planning and Development
Ms. Karen Miskanis, Acting Deputy Director of Administration, Office of Statewide Health Planning and Development
Ms. Jody Lusby, Budget Officer, Office of Statewide Health Planning and Development

DEPT: Statewide Health Planning & Development
STATE OPERATIONS

****
4140-001-0121 10 10 S
***ORG-REF-FUND YOA YOB**

ISSUE: 101 P98: N
P98 ISSUE:

ITEM TITLE:
001 Budget Act appropriation

DATE SIGNED: APR 0 1 2010

ISSUE: 101 Fund Staffing for Data Request (SBX5 2)

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
Increase the amount of Health Data and Planning funds to address increased workload resulting from enactment of Chapter 1, Statutes of 2010 (SBX5 2). The funds from available reserves will support existing vacant positions redirected to this workload.				*
Authorized Positions:				*
Research Program Specialist I		R	64,000	*
Office Technician (Typing)		R	36,000	*
Salary Savings		S	-5,000	*
Staff Benefits			35,000	*
Operating Expenses and Equipment			14,000	*
				*
TOTAL FINANCE LETTER CHANGES	0.0		144,000	*
TOTAL DETAIL CHANGES	0.0		144,000	

---SCHEDULE CHANGES---			
10.00.000.000	Health Care Quality and Analysis	91,000	*
80.01.000.000	Administration	53,000	*
00.00.901.143	Amt payable from Ca Health Data & Planning Fd (Item 4140-001-0143)	-144,000	*
NET IMPACT TO 4140-001-0121		0	*
TOTAL NET IMPACT TO 4140-001-0121		0	

---IMPACT TO SUBSIDIARIES---			
4140-001-0143	S	144,000	*
TOTAL FINANCE LETTER CHANGES		144,000	*
TOTAL NET IMPACT TO SUBSIDIARIES		144,000	

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 DOF=560

DEPT: Statewide Health Planning & Development
STATE OPERATIONS

****
4140-001-0121 10 10 S
***ORG-REF-FUND YOA YOB**

ISSUE: 101 P98: N
P98 ISSUE:

ITEM TITLE:
001 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 101 Fund Staffing for Data Request (SBX5 2)

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT	
REG/ON-GOING POS	0.0	100,000	ASM CONSULTANT: ALM
PART YR ADJ PY	0.0	0	SEN CONSULTANT: JNT
TEMP HELP PY	0.0	0	DOF ANALYST: Vacant
OVERTIME	0.0	0	LAO DIRECTOR: S. MARTIN
SALARY SAVINGS PY	0.0	-5,000	RUN DATE: 03/24/10 19:10:04
-TOTAL-	0.0	95,000	UPDT TIME: 03/24/10 18:23:06

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 DOF=560

DEPT: Statewide Health Planning & Development
STATE OPERATIONS

****
4140-001-0121 10 10 S
***ORG-REF-FUND YOA YOB**

ISSUE: 102 P98: N
P98 ISSUE:

ITEM TITLE:
001 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 102 Augment Mental Health Loan Assumption Program

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
Increase the amount of Mental Health Service Fund authority available for Mental Health Loan Assumption Program awards and administrative costs.				*
Operating Expenses and Equipment			43,000	*
Loan Repayments			2,500,000	*
TOTAL FINANCE LETTER CHANGES	0.0		2,543,000	*
TOTAL DETAIL CHANGES	0.0		2,543,000	

---SCHEDULE CHANGES---			
30.00.000.000 Health Care Workforce		2,543,000	*
80.01.000.000 Administration		14,000	*
80.02.000.000 Distributed Administration		-14,000	*
00.00.903.085 Amt payable from the Mental Health Services Fund (Item 4140-001-3085)		-2,543,000	*
NET IMPACT TO 4140-001-0121		0	*
TOTAL NET IMPACT TO 4140-001-0121		0	

---IMPACT TO SUBSIDIARIES---			
4140-001-3085 S		2,543,000	*
TOTAL FINANCE LETTER CHANGES		2,543,000	*
TOTAL NET IMPACT TO SUBSIDIARIES		2,543,000	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT:	ALM
SEN CONSULTANT:	JNT
DOF ANALYST:	Vacant
LAO DIRECTOR:	S. MARTIN
RUN DATE:	03/24/10 19:10:04
UPDT TIME:	03/24/10 18:14:46

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 DOF=560

DEPARTMENT OF FINANCE
OFFICE OF THE DIRECTOR

ARNOLD SCHWARZENEGGER, GOVERNOR
STATE CAPITOL ■ ROOM 1145 ■ SACRAMENTO CA ■ 95814-4998 ■ WWW.DOF.CA.GOV

APR 01 2010

Honorable Denise Moreno Ducheny, Chair
Senate Budget and Fiscal Review Committee

Attention: Ms. Keely Bosler, Staff Director (2)

Honorable Bob Blumenfield, Chair
Assembly Budget Committee

Attention: Mr. Christian Griffith, Chief Consultant (2)

Amendment to Budget Bill Items 4170-101-0001 and 4170-101-0890, Local Assistance, California Department of Aging

It is requested that Item 4170-101-0890 be increased by $3,392,000 on a one-time basis in fiscal year 2010-11, and that Item 4170-101-0001 be amended to reflect this change. The California Department of Aging (CDA) received a one-time supplemental federal grant from the U.S. Department of Labor for California's Senior Community Service Employment Program. The total grant award is for $4,240,000 and supplements the original funding for the annual grant. A Section 28.00 application was sent on March 2, 2010 that included the $848,000 that CDA anticipates can be expended in 2009-10. This Finance Letter is for the remaining $3,392,000.

The CDA administers the program through a contract with local agencies on aging that will provide the matching funds for this grant. The program provides part-time subsidized work-based training in community service facilities for low-income persons, 55 years of age and older. The goal of the program is to transition participants into unsubsidized employment. This supplemental grant will be used at the local level to provide an estimated 312 additional training slots.

The effect of my requested action is reflected on the attachment.

If you have any questions or need additional information regarding this matter, please call Tom Williams, Principal Program Budget Analyst, at (916) 445-6423.

ANA J. MATOSANTOS
Director
By:

Todd Jerue

TODD JERUE
Chief Deputy Director

Attachment

cc: On following page

APR 0 1 2010

cc: Honorable Christine Kehoe, Chair, Senate Appropriations Committee
Attention: Mr. Bob Franzoia, Staff Director
Honorable Bob Dutton, Vice Chair, Senate Budget and Fiscal Review Committee
Attention: Mr. Seren Taylor, Staff Director
Honorable Felipe Fuentes, Chair, Assembly Appropriations Committee
Attention: Mr. Geoff Long, Chief Consultant
Honorable Jim Nielsen, Vice Chair, Assembly Budget Committee
Attention: Mr. Peter Schaafsma, Staff Director
Honorable Mark Leno, Chair, Senate Budget and Fiscal Review Subcommittee No. 3
Honorable Dave Jones, Chair, Assembly Budget Subcommittee No. 1
Mr. Mac Taylor, Legislative Analyst (4)
Mr. Craig Cornett, Senate President pro Tempore's Office (2)
Mr. Christopher W. Woods, Assembly Speaker's Office (2)
Ms. Christine Robertson, Chief of Staff, Assembly Republican Leader's Office
Mr. Michael Wilkening, Undersecretary, Health and Human Services Agency
Ms. Megan Juring, Assistant Secretary, Health and Human Services Agency
Ms. Diane Paulsen, Deputy Director, Administration, Department of Aging
Ms. Crystal Goto, Fiscal Branch Manager, Department of Aging

DEPT: Department of Aging
LOCAL ASSISTANCE

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4170-101-0001 10 10 G
***ORG-REF-FUND YOA YOB**

ISSUE: 102 P98: N
P98 ISSUE:

ITEM TITLE:
101 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 102 Senior Community Service Employment Program Additional Federal Grant Award

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
Increased funding for federal grant to expand California's Senior Community Service Employment Program.				*
Grants and Subventions			3,392,000	*
TOTAL FINANCE LETTER CHANGES	0.0		3,392,000	*
TOTAL DETAIL CHANGES	0.0		3,392,000	
---SCHEDULE CHANGES---				
20.00.000.000 Senior Community Employment Service			3,392,000	*
00.00.911.890 Amt payable from the Federal Trust Fd (Item 4170-101-0890)			-3,392,000	*
NET IMPACT TO 4170-101-0001			0	*
TOTAL NET IMPACT TO 4170-101-0001			0	
---IMPACT TO SUBSIDIARIES---				
4170-101-0890 F			3,392,000	*
TOTAL FINANCE LETTER CHANGES			3,392,000	*
TOTAL NET IMPACT TO SUBSIDIARIES			3,392,000	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT: NV
SEN CONSULTANT: JNT
DOF ANALYST: Vacant
LAO DIRECTOR: T. BLAND

RUN DATE: 03/25/10 14:16:48
UPDT TIME: 03/25/10 14:14:58

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ITEM=4170101000011010
ISSUE= 102
ISSUE-STATUS=L
MULTI-DOF=

DEPARTMENT OF FINANCE
OFFICE OF THE DIRECTOR

ARNOLD SCHWARZENEGGER, GOVERNOR
STATE CAPITOL ■ ROOM 1145 ■ SACRAMENTO CA ■ 95814-4998 ■ WWW.DOF.CA.GOV

APR 01 2010

Honorable Denise Moreno Ducheny, Chair
Senate Budget and Fiscal Review Committee

Attention: Ms. Keely Bosler, Staff Director (2)

Honorable Bob Blumenfield, Chair
Assembly Budget Committee

Attention: Mr. Christian Griffith, Chief Consultant (2)

Amendment to Budget Bill Items 4260-001-0001 and 4260-001-0890, Support, Department of Health Care Services

It is requested that Item 4260-001-0001 be increased by $44,000 and Item 4260-001-0890 be increased by $125,000 to fill an existing position to help develop and maintain reimbursement policy and systems for physician administered drugs. After incurring substantial support reductions during the economic slowdown, further redirections of staff are not feasible without incurring compliance problems (such as processing treatment authorization requests for prescription drugs), or reducing budgeted savings in other areas. Additionally, furloughs are scheduled to end before this funding would go into effect.

A federal lawsuit settlement against First Data Bank requires Department of Health Care Services to change its reimbursement rate for physician administered drugs. The Governor's Budget implements the federal policy by proposing a trailer bill that would develop the physician administered drug reimbursement rate consistent with the settlement. Medi-Cal pays physicians, clinics, and other outpatient medical facilities for drugs that are administered or dispensed by those providers. The current rate of reimbursement is the Average Wholesale Price minus 5 percent. The proposed legislation would instead require Medi-Cal to use either the Average Wholesale Price minus 17 percent or the Average Sale Price plus 6 percent (Medicare rate), whichever is lower. The November 2009 Medi-Cal Estimate contains $11.6 million General Fund savings from this policy.

The effect of my requested action is reflected on the attachment.

If you have any questions or need additional information regarding this matter, please call Jon Wunderlich, Principal Program Budget Analyst, at (916) 445-6423.

ANA J. MATOSANTOS
Director
By:

Todd Jerue

TODD JERUE
Chief Deputy Director

Attachment

cc: Honorable Christine Kehoe, Chair, Senate Appropriations Committee
Attention: Mr. Bob Franzoia, Staff Director
Honorable Bob Dutton, Vice Chair, Senate Budget and Fiscal Review Committee
Attention: Mr. Seren Taylor, Staff Director
Honorable Felipe Fuentes, Chair, Assembly Appropriations Committee
Attention: Mr. Geoff Long, Chief Consultant
Honorable Jim Nielsen, Vice Chair, Assembly Budget Committee
Attention: Mr. Peter Schaafsma, Staff Director
Honorable Mark Leno, Chair, Senate Budget and Fiscal Review Subcommittee No. 3
Honorable Dave Jones, Chair, Assembly Budget Subcommittee No. 1
Mr. Mac Taylor, Legislative Analyst (4)
Mr. Craig Cornett, Senate President pro Tempore's Office (2)
Mr. Christopher W. Woods, Assembly Speaker's Office (2)
Ms. Christine Robertson, Chief of Staff, Assembly Republican Leader's Office
Mr. Michael Wilkening, Undersecretary, Health and Human Services Agency
Ms. Katie Marcellus, Assistant Secretary, Health and Human Services Agency
Mr. Toby Douglas, Chief Deputy Director, Health Care Programs, Department of Health Care Services
Ms. Karen Johnson, Chief Deputy Director, Policy & Program Support, Department of Health Care Services
Mr. John Eastman, Deputy Director, Administration, Department of Health Care Services
Ms. Loretta Wallis, Chief, Fiscal Forecasting and Data Management Branch, Department of Health Care Services

DEPT: Department of Health Care Services
STATE OPERATIONS

****
4260-001-0001 10 10 G
***ORG-REF-FUND YOA YOB**

ISSUE: 250 P98: N
P98 ISSUE:

ITEM TITLE:
001 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 250 Add funding to Develop New Physician Administered Drug Reimbursement Rate

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
Add funding to implement federal policy and specifically fill an existing position to develop and maintain reimbursement policy and systems for Physician Administered Drugs.				*
Authorized Positions:				*
Pharm Consultant II		R	118,000	*
Salary Savings		S	-6,000	*
Staff Benefits			45,000	*
Operating Expenses and Equipment			12,000	*
TOTAL FINANCE LETTER CHANGES	0.0		169,000	*
TOTAL DETAIL CHANGES	0.0		169,000	

---SCHEDULE CHANGES---

20.00.000.000 Health Care Services	169,000	*
00.00.901.890 Amt payable from Federal Trust Fund (Item 4260-001-0890)	-125,000	*
NET IMPACT TO 4260-001-0001	44,000	*
TOTAL NET IMPACT TO 4260-001-0001	44,000	

---IMPACT TO SUBSIDIARIES---

4260-001-0890 F	125,000	*
TOTAL FINANCE LETTER CHANGES	125,000	*
TOTAL NET IMPACT TO SUBSIDIARIES	125,000	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT	
REG/ON-GOING POS	0.0	118,000	ASM CONSULTANT: ALM
PART YR ADJ PY	0.0	0	SEN CONSULTANT: DVM
TEMP HELP PY	0.0	0	DOF ANALYST: Yang Lee
OVERTIME	0.0	0	LAO DIRECTOR: S. MARTIN
SALARY SAVINGS PY	0.0	-6,000	RUN DATE: 03/24/10 15:40:22
-TOTAL-	0.0	112,000	UPDT TIME: 03/24/10 15:36:02

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ITEM=4260001000110 10
ISSUE= 250
ISSUE-STATUS=L
MULTI-DOF=

DEPARTMENT OF FINANCE
OFFICE OF THE DIRECTOR

ARNOLD SCHWARZENEGGER, GOVERNOR
STATE CAPITOL ■ ROOM 1145 ■ SACRAMENTO CA ■ 95814-4998 ■ WWW.DOF.CA.GOV

APR 01 2010

Honorable Denise Moreno Ducheny, Chair
Senate Budget and Fiscal Review Committee

Attention: Ms. Keely Bosler, Staff Director (2)

Honorable Bob Blumenfield, Chair
Assembly Budget Committee

Attention: Mr. Christian Griffith, Chief Consultant (2)

Amendment to and Addition of Various Budget Bill Items, Support and Local Assistance, Department of Public Health

State Operations

Resources to Address AB 32 Workload (Issue 001)—It is requested that Item 4265-001-0115 be added in the amount of $299,000 Air Pollution Control Fund and Item 4265-001-0001 be amended to reflect this change. These funds will be used to provide expertise and assistance to ensure that public health concerns are adequately addressed in the implementation of Chapter 488, Statutes of 2006 (AB 32)—the Global Warming Solutions Act of 2006. The requested resources will enable the Department of Public Health (DPH) to fund existing vacant positions to manage this effort. Proposed Budget Bill language is included in Attachment I.

Federal Stimulus: Funding for Obesity Prevention and Tobacco Cessation Programs (Issue 004)—It is requested that Item 4265-001-0890 be increased by $430,000 and Item 4265-001-0001 be amended to reflect this change. This increase is necessary to expend federal stimulus grant funds awarded by the Centers for Disease Control and Prevention and available for expenditure until February 3, 2012. The requested resources will enable the DPH to temporarily fund existing vacant positions to assist in the expansion of statewide obesity prevention and tobacco cessation activities. The related current year increase was previously requested in a Section 28.00 notification letter dated March 3, 2010. (See Item 4265-111-0001, Issue 003 for related local assistance issue.)

Funding to Develop a Revenue Bond Program for the Safe Drinking Water State Revolving Fund Program (Issue 005)—Increase expenditures from the Administration Account (Fund 0625) by $110,000 on a one-time basis. This funding will be used to develop and design a revenue bond program for the Safe Drinking Water State Revolving Fund (SDWSRF) program. Currently, Proposition 50 and Proposition 84 bond funds are available to meet federal SDWSRF matching requirements. However, these funds could be depleted as early as 2012-13 due to a change in the federal SDWSRF allocation formula and increased funding for the program nationally. A revenue bond program is a viable alternative financing mechanism to generate the required state matching funds. This proposal requires trailer bill language.

The one-time increase in the federally-funded Administration Account will be used to secure the appropriate contract services to assist in developing an SDWSRF revenue bond program. Health and Safety Code Section 116760.42(b) (3) provides for the continuous appropriation of the Administration Account as allowed by federal law.

Maternal, Child, and Adolescent Health: Umbilical Cord Blood Banking (Issue 021)—It is requested that Item 4265-001-1017 be added in the amount of $471,000 Umbilical Cord Blood Collection Program Fund (UCBCPF) and Item 4265-001-0001 be amended to reflect this change. These one-time federal funds will support activities related to the collection and storage of donated umbilical cord blood. Health and Safety Code Section 1628 requires that funding made available for cord blood collection activities be transferred to and expended from the UCBCPF. Proposed Budget Bill language is included in Attachment I. (See related Issue 021 in Item 4265-004-0890.)

Transfer Federal Funds to the Umbilical Cord Blood Collection Program Fund (Issue 021)—It is requested that Item 4265-004-0890 be added in the amount of $471,000 to authorize the transfer of these federal funds to the UCBCPF. These one-time federal grant funds were awarded to the DPH to support the implementation of a Public Cord Blood Banking Program in California. The transfer of funds is required by Health and Safety Code Section 1628. Proposed Budget Bill language is included in Attachment I. (See related Issue 021 in Item 4265-001-0001.)

Local Assistance

Federal Stimulus: Funding for Obesity Prevention and Tobacco Cessation Programs (Issue 003)—It is requested that Item 4265-111-0890 be increased by $2,044,000 and Item 4265-111-0001 be amended to reflect this change. This increase is necessary to expend federal stimulus grant funds awarded by the Centers for Disease Control and Prevention and available for expenditure until February 3, 2012. The funds will be used to provide various local assistance grants to expand current statewide obesity prevention and tobacco cessation activities. The related current year increase was previously requested in a Section 28.00 notification letter dated March 3, 2010. (See Item 4265-001-0001, Issue 004 for related state operations issue.)

Other Issue

Reappropriation: Safe Drinking Water and Water Quality Projects (Proposition 84) (Issue 008)—It is requested that Item 4265-490 be added to reappropriate, through June 30, 2014, unspent Safe Drinking Water, Water Quality and Supply, Flood Control, River and Coastal Protection Act of 2006 (Proposition 84) bond funds. These funds were previously appropriated by Chapter 1, Statutes of 2008, Second Extraordinary Session (SB 1) and available for encumbrance until June 30, 2010. Of the $100.4 million Proposition 84 bond funds appropriated by this Chapter for small community drinking water infrastructure improvements and groundwater contamination projects, the DPH estimates approximately $20.4 million will be expended or encumbered by June 30, 2010. Therefore, reappropriation authority through June 30, 2014, is necessary to fully expend the balance of the original appropriation. Proposed Budget Bill language is included in Attachment I.

The effect of my requested action is reflected on the attachment.

APR 01 2010

If you have any questions or need additional information regarding this matter, please call Jay Kapoor, Principal Program Budget Analyst, at (916) 445-6423.

ANA J. MATOSANTOS
Director
By:

TODD JERUE
Chief Deputy Director

Attachment

cc: Honorable Christine Kehoe, Chair, Senate Appropriations Committee
Attention: Mr. Bob Franzoia, Staff Director
Honorable Bob Dutton, Vice Chair, Senate Budget and Fiscal Review Committee
Attention: Mr. Seren Taylor, Staff Director
Honorable Felipe Fuentes, Chair, Assembly Appropriations Committee
Attention: Mr. Geoff Long, Chief Consultant
Honorable Jim Nielsen, Vice Chair, Assembly Budget Committee
Attention: Mr. Peter Schaafsma, Staff Director
Honorable Mark Leno, Chair, Senate Budget and Fiscal Review Subcommittee No. 3
Honorable Dave Jones, Chair, Assembly Budget Subcommittee No. 1
Mr. Mac Taylor, Legislative Analyst (4)
Mr. Craig Cornett, Senate President pro Tempore's Office (2)
Mr. Christopher W. Woods, Assembly Speaker's Office (2)
Ms. Christine Robertson, Chief of Staff, Assembly Republican Leader's Office
Mr. Michael Wilkening, Undersecretary, Health and Human Services Agency
Ms. Suanne Buggy, Assistant Secretary, Health and Human Services Agency
Mr. Jose Ortiz, Chief Deputy Director, Operations, Department of Public Health
Mr. Kevin Reilly, Chief Deputy Director, Policy and Programs, Department of Public Health

Proposed Budget Bill Language **Attachment I**

APR 01 2010

Amend Item 4265-001-0001 by adding the following schedules:

(19.5) Amount payable from the Air Pollution Control Fund (Item 4265-001-0115)..... -299,000

(37.5) Amount payable from the Umbilical Cord Blood Collection Program Fund (Item 4265-001-1017)..... -471,000

Add the following subsidiary items:

4265-001-0115—For support of Department of Public Health, for payment to Item 4265-001-0001, payable from the Air Pollution Control Fund..... 299,000

4265-001-1017—For support of Department of Public Health, for payment to Item 4265-001-0001, payable from the Umbilical Cord Blood Collection Program Fund..... 471,000

Add Item 4265-004-0890:

4265-004-0890—For transfer from the Federal Trust Fund to the Umbilical Cord Blood Collection Program Fund..... 471,000

Add Item 4265-490:

4265-490—Reappropriation, Department of Public Health. The balances of the appropriations provided in the following citations are reappropriated for the purposes provided for in those appropriations and shall be available for encumbrance or expenditure until June 30, 2014:
6051—Safe Drinking Water, Water Quality and Supply, Flood Control, River and Coastal Protection Fund of 2006
(1) Water Code Section 83002(b)(1), as added by Section 6, Chapter 1, Stats. 2008, Second Extraordinary Session
(2) Water Code Section 83002(b)(2), as added by Section 6, Chapter 1, Stats. 2008, Second Extraordinary Session

DEPT: Department of Public Health
STATE OPERATIONS

****
4265-001-0001 10 10 G
***ORG-REF-FUND YOA YOB**

ISSUE: 001 P98: N
P98 ISSUE:

ITEM TITLE:
001 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 001 Resources to Address AB 32 Workload

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
Increase funding to support existing vacant positions to provide public health expertise and assistance in the implementation of the Global Warming Solutions Act of 2006 (AB 32).				*
Authorized Positions:				*
Research Scientist III-Epidemiology		R	77,000	*
Health Program Specialist I		R	64,000	*
Associate Governmental Program Analyst		R	59,000	*
Salary Savings		S	-20,000	*
Staff Benefits			66,000	*
Operating Expenses and Equipment			53,000	*
TOTAL FINANCE LETTER CHANGES	0.0		299,000	*
TOTAL DETAIL CHANGES	0.0		299,000	

---SCHEDULE CHANGES---

20.00.000.000 Public and Environmental Health	299,000	*
00.00.901.115 Amt payable from Air Pollution Control Fund (Item 4265-001-0115)	-299,000	*
NET IMPACT TO 4265-001-0001	0	*
TOTAL NET IMPACT TO 4265-001-0001	0	

---IMPACT TO SUBSIDIARIES---

4265-001-0115 S	299,000	*
TOTAL FINANCE LETTER CHANGES	299,000	*
TOTAL NET IMPACT TO SUBSIDIARIES	299,000	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	200,000
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	-20,000
-TOTAL-	0.0	180,000

ASM CONSULTANT: ALM
SEN CONSULTANT: DVM
DOF ANALYST: Ellen Moratti
LAO DIRECTOR: S. MARTIN

RUN DATE: 03/24/10 12:37:04
UPDT TIME: 03/24/10 12:32:53

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ORG=4265 CHAR=5

ISSUE-STATUS=L

DEPT: Department of Public Health
STATE OPERATIONS

****
4265-001-0001 10 10 G
***ORG-REF-FUND YOA YOB**

ISSUE: 004 P98: N
P98 ISSUE:

ITEM TITLE:
001 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 004 Federal Stimulus: Funding for Obesity Prevention and Tobacco Cessation Prgms

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
Provide funding for existing vacant positions on a limited-term basis to support the expansion of statewide obesity prevention and smoking cessation activities. These federal funds are made available pursuant to the American Recovery and Reinvestment Act of 2009. (X-ref Item 4265-111-0001, Issue 003.)				*
Authorized Positions (Funding expires 02/03/12):				*
Health Program Specialist II		R	71,000	*
Staff Services Manager I		R	67,000	*
Research Scientist II-Epidemiology		R	70,000	*
Pub Hlth Nutrition Consultant III-Spec		R	67,000	*
Health Education Consultant III-Spec		R	74,000	*
Salary Savings		S	-35,000	*
Staff Benefits			116,000	*
TOTAL FINANCE LETTER CHANGES	0.0		430,000	*
TOTAL DETAIL CHANGES	0.0		430,000	

---SCHEDULE CHANGES---		
20.00.000.000 Public and Environmental Health	430,000	*
00.00.901.890 Amt payable from Federal Trust Fund (Item 4265-001-0890)	-430,000	*
NET IMPACT TO 4265-001-0001	0	*
TOTAL NET IMPACT TO 4265-001-0001	0	

---IMPACT TO SUBSIDIARIES---		
4265-001-0890 F	430,000	*
TOTAL FINANCE LETTER CHANGES	430,000	*
TOTAL NET IMPACT TO SUBSIDIARIES	430,000	

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ORG=4265 CHAR=5

ISSUE-STATUS=L

DEPT: Department of Public Health
STATE OPERATIONS

****
4265-001-0001 10 10 G
***ORG-REF-FUND YOA YOB**

ISSUE: 004 P98: N
P98 ISSUE:

ITEM TITLE:
001 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 004 Federal Stimulus: Funding for Obesity Prevention and Tobacco Cessation Prgms

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT	
REG/ON-GOING POS	0.0	349,000	ASM CONSULTANT: ALM
PART YR ADJ PY	0.0	0	SEN CONSULTANT: DVM
TEMP HELP PY	0.0	0	DOF ANALYST: Ellen Moratti
OVERTIME	0.0	0	LAO DIRECTOR: S. MARTIN
SALARY SAVINGS PY	0.0	-35,000	RUN DATE: 03/24/10 12:37:04
-TOTAL-	0.0	314,000	UPDT TIME: 03/24/10 12:33:07

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ORG=4265 CHAR=5

ISSUE-STATUS=L

DEPT: Department of Public Health
STATE OPERATIONS

******NON-BUDGET-ACT*****
4265-501-0625 97 10 F
***ORG-REF-FUND YOA YOB**

ISSUE: 005 P98: N
P98 ISSUE:

ITEM TITLE:
Health and Safety Code 116760.42 (b)(3)

DATE SIGNED: APR 01 2010

ISSUE: 005 Funding to Develop a Revenue Bond Program for Safe Drinking Water

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
One-time augmentation of federal funds for contract services to develop a revenue bond program for the Safe Drinking Water State Revolving Fund Program.				*
Operating Expenses and Equipment			110,000	*
TOTAL FINANCE LETTER CHANGES	0.0		110,000	*
TOTAL DETAIL CHANGES	0.0		110,000	

---SCHEDULE CHANGES---			
00.00.500.000 Unscheduled		110,000	*
NET IMPACT TO 4265-501-0625		110,000	*
TOTAL NET IMPACT TO 4265-501-0625		110,000	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT: ALM
SEN CONSULTANT: DVM
DOF ANALYST: Lawana Welch
LAO DIRECTOR: S. MARTIN

RUN DATE: 03/24/10 12:37:04
UPDT TIME: 03/24/10 12:33:54

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ORG=4265 CHAR=5

ISSUE-STATUS=L

DEPT: Department of Public Health
STATE OPERATIONS

****
4265-001-0001 10 10 G
***ORG-REF-FUND YOA YOB**

ISSUE: 021 P98: N
P98 ISSUE:

ITEM TITLE:
001 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 021 Maternal, Child, and Adolescent Health:
Umbilical Cord Blood Banking

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
One-time augmentation to support the collection and storage of publicly donated umbilical cord blood. This funding reflects a one-time federal grant award transferred to the Umbilical Cord Blood Collection Program Fund.				*
(X-ref Item 4265-004-0890, Issue 021.)				*
Operating Expenses and Equipment			471,000	*
TOTAL FINANCE LETTER CHANGES	0.0		471,000	*
TOTAL DETAIL CHANGES	0.0		471,000	
---SCHEDULE CHANGES---				
20.00.000.000 Public and Environmental Health			471,000	*
00.00.901.017 Amt payable from the Umbilical Cord Blood Collection (Item 4265-001-1017)			-471,000	*
NET IMPACT TO 4265-001-0001			0	*
TOTAL NET IMPACT TO 4265-001-0001			0	
---IMPACT TO SUBSIDIARIES---				
4265-001-1017 S		Y	471,000	*
TOTAL FINANCE LETTER CHANGES			471,000	*
TOTAL NET IMPACT TO SUBSIDIARIES			471,000	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT: ALM
SEN CONSULTANT: DVM
DOF ANALYST: Ellen Moratti
LAO DIRECTOR: S. MARTIN

RUN DATE: 03/24/10 12:37:04
UPDT TIME: 03/24/10 12:34:10

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ORG=4265 CHAR=5

ISSUE-STATUS=L

DEPT: Department of Public Health
STATE OPERATIONS

********NEW ITEM*********
4265-004-0890 10 10 F
***ORG-REF-FUND YOA YOB**

ISSUE: 021 P98: N
P98 ISSUE:

ITEM TITLE:
004 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 021 Transfer Federal Funds to the Umbilical Cord Blood Collection Program Fund

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
Add new item to authorize the transfer of one-time federal grant funds to the Umbilical Cord Blood Collection Program Fund. The transfer of funds is required by Section 1628 of the Health and Safety Code.				*
(X-ref Item 4265-001-0001, Issue 021.)				*
Transfer to the Umbilical Cord Blood Collection Program Fund			471,000	*
TOTAL FINANCE LETTER CHANGES	0.0		471,000	*
TOTAL DETAIL CHANGES	0.0		471,000	
---SCHEDULE CHANGES---				
00.00.500.000 Unscheduled			471,000	*
NET IMPACT TO 4265-004-0890			471,000	*
TOTAL NET IMPACT TO 4265-004-0890		Y	471,000	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT: ALM
SEN CONSULTANT: DVM
DOF ANALYST: Ellen Moratti
LAO DIRECTOR: S. MARTIN

RUN DATE: 03/26/10 13:34:33
UPDT TIME: 03/24/10 12:34:39

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ITEM=4265004089010 10
ISSUE= 021
ISSUE-STATUS=L
MULTI-DOF=

DEPT: Department of Public Health
STATE OPERATIONS

******NON-BUDGET-ACT*****
4265-598-1017 10 10 S
***ORG-REF-FUND YOA YOB**

ISSUE: 021 P98: N
P98 ISSUE:

ITEM TITLE:
Less Funding provided by the Federal Trust Fund

DATE SIGNED: APR 01 2010

ISSUE: 021 Transfer Federal Funds to the Umbilical Cord Blood Collection Program Fund

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
Expenditure Transfer Less Funding Record			-471,000	*
(X-ref Item 4265-001-0001, Issue 021 and Item 4265-004-0890, Issue 021.)				*
TOTAL FINANCE LETTER CHANGES	0.0		-471,000	*
TOTAL DETAIL CHANGES	0.0		-471,000	
---SCHEDULE CHANGES---				
00.00.500.000 Unscheduled			-471,000	*
NET IMPACT TO 4265-598-1017			-471,000	*
TOTAL NET IMPACT TO 4265-598-1017			-471,000	

POSITION CHANGES FOR ISSUE	NUMBER	AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT: ALM
SEN CONSULTANT: DVM
DOF ANALYST: Ellen Moratti
LAO DIRECTOR: S. MARTIN

RUN DATE: 03/24/10 12:37:04
UPDT TIME: 03/24/10 12:35:22

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ORG=4265 CHAR=5

ISSUE-STATUS=L

DEPT: Department of Public Health
LOCAL ASSISTANCE

****
4265-111-0001 10 10 G
***ORG-REF-FUND YOA YOB**

ISSUE: 003 P98: N
P98 ISSUE:

ITEM TITLE:
111 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 003 Federal Stimulus: Funding for Obesity Prevention and Tobacco Cessation Prgms

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
Increase funding for statewide obesity prevention and smoking cessation activities due to the receipt of federal stimulus grant awards.				*
(X-ref Item 4265-001-0001, Issue 004.)				*
Grants and subventions			2,044,000	*
TOTAL FINANCE LETTER CHANGES	0.0		2,044,000	*
TOTAL DETAIL CHANGES	0.0		2,044,000	

---SCHEDULE CHANGES---			
20.10.000.000	Chronic Disease Prevention and Health Promotion	2,044,000	*
00.00.910.890	Amt pay from Federal Trust Fd (Item 4265-111-0890)	-2,044,000	*
NET IMPACT TO 4265-111-0001		0	*
TOTAL NET IMPACT TO 4265-111-0001		0	

---IMPACT TO SUBSIDIARIES---			
4265-111-0890	F	2,044,000	*
TOTAL FINANCE LETTER CHANGES		2,044,000	*
TOTAL NET IMPACT TO SUBSIDIARIES		2,044,000	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT: ALM
SEN CONSULTANT: DVM
DOF ANALYST: Ellen Moratti
LAO DIRECTOR: S. MARTIN

RUN DATE: 03/26/10 13:34:56
UPDT TIME: 03/24/10 12:34:57

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ITEM=4265111100011010
ISSUE= 003
ISSUE-STATUS=L
MULTI-DOF=

CBS313R
UNIT DATABASE
(BUFF)

DEPARTMENT OF FINANCE
2010-11 CHANGE BOOK
WORKSHEET - Finance Letters

PAGE: 1
DATE: 03/24/10
TIME: 12:37:04

DEPT: Department of Public Health
REAPPROPRIATION

******NON-BUDGET-ACT*****
4265-490- 10 10
***ORG-REF-FUND YOA YOB**

ISSUE: 008 P98: N
P98 ISSUE:

ITEM TITLE:
Reappropriation, Department of Public Health

DATE SIGNED: APR 01 2010

ISSUE: 008 Budget Bill Language: Reappropriation of Proposition 84 Bond Funds

---DETAIL CHANGES---	POS/PY	TYPE/LANG	
Add Budget Bill language to reappropriate unspent Proposition 84 bond funds appropriated by Chapter 1, Statutes of 2008 (SBX2 1) through June 30, 2014. This funding supports local assistance grants for small community drinking water infrastructure improvements and groundwater contamination projects, as authorized by the Safe Drinking Water, Water Quality and Supply, Flood Control, River and Coastal Protection Act of 2006.			*
(X-ref Item 4265-601-6051, Issue 008.)			*
TOTAL FINANCE LETTER CHANGES	0.0	0	*
TOTAL DETAIL CHANGES	0.0	0	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT: ALM
SEN CONSULTANT: DVM
DOF ANALYST: Lawana Welch
LAO DIRECTOR: S. MARTIN

RUN DATE: 03/24/10 12:37:04
UPDT TIME: 03/24/10 12:35:12

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ORG=4265 CHAR=5

ISSUE-STATUS=L

DEPT: Department of Public Health
LOCAL ASSISTANCE

******NON-BUDGET-ACT*****
4265-601-6051 08 10 B
***ORG-REF-FUND YOA YOB**

ISSUE: 008 P98: N
P98 ISSUE:

ITEM TITLE:
Reappropriation, Department of Public Health

DATE SIGNED: APR 01 2010

ISSUE: 008 Reappropriation of Proposition 84 Bond Funds

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
Reflects estimated amount of reappropriated Proposition 84 bond funding available for drinking water projects in 2010-11.				*
(X-Ref Item 4265-490, Issue 008.)				*
Grants and subventions			79,991,000	*
TOTAL FINANCE LETTER CHANGES	0.0		79,991,000	*
TOTAL DETAIL CHANGES	0.0		79,991,000	
---SCHEDULE CHANGES---				
00.00.500.000 Unscheduled			79,991,000	*
NET IMPACT TO 4265-601-6051			79,991,000	*
TOTAL NET IMPACT TO 4265-601-6051			79,991,000	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT: ALM
SEN CONSULTANT: DVM
DOF ANALYST: Lawana Welch
LAO DIRECTOR: S. MARTIN

RUN DATE: 03/24/10 12:37:04
UPDT TIME: 03/24/10 12:35:44

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ORG=4265 CHAR=5

ISSUE-STATUS=L

DEPARTMENT OF FINANCE
OFFICE OF THE DIRECTOR

ARNOLD SCHWARZENEGGER, GOVERNOR
STATE CAPITOL ■ ROOM 1145 ■ SACRAMENTO CA ■ 95814-4998 ■ WWW.DOF.CA.GOV

APR 01 2010

Honorable Denise Moreno Ducheny, Chair
Senate Budget and Fiscal Review Committee

Attention: Ms. Keely Bosler, Staff Director (2)

Honorable Bob Blumenfield, Chair
Assembly Budget Committee

Attention: Mr. Christian Griffith, Chief Consultant (2)

Closure of Lanterman Developmental Center, Department of Developmental Services

It is requested that the attached plan (see Attachment 1) be approved to allow the proposed closure of Lanterman Developmental Center (LDC) to proceed. It is anticipated the closure process will require at least two years. Closure will only occur when necessary services and supports are in place and each resident has transitioned. The Department of Developmental Services will pursue legislation to implement certain activities related to the closure.

The LDC, located in Pomona, currently serves just under 400 consumers and employs approximately 1,300 staff. Due to its declining population, and the fixed expenses necessary to operate the facility, the LDC has the highest per-resident cost among the developmental centers. Furthermore, the facility's infrastructure is aging and anticipated repairs to both the water and sewer systems are expected to be costly.

If you have any questions or need additional information regarding this matter, please call Carla Castañeda, Principal Program Budget Analyst, at (916) 445-6423.

ANA J. MATOSANTOS
Director
By:

TODD JERUE
Chief Deputy Director

Attachment

cc: On following page

APR 0 1 2010

cc: Honorable Christine Kehoe, Chair, Senate Appropriations Committee
Attention: Mr. Bob Franzoia, Staff Director
Honorable Bob Dutton, Vice Chair, Senate Budget and Fiscal Review Committee
Attention: Mr. Seren Taylor, Staff Director
Honorable Felipe Fuentes, Chair, Assembly Appropriations Committee
Attention: Mr. Geoff Long, Chief Consultant
Honorable Jim Nielsen, Vice Chair, Assembly Budget Committee
Attention: Mr. Peter Schaafsma, Staff Director
Honorable Mark Leno, Chair, Senate Budget and Fiscal Review Subcommittee No. 3
Honorable Dave Jones, Chair, Assembly Budget Subcommittee No. 1
Mr. Mac Taylor, Legislative Analyst (4)
Mr. Craig Cornett, Senate President pro Tempore's Office (2)
Mr. Christopher W. Woods, Assembly Speaker's Office (2)
Ms. Christine Robertson, Chief of Staff, Assembly Republican Leader's Office
Mr. Michael Wilkening, Undersecretary, Health and Human Services Agency
Ms. Megan Juring, Assistant Secretary, Health and Human Services Agency
Ms. Terri Delgadillo, Director, Department of Developmental Services
Mr. Mark Hutchinson, Chief Deputy Director, Department of Developmental Services
Ms. Karyn Meyreles, Deputy Director, Administrative Services, Department of Developmental Services
Ms. Caroline Castaneda, Financial Services Branch Manager, Department of Developmental Services
Ms. Karol Rehm, Budget Officer, Department of Developmental Services

STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF DEVELOPMENTAL SERVICES
1600 NINTH STREET, Room 240 MS 2-13
SACRAMENTO, CA 95814
TDD (916) 654-2054 (For the Hearing Impaired)
Telephone (916) 654-1897

April 1, 2010

TO: MEMBERS OF THE LEGISLATURE and OTHER INTERESTED PARTIES

Enclosed is the "Plan for the Closure of Lanterman Developmental Center" (Plan), submitted by the Department of Developmental Services (Department) for consideration and approval by the Legislature pursuant to Welfare and Institutions Code section 4474.1. Under the statute, the Department is required to submit a detailed closure plan to the Legislature no later than April 1 immediately prior to the fiscal year in which the plan is to be implemented, and meet other stated requirements.

The Plan presents essential information concerning Lanterman Developmental Center (Lanterman), including the residents, the employees and the property. It describes the planning process for development of the Plan, the stakeholder involvement, and the impact closure will have on residents and their families, employees, the surrounding community, and regional center services. The Plan also incorporates successful policies and initiatives from the Agnews Developmental Center closure process, and identifies the key strategies and activities the Department will undertake, along with the anticipated timeline, to achieve a safe and successful closure of Lanterman.

The decision to recommend closure was not made lightly, as it will impact the many residents served, their families, and all of the employees who have worked hard to make Lanterman a caring and positive place to live. The Department is committed to the well-being of the residents and staff, and will work toward positive changes as described in the Plan. If this Plan is approved by the Legislature, it is just the first step in a collaborative and open process. Closure will occur only after appropriate services and supports are secured for each resident as identified through the individualized planning process.

If you have any questions, please contact me at (916) 654-1897, or Patricia Flannery, Deputy Director, Developmental Centers Division, at (916) 654-1963.

Sincerely,

Terri Delgadillo

TERRI DELGADILLO
Director

Enclosure

"Building Partnerships, Supporting Choices"

California Health and Human Services Agency

Department of Developmental Services

Plan for the Closure of

LANTERMAN DEVELOPMENTAL CENTER

APRIL 1, 2010

TABLE OF CONTENTS

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Department of Developmental Services
Terri Delgadillo, Director
1600 Ninth Street, Room 240, MS 2-13
Sacramento, CA 95814
TDD (916) 654-2954 (For the Hearing Impaired)
(916) 654-1897
www.dds.ca.gov/lantermannews

I.
INTRODUCTION AND PLAN DEVELOPMENT PROCESS

This "Plan for the Closure of Lanterman Developmental Center" (Plan) is submitted by the Department of Developmental Services (Department or DDS) pursuant to Welfare and Institutions Code section 4474.1 (Attachment 1). The Plan identifies the essential policies and strategies that will be utilized to:

- Achieve a safe and successful transition of individuals with developmental disabilities from Lanterman Developmental Center (Lanterman or LDC) to other appropriate living arrangements as determined through the individualized planning process;

- Support employees with future employment options by generating or identifying job opportunities, providing assistance, counseling and information, and working closely with the affected bargaining units; and

- Address the disposition of, and other issues affecting, the Lanterman property.

Although a specific closure date for Lanterman has not been set, it is anticipated that the closure process will take at least two years. Closure will occur only when necessary services and supports are in place and each resident has transitioned.

BACKGROUND

Pursuant to existing law (Welfare and Institutions Code, Divisions 4.1 and 4.5), DDS is responsible for providing services for persons with developmental disabilities through two primary programs. In the first program, DDS contracts with 21 private non-profit organizations called regional centers (RC) to develop, manage and coordinate services and resources for persons found to be eligible (consumers) under the Lanterman Developmental Disabilities Services Act (Lanterman Act). Services are provided to approximately 242,000 consumers in the community. Service needs are determined through a person-centered planning approach involving the consumer, the RC, and the parents or other appropriate family members or legal representatives. In the second program, DDS directly operates four developmental centers (DC) and one small community facility providing 24-hour residential care and clinical services. Again, a person-centered planning approach, that additionally includes DC staff, is utilized to identify and meet service and treatment needs of the residents.

Up and until the late 1960's, services for individuals with developmental disabilities were primarily provided through state-operated facilities. In June 1968, California was operating eight state hospitals serving over 13,300 residents. The population of the DCs has since decreased, mirroring national trends. This decrease began in 1969 when the community-based system was initiated in California under the newly established Lanterman Mental Retardation Services Act, now the Lanterman Act. The

Lanterman Act promotes the provision of services in the least restrictive environment and emphasizes community settings as the preferred living option for most consumers. Then in 1999, the United States Supreme Court issued its ruling in *Olmstead v. L. C.* (1999) 527 U.S. 581 (*Olmstead*). As a result of this decision, the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services, has required states to prepare comprehensive *Olmstead* plans to decrease dependency on institutional services.

Based on the principles in the Lanterman Act and the *Olmstead* decision, the total DC population has been declining dramatically as the community system expands, from a high of over 13,300 residents in 1968 to 2,130 residents as of March 3, 2010. Because of this decline, the Department has closed three DCs and one community facility.

Over the last 10 years alone, the total population served in DDS-operated facilities has decreased by more than 1,700 residents. Given the current population, the costs associated with operating four large facilities can no longer be justified.

As of March 3, 2010, Lanterman was the smallest DC, serving 393 residents, and continues to experience a steady decline in population, ranging from 29 to 47 residents each year since 2006. It has the highest per-resident cost among the DCs, which is rising based on the fixed expenses associated with operating the facility and the decreasing population. It is one of the oldest DCs and is facing many infrastructure issues that will require a significant investment of state funds in the very near future. These factors, among others, were considered when making the decision to recommend the closure of Lanterman.

PLAN DEVELOPMENT PROCESS

On January 29, 2010, the Department announced the difficult decision to recommend to the Legislature the closure of Lanterman. Letters that were sent to residents, employees and the Legislature are provided in Attachment 2. The announcement began a multi-faceted process to develop this Plan and, pursuant to law, submit it to the Legislature by April 1, 2010, so that legislatively-approved closure activities can begin in fiscal year 2010-2011. The Department, recognizing the time limitations of this planning process, made it a priority to expeditiously meet in person with as many stakeholders as possible to hear their concerns, perspectives and issues. Meetings were held with residents, families, employees, unions, advocates, regional centers, providers, local government officials, state legislative representatives, and other organizations. In addition, the Department corresponded with staff, families, the Legislature, state and local government, and the broad developmental services stakeholder community.

On February 24, 2010, a formal public hearing was held on the LDC campus. The hearing was well attended with 92 stakeholders providing testimony. In addition, DDS received written input from 276 stakeholders. The input received from the hearing and various meetings is summarized in Chapter VII, and the written correspondence is contained in Attachment 3 (a separately bound document).

The Department has coordinated with impacted state departments, managed care plans and the Association for Regional Center Agencies. The closure of Lanterman was an agenda item discussed at the Olmstead Advisory Committee and State Council on Developmental Disabilities meetings. The Department also participated in a California Disability Community Action Network (CDCAN) Town Hall telemeeting on the closure.

A detailed list of contacts has been compiled and is provided as Attachment 4.

The closure of Lanterman will significantly impact many lives, especially the residents who benefit from the care and services provided at Lanterman. The general sentiment communicated to the Department, predominantly by families, employees and unions, is that Lanterman should not close. Advocates and regional centers support closure and emphasize the need for individualized program planning and for the expansion of community resources.

As was the experience with the closure of Agnews Developmental Center (Agnews or ADC), the input received from stakeholders is the first essential phase of the planning process. If the Plan is approved, their input will also be critical as the closure process evolves. Efforts and activities require meaningful communication and coordination as progress is made, and the Department will rely heavily on continuing stakeholder involvement. As identified later in this Plan, DDS intends to establish three advisory groups for future input and guidance toward a smooth and successful closure.

PLAN APPROACH

The Plan builds on several innovative strategies which contributed to the closure of Agnews in 2009. These strategies were developed to provide community opportunities to meet the specific needs of the Agnews residents and enable them to remain near their families. The Agnews closure included the establishment of new residential service options, including a licensure category for facilities to serve individuals with enduring medical needs; the enhancement of the community health care system to provide access to needed services; and a program for state employees to continue working with former residents in community settings. These new community services and supports provided meaningful choices and reliable services to consumers who transitioned from Agnews. This Plan incorporates those key service improvements.

The overriding priority for this Plan is to meet the individual needs of each resident while he or she continues to live at LDC, through every aspect of transition into another living arrangement, and ongoing thereafter. An individualized process is essential for proper planning and assessment of needs, and will include key persons in the resident's life. Efforts will focus on identifying or developing services and supports to meet the specific needs of each resident, and ensuring the quality of those services through monitoring and oversight functions. Residents will not move from Lanterman until appropriate services and supports identified in the individual plan are available either in the community or at another DC.

The Department is also committed to the continued employment of Lanterman employees. They will be supported in a number of important ways aimed at generating and identifying future job opportunities. As a priority, the Department will concentrate on methods to retain employees within the developmental disabilities services system. Based on the successful program at Agnews, the Department will be seeking legislative authority for employees to be able to work in the community with residents who are transitioning from Lanterman. As evidenced in the Agnews closure, residents will benefit from the continuity of care and the experience of the employees. The Department will also communicate job information and assist employees with job-search preparation and endeavors. Throughout the closure process, the Department will work closely with the affected bargaining units and tailor assistance efforts to address employee circumstances and the local area job market.

The major implementation steps and timeline for this Plan are presented in Chapter VI.

Keeping the Lanterman residents and employees as the primary focus, and building on the successes of the Agnews closure, this Plan for the Closure of Lanterman Developmental Center is presented for consideration and approval by the Legislature.

II.
LANTERMAN RESIDENTS

The highest priority of the Department in developing this Plan is to ensure the continued health and safety of the Lanterman residents during and following their successful transition to appropriate living arrangements identified through the individual planning process. The Plan is informed by significant data and information about the men and women who reside at Lanterman (Attachment 5) and important input received from meetings with residents, family members and employees; the public hearing; and extensive written correspondence (Attachment 3).

The following sections specifically identify the overall demographics of the population residing at Lanterman, the expected process to be used for each individual during closure and the recommended development of services based upon assessed need, stakeholder input and knowledge of the current community system in the Southern California region.

DEMOGRAPHICS

Level-of-Care and Services Provided at Lanterman: Lanterman currently provides services to residents under three levels-of-care. The facility is licensed as a General Acute Care Hospital with distinct licenses for an Intermediate Care Facility (ICF) and Nursing Facility (NF). As of March 3, 2010, 393 people were in residence at the facility with 92 individuals (approximately 23%) living on one of five NF residences and the remaining 301 (approximately 77%) residing on one of the facility's 11 ICF residences. The third level-of-care is provided on the Acute Care unit where residents are transferred to receive short-term medical and nursing care when they experience an acute health care condition. The census on each of the NF or ICF units ranges from 17-35 residents with the Acute Care unit averaging 7 residents per day with an average length of stay of approximately 7 days per visit.

Regional Center Communities: Lanterman is primarily a resource to the Southern California area with over 99% of the individuals who reside at Lanterman being served by a Southern California RC. Of the 12 RCs actively involved with Lanterman, 81 residents (20% of Lanterman's population) are served by San Gabriel/Pomona RC, 71 (18%) are served by North Los Angeles County RC, and 69 (17%) are served by Frank D. Lanterman RC. The numbers of residents served by the remaining RCs are: 43 (11%) by Eastern Los Angeles RC, 36 (9%) by Inland RC, 35 (9%) by South Central Los Angeles RC, 25 (7%) by San Diego RC, 12 (3%) by RC of Orange County, 10 (3%) by Westside RC, and 8 (2%) by Tri-Counties RC. Residents served by non-Southern California RCs are 2 served by San Andreas RC and 1 by Kern RC. The population by RC is summarized in Attachment 6.

Length of Residence: The majority of residents have lived at Lanterman for many years with 59% having resided there for more than 30 years. The breakdown on the length of stay for the remaining residents shows 15% have made Lanterman their home for 21-30 years, another 15% for 11-20 years, 6.5% for 5-10 years, and 4.5% for fewer than 5 years.

Age: Lanterman's population is older, with more than 80% of the residents over age 40. People who are 65 years of age or older make up 8.6% of the population with the oldest resident being 85 years of age. In contrast, there are no children under 18 years of age at Lanterman and only 7 are under 21 years of age.

Gender and Ethnicity: The resident population at Lanterman is diverse in both gender and ethnicity with 59% of the population male and 41% female. Seventy percent (70%) of the population is Caucasian, 18% Hispanic, 8% African American, 4% Asian and Pacific Islander, and the remaining small percentage identified as "Filipino" and "Other."

Developmental Disability: Section 4512(a) of the Lanterman Act defines developmental disability as a:

> "... [d]isability that originates before an individual attains age 18, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. . . [T]his term shall include mental retardation, cerebral palsy, epilepsy, and autism. ... [and other] conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation, but shall not include other handicapping conditions that are solely physical in nature."

Seventy-seven percent (77%) of the consumers who reside at Lanterman have profound mental retardation and 13% have severe mental retardation. The remaining 10% are persons who have been assessed with mild and moderate levels of mental retardation. A majority of consumers have additional disabilities including 54% of the population with epilepsy, 13% have autism, and 10% have cerebral palsy. In addition, 74% of the residents have challenges with ambulation, 46% have vision difficulties, and 18% have a hearing impairment.

Primary Service Needs

Residents at Lanterman require a variety of services and supports. The following defines five broad areas of service and identifies the number of consumers for whom that service is their primary need:

Significant Health Care Services: This includes the need for intermittent pressure breathing, inhalation assistive devices, tracheotomy care, or treatment for recurrent pneumonias or apnea. Significant nursing intervention and monitoring are required to effectively treat these individuals. One hundred (100) of Lanterman's residents (25%) have significant health care needs as their primary service need.

Extensive Personal Care: This need refers to people who do not ambulate, require total assistance and care, and/or receive enteral (tube) feeding. Seventy-three (73) residents of Lanterman (19%) require extensive personal care as their primary service need.

Significant Behavioral Support: This need addresses individuals who have challenging behaviors that may require intervention for the safety of themselves or others. Ninety-one (91) residents (23%) have been identified as requiring significant behavioral support as their primary service need.

Protection and Safety: This refers to those individuals who need a highly structured setting because of a lack of safety awareness, a pattern of self-abuse or other behavior requiring constant supervision and ongoing intervention to prevent self-injury. One hundred twenty-five (125) of the residents (32%) require highly structured services as their primary service need.

Low Structured Setting: This service need addresses those consumers who do not require significant behavioral support or intervention but do require careful supervision. Only four residents at Lanterman (1%) are in this category.

PLANNING FOR RESIDENT RELOCATION PERSON BY PERSON

Stakeholder input has been significant regarding the closure plan and more specifically as it relates to the men and women who live at Lanterman. The vast majority of input has come from families of Lanterman residents and facility employees. Overall, input received has raised concern and /or opposition to the closure. However, many have recommended that, should closure be approved, a number of issues should be addressed to ensure a safe and successful transition for residents. Based upon the lessons learned from the Agnews closure, and the recommendations shared by those providing input to the Department on this proposal, the following priorities have been included as primary foundations for this plan:

- Decisions will be based on individualized planning that ensures a safe transition for each individual. Closure will not occur until appropriate services, as identified in the individual plan, are available either in the community or at another developmental center and the resident has moved.

- Community resources, including residential and day services, will be developed.

- The necessary health and medical services will be arranged within the local communities.

- Behavioral and crisis support services must be available.

- Ongoing oversight and monitoring must occur to ensure that the quality of care and services continues to meet the needs of persons served after transition.

Individualized Planning Process

The closure process will be designed to ensure a safe transition for each resident. The process begins with the already existing Individual Program Plan (IPP) as mandated in the Lanterman Act and continues as planning teams meet to identify each person's goals and objectives, and services and supports based upon the assessed needs, preferences and choices. The planning team includes the resident, identified staff from the developmental center, a regional center service coordinator, the legally authorized representative and family and/or advocates. Additional team members include staff that provide direct services including physicians, nursing staff, psychology staff and ancillary staff, as indicated based on their involvement with the individual.

An intensive person-centered IPP process will be utilized to initiate transition planning for each Lanterman resident. To help prepare each resident for maximum participation in this team discussion, the Department will arrange for peer informational sessions for residents at Lanterman to learn about the variety of living options available and the services and supports they provide. These sessions will also assist residents in identifying what issues are most important to them to help ensure they are raised for discussion at their IPP meeting.

For some residents the IPP will identify transfer to another DC as the appropriate living altermative, while most will become actively engaged in evaluating community options.

Placement Planning Process

When a community option is identified that appears to meet the resident's needs and interests, an assessment and evaluation process will be initiated to determine the viability of the proposed option. The placement planning process will typically include visits to the prospective home, planned meetings between the proposed vendor and the resident, and opportunities for the resident to tour and spend time in the home, meet other individuals living in the home, and meet the staff. Each of these activities will be driven by the resident's interest and needs as outlined at the initial planning meeting.

Once the initial transition plan has been implemented and when members of the team are in agreement that the proposed arrangement will meet the resident's needs, and no less than 15 days prior to the planned move, a transition plan review meeting will be held. Participants in the transition plan review meeting will include the resident and other key members of the IPP planning team, such as family members, staff familiar with the individual, and primary service and support providers identified in the IPP. The purpose of this meeting is to review the results of the individual transition plan implementation, the response of the resident to the transition activities and to ensure all areas of concern or questions have been addressed.

Individualized Health Transition Plan

Before a resident moves from Lanterman, an individualized health transition plan (IHTP) will be developed by the planning team. The IHTP will include the resident's health history and an evaluation by the resident's primary care physician and dentist of their

current health status. The resident, their family and/or representatives, as appropriate, will have an opportunity to participate in the development and review of the IHTP. The IHTP will provide specific information on how the individual's health needs will be met and the health transition services that will be provided. This document will assist the team in assuring all of the necessary health supports are in place prior to a move from Lanterman.

Monitoring Resident Transition

During the process of developing the Plan, and in reviewing stakeholder input, many individuals communicated a concern over the process that will be used for transition from Lanterman. Specifically shared was the expressed interest in assuring each consumer continues to receive the services and supports necessary for a safe transition. While there is a transition process currently in place today at Lanterman, there were many practices learned from the Agnews closure that provided a smooth transition for all involved. As a result of the Agnews successes and the input received, the Department has determined the need for a Resident Transition Advisory Group to be established to evaluate the current transition process in place for residents at Lanterman and to make recommendations to the Department for enhancements to improve upon the process. Transition practices that worked well during the closure of Agnews will be shared with the Advisory Group to assist in their evaluation.

The Resident Transition Advisory Group will include membership from the Lanterman Resident Council and representation from parents and family members, the involved regional centers, and DDS.

The Department recognizes the importance of ensuring that residents continue to be well served by staff familiar with each person's needs throughout the closure process. It is also essential that each resident's transition planning team involve the participation of knowledgeable staff. As was learned during the Agnews closure process, due to an unexpected departure of knowledgeable employees, significant effort was required on the part of the Department to stabilize the care and services during the final months of closure. To ensure this circumstance does not repeat itself, and to maintain a quality level of services throughout closure, the Department is committed to providing diligent monitoring and progressive planning for the evolving needs of the residents and employee departures. The Department will convene an oversight team, consisting of representatives of DDS, including Lanterman management, and expert consultants to provide an ongoing evaluation of the facility's service needs, possible influence of closure activities, and employee attrition. This will enable the provision of guidance in strategic planning such as cross-training among facility programs, resource development, and contingency planning to anticipate and manage change throughout the closure process.

COMMUNITY RESOURCE DEVELOPMENT

The Department has initiated discussions with all of the affected regional centers regarding the role of the Community Placement Plan (CPP) in the proposed closure

of Lanterman. Statutorily, the goal of the CPP is to provide supplemental funding to regional centers to enhance the capacity of the community service delivery system so that individuals with developmental disabilities are afforded the opportunity to live in the least restrictive living arrangement appropriate to their needs. Developing community capacity through the CPP process provides the necessary resources needed to prevent individuals from admission to a developmental center and services needed to assist in moving from developmental centers. CPP encompasses the full breadth of resource needs including, but not limited to, development of both residential and day services.

The CPP process will involve careful planning and collaborative efforts of the Department, Lanterman, regional centers, and the Regional Resource Development Projects (RRDP). The services and supports needed by each individual, including, but not limited to, living options, day services, health care services and other supports, will be identified through the planning team's development of the IPP.

If the closure of Lanterman is approved, a comprehensive assessment of the service and support needs of each person currently living at Lanterman will be conducted. Community options provided to each person will reflect living options where their individual support needs can best be met, and as close as possible to the community where his or her family resides. The characteristics of the people who reside at Lanterman, and of the communities in which their families live, are therefore key in determining the array of needed community-based services and supports.

The Department proposes to replicate elements of the successful closure of Agnews and, with the collaboration of the regional centers, will focus community resource development on efforts that reflect stable community residential arrangements. In addition to consideration of existing and successful community living options, such as supported living services, adult family homes and family teaching homes, and Intermediate Care Facilities, a specific focus will include the development of homes adapted to meet the unique and specialized medical, physical, and behavioral needs of Lanterman residents, expansion of the community care licensed residential option for adults with special health care needs, and assurance of access to health care services. Unfortunately, due to the economic downturn, the Department is unable to recommend the issuance of state housing bonds for this closure.

Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHN)

As part of the plan for the closure of Agnews, legislation (SB 962 (Chesbro), Chapter 558, Statutes of 2005) was enacted to establish a pilot project designed to provide a new licensed community care facility option to support the special health care and intensive support needs for up to 120 Agnews residents within a homelike community-based setting. This new model of care, which includes: specific staffing requirements relative to 24/7 licensed nursing (Registered Nurse, Licensed Vocational Nurse, Psychiatric Technician); DDS program certification; and mandatory safety features (fire sprinkler system and an alternative back-up power source), was necessary

to fill a critical gap in the existing state community living residential licensure categories. Under the ARFPSHN the consumers' health conditions must be predictable and stable at the time of admission, as determined by the individual health care plan team and stated in writing by a physician. In addition to 24/7 nursing supervision, the law requires:

- Development of an Individual Health Care Plan that lists the intensive health care and service supports for each consumer that is updated at least every six months;
- Examination by the consumer's primary care physician at least once every 60 days;
- At least monthly face-to-face visits with the consumer by a regional center nurse;
- DDS approval of the program plan and on-site visits to the homes at least every six months; and
- California Department of Social Services' licensure of the homes, which includes criminal background clearance, Administrator orientation, annual facility monitoring visits and complaint resolution.

Evaluation of the Pilot Project

Statute requires evaluation of the pilot project by an independent contractor and a report to the Legislature. The University of California, Davis, Center for Human Services was selected to conduct the evaluation and the report is being finalized for submission. Preliminary findings indicate the following:

- Individual Health Care Plans are effective and are a key strength of the model;
- Most consumers and families appear to be satisfied with the homes;
- The types, qualifications, and sufficiency of staffing meet or exceed the minimum requirements;
- Administrators and Direct Service Professionals could benefit from additional training;
- Quality of health care provided through this residential model is good and meets generally accepted standards; and
- The model is cost-effective and the cost per consumer is less than private and public modalities of care (Acute Care, Sub Acute Care, DC, Skilled Nursing Facility) serving similar consumers.

ARFPSHNs and the Closure of Lanterman

Many of the residents at Lanterman need enhanced licensed nursing care. Approximately 25% of the residents are served in the nursing facility and over 75% have special health care needs. The ARFPSHN model would provide an option for many of these people to move to a cost-efficient home-like community based setting. Without statutory change, this model of residential care will not be available for the Lanterman closure and many residents will require placement in a higher level of care at significant cost to the State.

The Department strongly recommends the extension of this model and has not identified any policy, programmatic or fiscal downsides to its use in the closure of Lanterman. The funding for these homes would come from the CPP resources included in the Department's budget each year. The Department intends to pursue legislation to make the statutory changes needed to expand the model for the Lanterman closure and delete the sunset date of the current pilot program.

ACCESS TO HEALTH AND MEDICAL SERVICES

Lanterman provides the full range of medical, dental and behavioral services required by the resident. As was successfully accomplished during the closure of Agnews, close attention will be paid to ensuring there is capacity to provide required comprehensive health services in community settings and that a process is in place to assure access and a seamless transition. Southern California regional centers have established productive partnerships with local health plans that provide medical resources for consumers currently in the community. Additionally, almost all of Lanterman's residents are Medi-Cal eligible and over three-quarters are eligible for Medicare, allowing greater access to medical and health services.

Lanterman and the regional centers will work together to review the comprehensive, individualized medical and support plans in place for residents. DDS will work with the Department of Health Care Services (DHCS), health plans and RCs to assess and ensure the availability of needed health, dental and behavioral services in surrounding communities. If gaps are identified in services to meet the residents' needs, DDS will work with the RCs and the health care communities to ensure resources are available.

Similarly, the need and availability of community-based mental health services and supports for Lanterman residents to access upon transition will be evaluated. Regional centers have developed memorandums of understanding with their respective county mental health agencies which include crisis response plans to address mental health support services. Staff supporting the consumer in the community will be trained on the implementation of behavioral and mental health support plans, and Department staff will be available to provide consultation, further training, and assistance in the modification of plans to respond to emerging issues should the need arise.

The health care planning and development will ensure:

- Access to the full array of required services by qualified providers, including primary health and specialty medical care, optometry and ophthalmology, pharmacy, support services such as occupational and physical therapies, and the provision of medical equipment and supplies.

- Comprehensive case management is provided to each consumer which includes coordination and oversight of their individualized health services to assure the provision of all services identified as medically necessary by their primary care physician.

- Coordination among the regional center, the health plan and other health service providers to ensure efficient access to quality services.

Outpatient Clinic Services

As an additional measure of bridging the transition from Lanterman into the community, and to ensure the continuity of medical care and services to Lanterman residents, the Department will operate an outpatient clinic at Lanterman. The outpatient clinic will provide medical, dental and behavioral services to former Lanterman residents to assist in stabilizing the person in their new setting while they are in the process of transferring care to a new healthcare provider. The clinic will operate until all residents have moved from Lanterman and their health care transition has been completed.

QUALITY MANAGEMENT SYSTEM

Use of quality assurance systems to ensure a safe and successful transition from Lanterman is not only a commitment of the Department but has been widely stated as a need by many stakeholders who provided testimony in the public hearing and within other meetings. Over the past 10 years, California has moved steadily toward a more integrated, value-based quality management and improvement system that produces desired consumer outcomes. The quality management system (QMS) is based upon the Centers for Medicare and Medicaid Services' (CMS) Quality Framework. At the core of the model is the consumer and family; the central goal is "doing the right thing" for the people served by the system. Quality management starts with establishing clear expectations for performance (design), collecting and analyzing data to determine if the expectations are met (discovery), and finally, taking steps to correct deficiencies or improve processes and services (remediation and improvement).

Through action taken by the Administration and Legislature in July 2009 (ABX4 9, Chapter 9, Statutes of 2009), the Department consolidated the Life Quality Assessments and the Evaluation of People with Developmental Disabilities Moving from Developmental Centers into the Community Study into a single quality assessment tool and data collection effort. This effort is called the National Core Indicators and will provide quantifiable data to

better inform current quality assurance efforts, meet the expectations of CMS, and provide information for the DDS data-driven decision making.

Regional centers have a strong foundation in terms of quality assurance activities. For example, regional centers have active quality assurance departments whose staffs work to recruit, train, and monitor providers and work to improve service quality. Case managers meet with consumers in out-of-home living options at least quarterly; in licensed homes two of these visits are unannounced. Each regional center regularly reviews Special Incident Report information and implements actions to decrease risks to health and safety while honoring consumer choice, community integration and independence. Regular in-service trainings are provided to regional center staff. Regional centers train their staff and providers in specialty areas, such as positive behavioral supports. They develop, implement, and monitor Corrective Action Plans, when needed. Each regional center has a 24-hour response system wherein a duty officer can be reached after hours.

Quality Assurance System Description

The QMS strategy for the Lanterman closure will build upon existing DDS and regional center quality assurance systems. The focus of this strategy will be on assuring that quality services and supports are available prior to, during, and after transition of each person leaving Lanterman. Enhancements to this foundation will be put in place to design, discover, remediate, and improve the services and supports needed by individuals moving from Lanterman. Features added to existing regional center quality assurance efforts will draw from the system established for the Agnews closure. The quality assurance system will include the development and monitoring of individual health transition plans for every Lanterman resident, regular follow up by RRDP staff, visits by RC health personnel where applicable, an additional year of regional center case management at a 1:45 caseload ratio and the establishment of a Quality Management Advisory Group. The Quality Management Advisory Group will guide the Department and regional centers in the refinement of the Lanterman Closure Quality Assurance system. On an ongoing basis, the Quality Management Advisory Group will inform the Department and regional centers on findings from their review of the data collected on the quality of services being provided to former Lanterman residents.

Representation on the Quality Management Advisory Group will include consumers, parents and family members of current Lanterman residents, regional centers, Area Board 10, the State Council on Developmental Disabilities, and Disability Rights California.

Follow-up to Ensure Service Adequacy

The Department operates five RRDPs, including one at Lanterman (Lanterman Regional Project). Consistent with the closure of Agnews, RRDP staff will remain involved with residents moving from Lanterman into the community and will provide a core quality assurance function. After a consumer has moved to his or her new community-based home, the RRDP, in coordination with the regional center,

completes a number of face-to-face visits with the individual. These visits are scheduled to occur following movement from a DC at intervals of 5 days, 30 days, 60 days, 90 days, 6 months, and 12 months, but additional visits or assistance with follow up activities occur as necessary to assure a smooth transition.

In addition, the regional center is directly involved in the actual transition of the individual to his/her new home and conducts a face-to-face visit every 30 days for the first 90 days after a move from a DC and typically quarterly thereafter. Additional visits, supports, and training are provided to the individual and/or the service provider on an as-needed basis. Licensed community facilities also receive an annual regional center monitoring visit.

The Department further desires to maintain the Volunteer Advocacy Services (VAS) program until final closure. The VAS program, funded by the Department and implemented via local area boards, is designed to provide advocacy resources and assistance to persons living in state-operated facilities, including Lanterman, who have no legally appointed representative to assist them in making choices and decisions. In addition, at the request of legally appointed representatives, volunteer advocates will assist those representatives in advocacy efforts. Consumers accessing these services come both through their own requests as well as referral by the DC based upon their need for assistance and/or representation and the lack of other available resources. Services range from facilitation of consumer involvement in social and recreational activities, to attendance with the consumer at program planning and other meetings impacting services and supports for the consumer. When a consumer receiving services from VAS moves from Lanterman to the community, VAS continues to monitor the move and subsequent services and supports, and identifies advocacy assistance services for the consumer from community resources.

III.
LANTERMAN EMPLOYEES

It is the intent of the Department to help mitigate the impact on employees of the closure of Lanterman. In support of this commitment, employees will be:

- Kept up-to-date with accurate information to assist them in understanding their choices and rights before making decisions that could impact their futures.
- Encouraged to seek new opportunities to serve individuals with developmental disabilities within the DC or community service system.
- Offered assistance to help develop personal plans that support their objectives and maximize their expertise.
- Provided with opportunities to enhance their job skills.

EMPLOYEE COMPOSITION

Time Base and Years of Service

As of March 1, 2010, there were 1,280 employees at Lanterman. Of these employees, 91% are full-time, 4% are part-time, and the status of the remaining 5% are intermittent, temporary, or limited-term.

Almost one-half of the employees, 48%, have worked at Lanterman for 10 years or less. Thirty percent (30%) of the staff has been employed at the facility between 11 and 20 years. The remaining 22% have worked at Lanterman for 20 years or more.

Demographics

Sixty-five percent (65%) of the workforce is made up of women. Forty-three percent (43%) of the total workforce is 50 years of age or older and 24% of employees are between 43 and 50 years of age.

Employees at Lanterman are from diverse ethnic backgrounds. The number of employees who identify themselves as Hispanic and Caucasian is similar with each group representing 27% of the Lanterman workforce. The next most predominant group, representing 24% of the workforce, are employees who identify themselves as African-American followed in decreasing numbers by Asian employees who represent 10% of the workforce, Filipino employees representing 9%, and the remaining 3% of staff identified themselves as "Other."

A chart is provided as Attachment 7 showing the characteristics of Lanterman employees.

Classifications

A wide range of employees and classifications provide services to people residing at Lanterman, as reflected in Attachment 8. The classifications fall into one of the following three categories:

Direct Care Nursing: The direct care nursing staff makes up 50% of the employee population and includes those employees who are assigned to shifts and fulfill required staffing minimums for providing direct care services to the men and women residing at Lanterman. These employees are primarily registered nurses, psychiatric technicians, psychiatric technician assistants, and trainees or students.

Level-of-Care Professional: The level-of-care professionals make up 10% of the total employee population and include physicians, rehabilitation therapists, social workers, teachers, physical and occupational therapists, respiratory therapists, vocational trainers, and others who also provide a direct and specialized service for the consumers at Lanterman but are not in classifications included in the direct care nursing minimum staffing ratios.

Non-Level-of-Care and Administrative Support: The remaining 40% of the employee population includes those who are in non-level-of-care nursing positions but provide other direct services to consumers, and also administrative support. This includes dietary employees such as cooks and food service workers, plant operations staff, clerical support, personnel and fiscal services employees, health and safety office staff, quality assurance reviewers, and all facility supervisors and managers.

Employee County of Residence

Lanterman employees primarily live in one of four counties near LDC. Forty-six percent (46%) reside in San Bernardino County, 40% live in Los Angeles County, another 8% reside in Riverside County, and 5% live in Orange County. Only 1% of employees reside in a county other than one of the four identified above.

PLANS FOR EMPLOYEES

The Department is committed to the establishment and implementation of employee supports that promote workforce stability and provide opportunities for employees to determine their future. Employee retention during the closure and transition process is, and will remain, a high priority to assure continuity of services and to protect our most valuable resource, the expertise and commitment of a dedicated workforce.

The Department has already conducted several employee forums to provide opportunities for staff to ask questions and provide input for consideration in the planning process. In addition, special meetings have been held between management and union representatives, specifically the American Federation of State, County, and Municipal Employees (AFSCME) Local 2620, AFL-CIO; the California Association of

Psychiatric Technicians (CAPT); the Service Employees International Union (SEIU) Local 1000; and the Union of American Physicians and Dentists (UAPD) Local 206, AFL-CIO. These meetings provided the opportunity for the unions and the Department to have initial communication on closure issues and the needs of employees to be considered in the planning process.

EMPLOYEE CAREER CENTER

A Career Center will be established at Lanterman to provide personal support for each employee and to assist them as needed in identifying their future interests, and equipping them with the knowledge they need to successfully achieve their goals.

The Career Center will be accessible to staff on all shifts and provide activities that will include:

- Regional center presentations on various opportunities for serving individuals with developmental disabilities in community settings, and related requirements
- Individual and group career counseling and planning sessions
- Special speakers on topics of interest
- Training to support the development of new job skills and certifications such as Certified Nursing Assistant (CNA) and Direct Support Professional (DSP) training programs
- Workshops on topics such as interviewing techniques and resume writing
- Computer access for job searches and online application submission
- Up-to-date lists of job opportunities within the state, counties, cities, and regional center systems and geographic area surrounding Lanterman
- Informational sessions on finding and taking exams with other state agencies and navigating the state job market utilizing DROA, SROA and transfer and reemployment eligibility
- State of California layoff process and procedures
- Coordination of job fairs for prospective employers of Lanterman's employees
- Retirement and benefit workshops in collaboration with the California Public Employees' Retirement System (CalPERS)
- Personnel-related Q&A sessions

On behalf of Lanterman's employees, contact has already been made with the California Employment Development Department's Los Angeles County Rapid Response Coordinator and the Los Angeles Urban League Pomona WorkSource Center. These entities stand ready to provide the comprehensive services as specified in the Workforce Investment Act (WIA) and assist Lanterman in providing Career Center services that include education and information related to interview skills, resume preparation, unemployment benefits, the California Training Benefits program, credit counseling and Employee Assistance Program services.

If the Plan is approved by the Legislature, Lanterman employees will be surveyed to obtain information on their future employment interests, including relocation to another developmental center; and also to solicit from them the resources and assistance they believe they will need during the closure.

OPPORTUNITIES IN THE DEVELOPMENTAL DISABILITIES SERVICES SYSTEM AND OTHER ORGANIZATIONS

The Department has initiated communication with other state departments, counties, cities and regional centers as part of a multi-faceted program that will address the placement of Lanterman staff. Contacts were focused on employers with similar occupational classifications in counties and cities where employees primarily reside. These contacts will continue and expand throughout the planning process as additional opportunities are identified to engage state and local entities on behalf of the employees of Lanterman.

If this Plan is approved, the Department and other state and local employers will share information on an ongoing basis through this employee placement program. Such exchange will include the classifications and numbers of employees, the anticipated staffing needs of the employers and the ability of Lanterman staff to meet their recruitment needs, advertised job openings for which Lanterman employees can apply, information on local recruitment events and training programs, and opportunities for employers to participate in Lanterman-sponsored job fairs.

In addition to efforts made on behalf of Lanterman employees as a group, there will be a number of individualized services offered with the Department's first priority being to assist employees in identifying alternatives that build upon their expertise and strengthen the developmental disabilities services system.

Employees at Lanterman, as well as at other developmental centers, have learned or developed a wide range of special skills that make them effective in providing services and supports to persons with developmental disabilities. In California, most employees have to complete a training program and/or pass a licensing exam administered by the State and in addition, these professionals have developed a repertoire of expertise beyond their formal education that is invaluable in working with persons with developmental disabilities. Because a great number of Lanterman's employees have committed many years of their lives to providing services and supports to this special

population, it is hoped that many of them will be interested in continuing their service to individuals with developmental disabilities in the years ahead.

Lanterman's employees will be apprised of all available options for their continued involvement in serving the current residents of Lanterman in their future settings. This continued involvement can take several forms and could include:

State Staff in the Community

In the Agnews closure process, a State Staff in the Community program was established through legislation (AB 1378 (Lieber), Chapter 538, Statutes of 2005) in support of the Department's commitment to the residents and their families to expand quality services in the community to meet the needs of the residents. This legislation authorized the Department to utilize state employees in the community, thereby providing an opportunity for employees to support former residents of Agnews while retaining their state employee status. This program, still in place today with 88 employees, augments and enhances services for the former Agnews residents by bringing the unique expertise of Agnews' employees into the community-based service delivery system. Through this program, the specialized knowledge, skills and abilities of the state staff are shared with co-workers thereby enhancing service continuity. Also, it has been comforting for the consumers and family members to have familiar staff continue to provide services. In many instances, relatives were far more accepting of the transition and placement process as a result of the State Staff in the Community program.

State employees work through contracts between the developmental center and regional centers or service providers. The state employees maintain their salaries and benefits; however, the provider/regional center reimburses the State for the cost. The provider does not receive additional funds for hiring state employees and must pay the State within the established residential rate. This arrangement is cost neutral to the State.

The Department provided extensive staff training and orientation to prepare employees for transition to the community-based developmental disabilities services system. The State negotiated contracts with the three Bay Area regional centers to use state employees in the community and reached agreement concerning this program with AFSCME, CAPT, SEIU, and UAPD. The agreements cover the employee selection process, the provision of ongoing supervision, employee rights and representation, and the rights of those employees in the actual closure process.

DDS will seek legislation to expand the program to cover the Lanterman closure.

Opportunities at Other Developmental Centers

Lanterman employees will be encouraged to fill critical vacancies at other developmental centers. Opportunities to transfer to developmental centers in other parts of the State will be facilitated through bargaining unit negotiations. The

Department will implement a Department Restriction of Appointment (DROA) process that will provide a hiring priority for Lanterman employees who apply for any advertised vacancies within DDS. An additional benefit derived from Lanterman employees transferring to other DDS employment is that it provides flexibility in setting employee transfer dates to ensure Lanterman retains adequate staffing levels during the closure.

Private Sector Service Provider or Support Staff

Opportunities will be provided for interested Lanterman employees to learn about transferring to the community service system as non-state service providers. In partnership with local regional centers, the Department will sponsor meetings that provide Lanterman employees with information regarding service needs, resources, and vendorization for those employees who are interested in becoming community-based service providers. Additionally, opportunities will be shared to become a regional center employee.

Voluntary Transfer to Other State Positions

It is expected that a number of Lanterman employees, especially those in non-nursing positions, will find opportunities for future employment by exploring positions in other state departments. Employees who wish to pursue these options will be assisted in the following ways:

- **Surplus Status**

  Following legislative approval of the Plan for the Closure of Lanterman Developmental Center and Department of Personnel Administration (DPA) approval of the Staff Reduction plan, Lanterman employees with permanent status become eligible for "surplus status," which will afford them many of the same benefits as the State Restriction of Appointments (SROA) program described below. With "surplus" status, a Lanterman employee has hiring priority when applying for advertised vacancies in any classification for which the employee is eligible for lateral transfer.

- **State Restriction of Appointments**

  Once the Department has submitted and received approval from DPA on a formal Staff Reduction plan related to the closure of Lanterman, employees will be eligible to participate in the SROA process. Any state department that receives applications for an advertised vacancy from SROA candidates who are either in that job classification or eligible for consideration as lateral transfers, is required to consider SROA candidates before promotional candidates or another candidate who does not have SROA status. Only in rare circumstances where specialized knowledge is required is approval granted by DPA to hire a non-SROA candidate over those eligible for consideration with SROA status. Employees are guaranteed a minimum of 120 days of SROA status but it may be longer with DPA approval.

EMPLOYEE ACCESS TO INFORMATION

It is recognized that accurate and timely communication throughout the closure process is essential to maintaining stability in the workforce. Communications within all levels of the Lanterman organization will take place to ensure that employees are kept informed about progress on the closure and about available job opportunities. Key aspects of this communication include:

- **Lanterman's Employee Newsletter:** Lanterman's monthly employee newsletter will continue throughout the closure process and will include updates on the closure, expanded job listings, a Career Center calendar and announcements, a Q&A column, and other related items of interest.

- **General Employee Meetings:** A consistent schedule of employee meetings at varied times that meet the needs of all shifts will be established to provide staff with regular access to LDC management for information sharing and support.

- **Hot Line:** Through their intranet access, Lanterman employees have been provided with a "Hotline" to directly submit their closure-related questions to Lanterman management. Questions are responded to as quickly as possible. Answers to questions that are of broad interest are made available to all employees.

- **Website:** A link has been established from the Lanterman page on the DDS Web site to provide all interested parties with access to notices and information regarding the proposal to close Lanterman.

STAFF SUPPORT ADVISORY GROUP

The Department recognizes the importance of retaining experienced staff at the facility throughout the closure process. To support the Department's goal of ensuring adequate staffing and to assist Lanterman employees in developing personal plans for their future, the Department will convene a Staff Support Advisory Group. This advisory group will include representatives of Lanterman employee groups and management, DDS, and related bargaining units. The advisory group will help ensure continuity of staffing, that activities discussed in this section meet the needs of employees, and assist in identifying morale-boosting activities that encourage camaraderie among the staff as the closure process proceeds.

FOSTER GRANDPARENTS AND SENIOR COMPANIONS

Important services are provided to residents of Lanterman through a federal grant from the Corporation for National and Community Service, National Senior Service Corps for the Foster Grandparent and Senior Companion Programs. One hundred eighteen (118) residents of Lanterman currently receive services from 55 Senior Companions and 4 Foster Grandparents. The Foster Grandparents and Senior Companions are

low-income senior citizens who are recruited from the community and paid a small stipend. They serve an average of four hours per day providing one-on-one service to one resident in the morning and to another resident in the afternoon. They provide companionship and personal assistance, take individuals on outings and to recreational events, help in the classroom, and serve as friends and mentors to the residents they are assigned to serve.

Although they are not state employees, the Foster Grandparents and Senior Companions are an integral part of the Lanterman community and will be kept informed on the status of the closure and future opportunities that may exist for them to serve in community settings. Upon closure, the Foster Grandparent and Senior Companion Programs at Agnews were transferred to San Andreas Regional Center to enable services to continue in community settings. A regional center sponsor for the Lanterman Foster Grandparent and Senior Companion Programs will also be explored as part of the Lanterman closure process.

IV.
LANTERMAN BUILDINGS AND LAND

HISTORY

In 1915, state legislation established a committee to study the growing need to care for persons with developmental disabilities. Based on the priorities the committee identified, it recommended to the Legislature that a hospital for persons with mental retardation be built in the State's southern region. Guided by the committee's recommendations, legislative members adopted a bill in 1917 to construct Southern California's first facility specifically dedicated to the treatment of the "feeble minded." The Legislature appropriated $250,000 for acquisition, construction and initial operation of the facility, a sum intended to cover the cost of buildings, land, and employees' salaries for two years. An 800-acre parcel of land, about 10 miles west of the current site, was purchased by the State in 1920. Another 200-acre plot (approximately) was later purchased to supply the needed water to the site but the parcels were not adjacent and were separated by a privately owned 500-acre parcel.

The new hospital, referred to as "Pacific Colony," opened on March 20, 1921 on the 800-acre property and consisted of one building with a capacity to house 50 residents. Nineteen (19) patients transferred from Sonoma State Home, to alleviate crowding at that facility, and constituted the Pacific Colony's first occupants. Operation of the facility, however, was plagued by problems related to the lack of convenient access to a water supply and transportation routes. Of particular concern was the great expense involved in transporting water from the 200-acre parcel across the 500-acre non-state owned parcel to reach the facility. Unable to overcome these obstacles, the Pacific Colony closed on January 23, 1923 and the patients were moved to other facilities.

The Acting Superintendent promoted the idea of relocating the facility to the 200-acre parcel, which, in addition to having aquifers and an adequate water supply, was located in closer proximity to rail lines and major roads. In 1926, a bid for two residential buildings and a powerhouse was awarded and construction began on the 200-acre parcel, which is the site of Lanterman today. The structures, designed by the State Architect's Office, were completed in 1927 on grounds that also included vegetable gardens and a dairy herd. The new facility, officially established by the California State Legislature that year as the Pacific Colony, opened on May 12, 1927 with 27 patients transferred from the Los Angeles County Contenta School. A month later the population had quadrupled and with the water supply problem and other significant obstacles to operations now eliminated, state funding was made available for additional construction and expansion.

In 1949, an adjacent 240 acres (approximately) were acquired for expansion. Expansion continued at periodic intervals over the next six decades as the facility evolved and grew. The majority of Lanterman's buildings were constructed before 1955, and most of the remaining buildings were constructed in the 1970s. The newest

building, an audiology building, was constructed in 2006 with funds from the Alameda Corridor East (ACE) high-speed railroad project. The ACE project added two new tracks to the existing Union Pacific Railroad line that travels through the Lanterman campus. Constructing the new building was necessary as a mitigation measure, since the existing audiology building was located in close proximity to the railroad tracks and was negatively impacted by the increased noise and vibration from the expanded line.

In keeping with changes in the evolution of professional thinking and public perceptions concerning the care and treatment of persons with developmental disabilities, the name of the facility was changed several times over the years. In 1953, the facility became known as Pacific State Hospital; in 1979 it was re-named Lanterman State Hospital, in honor of Assembly Member Frank D. Lanterman; and finally, in 1985, it became known as the Lanterman Developmental Center. At its peak population in 1962, Lanterman's census was 3,058 residents.

CURRENT PROPERTY DESCRIPTION

The Lanterman campus is an assemblage of properties acquired as early as 1919 through various transactions, including sale, purchase and condemnation. The Department of General Services (DGS) has informed DDS that a review by DGS of existing documents indicates there are no deed restrictions. However, due to the antiquity of the transfers, DGS believes an additional review of the archived documents, chain of title, preliminary title report, and court reports will be necessary to completely establish the State's unrestricted title to Lanterman.

The current campus is located in eastern Los Angeles County on the western end of the City of Pomona. It is also adjacent to the City of Diamond Bar on the east and south. The boundaries of the cities of Walnut and Industry are nearby to the west and southwest. The campuses of California State Polytechnic University Pomona and Mt. San Antonio College in Walnut are also located nearby to the northwest and west. Three freeways are in the immediate vicinity: State Routes 57 and 60, and Interstate 10.

In 1971, there was a transfer of approximately 160 acres to California State Polytechnic University Pomona. The property today is comprised of three separate parcels of 128.83 acres, 141.66 acres, and 16.14 acres, for a total of 286.63 acres. The Union Pacific Railroad tracks and the South San Jose Storm Drain Channel parallel to it cross the property. Most of the campus, 271 acres, is on the east side of the railroad tracks, with just 16 acres located on the west side of the tracks leading to Pomona Boulevard.

The property has two points of access with the main entrance via the State Street/Highland Valley Road bridge overpass over the 57 Freeway to/from North Diamond Bar Boulevard to the east, and a secondary entrance off West Pomona Boulevard to the west. The campus is somewhat locked in with limited access due to the railroad tracks, storm drain channel, surrounding agricultural land and housing and commercial developments, steep terrain, and limited frontage on Pomona Boulevard.

Approximately seven acres, formerly part of the campus, was transferred by the State to the City of Pomona in 1974. Under the terms of the transfer, the city agreed to construct a fire station which would provide fire protection services to Lanterman. Today the parcel contains a fire station operated through a city contract with Los Angeles County Fire Department, and a training facility. It is adjacent to the campus, not included in Lanterman's acreage, and not part of any future sale or disposition when the facility is closed.

The Lanterman campus includes approximately 120 structures with approximately 1,088,601 square feet of building space. Most of the early buildings are wood-framed cottages with Spanish Colonial Revival-style architecture, while later buildings constructed represent Modern-style architecture. Most of the structures are believed to have some historic significance because of their age and architecture. A resources assessment to identify historic structures which may be subject to historic preservation has been completed.

LEASES

Lanterman currently has four active leases through which underutilized space is leased to other parties. Leases include a 2,500 square foot building to the Pacific Federal Credit Union; an 8,000 square foot building and adjacent play yard to the non-profit corporation, Here We Grow Learning Center, for a child care center; a 15,000 square foot building to the California Conservation Corps (CCC) for the operation of a CCC base center; and a 26 space parking lot to the California Department of Transportation (CalTrans) for the CalTrans Park and Ride Program. Lanterman also has informal agreements with ranchers for the use of unused hillsides for cattle and horse grazing. All of the leases will expire between 2010 and 2013 and when renewed, will be revised to continue on a month-to-month basis with short-term cancellation notices which can be exercised by either party.

INFRASTRUCTURE AND ENVIRONMENTAL ISSUES

Vanir Study

In 1996, DDS began developing Strategic Plans to help guide decisions involving the future of state developmental centers. To assist in developing strategic plan goals, the Department hired Vanir Construction Management, Inc., to conduct a system-wide Master Planning and Condition Assessment project. Under that effort, Lanterman, along with the other developmental centers, underwent thorough land, infrastructure, seismic, and facilities assessments. The study report was published in 1998 and included recommendations for corrections, by facility, along with cost estimates at that time. The report ended with a recommendation for system-wide renovations at a cost estimate of $986 million. This cost was less than $1.469 billion that was estimated for full system-wide facility replacement but only slightly more than the estimated cost for full code updates and corrections at $967 million. The report concluded that

Lanterman's physical and functional condition, like the other developmental centers, was significantly inadequate to address the then-current codes and to meet the needs of the consumers it served. Lanterman's share of the recommended renovations totaled in excess of $200 million in 1998 dollars.

While the report recommended very significant system-wide renovations to address code deficiencies, and some programmatic improvements, it concluded further that in light of the magnitude of the cost investment, it would be prudent to explore other options for service delivery outside the developmental centers. Faced with these cost estimates, along with the State's fiscal realities and the national trend away from the provision of services in congregate settings, funding became more readily available for increasing and strengthening the community service system, which has steadily decreased the population of developmental centers. As developmental center population has decreased, some of the older buildings needing the most expensive corrections have been closed. In addition, vacant areas have been made available for training and activity space, freeing up some of the congestion on residences and allowing for greater privacy and room for personal possessions.

The Department has followed a prudent plan for the past several years to use the limited funds available to fix only the most serious deficiencies that threaten consumer health and safety or impact major operations of facilities and has avoided large scale renovations or construction of new buildings except when required in rare cases, such as serving the forensic population at Porterville DC.

Some of the most significant findings of the Vanir Study as they relate to Lanterman that remain largely unaddressed today, include the following:

- **Fire and Life Safety and Residential/Programmatic Deficiencies:** Lanterman has a large number of waivers granted in the late 1970's and early 1980's for variances to the 1967 building and life safety codes. The understanding at the time was that gradually the waivered conditions would be remedied, either with building remodeling or replacement. Due to the cost of such work, Lanterman is still operating under these waivers today, many of which relate to fire suppression issues such as a lack of sprinklers and fully operational smoke detection and alarm systems; lack of required windows, exits and corridors; problems with corridor and door widths for evacuation; problems with heating, ventilation and air conditioning return air ducts; and corridors used as return air plenums. The Vanir estimate for renovations that would address the residential and programmatic deficiencies listed above and all of the fire and life safety code deficiencies was $202.1 million in 1998. The cost to make these improvements today would be significantly higher.

- **Seismic Safety Deficits:** At Lanterman, 61 buildings totaling 302,000 square feet have not had a risk level assessment for seismic safety. Of the 103 buildings reviewed, 42 were assigned a risk rating of Level III, IV or V, indicating potential to serious problems in the event of an earthquake. To date, seismic retrofits have been completed only in the main kitchen. Funds have been unavailable to complete

risk assessments or undertake any further seismic work. While the hospital building has been considered most at risk, and funds were previously budgeted for retrofit, the funds are no longer available due to the State's fiscal crisis. Because of its mixed use for clinics, labs and residences, Lanterman's hospital building is not subject to the California hospital seismic retrofit compliance date of 2013 (SB 1953 Chapter 740, 1994 and SB 1661 Chapter 679, Statutes of 2006) because it is not technically categorized as a hospital; but it is still at risk and subject to Nursing Facility seismic requirements. The building would require mandatory seismic updating if there were to be any major renovation in the building that exceeded 25% of the replacement value of the building. While the Vanir Study estimated Lanterman seismic upgrades at a total cost of $1.2 million in 1998, the most recent DGS estimate for the cost of seismic retrofit of the hospital building alone was approximately $42.5 million.

- **Americans with Disabilities Act (ADA) Compliance:** Lanterman was evaluated for ADA compliance as part of an assessment funded by the Department and conducted through DGS and its contractor, Carter Burgess, in 2002-2003. Carter Burgess worked with Lanterman to identify the scope of work necessary to achieve minimum compliance and developed a plan with phased projects that would be completed over three fiscal years, beginning in 2007. The total cost of the work was projected at approximately $20.6 million in 2006 dollars. The construction project could never be funded and the major work remains unaddressed, although Lanterman has completed some curb cuts, ramps, sidewalk repairs and other small ADA upgrades using $102,429 in special repair funding over the past five years.

- **Kitchen and Food Service Deficiencies:** The Vanir Study found that of the five developmental centers assessed, Lanterman's main kitchen was in need of the most structural modifications, equipment repairs, and equipment and structural replacements. Most of Lanterman's food service facilities and equipment were found to be antiquated and non-compliant with codes. Special constraints in some of the residence kitchens precluded adequate refrigeration and preparation of food products. The lack of air conditioning contributed to an unacceptable work environment and improper food temperatures. Walk-in refrigerators and freezers needed replacement and did not consistently maintain correct temperatures or meet code. Hot food equipment also did not consistently maintain proper temperatures. In addition, serious seismic issues were identified. While the seismic retrofits have been completed, the structural issues that negatively impact safety, sanitation, and proper food preparation, handling, and storage have not been corrected because of the unavailability of funds. Lanterman has replaced some equipment and worked to maintain sanitary conditions to the degree possible within existing funds, and has met federal certification requirements annually in this area but the 1948 kitchen is inadequate for today's needs and code requirements. While the Vanir Study estimated kitchen repairs at $2.9 million in 1998, replacement of the kitchen and renovation of the satellite kitchens could cost in the neighborhood of $50 million today, based on the Department's recent experience with similar projects.

- **Residential and Programmatic Space:** Bedrooms do not meet current code requirements for size and privacy, some have less than full-height walls and house up to four people per room. Many lack adequate storage space for clothing and personal belongings and have insufficient electrical outlets; and in medical units, lack nurse call systems and adequate space for mobility and medical equipment and supplies. Bathing areas are too small for staff to easily maneuver and transfer consumers, work around tubs and toilets, use lifts and specialized equipment, and to allow for storage of individual grooming and hygiene supplies. Space for separate simultaneous consumer activities is unavailable in living units, therefore requiring the transportation of consumers to activities and training in older vacant buildings that were designed for other purposes and are not optimally configured.

Recent Property Assessment Study

RBF Consulting (RBF) has completed a report entitled "Property Assessment," an assessment of the Lanterman property for the DGS Real Estate Services Division (RESD). The assessment includes a current Infrastructure Capacity Assessment, which reviews sewers, water, gas, electricity and storm drainage systems; and a Phase 1 Environmental Site Assessment, which identifies areas of potential environmental concern such as the presence of hazardous materials and potential contamination sources. Odic Environmental, a sub-consultant for RBF, conducted the Phase 1 Environmental Site Assessment. Some of the recommendations from these studies include:

- **Water System:** The existing water storage system is 75 years old and consists of two aged ponds/reservoirs remotely located on the Lanterman campus, linked together with piping, valves, etc. The majority of recent pipeline failures indicate corrosion as the primary cause and the facility continues to maintain this old and deteriorating water system by replacing segments of lines and valves on the local and remotely located water lines. The Infrastructure Capacity Study report recommended that, due to its age, Lanterman should immediately begin a program of replacing the on-site water distribution system as the original steel pipelines are approaching the end of their service life, beginning with the replacement of pipelines smaller than 8-inch diameter. The study also recommended that completion of fire sprinkler retrofits should be a top priority for water system modifications, as the fire flow capacity may not be adequate for most local fire departments nor meet water agency fire flow standards. The study also found that some buildings lack backflow prevention devices for the fire sprinkler systems, and recommended that backflow devices be added pursuant to California Department of Public Health requirements. Estimates for these projects are not available as a planning study would be needed to analyze the existing water piping, metering, and reservoirs to develop appropriate recommendations, including a new water reservoir. The funding of an engineering study alone for this purpose would cost $75,000 to $100,000. Lanterman has spent approximately $569,000 in special repair funding plus an additional $29,887 in facility operating funds over the past five years on water system improvements.

- **Sewer System:** Lanterman's sewer collection system connects at two points to a 27/30 inch Los Angeles County Sanitation District (LACSD) interceptor system located on the east side of the Union Pacific railroad tracks and the South San Jose Creek Channel. At one of the connection points, the Lanterman trunk sewer parallels the tracks on the east side and conveys the flow of sewage southerly through a 15-inch trunk sewer, then crosses the tracks and flood control channel. The pipelines pre-date the construction of the two new railroad tracks and the flood control channel. Parts of the pipeline under the crossings are not encased in concrete and are exposed, with part of the pipeline running over the flood control channel creating potential structural failure issues as well as opportunities for rust and corrosion. The Infrastructure Capacity Study report recommends that Lanterman request permission from the LACSD to connect to LACSD's larger industrial trunk sewer interceptor on the east side of the tracks and flood control channel in the south portion of the site. This would allow abandonment of the Lanterman sewer crossing the tracks and channel and prevent potential costly failure. The report also identified potential problems with sewer pipe sags and a sub-standard slope that could produce odor issues and reduce system capacity; and potential capacity constraints at two specific locations. There are no estimates for these projects. Lanterman has spent approximately $655,000 over the past five years in special repair funds plus an additional $18,056 in facility operating funds to replace sewer lines and maintain the sewer system.

- **Environmental Conditions:** The Phase I Environmental Site Assessment report listed 15 recognized environmental conditions, some of which could require budgeting in the near term (1-5 years). The report calls for further soil sampling, testing and laboratory analysis for the presence of toxins and contaminants in several locations. It is not yet possible to estimate total costs because all assessments that may be indicated are not yet known, nor has it yet been determined whether there will be need for clean-up of any contamination. Odic Environmental's opinion of estimated costs to conduct the next phase of assessment or for minor improvements to the 15 items totals $38,100. Odic has also estimated that if the next phase of assessment results in findings indicating further testing is needed of underground storage tanks, an additional $20,000 to $55,000 in costs may be incurred just in further testing for leakage contamination.

Upcoming Needs and Mandates

- **Nursing Facility Fire Sprinkler Installation:** Federal Rule 42, Code of Federal Regulations 483.70, enacted in 2008 requires the installation of automatic fire sprinklers in residences identified as Nursing Facilities (NF) by August 2013. This federal rule also encompasses non-NF residences that may be attached or adjacent to NF residences in buildings with multiple units, and non-NF residences that serve as part of the evacuation route for residents of nursing facilities. Lanterman has identified 10 residences that appear to be subject to these requirements. DDS is conducting a study to determine estimated cost for fire sprinkler system installation system-wide and does not have an estimate for Lanterman at this time. The study

will also look at other factors that may affect cost and installation, such as water pressure capacity, presence of backflow prevention devices, and electrical capacity. Additional funding will be needed for preliminary plans, working drawings and construction.

- **Boilers:** The South Coast Air Quality Management District (AQMD) Rule 1146 requires Lanterman to submit an application for permits to construct boilers that will meet new upcoming emission standards. Rule 1146 limits emission to no more than 9 parts per million by or before January 1, 2013 with construction required to be completed to meet full compliance of no more than 5 parts per million by January 2014. Lanterman's current boilers were built in approximately 1950 and will not comply with the strict standards of Rule 1146. At this time, two out of Lanterman's four boilers are operating at the currently allowable standard of 30 parts per million. The third boiler is already out of compliance and not in use and the fourth is out of order. The boilers are essential to the operations of the facility as they heat water and provide steam, the source of heat, to all areas. Facility failure to comply with Rule 1146's stricter standard of 5 parts per million limits by 2014 will require the boilers to be shut down. The total project cost of replacing three boilers has recently been estimated to be approximately $2.6 million. Lanterman has already spent approximately $392,000 in special repair funding for emergency boiler repairs over the past five years.

- **Special Repairs:** As Lanterman continues to age, the infrastructure will need a greater degree of maintenance at a greater cost to the overall system. The aging buildings will present escalating challenges for planning program services in the future. Lanterman has spent $3.7 million in special repairs over the past five fiscal years and an additional $460,345 over the same period from its internal operating budget for facility maintenance and repair. A special repair budget for Fiscal Year 2009-2010 has been identified for Lanterman; however, the projects to be addressed with this funding are being assessed pending adoption of this Plan.

FUTURE OF THE LANTERMAN CAMPUS

In most circumstances surrounding the closure of a developmental center, the Department reports the property to DGS as excess land. DGS then determines if there is another state use for the property. If DGS determines that there is no state need, the property is included in the annual omnibus surplus property bill. After the Legislature has declared the property surplus, DGS takes the lead in determining the future use of the property and arranging for its sale, transfer, or disposition, in accordance with Government Code sections 11011 and 11011.1 concerning surplus state property, Attachment 9.

Upon posting of the surplus notification on the DGS web site, local governmental agencies have 90 days to notify DGS of their interest in acquiring the property. Following the 90-day notice period, DGS then offers the property to the general public.

Excess acreage at Lanterman has previously received surplus authorization as noted in the 1996 state surplus property bill (SB 1500 (Mountjoy), Chapter 417, Statutes of 1996). The Director of DGS, with the approval of the State Public Works Board, has authority to dispose of excess acreage at Lanterman for specific parcels as determined through a study by DGS and DDS.

The DGS process for marketing high value surplus properties is defined as an asset enhancement process to assure that the State receives the highest and most certain return from the sale of the property. It is anticipated that the disposition of the Lanterman property will follow this process. Prior to offering the property for sale, DGS meets with the local jurisdiction to determine development entitlements that may be secured for the property, including rezoning, general plan amendments, and environmental compliance in order to reduce risk for prospective buyers. DGS will then issue a Request for Proposals (RFP) from interested buyers. Once a buyer(s) is selected for exclusive negotiation, DGS may condition the close of escrow upon the buyer receiving final entitlements from the local jurisdiction. The final disposition of the property may take several years to complete.

Consistent with GC section 11011(g), Attachment 9, the net proceeds from the disposition of surplus state property will be paid into the Deficit Recovery Bond Retirement Sinking Fund Subaccount, established pursuant to subdivision (f) of Section 20 of Article XVI of the California Constitution, as approved by the voters.

V.
IMPACT OF THE CLOSURE OF LANTERMAN

The closure of Lanterman will impact all who live or work at the DC as well as their families, friends, and the local community. The well-being of the residents and employees will remain the top priority for the Department throughout the closure process. While change will be difficult, the Department is committed to developing positive options for both the residents and employees, and supporting them in meaningful ways. Integral to this process is continuing to work closely with stakeholders to anticipate and address issues timely, and in a way that mitigates any adverse impact. As realized during the closures of Agnews and Sierra Vista Community Facility, closure also brings opportunities for improving people's lives.

There is not a single viewpoint as to how the closure will impact Lanterman residents and their families, employees, the community, and the regional center system. To ensure everyone's views are represented, all written correspondence received regarding the closure is provided in Attachment 3.

Impact on Residents and Their Families

Each resident will participate in planning for his or her own personal future and will transition to an alternative living option that meets personal preferences, interests, and needs. While many individuals will move to locations in the community, others may need to transfer to another developmental center. Regardless of location, all will receive the services and supports identified in their IPP.

As is true for all persons with developmental disabilities served through the regional center system in California, residents moving out of Lanterman into the community will receive the full range of services, including person-centered planning, access to specialized services, service coordination and case management, and quality of service monitoring from employees of the local regional center. New service models, in particular the new residential facility licensure category for individuals with enduring medical needs, will provide greater opportunities for some residents to live in the community.

Residents who transfer to other developmental centers will receive the same high-quality services that they received at Lanterman. The Department will ensure that services and supports are in place to meet their needs.

Impact of closure on residents of Lanterman and their family members is anticipated to vary, but the Department places great value on maintaining family contact and providing residential options in close proximity to family members.

The Lanterman Parents Coordinating Council is opposed to closure and concerned about the level of care available in the community. The Council's complete position statement is included at the beginning of Attachment 3.

Impact on Employees

The impact of the closure of Lanterman on employees will be mitigated as much as possible through a multi-faceted program designed to help staff obtain alternate job opportunities. This program is discussed in detail in Chapter III of the Plan and includes a variety of services and outreach activities to be conducted and coordinated through the Lanterman Career Center. The Department will encourage Lanterman employees to voluntarily transfer to vacancies at other developmental centers. Through future legislation, the Department also plans to expand the State Staff in the Community program, first authorized at Agnews, to now include Lanterman employees. This program will create job opportunities in the local community where employees can apply their experience and skills, and continue providing services to former Lanterman residents. In addition, the Department will provide information and encouragement for Lanterman employees to consider movement into the private sector to become service providers for persons with developmental disabilities living in the community.

Impact on the Community Surrounding Lanterman

The area around Lanterman is economically diverse. Upon closure of the facility, it is likely that alternative uses of the property will continue to support local businesses. The people who live and work at Lanterman come from all parts of Southern California. While many of the residents moving to the community will not live in the Pomona area, resources will be developed to serve those who stay locally. In addition, the Department's efforts to assist employees with identifying future job opportunities will minimize the economic impact of job losses on the local community.

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 all but three of the Lanterman residents:

Association of Regional Center Agencies

> "The Association of Regional Center Agencies (ARCA) and its member regional centers received your January 29, 2010, letter about the Department's intent to close Lanterman Developmental Center. ARCA supports the proposed closure of Lanterman Developmental Center and is prepared to work with the Department and others to develop necessary resources to ensure that the planning and closure activities result in positive outcomes for every affected consumer. The success of the recent Agnews Developmental Center closure is

an example of how well-planned, adequately funded, and collaborative efforts can achieve such outcomes.

"As you know, regional centers were established to develop local community-based service systems as an alternative to costly state-operated institutions. A 1969 report to the Legislature about the first two pilot regional centers observed that "Over the years, approximately 2,000 to 3,000 California families at the point where they were no longer able to care for their retarded member applied annually for services from one of the four State hospitals for the mentally retarded. Until 1965, the State hospital and post-hospital leave programs were the only alternatives open to families, whether or not hospital care was needed by the individual or desired by his family. During the 1965 legislative session, the Regional Center program was established to answer the pleas of families who were eager to keep their mentally retarded family member home and/or in the community." Thus, from their inception, a primary regional-center function has been to deflect individuals from placement in state developmental centers (previously called "state hospitals") by creating community-based alternatives, and to transition those living in state developmental centers into the community.

"The regional-center "experiment" has, obviously, been very successful, as evidenced by the steady decline in the number of individuals living in institutions and the closure of three large state developmental centers since the mid-1990s. In 1968, there were 13,355 individuals living in state developmental centers and a legislative committee at that time reported "...that thousands of children are on waiting lists for State hospitals..." Today the developmental centers serve only about 2,100 individuals, despite the state's general population increase from 19.4 million in 1968 to about 38 million in 2009. Thus, since the establishment of the first regional centers, the number of individuals in California residing in developmental centers has been reduced from one in 1,453 of the general population to one in 18,327 today. However, the costs of placing and maintaining individuals with medical and/or behavioral characteristics in the community are not insignificant, although much less than serving these same individuals in state developmental centers.

"Section 4418.1(a) of the Wel. & Insti. Code states that "The Legislature recognizes that it has a special obligation to ensure the well-being of persons with developmental disabilities who are moved from state hospitals to the community." ARCA believes that the Department, all regional centers, family members, and the provider community share this same obligation. With this vital obligation in mind, ARCA and its member regional centers look forward to working with the Department in its planning to close Lanterman Developmental Center."

Southern California Conference of Regional Center Directors

"The Southern California Conference of Regional Center Directors (SCCRCD) is in agreement with the Department of Developmental Services' (DDS) decision to close Lanterman Developmental Center (LDC). We recognize the decision to close LDC 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 LDC, DDS needs to work proactively with the SCCRCD. Specifically, DDS needs to 1) enhance each regional center's resource development and case management activities 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) expand legislation to develop innovative housing options such as the 962 homes, 4) support permanent and affordable housing, and 5) seek an exemption from the Legislature of the 3% reduction in the payment of Purchase of Service for activities and placements directly linked to the closure of LDC.

"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 consumers moving from LDC into the community can and will receive the appropriate residential, day and health services consistent with their individual needs.

"SCCRCD looks forward to working with DDS, LDC consumers and their families, as well as staff of LDC to affect a smooth transition of each consumer into the community."

VI.
MAJOR IMPLEMENTATION STEPS AND TIMELINE

ACTIVITY	DATES
The Department announces its proposal to close Lanterman	January 29, 2010
Initial meetings with: • Lanterman residents • Family members of DC residents • Employees and their bargaining unit reps • Local officials/legislators • Regional centers • Community service providers • Other stakeholder groups • Local businesses • Managed care health plans	February/March 2010
Work with Regional Centers regarding Community Placement Plan (CPP) development and community capacity in regional center catchment areas	February 2010 - closure
Coordinate with DHCS, Agency, CDPH & DSS	February 2010 - closure
Public Hearing on the proposed closure of Lanterman	February 24, 2010
Implement a process to ensure timely notification to stakeholders and appropriate entities regarding closure activities, including development of a Web site	March 2010
Work with local Managed Care Plans ensuring availability of health services	March 2010 - closure
Submission of the Lanterman Closure Plan to the Legislature	April 1, 2010
Legislative Budget Hearings/Testimony	April 2010 – June 2010
Submit legislation associated with Adult Residential Facilities for Persons with Special Health Care Needs and State Staff in the Community	April 2010
Establish and convene Advisory Groups for: • Resident Transition • Quality Management • Staff Support	April 2010
Initiate individualized transition planning process	July 2010
Develop and implement individual health care plans for residents	July 2010 - closure
Establish dental coordinator and health care consultant positions at identified regional centers	July 2010

Assist Lanterman employees by providing information, training opportunities, job fairs, and employment announcements	July 2010 – closure
Plan for the deployment of state employees to community services and work with regional centers and providers to determine numbers and types of state employees who may be interested and for what functions	2010
Transition of residents from Lanterman	2010 - closure
Establish a LDC Business Management Team to develop a plan for the administrative and physical plant activities of closure	2010
Develop and open an outpatient clinic to provide transition services as residents leave Lanterman	2010
Establish Lanterman consumer specific MOUs between health plans and regional centers	2010
Official closure of Lanterman	After all residents have moved
Post-closure clean-up activities at Lanterman	Initial months following closure
Warm shutdown begins (if transfer of property does not immediately occur)	Upon closure and until property is transferred

VII.
INPUT RECEIVED ON THE PLAN

SUMMARY OF PUBLIC COMMENTS

As specified in Welfare and Institutions Code section 4474.1, the Department has welcomed public comment regarding the recommendation to close Lanterman for consideration and inclusion in the Plan. Many meetings occurred to obtain verbal and written input from key stakeholders. (Refer to Attachment 4 for the list of contacts.) A public hearing was held on February 24, 2010, and approximately 92 speakers provided verbal input. In addition, approximately 276 written submissions were received by DDS through March 22, 2010. (Attachment 3) Of the 276 written submissions, 4 are identified as residents at Lanterman, 80 are identified as family members of residents at Lanterman, 39 are identified as Lanterman staff, and 153 are other interested parties. Some individuals provided input multiple times using various methods of correspondence. Petitions indicating opposition to closure of Lanterman have been signed and submitted by approximately 746 individuals including family members, volunteers and members of the surrounding community.

The majority of public comments received from family members and employees stated the opinion that Lanterman should not close. The Lanterman Parents Coordinating Council is opposed to closure and concerned about the level of care available in the community. The Council's complete position statement is included at the beginning of Attachment 3. There were also requests to suspend the recommendation for closure and hold a re-hearing in 120 days. The longevity in years of residency; the age of residents; and the acuity of nursing, medical, and behavioral supports were the greatest areas of concern. There was emphasis on the significance of stability for consumers and their sensitivity to changes in the environment, staff support, and social groups. There were concerns about consumers experiencing multiple moves. The importance of all services in the community having experienced and knowledgeable care providers, diligent oversight by licensing, and financial stability was expressed by many interested parties with and without affiliation to the developmental center.

Public comments in favor and/or acceptance of the proposed closure viewed the closure as an opportunity to facilitate consumer involvement in communities beyond the developmental center. There were references to successful transitions into the community and the benefits of living in a less restrictive environment. There was interest in ensuring individualized transition planning; continuity of relationships with peers and staff; honoring consumer and family choices; ensuring standards of care and oversight for safe and secure environments; and access to transportation, nursing, medical, dental, psychiatric, behavioral, and social and recreational services. Some felt it was the Department's responsibility to ensure equality to the commitments made for the Agnews closure such as the development of specialized enduring medical care homes and the use of State Staff in the Community. In addition, there were requests for

concentrated resources dedicated to residents of Lanterman in the community such as specific certification requirements for homes and the exclusive use of all CPP funds.

The Department received a variety of proposals for alternatives to closure such as downsizing the facility while maintaining residential operations, developing transitional housing for residents, and converting the campus to a resource center that would provide access to specialized services for consumers living in the community. With apparent fears that Fairview Developmental Center (FDC) may also face a future closure, there were suggestions to consolidate the two developmental centers by either moving residents from Lanterman to FDC in mass to maintain peer and staff relationships, or by moving residents from FDC to Lanterman to preserve the older facility. There were requests for the Department to identify at least one developmental center that would remain open as an option for those who cannot be served in the community.

Additional input from other venues referenced employee interests such as resources for career development, operation of homes in the community, and retirement workshops. A web-based network was suggested to maintain connections and interaction. There were comments regarding transportation of employees from Lanterman to Fairview, as well as recommendations to transfer some services that are unique to Lanterman to Fairview.

In addition to the public interest in the residents and employees of Lanterman, the comments included questions of cost-effectiveness of closure and the economic impact to the City of Pomona and the State of California. There were recommendations centered on the idea of selling or leasing portions of the property to generate funds for continued and/or expanded services for people with developmental disabilities, with objections to the proceeds going into the General Fund. There were references to redevelopment of the campus for dormitory style housing and apartment complexes for rehabilitation of veterans, consumers who are privately insured, individuals who are homeless, and potential opportunities for its use for individuals who are unemployed as a local training center and educational facility.

The anticipated length of time for the closure and the contents of the Plan were of great interest, and there were many statements urging legislative staff involvement with Lanterman prior to making the decision on closure.

Consumer Input

As part of the Department's process to obtain input into the plan to close Lanterman, DDS prepared two easy-to-read PowerPoints, one for the community and another for the residents of LDC, discussing the planning process and requesting input on key elements of the plan. (Attachment 10) These were specifically designed to enhance the ability for people with developmental disabilities to provide input on the Plan.

The PowerPoint for the residents of Lanterman was presented at a meeting attended by 56 individuals from 14 residences. An additional seven consumers chose not to attend the meeting but their input was conveyed by others.

As the PowerPoint was presented, staff reiterated the questions for the group and documented responses. Residents identified the events and activities that were most important, and school and work were among the highest priorities. Other events such as religious services, outings to McDonald's, eating at the canteen, shopping, visits with family, and dances were also referenced; and there is an interest in continuing those activities whether they live at Lanterman or in the community. One person indicated he would like to live alone, while several others stated their objection to moving to the community and referenced the importance of remaining connected to family.
In addition to the responses above, there were statements of support to the proposed closure of Lanterman.

The PowerPoint for community input was posted on DDS's website and widely distributed to self-advocacy groups and regional center consumer advocates in the greater Los Angeles area, as well as the Area Board 10 office of the State Council on Developmental Disabilities.

Consumer responses indicated that people should be living in a group home or independent living and integrated into their community. They viewed preparation in advance of moving as essential. They emphasized a need for slow transitions, encouraging health education for wellness, and living skills training that will promote involvement in the community. According to input received, it is important that arrangements for a day program or a job are made before moving out of the facility, and there should be access to physicians in the community. There was an emphasis on ensuring a support system before, during, and after a move to the community, and that people should live close to family and friends. Regular communication should occur between Lanterman DC, regional centers, self-advocates, residents, and families. It was suggested that former residents of developmental centers and self-advocates could mentor, train, and present information about community living to residents and staff.

VIII.
FISCAL IMPACT

DDS's budget currently includes funding to operate four DCs and one community facility. Included in this budget is $116.5 million in funding to serve the 393 residents of Lanterman. The DDS budget also provides funding for regional center (RC) operations, purchase of services for consumers living in the community, and statutorily required Community Placement Program (CPP) plans to increase community capacity for deflecting consumers from entering a DC and providing opportunities for consumers to transition from a DC to a community-based living arrangement.

It is anticipated that opportunities will exist for many LDC residents to relocate to community-based living arrangements while some residents will continue to need care in a DC setting. The decision on where a resident will relocate will be made on an individual basis through the Individual Program Plan (IPP) development process. The Department, working with the regional centers, is currently anticipating the transition of approximately 100 residents to community living arrangements in the 2010-11 Fiscal Year, of which 37 transfers are already assumed in the Governor's proposed budget. Generally, the cost of transition of residents into community settings is covered by CPP funding and future savings in developmental center costs.

The Department believes it can manage the closure of LDC without requesting additional resources if its existing level of funding is maintained. However, DDS cannot accurately propose distribution of available resources between the DC and community-based systems until resident needs and community capacity are more fully assessed. As was necessary in the closure of Agnews, flexibility will be required to move funding between items of appropriation within the Department's budget during the closure process.

The closure of the facility will occur after the last resident transitions to his or her new living situation. To ensure the health and safety of individuals, transition will only occur after services and supports are available in his or her new residence. DDS anticipates it will take at least two years after legislative approval to achieve closure.

As indicated above, it is premature to provide a detailed distribution of the DDS budget between the DC and community program based on the proposed closure of LDC. Therefore, this plan includes high-level assumptions that will be followed by a more detailed fiscal breakdown as soon as resident needs and community capacity are more fully assessed.

DEVELOPMENTAL CENTER COSTS

To the extent LDC residents transition to another developmental center, the costs and appropriate funding will transfer accordingly. In addition, the DC budget will retain funding for costs associated with the following:

- Travel and moving costs associated with transporting residents to new living arrangements.

- Provision of peer informational sessions for residents at LDC.

- The establishment of a Career Center to assist interested employees in preparing for and securing alternative employment.

- Administrative staff temporarily needed after closure to ensure records are properly retained and stored, confidentiality is preserved, and essential historical documents are chronicled and maintained.

- The Department will be required to "cash out" accrued vacation, annual leave, personal leave, holiday credit, certified time off (CTO), and excess time for employees separating from state service due to retirement or layoff. It is anticipated that incremental employee layoffs will occur throughout the closure process. The need for layoff will depend on the resident population and the identification of excess positions by classification.

- The Department is responsible for maintaining the physical plant until the property is transferred through the state surplus property process. This period is often referred to as "warm shut-down."

- The Department will temporarily operate a clinic on campus to provide a safety net for medical, dental and behavioral services for residents as they transition to new living arrangements. The clinic will only operate until all residents have moved from LDC and their health care transition has been completed.

- The Regional Resource Development Project (RRDP) primarily associated with the LDC campus will be relocated, as necessary, to maintain support to the community currently served by this office.

It should be noted that the fiscal analysis does not include any assumptions associated with the disposition of the LDC property.

REGIONAL CENTER/COMMUNITY COSTS

The Department is committed to ensuring the availability of necessary services and supports for LDC residents transitioning into the community. The RC costs will be

funded from regular CPP resources contained annually in the Department's budget and future year savings in developmental center costs. The Southern California RCs impacted by the closure of LDC currently receive approximately 55% of the available statewide CPP funding. The RC costs associated with the proposed closure of LDC include:

- Community resource development, including residential (e.g., ARFPSHN), day services and related RC staff resources;

- Purchase of Service funding for the ongoing provision of services in the community; and

- Staff resources to coordinate dental and health services in the community, enhanced case management, and quality assurance functions.

FUNDING

As indicated previously, the Department believes it can manage the closure of LDC within existing levels of funding if flexibility is granted to move funding within the DDS budget. DDS cannot accurately distribute these resources between the DC and community-based systems until resident needs and community capacity are more fully assessed. The CPP funding for the Southern California RCs will be focused, to the extent possible, to achieve closure.

The Department is also working closely with the DHCS to access 75% to 100% federal funding under the "Money Follows the Person" (MFP) grant for staffing and consumer services costs in the community during the first year of transition. This use of the MFP grant will maximize federal funding in the closure process.

IX.
LIST OF ATTACHMENTS

1 Statutory Requirements for the Closure of a Developmental Center: Welfare and Institutions Code section 4474.1.

2 Letters Announcing the Recommendation to Close Lanterman

3 Written Input Received (separately bound document)

4 Stakeholders/Organizations Contacted

5 Resident Characteristics

6 Lanterman Developmental Center Population by Regional Center

7 Characteristics of Lanterman Employees

8 LDC Classifications Identified by Bargaining Unit

9 Surplus State Property Process, Government Code sections 11011 and 11011.1

10 Surveys for Lanterman Resident and Community Input

Attachment 1

Welfare and Institutions Code § 4474.1. Closure of state developmental centers; closure plans; submission to legislature; legislative approval; modification; pre-submission requirements; plan components

(a) Whenever the State Department of Developmental Services proposes the closure of a state developmental center, the department shall be required to submit a detailed plan to the Legislature not later than April 1 immediately prior to the fiscal year in which the plan is to be implemented, and as a part of the Governor's proposed budget. No plan submitted to the Legislature pursuant to this section, including any modifications made pursuant to subdivision (b), shall be implemented without the approval of the Legislature.
(b) A plan submitted on or before April 1 immediately prior to the fiscal year in which the plan is to be implemented may be subsequently modified during the legislative review process.
(c) Prior to submission of the plan to the Legislature, the department shall solicit input from the State Council on Developmental Disabilities, the Association of Regional Center Agencies, the protection and advocacy agency specified in Section 4901, the local area board on developmental disabilities, the local regional center, consumers living in the developmental center, parents, family members, guardians, and conservators of persons living in the developmental centers or their representative organizations, persons with developmental disabilities living in the community, developmental center employees and employee organizations, community care providers, the affected city and county governments, and business and civic organizations, as may be recommended by local state Senate and Assembly representatives.
(d) Prior to the submission of the plan to the Legislature, the department shall confer with the county in which the developmental center is located, the regional centers served by the developmental center, and other state departments using similar occupational classifications, to develop a program for the placement of staff of the developmental center planned for closure in other developmental centers, as positions become vacant, or in similar positions in programs operated by, or through contract with, the county, regional centers, or other state departments.
(e) Prior to the submission of the plan to the Legislature, the department shall hold at least one public hearing in the community in which the developmental center is located, with public comment from that hearing summarized in the plan.
(f) The plan submitted to the Legislature pursuant to this section shall include all of the following:
(1) A description of the land and buildings affected.
(2) A description of existing lease arrangements at the developmental center.
(3) The impact on residents and their families.
(4) Anticipated alternative placements for residents.
(5) The impact on regional center services.
(6) Where services will be obtained that, upon closure of the developmental center, will no longer be provided by that facility.
(7) Potential job opportunities for developmental center employees and other efforts made to mitigate the effect of the closure on employees.
(8) The fiscal impact of the closure.
(9) The timeframe in which closure will be accomplished.

Attachment 2

DEPARTMENT OF DEVELOPMENTAL SERVICES
1600 NINTH STREET, Room 240, MS 2-13
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-1897

January 29, 2010

Dear Residents, Family Members, Employees and Other Interested Parties:

The Department of Developmental Services (Department) is strongly committed to ensuring the provision of quality care to the consumers residing in our state-operated facilities. As the population has decreased over the last several years, the system has been challenged to meet this commitment within existing resources. After careful evaluation, the Department has made the difficult decision to recommend to the Legislature the closure of Lanterman Developmental Center (Lanterman).

The decision to recommend closure was not made lightly, as it will impact the many consumers served, and all of who have worked hard to make Lanterman a caring and positive place to live. Please be assured that the well-being of the residents and staff at Lanterman is our utmost concern and priority as we move forward. An individualized planning process will be used for each resident so that they are able to move to the most appropriate setting that meets their needs. The Department will also work with labor unions and develop strategies to assist the many experienced and dedicated employees in finding future employment opportunities.

Currently, the Department operates four large developmental centers and one small community facility serving approximately 2,145 consumers. Lanterman serves the smallest population and has the highest per-consumer cost among the developmental centers. It is one of the oldest facilities, and its infrastructure is in need of major repairs and capital improvements, all of which would require a significant investment of state funds over the next few years.

The Department is just beginning the multi-phase planning process as specified in Welfare and Institutions Code section 4474.1, for closure of a developmental center. This law requires that the Department prepare and submit a detailed plan to the Legislature by April 1, 2010, and receive approval prior to beginning closure activities in Fiscal Year 2010-2011. The Department considers it essential that interested stakeholders have an opportunity to participate in planning for the closure, including consumers, their family members, employees, regional centers, advocates, service providers, public officials, representatives from the communities surrounding Lanterman, and other interested parties. The Department will convene various stakeholder meetings and at least one public hearing will be held in the Pomona area to obtain input during development of the plan.

The closure recommendation is viewed as a necessary step in preserving the quality of services throughout the developmental center system. Although a specific closure date has not been set, it is anticipated that the closure process will take approximately two years. Consumers will not move until appropriate services are available either in the community or at another developmental center.

If you have any questions, please contact the Developmental Centers Division at (916) 654-1963. Thank you for your understanding and support during these challenging times.

Sincerely,

Therese Delgadillo

TERRI DELGADILLO
Director

DEPARTMENT OF DEVELOPMENTAL SERVICES
1600 NINTH STREET, Room 240, MS 2-13
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-1897

January 29, 2010

TO: DEPARTMENT OF DEVELOPMENTAL SERVICES' ALL STAFF

The Department of Developmental Services (Department) is strongly committed to ensuring the provision of quality care to the consumers residing in our state-operated facilities. As the population has decreased over the last several years, the system has been challenged to meet this commitment within existing resources. After careful evaluation, the Department has made the difficult decision to recommend to the Legislature the closure of Lanterman Developmental Center (Lanterman).

The decision to recommend closure was not made lightly, as it will impact the many consumers served, and all of who have worked hard to make Lanterman a caring and positive place to live. Please be assured that the well-being of the residents and staff at Lanterman is our utmost concern and priority as we move forward.

Currently, the Department operates four large developmental centers and one small community facility serving approximately 2,145 consumers. Lanterman serves the smallest population and has the highest per-consumer cost among the developmental centers. It is one of the oldest facilities, and its infrastructure is in need of major repairs and capital improvements, all of which would require a significant investment of state funds over the next few years.

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The closure recommendation is viewed as a necessary step in preserving the quality of services throughout the developmental center system. Although a specific closure date has not been set, it is anticipated that the closure process will take approximately two years. Consumers will not move until appropriate services are available either in the community or at another developmental center.

Sincerely,

Therese Delgadillo

TERRI DELGADILLO
Director

DEPARTMENT OF DEVELOPMENTAL SERVICES
1600 NINTH STREET, Room 240, MS 2-13
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-1897

January 29, 2010

TO: MEMBERS OF THE LEGISLATURE and OTHER INTERESTED PARTIES

The purpose of this letter is to notify the Legislature and other interested parties that the Department of Developmental Services (DDS) is initiating the process to plan for the closure of Lanterman Developmental Center (Lanterman), a DDS-operated facility located in Pomona, California, that provides 24-hour care and treatment to persons with developmental disabilities (consumers) pursuant to Division 4.1 of the Welfare and Institutions Code.

The decision to recommend closure of Lanterman was not made lightly, as it will impact the many consumers served, their families and representatives, and the staff, all of whom have worked hard to make Lanterman a caring and positive place to live. Please be assured that the well-being of all who live and work at Lanterman will be of our utmost concern and priority as we move forward.

As specified in Welfare and Institutions Code section 4474.1, the planning process for closure of a developmental center requires that DDS prepare and submit a detailed plan to the Legislature by April 1, 2010, and receive approval prior to beginning closure activities in Fiscal Year 2010-2011. The Department considers it essential that interested stakeholders have an opportunity to participate in planning for the closure, including consumers, their family members, employees, regional centers, advocates, service providers, public officials, representatives from the communities surrounding Lanterman, and other interested parties. The Department will convene various stakeholder meetings and at least one public hearing will be held in the Pomona area to obtain input during development of the plan.

DDS operates four large developmental centers and one small community facility serving approximately 2,145 consumers. Based on the State's obligation and commitment to provide opportunities for consumers to live in the least restrictive environment that can meet their needs (*Olmstead* v. *L.C.*, 527 U.S. 581 (1999)), the developmental center population has been steadily decreasing as consumers have moved into community settings and admissions have stabilized. Lanterman has the smallest population and the highest per consumer cost among the developmental centers. In addition, it is one of the oldest facilities and the infrastructure is in need of major repairs and capital improvements, which will drive a significant investment of state funds during the next few years.

Lanterman Developmental Center is licensed and certified as a General Acute Care Hospital with services provided within a Skilled Nursing Facility and an Intermediate Care Facility. The campus is located in Pomona, California, on 302 acres of state-owned land. There are a total of 120 structures (the oldest of which is 104 years). The facility employs over 1,300 staff and has an annual budget of approximately $116 million. Lanterman opened its doors to 61 consumers in 1927, and in 1962 the population was at an all time high of 3,050. Today it serves 398 residents.

DDS will utilize the individualized planning process to achieve the least restrictive living environment appropriate to each resident's needs, either in the community or at another developmental center, and ensure a safe transition for all consumers to their new living options. DDS will also develop strategies and work with employee unions to assist employees in finding opportunities for future employment.

After engaging stakeholders in extensive dialog and comment about the closure, the details of the closure process and timeline will be described in the closure plan that will be submitted to the Legislature by April 1, 2010. While we anticipate that the closure process may take approximately two years, consumers will not move until appropriate services are available.

The recommendation to close Lanterman Developmental Center will be formally incorporated into the Governor's proposed budget through the upcoming Spring Finance Letter process.

If you need further information, please contact my office at (916) 654-1897.

Sincerely,

Terri Delgadillo

TERRI DELGADILLO
Director

Attachment 3

Attachment 3

WRITTEN INPUT RECEIVED REGARDING THE RECOMMENDATION TO CLOSE LANTERMAN DEVELOPMENTAL CENTER

After announcing the recommendation to close Lanterman Developmental Center on January 29, 2010, the Department of Developmental Services has received significant written input on the issue. All of the written input is contained in Attachment 3 to this Plan. Because of the volume, Attachment 3 is provided in a separately bound document.

Attachment 4

Attachment 4: STAKEHOLDERS/ORGANIZATIONS CONTACTED
January 29, 2010 – March 22, 2010

Immediately following the announcement of the recommendation to close of Lanterman Developmental Center, the Department began a process of informing and seeking input from all interested and involved stakeholders. This process took place in the form of face to face meetings, open forums, phone contacts, a scheduled public hearing and via email to obtain as much input as possible in the development of the plan. Below is a listing of individuals, agencies and organizations who were contacted directly by Department representatives during development of the plan.

Consumer Organizations and Individuals including: • Residents Council at Lanterman • Consumers residing within the local Southern CA region • People First of California, Inc. • DDS Consumer Advisory Committee • ARCA Consumer Advisory Committee
Parent Organizations and Individuals including: • Lanterman Families • California Association of State Hospital Parent Councils for the Retarded (CASH/PCR) • Lanterman Parents Coordinating Council (PCC) Board Members
Employees and Employee Organizations including: • Lanterman Employees • California Association of Psychiatric Technicians • American Federation of State, County and Municipal Employees • Union of American Physicians and Dentists • Service Employees International Union, Local 1000 • California Statewide Law Enforcement Association • International Union of Operating Engineers • Association of California State Supervisors • Professional Engineers in California Government
Local, State and United States Government including: • Congresswoman Grace Napolitano (staff) • Senator Gloria Negrete McLeod • Senator Bob Huff (staff) • Assembly Member Norma J. Torres • Assembly Member Anthony Adams (staff) • Assembly Member Curt Hagman (staff) • Los Angeles County Supervisor Gloria Molina (staff) • Los Angeles County Chief Executive Officer • Pomona Mayor Elliott Rothman • Pomona City Councilman Tim Saunders • Pomona City Manager

Attachment 4: STAKEHOLDERS/ORGANIZATIONS CONTACTED
January 29, 2010 – March 22, 2010

• Pomona Redevelopment Director • Diamond Bar Councilman Jack Tanaka • Pomona Chamber of Commerce • San Gabriel Valley Regional Chamber of Commerce • Orange County (staff)
Provider and Advocacy Organizations including: • Disability Rights California • State Council on Developmental Disabilities • Area Board 10 • Lanterman DC Advisory Board • Olmstead Advisory Committee • California Disability Community Action Network (CDCAN) • The ARC of California • California Supported Living Network • ResCoalition • USC Children's Hospital Los Angeles • Respite Care Association • Family Resource Centers Network of California • Autism Society of California • California Association of Health Services at Home • California Disability Services Association • Community Residential Care Association of California • California Association of Health Facilities • Society of California Care Home Operators, Inc. • Developmental Services Network, Inc. • Alliance of California Autism Organizations
Managed Care Plans located in Southern California including: • Molina Health Care • Healthnet • Inland Empire Health Plan • Kaiser • LA Care • Community Health Group
Regional Center Organizations including: • Association of Regional Center Agencies (ARCA) Board of Directors • Eastern Los Angeles Regional Center • Harbor Regional Center • Inland Regional Center • Kern Regional Center • Frank D. Lanterman Regional Center • North Los Angeles Regional Center • Regional Center of Orange County • San Gabriel/Pomona Regional Center

Attachment 4: STAKEHOLDERS/ORGANIZATIONS CONTACTED
January 29, 2010 – March 22, 2010

• South Central Los Angeles Regional Center • Regional Center Organizations (continued): • Tri-Counties Regional Center • Westside Regional Center • San Diego Regional Center • San Andreas Regional Center
State Departments including: • Department of Mental Health • Department of Social Services • Department of Motor Vehicles • Department of Veterans Affairs • Department of Health Care Services • Department of Public Health • Department of Corrections and Rehabilitation • Employment Development Department • Department of Personnel Administration • Department of General Services • Department of Finance

Attachment 5

Lanterman Developmental Center
Resident Characteristics

		% of Population	Total # clients
	POPULATION		393
GENDER	MALE	59%	230
	FEMALE	41%	163
ETHNICITY	ASIAN	4%	17
	BLACK/AFRICAN AMERICAN	7.60%	29
	FILIPINO	0.25%	1
	HISPANIC	18%	70
	OTHER	0.50%	2
	WHITE	70%	274
AGE	6-12 years	0%	0
	13-17 years	0%	0
	18-21 years	2.50%	10
	22-40 years	17%	68
	41-64 years	72%	281
	65+ years	8.60%	34
YEARS LIVING AT LANTERMAN	Less than 5 years	4.30%	17
	5-10 years	6.50%	26
	11-20 years	15%	57
	21-30 years	15%	60
	Over 30 years	59%	233
PRIMARY LANGUAGE	English	81%	318
LEVEL OF RETARDATION	Mild	2.70%	11
	Moderate	7.30%	28
	Severe	13%	51
	Profound	77%	302
	Unspecified	0.25%	1
DIAGNOSED CONDITIONS	Epilepsy	54%	214
	Cerebral Palsy	9.60%	38
	Autism	13%	53
	Dual Diagnosis	59%	232
	Hearing Deficit	18%	72
	Vision Deficit	46%	183
	Ambulatory	74%	293
SERVICE NEEDS	Significant Health Needs	25%	100
	Extensive Personal Care	19%	73
	Significant Behavioral Issues	23%	91
	Protection and Safety	32%	125
	Low Support	1%	4
PRIORITY OF SERVICE NEEDS	Medical	94%	373
	Work Program	36%	141
	Day Program	56%	220
	Community	78%	307
	Family	66%	261
	Safety	49%	194
	Staff	59%	232
	Stability	75%	295
	Social	79%	312
	Locked	18%	73

Attachment 6

LANTERMAN DEVELOPMENTAL CENTER POPULATION
BY REGIONAL CENTER
MARCH 3, 2010

REGIONAL CENTERS	NURSING FACILITY	INTERMEDIATE CARE FACILITY	TOTALS
San Gabriel/ Pomona	23	58	81
North Los Angeles County	17	54	71
Frank D. Lanterman	16	53	69
East Los Angeles	16	27	43
Inland	5	31	36
South Central Los Angeles	7	28	35
San Diego	2	23	25
Orange County	2	10	12
Westside	4	6	10
Tri-Counties	0	8	8
San Andreas	0	2	2
Kern	0	1	1
Total	92	301	393

Attachment 7

Attachment 7

CHARACTERISTICS OF LANTERMAN EMPLOYEES

PROFILE		% OF STAFF
Gender	Male	35%
	Female	65%
Ethnicity	Asian	10%
	Black/African American	24%
	Filipino	9%
	Hispanic	27%
	White	27%
	Other	3%
Age	43 - 50	24%
	50+	43%
Work Status	Permanent Full-Time	91%
	Permanent Part-Time	4%
	Permanent Intermittent	3%
	Temporary/Limited-Term	2%
Classification	Direct Care Nursing	50%
	Level-of-Care Professional	10%
	Non-Level-of-Care/Administrative Support	40%
Years of Service	10 Year of Less	48%
	11 - 20 Years	30%
	20+ Years	22%
Residency	San Bernardino	46%
	Los Angeles	40%
	Riverside	8%
	Orange	5%
	Other Counties	1%

Attachment 8

LDC Classifications Identified by Bargaining Unit

Data as of March 1, 2010

Bargaining Unit	Organization	Classifications	Number of Employees
R01	SEIU	A Info Systems Analyst	1
		Accountant I/Specialist	3
		Associate Governmental Program Analyst	3
		Associate Personnel Analyst	2
		Community Program Specialist I	4
		Community Program Specialist II	1
		Info Systems Technician	1
		Management Service Technician	6
		Personnel Specialist	9
		State Info Systems Analyst/Specialist	1
		Staff Services Analyst	5
		Total R01	**36**
R03	SEIU	Sr. Library Specialist/RCC	1
		Teacher State Hospital Adult Ed	22
		Teacher State Hospital/SHDD	7
		Teacher Orientation & Mobility	3
		Total R03	**33**
R04	SEIU	Account Clerk II	1
		Accounting Technician	2
		Dispatcher Clerk	5
		Health Record Technician I	9
		Health Record Technician Specialist II	3
		Key Data Operator	1
		Office Assistant – General	1
		Office Technician – Typing	33
		Program Technician II	2
		Property Controller II	1
		Secretary	1
		Stock Clerk	2
		Total R04	**61**
R07	CSLEA	Fire Fighter	1
		Peace Officer I – Dev. Ctr.	6
		Special Investigator I	1
		Special Investigator II	2
		Total R07	**10**
R09	PECG	Associate Architect	1
		Total R09	**1**
R11		Lab Assitant	3
		Med Supply Technician	2
		Total R11	**5**
R12	IUOE	Auto Equipment Operator I	12
		Auto Equipment Operator II	1

LDC Classifications Identified by Bargaining Unit

Data as of March 1, 2010

Bargaining Unit	Organization	Classifications	Number of Employees
		Automobile Mechanic	2
		Building Maintenance Worker	6
		Carpenter I	4
		Carpenter II	1
		Electrician I	3
		Electrician II	1
		Electronics Tech	1
		Groundskeeper	4
		Heavy Equipment Mechanic	1
		Locksmith I	1
		Mason I	1
		Material & Stores Specialist	4
		Painter I	3
		Painter II	1
		Pest Control Technician	1
		Plumber I	4
		Plumber II	1
		Upholsterer	1
		Warehouse Worker	1
		Total R12	**54**
R13	IUOE	Chief Engineer I	1
		Stationary Engineer	8
		Stationary Engineer A/FYP	2
		Total R13	**11**
R15	SEIU	Barbershop Manager	1
		Beauty Shop Manager	1
		Cook Specialist II	5
		Custodian	39
		Facility Environmental Audit Technician	2
		Food Service Technician I	75
		Food Service Technician II	25
		Hospital Worker	8
		Laundry Worker	2
		Seamer	3
		Service Assistant – Custodian	23
		Total R15	**184**
R16	UAPD	Dentist	2
		Physician & Surgeon	11
		Podiatrist	1
		Total R16	**14**
R17	SEIU	Health Services Specialist	19
		Nurse Consultant I	1

LDC Classifications Identified by Bargaining Unit

Data as of March 1, 2010

Bargaining Unit	Organization	Classifications	Number of Employees
		Nurse Consultant II	1
		Public Health Nurse I	1
		Registered Nurse	34
		Total R17	**56**
R18	CAPT	Psychiatric Technician Instructor	2
		Psychiatric Technician Assistant	94
		Psychiatric Technician	353
		Sr. Psychiatric Technician	58
		Total R18	**507**
R19	AFSCME	Audiologist I	1
		Catholic Chaplain	1
		Clinical Social Worker	14
		Clinical Dietician	4
		Individual Program Coordinator	22
		Jewish Chaplain	1
		Occupational Therapist	4
		Pharmacist I	9
		Physical Therapist I	5
		Physical Therapist II	1
		Protestant Chaplain	1
		Psychologist/HF Clinical	14
		Rehabilitation Therapist – Music	10
		Rehabilitation Therapist – Rec	12
		Speech Pathologist II	1
		Speech Pathologist I	1
		Sr. Occupational Therapist	1
		Total R19	**102**
R20	SEIU	A Technology Specialist	4
		A Technology Trainee	1
		Clinical Lab Technologist	2
		Dental Assistant	2
		Licensed Vocational Nurse	18
		Pharmacy Technician	6
		Physical Therapist Assistant	1
		Radiology Technologist	1
		Respiratory Care Practitioner	11
		School Bus Driver	2
		Sr. Clinical Lab Technician	2
		Sr. Radiology Tech/Specialist	1
		Teaching Assistant	27
		Total R20	**78**
Excluded	ACSS	Associate Governmental Program Analyst	1

LDC Classifications Identified by Bargaining Unit

Data as of March 1, 2010

Bargaining Unit	Organization	Classifications	Number of Employees
		Assistant Hospital Administrator	2
		C.E.A.	4
		Community Program Specialist IV	1
		Hospital General Services Administrator I	1
		Health & Safety Officer	1
		Office Technician – Typing	1
		Personnel Supervisor I	1
		Sr. Accountant	1
		Staff Services Analyst	1
		Staff Services Manager I	2
		Staff Services Manager III	1
		Standards Compliance Coordinator	4
		Training Officer I	1
		Dispatcher Clerk Supervisor	1
		Executive Secretary I	1
		Labor Relations Analyst	2
		Health Record Technician III	3
		Health Record Technician II Sup	2
		Secretary	1
		Sr. Medical Transcriber	1
		Fire Chief	1
		Peace Officer II	1
		Supervisor Special Investigator II	1
		Carpenter Supervisor	1
		Chief of Plant Operations I	1
		Chief of Plant Operations III	1
		Electrician Supervisor	1
		Painter Supervisor	1
		Supervisor Groundskeeper II	1
		Warehouse Manager	1
		Chief Engineer II	1
		Clothing Center Manager	1
		Custodian Supervisor III	1
		Food Service Supervisor I	4
		Laundry Supervisor I	1
		Supervising Housekeeper II	2
		Supervising Cook I	2
		Supervising Cook II	2
		Supervising Housekeeper I	5
		Medical Director	1
		Assistant Coordinator Nursing Services	4
		Coordinator Nursing Services	1

LDC Classifications Identified by Bargaining Unit

Data as of March 1, 2010

Bargaining Unit	Organization	Classifications	Number of Employees
		Nursing Coordinator	4
		Psych Nursing Ed Director	1
		Supervising Registered Nurse	3
		Program Assistant	8
		Program Director	4
		Unit Supervisor	18
		Assistant Director of Dietetics	2
		Audiologist II	1
		Director of Dietetics	1
		Pharmacy Services Manager	1
		Pharmacist II	1
		Sr. Psychologist Supervisor	1
		Supervisor Vocational Services	1
		Assistive Technology Supervisor	1
		Coordinator of Voluntary Services	1
		Foster Grandparent/SCP Coordinator	1
		Respiratory Care Supervisor	1
		Supervisor Clinical Lab Tech	1
	Exempt	Student Assistants	9
		Total Excluded (Managers, Supervisors, & Confidential & Exempt)	**128**
		Total Appointed LDC Employees	**1280**

Attachment 9

Attachment 9: Surplus State Property Process

Government Code § 11011

Proprietary state lands; review; report of excess; sale or other disposition

(a) On or before December 31 of each year, each state agency shall make a review of all proprietary state lands, other than tax-deeded land, land held for highway purposes, lands under the jurisdiction of the State Lands Commission, land that has escheated to the state or that has been distributed to the state by court decree in estates of deceased persons, and lands under the jurisdiction of the State Coastal Conservancy, over which it has jurisdiction to determine what, if any, land is in excess of its foreseeable needs and report thereon in writing to the Department of General Services. These lands shall include, but not be limited to, the following:
(1) Land not currently being utilized, or currently being underutilized, by the state agency for any existing or ongoing state program.
(2) Land for which the state agency has not identified any specific utilization relative to future programmatic needs.
(3) Land not identified by the state agency within its master plans for facility development.
(b) Jurisdiction of all land reported as excess shall be transferred to the Department of General Services, when requested by the director of that department, for sale or disposition under this section or as may be otherwise authorized by law.
(c) The Department of General Services shall report to the Legislature annually, the land declared excess and request authorization to dispose of the land by sale or otherwise.
(d) The Department of General Services shall review and consider reports submitted to the Director of General Services pursuant to Section 66907.12 of this code and Section 31104.3 of the Public Resources Code prior to recommending or taking any action on surplus land, and shall also circulate the reports to all agencies that are required to report excess land pursuant to this section. In recommending or determining the disposition of surplus lands, the Director of General Services may give priority to proposals by the state that involve the exchange of surplus lands for lands listed in those reports.
(e) Except as otherwise provided by any other law, whenever any land is reported as excess pursuant to this section, the Department of General Services shall determine whether or not the use of the land is needed by any other state agency. If the Department of General Services determines that any land is needed by any other state agency it may transfer the jurisdiction of this land to the other state agency upon the terms and conditions as it may deem to be for the best interests of the state.
(f) When authority is granted for the sale or other disposition of lands declared excess, and the Department of General Services has determined that the use of the land is not needed by any other state agency, the Department of General Services shall sell the land or otherwise dispose of the same pursuant to the authorization, upon any terms and conditions and subject to any reservations and exceptions as the Department of General Services may deem to be for the best interests of the state. The Department of General Services shall report to the Legislature annually, with respect to each parcel of land authorized to be sold under this section, giving the following information:
(1) A description or other identification of the property.

(2) The date of authorization.
(3) With regard to each parcel sold after the next preceding report, the date of sale and price received, or the value of the land received in exchange.
(4) The present status of the property, if not sold or otherwise disposed of at the time of the report.
(g) Except as otherwise specified by law, the net proceeds received from any real property disposition, including the sale, lease, exchange, or other means, that is received pursuant to this section shall be paid into the Deficit Recovery Bond Retirement Sinking Fund Subaccount, established pursuant to subdivision (f) of Section 20 of Article XVI of the California Constitution, until the time that the bonds issued pursuant to the Economic Recovery Bond Act (Title 18 (commencing with Section 99050)), approved by the voters at the March 2, 2004, statewide primary election, are retired. Thereafter, the net proceeds received pursuant to this section shall be deposited in the Special Fund for Economic Uncertainties.

For purposes of this section, net proceeds shall be defined as proceeds less any outstanding loans from the General Fund, or outstanding reimbursements due to the Property Acquisition Law Money Account for costs incurred prior to June 30, 2005, related to the management of the state's real property assets, including, but not limited to, surplus property identification, legal research, feasibility statistics, activities associated with land use, and due diligence.
(h) The Director of Finance may approve loans from the General Fund to the Property Acquisition Law Money Account, which is hereby created in the State Treasury, for the purposes of supporting the management of the state's real property assets.
(i) Any rentals or other revenues received by the department from real properties, the jurisdiction of which has been transferred to the Department of General Services under this section, shall be deposited in the Property Acquisition Law Money Account and shall be available for expenditure by the Department of General Services upon appropriation by the Legislature.

(j) Nothing contained in this section shall be construed to prohibit the sale, letting, or other disposition of any state lands pursuant to any law now or hereafter enacted authorizing the sale, letting, or disposition.
(k)(1) The disposition of a parcel of surplus state real property, pursuant to Section 11011.1, made on an "as is" basis shall be exempt from Chapter 3 (commencing with Section 21100) to Chapter 6 (commencing with Section 21165), inclusive, of Division 13 of the Public Resources Code. Upon title to the parcel vesting in the purchaser or transferee of the property, the purchaser or transferee shall be subject to any local governmental land use entitlement approval requirements and to Chapter 3 (commencing with Section 21100) to Chapter 6 (commencing with Section 21165), inclusive, of Division 13 of the Public Resources Code.
(2) If the disposition of a parcel of surplus state real property, pursuant to Section 11011.1, is not made on an "as is" basis and close of escrow is contingent on the satisfaction of a local governmental land use entitlement approval requirement or compliance by the local government with Chapter 3 (commencing with Section 21100) to Chapter 6 (commencing with Section 21165), inclusive, of Division 13 of the Public

Resources Code, the execution of the purchase and sale agreement or of the exchange agreement by all parties to the agreement shall be exempt from Chapter 3 (commencing with Section 21100) to Chapter 6 (commencing with Section 21165), inclusive, of Division 13 of the Public Resources Code.
(3) For the purposes of this subdivision, "disposition" means the sale, exchange, sale combined with an exchange, or transfer of a parcel of surplus state property.

Government Code § 11011.1

11011.1. (a) Notwithstanding any other provision of law, except Article 8.5 (commencing with Section 54235) of Chapter 5 of Part 1 of Division 2 of Title 5, the disposal of surplus state real property by the Department of General Services shall be subject to the requirements of this section. For purposes of this section, "surplus state real property" means real property declared surplus by the Legislature and directed to be disposed of by the Department of General Services, including any real property previously declared surplus by the Legislature but not yet disposed of by the Department of General Services prior to the enactment of this section.

(b) (1) The department may dispose of surplus state real property by sale, lease, exchange, a sale combined with an exchange, or other manner of disposition of property, as authorized by the Legislature, upon any terms and conditions and subject to any reservations and exceptions the department deems to be in the best interests of the state.

(2) (A) The Legislature finds and declares that the provision of decent housing for all Californians is a state goal of the highest priority. The disposal of surplus state real property is a direct and substantial public purpose of statewide concern and will serve an important public purpose, including mitigating the environmental effects of state activities. Therefore, it is the intent of the Legislature that priority be given, as specified in this section, to the disposal of surplus state real property to housing for persons and families of low or moderate income, where land is suitable for housing and there is a need for housing in the community.

(B) Surplus state real property that has been determined by the department not to be needed by any state agency shall be offered to any local agency, as defined in subdivision (a) of Section 54221, and then to nonprofit affordable housing sponsors, prior to being offered for sale to private entities or individuals. As used in this subdivision, "nonprofit affordable housing sponsor" means any of the following:

(i) A nonprofit corporation incorporated pursuant to Division 2 (commencing with Section 5000) of Title 1 of the Corporations Code.

(ii) A cooperative housing corporation which is a stock cooperative, as defined by Section 11003.2 of the Business and Professions Code.

(iii) A limited-dividend housing corporation.

(C) The department, subject to this section, shall maintain a list of surplus state real property in a conspicuous place on its Internet Web site. The department shall provide local agencies and, upon request, members of the public, with electronic notification of updates to the list of properties.

(D) To be considered as a potential priority buyer of the surplus state real property, a local agency or nonprofit affordable housing sponsor shall notify the department of its interest in the surplus state real property within 90 days of the department posting on its

Internet Web site the notice of the availability of the surplus state real property. The local agency or nonprofit affordable housing sponsor shall demonstrate, to the satisfaction of the department, that the surplus state real property, or portion of that surplus state real property, is to be used by the local agency or nonprofit affordable housing sponsor for open space, public parks, affordable housing projects, or development of local government-owned facilities. When more than one local agency expresses an interest in the surplus state real property, priority shall be given to the local agency that intends to use the surplus state real property for affordable housing. If no agreement or transfer of title occurs, the priority shall next be given to the local agency that intends to use the surplus state real property for open space, public parks, or development of local government-owned facilities. The sales agreement shall be executed by the local agency or nonprofit affordable housing sponsor within 60 days after the director determines the local agency or nonprofit affordable housing sponsor is to receive the surplus state real property. The sale of the surplus state real property to a local agency or nonprofit affordable housing sponsor pursuant to this section shall be completed, and title transferred, within 60 days of the date the department executes the sales agreement, or, if required by law, no later than 60 days after the State Public Works Board has authorized the sale. If the sale of a surplus state real property to a local agency or nonprofit affordable housing sponsor is not completed within the timeframe specified in this subparagraph, then the department shall proceed with the process for disposal to other private entities or individuals.

(c) (1) If more than one local agency desires the surplus state real property for use as an open space, a public park, or the development of a local government-owned facility, the department shall transfer the surplus state real property to the local agency offering the highest price above fair market value. If more than one local agency desires the surplus state real property for use as an affordable housing project, the department shall transfer the surplus state real property to the local agency offering the greatest number of affordable housing units. If more than one nonprofit affordable housing sponsor desires the surplus state real property for use as an affordable housing project, the department shall transfer the surplus state real property to the nonprofit affordable housing sponsor offering the greatest number of affordable housing units.

(2) If no local agency or nonprofit affordable housing sponsor is interested, or an agreement, as provided above, is not reached, then the disposal of the surplus state real property to private entities or individuals shall be pursuant to a public bidding process designed to obtain the highest most certain return for the state from a responsible bidder, and any transaction based on such a bidding process shall be deemed to be the fair market value for the purposes of the reporting requirements pursuant to subdivision (d).

(3) Notwithstanding any other provision of law, the department may sell surplus state real property, or a portion of surplus state real property, to a local agency, or to a nonprofit affordable housing sponsor if no local agency is interested in the surplus state real property, for affordable housing projects at a sales price less than fair market value if the department determines that such a discount will enable the provision of housing for persons and families of low or moderate income. Nothing shall preclude a local agency that purchases the surplus state real property for affordable housing from

reconveying the surplus state real property to a nonprofit affordable housing sponsor for development of affordable housing.
Transfer of title to the surplus state real property or lease of the surplus state real property for affordable housing shall be conditioned upon continued use of the surplus state real property as housing for persons and families of low and moderate income for at least 40 years and the department shall record a regulatory agreement that imposes affordability covenants, conditions, and restrictions on the surplus state real property. The regulatory agreement shall be a first priority lien on the surplus state real property and last for a period of at least 40 years, and if another state agency is lending funds for a project, a combined regulatory agreement shall be utilized. Notwithstanding any other provision of law, the regulatory agreement shall not be subordinated to any other lien or encumbrance except for any federal loan program whose statutes or regulations require a first lien priority for that federal loan.

(4) Notwithstanding any other provision of law, the Director of General Services may transfer surplus state real property to a local agency for less than fair market value if the local agency uses the surplus state real property for parks or open-space purposes. The deed or other instrument of transfer shall provide that the surplus state real property would revert to the state if the use changed to a use other than parks or open-space purposes during the period of 25 years after the transfer date. For the purpose of this paragraph, "open-space purposes" means the use of land for public recreation, enjoyment of scenic beauty, or conservation or use of natural resources.

(d) Thirty days prior to executing a transaction for a sale, lease, exchange, a sale combined with an exchange, or other manner of disposition of the surplus state real property for less than fair market value or for affordable housing, or as authorized by the Legislature, the Director of General Services shall report to the chairpersons of the fiscal committees of the Legislature all of the following:

(1) The financial terms of the transaction.

(2) A comparison of fair market value for the surplus state real property and the terms listed in paragraph (1).

(3) The basis for agreeing to terms and conditions other than fair market value.

(e) As to surplus state real property sold and or exchanged pursuant to this section, the director shall except and reserve to the state all mineral deposits, as defined in Section 6407 of the Public Resources Code, together with the right to prospect for, mine, and remove the deposits. If, however, the director determines that there is little or no potential for mineral deposits, the reservation may be without surface right of entry above a depth of 500 feet, or the rights to prospect for, mine, and remove the deposits shall be limited to those areas of the surplus state real property conveyed that the director determines to be reasonably necessary for the removal of the deposits.

(f) The failure to comply with this section, except for subdivision (d), shall not invalidate the transfer or conveyance of surplus state real property to a purchaser for value.

(g) For purposes of this section, fair market value is established by an appraisal and economic evaluation conducted by the department or approved by the department.

Attachment 10

LANTERMAN DEVELOPMENTAL CENTER PROPOSED TO BE CLOSED

Facts:

The Department of Developmental Services (DDS) is writing a plan to close Lanterman Developmental Center. This plan must be given to the Legislature by April 1, 2010.

THE PLAN

The **plan** must talk about:

1. How closing will affect residents and families.

2. Places for people to move to.

3. Where people will get services.

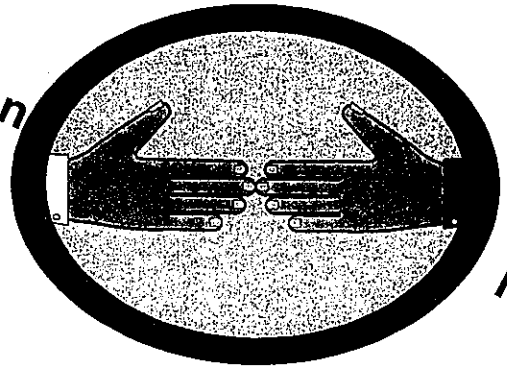
4. Possible jobs for Lanterman employees.

5. What will happen to the buildings and land at Lanterman.

HOW THE PLAN IS MADE

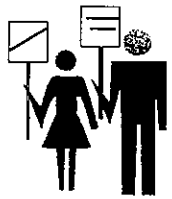
The plan includes getting comments from:

Employees of Lanterman



Families of Lanterman residents

Regional centers



Advocates and others

Residents at Lanterman

Resident Input

- What do you like about living at Lanterman Developmental Center?

- How would you feel if Lanterman closed?

Resident Input

- If you moved out of Lanterman Developmental Center, what is important to you about:
  - A place to live?
  - What to do during the day (job, fun)?
  - Staying well?
  - Seeing family and friends?
  - Things left at Lanterman like the camp and café?

THANK YOU

If you have any more comments, contact:

Nicole Patterson or Lois Cissell
Office of Human Rights and Advocacy Services
Department of Developmental Services
1600 9th Street, Room 240, MS 2-15
Sacramento, CA 95814
916-654-1888
916-651-8210 (fax)
Nicole.Patterson@dds.ca.gov
Lois.Cissell@dds.ca.gov

ALL COMMENTS DUE BY MARCH 17, 2010

LANTERMAN DEVELOPMENTAL CENTER PROPOSED TO BE CLOSED

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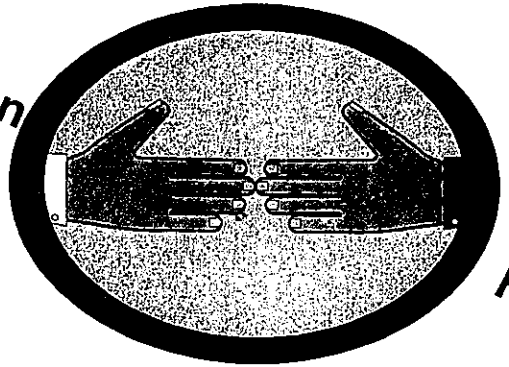
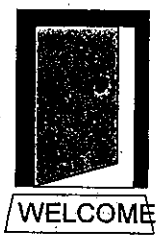


Families of Lanterman residents

Regional centers



Advocates and others

Residents at Lanterman

Consumer Input

- If you were moving out of Lanterman Developmental Center, what is important to you about:
  - A place to live?
  - What to do during the day (job, fun)?
  - Staying well?
  - Seeing family and friends?

Consumer Input

- What should the people living at Lanterman do to get ready to move?

- What can self-advocates do to help people living at Lanterman to move?

THANK YOU

If you have any more comments, contact:

Nicole Patterson or Lois Cissell
Office of Human Rights and Advocacy Services
Department of Developmental Services
1600 9th Street, Room 240, MS 2-15
Sacramento, CA 95814
916-654-1888
916-651-8210 (fax)
Nicole.Patterson@dds.ca.gov
Lois.Cissell@dds.ca.gov

DEPARTMENT OF DEVELOPMENTAL SERVICES

PLAN FOR THE CLOSURE OF

LANTERMAN DEVELOPMENTAL CENTER

Attachment 3

WRITTEN INPUT RECEIVED

April 1, 2010

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Parents Coordinating Council & Friends

Lanterman Developmental Center: 3530 W.Pomona Blvd, Pomona, CA 91769-0100

*P.O. Box 4408, Diamond Bar, CA 91765

Bus: (909) 444-7572 Fax: (909) 444-2047 E-Mail: LDCPCC@GMAIL.COM

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Sunny Maden
Terry De Bell

February 17, 2010

The Parents Coordinating Council OPPOSES the closure of Lanterman Developmental Center.

The Parents Coordinating Council (PCC) represents the families and friends of the Lanterman residents, who have severe and profound developmental disabilities, along with fragile medical conditions or severe behavioral issues that require professional care to ensure that they may live their lives to their potential.

Lanterman Developmental Center is the home of our family members and others, where they receive the necessary services and supports outlined in their Individual Program Plan, and as required by law (the Lanterman Act).

The closure of Lanterman Developmental Center would force the residents to try to obtain these services in other settings, many of which are not available or are already over-burdened due to the ongoing fiscal crisis in California. The transfer of Lanterman residents to community settings would jeopardize their lives and those of others who rely on a community system that is not sufficient to care for everyone with complex medical and behavioral needs at the professional level required. There is no assurance that the residents will receive the services they need if they are moved to the community.

For these and other reasons, the Parents Coordinating Council is opposed to the closure of Lanterman Developmental Center.

March 2, 2010

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, California 95814

Regarding: Proposed Closure of Lanterman Developmental Center

This letter is a summary of direct statements made by several individuals/clients who currently reside on Residence [redacted] at Lanterman Developmental Center. This is their attempt at communicating their thoughts/feelings regarding the announcement of the possible closure and the impact it would have on their life.

"Don't know why they're closing it for! Where will I go, my family will not find me."
"I heard it's not closing."
"Don't know where I will live."
"No more 26, no more 15, no more Dr. Stone, no more recycling, no more classroom, no more group leader."
"Want to stay at Lanterman! Don't want community! No community! No community!"
"No community, stay at Lanterman!"
"Sad, Lanterman closing." "No community."

ASSOCIATION OF REGIONAL CENTER AGENCIES
915 L Street, Suite 1440 • Sacramento, CA 95814 • 916.446.7961 • Fax: 916.446.6912 • E-mail: arca@arcanet.org

March 10, 2010

Terri Delgadillo, Director
Department of Developmental Services
1600 9th Street, Room 240
Sacramento, CA 95814

Dear Ms. Delgadillo:

The Association of Regional Center Agencies (ARCA) and its member regional centers received your January 29, 2010, letter about the Department's intent to close Lanterman Developmental Center. ARCA supports the proposed closure of Lanterman Developmental Center and is prepared to work with the Department and others to develop necessary resources to ensure that the planning and closure activities result in positive outcomes for every affected consumer. The success of the recent Agnews Developmental Center closure is an example of how well-planned, adequately funded, and collaborative efforts can achieve such outcomes.

As you know, regional centers were established to develop local community-based service systems as an alternative to costly state-operated institutions. A 1969 report to the Legislature about the first two pilot regional centers observed that "*Over the years, approximately 2,000 to 3,000 California families at the point where they were no longer able to care for their retarded member applied annually for services from one of the four State hospitals for the mentally retarded. Until 1965, the State hospital and post-hospital leave programs were the only alternatives open to families, whether or not hospital care was needed by the individual or desired by his family. During the 1965 legislative session, the Regional Center program was established to answer the pleas of families who were eager to keep their mentally retarded family member home and/or in the community.*" Thus, from their inception, a primary regional-center function has been to deflect individuals from placement in state developmental centers (previously called "state hospitals") by creating community-based alternatives, and to transition those living in state developmental centers into the community.

The regional-center "experiment" has, obviously, been very successful, as evidenced by the steady decline in the number of individuals living in institutions and the closure of three large state developmental centers since the mid-1990s. In 1968, there were 13,355 individuals living in state developmental centers and a legislative committee at that time reported "*...that thousands of children are on waiting lists for State hospitals...*" Today the developmental centers serve only about 2,100 individuals, despite the state's general population increase from 19.4 million in 1968 to about 38 million in 2009. Thus, since the establishment of the first regional centers, the number of individuals in California residing in developmental centers has been reduced from one in 1,453 of the general population to one in 18,327 today. However, the costs of

placing and maintaining individuals with medical and/or behavioral characteristics in the community are not insignificant, although much less than serving these same individuals in state developmental centers.

Section 4418.1(a) of the Wel. & Insti. Code states that *"The Legislature recognizes that it has a special obligation to ensure the well-being of persons with developmental disabilities who are moved from state hospitals to the community."* ARCA believes that the Department, all regional centers, family members, and the provider community share this same obligation. With this vital obligation in mind, ARCA and its member regional centers look forward to working with the Department in its planning to close Lanterman Developmental Center.

Please contact me at (916) 446-7961, if you have any questions.

Sincerely,

Robert J. Baldo
Executive Director

cc ARCA Board of Directors

CALIFORNIA
SCDD State Council on Developmental Disabilities

STATE OF CALIFORNIA
Arnold Schwarzenegger,
Governor

www.scdd.ca.gov • email • council@scdd.ca.gov

1507 21st Street, Suite 210
Sacramento, CA 95811

916.322.8481 Voice
916.443.4957 FAX
916.324.8480 TTY

March 16, 2010

Terri Delgadillo
Department of Developmental Services
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Re: Closure of Lanterman Developmental Center

Dear Ms. Delgadillo,

The State Council on Developmental Disabilities is a State agency mandated to protect and assert the legal, civil, and service rights of people with developmental disabilities in California. California has a system of 13 Area Boards, covering all regions of the state. It is on behalf of all Californians with a developmental disability that I write today to convey our strong support for the closure of Lanterman Developmental Center (LDC).

We applaud the Governor's decision to close LDC as an acknowledgement of the United States Supreme Court's Olmstead decision, which ensures that people with developmental disabilities are provided the opportunity to live in the least restrictive settings to meet their needs. Moreover, like Agnews Developmental Center's closure, **LDC's closure should be viewed as an opportunity to expand community living options for current residents of LDC and other people with developmental disabilities in the future.**

Additional reasons to support LDC's closure include:

- Research has demonstrated and replicated findings that people with developmental disabilities enjoy a significantly better quality of life in community settings as compared with those in developmental centers.
- Providing equivalent services to meet the needs of movers in the community is less expensive than in a developmental center.

LDC's closure must ensure a smooth and responsible transition. We therefore support the provision of appropriate services and supports, as well as ongoing stakeholder involvement and input. **Moreover, we caution you to avoid a hasty closure – we believe residents would benefit from a closure done right, rather than a closure done rapidly.** We are concerned that implementing a closure within two years will not provide sufficient time for the regional center system to provide a broad enough array of supports and services to meet the individualized needs of each LDC resident.

We do not support simply transferring current LDC residents to another developmental center, such as Fairview Developmental Center. Not only would this violate the Olmstead decision, but it would deny current LDC residents the dignity of making an informed decision. We therefore support each resident being provided the opportunity to live in the community to evaluate if this is a choice they would like to make. **Conversely, if residents make an informed choice to transfer to another developmental center, we support their preference.**

To ensure that appropriate placements, services, and supports have been made, we support appropriate oversight throughout the process and for one year thereafter – oversight provided by LDC's Regional Project, the Volunteer Advocacy Services Program of Developmental Disabilities Area Board 10, and a stakeholder committee, similar to the committee that monitored Agnews' closure.

Clearly, savings will be realized from LDC's closure. We believe that those savings should be transferred to DDS' Community Services Division to invest in the future of people with developmental disabilities. Additionally, if LDC property is sold or rented, we propose that the proceeds from that sale or rent should be likewise invested for the use of DDS' Community Services Division.

We thank you for this opportunity to provide input to the closure of LDC and look forward to working with you to ensure its success and improve the quality of life for its current residents. If you have any comments or questions, please feel free to contact me.

Sincerely,

Marcia Good

Marcia Good
Chairperson
State Council on Developmental Disabilities

cc: Honorable Members of the Assembly Budget Subcommittee No. 1,
Subcommittee on Health and Human Services, Assembly Committee on Budget
Mr. Daniel Alvarez, Staff Director, Assembly Committee on Budget
Honorable Members of the Senate Subcommittee No. 3, Health and Human Services Subcommittee, Senate Committee on Budget and Fiscal Review
Mr. Christian Griffith, Chief Consultant, Senate Committee on Budget and Fiscal Review
Cindy Coppage, DDS, Developmental Center Division
Cheryl Bright, Executive Director, Lanterman Developmental Center

Lungren, Nancy@DDS

From: William Leiner [redacted]
Sent: Friday, March 05, 2010 4:03 PM
To: Coppage, Cindy@DDS
Subject: Written comments by Disability Rights California re: Lanterman Closure
Attachments: Disability Rights California Comments re Lanterman Closure.pdf

Dear Ms. Coppage,

Attached please find written comments on behalf of Disability Rights California regarding the closure of Lanterman Developmental Center. Thank you,

William Leiner
Attorney
Disability Rights California
California's protection and advocacy system
Bay Area Regional Office
1330 Broadway, Suite 500
Oakland, CA 94612
Telephone: (510) 267-1200
Fax: (510) 267-1201
Toll-Free: 1-800-776-5746
TTY: 1-800-649-0154

The information in this transmittal (including attachments, if any) is privileged and confidential and is intended only for the recipient(s) listed above. Any review, use, disclosure, distribution, or copying of this transmittal is prohibited except by or on behalf of the intended recipient. If you have received this transmittal in error, please notify me immediately by reply email and destroy all copies of the transmittal. Thank you.

Disability Rights California

California's protection and advocacy system

BAY AREA REGIONAL OFFICE
1330 Broadway, Suite 500
Oakland, CA 94612
Tel: (510) 267-1200
TTY: (800) 719-5798
Toll Free: (800) 776-5746
Fax: (510) 267-1201
www.disabilityrightsca.org

Via U.S. Mail and E-mail

March 5, 2010

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814
Sent via mail & e-mail: Cindy.Coppage@dds.ca.gov

Re: Testimony on Proposed Closure of Lanterman Developmental Center

Disability Rights California, California's federally mandated protection and advocacy agency, supports a plan that would require the closure of Lanterman Developmental Center. However, this support assumes that the closure would occur along side an expansion of community capacity in southern California (and other areas where Lanterman residents would choose to move) sufficient to allow all Lanterman residents the opportunity to move to the least restrictive appropriate environment, and that Lanterman residents and their families will be provided information about community living options so they can make informed choices about the full variety of available community services and supports.

Background

For many years the national and global trend has been moving toward community inclusion of all people with developmental disabilities. Consistent with this trend, California has closed Agnews Developmental Center, with the last resident moving out in 2009. In addition, at the end of 2009, Sierra Vista closed as well. However, California still

operates four state-owned-and-operated institutions with about 2,000 residents, as well as one newer forty bed institution. These developmental centers cost an average of almost $300,000 per year per client to operate while community-based programs serving people with the same level of disability and comparable needs cost considerably less. Lanterman is also the most expensive of the developmental centers to operate and greatly contributes to estimates that it would cost over one billion dollars to bring the aging developmental center infrastructure up to modern health and safety standards and comply with the ADA.

The fact that quality community care can be provided at significantly less cost than institutional care is a major reason why continued reliance on this outdated service model is fiscally unsound. But the key reason for developing alternatives to institutionalization across the nation is not cost; it is the value placed on quality of life and inclusiveness.

Contemporary enactments - including the Lanterman Act and the Americans with Disabilities Act - place a clear value on integration and community inclusion. The closure of Agnews and Sierra Vista were important steps in the right direction towards meeting these values. The proposed closure of Lanterman continues this positive trend.

Policy Issues that Must be Addressed in the Closure Plan

Planning for the Future - Information and Choice

Disability Rights California urges the Department to include in the final closure plan a commitment to the development of protocols that meet the planning needs of Lanterman residents. Any such planning should be consistent with California's *Olmstead Plan* parameters.

In the *California Olmstead Plan*, the State adopted assessment parameters recognizing that planning for de-institutionalization requires assessments that, e.g.:

- 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.

Recommendations

1. Any closure plan should include plans for a sufficient number of both peer self advocates and other individuals who have experience in the process and knowledge of the full variety of community supports, including the most integrated options; and of the capacities of community systems to meet even the most challenging or complex medical and behavioral needs.
2. Part of the planning process should include materials developed through the *Capitol People First* settlement and/or Agnews closure process that were designed to help developmental center residents and their families understand and make choices about different community living options.

3. Real futures planning needs to proceed now for all residents, 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 Lanterman residents so that, when the time for implementation arrives, each individual can move to a quality community home without undue delay.

Development of Living Arrangements and Appropriate Supports

Any closure plan must include development of sufficient community capacity to provide housing and appropriate supports for every Lanterman resident based on his or her individualized needs and in the least restrictive appropriate environment. There should be no doubt by now that community models have the ability to meet the needs of developmental center residents. This can be seen in the declining numbers of people who live at Lanterman, Sonoma, Fairview, and Porterville. More recently, it can be seen with the closure of Agnews, where reports from the Bay Area Quality Management System Commission show that the vast majority of movers are successfully living in the community.

Recommendations

1. Disability Rights California urges any closure plan to focus on community models that have the proven ability to respond to scheduled or unpredictable needs ways that promotes maximum dignity and independence. Such models include:
    - Supported living, the guiding principle of which is that no matter the degree or type of disability, people should get the support they need in their own home to live like people without disabilities.
    - Family Teaching Homes, a model of service where up to three adults with disabilities live in one side of a duplex and the family providing supports lives in the other.
    - Small specialized group homes with no more than 3-4 residents designed to help people with unique mental health and behavioral challenges, the services of which include on-site specialized staff.

- Homes for people with specialized health care needs that include adequate nursing staff and the ability to provide necessary medical care.

2. Support systems that can benefit from the transition of state employees to community as necessary to meet the needs of consumers.
3. In addition, Disability Rights California supports the creation and/or expansion of community-based specialized health care centers that would strengthen the service system for both Lanterman movers and all people with developmental disabilities in Southern California.

Targeted Regional Center Resource Development

DDS currently supports the transition of developmental center residents to the community through dedicated Community Placement Plan (CPP) funding. Such funding is used by Regional Centers for comprehensive assessments of developmental center residents, costs of moving individuals from developmental centers to the community, and resource development. Funds may also be used for property renovations, such as changes to layout of the real property and amenities, so that the unique needs of individuals with a wide range of disabilities can be accommodated.

Recent community placement data show that the Regional Centers with the largest numbers of residents at Lanterman have not used the CPP to move significant numbers of people from Lanterman to the community. Disability Rights California urges that any closure plan include the necessary CPP funding, resources, and leadership by DDS to ensure that Regional Centers use the CPP in a way that fully supports the individualized needs of Lanterman's residents.

Recommendations

1. Disability Rights California supports the creation of a formal CPP for Lanterman Developmental Center (the Lanterman CPP), which would include active involvement by all Regional Centers impacted by the closure.

2. Regional Centers that are not directly impacted by the closure should actively participate in the Lanterman CPP to the extent that individualized planning supports placement in other parts of the state.
3. DDS should provide leadership and support to ensure that Regional Centers use the Lanterman CPP in a way that fully supports the individualized placement needs of Lanterman's residents.
4. Disability Rights California opposes any plan or provision of a plan that results in the majority of current Lanterman residents being transferred to other private or public institutions.

Genuine Community Participation

Disability Rights California strongly advocates for the goal that Lanterman movers be included as genuine participants in their communities and that they be given the opportunity to interact with people without disabilities in both places of recreation and supported employment.

Recommendations

In order to achieve this goal services to be developed as a part of any closure plan should to the maximum extent possible be integrated with existing community resources that are open to all – not just to people with disabilities – and people should be supported in ways that facilitate interaction.

Conclusion

Disability Rights California supports the closure of Lanterman Developmental Center and urges the Department to provide the necessary resources to support the individualized needs of Lanterman's residents in the least restrictive environment. This includes:

- Ensuring that Lanterman residents and their families have complete information about community options, services, and supports so they can begin planning for the future;

- Securing appropriate living arrangements and supports for Lanterman's residents;
- Targeted Regional Center resource development, including the creation of a Lanterman CPP; and
- Genuine community participation for all Lanterman movers.

Thank you for considering our views. We look forward to working with you on this important issue. Please do not hesitate to contact us with any questions you may have.

Sincerely,

William Leiner
Disability Rights California

OFFICE OF THE MAYOR

ELLIOTT ROTHMAN
Mayor

March 9, 2010

California State Department of Developmental Services
Attn: Cindy Coppage
Developmental Center Division
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Dear Ms. Coppage:

Subject: Proposed Closure of Lanterman Developmental Center

At a special meeting on Monday, March 8, 2010 the Pomona City Council unanimously voted to oppose the closure of Lanterman Developmental Center until a written plan for relocation of the Center's clients is made available.

The Council views Lanterman Developmental Center as a special neighborhood in Pomona. The grounds not only house Pomona residents, but in nearby neighborhoods, families of Lanterman clients have relocated to be near their loved ones under the Center's care. The Council remains concerned for the continued well being of the Lanterman residents and their families.

It is understood that each resident will require a unique plan for continued service. As part of these plans, the Council encourages the Department of Developmental Services to consider the option of incorporating a smaller scale Lanterman facility that would free up a large portion of the site for other uses. Such an option would allow the Department of Developmental services to avoid significant expenses associated with operation and estimated infrastructure improvements, while eliminating the need to uproot Lanterman's clients and their families.

On behalf of the entire Pomona City Council, I implore the Department of Developmental Services to explore all options to avoid the outright closure of the Lanterman Developmental Center and urge thorough and thoughtful consideration as to how such a closure would impact the Center's clients and their families.

Respectfully,

Elliott Rothman
Mayor

[redacted]

February 28, 2010

Laterna Developmental Center

Dear Sir:

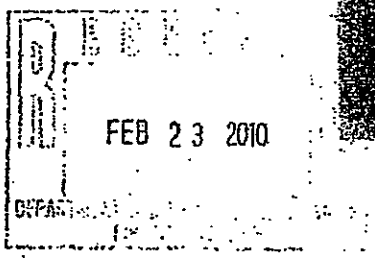
The proposed closure of Laterman Developmental Center is of great concern to me. It will cause great problems to the residents and families. Change is very difficult for patients with disabilities. Also, the employees will be unemployed at a very difficult economic time.

Sincerely,
Jack Wilde
California resident

McKAY, GRAHAM & DE LORIMIER

3250 Wilshire Boulevard, Suite 603
Los Angeles, California 90010-1578
Telephone: (213) 386-6900
Facsimile: (213) 381-1762

FACSIMILE TRANSMISSION



DATE: February 23, 2010

TO:

NAME	FAX NO.
Anne H. Crettol Assistant to Director Terri Delgadillo Department of Developmental Services	916-654-2167

FROM: Jeanne Wemlein

RE: Lanterman Closure

FILE NO.: Admin	NUMBER OF PAGES, INCLUDING COVER: -3-

MESSAGE

Ms. Crettol:

Please forward the following letter to Cindy Coppage or directly to Ms. Delgadillo. While I attended the meeting at Lanterman on February 20th, I may not be able to take off from work to attend the public hearing on February 24th. While Ms. Flannery and the team from DDS appeared to listen to our stories, I felt that they didn't impart anything to give us any help in this matter.

I just wanted to get my story and opinions on the record.

Thank you,
Jeanne Wemlein

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IF THERE ARE ANY PROBLEMS WITH THIS TRANSMISSION, PLEASE CALL Jeanne at (213) 386-6900 AS SOON AS POSSIBLE.

Jeanne Wenlein
[redacted]

February 23, 2010

Department of Developmental Services
Developmental Centers Division
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Attention: Cindy Coppage

Re: Proposed Closure of Lanterman Developmental Center

Dear Ms. Coppage:

I am the mother and conservator of [redacted] who has been a resident at Lanterman Developmental Center since 1975 (35 years). [redacted] has been diagnosed as having profound mental retardation and unspecified encephalopathy. He is non-verbal, has a pica condition, walks haltingly with support and uses a wheelchair most of the time. He has made the rounds at Lanterman from Residence [redacted] to [redacted] to [redacted] and now [redacted]. Under the continuity of care of his psych techs, teachers, doctors, dentists, physical, occupational and recreational family [redacted] has learned to walk haltingly, feed himself, enjoy leisure activity and off site adventures. All of this for a child whom we were told would never learn to sit without support.

Prior to his emergency admission to Lanterman, [redacted] was a resident in two separate private care facilities where he, unfortunately, just existed. He came to Lanterman on an emergency admission when the private care facility he was living at was closed by licensing. I received a call from another parent at that facility advising me that the doors were being closed that day. I immediately drove to Garden Grove and collected [redacted], along with his personal clothing, walker and wheelchair. Unsure of what I was going to do at that point, I was assisted by a social worker at the facility who called Lanterman and made arrangements for me to go directly there for an interview. Taking [redacted] with me, we were greeted warmly by someone in admissions, given a tour and an explanation of what to expect. I was told I needn't make a decision at that time and that they would "hold the bed" for [redacted]. I took [redacted] home with me and checked out a couple of other facilities. Within the week I called and asked if I could bring [redacted] to Lanterman. I was assured he would be most welcome. Considering what we had experienced in "private care" facilities, Lanterman was a slice of heaven and an answer to my prayers.

[redacted] and I have been through closures before. The last closure was when residence 17 was closed last year and he was moved to residence 21. At that time I was assured that his favorite staff would transition with him. That did not happen. [redacted] was moved to 21, where we found that one or

two members of the staff had been with him in previous years on 17. However, the majority of the staff on 21 really didn't know him. They have learned that [redacted] is not self-sufficient. He wears cloth diapers, can't brush his teeth by himself, comb his hair, etc. He needs assistance for all of his basic needs. They don't understand that it takes two people to shave him, clip his nails, etc. even though these things are set out in his IPP.

Due to his pica condition, [redacted] had surgery at Lanterman during his first year for ingesting several small objects. He was hospitalized for several days a few years ago for ingesting a tube sock, and most recently was taken to the emergency room of a local hospital for a cut to his thumb that would not stop bleeding when a single staff member attempted to cut his nails. If [redacted] were to go into a community setting, he would not have immediate access to medical treatment, dental treatment, occupational or physical therapy all of which are available to him currently on an immediate and daily basis. He would also need to be in an non-pica environment. I am told, however, by his regional center that no such environment exists.

[redacted] adapts eventually to people who care for him. He has been in a secure environment for the past 34 years. It has given me peace and comfort knowing that he is safe and has continuity of care by loving hands. It would be cruel and inhumane to uproot him from the friends and family he has been surrounded by during these years.

We have been told that Fairview Developmental Center cannot transition all 394 residents currently at Lanterman. In addition to that, what happens when in a few years DDS decides to close Fairview and we have to go through this nightmare again. At a meeting held on February 20, 2010, we were advised that the state intends to sell the Lanterman property and pay off bonds incurred by the state. DDS members attending that meeting did not deny this statement. In my humble opinion, it is morally wrong to displace people with disabilities to financially better the states coffers.

Lanterman is a prime piece of property. There must be other alternatives: such as selling off portions of the property and making it a smaller campus. Or, combining the populations of Lanterman and Fairview at Lanterman. The argument that Lanterman's infrastructure is in need of major repairs and capital improvements is a poor one. These are items that should have been corrected in a timely manner and not left to grow to the point of displacing innocent people. It seems that our moral compass has shifted significantly when we allow money to become the almighty decision maker regarding human life.

Thank you for giving consideration to my concerns.

Very truly yours,

Jeanne Werrlein

Jeanne Werrlein

[redacted]

From: Zimmerman, Sarah [redacted]
Sent: Friday, March 05, 2010 4:58 PM
To: Coppage, Cindy@DDS; [redacted]
Cc: [redacted]
Subject: DDS hearing testimony from Local 1000

Ms. Coppage:

Enclosed is testimony from L1000 related to the Feb 24 hearing.

Please contact Megan Lane or Randy Cheek with questions.

I would appreciate it if you would keep both of them on your email list for announcements about Lanterman, and in particular to advise them of the plans to incorporate this testimony into a report to the legislature or another forum.

We will also send a hard copy to the follow address:

"Building Partnerships, Supporting Choices"
Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

FYI, the phone number listed on your web site, 654-1963 does not appear to have a working voicemail system.

Sarah Leah Zimmerman
Deputy Chief of Staff
Sacramento, CA
916-554-1283 fax
408-833-9732 cell
916-554-1281 wrk

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SEIU Local 1000 has a number of concerns regarding the closure of the Lanterman Developmental Center. The proposed closure comes at a time when the State of California is going through a severe economic crisis. Funding for the disabled, elderly and children is being cut. The governor has cut and is proposing more cuts to regional community centers and In Home Supportive Services. Now the disabled community of California is being told that yet another developmental facility is to be closed and its residents scattered across the state.

The first and foremost concern of SEIU Local 1000 members is the well being of the clients that they have grown to know and care for. For some of the clients SEIU Local 1000 members are the only family they have. Relocating 398 clients with the support they need will be difficult. Since a large number of the population at Lanterman has resided at the facility for decades, change will be a major stress for these clients. We learned from previous closures that some clients do not do well in new environments and die within a short amount of time.

Yet, despite these concerns, it seems the Department of Developmental Services is speeding forward recklessly with the closure of the Lanterman Developmental Center. The closure of Agnews Developmental Center required nearly 8 years, yet this current closure is being considered for a one-two year timeline. This is unnecessary and runs the risk of increasing unemployment, causing undue stress and harm to residents at the center and their families, and pushing the department staff to move too quickly to gather the data essential to developing and moving a comprehensive plan.

Local 1000 believes it is in the best interest of all parties - clients, parents, relatives and employees - to carefully evaluate the needs of all. The transitioning of patients and staff to other locations should not be taken lightly and must be thoughtfully and carefully planned. A number of questions need to be answered before the process can begin:

1) Are there facilities either in the state or in private settings that can accept more patients without causing an extreme amount of stress for the patients?
2) Will these facilities be able to maintain the same quality of care that Lanterman provides?
3) Specific programs and services at Lanterman include foster grandparents and community industries, operated by rehabilitation services to place the developmentally disabled at Lanterman and in the community. Will the range of services offered at Latnerman be provided to the clients in other settings? What information currently exists that captures the range of existing services and compares them with other options for client placement?
4) How much additional funding is the state willing to provide to make sure that a transition will be smooth?
5) What kind of stakeholder structure is being developed? What type of ongoing communication with stakeholders will there be and under what time constraints?

These and many more questions should be and need to be answered before any initiation of the closure process.

SEIU Local 1000 believes that a complete study and analysis of the closure of the Lanterman Developmental Center needs to be done. Without further analysis and a thorough evaluation of the unique needs of Lanterman's clients, we cannot take a position on this proposal.

March 5, 2010

My name is Jo Walters. Today, I am reading a statement by myself and my former husband, Tim Walters.

We are the parents of [redacted], a 33-year-old autistic, retarded man. [redacted] has lived at Lanterman for nearly 20 years. He cannot talk. But, he uses a few words in sign language, such as "toilet", "more" and, his personal favorite, "candy". [redacted]'s functional age is that of about a two-year-old, with some skills of a four, five or six-year-old. Several years ago, [redacted] also lost his sight. He is now blind.

We adamantly oppose the closure of Lanterman, but it appears that the DDS has already decided to recommend this course of action to the legislature.

We are surprised and gravely concerned that the DDS has made no effort to ascertain the availability of placements at other Developmental Centers, including Fairview Developmental Center in Orange County. In fact, the DDS mentions only that it will work with the Regional Centers to "develop resources for community placement."

This is absolutely terrifying.

Make no mistake: COMMUNITY PLACEMENT IS A LIFE-THREATENING OUTCOME FOR OUR CHILD.

We tried community placement with [redacted] before he came to Lanterman. Here are two of many everyday situations that became life-threatening emergencies for Cameron in an instant:

- On his way to the school bus one morning, [redacted] tried to eat a toadstool growing near a neighbor's sidewalk. The staff *thought* they got all of it out of his mouth. Even then, he suffered through three days of continuous vomiting and nearly died.
- Another time, a staff member took [redacted] for a walk at a local park with a deep lake. As [redacted] ran in the lake and began to drown, the staff member – who couldn't swim - merely stood on the shore and shouted for [redacted] to come back. Miraculously, a 13 year-old-boy fishing with his father in a small boat nearby – who had completed Jr. Lifeguard training just two weeks before- jumped in the water and saved our son's life.

These events took place in what were called "Range B" homes, with high staff-to-client ratios that offered supposedly expert care.

But, the DDS says, homes are *so* much better now!

While we fervently hope this is true, ***we are unwilling to bet our son's life on it!***

Furthermore, no such home can be created with sufficient staff to control [redacted] when he becomes upset.

The fact is that some people belong in Developmental Centers, and [redacted] is one of them. If Lanterman closes, we will advocate that [redacted] be placed in Fairview in keeping with the ongoing conclusion of his IPP team.

We are, however, concerned about his transition.

Our son's world is about to be shattered. He lived on Residence [redacted] for many years before losing his sight. He knows his way around and can move about with some confidence inside the residence. He has also kept his job shredding newspapers in the sheltered workshop on the hospital grounds despite the loss of his eyesight.

But, when he leaves Lanterman:

[redacted] will *not* be able to *see* where he is going. And, he will *never again* know where he *is*.

He'll lose the familiar places and routines that he compulsively clings to because familiarity is the only thing that calms his autistic mind.

He'll be ripped from where he feels secure and placed into an utterly alien environment. One in which *he cannot see.*

The staff won't know or understand him. He'll know and understand *no one.*

Through it all, because he cannot effectively communicate, we can't explain what is happening to him or why. And, there is no way for him to tell anyone that he is afraid of that is homesick.

Although [redacted]'s anguish will be amplified by his recent blindness, many of the other "children" on Residence [redacted] will experience a similar distress, especially if they are taken from their home one at a time. Furthermore, the Residence [redacted] staff members are dedicated and compassionate professionals who know the children well. **It is in the best interests of the children to experience a continuity of care that comes *only with keeping the staff and children together.***

If Lanterman does close, we propose that the staff and children of Residence [redacted] be moved as a group to Fairview Developmental Center in Orange County. We ask that the DDS fully explore this alternative with the other families and include it in the plan presented to the legislature.

We also ask that the DDS consider the option of keeping Lanterman open, but in modified form. We propose to sell most of the land to a developer, with the stipulation that the developer builds a hospital to accommodate current and future residents of Lanterman. This approach is familiar to municipalities, where builders are often required to build schools, roads and parks in exchange for housing developments. This approach would keep residents close to their families, preserve the jobs of the Lanterman staff -- and **incur minimal out-of pocket expenditure for the state.** It is, in our opinion, a safer and more humane approach than the current path chosen by the DDS.

Last, we ask the DDS staff, especially those of you present today, to remember. Lanterman residents are innocents. They were placed in your care in sacred trust – the trust of their families, of our society, the state and the Almighty. We implore you to proceed with extraordinary care and compassion, with open hearts and open minds as you work to find the most humane solutions to the problems besetting us today.

Thank you,

Jo A. Walters
[redacted]

Timothy L. Walters
[redacted]

VOR
Speaking Out for People with Mental Retardation

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SUPPORT FOR LANTERMAN RESIDENTS AND FAMILIES
Testimony by Lex Wells
VOR Representative
Wednesday, February 24, 2010

My name is Lex Wells.

I represent VOR, a national advocacy organization for individuals with intellectual and developmental disabilities, and their families.

For 27 years, VOR has consistently supported the rights of individuals and their families to choose from a full array of residential options, including family home, own home, community-based options, and facility-based care.

VOR stands steadfast behind the residents of Lanterman and their families who OPPOSE the proposal to close this fine facility.

ICFs/MR Provide Life Sustaining Quality of Life to Residents.

As a Medicaid licensed Intermediate Care Facility for Persons with Mental Retardation (an ICF/MR), Lanterman is uniquely qualified to meet the complex needs of its residents – many who have called Lanterman home for years, even decades.

Like ICF/MR residents from across the country, Lanterman residents have profound cognitive and physical disabilities, extreme functional limitations, chronic medical conditions and behavioral challenges.

Because Lanterman is a federally licensed ICFs/MR, unlike community programs, residents benefit from annual federal assurances that more than 378 federal quality of care standards are met, including access to health care, appropriate staffing ratios, and attention to therapeutic needs. This level of care and assurance to consistent quality brings great comfort to the families of Lanterman residents and is simply not available in community settings.

Choice: It's the law.

In its landmark *Olmstead* decision, the U.S Supreme Court expressly required residential choice and cautioned against "imposing [community-based treatment] on patients who do not desire it."[1] As recently as this past December, a federal district court judge cited Olmstead when supporting the improvement, not closure, of a facility:

> "Thus, the argument made [in support of closing the facility] fails to account for a key principle in the *Olmstead* decision: personal choice."[2]

Like California's Lanterman Act, Medicaid also guarantees choice, providing that eligible beneficiaries must be "informed of any feasible alternative" and provided the choice of either an ICF/MR or home and community based waiver services.[3]

[1] *Olmstead v. L.C.*, 119 S. Ct. at 2187 (1999).
[2] *Arc of Virginia v. Kaine*, December 17, 2009.
[3] 42 C.F.R §441.302(d)

Will closing Lanterman save the California money?

Families of individuals with profound intellectual disabilities find services like Lanterman priceless. We recognize, however, that the decision to close Lanterman is financially driven.

But will California really save money?

There is a long-held myth that community services can always be provided for less money. Peer-reviewed research and common-sense soundly rebut any hoped for cost savings.[4] Lanterman residents will need intensive supports regardless of where they live. Providing all necessary supports "under one roof" at Lanterman is obviously more cost effective than providing them in scattered locations across California.

Only by depriving individuals of life-sustaining care, will money be saved, a "solution" feared by families and totally unacceptable.

Lanterman is a good financial investment for California.

Has California studied the economic impact of Lanterman to the City of Pomona? Any time a facility closes, there is also lost revenue.

By way of example, consider Topeka, Kansas, which faced recently recommendation to close a state ICFs/MR, called KNI. In response, the Topeka Chamber of Commerce prepared an "Economic Impact" report, which found that –

[4] *See*, Kevin Walsh, et al., "Cost Comparisons of Community and Institutional Residential Settings: Historical Review of Selected Research," *Intellectual Disabilities*, Vol. 41, Number 2, April 2003 (Update, 2009).

> "KNI will have a significant impact on the state's economy during fiscal year 2010. KNI's revenues and expenditures and its employees and their salaries provide direct economic activity. In addition, this activity will ripple through the area's economy supporting indirect benefits including sales in local businesses and organizations, and as well as indirect jobs and salaries . . . In total, the economic impact of KNI in fiscal year 2010 will be $66 million."[5]

Likewise, Lanterman Developmental Center, with 450 residents, is a major employer in Pomona. In addition to the direct economic activity by Lanterman employees in Pomona, the center itself generates revenue, including significant federal funding, which will be lost if Lanterman closes.

A human and financial solution: Reinvent Lanterman as a Community Resource Center.

Individuals with developmental disabilities who reside at home or in community-based services face great difficulty accessing needed services, such as health care, dental care, OT/PT, wheelchair adjustments, and more. Lack of access to these services can result in a deterioration of individual health and abilities and even death.

Yet, these services are readily available at Lanterman.

Rather than close Lanterman lose its specialized services forever, California should endeavor to reinvent Lanterman as a Community Resource Center. Residents who choose Lanterman as their home can

[5] Greater Topeka Chamber of Commerce/GO Topeka, "A Report of the Economic Impact During Fiscal year 2010 of Kansas Neurological Institute [KNI] in Topeka Kansas" (September 24, 2009).

remain, but the specialized serviees at Lanterman, which are already in place, can also be made available to nonresidents as outpatients.

This is a cost effective model that is in place and working well in other states. Needed services could be delivered TODAY.

Do NOT close Lanterman -
There are too many questions and too much at stake.

Will California actually save money by closing Lanterman?

Will significant revenue be lost if Lanterman closes?

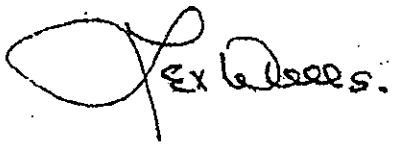
Are there community-based providers willing and able to provide equal or better care?

With so many needs already, is it wise to close Lanterman and lose forever its specialized, irreplaceable resources?

Lanterman is home, in every sense of that word, to its residents, staff and families.

Please do NOT close Lanterman.

Thank you.



Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814
cindy.coppage@dds.ca.gov

March 3, 2010

Re: **Proposal to close Lanterman Developmental Center**

The recommendation to close Lanterman seems to have been made hastily and without consideration of the consequences for the residents of the center and without weighing other, better alternatives.

My son [redacted] suffers from brain damage resulting from encephalitis when he was an infant. Several professionals we consulted in his early childhood told us that he was *the most* hyperactive child they had ever seen in their practice.

Before [redacted] came to Lanterman, he spent four years at Children's Treatment Center at Camarillo. He was then at home for about a year while we searched for a suitable placement. During this time he attended a day program in Santa Monica on weekday mornings. We got the three-week respite care time divided into two or three weekends per month. He spent these at a community facility in Glenoaks. They could manage him there for the overnight stays, but when we tried to place him there for a longer period, they found that his behavior was too extreme for them to manage on a day-to-day basis.

[redacted] has been at Lanterman for 32 years. A few weeks after his admission we were called in for a conference with the unit staff. They were at a loss about how to handle him. He wouldn't listen. He was all over the place, getting into everything. He was "unmanageable" and "unreachable." When I suggested that it might be helpful to work with him on a one-on-one basis, at least a couple of hours a day, in order to help him focus his attention and get to know him, I was told that they did not have enough staff for doing this.

Six weeks later we were called back for another meeting. We were then told that the staff had worked out a treatment plan for [redacted]. They were going to give [redacted] individual attention all day long. The unit staff would take turns, each person working with [redacted] for half an hour, because his hyperactivity made it too difficult to work with him for any longer than that.

I don't know how long they kept it up, but we soon noticed on our weekend visits that the staff was changing its attitude towards [redacted]. Several staff members became really fond of him.

In addition to hyperactivity, [redacted] has periods of obsessive behavior, which occurs in cycles, without any apparent relationship to medication, treatment, weather or anything else.

A couple of years ago he became obsessed with dumpster lids. If he saw one open he had to rush over and close it, even if he had to jump out of a moving vehicle and run across a street to do so. He was moved to a workshop within walking distance of his unit, because he would jump out of the tram taking him to his day program on the grounds. For several months I could not take him out for a drive in my car on visits, and for some weeks I could not even take him out on

the hospital grounds, but had to visit with him on the unit. After several months, this behavior finally subsided.

At other times, he has become obsessed with threads and lint that he sees on other people's clothes. He will rush over to people, often from a distance of several yards, to pick lint or threads off their clothes. People who don't know him will perceive this as an attack. Another obsession is to drink any fluid within sight. At one time he drank some cleaning liquid and had to be taken to the emergency room for treatment.

These kinds of behaviors would be much more difficult to manage at a community facility where the staff is less trained and where there is more of a staff turnover.

I addition to his behavior problems, [redacted] also has had several code blue epileptic seizures during his time at Lanterman. It is uncertain whether a community facility would have the capability of handling such emergencies.

[redacted] is limited in his ability to communicate. When he was still at home, he learned to read before he started speaking. His attention span is too short for stories or for sentences of more than a few words, but he likes children's dictionaries. His favorite is the *Cat in the Hat Dictionary.*

[redacted] has been at several different units during his time at Lanterman. He has now been at Unit [redacted] for several years. **Both his IPP and biennial probate investigator's report have consistently concluded that Lanterman is the most appropriate setting for him.**

The environment at Lanterman is **the safest as well as the least restrictive** possible for [redacted]. He needs close supervision even on his unit and on the grounds. Rustic Camp offers a safe place to walk and roam and is one of his favorite places. A community facility would not be able to provide him with the same degree of safety and freedom he enjoys at Lanterman.

Over the last decades thousands of Developmental Center residents have been placed in community facilities. The ones who remain in the Centers are the most in need of the specialized services provided there.

The *2008 Evaluation of People with Developmental Disabilities Moving from Developmental Centers into the Community* showed that residents recently moved from Developmental Centers to community facilities had less access to primary medical care, specialist care and dental care and that they were in better health than clients who had lived at the community facilities a longer period of time.

A number of residents who were moved during the closure of Agnews Developmental Center were moved to Sonoma, Lanterman and Fairview Developmental Centers. This shows that there is still a population for which the Developmental Centers are the best, safest, or maybe the only choice, even with the many new facilities and upgrades of existing facilities that took place in connection with the Agnews closure.

It appears that the recommendation to close Lanterman was done without enough forethought and research. Two studies relating to the Agnews closure, one by University of California Davis and the other an independent evaluation of the 962 home pilot project, have not even been released yet.

A study by VOR, a nationwide advocacy group for the developmentally disabled, shows that "large savings are not possible within the field of developmental disabilities by shifting from institutional to community placements." (http://www.vor.net/images/Costcomparison.doc The study details cost factors often overlooked by policymakers and advocates, such as level of disability, cost shifting, lower wages of community care workers, and other factors.

There are several ways of making use of the existing facilities at Lanterman, including utilizing currently empty buildings for respite care, community services or care of Alzheimer's patients. Also, the current specialized medical and dental services in place at Lanterman would be an important resource for community facilities.

There is a need for a continuum of services for the developmentally disabled. It would be disastrous for those most in need of specialized services to be denied ready access to such services, which are now available at the Developmental Centers.

For the reasons stated above, and for the sake of my son and others with severe developmental disabilities, I am strongly opposed to the closing of Lanterman Developmental Center.

Sincerely yours,

Marta Hethmon
Mother and Conservator of [redacted]

From: Susan A. Purnell [redacted]
Sent: Wednesday, March 03, 2010 4:10 PM
To: Coppage, Cindy@DDS
Subject: Attention: Cindy Coppage Re: Lanterman Closure

March 3, 2010

Re: Closure of Lanterman Develpmental Center

Department of Developmental Services
Developmental Centers Division
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Att: Cindy Coppage

As the sister of a profoundly mentally retarded and medically fragile sixty-seven year old resident at Lanterman Developmental Center, I absolutely oppose the closure of her home for the past fifty-three years. She like the majority of those who still reside there simply would not survive if they were relocated into community placement or otherwise. Does not DDS know this? Do you not see the clear distinctions between the high and moderate functioning disabled individuals and those who are profoundly disabled and medically fragile? I understand that it makes your job of balancing the cost easier if you delude yourselves into believing that all of the mentally disabled can be community placed. The reality is, like it or not, community placement is not the answer for the profoundly retarded and medically fragile.

You can try to 'sell' us with your scripted talk of how you will not place anyone until you are sure it is the right place, etc. You can promise anything you what but the reality of the horrors of cruel and humane treatment of the mentally disabled forced into community placements tells the real truth. Your answer when confronted with the reality of what has happened in community placement being 'that was in the past – That was unfortunate but we have learned a lot and we know how to do it better now,' means nothing. What is the past? A year ago, a month ago, yesterday - how about now and tomorrow? There is no excuse for the suffering and the deaths that your learning decisions have caused. You say you have learned how to do it better now. If that is really true then why are you not looking for a way to keep at least a portion of Lanterman open for those who it would be the best placement. Do you really expect people who have lived there thirty, forty, fifty, sixty and even seventy years to survive a transition to a new home, of any kind, and at worst one into a community placement? Even if by some huge miracle there was an abundance of funds to sustain the high cost of the specialized needs for care and services for these individuals, you must know that they do not have the coping skills to survive the trauma of losing their familiar environment and supportive attachments. What part of these realities do you not understand?

You want us to believe all will be well with the closure of Lanterman. You allege that the closure of Agnew DC is a success story. Please save your sale's pitch. It only makes it all the more clear that you refuse to acknowledge the distinction between the high and moderate functioning mentally disabled person and those who are profoundly mentally disabled, many of which are medically fragile. Clearly for some mentally disabled, the high to moderate functioning, the 'De-Institutionalized Movement' has been a good thing. I understand that some family members of these individuals would like to push their stories to convince Lanterman and other DC families to be open to community placement. It may be their naïve belief that even the profoundly mentally retarded can be better off in community placement or it could be that they would like to see all the DCs closed believing that would free up funds for the already woefully scarce community services. As a state agency DC has a responsibility to those who can benefit in community placement as well as those who can not [Lanterman Act]. Yes you closed Agnew. Are all those who lived there prior to closure better off today? Are all the funds there today to meet their needs for care and services in community? NO! Does the financial future look brighter? No. Can the closure of Agnew be called a success? Let us wait and ask that question in ten or more years. What will the evidence say then? Will you then finally acknowledge community placement is not for all the mentally disabled? How much more will those under your charge who are least able to care for themselves have to suffer? How many more will die unnecessarily? What will be your answer then Opps- 'that was unfortunate but we have learned a lot and we know how to do it better now.'

We have a right to straight answers. Where do intend to place those who the court and you, DDS, have repeatedly stated year and year, that hospital placement is the only choice? Your scripted answer 'we can not say – it will be determined on a case by case bases ....only after working with the individual and their family can it be determined what placement would be very best,' says nothing. Your attempts to temporally avoid our concerns, only gives us more reason to be concerned. Will Fairview DC or some other DC be your short term alternative to community placement? This would only add insult on top of injury. If you succeed in closing Lanterman, will you not quickly look to close Fairview? Is it not slated to be the next DC to face closure? My sister has the mentally of a nine month old baby who can not talk, walk or care for herself at all - plus she is medically very fragile. Community placement will never be suitable for her no matter how you want to try to convince us otherwise. It is very alarming to me that I see no evidence of any plans on your part to retain 'hospital placement settings' as option for those like my sister who require it? If you can not see the need to revision a portion of Lanterman for this purpose, then why would you not close all DC? As California tax paying citizens and as family members and advocates of the profoundly mentally and medically fragile we have the right to know what your long term plans are for this population. Without full disclosure from you, we are left to assume that you have every intention to close all the Developmental Centers, leaving community placement for our loved ones as the only option. We can not and will not allow this to happen.

We need answers from you. Tell us your present and long term plans for the care of the profoundly mentally retarded and the medically fragile. Tell us how you intend for them to be better of by closing Lanterman Developmental Center.

Susan A. Purnell
[redacted]

March 3, 2010

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814
cindy.coppage@dds.ca.gov

Re: Proposal to close Lanterman Developmental Center

Lanterman has been my brother [redacted]'s home for the last thirty-two years, his entire adult life. [redacted] is mentally retarded, autistic, hyperactive, and has numerous other behavioral and medical problems. Due to the complex and severe nature of his disabilities [redacted] is very difficult to manage even in such a controlled environment as Lanterman.

[redacted]'s level of disability is such that he is unable to understand consequences or dangers that may result from his actions, much like a toddler. However he has the physical speed and strength of a full-grown man. His hyperactivity and lack of impulse control make it infinitely more difficult to keep him from doing something harmful. Attention deficit problems make it certain that he will switch from a safe activity to a dangerous activity in the blink of an eye.

His obsessive compulsions are uncontrollable at times and pose a serious risk to himself and others. He will drink any liquid within his reach and as a result has even had his stomach pumped. He has jumped from moving vehicles and bolted across streets and parking lots to close dumpster lids. Although [redacted] is not aggressive and does not intend harm to others, he poses a danger to them. He is obsessive about ripping tags, threads and lint off of clothing, frightening and sometimes injuring the wearer.

In addition to these and other behavioral issues, [redacted] has several medical issues which require constant skilled monitoring and care. He is subject to epileptic seizures which require immediate skilled intervention when they occur and the proper medications to minimize their frequency and intensity. [redacted]'s medication regime is very complicated due to the diverse nature of his problems and therefore requires medical professionals that have extensive knowledge and experience with medications for his various conditions and their interactions.

Lanterman is [redacted]'s home. It is a community where he is safe and can thrive. Everything he needs is on the grounds and anything that poses a danger to him is carefully controlled. The Lanterman campus provides recreation, education, employment and numerous other enrichments tailored specifically to his needs. This range and quality of opportunities for [redacted] could not be provided in a local community home. A small community home would be much more confining and infinitely more dangerous for [redacted] than Lanterman.

Lanterman also provides [redacted] with the opportunities to be included in the outside community. He is able to go shopping, out to eat or attend holiday festivities with the assistance and close supervision of highly trained staff on a one to one basis. This is something possible for [redacted] only because Lanterman staff is highly skilled, well trained and available in sufficient numbers to provide these one to one client staff ratios when needed. Again a small community home cannot provide this for [redacted] and as a result he would have less inclusion in the outside community, not more.

For these reasons I believe [redacted] would not benefit from a community placement and would in fact suffer from such a placement. Community placement would put him a significant risk of irreparable harm. Additionally, [redacted] could not handle a community placement. The confining nature of a small home would create anxiety and harm his mental state which would result in increased behavioral problems. This was what happened when he was seventeen, the last time community placement was attempted for [redacted]. He quickly became completely unmanageable in the community home setting. The best place for [redacted] is where he is today, Lanterman.

I want Lanterman to remain open as it is [redacted]'s home. He has many people there, staff and residents, who are fond of him and whom he would miss should Lanterman close. These people are his family, and it would be cruel to separate them just because they are unable to express their affection or desire to remain together. [redacted]'s mind is like that of a small child. The impact of such a separation could be extremely detrimental.

Has the department considered using the unique facilities and staff expertise at Lanterman to improve or replace services for other Regional Center clients? Couldn't the campus provide outpatient, daycare, educational, recreational, vocational or respite services to disabled residents and their families in the nearby communities? Lanterman does a good job of providing for the needs of its developmentally disabled residents, although there is always room for improvement. Certainly one improvement could be to increase the integration with the larger disabled community. Using Lanterman to its full potential would be much more efficient and would lower the cost per client in the Regional Center.

If it is not possible to keep Lanterman open, I expect [redacted] to be given the opportunity to choose another Developmental Center that would best suit his needs. One of those needs is for stability. It is my understanding that the department intends to close Fairview Developmental Center next. Fairview is the center that the department stated would be available for Lanterman transfers. Transferring to a facility that will also be closing will not provide the stable living environment that my brother requires. Another of [redacted]'s needs that would be unfairly impacted by a move would be the frequency of family visits. The drive to Lanterman is already quite lengthy. The other Developmental Centers are further. Nonetheless, Developmental Centers are important options for individuals with intensive need of specialized services, and should remain one of the options available to people like my brother. The department must put its intentions for the future of the remaining Developmental Centers in writing. It is unfair to leave families guessing during the time they are faced with deciding where their loved ones must go.

may hang in the balance over this decision. They must consider what action to take very carefully. A hasty decision may literally cost my brother's life. Melodramatic? Not at all, our cousin is one of the sad statistics. After decades of safety in an institution he was transitioned to community care against our aunt's wishes. He died of a preventable accident, a head injury, just a few short months later.

I also want to ask who is assisting the residents who have no family to defend them? These residents deserve an independent voice on their side in these unsettling times. Please allow someone from outside the system, like a family member of another resident to help them through any decisions, planning or transition activities. Their lives are at stake as well.

In summary, the level of disability of remaining Developmental Center residents is much greater and more complex than residents that have transitioned to community homes in the past. Most of the remaining Lanterman residents would not benefit from a transition, and transitioning puts these fragile individuals at a higher risk of neglect, abuse and even death. Moving them will not result in any net savings to the state and will also result in extra, unnecessary expenditures to create new residences for them. I believe Lanterman should stay open and expand its service offerings to include the disabled in the outside community.

Sincerely,

Gabriella Owens
Sister of [redacted]
Unit [redacted], Lanterman Developmental Center

My name is Clarice Nevarez and my brother [redacted], who was born a normal healthy baby and at 9 months old was stricken with meningitis leaving him with severe brain damage. [redacted] has spent his whole life at a California Development Center. First at Sonoma State for close to thirty years and later transferred to Lanterman. He has resided here for 27 years and this is his home.

Lanterman provides [redacted] and the others comprehensive Treatment with:

- 24 hour medical observation and monitoring of his psycho active medications to prevent violent outbursts that result in harm to himself and to others. These medications are highly volatile and require constant fine tuning.

- Special Diets to complement the medication treatments and to ensure general good health.

- Provides behavioral therapy to support psychiatric and physical treatments that includes workshops, social activities, basic life skills and coping skills.

- He also receive all medical and dental services.

- Above all Lanterman provides a safe environment for walking, which he enjoys and other activities.

Effect of closing Lanterman

- Will no longer be under the direct care of medical and behavioral experts.

- Create Homelessness – Many of the existing approximately 400 residents would receive substandard care and could

walk away from the community housing and end up on the street with little or no ability to care or speak for themselves.

- 1300 Californians will be become unemployed.
- There will be further burdening of the hospital emergency care system.

For [redacted] this closing will mean:

- He will lose his home of 27 years
- Will lose much of the progress he has been given in the years at Lanterman.

If not supervised by experts both day and night (which includes drug adherence) he will become violent and uncontrollable.

[redacted] has "history of aggression, extreme anxiety and agitation with changes in his routine and schedule, extreme difficulty tolerating and adjusting to changes in his routine and environment, continued need for structure and a consistent routine, strong attachments and responsiveness to familiar staff and difficulty establishing trust comfort with new and unfamiliar staff.

Possibly solution:

Please consider other options than just closing Lanterman and offering community housing, which is not an option for most that reside here now.

- Perhaps a solution is to sell half of the centers land and use the proceeds to bring the remaining facility up to code.
-

The proceeds should not revert to California's General Fund.

- In Closing:

Please know this would be devastating to our Brother..... Devastating to his relatives.....Not because we don't want to care for him, But, Because we can't . We would helplessly watch our brother deteriorate right before our eyes.

We BEG for your support and a voice for not just [redacted], but for all of these Especially Needy Human Beings.

I strongly oppose the closure of Lanterman Dev. Center.

Thank you,

Clarice Nevarez
[redacted]

Dear Ms. Coppage:

My name is Gayle McCue. My husband is Harry McCue. We are the parents and conservators of [redacted] [redacted] [redacted] is a resident of Lanterman Developmental Center. He has resided there for 32 years. He was 13 years old when he was placed in the Center and he curreutly is 45 years of age.

We are adamently opposed to the proposed closure of Lanterman Developmental Center. It is [redacted]'s home and the most appropriate living situation for him.

[redacted] suffers from "Cornelia DeLange Syndrome" and is profoundly mentally and physically retarded. He is autistic and has no speech. Further he suffers from Impulse Control Disorder and Obsessive Compulsive Behavior. He is hyperactive, prone to self injury, and can be harmful to himself and others. He is unable to provide for personal needs and requires assistance with his everyday needs.

[redacted] has major health problems. He has cataracts that substantially limits his vision, spasms, osteoporosis, and reflux esophagitis. [redacted] must have specially prepared puréed foods due to the fact he is an extremely high choking risk.

On October 6, 2008, [redacted] became extremely ill. He choked on food, was having difficulty breathing and was turning blue. He was rushed to the emergency room at Pomona Valley Hospital. [redacted] had developed Aspiration Pneumonia which was caused by ingesting food into his lungs. It is also symptomatic of "Cornelia Delange Syndrome". While hospitalized, it was determined that [redacted] needed to have a gastric feeding tube (G-Tube) surgically implanted.

Upon his return to Lanterman from the hospital, [redacted] was placed on "One-on-One" supervision. When [redacted] was left alone he would rip out the G-Tube and he would have to return to the hospital to have the tube surgically re-inserted. [redacted] had to return to the hospital eight separate times in a period of ten months.

The G-Tube has now been removed. [redacted] remains on specially prepared puréed foods and the risk of Aspiration Pneumonia remains high.

[redacted] was a young teenager when we placed him at Lanterman. It was a very difficult decision for us. He could no longer live at home. We could no longer provide the necessary care

and skill that was desperately required. Lanterman provided the most appropriate living situation. The medical facilities and professional staff made it the safest and most secure environment for [redacted].

These conditions remain the same today. We consider Lanterman to be the best and most appropriate living situation available today — We oppose the closing of Lanterman.

As I am writing this letter, [redacted] is once again in the hospital. This time he is undergoing surgery to repair a broken arm which was a result of an altercation with another resident. Thank Goodness medical care was quickly available.

Respectfully,

Gayle McCue

Harry McCue

[redacted]

From: Mahoney, Marta E [redacted]
Sent: Monday, March 01, 2010 9:33 AM
To: Coppage, Cindy@DDS
Subject: Proposed Closure of Lanterman Developmental Center

I am submitting the following as testimony in the public hearing on the proposed closure of Lanterman Developmental Center.

I am a family member and conservator of a Lanterman resident. My sister, [redacted], has been a resident there since 1960 (forty years). I am well aware that the state has a budget crisis, but I am vehemently opposed to the closure of Lanterman or any of the other developmental centers. I urge the DDS and the legislature to look at other options rather than closing Lanterman altogether.

The DDS needs to face the reality that there are people who are profoundly retarded, severely autistic or otherwise mentally disabled, and who often have additional physical handicaps. The population that resides at Lanterman and the other developmental centers are people who need 24-hour supervision, have complex medical conditions, and in most cases need a great deal of help with daily tasks of living such a bathing and feeding. They are not cuddly little babies like Sarah Palin's son; they are tragic people who are difficult to care for and take a great deal of training and patience to handle. My sister is not atypical of the people at Lanterman. She has a mental age of 5 or 6 months. She is blind. She has seizures. She has never learned to talk. If she has to go to the bathroom she will sit on the toilet, but someone has to wipe her and prompt her to pull her pants back up. She cannot dress or bathe herself. She only has 8 teeth left so must be on a special soft diet. In an attempt to preserve what teeth she has left, she is taken to the dentist every 3 months to have her teeth cleaned. She has to be sedated for this procedure since she screams and goes into a hysterical uncontrolled frenzy when she smells the disinfectant in a doctor's office.

Over the past few years she went through a period of about 18 months when she refused to get out of bed. She would not put clothes on and simply lay naked in bed all day in a fetal position. The staff would bring her meals to her room and feed her there since would not even put on clothes to go to the dining room. The psychiatrists and her team at Lanterman tried different medications and have been able to bring her out of this state back to (what is for her) normal functioning again. She gets dressed, eats in the dining room, goes to her group room during the day, and I am able to take her off the unit for a walk or to the snack bar when I visit.

I love my sister but given her complex needs, I do not feel in any way that a community home could in any way provide the scope of services that she needs and that she currently receives at Lanterman. She is safe, supervised 24/7, has doctors and dentists who are experienced in dealing with the severely retarded and readily available, and a trained staff of psych techs who treat her with dignity. If Lanterman closes, she and the other residents will have no place to go, where they can enjoy the same quality of life.

Further, I think the state needs to re-think the whole question of institutional care. When I was growing up we had orphanages and state hospitals/institutions for the retarded and the mentally ill. But we didn't have children in foster care who were

abused and killed because their social workers ignored the warning signs or lost track of where they were; we didn't have an epidemic of homeless mentally ill living in cardboard boxes on the streets of every major city in the state; we didn't have retarded people being set on fire for sport by vicious teenagers. There is nothing inherently wrong with institutional care for certain segments of society.

HOWEVER: it's obvious that Lanterman, as currently configured, is not economically viable. Instead of closing Lanterman altogether, the DDS and the legislature need to look at other options. I haven't seen ANY information showing that any option other than closure has even been considered. It seems to me that the DDS is pushing their own agenda. There are a number of possibilities that could be considered:

- Sell or lease a portion of Lanterman's land to a private developer and operate Lanterman with a scaled-down footprint
- One of the justifications for closure is that Lanterman's infrastructure is aging and needs extensive renovation to bring it up to code. According to the LA Times this morning, 12.4% of the workforce in the state is unemployed (at a minimum). Many of the unemployed came from the construction industry. Put these people to work on the infrastructure repairs, as a condition of continuing to receive unemployment benefits. That would significantly reduce the estimated cost of renovation.
- Use part of the land for other social services, such as transitional housing for the homeless. I live in Orange County, and the Orange County Rescue Mission has built a state-of-the-art transitional housing/social services complex for the homeless on the grounds of the vacated Tustin Marine Base.
- Built a regional vocational high school on a portion of the land. White-collar jobs have disappeared and the state desperately needs to train young people in trade and technical fields where the jobs will be in the future. Offer auto mechanics, plumbing and HVAC, medical technology, pre-nursing, culinary arts, etc. Lanterman could provide ROP programs for such a high school.
- We have many, many disabled veterans returning from Iraq and Afghanistan who need medical and rehabilitation services. Use a portion of Lanterman's grounds for a VA rehab hospital/center. The nearest VA hospital now is in Long Beach which is not at all convenient for people in the San Gabriel Valley.

Additional points:

- The DDS seems to be unable to provide any concrete information on what would happen to the Lanterman residents. I realize they can't know what the situation will be in a year or two years. HOWEVER, they should be able to state how many spaces are currently available at Fairview (or other developmental centers in the state); how many spaces are currently available in group homes under the supervision of the various regional centers in southern California; what number of those spaces could serve the profoundly retarded; how many people are currently waiting for a space in a group home in southern California; how many on the "waiting list" are profoundly retarded, not counting people currently in developmental centers. This is basic statistical information that the DDS should be able to pull up immediately.

- The DDS has not provided any breakdown of where the anticipated savings from closing Lanterman will come from, v. estimated additional costs (moving

residents to Fairview or another center, ongoing cost of care at Fairview or a community placement, additional staffing costs at regional centers, etc.) The gross figure I have heard is $300,000 per person annually at Lanterman v. $100,000 in community care. Again: this should be basic statistical information that the DDS could pull up in a pie chart. (And if you don't have enough information to pull it up in a pie chart, no wonder the state is broke.)

- The general assumption is that if the state closes Lanterman, they will sell the land. Does the DDS has a clean environmental report on the property? This is a facility that has been in use for over 80 years and typically, these properties need environmental clean-up before a sale can go through. The buildings are old and may have lead or encapsulated asbestos which will affect a sale.

Please take this testimony under consideration. Again – I strongly oppose the closing of Lanterman and urge the DDS to work on alternative solutions.

Marta E. Mahoney, Vice President, Placement Specialist
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www.marsh.com | Marsh Risk & Insurance Services

**

In connection with the proposed closure of Lanterman I have a number of questions. They are in the attached Microsoft Word Document. If you could answer any of them I would greatly appreciate it. For those questions you don't know answer to, I would appreciate if you could advise me of whom to contact, their addresses and/or email addresses.
Thanks a lot.
Marta Hethmon

Questions re Lanterman closure

I have a number of questions related to the proposed closure of Lanterman Developmental Center, where my son has been residing for 32 years.

As the answers to these questions are essential to the writing of letters to DDS and Legislators, a quick response would be appreciated, since the deadline for such letter is March 5.

1. **For how many of the present 394 residents at Lanterman is a community placement NOT considered a safe alternative according to the IPP (individual program plan)?**

2. **Has this number changed since the closure recommendation was made?**

3. **How many Lanterman residents have families/conservators who can speak for their interests?**

4. **In how many cases at Lanterman does the Regional Center have the conservatorship?**

5. **What are the actual plans for Fairview? Is it also slated for closure and, if so, what is the timeline?**

6. **Were any residents from Agnews transferred to Lanterman?**

7. **The person who spoke about the Agnews closure at the Feb. 20 meeting said that some "fell thru the cracks." How did this happen? What happened to those residents?**

8. **How many homes are presently available for developmentally disabled in Southern California? In the area served by Lanterman?**

9. **What is their current available total capacity – how many more people could they accommodate?**

10. **Are there ANY community homes in the area served by Lanterman that give the same level of services and safety as Lanterman (medical, dental, psychological, consulting, etc.) If so, how many?**

11. **Is there a budget for having such homes established or brought up to standard? If so, what is this budget?**

12. **What are the requirements for staff composition at community facilities at Service Level 4i (the most severely behaviorally handicapped)? How does that compare with Lanterman staffing?**

13. **In the event of an incident such as a serious injury or poisoning, is community home staff capable of providing appropriate medical intervention? Are responding**

emergency personnel trained to deal with residents who may not be capable of communicating or may be combative without causing further trauma?

14. How many homes have been closed down in the last 3 years because of dangerous or substandard conditions?

15. How many were cited but allowed to continue operating?

16. How often are inspections made under normal operations? How soon is a follow-up inspection made when a deficiency has been found?

17. What percentage of group home placements fail? And for what reasons? Most of the people who spoke at Saturday's hearing indicated community placement had failed for their relative. Where can these statistics be found?

18. How do the needs of the Lanterman residents compare to current community placed persons? Aren't the remaining residents much more disabled with more complex needs than those who are successful in community placement?

19. What are the rates of abuse, neglect, medication errors, injury, death etc in the community homes? How does this compare to the rates within the Developmental Centers?

20. Isn't it true that community homes are much less likely to have such incidents reported and investigated? The management and staff have a vested interest in concealing incidents that would cost them their livelihood, while State employees are protected if they report incidents and are in fact encouraged to do so.

Thank you for your prompt attention to these questions.

Sincerely,
Marta Hethmon

[redacted]

[redacted]

From: Ann Grivich [redacted]
Sent: Sunday, February 28, 2010 5:35 PM
To: Coppage, Cindy@DDS
Subject: Input on proposed closing of Lanterman Developmental Center

Dear Ms. Coppage:

Please find attached our input on the proposed closing of Lanterman Developmental Center.

Thank you.
Jim & Ann Grivich

[redacted]

March 1, 2010

Department of Developmental Services
Developmental Centers Division
1600 9th Street, Room 340 MS 3-17
Sacramento, CA 95814
Attn. Cindy Coppage

Dear Ms. Coppage:

1. **The state of California is in a fiscal crisis. This cannot be overemphasized.**
   - Developmental Center families have been told again and again that closing another DC is not an option because the costs would be prohibitive. The Agnews closure reportedly cost $90 million or more to accomplish. With Lanterman Developmental Center's current budget of about $116 million, the closure would almost double the costs for the year.
   - We were told that the aging infrastructure at Lanterman costs $1 million a year to maintain and that there are other looming costs coming. It seems that $90 million could go a very long way to meeting those costs if they were spent at Lanterman instead of on developing community care homes.

2. **The Olmstead Decision** cautions that "nothing in the ADA or its implementing regulations condones termination of institutional settings for persons unable to handle or benefit from community settings ... placing patients in need of close care at risk."
   - The consumers who are left at Lanterman are those most in need of the services that only a DC can provide. Forcing them into a community setting would put them at great risk for little benefit.
   - The LDC residents are medically and psychologically fragile with complex needs that cannot be underestimated. Some are self-injurious, violent or exhibit other serious anti-social behaviors and are on powerful black-box medications that need close supervision. Some need continuous hospital care or are unable to comprehend the simplest concepts with mental abilities in the infant or toddler stage and would not benefit from a community setting. Our brother, [redacted], is able to live with dignity and safety because of the quality, professional, individualized, and loving care he receives from staff at Lanterman.
   - Due to horrific past abuses in institutions for the developmentally disabled and the mentally ill and fueled by such movies as *One Flew Over the Cuckoo's Nest*, California moved in the 1970's to license and professionalize the care given to these vulnerable populations. No longer were the institutions hotbeds of abuse and neglect overseen by untrained and beastly "caregivers."
   - By licensing and professionalizing the care, California's most vulnerable citizens are watched over by loving, professional caregivers who have dedicated their lives to the care of the disabled. Californians are justly proud of the strides we have made in this area.
   - By proposing to close down Lanterman Developmental Center and moving residents into small, community-care "homes" (which are just small institutions, not family homes), we are moving backwards into the realm of a workforce of isolated, low wage, barely trained, constantly turning over workers who have little stake in the welfare of their charges.

- The Strauss studies have made it abundantly clear that community care homes can be a death sentence for many of those who are forced out of CA state developmental centers. Community care homes do not have the professionalism or oversight found in developmental centers. The resulting abuse and neglect is abundantly predictable. *(http://www.lifeexpectancy.com/dis.shtml)*

3. **Current law requires:**
   - The state to respect the choices made by consumers or where appropriate, their parents, legal guardian, or conservators. *(W&I 4502.1, "Lanterman Act")*
   - The state to provide the programs and services in the Individual Program Plan (IPP) *(W&I 4646)*
   - The state to "Insure a level of care and services in the community which is equal to or better than that provided by the state hospitals." *(H&S 1501)* Lanterman DC provides:
     - 24/7 on-site licensed staff and provides for medical, dental, psychiatric and other specialty care specific to consumers' needs in an integrated setting with prescription medications administered and monitored by licensed staff.
     - A safe and secure environment as defined by code and verified by licensed fire, health, and building inspectors.
     - Community care homes are staffed with minimum wage workers with a week or two of training who cannot possibly provide the required services that experienced, professional, licensed psych techs, doctors, nurses and others who staff LDC do.
     - Lanterman has the economies of scale that make providing this level of services possible. Community care facilities cannot and do not provide anywhere near the level of services that are available at LDC. If they are at lower cost, it is because they do not comply with the law to give "equal to or better than" services. Because of such things as cost shifting, it is entirely unclear if the community care homes are actually less expensive. (http://www.vor.net/images/Costcomparison.doc and http://www.vor.net/images/stories/pdf/CCS_Update.doc)

4. **Our case:** In 2006, the East Los Angeles Regional Center in conjunction with the Lanterman Regional Project attempted to force our profoundly disabled brother, [redacted] into an inappropriate and unsafe home that was full of code violations and staffed with barely trained minimum wage workers. It cost us nearly $30,000 in legal fees to prevent the move. When we complained to state licensing about the code violations, they told us that it wasn't their job to enforce building codes. The judge finally relented and refused to force [redacted] into that home, citing the fact that he would be personally liable if anything were to happen to [redacted]

Sincerely,

James A. Grivich

Ann K. Grivich

[redacted]

From: Lee, Chedmond (US - Los Angeles) [redacted]
Sent: Saturday, February 27, 2010 6:48 PM
To: Coppage, Cindy@DDS
Subject: Letter Re: SB 1196

Dear Ms. Coppage,

Please see attached for a letter regarding the proposed bill SB 1196.

Best regards

This message (including any attachments) contains confidential information intended for a specific individual and purpose, and is protected by law. If you are not the intended recipient, you should delete this message.

Any disclosure, copying, or distribution of this message, or the taking of any action based on it, is strictly prohibited. [v.E.1]

February 27, 2010

Department of Developmental Services
Development Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, A 95814

Dear Ms. Coppage:

I am a psychiatric technician assistant who has worked at Lanterman Development Center for 14 years. I am writing against SB 1196 - i.e. to ask that a "NO" vote be taken, which was introduced by Senator Gloria Negrete McLeod. I understand that this bill calls for the closure of both Lanterman and Fairview Development Centers by December 31, 2010. The proposed bill will take away necessary and quality services from members of the community, our clients that are in need of proper care. Lanterman Development Center is a safe and serene location conducive, with well trained and experienced psychiatric professionals, appropriately equipped to serve the clients that find haven here.

In my experience the quality of care that is provided at Lanterman is second to none, there have been numerous instances during my career at this facility whereby clients have been sent to other facilities or released into the care of the general community and they have had to return because they found that the quality of care that they received at Lanterman was far superior to what they were able to receive elsewhere. In some unfortunate situations clients have left the care of Lanterman to their demise.

Lanterman and Fairview Development Centers provide round-the-clock licensed, professional developmental care and services not found anywhere else in California. The clients we serve have special needs. To the extent a decision is made to close these facilities as proposed by this bill, our clients will need an orderly and planned transition to new locations. A closure in less than a year does not appear to be appropriately planned - where and how will such special services be provided in such a short span of time?

I respectfully ask that you encourage a "NO" vote on SB 1196 for the sake of the clients we care for.

Yours truly,

Vania L. Joseph

Vania L. Joseph
[redacted]

A SEASONED VOICE FOR ALL GENERATIONS

CAL SAL

February 23, 2010

California Senior Advocates League

Founding Directors:

John Kehoe
Malcolm C. Tucker
Carol Ann Wiley

President:

Malcolm C. Tucker

Department of Developmental Services
Developmental Centers Division
ATTN: Cindy Coppage
1600 Ninth Street, Room 340, MS 3-17
Sacramento, Ca. 95814

The attached statement was intended to be personally delivered at your public hearing last week. It is submitted for the record.

Sincerely,

John T. Kehoe

John T. Kehoe, President

1500 West El Camino
Avenue #254
Sacramento, CA
95833-1945
p 916-924-8205
f 916-924-9262
www.calsal.org

February 24, 2010

Closure of Lanterman Developmental Center
California Senior Advocates League

Back in the 1960s, I served as Legislative Assistant To Governor Ronald Reagan. This was in the era of closing Mental Hospitals and mainstreaming the patients in these facilities.

As the president of the California Senior Advocates League, I am presenting these remarks at the public hearing on the closure of this historic facility in Pomona, California. The California Senior Advocates League is expressing itself against this closure because of the burdens which such an action places upon the parents and older relatives of the patient population being served by this center. If you look at the age profile of the remaining residents to be subject to relocation, it can easily be seen that the emotional ties to those remaining is very great. While the dollar costs are important, the emotional costs of the decisions raises another key issue which cannot be quantified in dollars and cents.

In my sixty years of public service for the State of California, there are many times the "political" pressure to cut back spending plays its part on the stage of political theater. "Cut, squeeze and trim" has become a battle cry of those bent on solving budgetary problems. However in the case of the closure of Lanterman there is a critical part of the formula and that is the concern for the well being of the clients being served, and particularly their families.

In 1967, I was Legislative Assistant to Governor Ronald Reagan. The mental hospitals had been scheduled for closure. Assemblyman Frank Lanterman became the catylyst to develop a plan. He worked with Senators Petris, and Short in a bi-partisan effort to deal with the situation, and ultimately the Governor signed the Lanterman, Petris Short Act. This augmented by other legislative initiatives led by Assemblyman Frank Lanterman brought a high level of consensus on meeting the needs of the times. The concept of "mainstreaming" has brought new enthusiasm to the treatment of those with mental illness. During this period, I frequently would join Assemblyman Lanterman in his famous booth in the Senator Hotel where he would stay during the sessions of the Legislature. I was able to learn a great deal from him on the needs of the mentally ill, and the developmentally challenged. He always stressed that compassion and hope had to be always trumping just budget numbers and cost savings. He said that in the process he was advocating, he was always concerned with " the what if" the exceptional care led to the patients outliving aging parents. He told me he did not have a ready answer to this, but now we have the opportunity to add a chapter to the Lanterman Plan, and creatively deal with the "what if."

The profile of the residents being served by Lanterman today is the older clients. They need special love and attention, as well as good professional support. The families can

provide the special love and attention, but the State professionals can do the rest. This includes stability of programs. We can't begin to understand how uncertainty of where one will be housed, who will they be dealing with, and all the factors which contribute to this. This cost of emotional and mental distress cannot be quantified, nor even be understood on how an early death can even be created by this, to say nothing of the possibility of regression of the patient's condition.

The California Senior Advocates League is very concerned about the well being of all, but particularly the pressures on the aging parents and families. Assemblyman Lanterman in our Senator Hotel conversations dealt with the challenge, but not the answer to the factors involved. I believe the population of Lanterman still being served is much older than most similar institutions. I would strongly urge that the Department study this implication, as it explores the right answer for Lanterman. It could improve the state's balance sheet in the short run. I believe there is insufficient evidence that closure NOW is the best direction. I would hope that the leadership of California would rescind the closure plan currently being considered, and come forward with a client by client assessment, which includes family impacts. It is less costly to address closure in this way, than to precipitously make an announcement and then force all to address the consequences. If the Senior Advocates League can help in this assessment process, it is willing to do so. A new chapter in the Frank Lanterman legacy can be created in so doing.

From: Elisa Fuentes-Arroyo [redacted]
Sent: Friday, March 05, 2010 1:47 PM
To: Coppage, Cindy@DDS
Subject: Lanterman Closure Plan
Hello Cindy,

I am attaching my letter to DDS regarding the Lanterman Closure Plan.

It is so important that I know that you have received my letter. Is it possible for you to send me a quick reply letting me know that you have received my letter.

Thank you

Elisa Fuentes-Arroyo
Office Technician
Lanterman Developmental Center
[redacted]

Elisa Fuentes-Arroyo
[redacted]

March 5, 2010

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Ladies and Gentlemen:

My name is Elisa Fuentes-Arroyo. I am an Office Technician and Senior Steward for SEIU 1000 at Lanterman Developmental Center.

I am opposed to the closure of Lanterman Developmental Center. As you already know, Lanterman and its beautiful grounds is home to our clients. Some clients can accept and deal with the change of closure, but some will not. The ones who will not, could experience increase in medical problems, increase in behaviors and other problems that are not so easily diagnosed by community caregivers who are unlicensed, may not be as well trained, and don't know our clients well. Although Fairview is also a developmental center, it is not equal to Lanterman, as we believe that clients are getting the best care here. They have licensed staff at Fairview but some clients may suffer with the Lanterman closure and find it difficult to transition to Fairview. We ask that you make it a priority to insure that our clients receive the same services and medical care that they were used to receiving at Lanterman. I also hoping that because of your two year plan to close, you won't be cutting corners and pushing clients out sooner then they are ready to leave and setting them up for failure at their new placements. I am not opposed to community placement, but it should be done correctly, always keeping in mind the best interest of the clients.

Another priority that the staff at Lanterman is requesting from DDS is the you include in your Plan of Closure, a program for placement of staff to be developed so that no staff member will be left without a job. DDS must look at the reality that we are not living in the same economic times of several years ago, when Agnews was slated for closure. Realistically, there are no job opportunities out there and the Governor is making more budget cuts, making it almost impossible for people to find jobs. By not doing this, Lanterman employees are being thrown to the wolves. While the SROA and other similar lists are helpful, they don't take care of the problem and it is not the answer. These lists are limited and not very effective, as they don't

serve the whole population of employees. It takes more than a few months to find a job, in these current economic conditions. Lanterman employees such as myself have been experiencing foreclosure and other financial hardships. Many employees will not be eligible to retire yet. We have dealt with three furloughs; a 5% cut and 5% increase in employee payout to Calpers coming up in June 2010. Employees at Lanterman are requesting that the Lanterman Act be followed as quoted:

> **Welfare and Institutions Code 4474.1. (d)** Prior to the submission of the plan to the Legislature, the department shall confer with the county in which the developmental center is located, the regional centers served by the developmental center, and other state departments using similar occupational classifications, to develop a program for the placement of staff of the developmental center planned for closure in other developmental centers, as positions become vacant, or in similar positions in programs operated by, or through contract with, the county, regional centers, or other state departments.
>
> **Welfare and Institutions Code 4474.1. (f)** The plan submitted to the Legislature pursuant to this section shall include all of the following:
> (7) Potential job opportunities for developmental center employees and other efforts made to mitigate the effect of the closure on employees.

The employees at Lanterman will be looking to DDS for a detailed written plan that addresses our need for placement into similar job classifications within our surrounding community. Our unions have been quiet for now, but they will be looking at the closure plan and the legislature's recommendations and making sure the DDS is following the law, as to the best interest of the employees/members of Lanterman Developmental Center.

Sincerely,

Elisa Fuentes-Arroyo

Dated March 3, 2010

Dear Ms. Coppage:

I am writing regarding the tentative closing of the Lanterman Dev. Ctr. Although I understand realistically the potential fiscal possibilities of redevelopment for the City of Pomona, the uproar of the families of the residents of Lanterman will not abate until a safe and secure alternative of equal or superior quality is announced.
The families are despondent and worried lest their handicapped loved ones are displaced to an inferior domicile.
I am writing on behalf of one David Mayer, who has been with Lanterman his whole life, and so ably cared for by the same handlers for many years, who understand his disabilities, and professionally interact with him.
An additional worry is being re-

assigned to a facility where they will no longer be with other patients they have bonded with. To separate them would be devastating.

Unless one does not have a disabled child, brother, sister etc, they do not understand that within that broken body there is a soul and a mind struggling everyday of his life.

To allay the fears of the families some-thing positive must be forthcoming at the meeting. They need answers.

1. What is the alternative to Landerman and where will it be located?

2. Would a consideration be possible to keep "Friends" together in the new facility, rather than split them up.

3. How secure will the new facility be

[redacted]

it is imperative this is discussed with the families to hold the turmoil down. Unless the families fears are quelled, there will be rumors of deception spread around that cause panic. Although I have not personally attended the meeting, the sister of [redacted], my friend has, and has come away dissatisfied, suspicious and frustrated. I am a Mother of a handicapped son who sustained brain damage during a difficult delivery 46 yrs. ago the functions very well compared to the patients at Hanterman. Everyday my son attends the work shop at the APC in Downey. He is so loved and very well cared for thank God. I consider myself very fortunate, that is why I commiserate with the families of the patients at Hanterman. Thank you for anything and everything you can do on their Behalf.

Sincerely,
Carol Clarke

[redacted]

TO WHOM IT MAY CONCERN STATE OF CALIFORNIA: Original

PURSUANT TO THE FREEDOM OF INFORMATION ACT, I VALERIE B. BOSTON HEREBY REQUEST ACCESS TO THE FOLLOWING DOCUMENTS, INCLUDING BUT NOT LIMITED TO:

PROPERTY TAX INFORMATION, PARCEL NUMBER(S), LEGAL DESCRIPTION, TAX RATE, ROLL TYPE, INSTALLMENT(S), TAX TOTAL DUE AND PAYABLE, PAYMENT SUMMARY, ASSESSED VALUE AND EXCEPTIONS, DESCRIPTIONS, LAND, MINERAL RIGHTS, IMPROVEMENTS, OWNER, TOTAL NET TAXABLE VALUE (ACCORDING TO PROOF), NOTES, MEMORANDUMS, DRAFTS MINUTES, DIARIES, LOGS, CALENDERS, TAPES, TRANSCRIPTS SUMMARIES, INTERNAL REPORTS, PROCEDURES, INSTRUCTIONS, DRAWINGS, FILES, GRAPHS, STUDIES, DATA SHEETS, NOTEBOOKS, BOOKS, TELEPHONE MESSAGES, E-MAILS, TELEPHONE BILLS, COMPUTATIONS, INTERIM AND/OR FINANCIAL REPORTS, STATUS REPORTS, STIPULATIONS AND OR INSTRUCTIONS FOR MAINTAINING OF SAID PROPERTY, TO INCLUDE ANY AND ALL OTHER RECORDS RELEVANT: INCLUDING ANY AND ALL WRITTEN DOCUMENTS FROM INSPECTIONS RELATING TO CALIFORNIA FIRE CODES. THOUGHT.

THIS IS TO INCLUDE, BUT IS NOT LIMITED TO ANY AND ALL LAND, ANIMALS, MONEYS ALLEGEDLY SPENT AND OR GIVEN TO "SPARDARAS"' "PACIFIC COLONY", "LANTERMAN DEVELOPMENTAL CENTER" AND ANY OTHER NAME SAID PROPERTY HAS BEEN DEFINED AS; TO INCLUDE ANY AND ALL DEED(S), TAX RECORDS REFLECTING AND DEFINING THE PROPERTY THAT IS NOW KNOWN TO BE LANTERMAN DEVELOPMENTAL CENTER WHICH IS BELIEVED TO BE APPROXIMATELY "THREE HUNDRED AND TWENTY ONE" (321) ACRES. NOW ADDRESSED AS 3530 WEST POMONA BOULEVARD, POMONA, CALIFORNIA, 91769. LAND FORMERLY BELIEVED TO HAVE GONE BY THE NAME OF SPARDADS. THIS IS TO INCLUDE ANY AND ALL REAL PROPERTY AND/OR PERSONAL PROPERTY(S) RECORDS AND DOCUMENTS.

THIS FOIA, IS FOR THE PRODUCTION OF ANY AND ALL DOCUMENTS IS ESSENTIAL TO ESTABLISH A FOUNDATION FOR MONEYS AND LAND GIFTED, DONATED AND/OR WILLED TO THE PEOPLE AND/OR ANIMALS RESIDING ON THE PROPERTY NOW KNOWN AS LANTERMAN DEVELOPMENTAL CENTER.

I REQUEST THAT FEES BE WAVED. THE PRODUCTION OF THIS INFORMATION IS IN THE PUBLIC INTEREST AND WILL CONTRIBUTE SIGNIFICANTLY TO PUBLIC UNDERSTANDING OF THE OPERATIONS AND ACTIVATES OF THE GOVERNMENT. 5 U.S.C. SEC. 552 (a) (4) (A).

I LOOK FORWARD TO HEARING FROM YOU WITHIN TEN (10) DAYS AS THE LAW STIPULATES.

FEBRUARY 24, 2010

Yours Truly,

Valerie B. Boston

[redacted]

cc: PRESIDENT OBAMA
UNITED STATES OF AMERICA

1 of 3

TESHOOAW: VICTORY AND DELIVERANCE

KHOFSHEE: TO BE FREE FROM BONDAGE

KAWBODE: VICTORY OF GOD GLORY

ECHMETH: TRUTH

YAWRAY: FEAR GOD

YOU SHALL NOT LIE.
THE TRUTH WILL SET THE US FREE.

YOU SHALL NOT STEAL.
GREED IS ONLY ONE OF THE DEADLY SINS.

YOU SHALL NOT COVET.
YOU MAY WANT THIS LAND. YET YOU MAY NOT HAVE IT.

WHAT IS UNLAWFUL IN HEAVEN, IS UNLAWFUL ON EARTH.

WHAT IS BOUND BY HEAVEN, IS BOUND ON EARTH.

DO YOU KNOW THIS IS HOLY GROUND. THERE ARE FOUR (4) DENOMINATIONS OF WORSHIP HERE. THE LIVING GOD LIVES IN THIS HOUSE AND WALKS THIS LAND. ANGLES GO BEFORE THE CLIENTS, THE STAFF, VOLUNTEER AND ANIMALS THAT WALK THESE GROUNDS.

I HAD A DREAM THE OTHER NIGHT AND WOKE UP WITH A PLAN:

WE CAN REBUILD LANTERMAN DEVELOPMENT CENTER.

WITH THE GRACE OF GOD. COMBINED WITH THE LABORS OF GODS PEOPLE.

THEREFORE, AT THIS TIME I RESPECTFULLY REQUEST AND FURTHER DEMAND AN "ONE HUNDRED AND TWENTY" (120) DAY CONTINUANCE OF THIS MANDATED HEARING. TO ALLOW TIME TO CREATE 'VELVET HAMMER" A NON PROFIT CORPORATION.

"VELVET HAMMER" WILL BE A NON PROFIT COOPERATION FILED UNDER (501c3 IB).

IT WILL BE FUNDED BY DONATIONS OF MONEYS, TIME AND LABOR GIFTED, TO INCLUDE ANY AND ALL ASPECTS OF REBUILDING THIS FACILITY UP TO CODE. AS NEEDED.

IN ADDITION I WILL SUBMIT AN APPLICATION FOR A MONETARY GRANT SPECIFICALLY FOR "VELVET HAMMER" IN AN EFFORT TO EXPEDITE THE SALVATION OF THIS PROPERTY. WHEN WE HAVE COMPLETED THE RECONSTRUCTION OF LANTERMAN DEVELOPMENT CENTER. "VELVET HAMMER" WILL REACH OUT TO OTHER FACILITIES IN AN EFFORT TO SPARE THE CLIENTS, STAFF AND VOLUNTEERS THE OVERWHELMING PSYCHOLOGICAL ABUSE THAT THIS ACTION OF THE STATE OF CALIFORNIA HAS CREATED.

I NOW ASK ALL PERSONS ABLE TO STAND WITH ME AND SING TO GOD OUR OTHER AND OR AFFROMATION "IF I HAD A HAMMER"

I WILL SING IT THE FIRST TIME. WITH SYMBOLIC SINGING.

THEN ALL WHO JOIN ME IN "VELVET HAMMER" STAND AND SING. THREE (3) TIMES. THIS IS OUR SHOUT UNTO OUR LORD GOD!

WE CAN REBUILD LANTERNMAN DEVELOPMENT CENTER, YES WE CAN!

IT IS TIME FOR CHANGE, OH! YES IT IS.

HERE IS MY PLAN

THIS IS PASSOVER THE HIGH HOLY DAYS OF THE JEWS.

IT IS THE TIME THE ANGEL OF DEATH PASSES OVER GODS CHILDREN. AS THE ANGEL OF DEATH PASSED OVER GODS CHILDREN. HERE AT LANTERMAN DEVELOPMENT CENTER THE STATE OF CALIFORNIA SHALL TO PASS OVER GODS CHILDREN AND THERE LAND.

TO THE TERMINATOR YOU ARE TERMINATED.

LISTEN TO THE VOICES OF GODS CHILDREN HEAR THIS.

"IF I HAD A HAMMER"

From: Bruce Zawacki [redacted]
Sent: Wednesday, March 03, 2010 10:46 PM
To: Coppage, Cindy@DDS
Subject: Possible closing of Lanterman facility

We ask that you do all in your power to prevent the closing of this facility so necessary for life for the most vulnerably mentally ill in the area.
Closing Lanterman would be devastating for its residents and shameful for those who make it happen.

Bruce Zawacki, M.D.
Los Angeles, CA
Emeritus Assoc. Prof. of Surgery at the USC Keck School of Medicine
Associate for Education, Pacific Center for Health Policy, Ethics and Law
School of Medicine and of Law
University of Southern California

From: Shelley Smyers [redacted]
Sent: Wednesday, March 03, 2010 9:02 PM
To: Coppage, Cindy@DDS
Cc: [redacted]
Subject: Spam:Opposition to Closure of Lanterman DC

Cindy,

I strongly oppose the closure of Lanterman. We can not forsake the 400 clients for whom it is a safe haven. They need help and deserve to live with dignify. These disabled clients need a place where they will be cared for by people trained to handle their disabilities and complex, unpredictable medical conditions and behaviors.

Shelley Smyers

From: Katherine Spena [redacted]
Sent: Friday, March 05, 2010 3:45 PM
To: Coppage, Cindy@DDS
Subject: LDC closing

I request a 120 day rehearing regarding the the closure of LDC

From: Verna Shockley [redacted]
Sent: Monday, February 22, 2010 8:29 AM
To: Coppage, Cindy@DDS
Subject: Lanterman Developmental Center

Cindy,

I oppose the closure of the Lanterman Developmental Center.

Thank you,

Verna Shockley

From: Shirley Steiger [redacted]
Sent: Wednesday, March 03, 2010 11:14 AM
To: Coppage, Cindy@DDS
Subject: Lanterman DC

Dear Cindy, I was contacted by one of my friends about Lanterman. I grew up and grew old working at State Hospitals -almost 40 years. The last place was Metropolitan S.H. in Norwalk for 30 years. I also visited almost all the hospitals, and visited Lanterman once. After working also, briefly, with disabled/retarded clients, I know how difficult it is to help them, treat them, and be with them. They absolutely need special treatment and staff that are competent, loving, and care. I only hope and pray that Lanterman Center will remain open for those that live there, and have grown to depend on those that care for them there. Shirley Steiger

Shirley Steiger
[redacted]

From: Sylvia Saulter [redacted]
Sent: Tuesday, February 23, 2010 9:06 PM
To: Coppage, Cindy@DDS
Subject: Spam:written input on feb. 24 meeting

my name is sylvia s i have worked at lanterman for 20 years and loved every minute of it. at times there were frustrations , nothing that could not have be solved. i have a lot of respect for the clients that live at lanterman , and sometimes we are all they know ,so please make a wise dicision on there future .

From: Allison Scott [redacted]
Sent: Sunday, February 21, 2010 9:04 PM
To: Coppage, Cindy@DDS
Subject: A family member form Unit 59

To Whom it may concern.
Please consider the patients at Latterman by continuing adequate care and housing. It is frightening to think whats going to happen to the many clients. I have a sister currently residing at the developmental facility and has been there since she was five years old. It has been the only home she knows and it will be most devastating for my sister if she had to go into the community. [redacted] needs 24 hour Nursing for her condition. Not only is my sister [redacted] serverly hidicap, she also has been diagnios with cancer which she is currently receving Chemo. I'm afraid for her life and her limitation when she needs 100% care. I'm unable to care for my sister however I do visit quit frequently and have been very active and supportive in her life and emotional needs as a concern family member. " May God Have Mercy For All The Patients"

From a Love One!
Sister Allison.

From: EDNA SHELDON [redacted]
Sent: Wednesday, February 24, 2010 6:55 PM
To: Coppage, Cindy@DDS; [redacted]
Subject: DO"""""""""""NOT""""""""""""""""""" CLOSE LETTERMAN MENTAL HOSPITAL!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

I do not want letterman closed. I lived within 1 mile for 35 years. We have NEVER had problems with the hospital or the children. Where will these children go? The state should be ashamed of itself to turn their backs on these children. most of their parents will not
be able to care for them cause they do not know how. They may just die from lack of care.
edna carroll sheldon
[redacted]

From: Rojas, Stella [redacted]
Sent: Wednesday, February 24, 2010 4:05 PM
To: Coppage, Cindy@DDS
Subject:

I am so sorry to hear about the closing of Lanterman Development Center. My prayer is that this will not happen. Consideration should be given to renting the grounds out for weddings, anniversaries, business meetings, etc. Monies raised from these events can offset some of the expenses. I think every option should be considered before interfering in the lives of these precious people. There's a verse in the bible that says, "If you have done it to the least of these my brethren, you've done it onto me." I would not want to carry that weight on my shoulders.

I have a special needs son and special needs people are at a disadvantage when displaced. They don't accommodate to change as easily as most people. This can be so detrimental to them. It's just not fair to treat these individuals who for the most part don't have a voice, many have no family, Lanterman has been their only home, their life. I just don't know how the government officials can have a peaceful sleep at night knowing that they have interfered in the lives of these precious people.

Stella Rojas
Typist Clerk II
Ramona Junior High
[redacted]

From: [redacted] [redacted]
Sent: Friday, March 05, 2010 3:55 PM
To: Coppage, Cindy@DDS
Subject: Lanternman Developmental Center Closure

This is a formal request for a 120 hearing concerning the closure of Lanterman Developmental Center. I am a former employee of Lanternman and I feel deeply in my heart that this decision to even consider closure is an outright tragedy. The residents that currently live there or have in the past deserve a hearing. A hearing will give those who are directly influenced a chance to speak. I am a firm believer that there are still some good people in the world and decisions of this magnitude are well thought out and are not about the bottom line. Please do the right thing and listen to your heart. Be compassionate, because everyone, especially those who cannot stand up for themselves, deserves it.
Thank You,
W. Carlos Sanchez
Lanternman Employee from May 2002-Sept 2008

Sent from my Verizon Wireless BlackBerry

From: JEFF TACKETT [redacted]
Sent: Friday, March 05, 2010 3:27 PM
To: Coppage, Cindy@DDS
Subject: Rehearing request

Hello,

I would formally like to request a 120 day rehearing regarding the closure of Lanterman Developmental Center.

Thank you.

Jeff Tackett
[redacted]

From: Piers Todd [redacted]
Sent: Friday, March 05, 2010 11:06 AM
To: Coppage, Cindy@DDS
Subject: Lanterman Center

Dear Cindy,
I was concerned when I read the news that the Lanterman Center was going to close. I think this would have a devastating effect on the long term patients it cares for, causing them and their families unnecessary distress. I implore you to find another way forward, even if it proves more expensive.
Thank you for your time
Mr Piers Todd
[redacted]

From: **Jack Tanaka** <[redacted]>
Date: Tue, Mar 9, 2010 at 2:41 PM
Subject: RE: Lanterman Developmental Center
To: David Dodds [redacted]>

Hi Dave,

Yes, my wife Wanda and I were at the public hearing on February 24th at the Lanterman Developmental Center. My wife and I feel that Lanterman serves an important service in our community. We, as well as others that we have talked to, believe that downsizing the facility many be the answer to cost of operating the center. As Mayor and Councilman for the neighboring city of Diamond Bar, I have had the privilege of participating in numerous events at Lanterman. Whether it is the Fourth of July parade and fireworks show, the Parents Coordinating Council fundraiser or the Outstanding Volunteer Recognition Dinner, it has always been an honor and pleasure to be there. As a member of the Diamond Bar Breakfast Lions Club, we have assisted in the Special Olympics swim meets, weightlifting tournaments, and cooked hamburgers for the bowling tournament at Oak Tree Lanes in Diamond Bar. The clients are guests at our local Concerts in the Park series every summer at Sycamore Canyon Park. We have volunteered at equestrian days so that clients can experience horseback riding. The Diamond Bar High School Leo Club has decorated living units and dining rooms during the holidays and sang Christmas Carols during the holidays. The local Boy Scout Troops have worked on their Eagle Scout projects at Lanterman too.

I don't have any suggested contacts at this time. Most individuals have expressed their concerns to me.

Jack

From: [redacted] [redacted]]
Sent: Friday, March 05, 2010 3:48 PM
To: Coppage, Cindy@DDS
Subject:

I would like to go on record as being opposed to the closure of Lanterman Developmental Center. Thank you.

From: tomnic wirth [redacted]]
Sent: Friday, March 05, 2010 4:40 PM
To: Coppage, Cindy@DDS
Subject:

I am opposed to the closure of Lanterman Developmental Center

Scott Wirth
[redacted]

From: tomnic wirth [redacted]]
Sent: Friday, March 05, 2010 4:39 PM
To: Coppage, Cindy@DDS
Subject:

I would like to formally request a 120 day rehearing rearding the closure of Lanterman Developmental Center.

Scott Wirth
[redacted]

From: Williams Janice [redacted]
Sent: Thursday, March 04, 2010 4:25 PM
To: Coppage, Cindy@DDS
Subject: LANTERMAN DEVELOPMENTAL CENTER

Dear Ms. Coppage-
On behalf of [redacted] a patient at the above referenced state hospital, please reconsider the sale and closure of this facility.
Thank you,
Janice C. Williams

From: Linda Sandoval [redacted]
Sent: Wednesday, March 03, 2010 9:42 PM
To: Coppage, Cindy@DDS
Subject: Subject: Public Input Re: The Proposed Closure of Lanterman Developmental Center

I am opposed to the closure of Lanterman Developmental Center [DC]. The Department of Developmental Services [DDS] community placement only model is not suitable for the profoundly retarded, a population of which many are also very medically fragile. Given that this is the majority of those individuals who now reside at Lanterman, DDS closure proposal of Lanterman must be opposed. It is inhumane and cruel to subject these profoundly mentally disabled men and women, many who have lived at Lanterman for thirty, forty, fifty, sixty and even seventy years to the loss of their familiar surroundings, the company of each other, and the staff who love and care for them. Their survival depends on the very specialized care and services that only Lanterman can provide. I ask that DDS find a way to responsibly provide for these profoundly retarded and medically fragile individuals by retaining at least a portion of Lanterman for their care.

Sincerely,

Linda Warner
[redacted]

From: [redacted]
Sent: Friday, March 05, 2010 6:00 PM
To: Coppage, Cindy@DDS
Subject: Lanterman Developmental Center

Dear Ms. Coppage,

I am writing you in regards to the closure of Lanterman Developmental Center. We protest the proposed sale. The patients at Lanterman require around-the-clock nursing care, and continuity of care is basic here. Please do not allow the sale of the land for business development.

Thank you,
Debbie Vasquez

From: Raeshae Lewis [redacted]
Sent: Friday, March 05, 2010 3:42 PM
To: Coppage, Cindy@DDS
Cc: raeshea
Subject: Oppose Closure at Lanterman

I would formally like to request a 120 day rehearing regarding the closure of Lanterman Developmental Center.

Thank you,
Raeshea Vann (Teacher)

From: Cheryl wales [redacted]
Sent: Friday, February 26, 2010 5:03 PM
To: Coppage, Cindy@DDS
Subject: Lanterman Development Center

Cindy Coppage:

I understand there is a proposal being considered to close Lanterman Develomental Center. I write to let you know that I am strongly opposed to such closure. Lanterman plays a very important role in the community and its closure would be harmful to its residents.

Please keep Lanterman open.

Thank you for your support.

Cheryl Wales

From: Jim and Miko [redacted]
Sent: Thursday, March 04, 2010 10:29 AM
To: Coppage, Cindy@DDS
Subject: Lanterman Clousure

Dear Ms. Coppage,

On behalf of my friends at the Lanterman DC, I am requesting the center to remain open for the following reasons:

1. The clients are both mentally retarded and with multiple medical disabilities.
2. Most of them have been there since they were children and now they are senior citizens. It would be traumatic for them to move.
3. The group homes out in the community do not have the properly trained staff for the complex medical and behavioral problems of the clients.

Please allow them to remain in their safe and structured environment where they are receiving the care they need by committed and caring staff of Lanterman DC. Thank you.

Fumiko Yasutake

From: Elias Zubia [redacted]
Sent: Friday, March 05, 2010 4:42 PM
To: Coppage, Cindy@DDS
Subject: Dont close LDC

It has came to my attention that LDC might be closing down. What about all of your
clients? Where are they to go? Who will take care of them? Will they be put on the street. The staff at LDC takes such good care of them.
Brandy Zubia

To Whom it may concern,

MONEY OVER "LIFE." These frail "HUMAN BEINGS" living at LDC (LANTERMAN DEVELOPMENTAL CENTER) need 24 hour medical care and not a group home, death camp. In this death camp, they will receive insufficent, inappropriate, and inadequate medical care from untrained persons. So please have a heart, and a soul with some compassion, and show your hand of GOD and let these human beings live in their home at LDC as they are now.

Dr. Andrew LoVerde
A CONCERNED CITIZEN

From: Edna Merino [redacted]
Sent: Friday, March 05, 2010 3:39 PM
To: Coppage, Cindy@DDS
Subject: LDC CLOSURE

The lives of our client are at stake, and their well being is of most importance to their families, their caretakers, and friends. We need to advocate for our clients and for what they need and want! Please help by granting or helping us to achieve an 120 day rehearing regarding LDC Closure. We deserve to give our clients a chance to be heard!!!

Please contact me with any information regarding this issue.

Edna L. Merino

From: Edna Merino [redacted]
Sent: Friday, March 05, 2010 3:29 PM
To: Coppage, Cindy@DDS
Subject: Closure of LDC

I am writting you to request an120 day rehearing regarding the closure of LDC. Please contact me with a response at your earliest possible convenience. Please take in consideration the importance of this issue. Thank You for your attention.

Edna L. Merino Pt
Lanterman Developmental Center
Prog 3 Res. 4

From: Arnel Recio [redacted]
Sent: Friday, March 05, 2010 4:22 PM
To: Coppage, Cindy@DDS
Subject: 120 day rehearing

Please consider a rehearing for the closure of Lanterman Developmental Center. I have many friends that reside there and the closure of this facility would have a significant economic impact on the neighboring county of San Bernardino as a majority of the employees reside in this county.

Thank you fir your consideration,

Arnel Recio

From: Tammi Reed [redacted]
Sent: Tuesday, March 02, 2010 3:51 PM
To: Coppage, Cindy@DDS
Subject: Opposing closure of Lanterman DC

Dear Ms. Coppage
Please see the attached letter in support of keeping Lanterman Developmental Center open. Please take the time to print out the attached letter and include it in the comments and inpur presented to the legislature when making their decision.
Thank you,
Tammi Reed, RT
Lanterman Developmental Center

From: [redacted]
Sent: Thursday, February 25, 2010 10:00 PM
To: Coppage, Cindy@DDS
Subject: re Lanterman

Greetings, I am sorry to bother you however, I am very much interested in the results of the hearing in regards to Lanterman that was held on Feb 24, 2010. How can I find out the results?
I realize no one has asked for my opinion, nor does anyone really care however, I thought I'd offer it up anyway... basically what it comes down to is that the population of Lanterman are going to magically disappear into the night if Lanterman is closed? Nope, they will be shipped out to other State facilities, or farmed out to private agencies or homes (where there is very little accountability for what happens to these folks). I understand that the State is financially in a world of hurt but closing this facility doesn't actually help as much as folks might think.... ie how many employees are there? Hmm, I guess adding to the numbers of unemployed Californians doesn't factor in? Back in the day when I worked there, it was pretty common place to have both husband & wife working there, so now what --they arent even able to say they are surviving on A single income ...does this factor in? hmm
There must be alternatives. This idea of closing Lanterman must be reconsidered. Seriously, the first concern MUST be for the safety of the residents. This population isnt a popular crowd to house -and most wont raise their voices when theyre abused.. they cant vote on this and they pay no taxes... hmmm

THANK YOU sooooo very much for your time.

R Paul

From: Jon Palanca [redacted]
Sent: Friday, March 05, 2010 4:11 PM
To: Coppage, Cindy@DDS
Subject: LDC hearing request

I would like to request a 120 day rehearing regarding the closer of Lanterman Developemental Center.

From: Danielle Preciado [redacted]
Sent: Friday, March 05, 2010 4:07 PM
To: Coppage, Cindy@DDS
Subject: LDC hearing request

I would like to request a 120 day rehearing regarding the closer of Lanterman Developemental Center.

From: [redacted]
Sent: Wednesday, March 03, 2010 11:29 AM
To: Coppage, Cindy@DDS
Subject: : The Proposed Lanterman Development Center Closure

Please include my concern about displacing the people and staff that provide a much needed service for those that can't help themselves.

To sell off this property and put the proceeds in the general fund is not only a financial mistake, it is an insult to all Californians and especially the many that reside and receive help at the facility. I believe the solution is to sell half of the centers land and use the proceeds to improve and bring the remaining facility up to code. The proceeds should not revert to California's General Fund.
I strongly oppose the closure of this facility. Please look at this solution as it sounds good to me .

Paul Holehouse
Entertainment Risk Consultant
Fireman's Fund Entertainment
10 Universal City Plaza, Suite 2800
Universal City, CA 91608
[redacted]

From: Lungren, Nancy@DDS
Sent: Monday, February 08, 2010 10:46 AM
To: 'cbright@ldc.dds.ca.gov'
Cc: Lowe, Julia@DDS; Walker, Rita@DDS
Subject: Inquiry from an Independent Living Service provider

Cheryl,

I received a call from Ken Marefat - [redacted] who read about the LDC closure
and would like to be educated about the process of transitioning medically fragile consumers to independent living centers.
His company offers resources in this regard. Could someone please help him with getting involved in the
process?

Thanks

Nancy W. Lungren
Assistant Director for Communications
Department of Developmental Services
(916) 654-1820 (vm); (916) 654-1884 (main)
[redacted]
nancy.lungren@dds.ca.gov

From: Renee Mondlock [redacted]
Sent: Friday, March 05, 2010 3:15 PM
To: Coppage, Cindy@DDS
Subject: LDC Closure

I would formally like to request a 120 day rehearing regarding the closure of Lanterman Developmental Center.

Renee Mondlock
[redacted]

Renee

From: Bethany Myers [redacted]
Sent: Wednesday, February 24, 2010 4:21 PM
To: Coppage, Cindy@DDS
Subject: Lanterman

This facility is needed. To disrupt the lives of these extremely fragile people is cruel and inhumane. I know what the cut-off for services is, and it is already to low. To dump these people on the unprepared and already overstressed community is just plain wrong!

From: wc

Sent: Friday, March 05, 2010 3:55 PM
To: Coppage, Cindy@DDS
Subject: Lanternman Developmental Center Closure

This is a formal request for a 120 hearing concerning the closure of Lanterman Developmental Center. I am a former employee of Lanternman and I feel deeply in my heart that this decision to even consider closure is an outright tragedy. The residents that currently live there or have in the past deserve a hearing. A hearing will give those who are directly influenced a chance to speak. I am a firm believer that there are still some good people in the world and decisions of this magnitude are well thought out and are not about the bottom line. Please do the right thing and listen to your heart. Be compassionate, because everyone, especially those who cannot stand up for themselves, deserves it.
Thank You,
W. Carlos

Lanternman Employee from May 2002-Sept 2008

From: Cynthia J Frakes [redacted]
Sent: Friday, March 05, 2010 3:33 PM
To: Coppage, Cindy@DDS
Subject: Public Input Re: The Proposed Closure of Lanterman Developmental Center

I am opposed to the closure of Lanterman Developmental Center [DC], where one of my dear in-laws resides.

The Department of Developmental Services [DDS] "Community Placement Only" model is not suitable for the profoundly mentally-disabled, many of whom are also very medically fragile. Given that this constitutes the majority of those individuals who now reside at Lanterman, the DDS's closure proposal for Lanterman is irresponsible, abhorrent and must be stopped. It is inhumane and cruel to subject these profoundly mentally-disabled men and women, many who have lived at Lanterman for several decades, to the loss of their familiar surroundings, the company of each other and the professional staff who love and care for them. Their survival depends on the very specialized care and services that only Lanterman and its staff can provide. I ask that DDS find a way to responsibly provide for these profoundly mentally-disabled and medically fragile individuals by retaining at least a portion of Lanterman for their care in-perpetuity by the dedicated professionals that work there.

Charles Frakes

[redacted]

From: Dennis Eriksen [redacted]
Sent: Friday, March 05, 2010 8:46 AM
To: Coppage, Cindy@DDS
Subject: Lanterman Developmental Center

Hello Cindy,

This e-mail is to protest the proposed sale of the Lanterman Developmental Center. The State is expected to honor its responsibility for the long-term care for the patients of the Center and to prioritize that care over the one-time profit it might make by selling the facility.

Dennis

Dennis Eriksen
[redacted]

From: Sunny Maden <[redacted]>
To: Lungren, Nancy@DDS
Sent: Thu Feb 25 09:31:14 2010
Subject: Nice to meet you

Thank you for finding me last night to introduce yourself. I am so please to meet you. Thank you also for being at the Public Hearing. Can you tell me how to obtain a CD or copy of the testimony?

Sunny Maden
South Hills Escrow Corp.
220 S. Glendora Ave.
West Covina, Ca. 91790
626-919-3464
800-847-5486
626-919-3136 fax
Sunny@southhillsescrow.com

From: ROBYN HERRERA [redacted]
Sent: Friday, March 05, 2010 4:17 PM
To: Coppage, Cindy@DDS
Subject: PROPOSED LDC closure

I am writing to request a public rehearing in 120 regarding the proposed closure of Lanterman Developmental Center by DDS. As a stakeholder, both a parent of a child who utilizes services and will soon have to face the decision of where is my almost grown child going to live and be happy and productive, and as an employee/advocate of LDC, I am requesting the rehearing in order to be able to gather information on both sides of the proposed action and participate in the process.

Sincerely,
Robyn R. Herrera

From: Leilanni Dishong [redacted]
Sent: Friday, March 05, 2010 4:25 PM
To: Coppage, Cindy@DDS
Subject:

I request a 120 day rehearing regarding the closure of LDC.

From: Klockenga, Gary [redacted]
Sent: Thursday, February 25, 2010 11:54 AM
To: Coppage, Cindy@DDS
Subject: Recommendation to close Lanterman Developmental Center

Hi Cindy,

I saw the notice in the Los Angeles Times regarding the hearing. As I understand it, a final plan will be submitted to the Legislature. As a depository library for California government publications, we'd like to have a copy of the final plan document. Could we be added to a distribution list?

Thanks.

Gary Klockenga
Government Publications Librarian
San Diego Public Library

[redacted]

From: Terrence Green [redacted]
Sent: Friday, March 05, 2010 2:44 PM
To: Coppage, Cindy@DDS
Subject: proposed Lanterman Developmental Center closure

this note is to insist that a 120 day rehearing be scheduled to address the questions that could not be answered at the public hearing held at the Debell Auditorium on Lanterman grounds on 2/24/10; thank you.

Terrence Green

From: Loverde, Andrew [redacted]
Sent: Monday, March 01, 2010 9:33 AM
To: Coppage, Cindy@DDS
Subject: Spam:Lanterman

money over LIFE. These frail HUMAN BEINGS living at LDC need 24 hour medical care and not a group home DEATH CAMP. In this death camp, they will receive insufficent, inappropriate, and inadequate medical care from untrained persons. So please havea heart, and a soul with some compassion and show your hand of GOD and let these human beings live in their home at LDC as they are now. Mr. LoVerde a concerned citizen

From: Lerma Kamantigue [redacted]
Sent: Monday, February 22, 2010 4:01 PM
To: Coppage, Cindy@DDS
Subject: plan for LDC

Lerma Kamantigue
Nurse Consultant II
Department of Developmental Services
Lanterman Developmental Services
3530 West Pomona Boulevard
P.O. Box 100
Pomona, CA 91769-0100
Tel: (909) 444-7263
Fax: (909) 444-2802
lkamanti@ldc.dds.ca.gov

From: Grace [redacted]
Sent: Friday, March 05, 2010 3:47 PM
To: Coppage, Cindy@DDS
Subject: Lanterman hearing request.

As a former SA, I think Lanterman should have that 120 day hearing. It was a great place 2 work, I hate 2 c it close.

From: Lisa Gilbert [redacted]
Sent: Friday, March 05, 2010 4:55 PM
To: Coppage, Cindy@DDS
Subject: regarding closure of Lanterman

Hello,
I am requesting a 120 day rehearing regarding the closure of Lanterman Dev Center.

thank you,
Lisa Gilbert

From: KATHLEEN LEAHY [redacted]
Sent: Tuesday, March 02, 2010 1:16 PM
To: Coppage, Cindy@DDS
Subject: Lanterman Developmental Center Closing
Importance: High

I am writing to protest the closing of the Lanterman Developmental Center. Many of the residents have been in this center since they were children and have known no other home. The loss of the security of the center would be the same as if we lost our home and all belongings – think Katrina, Haiti, Chile. The difference being that nature caused those devastating losses. Not the State of California.

Please find another way to cut the budget; not at the expense of these residents who depend on the Lanterman Center.

Kathleen Leahy

From: Christy Lawyer [redacted]
Sent: Wednesday, March 03, 2010 8:05 PM
To: Coppage, Cindy@DDS
Subject: Public Input Re: The Proposed Closure of Lanterman Developmental Center

Public Input Re: The Proposed Closure of Lanterman Developmental Center

I am opposed to the closure of Lanterman Developmental Center [DC]. The Department of Developmental Services [DDS] community placement only model is not suitable for the profoundly retarded, a population of which many are also very medically fragile. Given that this is the majority of those individuals who now reside at Lanterman, DDS closure proposal of Lanterman must be opposed. It is inhumane and cruel to subject these profoundly mentally disabled men and women, many who have lived at Lanterman for thirty, forty, fifty, sixty and even seventy years to the loss of their familiar surroundings, the company of each other, and the staff who love and care for them. Their survival depends on the very specialized care and services that only Lanterman can provide. I ask that DDS find a way to responsibly provide for these profoundly retarded and medically fragile individuals by retaining at least a portion of Lanterman for their care.

Sincerely,

Christy Lawyer
[redacted]

From: Sybille D Lathram [redacted]
Sent: Thursday, March 04, 2010 3:19 PM
To: Coppage, Cindy@DDS
Subject: Closure of Lanterman Site

Dear Ms. Coppage,

I am very much against the closing of the Lanterman Developmental Center because the patients who live there need the care that Lanterman provides. Please don't give into the greed that is pushing this closure. There are other options that should be tried such as partnering with Cal Poly; leasing some of the buildings to Mount SAC. These are people who need very specialized care that you are throwing out onto the street. This is their home. Please, we do not need another shopping center! Take care of these patients who can not take care of themselves.
Respectfully,
Sybille D. Lathram

From: Sue North [redacted]
Sent: Tuesday, February 02, 2010 5:16 PM
To: Pennington, MaryLee@DDS
Subject: Re: Lanterman Closure planning process

Mary Lee,

Could you add me to your public mailing list regarding any meetings, materials, etc. related to the Lanterman DC process?

I know it is quicker than the Agnews process so I 'd like to pay attention.

Thank you,

Sue

Sue North
Rose & Kindel
915 L Street, Suite 1210
Sacramento, CA 95814
snorth@rosekindel.com
o:916.441.1034
c:916.792.4112
f: 916.444.9362

To whom it may concern,

I believe that all Lanterman clients can not survive in a group home. Many of the clients need extra special 24 hour care as I have observed for over 25 years. I enjoy dedicating many hours to help these people at the facility or on field trips. It breaks my heart to see the clients and the facility as well as the families being broke up in these odd economic times.

Closing Lanterman will be a big mistake. It is a warm and friendly place for every one there which includes the workers, the residents and the volunteers which includes the families that come to visit.

Ann LoVerde
A concerned citizen

From: juan hernandez [redacted]
Sent: Friday, March 05, 2010 4:09 PM
To: Coppage, Cindy@DDS
Subject: Lanterman Dev. Center

To Cindy Coppage,
My name is Cynthia Munoz, I am currently employed at Lanterman Dev. Center. I also see myself as an advocate for the residents that reside there; that is way I am requesting a 120 day rehearing regarding the closure at LDC. Please do not ignore my request. Thank You, Cynthia Munoz

From: Suzi Locke [redacted]
Sent: Friday, March 05, 2010 4:05 PM
To: Coppage, Cindy@DDS
Subject: JEANNIE LEDFORD'S CONTINUED CARE IN A SAFE PLACE

WHAT EVER THE [redacted] ADVOCATE FOR THEIR SISTER'S CARE AND CONTINUED WELL-BEING SHOULD BE TAKEN MOST SERIOUSLY-- THEY HAVE HER IN THEIR HEARTS AND LOVE HER VERY MUCH. PLEASE LISTEN TO THEM

THANK YOU, SUZI AND VANCE LOCKE FRIENDS OF THE [redacted] SINCE CHILDHOOD.

From: stan miller [redacted]
Sent: Thursday, March 04, 2010 9:51 AM
To: Coppage, Cindy@DDS
Subject: Lanterman closure

Dear Cindy Coppage,

I write to encourage you to do all you can do to discourage the sale of Lanterman Developmental Center, a State Hospital near Pomona, for patients with developmental disabilities, brain damage, and other severe conditions. As you may know, many patients at Lanterman require around-the-clock nursing care by professionals who are familiar with them. Continuity of Care is basic here. Many of these patients would die if they were placed in nursing home or other facilities "in the community". If Lanterman closes, there will be deaths.

Lanterman Center, the land it is on, was "deeded in perpetuity" for the disabled citizens of the State, and that land, if ever to be sold, the proceeds of the sale must be used for the patients. Information at this point suggests that the sale of Lanterman would pay off State Bonds, not place the patients in appropriate facilities.

Please do what you can Ms Coppage, to seek out the compassionate and just action needed in this case.

Stan Miller

P.S. A distant friend of mine is at this facility at this time.

From: Palle Christensen [redacted]
Sent: Tuesday, March 02, 2010 5:15 PM
To: Coppage, Cindy@DDS
Subject: The Proposed Lanterman Development Center Closure

Dear Cindy Coppage,

I would like to inform you that I strongly oppose the proposed closure of the Lanterman Development Center. Moving to smaller community centers or homes will be detrimental to many of Lanterman's current residents and should not be allowed to happen.

Palle Christensen
Culver City, California

From: [redacted]
Sent: Friday, March 05, 2010 4:46 PM
To: Coppage, Cindy@DDS
Subject:

We are here be requesting a rehearing regarding the closure of Lanterman Developmental Center

CHRISTINE DiCARLO, RESIDENCE MANANGER OVER 20 YEARS SERVICE

PATRICIA CORCORAN, SENIOR PSYCHIATRIC TECHICIAN OVER 20 YEARS SERIVICE

From: [redacted]
Sent: Friday, March 05, 2010 9:57 AM
To: Coppage, Cindy@DDS
Subject: Proposed Sale of Lanterman Developmental Center

Dear Ms. Coppage,

I am writing to protest the proposed sale of the land on which Lanterman Developmental Center is located.
I don't think that we need to develop any more shopping malls, etc. Lanterman Developmental Center is home to many people who would otherwise have no other place to go. It has been someplace where they have grown and learn to live in a safe environment. What would happen to them if their home was destroyed? I know with our economy and our state in debt, selling the land might seem like a way out but I don't think this is the right way. Please reconsider. Thank you for your time.

Sincerely,

Caroline Hamasaka

From: Joe Gutglueck [redacted]
Sent: Friday, March 05, 2010 3:47 PM
To: Coppage, Cindy@DDS
Subject: LDC Closure

Hello,
I would formally like to request a 120 day rehearing regarding the closure of Lanterman Developmental Center.
Thank you,
Joe Gutglueck State Teacher
[redacted]

From: Susan Jarakian [redacted]
Sent: Wednesday, March 03, 2010 8:48 PM
To: Coppage, Cindy@DDS
Cc: [redacted]
Subject: Closure of Lanterman Developmental Center

Dear Cindy,

I oppose the closure of Lanterman Developmental Center. Lanterman has been my uncle, [redacted]'s, home for most of his life. As a pediatric dentist and health care provider, I understand the importance of specialized centers providing care for those with dissabilities. I also understand how consistency and routine are key in successfully caring for patients with special needs. Over the years, my uncle has thrived at Lanterman; however, closure may be devastating to his well being and to 7,000 others who receive care there. I urge you to keep Lanterman a home for Uncle [redacted] and so many others.

Sincerely,
Susan Jarakian, DDS

From: Angela Gardner [redacted]
Sent: Wednesday, March 03, 2010 1:02 PM
To: Coppage, Cindy@DDS
Subject: Public Comment re:Proposed Closure of Lanterman Developmental Center

To Department of Developmental Services,
These are my comments and suggested recommendations regarding the proposed closure of Lanterman Developmental Center.

1.Impact of the Closure

At the hearing many Lanterman staff and families with loved ones living there expressed much fear about the safety and well being of their loved ones if the center closed and they had to be relocated. Many of them feel that Lanterman is a safe environment that provides high quality services and that would be lost upon being moves to a new placement.

Another real problem if the center closed is transfer trauma. Many residents consider Lanterman the only home they ever known. Many people at the hearing feared that the transfer trauma could have a long term effect on their loved ones health and well being. Some family members feared their loved ones may not survive relocation.

Another concern I have is how the residents will be treated. I would suggest that if the closure is approved, many of the residents and staff that work with them be transferred to nearby developmental centers.

I would also like to suggest that local regional centers allow case managers from Lanterman to transfer over. These suggestions will reduce disruptions to services which is essential to a successful transition.

The last impact of the closure is Lanterman Center state employees that could potentially lose their jobs in a already bad economy. Many of these workers would not be able to find a job equivalent to their state jobs in the private sector (wages and benefits). Another issue is if the center closed, where will college students and other professionals (psych. techs,nurses,behavioral therapist,etc) get the professional development training they need when the demand for trained professionals is always increasing.

2.Alternative Solutions to Closure

At the hearing, many people as well as myself suggested alternatives to the closure proposals. DDS and the Legislature should seriously consider all proposals to maintain Lanterman in a reduced/scaled down way until all alternatives are exhausted.

Many proposed ideas included: using part of the property to provide services to other populations(veterans,seniors needing long-term care).

3.Concern Over Long Term Future of Developmental Centers

Due to the closures(proposed) two Developmental Centers in two years, many employees and families of those and other Developmental Centers are in fear that their facilities will be next to close. They deserve answers to that question, where they stand, and what will happen if there is a closure.

DDS needs to do a public report on the future of Developmental Centers. The report should also include how DDS is going to provide services for the populations in Developmental Centers.

At the hearing, many staff and families stated that there is a lack of availability to find equivalent services in the private sector at the same level of quality as Developmental

Centers. Many Lanterman staff especially medical staff and families stated many doctors in the private sector are not trained to care for patients with developmental and physical disabilities.

With the rise of people with Autism entering adulthood and aging senior citizens the demand for services and facilities like Lanterman will increase. Those services are not available to the average family in the private sector equivalent to Developmental centers at the same cost.

4. Closing Comments

The issue of deinstitutionalization is a important and relevant one. However, Developmental Centers have evolved from institutions to residential communities for people with disabilities that provide similar services as community based programs. Developmental Centers are not legally institutions via the Lanterman Act. The Developmental Center model has successfully served individuals with severe physical and developmental disabilities. It also has worked well for individual seniors with developmental disabilities that may not benefit for community based services available outside Developmental Centers. There is no "one size fits all" service model for people with disabilities.

At the hearing, the issue was raised several times that DDS does not regulate community based residential facilities well. Many of these facilities do not have the professionals with the level of training and experience as Developmental Centers. Turnover of staff at these facilities is much higher due to low wages and reimbursement rates from DDS and Medi-Cal.

I am going to contact the Legislature committees to request that they request DDS to issue a detailed report containing how the closure of Lanterman will save the state money and how every service Lanterman provides can be found in the private sector in detail with the same professionals providing the same level of quality before considering the closure proposal.

I'm deeply concerned that the state will not have the funds to relocate Lanterman residents properly. I want to make sure that employees and families with loved ones get the fair treatment, assistance, and services they need. Thank you for your consideration.

Sincerely,
Angela Gardner
Disability Advocate

February 24, 2010
Public Statement, Lanterman Closure
Norman J Fulco
[redacted]

My name is Norman Fulco. My 36-year-old daughter has lived at Lanterman for more than 20 years.

I had the privilege, or perhaps it was luck, to be the first person to make a public statement at the Public Hearing concerning the Agnews closure. I hope my being here today will be my last such Hearing and statement.

I was opposed to the Agnews closure, as I am opposed to the Lanterman closure, but my reasons for being opposed are different. The Agnews families had eleven months in which to organize, plan, and eventually offer their own proposal for the more efficient running of Agnews. I supported that plan because it made good sense, and it was what the families wanted. The Lanterman families have no such opportunity—nothing to support, nothing to criticize, nothing to become a part of—nothing but a sense of abandonment. Is this going to be the DDS plan? I hope not. But just in case—here's my plan, which I hope becomes the DDS plan to the Legislature.

For many of us, going to another DC is not a viable option. Therefore, to expect any degree of success for community placement there must be the replacement of the legislation connected to the Agnews closure—that is SB 962 and Section 4684.50, which ended on January 1, 2010. I say again, SB 962 and 4684.50, and any other new legislation must become retroactive to January 1, 2009.

Meaningful oversight of our system is sorely lacking. Therefore, we need the strict enforcement and monitoring by DDS of all parts of Section 4418 thru 4418.7, better known as the Community Placement Plan (CPP). Monthly monitoring and accounting reports issued by DDS will pay special attention to the use and accounting of CPP funding going to Regional Centers. All CPP money must be restricted to only the Lanterman movers until all have moved out. No exceptions, otherwise any diversion of CPP money by Regional Centers will be seen as a denial to successful community living. This should be contained in the DDS plan and any or all newly written legislation for the Lanterman closure.

Even more important than the fore mentioned is the transition IPP coordinated by the Regional Project. It's vital that the Lanterman Individual Service Plan (ISP/IPP) become the foundation for transition planning and remain the person's IPP for at least three years. Every detail of the Plan must be included, especially level of care staff and methodology, medications and the Preferred Future. No one except the consumer or their conservator can make changes to this Plan. Every provider selected to carryout the IPP must issue a Certification to both the Regional Center and DDS that they have received the necessary training, and that they are more than able to carryout the plan. Failure to issue a Certification means the consumer remains in the DC until one is issued, or until civil action is taken. DDS monitors and reports monthly on Regional Project's performance. Only the consumer or the conservator has decision-making authority on all matters having to do with the placement.

My numbers and email are herein for more details of the Plan. I hope to be a participant in the DDS plan going the Legislature, as well as a contributor to any legislative language. Thank you!

From: TODD FRANKLIN [redacted]
Sent: Friday, March 05, 2010 3:42 PM
To: Coppage, Cindy@DDS
Subject: Lanterman Development Center

The Lanterman Development Center is an essential program. This center cares for the most vulnerable in our society. What can we say about us as a people when we let those less fortunate than ourselves down.
Please keep The Lanterman Development Center open.

Thank you for your time, sincerely,

Todd Franklin
[redacted]

From: TODD FRANKLIN [redacted]
Sent: Friday, March 05, 2010 3:42 PM
To: Coppage, Cindy@DDS
Subject: Lanterman Development Center

The Lanterman Development Center is an essential program. This center cares for the most vulnerable in our society. What can we say about us as a people when we let those less fortunate than ourselves down.
Please keep The Lanterman Development Center open.

Thank you for your time, sincerely,

Todd Franklin
[redacted]

Stephen E. Fletcher
[redacted]

March 2, 2010

Department of Developmental Services
Attn: Cindy Coppage
1600 9th St., Room 340, MS 3-17
Sacramento, CA 95814

Dear Friends,

Enclosed is a blind copy of my letter to Gov. Schwartzenegger asking him to stop the closure of the Lanterman Developmental Center and offering a willingness to have our tax rate increased.

This looks very much like a not so subtle move barely short of eminent domain seizure on the part of the City of Pomona without thought of the state's obligation to care for these severely handicapped citizens.

The Lanterman Developmental Center is the appropriate way to fulfill our obligation. I am willing to do my part through an increased tax rate if it is graduated appropriately to include the wealthy.

Sincerely,

Stephen E. Fletcher

Blind Copy

Stephen E. Fletcher
[redacted]

March 2, 2010

Hon. Arnold Schwartzenegger
State Capitol Building
Sacramento, CA 93249

Dear Gov. Schwartzenegger,

Please veto or otherwise thwart any move to close the Lanterman Developmental Center. The honor of the State of California that has pledged to care for the patients at Lanterman is more important than the City of Pomona that covets that property.

To maintain the Lanterman Developmental Center, and other services our government provides, I would be willing to have my middle class tax rate increased as long as others are increased on a graduated basis.

What is wrong with raising taxes? It is my opinion that not all taxes curb business. Wealthy people who deal in derivatives are not thereby starting new businesses and creating jobs. They can be taxed on a severely graduated basis without affecting the creative genius of California.

You could be the statesman California needs to inspire statesmanship in the legislature currently trapped, Republican and Democrat alike, by the unexamined fear of taxation.

Sincerely,

Stephen E. Fletcher

From: Tom Emerson [redacted]
Sent: Sunday, February 28, 2010 9:19 PM
To: Coppage, Cindy@DDS
Cc: [redacted]
Subject: Lanterman Letter Opposed to Closure

Cindy,
Please find the attached document opposing closure. I also request the details of the "careful evaluation" that was done in coming to the conclusion to close Lanterman. I'm assuming the costs and repair requirements of the other DC's is included along with an evaluation of the environment/surroundings and safety comparisons between each DC.
Thanks,
Tom.

3/30/2010

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA. 95814

Re: Lanterman Developmental Center (LDC) Closure Proposal

The family and friends of residents at Lanterman Developmental Center (LDC), in Pomona California, were shocked to hear about the proposed closure of this facility. The DC's in California have been under constant pressure to move disabled residents into group homes in the community. My sister, [redacted], is 54 and has been at LDC for 48 years. She has many needs including around the clock medical care as defined in her Individual Program Plan (IPP) and Preferred Future (PF). She functions at an 18 month old level and is not a candidate for community placement. I'm very concerned about [redacted] and other residents at LDC. It is my understanding that the state is intent on eventually closing all DC's. We must fight to make sure there are no more closures. I believe that the state Department of Developmental Services (DDS) and the legislative body are disconnected and short sighted. The services provided by LDC, and the other remaining DC's, are vitally important to the well being of these residents and is most definitely needed.

Community placement may be a short term remedy for our budget woes but, it's a danger to many of the residents. DDS should be working to expand/improve the DC's facilities to accommodate current and future needs. It is not logical to think, with our growing population, that DC's are not going to be an even more critical part of our future. Closure of DC's is not acceptable, reasonable, or responsible.

What is the expectation for these severely disabled men, women, and children?

There has been no plan disclosed or discussed that addresses the placement of all LDC residents. No options proposed other than closure. We need a workable strategic plan that will provide a future for our DC's. Lanterman opened due to a recognized need. That need still exists today. We need some forward thinking to create a future for these residents.

We need to find options that don't include closures such as:

Option #1:

1. Close the community homes and bring residents back to the DC's to increase population and bring costs down.
2. Bring in new clients that are privately insured.
3. Sell/lease unused portions of LDC land to generate operating funds for a scaled back LDC facility.

Option #2:

1. Reduce the number of DC's to just 2
2. Get funding from the staggered sale of existing DC's (only use money from sale for DC's)
3. Build new or renovate.
4. Identify required number of residents from current needs and add on a % for expected population growth.

I'm sure there are many options that provide a workable future for our DC's. Let's put them all on the table for consideration. Let all parties with a vested interest and internal working knowledge, provide input.

I would like these questions, and all other questions and answers, from these proceedings captured and posted on the DDS, Lanterman, and PCC websites :

1. Is the intent to close all California DC's?
2. Does the closure proposal assume all residents can be placed in the community?
3. Do you know how many residents don't fit into the community model?
4. Is the closure plan driven mainly by costs?
5. If this DC is closed and revenues are generated from sales, it is my understanding that this money would go to pay off state bond indebtedness, is this correct? If not, where does this money go?
6. I would like to see all revenue from sales of any DC assets put into a fund that can only be used for DC's, is this possible, has this been considered?
7. Can you provide the name and contact information for the persons responsible for requesting this closure proposal?
8. I haven't seen a strategic plan for the future of our DC's, does one exist and if so please share it?
9. What options, other than closure, have been considered?
10. Where can I find the following data on community homes? :
    a. Violations and problems
    b. Mortality rates
    c. Resident movements
    d. Staff turnover
    e. Facility services
    f. Facility rating and ranking
    g. Number of closures
    h. Reason for closures
    i. Report cards
    j. Total resident costs including medical costs

In Closing:

I'd like to share an encounter that should hit home for all of us. At our Lanterman Christmas party a few years ago I was talking to a parent standing beside her daughter. I inquired about her daughter and found out that only a few years ago her daughter was a normal teenager. She showed me a photograph of her beautiful daughter in her cheerleading uniform. She was struck by a car and suffered a severe brain injury. This girl was dressed in a beautiful red dress and had a smile to match. Lanterman is providing a home for this girl and the best possible future for her and her family.

This could happen to any of us, our sons, daughters, family, or friends. Yes, the need still exists. We should all pray that there is a future for our DC's too.

I'd like to request that the legislative committee responsible for initiating this closure proposal, visit LDC to see first hand what they are giving up and who they'll impact.

I would like to make it known that I'm opposed to closure of any DC until a workable strategic plan is in place that identifies and accommodates all residents. This plan should also include a growth factor based on a % of the expected population growth.

I also oppose use of revenue generated from DC closure sales for anything except for the DC's.

We all have a moral responsibility to care for those that cannot. We need to embrace the United States Marine saying, "We Shall Leave No One Behind".

Let us focus on doing what's right, not what's the most economical. You get what you pay for and in my eye's LDC's facility, staff, and services are invaluable to the Lanterman family and our communities.

I challenge all of us to stand up and fight for what's right.

Thank you for your time and consideration of options that don't include closure of LDC.

For Further Consideration:

This is an example of a preferred future which I'd like you to consider when evaluating the costs of providing this in a community setting. I don't believe it would be cost effective to even consider placement of residents with these needs into the community. I also don't believe that a community group exists today that provides all these services. The Lanterman act protects residents from being moved to a facility that doesn't meet all the current needs with same or better quality of care. This is the preferred future for my sister, [redacted] This is included in her Individual Program Plan and was created with input from the LDC staff that knows and cares for [redacted].

From: Tom Emerson [redacted]
Sent: Monday, February 22, 2010 11:20 PM
To: Lungren, Nancy@DDS
Cc: Coppage, Cindy@DDS; [redacted]
Subject: Lanterman Developmental Center Proposed Closure Respone

Nancy,

Please forward this to the DDS personnel responsible for the Lanterman Developmental Center closure plan.

Dear Sir/Ms,

I'm writing in opposition to the closure of Lanterman Developmental Center (LDC) in Pomona, California. The family and friends of LDC residents were shocked to hear about the proposed closure of this facility. The DC's in California have been under constant pressure to move disabled residents into group homes in the community. My sister, [redacted], is 54 and has been at LDC for 48 years. She has many needs including around the clock medical care as defined in her Individual Program Plan (IPP) and Preferred Future (PF). She functions at an 18 month old level and is not a candidate for community placement. I'm very concerned about [redacted] and other residents at LDC. It is my understanding that the state is intent on eventually closing all DC's. We must fight to make sure there are no more closures. I believe that our legislative body is disconnected and short sighted. The services provided by LDC, and the other remaining DC's, are vitally important to the well being of these residents and are most definitely needed. Community placement is a short term remedy for our budget woes and a danger to many of the residents. DDS should be working to expand the DC's facilities to accommodate current and future needs. It is not logical to think, with our growing population, that DC's are not going to be an even more critical part of our future. The declining LDC resident population is partly due to community placement. The declining infrastructure is the result of poor funding and/or management of the facility. This is not the answer.

My sister's IPP is attached for your review. I would like to know how all these requirements are going to be met outside the LDC. It is also beyond belief that it is cheaper to go outside and get these services "of like" from licensed care providers. I

would like information on the cost study that was done to support this closure proposal. I'd like to see the plan to address the placement of the many LDC residents that won't fit into the community model. And last buy not least, I'd like to see the estimated/actual costs of wrongful deaths and malice lawsuits as a result of community placements. Closure of LDC is not acceptable, reasonable, or responsible. What is the expectation for these severely disabled men, women, and children?

We need to find options that don't include closures such as:

1. Close the community homes and bring residents back to the DC's to increase population and bring costs down.
2. Bring in new clients that are privately insured.
3. Sell/lease unused portions of LDC land to generate operating funds.
4. Build a new facility in another nearby location.

In closing, I'd like to request that the legislative committee responsible for the closure proposal visit LDC to see first hand what they are giving up and who they'll impact.

Please make it known that I am against this closure.

Sincerely,
Tom J. Emerson

DEVELOPMENTAL DISABILITIES AREA BOARD 10

Protecting and Advocating for Persons with Developmental Disabilities in Los Angeles County

March 4, 2010

Terri Delgadillo
Department of Developmental Services
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Re: Closure of Lanterman Developmental Center
Position: Support

Dear Ms. Delgadillo,

Developmental Disabilities Area Board 10 is a state agency mandated to protect and assert the legal, civil, and service rights of people with developmental disabilities in Los Angeles County. California has a system of 13 Area Boards, covering all regions of the state. It is on behalf of our Board of Directors and over 70,000 people with a developmental disability who reside in Los Angeles County that I write today to convey our strong support for the closure of Lanterman Developmental Center (LDC).

We applaud the Governor's decision to close LDC as an acknowledgement of the United States Supreme Court's Olmstead decision, which ensures that people with developmental disabilities are provided the opportunity to live in the least restrictive settings to meet their needs. Moreover, like Agnews Developmental Center's closure, **LDC's closure should be viewed as an opportunity to expand community living options for current residents of LDC and other people with developmental disabilities in the future.**

Additional reasons to support LDC's closure include:

- Research has demonstrated and replicated findings that people with developmental disabilities enjoy a significantly better quality of life in community settings as compared with those in developmental centers.
- The Federal Department of Justice conducted an investigation of LDC under their authority through CRIPA, the Civil Rights of Institutionalized Persons Act. Their January 2006 report outlined many instances of abuse, neglect, and inadequate policies and practices at LDC. To the best of our knowledge, LDC continues to fail in correcting all of its shortcomings. Litigation may be pending concerning Lanterman's inability to resolve these issues.
- Providing equivalent services to meet the needs of movers in the community is less expensive than in a developmental center.

LDC's closure must ensure a smooth and responsible transition. We therefore support the provision of appropriate services and supports, as well as ongoing stakeholder involvement and input. Moreover, we caution you to avoid a hasty closure – we believe

411 North Central Avenue • Suite 620 • Glendale, CA 91203-2020
Voice: 818/543-4631 • Fax: 818/543-4635 • www.areaboard10.org

residents would benefit from a closure done right, rather than a closure done rapidly. We are concerned that implementing a closure within two years will not provide sufficient time for the regional center system to provide a broad enough array of supports and services to meet the individualized needs of each LDC resident.

We do not support simply transferring current LDC residents to another developmental center, such as Fairview Developmental Center. Not only would this violate the Olmstead decision, but it would deny current LDC residents the dignity of making an informed decision. We therefore support each resident being provided the opportunity to live in the community to evaluate if this is a choice they would like to make. Conversely, if residents make an informed choice to transfer to another developmental center, we support their preference.

To ensure that appropriate placements, services, and supports have been made, we support appropriate oversight throughout the process and for one year thereafter – oversight provided by LDC's Regional Project, the Volunteer Advocacy Services Program of Developmental Disabilities Area Board 10, and a stakeholder committee, similar to the committee that monitored Agnews' closure.

Clearly, savings will be realized from LDC's closure. We believe that those savings should be transferred to DDS' Community Services Division to invest in the future of people with developmental disabilities. Additionally, if LDC property is sold or rented, we propose that the proceeds from that sale or rent should be likewise invested for the use of DDS' Community Services Division.

We thank you for this opportunity to provide input to the closure of LDC and look forward to working with you to ensure its success and improve the quality of life for its current residents. If you have any comments or questions, please feel free to contact me.

Cordially,

Marilyn Barraza
Chairperson

cc: Honorable Members of the Assembly Budget Subcommittee No. 1, Subcommittee on Health and Human Services, Assembly Committee on Budget
Mr. Daniel Alvarez, Staff Director, Assembly Committee on Budget
Honorable Members of the Senate Subcommittee No. 3, Health and Human Services Subcommittee, Senate Committee on Budget and Fiscal Review
Mr. Christian Griffith, Chief Consultant, Senate Committee on Budget and Fiscal Review
Cindy Coppage, DDS, Developmental Center Division
Cheryl Bright, Executive Director, Lanterman Developmental Center

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Testimony Regarding Closure of Lanterman Developmental Center
February 24, 2010

My name is Theresa DeBell, and I am the Vice President of the Parents Coordinating Council here at Lanterman. Most importantly, I am the sister of [redacted] who lived at Lanterman for about 30 years. My brother passed away in 2000, after having lived in the community for a couple of years.

I am adamantly opposed to the closure of Lanterman Developmental Center. The loss of this campus would be deeply regretted in the near future and beyond, because of the consequences it would have for the individuals living here, and also for the California system of care for all persons with a developmental disability.

I know that in recent decades, the options for persons with disabilities have improved, and now individuals with all sorts of physical and mental limitations can participate in society at a level not seen before in history. I know that changes in society, technology, medicine, and law have changed the whole landscape for the disabled.

However, these changes do not mean that developmental center care is not still needed. And it is needed by the nearly 400 people who live here. Many of our residents, with an average age of about 50, have lived here for many decades. They have a severe or profound developmental disability or mental retardation, many very fragile with complex medical conditions or with challenging behaviors. They will lose close friends and warm relationships among fellow residents and staff. They will lose the assurance that their physical and health needs will be met by professional, experienced staff. I know so well how important that is, because the lack of such care directly contributed to the death of my brother.

Every legislator who will be making a decision on the closure of Lanterman must visit this campus and see the residents and review their services. It would be unconscionable if they did not. It is vital that people understand what a developmental center really is, because there is still the notion that "institutions" are bad and that if you can get someone out of an institution, that is always good. This thinking is absurd, because what makes a difference in someone's life is not whether or not they are in an institution, or a community setting, but what services they receive.

The dismal results of the closure of Camarillo Developmental Center, along with some horrifying mortality studies of former DC residents in the mid 1980s to mid 1990s brought about some much needed changes in how DCs are closed, changes that include this meeting today. The closure of Agnews Developmental Center was different, and is generally termed a preliminary success, with many former residents and their families reporting satisfaction. However, it must be understood that it is <u>not</u> that their lives are successful because Agnews closed and they are no longer in a Developmental Center. Their lives are successful because <u>they are still receiving Developmental Center level of services</u>, or close to it, in a different setting.

This was possible for the Agnews clients, because there was financial support to put those services into place and maintain them, along with the professional workforce to deliver them.

We have been told that that sort of financial arrangement will not be possible with a closure of Lanterman. The current fiscal crisis means that funding equivalent to what was necessary to close Agnews will not be available for Lanterman. If the fiscal crisis is cited as the reason to close Lanterman, then how can there be funds to secure the quality of care and services that these residents need, and are entitled to under the Lanterman Act?

We have also been told by DDS that closing or consolidating a DC will not save money, it will cost money. Currently, finding adequate community care for all individuals is even more of a challenge, with several hundred million dollars being cut from recent budgets. DDS's own studies from a few years ago cite the transfer of Developmental Center clients to the community as a prime cause of increased Regional Center costs. This effect would be more extreme now. A movement of 400 individuals with complex service needs would tax the system beyond its present capability, affecting not only the Lanterman residents being moved, but also those individuals presently within the community system who are scrambling for adequate services.

California has a very mixed history in regard to its treatment of individuals with disabilities. With the Lanterman Act California is supposed to proudly lead the nation in its recognition of people with developmental disabilities as individuals. A closure of Lanterman at this time could only be accomplished by threatening the individual needs of the residents, with a possible return to some very dark days, with very doubtful fiscal savings. Instead of closing Lanterman, the Developmental Centers should be looked at as a resource to assist in the fiscal, educational, employment, recreational, and health care needs not just of the residents, but for the surrounding communities. The potential is here.

Theresa DeBell RN

[redacted]

[redacted]

From: Robert L. Cross [redacted]
Sent: Monday, March 01, 2010 11:07 AM
To: Coppage, Cindy@DDS
Subject: Proposed Lanterman DC Closure

Please find attached to this note my observations regarding the proposed closure.

Bob Cross

--
Robert L. Cross
[redacted]

Robert L. Cross
[redacted]

February 28, 2010

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95812

Proposed Lanterman Developmental Center Closure

I offer the following observations from the perspective of a parent of a child with developmental disabilities with experience in institutional and community care, Chairman of Agnews Governors Advisory Board (Now closed), member of Area Board VII, and officer/director of California Association for the Retarded (CAR), and California Association State Hospital/Parent Councils for the Retarded (CASH/PCR).

Do we learn by experience, or are we committed to reliving our worst nightmares?

Please avoid peremptory/summary closure plans. Failing to apply the lessons; hard learned during the 1990s, would disrespect the remarkable progress realized during this first decade of our 21st century.

The 1990s witnessed the consequences of a race to close Stockton and Camarillo developmental centers (DCs). The administration bragged it had telescoped a court allotted five-year closure period into little more than three years. Consequence: The avoidable death toll exceeded twenty residents. Morbidity calculations were shocking (see Senator Mike Thompson hearings of September 24, 1998). Upon this somber note, we witnessed a remarkable effort to "do it right the next time."

Closely following the governor's January 10. 2003 Agnews closure proposal, the three most heavily impacted regional centers (RCs), San Andreas, Golden Gate, and East Bay, publicly proclaimed the community's inability to absorb the Agnews transferees without significant legislative

supplement. Thereafter, the remainder of 2003 was dedicated to fact-finding studies designed to acquaint the administrative and legislative bodies with essentials required to support DC quality of care and living standards in the community. A conscientious team effort over the next several years resulted in significant changes that appear to have achieved a desirable result. Agnews finally closed less than one year ago in 2009.

Lessons (a few) ostensibly learned:

Funding quality care in the community is expensive.
Budgets increase during transfer and closure efforts
Respecting individual needs helps avoiding multiple illness and death,
Parents/families are open to persuasion when listened to and respected.
Resource Center maintenance in urban settings can pay off.
Haste makes waste.

A variety of So. CA regional centers have evidenced an interest in pursuing efforts similar to those commonly called "The Bay Area Project" or, "The Unified Plan." Introducing such efforts within each RC may enhance likelihood of some voluntary transfers from DCs to the community, as parity in stability and care is established. Mandating accelerated transitions, however, is far more likely to promote fear, resistance, and intransigence.

DDS has prospered by working closely with parents. It should be allowed "breathing room" to digest its Agnews pilot – particularly given the difficult financial times the state now faces.

Equally if not more important is gaining a detailed grasp of what may amount to an impending Tsunami of family home care surrenders. Increasing numbers of aging parents providing lifetime care for disabled family members, are dying, or discovering they can no longer provide in home care. While the U.S. Supreme Court Olmstead case warns against "unnecessary institutionalization," the justices, likewise, cite the reality of a continuing need for an unknown number of individuals requiring long term institutional care. Further closures, if any, should await an honest and thorough examination of how California can handle an overwhelming demand for extensive critical care.

Much as DDS has gained by studying successful models in other states, those calling for deinstitutionalization NOW, might gain a new insight by

looking back at yesterday's debacles vs. current successes. Compassion in care for those with developmental disabilities, in conjunction with the business lessons learned through the Agnews effort, support a hard look at retooling today's precious assets in preparing ourselves to meet tomorrow's challenges. Let us not regress to the insensitivities of the 1990s.

Sincerely,

Bob Cross

-----Original Message-----
From: Cote, Debra [redacted])
Sent: Wednesday, March 03, 2010 10:46 PM
To: Coppage, Cindy@DDS
Subject: Lanterman Developmental Center

Hello Cindy,
I have attached written input about closing the Lanterman Developmental Center.
Thank you,

Debra Cote, Ph.D.
Assistant Professor, Department of Special Education
College Park 570
Cal State Fullerton, P.O. Box 6868, Fullerton CA 92834
Ph: 657-278-8565, Fax 657-278-5085
Dept. website: http://ed.fullerton.edu/sped
Dept. program plans http://ed.fullerton.edu/sped/CredProPlan/index.htm
Dept. program handbook: http://ed.fullerton.edu/sped/Handbook/index.htm
Admissions: http://ed.fullerton.edu/adtep/SpecialED.htm

CALIFORNIA STATE UNIVERSITY
FULLERTON

College of Education
(657) 278-3411 / Fax (657) 278-3110

March 4, 2010
California State University, Fullerton
P.O. Box 6868
Fullerton, CA 92834

To Whom It May Concern:

I attended last week's public hearing on the recommendation to close Lanterman Developmental Center. I arrived at 12:00 and stayed until 5:00 listening intently to doctors, parents, siblings, therapists, and conservators. I was too nervous to speak in that public format, and questioned whether my opinions would have been appreciated.

I agree with the Department of Developmental Services efforts to provide individuals with severe disabilities access to the least restrictive environment. I have committed myself to improving the lives of individuals with intellectual disabilities. Prior to teaching at CSUF, I was a classroom teacher to children with mild, moderate, and severe disabilities. I understand the worries that parents have. Sitting in attendance, I listened to many parents who disagreed with the Lanterman closure.

I agree with the closure of Lanterman, however, I am deeply disturbed that these residents may be moved to another large institutional setting with again limited exposure to the community. Instead, these residents need to be moved into smaller inclusive communities where they can experience happy, supported living arrangements (i.e., supported living apartments, small group homes). These dear residents, whom many have lived most of their lives at Lanterman, deserve the best care and utmost respect to ensure their well-being and safe transfer into smaller residential settings with no more than two to three residents per setting. These individuals can only experience community-based services and community acceptance when they are included in to the community.

Sincerely,
Debra L. Cote, Ph.D.
Assistant Professor, Special Education
Mild/Moderate/ Severe Program

1. I recently retired in December and I'm now volunteering in Program 2 to assist the new DTAC Coordinator.
2. I worked at Fairview for 21 yrs and at LDC for 11 yrs. These were the best years of my State Service.
3. When I first got here I could not believe the differences between the Fairview and LDC...the only thing that was the same was our 634's....everything else was different and so efficient.
4. Fairview @ the time I transferred did not have a sedation clinic. When I was "In Charge"....my duties were to be the supervisor and pass medication as well as monitor clients after I had sedated them before taking them on a gurney to a clinic in the main building.
5. At LDC they realized that being a Supervisor is enough. There is a person assigned to give medication.
6. I was so impressed with the atmosphere at LDC.
7. LDC is a safer place for our clients to live. [redacted] told me once that she really loved the freedom and safety she felt living here at LDC. LDC is it's own little city.
8. I wonder the number of times each month that the Costa Mesa Police return clients to Fairview. It is located on Harbor Blvd a major street.
9. The cost of living in Orange Co. is much higher. The staff would have ride Van Pools since living in Orange Co is cost prohibitive.
10. I live near Temecula and utilized the Van Pools prior to my retirement. This housing market is a perfect time to purchase homes with all the foreclosures.
11. I have experienced great teamwork that has served our clients well. During visits from Licensing agencies have also commended the staff numerous times.
12. I believe our Community Industries is the best-run program for our clients. I believe there is a big difference between facilities.
13. During last summer I talked to a Historical group who were taking pictures though out the facility.
14. They commented that the design of the buildings @ LDC were "timeless" as well as the materials used at the time were sustainable knowing the year they were constructed.

* The whole facility was re-painted as well as.

15. This past year a new sprinklers system was replaced between Res 20-25...I heard @ the cost of $100,000.
16. A few years ago the new water tower was replaced for the cost I heard was approx. 3-5 million.
17. Res. 28 was refurbished for our Protected Services & Health & Safety...$10,000 was spent before they moved into the building.
18. The plumbing was replaced in Res 14 was completed this past year.
19. Res 17 refurbished for Program 1 DTAC since Crescent Ctr was closed.
20. My biggest disappointment is the Garden Project at the School Complex....for the past 2 years...The Eagle Scout troop working on the project between materials and volunteer groups would have donated close to a $100,000 upon the competition of the project that would have been utilized by many clients.

Barbara Christensen

From: Cheryl Cassiano [redacted]
Sent: Wednesday, February 24, 2010 1:49 PM
To: Coppage, Cindy@DDS
Subject: Lanterman Developmental Center
To Whom it May Concern:

I have been a devoted employee of Lanterman Developmental Center for the past 20 years. For most of that time I have had the honor and privilege to serve the same group of clients and have developed relationships with them and their families, who have entrusted us with the care of their sons, daughters, brothers and sisters. The clients I have worked with are profoundly and severely mentally retarded, which can be the equivalent of mental ages of between 1 and 3 years old, and several are dually diagnosed with mental illnesses as well. Most are unable to speak, thus I am compelled to speak on their behalf.

A few years ago we had a client that was diagnosed with cancer and given about 9 months to live. With the love and medical care that we provided to this individual, he lived happily with his friends and favorite staff on our residence, for another 4 1/2 years, and had his favorite group leader by his side as he took his last breath. I currently work with clients that look for their favorite staff when they are away on vacation or even just on their days off. How are they to understand if those people are abruptly taken from their lives forever? You cannot make them understand what you are about to put them through, you cannot explain or give examples of Camarillo or Agnews. They only know the life they have here at their home, Lanterman.

Some of our clients have lived here at Lanterman for over 70 years, and have no comprehension when they are told that Lanterman may be closing. This is their safe neighborhood where they can walk freely around the beautiful campus that they know only as their home. They will not understand when they are uprooted from the only home they have ever known, and separated from staff they have bonded with and may have been with for the past 20-30 years of their lives. Doctors, dentists, nurses, psychologists, psychiatrists, and numerous other service providers have worked with our clients for decades, know them and all their special needs, and have worked hard to build a rapport with these clients. Many of these people are available to our clients at almost any time of the day or night, which will not be the case if Lanterman ceases to exist.

Not everyone is meant for community living. I wholeheartedly believe that there is no community home that can come close in comparison to the quality of services that are provided here at Lanterman. Unfortunately many doctors and psychiatrists in the community are more than generous with prescribing medications to "control behaviors", while Lanterman strives to maintain the least restrictive environment possible for each individual in every way. Years ago, I worked at a group home, and I was the only person that was even in the Psychiatric Technician program. All the other people that worked there were not trained in any way to administer medications, or deal with behaviors. I know personally of 2 clients that moved from Lanterman out to community group homes, and passed away shortly after due to neglect on the part of the caregivers. Although I'm sure times have changed, I still believe that there is no comparison between the people working for minimum wage in a group home, that receive 2 weeks of training and our licensed Psychiatric Technicians or Psychiatric Technician Assistants and the years of experience we have had working with our clients.

Lanterman was developed and has existed for a reason, a specific purpose....serving these wonderful and special people. Do not punish them or make them suffer because of the financial mistakes of others. Closing Lanterman is not the answer to California's budget deficit, it will only make these clients innocent victims of our economic crisis. You have taken our pay,

our holidays, and yet we continue to come every day, with smiles on our faces and love in our hearts, and work just as hard as we ever have, to care for these people that need us to be here, need us to support them, and need us to be their voices today. We're fighting for the rights of these clients to live...to exist in the best place possible for each of them, which I believe is here at Lanterman.

We will not go quietly into the night...we will not vanish without a fight! We're going to live on! We're going to survive!

Thank you,
Cheryl Cassiano SrPT

Lanterman Developmental Center
3530 Pomona Blvd., [redacted]
Pomona, CA 91769

February 24, 2010
Closure of Lanterman Developmental Center
California Senior Advocates League

ack in the 1960s, I served as Legislative Assistant To Governor Ronald Reagan. This as in the era of closing Mental Hospitals and mainstreaming the patients in these cilities.

s the president of the California Senior Advocates League, I am presenting these marks at the public hearing on the closure of this historic facility in Pomona, California. he California Senior Advocates League is expressing itself against this closure because f the burdens which such an action places upon the parents and older relatives of the atient population being served by this center. If you look at the age profile of the maining residents to be subject to relocation, it can easily be seen that the emotional es to those remaining is very great. While the dollar costs are important, the emotional osts of the decisions raises another key issue which cannot be quantified in dollars and ents.

n my sixty years of public service for the State of California, there are many times the olitical" pressure to cut back spending plays its part on the stage of political theater. Cut, squeeze and trim" has become a battle cry of those bent on solving budgetary roblems. However in the case of the closure of Lanterman there is a critical part of the rmula and that is the concern for the well being of the clients being served, and articularly their families.

n 1967, I was Legislative Assistant to Governor Ronald Reagan. The mental hospitals ad been scheduled for closure. Assemblyman Frank Lanterman became the catylyst to evelop a plan. He worked with Senators Petris, and Short in a bi-partisan effort to deal ith the situation, and ultimately the Governor signed the Lanterman, Petris Short Act. his augmented by other legislative initiatives led by Assemblyman Frank Lanterman rought a high level of consensus on meeting the needs of the times. The concept of mainstreaming" has brought new enthusiasm to the treatment of those with mental lness. During this period, I frequently would join Assemblyman Lanterman in his mous booth in the Senator Hotel where he would stay during the sessions of the egislature. I was able to learn a great deal from him on the needs of the mentally ill, and ne developmentally challenged. He always stressed that compassion and hope had to be lways trumping just budget numbers and cost savings. He said that in the process he was dvocating, he was always concerned with " the what if" the exceptional care led to the atients outliving aging parents. He told me he did not have a ready answer to this, but ow we have the opportunity to add a chapter to the Lanterman Plan, and creatively deal ith the "what if."

he profile of the residents being served by Lanterman today is the older clients. They eed special love and attention, as well as good professional support. The families can

provide the special love and attention, but the State professionals can do the rest. This includes stability of programs. We can't begin to understand how uncertainty of where one will be housed, who will they be dealing with, and all the factors which contribute to this. This cost of emotional and mental distress cannot be quantified, nor even be understood on how an early death can even be created by this, to say nothing of the possibility of regression of the patient's condition.

The California Senior Advocates League is very concerned about the well being of all, but particularly the pressures on the aging parents and families. Assemblyman Lanterman in our Senator Hotel conversations dealt with the challenge, but not the answer to the factors involved. I believe the population of Lanterman still being served is much older than most similar institutions. I would strongly urge that the Department study this implication, as it explores the right answer for Lanterman. It could improve the state's balance sheet in the short run. I believe there is insufficient evidence that closure NOW is the best direction. I would hope that the leadership of California would rescind the closure plan currently being considered, and come forward with a client by client assessment, which includes family impacts. It is less costly to address closure in this way, than to precipitously make an announcement and then force all to address the consequences. If the Senior Advocates League can help in this assessment process, it is willing to do so. A new chapter in the Frank Lanterman legacy can be created in so doing.

Lanterman Developmental Center
Statement in Opposition to Closure

Statement by Mary O'Riordian
Immediate Past President, Sonoma Developmental Center Parent Hospital Association (PHA)
Chair, Legislative Committee, Sonoma Developmental Center PHA
VOR Board Member

My name is Mary O'Riordan.

I am the Immediate Past President and current Legislative Committee Chairperson for Sonoma Developmental Center's Parent Hospital Association. I also serve on the Board of Directors of VOR, a national advocacy organization for people with intellectual and developmental disabilities and their families.

The members of the Parent Hospital Association at the Sonoma Developmental Center strongly opposes the proposed closure of Lanterman Developmental Center or any developmental center until such time as community homes as deemed to be safe and adequately staffed by professionals.

The need for the specialized care, the experience from years of caring for this vulnerable population cannot be eliminated. My son, [redacted], resides at Sonoma Developmental Center. [redacted]s 44 years old and is extremely disabled, he literally cannot sit up by himself or turn over in bed, he cannot tell you his name or ask for food or water. His life and well being is between him and his care givers at SDC. With the specialized care that is available at SDC, the experienced staff, who loves him, the special equipment, such as, special walkers, custom made wheel chairs, appropriate nutrition, he has a full life and he is happy. Every developmentally disabled person who needs this type of services and care should have it available to them. At this time, as you all know, this comprehensive care is not available in board and care homes or in group homes or any place other than a developmental center.

The report that was promised following the closure of Agnews Developmental Center and was supposed to be available in January 2009 was not completed and available. We were then told that the Department of Developmental Services (DDS) had gotten an extension and it would be available in January 2010. To this date, this report is not available. This report needs to be made available to all the families involved and all the deficiencies corrected before any attempt to close another developmental center is even considered. There are numerous complaints from families who have moved into these homes due to the Agnews closure.

The barriers to successful community living are well-documented.

In California and across the country, individuals with developmental disabilities who reside at home or in community-based services face long waiting lists for needed services, such as health care, dental care, OT/PT, wheelchair adjustments, and more. Lack of access to these services can result in a deterioration of individual health and abilities and even death.

California has four regionally situated state operated ICFs/MR. Our state's Developmental Centers have available onsite, highly specialized, medical, dental, and therapeutic services. Our Centers also offer services virtually impossible to receive elsewhere, such as customized wheelchair adjustments and fully accessible swimming pools.

My suggestion at this time is to make all these specialized services available to developmentally disabled people who live in board and care homes and in group homes and in their own family's home. This would be a much more humane, compassionate and common sense use of Lanterman Developmental Center and all the remaining developmental centers.

These services for vulnerable people should never be driven by ideology especially by those with limited knowledge of the needs of developmentally disabled people, but rather by knowledge, experience, compassion and common sense. Due to ideology and an agenda by some groups, the focus has, from the start, been on closing institutions rather than opening and securing appropriate other placements. The disabled people who leave institutions need all the same supports they had in the ICF/MR's but this is not what they get. Families are <u>not</u> being told before their loved one is moved that they will experience such difficulty getting medical care and dental care and wheel chair adjustments when they are in a board and care home or group home. All of this has to change – there needs to be honesty and transparency in the delivery of these services.

The Olmstead Decision is being used by case workers saying it mandates the closure of all congregate type care. As you all well know, this Decision does not say that and in fact emphasizes that this Decision is not to be used to phase out institutions or to removed people from institutions when need the specialized care or those who do not desire it. The Lanterman Act, likewise, does not call for the closure of these facilities and in fact the late Assemblyman Lanterman in one of his last statement before he passed away was very distressed by how his legislation had been misused. He never intended these facilities for both mentally ill people and mentally retarded people to be closed and he did not anticipate people being homeless and in prisons as a result of his well thought out legislation. The "least restrictive environment" does not automatically mean any place other than a developmental center and it should not be used to remove people from developmental centers. I should think that the Mortality Study in the Strauss Report and the prison report by Dr. Petersilla would have some bearing on your decision to continue even suggesting closing more developmental centers.

Association of
California State Supervisors

1108 O Street, Suite 317 : Sacramento CA 95814
916.326.4257 : 800.824.2137
www.ACSSonline.org

March 4, 2010

Ms. Cindy Coppage
Department of Developmental Services
Developmental Centers Division
1600 9th Street, Room 340, MS3-17
Sacramento, California 95814

Dear Ms. Coppage:

On behalf of its members, the Association of California State Supervisors strongly opposes the proposed closure of Lanterman Developmental Center.

ACSS represents state supervisors, managers, confidentials and exempts. Our Lanterman employees are skilled, licensed professionals who provide essential, quality care to Lanterman's developmentally disabled residents. In a hearing on the closure in February, the families of these residents expressed their concern that closing Lanterman would leave their loved ones without the superior care they now receive.

The cited reasons behind the closure – consumer cost and need for repairs – can be resolved in more humane ways. ACSS believes it is unconscionable for the state of California to put in jeopardy the care the Lanterman residents need, and we ask you to reconsider your plans to close this facility.

We would be happy to meet with you to discuss our concerns. Please call ACSS offices at 800-624-2137.

Sincerely,

Arlene Espinoza

Arlene Espinoza, President of ACSS

Dear Miss Coppage,

I am writing this on behalf of [redacted] a longtime patient at Fanteman State Hospital. This man is an inpatient who needs to be in a secure facility as he is a danger to himself. The family is very worried and has asked that the facility continue to be funded. These patients are gravely ill. They are not criminals or vagrants. Please consider this when making your decisions.

Regards,

Jeanne Bergeron

From: Michael Alti [redacted]
Sent: Friday, March 05, 2010 5:11 PM
To: Coppage, Cindy@DDS
Subject: Opposition to Closure of Lanterman Developmental Center

Dear Ms. Coppage,
I strongly oppose the proposed closure of Lanterman Developmental Center ("Lanterman"). The motto of the Department of Developmental Services is "building partnerships, supporting *choices*." However, the closure of Lanterman would run afoul of DDS's purpose because it would eliminate many choices for some of the most needy people in our society, the developmentally disabled.

While opponents to the closure understand that DDS may try to relocate residents of Lanterman into smaller community facilities if Lanterman is in fact closed, the fact is that it will be unlikely for Lanterman residents to receive the same level of care they now receive. As a larger insitutional facility, Lanterman allows its residents to live in an environment where they feel independent, comfortable, well cared for, and safe. As you know, Lanterman utilizes an "extensive system of services and supports to assist clients" and "Services are rendered through a variety of programs and departments providing for a creative environment that encourages growth, recognizes individual dignity and maximizes each person's potential and opportunity to live in the setting of his or her choice." These types of services are simply not available or feasible at smaller community facilities, and can only be provided through a larger institution such as Lanterman. With the recent closure of Agnews in San Jose and Sierra Vista in Yuba City, DDS is simply eliminating these choices and superior services and living environments for the people whom it is statutorily required to serve.

Pursuant to Section 4418.3. of the Welfare and Institutions Code, the Legislature has acknowledged that some individuals can only best be served through the treatment provided at a large developmental center, and not a community living arrangement. Under Welfare and Institutions Code § 4474.1(f), DDS must consider and analyze, among other things, the impact of the proposed closure on residents and their families. It is not simply a matter of relocating individuaals to smaller facilities. DDS is responsible for ensuring that these individuals receive the same superior care and services they receive at Lanterman. Because such care and services, including offering an environment that fosters indepedence and comfort, can only be provided at a large institution such as Lanterman, DDS needs to reevaluate its decision to close instittutional facilities. The temporary state budget crisis is no excuse to shut down a facility that has served thousands and thousands of disabled individuals over its 82 year history and could continue to do so, with proper guidance and leadership.

I strongly encourage you to reconsider the needs of the disabled, respect their rights and dignity, and consider how they can best be served only through the superior level of care offered at Lanterman and similiar developmental centers. In addition, given your motto of "supporting choices," please continue to operate Lanterman so that the choice of living and being treated at Lanterman can continue.

Sincerely,

Michael J. Alti
Jackson, DeMarco, Tidus & Peckenpaugh
2030 Main Street, Suite 1200
Irvine, CA 92614
(949) 851-7476 (direct)
(949) 752-0597 (facsimile)
malti@jdtplaw.com (e-mail)
www.jdtplaw.com (website)

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From: Matthew Anaya [redacted]]
Sent: Friday, March 05, 2010 11:27 PM
To: Coppage, Cindy@DDS
Subject: 120 day heating

To whom it may concern,

I am requesting a 120 day rehearing regarding the closure of the Lanterman state hospital, thank you for your time.
If you would like to contact me regarding my concerns, you can please reply to this e-mail.

Sincerly, Matthew Anaya

OneLove

From: Matthew Anaya [redacted]
Sent: Friday, March 05, 2010 11:29 PM
To: Coppage, Cindy@DDS
Subject: Lanterman closure

To whom it may concern,

I would like to formally request a120 day rehearing regarding the closure of lanterman state hospital.

Sincerly,
Matthew Anaya
[redacted]

OneLove

James Anderson
[redacted]

March 16, 2010

To whom it may concern,

I write you in regard to the proposed closure of Lanterman Developmental Center in Pomona, CA. When I became aware of this development I was heartbroken, as Lanterman has been home to my sister [redacted] for the last forty-seven years.

[redacted] is a profoundly disabled forty-nine year old who cannot walk, talk or even chew (all her meals must be pureed). She suffers from multiple medical problems including osteoporosis and heart difficulty (prolapse mitrovalve). She is on several medications and requires the constant care of experienced nurses and technicians, the sort of care that only a place like Lanterman can provide.

Beyond her medical needs, Lanterman has provided [redacted] with a safe environment and just as importantly, a community. Despite her profound disabilities, [redacted] is a human being, experiencing the same emotional needs as you or I. She has developed friendships at Lanterman, some of them quite old, with both fellow patients and staff. Also part of this community is the group of parents and siblings who have been regularly joining patients and staff for holiday parties, attending meetings, working together to insure their loved ones are in the best possible place and have the best life they can possibly have.

For years now, we have seen the number of patients at Lanterman dwindle as they have been moved into community based services. While I understand that community placement of the developmentally disabled is well intentioned, in many cases it is entirely inappropriate, making places like Lanterman necessary if one genuinely intends to provide such people with even the most basic quality of life. Further, while the Lanterman closure can no doubt be attributed to the state's current budget woes, community options are suffering the same cuts, thus moving Lanterman's residents into them would only further strain an already overburdened system.

Though I would of course prefer that Lanterman remain open, my understanding is that a closure plan is being developed and that each consumer's placement options will be determined through the IPP process,and that those for whom community placement is inappropriate will be moved to alternate Developmental Centers. The nearest of these is Fairview, in Costa Mesa. Fairview is close enough to Lanterman that those of us who wish to maintain regular visits with our relatives

will be able to do so. Also, Fairview is currently undergoing a consolidation and will soon have empty wards available. My hope is that [redacted] and as many of her fellow patients might be moved into one of these wards as a group. Further, I hope that the staff at Lanterman might be offered positions at Fairview in an effort to provide a continuity of individualized care and to minimize the disruption which will inevitably result from such a move.

These are among the options being proposed to the DDS as a closure plan is formulated. The inclusion of these proposals as part of this plan would go a long way towards mitigating what is for Lanterman patients and the community of people who support them, a truly tragic situation. Any input from you on behalf of myself and fellow parents and siblings of the Lanterman patients effected by the proposed closure would be greatly appreciated.

The Olmstead decision and the resulting community placement were meant to improve the lives of the developmentally disabled. In many cases it has had the opposite result. We owe it to these people to look at them as individuals and further, as part of an established community. If indeed the ultimate goal is to provide Lanterman's patients with the best possible care, moving [redacted], her friends and her caregivers to Fairview as a group seems the best and most fiscally prudent course. Thank you again for your consideration of this matter.

Sincerely,

James Anderson

From: [redacted]
Sent: Thursday, March 04, 2010 2:42 PM
To: Coppage, Cindy@DDS
Cc: [redacted]
Subject: Please help a friend (of a friend) - no, this isn't a "facebook game", it's real life!

Dear Cindy,
Is there anything that could be done about these people? It is really very sad to see that us as a country & community
have stooped to this level.
Caro Avanessian

I received this email today.

(1) My brother, [redacted] is a patient at Lanterman Developmental Center, a State Hospital near Pomona, for patients with developmental disabilities, brain damage, and other severe conditions. He was committed in 1946, as an Immediate Danger to Himself—severely autistic, he will run and run until he hurts himself–even at age 81! He is not able to be placed in a Group Home. [redacted]s caregivers have been there for years, and understand him, and I cannot praise them enough for the loving care they give him! As his day charge nurse said, "We are a home, and this isn't a job, this is our family."

(2) Further, there are MANY patients at Lanterman who require around-the-clock nursing care by professionals who are familiar with them. Continuity of Care is basic here! As an RN, I can emphatically say that many of these patients would die if they were placed in nursing home or other facilities "in the community". If Lanterman closes, THERE WILL BE DEATHS. How many? Who knows?

Many parents of the patients are unable to sleep at night, since learning of the possible DDS "recommendation for closure" due to be presented in Sacramento in April.

(3) Yes, the State of California is going broke, and, yes, the land on which Lanterman sits is being HUNGRILY eyed by the Developers and local politicians, who are already planning yet another shopping mall and multiplex movie theater for the site! But, to displace hundreds of extremely fragile, helpless patients in order to make way for more Best Buys, Toys "R" Us, and more concrete and congestion is not the way to go! Did you know that California has several state-owned office buildings up for sale, including the Ronald Reagan State Building in Los Angeles? That is an appropriate sale! Displacing the weakest members of our society, and selling their home, is not.

(4) Most, if not all, of us family members, as well as the employees of Lanterman, always heard that the land was "deeded in perpetuity" for the disabled citizens of the State, and that if the land ever were sold, then the monies must be used for the patients. HOWEVER—the sale of Lanterman would pay off State Bonds, NOT place the patients in appropriate facilities!

(5) For those of you who are fiscally-minded, it ended up costing the State of California over $90 million dollars to close up Agnews State Hospital, a similar facility to Lanterman, back in the 1990's. I think that figure would be higher today. It may not even make sense, from a fiscal point of view, to try to close Lanterman up!

If you are still reading this lengthy e-mail, then you are a true friend, and I am beaming you seven years of good luck (just kidding, just kidding!) Seriously, I hope that you will take five minutes of your time, and dash off an e-mail to Cindy Coppage of the Department of Developmental Services, to PROTEST this proposed sale!!! Will she, or anybody, actually read it? I don't know. I just know we have to TRY! And, if I were asked, I would do the same for you in a heartbeat, if it

were your brother!

Thanks and God bless, Dian

From: [redacted]
Sent: Wednesday, March 03, 2010 12:30 PM
To: Coppage, Cindy@DDS
Subject: Sister at Lanterman

Ms. Coppage,

You have a job to do and I have a little sister. She is in your care. Her name is [redacted], a resident of Lanterman and we love her dearly. [redacted] is 60 years old, profoundly retarded and in need of trained, certified, specialized care. In 1959, when she was 9 years old, my parents reluctantly had to let her leave our family to get specialized care. They entrusted her to the developmental center system. [redacted] was at Fairview, then Camarillo and now Lanterman. We want at least part of Lanterman left open.

I am afraid that if [redacted] is placed in a community home with caregivers who have little training, she will die.

[redacted] has gran mal seizures that result in her not breathing. She has to be resuscitated immediately by paramedics when this happens. [redacted] has petit mal seizures that can be overlooked if the caregiver is not trained to recognize them. She does not respond to pain, illness or danger. She is non-verbal and cannot express her needs. [redacted] is acutely aware of open or unlocked doors and can slip out quietly without anyone noticing. This leaves her vulnerable to traffic dangers, getting lost, or worse. [redacted] has no teeth and is in constant danger of choking. She needs a specially prepared, measured diet and supervision at meals. [redacted] takes many medications and has some allergic reactions. She searches for and ingests cigarette butts. Her gait is unsteady. [redacted] gets tired walking distances and requires a wheelchair to be available when this happens but needs to walk for exercise.

I trust the staff at Lanterman. They are [redacted]'s family away from us and her constant support. They know her well and keep her healthy, safe, and engaged in activities. [redacted] loves going to her class and participates in paper shredding, going on field trips, earning tokens and using them in buying treats. [redacted] loves being outdoors (with sunscreen and a hat) but has to be watched so that she does not leave the group. Lanterman is the only safe place for her to be with the supervision of certified staff. This is what she needs.

What our family wants for [redacted] is for her to remain at some part of Lanterman that can be left open with the certified staff that knows her. Given the exorbitant costs to the state involved with closing a development center, can't a part of Lanterman and staff be preserved for the fragile and elderly residents? If a continued Lanterman placement cannot happen in any form, we want her to go back to Fairview or another developmental center with the certified staff from Lanterman. If neither of these are options, our last, and most unhappy, resort is a

community home only if a process is in place to ensure that ALL of the legally required services are in place before any move takes place and that the placement is approved by [redacted]'s conservator and familiy.

Please respect our parents' plans for [redacted]. They entrusted her to the state and the development center to be cared for properly.
This is what she needs and deserves.

Martha Elaine Ayotte
Conservator and sister of [redacted] resident of Lanterman Development Center

From: Jhonna

Sent: Friday, March 05, 2010 4:22 PM
To: Coppage, Cindy@DDS
Subject: Fw: Commentary to be included in public hearing response to proposed closure of Lanterman Development Center

My name is Jhonna My uncle, , has been a resident at Lanterman Developmental Center for over 40 years. In all that time, we have known that he was safe, well-cared for and that his best interests were taken into account. When the IPP process began, we as a family were included in the process of deciding Uncle's fate each year during his annual review. Our questions, and concerns were taken into account and we were privy to the plans, treatments and goals set for him each year. Not once did his IPP ever reflect the idea that should become a resident in a community group home.

Clearly, the Department of Developmental Services (the Department) is pushing residents in that direction. During the family meeting, to which the Department sent a representative, not once did they answer the question of where individuals who are not capable of functioning in the community will go. They could not tell us how much room was available in the three other state facilities. Their reply to our questions of where our loved ones would go was always that an individual plan would be developed for each client. As stated above, that has been the case for years and not once did my uncle's IPP reflect the possibility of him entering the community. So again, my question is where will he go, if not Lanterman?

There are, and will always be people who need protection because they cannot protect themselves. They are innocent and helpless. As a society we are morally bound to do so. We as family members have heard all the nightmare stories about group homes. And though the Department will say that there have been improvements, they have not improved to adequate levels to truly keep these innocents safe. Group homes do not train their employees. They do not pay well. And, they have extremely high turn over. We would not accept conditions like these if we had to send our toddler and pre-school children to such a facility. Why would we send our innocent and helpless developmentally disabled, like my uncle, into such a situation? It is morally irresponsible to even consider it.

In addition to appalling living situations, where will my uncle receive his medical services? What doctor's office in an average community is geared to treat these

individuals with their myriad of specialized physical, mental, and emotional needs? What will the quality of life be for them? At Lanterman my uncle has access to doctors, trained professionals, and recreational facilities. He even has a job! In fact, he has everything that allows him to live, thrive and exercise his constitutional right to pursue happiness. If he is removed to the community, that will no longer be possible. His life will be reduced to mere existence, unstable at best, unsafe at worst.

The Department has stated that Lanterman is no longer viable because the number of residents has become so low. But clearly, that number is so low because the Department has systematically reduced the numbers by placing people in the community. As stated above, not everyone is a candidate for such placement. If the Department has truly done extensive studies, as they state, where are those studies and of what nature are they? Are they only fiscal studies? Why has the Department made no efforts or studies to find mixed use for the very large campus at Lanterman? Why have they not been proactive about keeping the facility current and viable instead of reactively attempting to close it when times are fiscally precarious? Rather than selling Lanterman, why not lease part of the campus and use the proceeds to update the rest. WHY IS CLOSING LANTERMAN THE ONLY PROPOSAL ON THE TABLE?

God Bless You. . .Jhonna

From: [redacted]
Sent: Wednesday, March 03, 2010 11:54 PM
To: Coppage, Cindy@DDS
Cc: [redacted]
Subject: Opposition to Closing of Lanterman

Dear Cindy Coppage,

This is an urgent plea to keep Lanterman Developmental Center opened and to give justification for why it is imperative that Lanterman not succumb to a "banaid" approach to solving the state's budget cuts. The effects of closing Lanterman will cost the state immeasurably more as developmentally disabled adults will need to access our hospital Emergency Rooms; police officers and adult protective services will spend countless hours providing for the safety of lost neglected and often abused disabled adults whom will be forced to live without supervision, structure and support.

I write this on behalf of my developmentally disabled brother, [redacted]
and on behalf of all developmentally disabled people who need facilities such as Lanterman in order to survive, to be protected and to live a quality of life that all human beings are afforded. It is inhumane to take this from him and from the developmentally disabled population that Lanterman serves.

As a clinical psychotherapist, and a sister with a developmetnally disabled brother, I know all too well

the devastating preventable atrocities that will result with the closing of this facility.

Please keep Lanterman operating. Please do the right thing.

Thank you for your time and consideration in this matter.

Sincerely,

Pauline Jarakian M.S MFT
[redacted]

FROM A RESIDENT'S POINT-OF-VIEW

HELLO! MY NAME IS [redacted] ... [redacted] RESIDENT ON WARD [redacted] AT LANTERMAN DEVELOPMENTAL CENTER (L.D.C.) OVER THE LAST 46 YEARS. [redacted] FATHER (JAMES IRELAND) AND MOTHER (HOPE IRELAND) PICKED L.D.C., THEN KNOWN AS PACIFIC STATE COLONY IN 1964, OVER ALL OTHER INSTITUTIONS FOR PLACEMENT. [redacted] PARENTS WANTED ~~HER~~ TO LIVE IN A SAFE AND HAPPY ENVIRONMENT AS MY PERMANENT HOME. WHEN [redacted] ARRIVED HERE, I WAS DIAGNOSED AS HAVING MENTAL RETARDATION WITH CEREBRAL PALSEY. THE LIFE-EXPECTANCY WAS FOR 30 YEARS OLD FOR ~~ME~~ [redacted]

TODAY, I WILL BE CELEBRATING MY 63RD BIRTHDAY ON MARCH 29, 2010. ~~THANKS~~ TO ALL THOSE WONDERFUL PEOPLE WHO HAVE DILIGENTLY GIVEN THEIR TIME AND ENERGY IN KEEPING [redacted] HEALTHY: THE DOCTORS, NURSES, OTHER PSYCHE TECHS, HOUSEKEEPING AND ADMINISTRATION STAFFS. THEY HAVE NOTIFIED [redacted] FAMILY ON EMERGENCY ISSUES, WELFARE OF CONTINUAL CARE AND FOR ~~HER~~ SPIRIT, A CURRICULUM OF SOCIAL EVENTS: I [redacted] NOT KNOW OF ANY OTHER PLACEMENT WHERE ~~SHE~~ WOULD HAVE AS MUCH "PEACE-OF-MIND" AS ~~SHE~~ DOES AT LANTERMAN! EVERYDAY, [redacted] SEES ~~HER~~ RESIDENT FRIENDS WITH SMILES (INWARDLY) ON THEIR FACES. THEY TOO

[redacted] FEEL "SAFE AND SECURE" JUST AS [redacted] DO! DAILY [redacted] EXTENDED FAMILY, THESE GREAT PSYCHE TECHS PERFORM THE NECESSARY TASKS WITH A KIND, PATIENT, LOVING UNDERSTANDING. THIS IS THE REAL DEVELOPMENT THAT TAKES PLACE FOR ALL RESIDENTS AT LANTERMAN: THE INTERACTION OF COMMUNICATION, THAT CANNOT BE BOUGHT OR SOLD! THE RESPONSES THAT [redacted] CAN SENSE AND FEEL AT HEART. NO OTHER TREASURE IS AS IMPORTANT AS THE "PERSONAL ONE."

IF LANTERMAN IS TO PERISH... WHERE ELSE WOULD RESIDENTS RECEIVE THE PROFESSIONAL CARE? [redacted] KNOWS THAT [redacted] HAVE A WARM AND LOVING FAMILY AT LANTERMAN! OVER THE LAST 46 YEARS, [redacted] HAVE MADE SO MANY "WONDERFUL FRIENDS". IF LANTERMAN FAILS, SO DO ALL OUR HOPES AND DREAMS.

WHEN THE DEBATED CLOSURE IS BEING DECIDED (BEHIND CLOSED DOORS), PLEASE ASK YOURSELVES THESE THREE SIGNIFICANT QUESTIONS:

1) HOW DO YOU HANDLE THE LONELINESS WHEN ALL YOUR FRIENDS ARE UPROOTED AND SENT ELSEWHERE?

2) WHO CAN [redacted] TRUST, WHEN MY DEPENDABLE CARE-GIVERS ARE FAR, FAR AWAY WITH NO ONE ELSE TO "PAY ATTENTION" TO MY NEEDS? AND,

3) WHAT WILL MAKE-UP FOR THE HURT AND DESOLATION THAT ALL THE RESIDENTS WILL "FEEL" WHEN THEY THINK - THAT NO ONE CARES? [redacted]

From: Harvey Huang [redacted]
Sent: Thursday, February 25, 2010 4:35 PM
To: Coppage, Cindy@DDS [redacted]
Subject: Object to close Lanterman, to stop reginal centers to put thier hands on the residents serve.

Dear Ms: Coppage:

As a physician worked at Camarillo for 16 years, and received superachivement state employed physician award,I do care the community facilities are more strict, dangerous environments. and the social workers workers work for regional centers once the got the jobs, the never receivedd the clients or residents past history. Well, according Lanterman Act, his or her job is to place those retarded. The workers never go to the facilities to take a good look. 39 clients(patients) died within 3 month after Camarillo was transferred to California State University. It a was aq great, inhumane tragedy . Cal State is looking for students. It costs state more.

Re: Object DDS continues to close Developmental Centers

State should shut down all Regional Centers since they are not doing their jobs.

I, Harvey M. Huang am a parent with an oldest profound retarded, hyperactive son with. I was a state employed physician for 18 years and received super- achievement award from DDS. Later, I worked for CDCR for additional 10 years.

I had the opportunities those community homes provided by regional centers.

The first home I was referred to visit was in Santa Maria. The couples supposed in taking care 4 or 5 very young children claimed they had worked for Colorado State Hospital as clinical psychologist and social workers. After the date I visited, they called the kid's parents to take the hyperactive kid home. They could not take care of. The 2nd group home that I visited was in Lakewood, CA. (near Long Beach). Before I went to visit, they told me no problem with next day visit. Many times, I arrived there, I was told that several residents having Shigelloses or Salmonellas bacterial infections. Finally, it was shut down. About 1 1/2 year ago, I was told to visit a home in East Ventura. I arrived the home on Friday 120:00 A.M. There is only one young lady staff taking care 4 very young children (not older retarded). She didn't know whether those kids were fed or not. After I showed her my ID and told her I was coming to visit the home, She drove her car to another near by home to ask her supervisor to come over to meet and discuss to me. She left me to watch those kids for about 10 minutes. I didn't know how many kids her supervisor was working with but I was told her supervisor also watching some kids. There were no activities for these kids. Those kids were locked up in their rooms. Their physicians were never worked with developmental disables. After the visit, I tried to call the Director to discuss those issues; the secretary told me the director would return my call. I received nothing for more than a year..

Lanterman Act misguides many people that home on the streets is less restricted environment for the developing disables.They are very dangerous and unsafe.

The regional center office near my home used having 6 or 7 staff, but now it move to new building with countless staff and more district offices in near by cities.

If State has to sale all the Developmental Centers to save money, why don't just shut them down.

Harvey M. Huang, M.D. [redacted]

Tel: [redacted]
C.C: [redacted]

Hotmail: Free, trusted and rich email service. Get it now.

Hotmail: Powerful Free email with security by Microsoft. Get it now.

From: Diane Howell [redacted]
Sent: Tuesday, February 23, 2010 5:02 PM
To: Coppage, Cindy@DDS
Subject: input to Lanterman public hearing

(*The attached file is a duplicate of this message*)

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Dear Ms. Coppage,

The following comments are my input to the Public Hearing on the Recommendation to Close Lanterman Developmental Center, to be held Wednesday, February 24, 2010. I live too far away to attend this meeting in person, but I am very concerned about the issue.

My siste[redacted] is 59 years old and has lived at Lanterman for most of the last 54 years. Her mental age is about that of a 2 year old. My parents have both passed away, so I am now her conservator and closest relative. I want her to live in the least restrictive environment that is safe and meets her needs. There seems to be a presumption that community placement would be less restrictive than a facility such as Lanterman. In my sister's case, I don't think that is true. Lanterman provides a unique environment that she has adapted to and thrived in. I had hoped she would be able to live out her life there, because for her to adjust to a different home will be very difficult. If Lanterman closes, it will be very hard to find a replacement for the special environment and the very experienced and trained staff that has allowed her to have a safe and at the same time carefree life. I have never worried about her while she has lived at Lanterman, but I will be quite worried about the transition that is coming.

[redacted] has extensive freedom on the Lanterman grounds. She has the ability to walk independently to various locations: her job at Community Industries, to the trust office to obtain money, and then to the snack shop to trade that money for coffee and cookies. The fact that she is in a special environment at Lanterman allows her to do these things[redacted] cannot tell someone when she is heading out somewhere. She just goes, and the staff knows her habits and where she's headed. Wher[redacted] walks around the grounds, she knows where she's going and what she intends to do when she gets there. However, she's not able to verbally communicate her intentions. In her IPP reviews, it is noted that she is verbal, and uses 2 or 3 word phrases. However, in my observation she does not respond to questions with meaningful answers. She cannot tell you her name, or where she is going. Much of what she says is mimicking back of what is said to her. She will sit cheerfully vocalizing to herself, but does not engage in true conversation. She's able to obtain money and trade it for coffee because the people involved know what she wants and give it to her without her having to ask. The trust office hands her a dollar bill when she shows

up. The snack shop hands her a coffee when she shows up. There are no lines or menus to deal with. She does not need to know the difference between a dollar bill and a twenty.

This description of [redacted]'s daily routine might seem overly detailed, but the activity of walking around and buying her coffee and snacks is central to her independence and quality of life. It is an example of how Lanterman provides [redacted] with a protected environment in which she has much more freedom than she would have in the outside world. She would not be safe walking down the street, alone, off the Lanterman grounds. Drivers at Lanterman are much more careful and the speed limits are lower than outside. She is known to the staff at the snack shop, and does not have to ask for things or understand what the prices are. She doesn't have to wait in line. This is an important point because [redacted] is very sensitive to her personal space and does not like strange people near her. She will put out her arm and push someone away if they get too near. The point is tha[redacted] could not have the same level of freedom and independence in a community home, where any time she left the house she would have to be supervised and controlled to keep her safe. She would likely have a very high level of frustration when faced with new restrictions and a much smaller area in which she would be free to move about. She is very much dependent on a regular routine and familiar people.

In conclusion, I believe the decision to close Lanterman is very unfortunate and short-sighted. I hope that a place at one of the remaining open centers will be available for my sister, and that she will be able to adjust to a new home. Moving her will need a lot of patience and supportive staff, which needs to be part of the plan.

Regards,

Diane Howell
[redacted]

From: marlynn heyne [redacted]
Sent: Friday, March 05, 2010 3:43 PM
To: Coppage, Cindy@DDS
Subject: Lanterman Developmental Center is a place that has made major contributions to mankind.

Department of developmental Services
Ms. Cindy Coppage,
March 5, 2010

Lanterman Developmental Center is a place that has made major contributions to mankind. Lanterman has been on the forefront of research for decades. Research has been conducted in the areas of medical, behavioral and education.

Lanterman was instrumental in the developmental research of the hepatitis "B" vaccine. This research has saved many lives that would have been destroyed had the vaccine not been developed. Also, the research that led to Amniocentesis testing was done at Lanterman. Many parents now can make decisions on the shape of their family and to plan for the needs of their children because of this important test.

In the areas of behavior and education the research that laid the foundation that all special education teachers take for granted was again conducted at Lanterman. Items reached at Lanterman include behavior management and many training techniques. When one considers best practices in the field of education that are part of the mandate of "No Child Left Behind" it is amazing to consider that Lanterman was again leading the way. The education methodologies used at Lanterman are all research based instructional methodologies that were researched, developed and implemented at Lanterman Developmental Center.

The concept of "Daily Activity Training Center" is actually the forerunner to the development of "Life Skills" programs in public schools for the severely handicapped Californian children. Main areas of this concept include using researched based methodologies to teach these students with severe special needs in a supportive, educational and dignified environment.

To tell you the truth Lanterman Developmental Center has a higher standard for the ethical care, treatment and education of these Californians with special needs. Recently, one of my Aides at the Public School I teach at asked me if Lanterman changed me. I of course replied that indeed it had. School teachers should have the training on client protection and abuse prevention that Lanterman provides to its staff on an annual basis because school teachers and staff would be better equipped to protect dignity and wellbeing of the students they are assigned to serve.

Another real concern of mine is that many of those who currently reside at Lanterman have never lived outside of Lanterman. We speak of "Least Restrictive Environment". But the truth is that many of our fellow Californians that reside at Lanterman hold down a

regular fulltime job such as mail delivery or another serivce. They enjoy the social programs, Special Olympics, religious services, and the beautiful environment which Lanterman provides.

When these Californians are forced to move to a home most of them will quickly learn that they cannot just leave their homes and walk about their new locals with complete freedom or guaranteed safety they currently enjoy at Lanterman. Most will also learn that attending religious services and Special Olympics is just a memory. Again this will happen because the community adult residential facilities will not provide them with these cherished and beloved opportunities. Some may even feel that they are prisoners of their new homes because of a reduced freedom and lack of staff as well as monetary support for their new home.

I am just a concerned citizen who wishes that the rights, dignity and overall wellbeing of our fellow Californians residing at Lanterman and other developmental centers be taken into consideration. I hope that you have a pleasant day.

Sincerely,

Miss Marlynn J. Heyne, MA, RC, RTC, CTRS

My name is Agnes Regina Tessier and I am the conservator and sister of Lanterman resident [redacted]. I am opposed to the closure of the Lanterman facility.

With the advent of the Lanterman Petris Short Act and the subsequent Lanterman Mental Retardation Services Act in the 20th century, the rights of the DD were protected and statewide regional services were established to oversee appropriate residential placement. These important legislative acts served to safeguard the care and rights of the DD and preclude general warehousing. The intent was to ensure the "best" services for our relatives. Community placement of DD individuals is the "ideal" and appropriate for many, as evidenced by the reduced population of state facilities in the last 40 years. However, no legislation to date has precluded the continued provision for the operation of state facilities for individuals not suited for community placement.

My brother is developmentally 3-4 years old with a keen sense of humor, a never ending appetitie, and an ever present "scrapper" mentality. He is always ready to do battle over his possessions or personal slights. Historically, he has been hyperactive, has autistic traits, and exhibited assaultive and self-injurious behavior. For half of the 44 years he has lived at Lanterman he took psychotropic drugs to stabilize behavior. Fortunately, he has been drug free for the last 20 years. He now works on the grounds, visits the canteen, bowls weekly in Diamond Bar, picnics with family at Rustic Camp, and is happy. He knows no other home. Community placement is not feasible for my brother without drugs. At this point in his life, given his personality and behavioral makeup, I think

I can safely say he will never be ready for community placement as defined by current standards and limitations.

There are two facilities in this area, Lanterman and Fairview. Of the two, Lanterman offers a more complete environment, and one that is conducive to [redacted]s homeostasis. The DDS states "after careful evaluation" closure is recommended, but does not cite what that evaluation is. Has a comprehensive analysis occurred by qualified organizational development specialists? Or, was the evaluation solely conducted on fiscal merit by fiscal analysts? I would hazard to speculate at least 10-25% of operating costs at Lanterman could be reduced by streamlining services. Two facilities in such close proximity begs the approach of consolidating services in one facility. Although Fairview is the newer facility, it does not have all the qualities of a residential facility, does not have the safe environment Lanterman does. I propose examination of merging these two facility services on the Lanterman site.

Any change in residence for my brother will be detrimental. Each of the few times he moved to a new residence here, his period of adjustment could be measured in years, not months, weeks, or days...And that's within the same facility. If Lanterman were to close, and [redacted] were moved to Fairview, what guarantees are there it will not be the next in line of the fiscal axe?

My name is Tom Truax. I have my stepson [redacted] living here at Lanterman. He has lived in this facility for over 40 some years. This is home. It's the only place he has ever known. My deceased wife, his mother, would turn over in her grave if she knew what was being proposed--to close this facility.

When then, President Ronald Regan proposed the closing of this place, her and I went to Sacramento and strongly protested the closure. There are some options, in my opinion, why couldn't part, and I say part, of the property be "rented" out to some people on low incomes, or people on section 8, or some people who are homeless who could work and pay a gratuity "rent". I personally have applied for such a place to live. I live only on my social security and the rent at the apartment where I live really strains my budget along with my other bills.

The facility would, of course, have to be cordoned off so the 395 residents now living here would have their own privacy, still being able to continue their daily activities. I know it would be a matter of some rearranging of the place in order to keep the residents in their areas.

I know this closure is about money, the state wants to sell off these 300 acres to sell it to a millionaire or maybe a billionaire development company so they can raise the facility and build luxury homes here. But why pick on the most vulnerable people in our society, for greed? That's why.

There are many more ways the state can bring in money, for example: Why not let the racetracks and the card parlors have legalized gambling and charge them 20% sales tax and use that money to help mentally challenged and homeless people. That's just one way, and I do say "ONE" way.

Now what I am going to say I could get a little emotional, and if I do please understand. My deceased wife told me one time, during that Reagan era, if Lanterman was ever closed she would take [redacted] and herself and drown them both. I cried when she said that and "men" aren't supposed to cry.

Maybe the state should just euthanize them or like the Fuerer put them in places like Dachau then shoot them down. That would be more humane than what is being proposed by the state now.

I sent a letter to the editor in regard to the article they ran, I believe it was on January 30th. This whole situation needs more media attention so that more people can know what is going on here. More letters should be written to our congressmen and senators.

I believe our present governors wife, Maria Schriver, had a relative that was developmentally disabled. People should write to her. She would understand how we feel.

Thank you

As an afterthought, why not have the clients at Fairview be transferred to Lanterman?

UNION OF AMERICAN PHYSICIANS & DENTISTS
Affiliated with AFSCME, AFL-CIO

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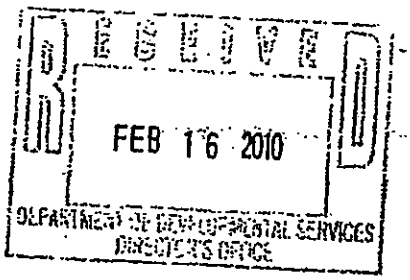
Feb. 10, 2010



Ms. Terri Delgadillo
Director
Department of Developmental Services
1600 Ninth Street, Room 240, MS 2-13
Sacramento, Ca. 95814

Dear Ms. Delgadillo:

The Union of American Physicians and Dentists (UAPD/AFSCME Local 206, AFL-CIO) represents bargaining Unit 16 employees, which includes State employed physicians, dentists and podiatrists at the Lanterman Developmental Center. Clearly, we are gravely concerned about the future welfare of patients at Lanterman. To our dismay, the Governor has recommended to close this facility, after having received a proposal to do so by the state Department of Developmental Services (DDS).

UAPD/AFSCME represents 14 physicians employed at Lanterman. Respectfully, we are requesting that the UAPD participate in all stakeholder meetings concerning the facility, patients, physicians, and any future plans for closure. In addition, we hope to work closely with your office concerning any possible transition of Lanterman physicians to nearby state facilities.

In recent years, UAPD/AFSCME has worked closely with DDS and the Legislature on the closure of Agnews Developmental Center. We hope to have a similar orderly transition of any patients and physicians at Lanterman. As you are aware, the DDS population is fragile. The continuity and bond built up between

physicians and patients has taken years to develop. As such, it is critical that any transition plan have patient safety at the forefront.

Thank you in advance for your critical attention to this request by the UAPD/AFSCME to be an active stakeholder participant in any Lanterman closure process.

Sincerely,

Al Groh
Executive Director,
UAPD/AFSCME

cc: Speaker-elect John Perez
Senate President Darrell Steinberg
Assemblywoman Norma Torres
Senator Gloria Negrete McLeod
Willie Pelote, AFSCME, International
Dr. Stuart Bussey, President, UAPD/AFSCME

A.W

February 24.2010

Department of Developmental Services
Developmental Centers Divisions
Att: Cindy Coppage
1600 9Th.Street, Room. 340, MS 3-17
Sacramento, California. 95814

Written input for Public Hearing on February 24th,2010
at Lanterman Developmental Center, Pomona,California.

Although I have served on many boards as a director, I am writing this as private citizen today and a relative of a person who has lived in a Developmental Center for the last 41 years.

In this written statement my first proposal is that the Department of Developmental Services rethink their recommendation to close Lanterman Developmental Center because this DC like the 3 other DC'S in the State of California are the only safety nets for its most vulnerable citizens.

As you are aware the Developmental Center system has been under siege from many groups though out California which have been trying to undermine and eliminate public and private institutional care programs.

In doing so this has cause a significant reduction of an array of services and supports --- (See attached article on Special Olympics.)

The full potential of people with developmental disabilities can not be realize if there are significant barriers in receiving good health and dental care not to mention psychiatric and staff psychologist services.

In order to provide quality care Lanterman which is a licensed care facility: Is staffed by trained Psychiatric Technicians, Licensed Vocational Nurses ,Registered Nurses or Certified Nursing Assistance along with Doctor and Dentists which have been trained to care for our disabled population.

It has already been established in the California State University Report (see included) that our DD citizens who have left a congregate setting have lost valuable and necessary medical services, true stability, life long friendships, many programs not to mention jobs that are assessable to them at the DC'S -- which provides them the opportunity to enrich their lives.

[redacted]

As you are aware a full continuum and a commitment to choice, as required by the Olmstead decision and the DD Act DOES ACKNOWLEDGE THE ROLE OF LICENSED FACILITIES.

THE HB -144 Commission does stipulate that ICF/MR Facilities are one of the services to be provided.

With the current rise of autism though out the United States which is becoming overwhelming in some communities, there is becoming a higher demand for services and supports including medical/psychiatric and behavioral care which needs to be addressed by highly trained personal.

The Developmental Centers in our state do provide these services which in turn will allow these citizens to have a more productive and use full lifes

So I am recommending the Dept. to reconsider their decisions on the closure and to expand these centers to become Resource Centers to ensure the health and safety of all individuals with DD and to prevent Medicaid waiver lists here in California in the future.

Also I am recommending that these Developmental Centers propertys are to be used to develope housing(as with the situation at Harbor Village at Fairview Developmental Center)to provide a safe and affordable housing specifically designed to meet the needs of the DDS citizens in a difficult economic times with out cost to the state.

Also to ensure that our relatives and loved ones civil rights are not violated and because these Developmental Centers are Medicaid -certified and funded and also because the DD ACT does state that it is the right of individuals with developmental disabilities to receive serves and supports that are appropriate to their needs , I oppose the closure proposal.

Alexine Wells

Alexine Wells

[redacted]

From: Weiner, Jan [redacted]
Sent: Saturday, February 27, 2010 4:12 PM
To: Coppage, Cindy@DDS
Subject: Input Re: Closure of the Lanterman Developmental Center

Thank you for allowing me to write my input, attached.

Jan S. Weiner, Ph.D.
Department of Special Education
California State University, Fullerton
CP 570

"Cowardice asks the question, is it safe? Expediency asks, is it polite? Vanity asks, is it popular? But conscience asks the question, is it right? And there comes a time when one must take a position that is neither safe, nor polite, nor popular -- but one must take it because it's right."
Martin Luther King, Jr

CAL TASH

Equity, Opportunity & Inclusion for People with Disabilities

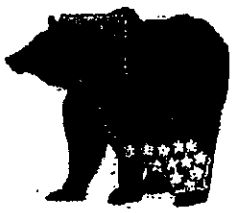
February 24, 2010

I represent the views and opinion of California TASH, a professional organization committed to the resolution that all people, regardless of their label or perceived level of disability, should have the supports they need to direct the course of their own lives, and to live and participate successfully in inclusive schools and communities. I had the honor of attending the recent public hearing for the closure of the Lanterman Center. I listened to 50 public testimonies during the time that I awaited my turn to speak, all of which were from family members and opponents of the closure. I would have liked to have spoken in that public forum, however, felt my support of the closure would not be appreciated by those in attendance. Instead, I have chosen this option to email you my opinion. I believe that closure of any institution that segregates marginalized members of our society is dangerous and is non-productive for their lives as accepted and valued contributors of society. Furthermore, moving those residents to another equally segregated large institution will only perpetuate their stigma and lack of social role valorization. Therefore, it is recommended, in accordance with the origins of Regional Center's efforts at deinstitutionalization, that efforts be made to create smaller inclusive communities in which residents can live a fulfilling and yet supported life. In pivotal research conducted by Dr. James Conroy from the Center for Outcome Analysis, when residents of institutions such as the Hissom Memorial Center in Oklahoma, Pennhurst in Pennsylvania, or Laconia State School in New Hampshire were moved to less restrictive, more community based locations such as independent living or small group homes, at first families were adamantly opposed. After the move, families reported a higher satisfaction with the new residence, felt their relative was better off in their new surroundings, and visited their relatives more frequently. Among many critical issues, these results are valuable, noteworthy and certainly facilitate an argument in favor of deinstitutionalization on a broad scale.

I, as well as my colleagues from TASH and California State University, Fullerton, am in full support of the closure of the Lanterman Developmental Center, however with the caveat that residents are relocated to small community based settings such as supported living apartments with no more than 2 or 3 residents.

TO WHOM IT MAY CONCERN STATE OF CALIFORNIA:
PURSUANT TO THE FREEDOM OF INFORMATION ACT, I VALERIE B. BOSTON HEREBY REQUEST ACCESS TO THE FOLLOWING DOCUMENTS, INCLUDING BUT NOT LIMITED TO:
PROPERTY TAX INFORMATION, PARCEL NUMBER(S), LEGAL DESCRIPTION, TAX RATE, ROLL TYPE, INSTALLMENT(S), TAX TOTAL DUE AND PAYABLE, PAYMENT SUMMARY, ASSESSED VALUE AND EXCEPTIONS, DESCRIPTIONS, LAND.,. MINERAL RIGHTS, IMPROVEMENTS, OWNER, TOTAL NET TAXABLE VALUE (ACCORDING TO PROOF), NOTES, MEMORANDUMS, DRAFTS MINUTES, DIARIES, LOGS, CALENDERS, TAPES, TRANSCRIPTS SUMMARIES, INTERNAL REPORTS, PROCEDURES, INSTRUCTIONS, DRAWINGS, FILES, GRAPHS, STUDIES, DATA SHEETS, NOTEBOOKS, BOOKS, TELEPHONE MESSAGES, E-MAILS, TELEPHONE BILLS, COMPUTATIONS, INTERIM AND/OR FINANCIAL. REPORTS, STATUS REPORTS, STIPULATIONS AND OR INSTRUCTIONS FOR MAINTAINING OF SAID PROPERTY, TO INCLUDE ANY AND ALL OTHER RECORDS RELEVANT: INCLUDING ANY AN ALL.WRITTEN DOCUMENTS FROM INSPECTIONS RELATING TO CALIFORNIA FIRE CODES THOUGHT.
THIS IS TO INCLUDE, BUT IS NOT LIMITED TO ANY AND ALL LAND, ANIMALS, MONEYS ALLEGEDLY SPENT AND OR GIVEN TO "SPARDARAS" "PACIFIC COLONY", "LANTERMAN DEVELOPMENTAL CENTER" AND ANY OTHER NAME SAID PROPERTY HAS BEEN DEFINED AS; TO INCLUDE ANY AND ALL DEED(S), TAX RECORDS REFLECTING AND DEFINING THE PROPERTY THAT I$ NOW KNOWN TO BE LANTERMAN DEVELOPMENTAL CENTER WHICH IS BELIEVED TO BE APPROXIMATELY "THREE HUNDRED AND TWENTY ONE" (321) ACRES, NOW ADDRESSED AS 3530 WEST POMONA BOULEVARD, POMONA, CALIFORNIA, 91769. LAND FORMERLY BELIEVED TO HAVE GONE BY THE NAME OF SPARDADS. THIS IS TO INCLUDE ANY AND ALL REAL PROPERTY AND/OR PERSONAL PROPERTY(S) RECORDS AND DOCUMENTS.
THIS FOIA, IS FOR THE PRODUCTION OF ANY AND ALL DOCUMENTS IS ESSENTIAL TO ESTABLISH A FOUNDATION FOR MONEYS AND LAND GIFTED, DONATED AND/OR WILLED TO THE PEOPLE AND/OR ANIMALS RESIDING ON THE PROPERTY NOW KNOWN AS LANTERMAN DEVELOPMENTAL CENTER.
I REQUEST THAT FEES BE WAVED. THE PRODUCTION OF THIS INFORMATION IS IN THE PUBLIC INTEREST AND WILL CONTRIBUTE SIGNIFICANTLY TO PUBLIC UNDERSTANDING OF THE OPERATIONS AND ACTIVATES OF THE GOVERNMENT. 5 U.S.C. SEC. 552 (a) (4) (A).
I LOOK FORWARD TO HEARING FROM YOU WITHIN TEN (10) DAYS AS THE LAW STIPULATES.
FEBRUARY 24, 2010
cc: PRESIDENT OBAMA
UNITED STATES OF AMERICAYours Truly,
Valerie B. Boston
[redacted]
DOB: NOVEMBER 29, 1954
~3
TESHOOAW: VICTORY AND DELIVERANCE
KHOFSHEE: TO BE FREE FROM BONDAGE
KAWBODE: VICTORY OF GOD GLORY
ECHMETH: TRUTH
YAWRAY: FEAR GOD
YOU SHALL NOT LIE.
THE TRUTH WILL SET THE US FREE.
YOU SHALL NOT STEAL.
GREED IS ONLY ONE OF THE DEADLY SINS.
YOU SHALL NOT COVET.
YOU MAY WANT THIS LAND. YET YOU MAY NOT HAVE IT.
WHAT IS UNLAWFUL IN HEAVEN, IS UNLAWFUL ON EARTH.
WHAT IS BOUND BY HEAVEN, IS BOUND ON EARTH.
DO YOU KNOW THIS IS HOLY GROUND. THERE ARE FOUR (4) DENOMINATIONS OF WORSHIP HERE. THE LIVING GOD LIVES IN THIS HOUSE AND WALKS THIS LAND. ANGLES GO BEFORE THE CLIENTS, THE STAFF, VOLUNTEER AND ANIMALS THAT WALK THESE GROUNDS. I HAD A DREAM THE OTHER NIGHT AND WOKE UP WITH A PLAN: WE CAN REBUILD LANTERMAN DEVELOPMENT CENTER. WITH THE GRACE OF GOD. COMBINED WITH THE LABORS OF GODS PEOPLE.
THEREFORE, AT THIS TIME I RESPECTFULLY REQUEST AND FURTHER DEMAND AN "ONE HUNDRED AND TWENTY" (120) DAY CONTINUANCE OF THIS MANDATED HEARING. TO ALLOW TIME TO CREATE 'VELVET HAMMER" A NON PROFIT CORPORATION.
"VELVET HAMMER" WILL BE A NON PROFIT COOPERATION FILED UNDER
so 0.>.3)
IT WILL BE FUNDED BY DONATIONS OF MONEYS, TIME AND LABOR GIFTED, TO INCLUDE ANY AND ALL ASPECTS OF REBUILDING THIS FACILITY UP TO CODE. AS NEEDED.
IN ADDITION I WILL SUBMIT AN APPLICATION FOR A MONETARY GRANT SPECIFICALLY FOR

"VELVET HAMMER" IN AN EFFORT TO EXPEDITE THE SALVATION OF THIS PROPERTY. WHEN WE HAVE COMPLETED THE RECONSTRUCTION OF LANTERMAN DEVELOPMENT CENTER. "VELVET HAMMER" WILL REACH OUT TO OTHER FACILITIES IN AN EFFORT TO SPARE THE CLIENTS, STAFF AND VOLUNTEERS THE OVERWHELMING PSYCHOLOGICAL ABUSE THAT THIS ACTION OF THE STATE OF CALIFORNIA HAS CREATED.
I NOW ASK ALL PERSONS ABLE TO STAND WITH ME AND SING TO GOD OUR OTHER AND OR AFFROMATION "IF I HAD A HAMMER" I WILL SING IT THE FIRST TIME. WITH SYMBOLIC SINGING. THEN ALL WHO JOIN ME IN "VELVET HAMMER" STAND AND SING. THREE (3) TIMES. THIS IS OUR SHOUT UNTO OUR LORD GOD! WE CAN REBUILD LANTERNMAN DEVELOPMENT CENTER, YES WE CAN IT IS TIME FOR CHANGE, OH! YES IT IS.
HERE IS MYS PLAN
THIS Is /PASSOVER THE HIGH HOLY DAYS OF THE JEWS.
IT IS THE TIME THE ANGEL OF DEATH PASSES OVER GODS CHILDREN. AS THE ANGEL OF DEATH PASSED OVER GODS CHILDREN. HERE AT LANTERMAN DEVELOPMENT CENTER THE STATE OF CALIFORNIA SHALL TO PASS OVER GODS CHILDREN AND THERE LAND.
TO THE TERMINATOR YOU ARE TERMINATED.
LISTEN TO THE VOICES OF GODS CHILDREN HEAR THIS.
"IF I HAD A HAMMER"
3~



Southern California Conference of Regional Center Directors

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

[illegible]

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[illegible]

[illegible]

R. Keith Penman
San Gabriel Pomona

George Stevens, Chair
North L.A. County

Gloria Wong
Eastern Los Angeles

March 15, 2010

Terri Delgadillo, Director
Department of Developmental Services
1600 Ninth Street, Room 240
Sacramento, CA 95814

Dear Terri,

The Southern California Conference of Regional Center Directors (SCCRCD) is in agreement with the Department of Developmental Services' (DDS) decision to close Lanterman Developmental Center (LDC). We recognize the decision to close LDC 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 them.

To affect the successful closure of LDC, DDS needs to work proactively with the SCCRCD. Specifically, DDS needs to 1) enhance each regional center's resource development and case management activities 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) expand legislation to develop innovative housing options such as the 962 homes, 4) support permanent and affordable housing, and 5) seek an exemption from the Legislature of the 3% reduction in the payment of Purchase of Service for activities and placements directly linked to the closure of LDC.

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 consumers moving from LDC into the community can and will receive the appropriate residential, day and health services consistent with their individual needs.

SCCRCD looks forward to working with DDS, LDC consumers and their families, as well as staff of LDC to affect a smooth transition of each consumer into the community. If you have any questions, please contact me at (818) 756-6200.

Sincerely,

George Stevens
Executive Director

C: Southern California Regional Center Directors
Bob Baldo, ARCA

From: Liliana Windover [redacted]
Sent: Monday, March 15, 2010 3:08 PM
To: Delgadillo, Terri@DDS
Cc: Baldo, Robert@DDS Reg Ctr; Wong, Gloria@DDS Reg Ctr; Claudia DeMarco; DelMonico, Pat@DDS Reg Ctr; DeLeon, Corina@DDS Reg Ctr; Clark, Michal@DDS Reg Ctr; Anand, Diane@DDS Reg Ctr; Stevens, George@DDS Reg Ctr; Jennifer Kaiser; Landauer, Larry@DDS Reg Ctr; Henderson, Dexter@DDS Reg Ctr; Flores, Carlos@DDS Reg Ctr; Penman, Keith@DDS Reg Ctr; Noorzad, Omar@DDS Reg Ctr; Danneker, Michael@DDS Reg Ctr
Subject: Letter from SCCRCD re: Closure of Lanterman Developmental Center - REVISED AS OF 03/15/10

Good afternoon Ms. Delgadillo,

Attached please find a REVISED letter as of 03/15/10 regarding the closure of Lanterman Developmental Center. Please disregard our previous letter dated 03/11/10.

If you have any questions, please contact George Stevens at North Los Angeles County Regional Center at (818) 756-6200.

Thanks,
Liliana

Liliana Windover
North Los Angeles County Regional Center
Telephone: (818) 756-6119
Facsimile: (818) 756-6140
Email: Lilianaw@nlacrc.org

This email and any accompanying documents contain confidential information, belonging to the sender that is legally privileged. The information is intended only for the use of the addressee. If you are not the intended recipient, you are hereby notified that any disclosure,copying,distribution or the taking of any action in reliance on the contents of this e-mail information is strictly prohibited. If you are not the intended recipient, please reply to this e-mail and indicate that you are not the intended recipient. Please destroy this communication and all attachments.

1. Regarding Lanterman's closure.

2-24-10

First, we know that Lanterman's closing is due to the State's huge financial mess, the worst that I've seen in my 32 years of living in the state of California.

I'm not opposed to clients living in the community, in an appropriate home for them. In the last couple of years I've had the opportunity to visit quite a number of community care homes with the clients here. And I've seen some outstanding homes, that well suit the clients.

But, I do not feel that Lanterman is the developmental center to close. We are told that Lanterman's infra-structure is falling apart. Facts are, that Lanterman has been remodeled (the residence back in the eighties). There has been extensive ~~[illegible]~~ plumbing work, electrical work, removal of asbestos, air conditioning/heating work, the huge water reservoir built, streets repaired, Residence buildings re-roofed, floors replaced in some residences, painting interior & exterior maintained & beautified, sidewalks repaired, residence ramps made up to ADA standards, also a new audiology building, Patios re-done & beautified, some patio fences ~~[illegible]~~ heightened in preparation for forensic clients which we never received, the building & construction of Freedom park with a stage, the repair & replacement of the floor here in DeBell auditorium, and the memorial park just outside - This is just to

name those that I can remember @ this time has occurred with my 27 plus years of working @ Lanterman. I'm sure there's much more. I have seen, witnessed, & been a part of ~~[illegible]~~ numerous positive changes that has occurred here @ Lanterman.

Before the Legislature agree to close Lanterman - I would like to ask - please - that they come & see firsthand, all that Lanterman has to offer the Developmentally Disabled population - in comparison to Fairview Developmental center. If the state cannot come out to see it - but preferably someone who can look @ it objectively, without thinking of the money that it's sale will bring to the state of California.

I've seen Fairview's grounds, but ~~not~~ only ~~much~~ stepped into one building. I hear that Fairview has a lot to be desired. I believe an independent, objective comparison is necessary. Some examples of what we have at Lanterman that cannot be substituted or that we cannot deprive our clients of ~~[illegible]~~ or that ~~[illegible]~~ Fairview may not & in some cases - do not have are: Our DTAC's @ Lanterman has "DTAC Stores" due to the mandated money management training, Rustic Camp stables & pets c̄ large areas ~~[illegible]~~ to accommodate equestrian training, a freedom cafe' for ~~[illegible]~~ off-residence or off DTAC socialization & purchase training, Community Industries where clients inside Lanterman & off grounds comes to work. I hear Fairview does not employ ~~[illegible]~~ what

- Also other assets of Lanterman's
- Also the enormous park-like grounds
- A multi-sensory room designed especially for the deaf & blind individual in prog. 4
- Building of the Richardson's Structure

* - Also Fairview do not hire orientation & mobility specialists for deaf/blind population.

we have quite a number here, I hear that they have special State teachers but not Adult Ed. teachers. We have mainstreet c̄ a sizeable movie theater (mainstreet temporarily @ present used as the childcare center.) We have huge rustic camp cooking / kitchen, picnic, water activities facilities, and much more. We have large recycling facilities that employ many clients, numerous greenhouses around the grounds to teach our clients about gardening. We have a carousel that clients love, the freedom park area for large outdoor activities equipped c̄ a food service counter, a wonderful senior program that accomodates clients who reach retirement age c̄ a variety of activities including off grounds trips. We have a large clothing store (the fashion center) where clients ~~has~~ shop and get assistance in choosing clothing and having alterations made as needed. We have a large donations center where ~~many~~ a huge variety of items are donated & yard sales held that raises a lot of money for clients & client activities. Some of our clients are employed there & love their jobs.

Finally, since I am an Active Treatment Coordinator here @ Lanterna & Active Treatment is a Federal & state mandate, & here we place high priority on client involvement - & I hear Fairview does not employ Active Treatment Coordinators ~~for~~ who trains facility staff, does observations on all Residences, ensures appropriate materials are available & much more.

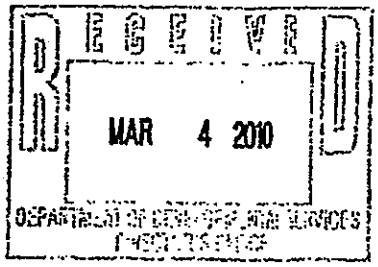
~~[illegible]~~

It makes the ~~the~~ most sense to keep open the Developmental Center that is the most appropriate and for the most to offer for our clients. Not to close the one that will hurt the State the most money when it is closed down.

With that in view, Lanterman is not the Developmental Center to close down. We see desperation due to the State's outrageous financial deficit - and they have lost sight of what's really important - the individuals we serve who reside here.

Mandy Stewart, P.T./
Acting Treatment Coordinator
[redacted]
February 24, 2010
Lanterman Developmental Center
Employed for 27 years and 4 months @ Lanterman.

California Department of Developmental Services
Attn: Terri Delgadillo
1600 9th Street
P.O. Box 944202
Sacramento, CA 94244-2020



Re: Proposal to close Lanterman Developmental Center

This letter is being written to address the State of California's purposely misleading, self interest, money motivated, proposal, to close Lanterman Developmental Center (LDC), with little or no regard for the Developmentally Disabled (DD) whom were dealt their life choices at birth.

LDC is one of, if not the, best facility of its kind in the State of CA. My wife & I know this 1st hand, from experience! Our son, [redacted] was born with Ataxic Cerebral Palsy, was diagnosed with Autism, has serious self abusive problems and he is also overly aggressive. Of note, he also has Scoliosis and deformities of his thumb & both feet.

His problems were shed to light at the age of 7 years old, where the problems started but continued to spiral downhill from there.

We traveled to countless facilities not only in CA but also in AZ, NV and WA, seeing again countless "Specialist's". A never ending search for answers. Local, State, and of course private facilities, reaching, researching, searching for that "Cure". Everywhere we went it was basically the same story. If you have insurance or enough money, they'll try to help. And we tried! But it always ended up the same. After a period of time, his "Unique Behaviors", read self abusive aggressiveness, were too much and we again had to move [redacted]. And please note that at every single place [redacted] lived, their help, their answer "Always" included medication. Medication that turned [redacted] into a Non-Coherent, Non-Functioning Zombie", he was just existing, not living! But they got their money! We exhausted over $500,000 in insurance premiums. To the point we didn't have a clue what we were going to do.

It hit bottom when at one facility he was at called us in a panic to come see him immediately! When we arrived, he was in 5 point restraints! But ... before they were able to secure him, **he had pulled off both thumb nails, all of his fingernails, his toenails and he had bitten off his bottom lip!** We, he, had a lot more problems to deal with than we could have ever imagined! We had no where to turn. Exhausted, frustrated, confused, and scared, every emotion in the world!

We finally secured an attorney through Protection & Advocacy to try and regain some of our sanity. My wife was to the point that she wanted to take [redacted] and drive off a cliff and end it all! [redacted], my wife and I, were going thru Hell! Yes that's how absolutely serious this is! Their help was definitely appreciated and needed, but ... unknown at that time, we still a long road ahead.

But, finally at a Neurologist's direction, when [redacted] turned 18, we visited LDC. It appeared not only to have what we were looking for, more importantly, it had what [redacted] needed.

After placing [redacted] at LDC, their Trained, Certified, Dedicated Staff worked with us, side by side, to address [redacted] s needs. It took almost 2 full years just to get to a starting point, to wean [redacted] off all of his medications. Think about that for a minute! The medications he was taking were so strong that a reduction of 1 tenth of a mg / month, per medication, was necessary! He finally would no longer be in a stupor, a non-coherent over medicated state. Where he had been so many times, so as to make his care "Easy".

Today, 13 years later, LDC and its Trained Dedicated Staff, working with [redacted] has changed our lives dramatically! [redacted] has a life. A life that approaches "normalcy" as much as is possible.

Yes he has many problems, [redacted] was dealt his cards at birth and we now know he didn't have any choice in the matter. DD's don't have a choice. They are Developmentally Disabled. They are NOT like you and me. Today at 33 years old, [redacted] does not know how to read, to write, to differentiate between reality and fantasy. He doesn't have the ability to use cognitive deductive reasoning [redacted] like the other residents at LDC is there for a reason. They have "Special" needs. Needs that have to be addressed.

They need,
"Special Care":
Trained Certified, Credited Staffing: Teachers, Nutritionists, Psych. Tech's., Speech Therapists, Staff to address their Medication needs daily, personal hygene, clothing, haircuts, dental, etc., all "On Site"!
Special Facilities ... "On-Site":
Housing, Acute Hospital, Church, Recreation areas, School,
Plus immediate access to:
Doctors, Nurses, Psychologists, Psychiatrists.

It is IMPOSSIBLE for any group home to address and meet these needs!
But, ALL of these "Special Needs" and then some, are met at LDC!

[redacted] is supervised, taught (schooled), goes on outings, to the beach, movies, parks, Disneyland, Knott's Berry Farm, he takes walks, exercises, goes shopping. He eats 3 nutritional meals daily, brushes his teeth, showers daily, has daily chores, works in the recycling center, he sees a doctor and a dentist regularly. His now much more minimal medications are administered daily by Certified Trained personnel. He buys his own clothes "On-Site"; he is rewarded with a trip to the "Canteen" for good, appropriate behavior. And most importantly, he's in a Structured, Supervised, Safe, Caring setting, 24 hours a day, 7 days a week, 365 days a year! And all with Trained, Certified, Dedicated, Caring personnel!

Now, the State of California, with its arrogance and deceit, is using misleading propaganda to manipulate the closing of LDC, under the guise of costs.
But when Agnew closed, it cost almost 100,000,000, yes that's Millions!
Yet the State had assured the costs to be negligible.

LDC is "Prime" property. The day after it was announced by the State of their proposal to close LDC, newspapers across the State "On the Front Page" ran articles about Real-Estate" investors and their "Plans" for the property!

The State of California has again put money before the lives of individuals.

In a State that has "Millions" of illegal's using our Constitution and our Medical system against us, driving debt into the hundreds of millions, in a State that spends hundreds of millions of dollars to "Welfare" recipients, mostly able bodied people that again, not only don't want to work, they have found another way to circumvent and milk our system of all it can. We continue to pay for these exorbitant expenses and now at the same time ... The State of California has made a proposal **to close a facility that provides for the lives of almost 400 Developmentally Disabled, mentally handicapped people ... people who not only cannot provide for themselves, they don't have the ability to provide for themselves!**

They continue to need our help. It won't go away! That is until they are called to their Maker!

LDC has for over 50 years and continues today to provide for them. Provide for them as you, your spouse or significant other may provide for each other and your children.

At no time, under any circumstances, should a person's life be cast aside for political reasons. The State of California not only should stop this proposal to close LDC immediately, but it should apologize to all of the people in the State for even considering such a proposal in the 1st place. And don't insult our intelligence saying it has to do with the cost to keep it open!

Submitted Sincerely,

Ron E. & Renee D. Stein

[redacted]

From: Judy Schuman [redacted]
Sent: Sunday, February 21, 2010 4:08 AM
To: Coppage, Cindy@DDS
Subject: The closing of Lanterman.

I am absolutely devastated by the closing of Lanterman. My son, [redacted] has lived there for the past 3 years. [redacted] was a Rubella baby, born in 1964. He is profoundly retarded.
He has spent his life going from group home to group home, and has been abused in most of them, from being kicked in the groin, to suffering a fractured jaw, in the last group home he was in.
He spent 6 months in Pomoma hospital, where he almost died, and ended up losing all his teeth and having to have a feeding tube for nutrition.
Despite being non-verbal, he was always able to show me signs that he was not happy.
When he came out of Pomona hospital, he went to Lanterman, where he began to thrive, and show massive signs of improvement, from his behaviours to his progressive development, he even started feeding himself.
One of [redacted] 'behaviour problems' was lashing out and hitting others, of which is almost non existent now.
[redacted] now walks down to the nurses station, just to join in and smile and laugh with the nurses! (the nursing staff have told me this.) He never smiled or laughed while he was at any of the group homes, he was just shouted at!
I have since moved back to England where I'm from, but visit [redacted] twice a year, and I can tell he feels like he has finally found a happy home, he's happy to see me, but ok when I leave.
I cannot believe America is giving up on these unfortunate souls and closing what is so important to them, a happy home, with such a loving and caring staff.
So much is given to people who are not even American, and living much better lives than [redacted], who IS an American citizen.

My heart is broken over this, but I'm sure [redacted] will be too when he realises what has happened.
I really don't think Mr Schwarzenegger realises what this closure means to so many who live at Lanterman, he's lucky enough not to have a child who depends on the care and love that they get there!
I am appalled at Maria Shriver Schwartzenegger, who claims to support individuals with developmental dissabilities. and claims to be a "prominant member of the Kennedy family" The Kennedys would NEVER let this happen, as they know through personal experience, what it's like to have a loved one with dissabilities!
I don't know if this email will ever be read, or help in my quest. I shall continue to say my prayers, as usual, for [redacted], that he be cared for in a loving way.
Thanks for allowing me to 'vent'!
Sincerely,
Judy Schuman...Mom to [redacted]

Francisco Rodriguez
Zenaida M. Rodriguez
[redacted]

Department of Developmental Services
Developmental Centers Division
Attn: Cindy Coppage
1600 9th Street Room 340, MS.3-17
Sacramento, CA 95814

RE: Lanterman Developmental Center Closed

We are sending you this letter to you to ask if you can reconsider the decision to close Lanterman, because it's a big mistake since people with special needs are going to be hurt, people that are unable to defend themselves, all the residents consider Lanterman like their home and all the employees like their families. All the employees are professionals and also all the nurses and doctors that assist the residents. That's why we want you to continue the great labor in Lanterman.

Personally our son [redacted] is a resident of Lanterman but previously we had a couple bad experiences in different places where my son was resident. [redacted] used to live with us at home and the doctor recommended that [redacted] needed to live on one of those homes where he was going to received attention and help with his problem. At the beginning was hard to decide but at the end we found out and accept that it was going to be very helpful for him and for us. However at the first residence the license was revoke because they found so many anomalies and they never provided good treatment to the residents. Then the Regional Center recommended to change [redacted] to the city of Garden Grove, CA which it was a little far but there was not other choice because of his age, the [redacted] Residence, the place seemed to be the appropriate place for my son; however it was not like that.

One time that I visited my son, I sow an employee beating another resident at [redacted] after I live the place I contacted the Regional Center but because I didn't had any proofs they just recommended to move [redacted] to Lanterman, my family and I went to visit the place before moving my son and we like it so much and we asked other families about the place and they give us good references, so far [redacted] is part of Lanterman and he is being so happy there. He found Lanterman like his home and all the employees like his family because the employees are respectful and professionals. We feel happy because [redacted] has been learning a lot.

We ask and request not to close Lanterman; if the President Obama is fighting at the Congress for the Health Program why you want to leave all those that really needed it with all this help.

Thank you for giving us the opportunity to express our thoughts and feelings. Hope someone can reconsider the decision to close the best place for all these people.

Sinceramente,
Francisco Rodriguez y Zenaida Rodriguez

Francisco Rodriguez
Zenaida M. Rodriguez
[redacted]

Department of Developmental Services
Developmental Centers Division
Attn: Cindy Coppage
1600 9th Street Room 340, MS.3-17
Sacramento, CA 95814

RE: Lanterman Developmental Center Closed

Por la presente, nos permitimos hacerle llegar la presente a usted, para pedir que sea cancelada la decisión de cerrar Lanterman, por considerar que se comete un error ya que se lastima a personas con necesidades especiales que no pueden defenderse, en Lanterman, todos los que residen ahí se les considera su hogar, y las personas que trabajan su familia, ya que son empleados muy profesionales con mucha capacidad así como enfermeras y doctores, que los atienden con mucha dedicación. Por eso queremos que continúen con su labor trabajando para Lanterman.

En lo personal nuestro hijo [redacted] esta ahora de residente de Lanterman y con el tuvimos dos malas experiencias cuando el Doctor nos recomendó que [redacted] saliera a vivir a una casa hogar, nos fue difícil aceptar pero al final nos dimos cuenta que seria lo mejor para el; sin embargo la primera residencia le fue cancelada la licencia de funcionamiento; por haber encontrado muchas anomalías y malos tratos a los residentes. El Centro Regional del Condado de Orange, nos recomendó cambiar a nuestro hijo para la ciudad de Garden Grove, CA a la residencia [redacted] Home parecía ser el lugar adecuado para [redacted] mas sin embargo no fue así.

En una de mis visitas a mi hijo, sorprendí a un empleado que golpeaba a otro enfermo también residente de [redacted] lo que paso hice del conocimiento de lo sucedido al Centro Regional como no lleve evidencia de todo decidieron cambiar a nuestro hijo a Lanterman, que al final fuel lo mejor que pudo pasar; ahí encontró un verdadero hogar, empleados muy capacitados que con el profesionalismo y dedicación hacen de los enfermos sentirse en casa y los trabajadores su familia. Nos sentimos orgullosos por todo ya que [redacted] a progresado mas de lo esperado.

Por todo lo antes expresado pedimos y exigimos que no sea cerrado Lanterman; si el presidente Obama esta luchando ante el Congreso para el programa de salud como es que quieren abandonar a los que mas lo necesitas ; personas indefensas que no se pueden valer por si mismos.

Por todo lo anterior damos las gracias por la oportunidad que se nos da para expresar nuestros pensamientos y sentimientos. Esperando que nuestra petición sea atendida.

Sinceramente,

Francisco Rodriguez y Zenaida Rodriguez

TO: Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Dear Ms. Coppage,

I am writing to you to voice my strong opposition to the closure of Lanterman Developmental Center in Pomona, CA. I hope the Department of Developmental Services will listen to the reasons that so many have voiced in support of this wonderful facility. Please take the following reasons under consideration when making the decision to close Lanterman Developmental Center. I have worked at Lanterman Developmental Center for aprox. 3 ½ years, following a long career in health care and education, including other state hospitals.
These are some of my observations and comments regarding Lanterman:

- Lanterman DC provides excellent care for the almost 400 developmentally disabled clients who live here. This facility houses some of the most fragile medical clients, as well as some of the most severe behavioral clients. These clients will not have the same level of care if transferred to the community. We frequently hear from family members who attend their team meetings that "this is the first place my family member has lived that I have felt they are safe and well cared for." We have heard many horror stories of the lack of proper medical care and careful supervision in the community. Lanterman is a safe, enclosed campus, where the speed limit is 15 mph. Our clients do not have the safety awareness to stop from walking into the street in oncoming traffic, and many times I have quickly braked to avoid hitting a client who has stepped into the street. In the community, they would have been at risk for injury from faster drivers.
- Our clients have round the clock licensed nursing care, with doctors on the premises in case of emergency. I cannot stress the importance of this factor enough. Community group homes have low-level staff with minimum training. These homes are designed for one thing: To make a PROFIT. So many family members have told us that their beloved sons / daughters / brothers, etc. were at risk for potential harm when they were placed in the community. They simply don't have the well-trained staff, the well-equipped medical team, the caring, committed community that they have here at Lanterman Developmental Center.
- Any change in routine and/or environment is extremely detrimental to the clients at Lanterman. We have seen so many times when clients were transferred to another housing unit, and how they have decompensated after years of progress. These types of clients must have a familiar routine, familiar staff, and a familiar environment to feel safe, secure and function at their best. So many of them are visually impaired, physically handicapped, hearing impaired, difficulty with walking, poor fine motor skills, and a variety of handicaps that make them fearful to navigate in their environment. When their environment changes, they digress. Many suffer injuries from falls, become agitated or withdrawn, and have medical

issues increase due to their fear and anxiety. There are clients on my residence at Lanterman who are in their 60's and have lived at Lanterman since they were children! Imagine the trauma of being introduced to a new environment, new staff, all unfamiliar routines, after so many years of consistent excellent care! Please do not ask the clients to suffer through this trauma, with everything else they have suffered throughout their lives, being developmentally disabled.

- During one recent IPP meeting, a regional center representative was asked if there was an appropriate place in the community for the client we were discussing. She said, " We have very few group homes in the community that can provide the level of care needed for the clients here at Lanterman. It would be unfair to place them in a setting where they were not receiving the proper level of medical supervision." During another recent IPP meeting, a family member was asked if he would be willing to consider placing his son in the community. He replied "I was a physician at Camarillo State Hospital when the state decided to close it. The number of clients placed in the community who died was overwhelming. It was aprox. 55%! Please listen to these statistics and take this into consideration, we cannot have these clients pass away due to community placement!
- The staff who work here at Lanterman DC are incredibly passionate, caring, and committed to serving the client here. It would be heartbreaking for those of us who work here to see the end to the wonderful legacy that has been in place for over 80 years. The staff who work here continue to do so despite pay cuts (in the form of furloughs) and several rounds of staff layoffs, leaving us at a minimum of staff. Despite all these obstacles, the staff who work here continue to labor, and it is a labor of love, to serve these clients, who are severely disabled and need round the clock supervision and medical care. We cry at their memorial services if one passes away from their multiple medical issues. These clients mean everything to the staff here, and it will be devastating to see them go to places where we fear they will not receive the proper care, even shortening their lives at times.
- To the people in Sacramento who are making this decision: I strongly urge you to re-consider your recommendation for closure of Lanterman Developmental Center. I strongly urge you to visit the facility, and see what goes on here. It is a beautiful campus, with green open spaces, a Rustic Camp full of animals (supported in part by donations from the clients parent's group) that provides a peaceful oasis for the staff and clients. Please look at the quality of life issues facing these, our most fragile and disabled part of the population of California. They deserve to continue to receive the excellent care and medical supervision they require to survive. Please look beyond the dollars that go into making their lives meaningful, and please consider NOT closing Lanterman Developmental Center, It is important to a great number of people, including the clients, their families, the staff, and volunteers who make this a loving, caring community.

Thank you for your consideration of my comments and input.

Tammi Reed, MT-BC

Tammi Reed, MT-BC (Music / Rehabilitation therapist)
[redacted]

Department of Developmental Services
Developmental Centers Division
Attn: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Proposed Lanterman Developmental Center Closure

I am proud to say that I have worked at Lanterman Developmental Center (LDC) for the last 16 years. During that time the staff at LDC have worked hard doing their primary job, caring for the clients' medical, educational, vocational, behavioral, and leisure needs. By doing so we enabled many of our clients to move to less restrictive living environments in the community, and so our population has been reduced to just under 400 clients. I know that our sister facility Fairview Developmental Center has also gone through similar placement activity and their population is just slightly larger than LDC's.

We have heard representatives from the Department of Developmental Services give their reasons for the proposal to close LDC, and while it would be a very painful experience for our clients; and for an unfortunate few who I don't think would be able to grasp the reason why they have to leave, yet are determined to remain here, this would be an impossibly trying event. Relocating the remaining clients who live at LDC would be a Herculean task, very dangerous for those with severe medical issues, dangerous behavior impulses, and both. It would put them and their new staff at risk for serious injuries or even possibly, death.

However, given the populations at these two Developmental Centers, and the current horrific condition of our state (and national) economy, I can see why a consolidation of the two centers may save the state, and federal government agencies some money. There was a Bill introduced into the Legislature recently, that called for the absolute closure of LDC, FDC, or both by December 2010. Of course that is ridiculous and impossible, and would be the equivalent of "dumping" almost a thousand individuals with developmental disabilities on the street with no supports.

My question is there didn't seem to be any comprehensive, side-by-side analysis of the costs and benefits of closing one facility over the other. I just can't see how any decision can be made regarding closure of either facility until this analysis is done. For instance, a new comparison of the cost of getting each center up to code in the area of plumbing, electrical needs, water supply, etc. The representatives talked about a report that was done in 1998, but that was 12 years ago!! There has been a lot of work done at LDC that has fixed many of the issues raised in that report. I'm sure that FDC has done work there too, but how does DDS know without a current study? If I was in the Legislature, I would like to know that an analysis had been done regarding the two centers before I voted yea or nay.

The value of the land that contains each center should also be analyzed before a decision is made on which one to close. LDC has more acreage, but there may be some issues that compromise its value, geological concerns regarding the stability of the hills surrounding it (take a look at the closure of a local freeway interchange due to a landslide, and there is serious slippage in the hills surrounding LDC. LDC has been in existence for over 75 years, and it was a self-contained "town" with 2,00 clients living here. There was a police department, fire department, farms,

garage, power station, warehouses, gas station, laundry center, Acute Hospital, and residences. Most of these remain standing today.

As with any large property with gas station and automotive garage waste run off for so many years, there would be contamination concerns, and the possible large cost to mitigate the clean-up that would decrease the bottom line of the funds that would be generated from the sale at LDC. Did you know that for two years own large swimming pool would leak the equivalent of its entire volume daily, and it would be refilled. With the possibility of groundwater contamination, and the amount of water that was leaked daily, I wonder how far the possible toxic plume could have spread, and what it may cost to clean it up. We won't know until it is checked out. FDC is smaller, but its location in Orange County fairly close to the beach makes it an attractive piece of real estate. I lived in Costa Mesa for 20 years when I was growing up, and I rode my bike to Newport Beach many, many, summer days- good times!!

There is also another environmental concern with the proposed plan to close LDC, especially if it involves consolidating the two centers until "less restrictive living conditions" could be found for the clients. But first, just as an aside, I'll never forget the comments of some of our very involved parents talking about their loved ones living at LDC and possibly moving into the community into "less restrictive" environments. They would tell me "Joe, take a look around you here. Look at the open spaces, the maximum 15 mph speed limit on our spacious grounds. Our sons can walk around here and be safe (even with limited safety awareness for cars/traffic.) They can walk to the snack shop on their own- this is the least restrictive environment for them!!"

Have you ever toured LDC- it truly is a special, special place. It is just off the intersection of the 57 & 60 freeways, but you would never even know it was there. There is one small sign on the freeway, but I've talked to people in the area many times, and they don't even know that we exist! Once you drive down the hill from the freeway exit, and enter our grounds, it's like you've gone back in time a bit. Mission style buildings, lots of large trees, expansive grounds; it's a beautiful setting. Fairview has a much more "institutional look" to it, I'm sorry to say. As I mentioned earlier, I grew up in Costa Mesa, and played on the golf course that is next to FDC.

But the point I wanted to make about the environmental factor is the possibility of an additional 1,000 cars driving (with all the other traffic) from the Diamond Bar / Pomona area on the 57 Freeway (already one of the toughest commutes) to the FDC in Costa Mesa. It would take staff hours to get to / from work, and add an enormous amount of pollution to our already compromised air quality. If FDC closed, and the staff that lived in the area commuted to LDC, they would be traveling opposite the heavy flow of traffic for both the AM & PM shifts.

As an advocate for our clients at LDC, and as a California taxpayer for over 40 years, I would like to see a comprehensive study that **clearly demonstrated** that it makes more fiscal sense to go ahead with the closure of LDC, before tremendously disrupting the lives of the clients who live here. It would be a shame to put them through all of that, and then discover that in hindsight, it would have made more economic sense to close FDC. Talk about adding insult to injury!!

Joe Prendergast
[redacted]

My name is Tana Preciado. I am an Adult Education teacher at Lanterman Developmental Center. I began working at LDC in Feb. 1997 as a teaching assistant. The reason I'm stating this is because during these 32 years I've watch hundreds of clients grow. Grow, gain and develop skills and independence. They have watched me grow, gain and develop skills and independence.

I taught them independence through communication, gaining social skills, vocational skills, community awareness, safety awareness, money management, self advocacy and many other skills. They have taught me patience in raising my daughter, courage in dealing with difficulties, pride in accomplishing difficult tasks. We grew together.

I want you to understand want you are asking us to give up. The ability to go to rustic camp, having campouts, BBQs, watching the animals, riding horses, working on the raised garden and having great summer activities presented by Central Program Services. We won't be able to go to Main Street to us the library, theater, Blockbuster, sports bar, Comp USA, café and office depot. All were developed to enhance independence in social skills, money management, communication and vocational training. Community Industries allows clients the to work without being pressured to make a quota and offers work for satellite work areas where clients at are unable to make it to CI can also earn money. Freedom Café where we can go for coffee, have a snack or even get a job. These are only a few of the things you're asking us to give up.

We have Adult Education teachers, Special Education teachers, Mobility and training specialist (teachers). All with the ability objectives to help their students gain as much independence as possible. Doctor's, Psychologist, Psychologist, a Dentist, a podiatrist registered nurses, psychiatric technicians, psychiatric technician assistance and licensed vocational nurses all with special skills to help individuals that are medically and behaviorally challenged. Rehab Engineering builds special wheelchairs designed to fit each client's needs. Plant operations can be asked to build sensory boards, lift tables to accommodate wheelchairs and design and make assistive devices to make it easier to work. There are so many people with such special skills I've just touched the surface.

Mount San Antonio College, Cal Poly, Hacienda La Puente and San Bernardino College are just a few of the schools that have brought students in to be trained. They

have learned our skills to work with others and to teach others.

Community placement is our goal, developing skills to allow each individual gain as much independence is what we strive for. Lanterman is a community that allows us to participate in normalization. We are able to walk the grounds without fear, go to Freedom Café, Community Industries, and attend an activity independently on with the assistance of others while we learn.

Our Acute care facility received 5 stars from licensing. Are the individuals that live there going to receive the same care? No other DDS facility has received 5 stars.

LDC 's acute hospital is remounted for it's knowledge of drown victims.

Through these 32 years I've watched Stockton, Camarillo and Agnews close. I know that the mortality rate increases for individuals that are moved or placed in the community. I know that these individuals suffer from emotional trauma when moved. I have learned what is right and want is wrong. I've learned that some things change for the best and some things just need to be kept the same. We've seen the good and the bad, the use of shock therapy to getting rid of it and time out rooms. We gained the knowledge of our orientation and mobility specialist for individuals with seeing difficulties.

Like I stated in the beginning I have watched these clients grow and they have watched me grow. These clients are not just my students they're my friends. Most have been at LDC most of their life and now we're asking them to leave their home, their community, their jobs because everything's going to be better? I've have the privilege to be part of their community and see what is offered to them. Not all their supports are offered anywhere else. I hope you can see what I see. Help us to keep LDC open and continue the care give for the clients that live there, but also for those that may need the services we provide that are not receiving them. Thank you for you time.

Name: Joanna Parrish RN, BSN – at Cal State University. Worked at LDC since 1982.

These are some of the perspectives that came to mind that I shared at the open public feedback forum last week at LDC

Yesterday, I saw the CA state flag: The mother bear needs to protect her young AKA - disabled, ill & weak citizens.

1. Economic

Questions: This decision has boiled down to economics. As a 4th generation Californian, I have seen our golden state shine and also seen some deterioration in our great state.

a. I am aware that DDS is only a part of this great states many components, such as legislature, executive & judicial branches department: Health and Welfare, Education, Correc-tions/Prisons, Housing, Lottery, Highways, Parks, Car Licenses, License, Police, Fire, etc

b. The legislature needs to seriously address all the variables/issues popular of not that affect revenues and state costs. Some examples: Any abuse of funds: welfare fraud, non-citizens using the system, healthy people receiving disability funds, incarcerated non-citizens supported by taxpayers, the underground economy where taxes are not paid as well as promoting a better business climate to increase businesses and promote jobs/revenue. DDS is a small part of the system and should not be ignored. Our special needs clients need us.

c. I agree with Dr Larry Larimore and others who have spoken to consider downsizing the property and selling a large part of the land for local development and revenue. There are clients who reside here who can successfully transition to the community with the proper supports. But there are many clients who live here that have survived their prognosis due to the great health care given and staff who know then well, love them and provide the best quality of life. Many clients here have rare genetic conditions, are quadriplegic, need tracheostomies and gastrostomy tubes, have seizures and need the special medical, nursing and behavioral supports that not readily available in the community. Are the most fragile and susceptible CA citizens going to be the victims of the economy when there are millions of dollars being taken by able-bodied people are abusing state funds that the truly disabled deserve to have.

2. Health/Supports: **a. Program 1 Acute 55 and Nursing Facility. The Federal Nursing Facility survey rates LDC NF rating services 5 out of 5. This shows how we truly care about our clients and go the extra mile. We provide MD, nurses, Physical Therapy, OT, RT, Rehab Engineering Services. We have a great Risk Management system Exec Alerts. Very low pressure sores, good bone health (decrease in Fractures, W/C systems. FX Cases 03 [Pop 610] 57 to 27 2009 [Pop 400]. Human Rights Committee: Our clients have a right to the best quality services. b. The UCR Study published in 1996 the American Journal of Mental Retardation by Professor David Strauss and Dr. Theodore Kastner reviewed mortality rates in institutions vs community. The Risk Adjusted odds of mortality was 72% higher in the community than in institutions.**

3. Personal. **Lanterman is a family. My Aunt Lois Ross was a PT Tech Behavior Specialist in the 1960s to 1980s. I started work in the Pediatric Acute Unit in 1982. Many special kids & adults have taught lessons to us. I remember some of my kids who will forever be in my heart: [redacted] (spina bifida), [redacted] and [redacted] (drowning victims) [redacted] (car accident victim) and [redacted] (Pompeis Disease). My mother had a bachelors degree and was disabled by Alzheimers, I had to be her advocate in the NF facility for the best services and I am advocating for our special needs clients who need our love, health and behavior management skills and experience. We are a special family of care providers and clients who know each other well and care about each other. Many of us are grieving over the possible loss and destruction of our special community**

4. **NEW Information: Employment Opportunities: We do not want it to happen. If LDC is to close, staff would like to assure there are opportunities for their knowledge/skills to be utilized. Welfare and Institutions Code 4474.1. (d) Prior to the submission of the plan to the Legislature, the department shall confer with the county in which the developmental center is located, the regional centers served by the developmental center, and other state departments using similar occupational classifications, to develop a program for the placement of staff of the developmental center planned for closure in other developmental centers, as positions become vacant, or in similar positions in programs operated by, or through contract with, the county, regional centers, or other state departments. Welfare and Institutions Code 4474.1. (f) The plan submitted to the Legislature pursuant to this section shall include all of the following: (7) Potential job opportunities for developmental center employees and other efforts made to mitigate the effect of the closure on employees.**

5. **My LDC Poem. PAGE 2** My resource was LDC history written by Monica Lopez. Assistant to the Executive Director. The Title of the poem was what a LDC resident communicated to us: (see below)

Happiness Depends On Lanterman

L et us take a trip down memory lane about our own special facility
After the original 1921 Pacific Colony was closed in January 1923
Needing to move from Walnut, a Pacific State Hospital came to be
The buildings on these grounds expanded much during the 1930's
Employee quarters, the administration building and a hospital wing
Residences, power plant, the auditorium, a barn and the commissary
Mortuary, a trades building, blacksmith area and a shop for printing
A paint shop, a school, the communicable disease wing and laundry
N ew philosophical attitudes helped society with new compassion see

D ue to overcrowding, land and buildings increased during the 1950's
E ntering an era of dissolving stereotypes and improved patient dignity
V ision sure, Dr. Tarjan helped recruit more volunteers and ID teams
E ven changing from Pacific Colony, the hospital became Pacific State
L egitimizing the MR field, Dr. Tarjan brought new research funding
O pening frontiers, President Kennedy appointed him due to expertise
P sychological, sociological and genetic studies began via universities
M any Regional Centers were created via the Lanterman Act in 1969
E ven Pacific State became Lanterman Developmental Center in 1979
N ancy Reagan supported the Foster Grandparent Program statewide
T he population has declined since 2856 clients lived at LDC in 1958
A training and research center with our library reveals a priceless place
L eaving past ignorance, we evolved and provide a high quality of life

C alifornian's with disabilities deserve services, empathy and advocacy
E very client has experienced care by staff gifted with so much expertise
N ew policies, tracking, care and documentation brought success stories
T he LDC staff have helped realize potentials and provided opportunities
E very decade, the employees have risen to the occasion with creativity
R eaching to new heights, together we have invested in goals and dreams

Written by Joanna Parrish RN on 2/22/10

Lungren, Nancy@DDS

From: Rossa_malefica [redacted]
Sent: Thursday, March 04, 2010 3:13 PM
To: Coppage, Cindy@DDS
Subject: protest against Lanterman Developmental Center sale

It seems that desperation of families of patient is arrived to the other side of the world.

Strange for me talk about this, here we don't have anymore such center.
Except for criminal people.
They were too much expensive they say, and not good place for this people.
He he he so they let them all go back to their family.

We can say now that this is not a good thing, and in a certain way we are coming back to the past.
In a different way this structure are growing up here and there.
But we have this poor people going around in a city that is not secure for them.

We have a man in the place where I live who needs such a center.
At the end we all take care of him, some old ladies prepare food for him, and someone try to talk with him sometimes, to make him not feel alone but sometimes he is dangerous for himself and for others. He walks in the middle of the road. And sometimes he cries against others.

When his center closed some years ago he went to live with his mother and sister but at the end they had to go away because he didn't want them to stay with him.
Every month he received money (from public health) for his disability but as he received he bought strange things unuseful.
It's impossible to live with this people, they need someone who takes care of them and some of them don't want their family around.

I'm too far from you to have consequences if you decide to sell or not but I can tell you that in this way you are condemning all this people and their family.
You have to think well if it worths

I'm sorry for my bad use of your language but I decided to try the same to write to you, maybe our experience could be more useful for you
Have a nice day and good luck for your work, you're going to take an hard decision.

Rossana Vignola
[redacted]

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March 2, 2010

Dear Ms. Coppage:

I am writing in behalf of [redacted], a severely autistic patient at Lanterman Developmental Center in Pamona. I understand Lanterman is currentl y in danger of being closed and its helpless patients somehow placed in the community.

I respectfully request that you do whatever is necessary to prevent this dangerous and inhumane action. Such a decision would be, I fear, analogous to the infamous turning out of mental health patients into the community by Ronald Reagan so many years ago. Many of those turned out became members of the helpless homeless who came eventually to live in the streets and under bridges.

Please do all you can to prevent such a catastrophy for [redacted] and the many other helpless patients of Lanterman.

Gratefully:

Bruce Zawacki, M.D.

Emeritus Associate Professsor of Surgery at U.S.C.

Associate for Ethics Education, Pacific Center for Health Policy and Ethics at U.S.C. Schools of Medicine and Law

From: Willsey [redacted]
Sent: Thursday, March 04, 2010 8:49 AM
To: Coppage, Cindy@DDS
Subject: Closing Lanterman Developmental Center

This is outrageous. Is this what we can expect for the rest of the country under Health Care Reform?

there are MANY patients at Lanterman who require around-the-clock nursing care by professionals who are familiar with them. Continuity of Care is basic here! As an RN, I can emphatically say that many of these patients would die if they were placed in nursing home or other facilities "in the community". If Lanterman closes, THERE WILL BE DEATHS. How many? Who knows?

Many parents of the patients are unable to sleep at night, since learning of the possible DDS "recommendation for closure" due to be presented in Sacramento in April.

(3) Yes, the State of California is going broke, and, yes, the land on which Lanterman sits is being HUNGRILY eyed by the Developers and local politicians, who are already planning yet another shopping mall and multiplex movie theater for the site! But, to displace hundreds of extremely fragile, helpless patients in order to make way for more Best Buys, Toys "R" Us, and more concrete and congestion is not the way to go! Did you know that California has several state-owned office buildings up for sale, including the Ronald Reagan State Building in Los Angeles? That is an appropriate sale! Displacing the weakest members of our society, and selling their home, is not.

Most, if not all, of us family members, as well as the employees of Lanterman, always heard that the land was "deeded in perpetuity" for the disabled citizens of the State, and that if the land ever were sold, then the monies must be used for the patients. HOWEVER---the sale of Lanterman would pay off State Bonds, NOT place the patients in appropriate facilities!

For those of you who are fiscally-minded, it ended up costing the State of California over $90 *million* dollars to close up Agnews State Hospital, a similar facility to Lanterman, back in the 1990's. I think that figure would be higher today. It may not even make sense, from a fiscal point of view, to try to close Lanterman up!

Steve Willsey

From: Dr. Jan Weiner [redacted]
Sent: Tuesday, March 02, 2010 6:25 PM
To: Coppage, Cindy@DDS
Subject: Recommended Article By Dr. Jan Weiner: Judge Orders Swift Move From Institutions To Supported Living

Hi **Cindy Coppage,**
Your friend, **Dr. Jan Weiner,** has recommended this article entitled '**Judge Orders Swift Move From Institutions To Supported Living**' to you.

Here is his/her message to you:
Thought this might be helpful and of some interest to you.

Judge Orders Swift Move From Institutions To Supported Living
A judge is ordering New York state to move thousands of residents out of institutional settings and into small, supported living environments much faster than the state proposed.

Article taken from Disability Scoop - http://www.disabilityscoop.com
URL to article: http://www.disabilityscoop.com/2010/03/02/new-york-adult-homes-ruling/7202/

From: Jerry Wang [redacted]
Sent: Tuesday, March 02, 2010 1:15 PM
To: Coppage, Cindy@DDS
Cc: [redacted]
Subject: Cindy - The Proposed Lanterman Development Center Closure

Dear Cindy,

Kindly consider cutting back on budgets that affect mainly healthy and working people. The state government must not abandon our sick in times of hardship. It is simply un-American.

Let's keep the Lanterman Development Center open so our sick are taken care of before the healthy.

Many thnaks & best wishes,

Jerry - [redacted]

March 3, 2010

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Dear Ms. Coppage,

I am writing on behalf of a friend who has a family member in the Lanterman Developmental Center and speaks highly of the care received there over the years for her brother, who requires a "secure facility".

It appears the real estate value and economic opportunities have more importance than the lives of the people who would be displaced by the closure of Lanterman. What a SHAME!!

I am asking that the state Dept. of Developmental Services considers other options. Your help is desperately needed.

Thank you.

Sincerely,

Deanna Walton

Mrs. Deanna Walton
[redacted]

cc: [redacted]

From: [redacted] [redacted]
Sent: Wednesday, March 03, 2010 11:08 PM
To: Coppage, Cindy@DDS
Subject: Lanterman State Hospital Closure

Dear Cindy:

I find it hard to believe that such an establishment as great as Lanterman State Hospital(a.k.a. Pacific State Hospital) will be closed down.

This location is an asset for families like mine. At this location, I've felt the security of being able to walk with my brothers (yes - I have had two brothers at this facility) without the inconvenience of "look-y-lues"(?sp) staring at my brothers. I also felt safe crossing the street with the knowledge that all drivers on the campus not only obey the reduce speed limits but drive with patience and understanding if I take too long to cross the street. One of the best features of the facility are the picnic areas with tables and swings.

I now have a brother at a home. I feel good to see the staff making an effort to take care of my brother. The staff really seem to care. I seem to be getting introduced to new staff every few months, and I feel that they barely have enough staff to take care of my brother and the rest of the residents. I also don't feel that I have the option to take my brother outside for a walk around the block.

Please don't close the facility. I already feel the loss and it deeply worries me that other families will never get to know what is an ideal setting for their loved ones. The facility has an on campus hospital, police, canteen, and parks. Residential living can never offer what Pacific State Hospital has given us for so many years.

Again, I implore - do not allow this recession to take away what the previous recession could not take away from these special residents. This facility is really the best treatment that can be offered to these fragile residents.

Sincerely yours,
Jesse Villegas
brother of two former residents of Pacific/Lanterman State Hospital.

February 23, 2010

Hi Randall,

This is Ruth Thomas a teacher at Lanterman Developmental Center. I was at your meeting this afternoon. You asked us to write down our concerns about Lanterman closing. I'll do my best.

My greatest concern is that closing Lanterman in short order will make it very difficult to relocate the 398 clients with the supports they will need to be successful in their new homes. I have been teaching at Lanterman for nearly twenty-two years and I have had several of the clients I work with transition into new homes in the community. Most of these moves have taken from four to six months to complete. One client I had within the last year took about eight months to complete because the first home proved to be inadequate and she had to start the process a second time.

Secondly, not all of our clients can transition into the larger community. Their behaviors are just too extreme. For these individuals I believe Lanterman is a better choice than Fairview because it has a bigger campus with more extensive grounds. I do believe Lanterman could accommodate more clients comfortably than Fairview.

Finally, I think closing Lanterman should be thought about very seriously. Once it is gone it can never be replaced. I think many of the small group homes do a wonderful job for the clients who can transition into the larger community. But we must remember that during the past several years the state has been late in passing the budget and many of these small group homes are placed at risk by not being paid on time. I have learned from working at Lanterman that no matter what the condition of the budget Lanterman has been large enough to stay afloat

Sincerely, Ruth Thomas
M.S. Education
Teacher, Lanterman Developmental Center
[redacted]
Email: [redacted]

From: Noushig [redacted]]
Sent: Thursday, March 04, 2010 1:00 PM
To: Coppage, Cindy@DDS
Subject: Keeping Lanterman Developmental Center

March 4, 2010

Dear Ms. Coppedge,

It is ethically and morally wrong to close Lanterman Developmnetal Center. I strongly urge the Governor to reconsider his decision to close this safe haven and home for the developmentally disabled. My uncle, [redacted], has lived at Lanterman for the past 27 years. The proposed closure will not only be devastating for him and the other residents, their families, thousands of employees who will lose their jobs, but the community as a whole.

Eunice Kennedy Shriver said, "Every person, regardless of whatever different abilities they may have, can contribute, can be a source of joy, can beam with pride and love." It is at Lanterman where my uncle [redacted] exemplified that quote. He was treated with dignity and respect that all developmentally disabled people deserve.

The workers and residents are part of his "extended family." He has grown and thrived, participated in Special Olympics and won medals while at Lanterman. He was consoled by his caregivers there when he grieved for the loss of his mother. My Grandmother died knowing her son was living in a safe and secure environment. Closing this facility will be a tragic shame.

Prior to coming to Lanterman, my uncle faced discrimination on a regular basis. On a recent visit to see family members out of town, he was humiliated and discriminated against at the airport. Our society has a responsibility to protect the sick and vulnerable. It is to no fault of his own that he is developmentally disabled. Our entire family is concerned for how this closure will negatively affect his well being. How will he survive?

Please reconsider closing Lanterman and do what is ethically and morally right.

Thank you in advance for your consideration.

Sincerely,

Noushig Terzian

Cindy Coppage
Department of Developmental Services

I am writing this letter on behalf on my brother [redacted] has been a resident of the Lanterman Developmental Center for over 50 years. It is the only place that he has ever lived since he was a child. Imagine if you will what it would be like for a "special needs" patient to be moved from the only home he can remember. How disruptive would this be for a man with the mental capacity of a 3 year old? Lanterman is his home. He is comfortable there. The staff knows him and he is cared for in a way that would be hard to duplicate. The staff of Lanterman are dedicated to patients who like [redacted], have never known what it would be like to live elsewhere. If he were to be placed into a new environment I know that this will drastically disrupt his life. He will be scared. He will not know what is going on and why he is no longer at his Lanterman home. This cannot be explained to him. You cannot reason with him. All he will know is one day he will take a ride and end up in a new facility or private residence far away from the people that have cared for him for most of his life. The serene grounds of Lantermen with its staff of caring professionals who understand his special needs, his medical and behavioral problems will be replaced with strangers that are not familiar with [redacted] It will be a transition that will be impossible for him to understand and possibly one that he will never adjust to. It could set him back to a state that he may never recover from.

All the families of those residents of Lanterman understand that the potential closing is because of budget restraints but surely there must be other options. I implore those of you that will make this decision to please think of what it would be like if you had a family member at Lanterman like [redacted] Please, for his sake and all of those who still reside there, don't take away their home and the care they receive from the truly fine staff that have for years been their family offering love, tenderness, understanding and security.

I am hoping that you can make this decision from your heart and thank you for your time in reading my letter.

Regards,

Jeffrey Stell
Brother of [redacted]
Lanterman Developmental Center
Unit [redacted]

Erik Stein
[redacted]

4 March 2010

RE: OPPOSITION TO THE PROPOSAL TO CLOSE LANTERMAN DEVELOPMENTAL CENTER

Department of Developmental Services
Attn: Terri Delgadillo
1600 9th Street
P.O. Box 944202
Sacramento, CA 94244-2020

RECEIVED
MAR 8 2010
DEPARTMENT OF DEVELOPMENTAL SERVICES
DIRECTOR'S OFFICE

To Whom It May Concern:

My Brother, [redacted] has resided at Lanterman for the last 15 years.

[redacted] has severe developmental disabilities, was born with Cerebral Palsy, diagnosed with Autism, has serious self abusive problems and is overly aggressive. Over the years [redacted] has pulled off all his fingernails and toenails, pulled out a tooth, bit off his full bottom lip and taken bites of flesh off his arms and legs.

Prior to living at Lanterman, [redacted] resided at multiple developmental facilities, including Devereaux Center (in both Scottsdale, AZ and Santa Barbara, CA), Camarillo State Hospital, Horizon Hospital, and Charter Oak Hospital. However, after only a few months in each facility, we were told that it would not work out—that the facilities were not equipped to handle [redacted]. Due to his special needs and behaviors, group homes were completely out of the question. Finding a safe home for [redacted] was living nightmare for [redacted] and our family.

[redacted] has no notion of personal safety and is constantly at great risk for harm. He suffers from severe behavioral episodes that require professional intervention. He is on medications that must be monitored closely by professionals. The staff members at Lanterman are professional and manage [redacted]'s behaviors very well. At Lanterman, [redacted] is afforded the liberty to explore the campus as a "normal" person could explore their own neighborhood—a basic freedom that he could not enjoy anywhere else. [redacted] holds a job on site where he earns a check to buy personal items, such as sodas [redacted] loves the staff—they are his extended family! Since living at Lanterman, he has finally been able to grow back his fingernails and toenails, and is extremely proud of them. For once, [redacted] has "a life." Lanterman is a safe haven for [redacted]

Change can be a difficult endeavor for a "normal" person. For [redacted], change brings severe anxiety that threatens his wellbeing and further puts him at risk. I fear that a move to another facility or home due to the closure of Lanterman Developmental Center would undo all of the remarkable progress that Lanterman and its staff has made for [redacted] putting him back to his self-abusive and destructive days.

The services [redacted] receives at Lanterman are NOT available in the community. The professional services found at Lanterman Developmental Center have made an immense difference for my brother.

I urge you to vote NO on the recommendation to close Lanterman Developmental Center.

Regards,

Erik Stein

Special Olympics

Changing Attitudes Changing the World

Embargo Until 8/9/2005

Contact: Randy Bomtrager
Special Olympics
+1 (202) 715-1155
rbomtrager@specialolympics.org

Special Olympics Finds Poor Medical School Training Contributes to Health Care Disparities for People with Intellectual Disabilities

Research reveals that a person with an intellectual disability would have to call 50 doctors to find one who had a minimum amount of training to treat him

Washington, DC –Newly released studies commissioned by Special Olympics found disturbing evidence that individuals with intellectual disabilities face widespread health problems, while physicians, dentists and other health professionals are not receiving the training to adequately treat them.

The studies are some of the largest and most comprehensive research studies ever conducted on the barriers to health care for people with intellectual disabilities. Sponsored by Special Olympics with the support of the Centers for Disease Control and Prevention (CDC), the studies were led by Stephen Corbin, DDS, MPH, Dean of Special Olympics University and Director of Health & Research Initiatives, and Mathew Holder, MD, MBA, Global Medical Advisor for Special Olympics and Executive Director of the American Academy of Developmental Medicine and Dentistry.

"The health of people with intellectual disabilities is much worse than that of people without disabilities," states Mary Helen Witten of the CDC. "Physicians, nurses and other health care professionals are beginning to recognize that people with intellectual disabilities often do not have their health problems addressed and are often in need of additional health care. Unfortunately medical and dental schools often don't offer training or courses that prepare students to address health needs of this population."

Data from more than 15,000 health screenings on 4,700 athletes from 146 countries at the 2003 Special Olympics World Summer Games in Ireland and the 2005 Special Olympics World Winter Games in Japan, were analyzed, providing a look into the world of health care for people with intellectual disabilities. The data are the most extensive ever collected on the health status and needs of people with intellectual disabilities.

The research shows that more than one in three of the athletes had not received an eye exam for more than three years, and more than a quarter had never received one at all. More than three in 10 athletes failed hearing tests, which is nearly six times higher than rates seen in the general population. More than a third of all athletes screened had obvious signs of tooth decay and one-third needed prescription eyewear; half of those athletes received eyewear for the first time ever at the health screenings. The study also revealed that half of the athletes screened had one or more foot diseases or conditions.

A complementary study on the attitudes of health-care professionals toward people with intellectual disabilities was conducted by Dr. Holder. The study found disturbing evidence that individuals with intellectual disabilities face widespread discrimination in their access to health care, and most physicians and dentists are not receiving adequate training in order to treat them.

"The full potential of people with intellectual disabilities cannot be realized if there are significant barriers to quality health care," states Holder. "The fact that you would have to call 50 primary care doctors just to find one that had a minimum amount of training to treat someone with intellectual disabilities is a disgraceful barometer of our society."

[redacted]

March 3, 2010

Ms. Cindy Coppage
Department of Developmental Services
Developmental Centers Division
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Re: Lanterman Developmental Center

Dear Ms. Coppage:

Many recent newspaper articles have reported on the proposal of the State of California to close Lanterman Developmental Center, but none so far have included any specific plan for the patients' future care. Possibly such plans are in place but not yet disclosed to the public.

It is our understanding that when parents or guardians commit a patient to the hospital, the State assumes the care and promises to maintain that care for the life of the patient. In the case of the severely developmentally disabled patients at Lanterman, it is even more important that they are kept in a stable, continuing environment just to help them survive. They are least likely to survive in any facility that cannot offer the same services, and they certainly cannot survive on their own.

As citizens of California, we want to urge you to take whatever measures are available to you to help keep these patients in the environment in which they can continue to live, even if it means simply downsizing the facility. Surely this is an humane effort that is much more important than the projected economic development in Pomona. Thank you for anything you can do.

Sincerely yours,

Robert Sommerville

Dorothy R. Sommerville

Cc: [redacted]

From: Julie Snyder [redacted]
Sent: Friday, March 05, 2010 4:29 PM
To: Coppage, Cindy@DDS
Subject: Closure of Lanterman

I have worked in this field for 34 years. For the Past 19 years I have worked as a case manager at a day program and am very aware of the level of services that are provided in community group homes. I also worked for years for the Life Quality Assessment Project which allowed me to visit numerous homes. I feel I have enough experience and background to speak about my impression of community services for this population. On our Campus we have a behavior management program, these are clients with intense needs.In my opinion most of the homes that are level 4 homes are not equipped to meet their needs in a true behavioral sense. The staff are caretakers at best and English is not a language that they are very comfortable with so communication is very difficult. The administrators seem to know what the expectation is but the on line staff do not have the tools or training to do what is in the best interest of the clients. The do not have a staff available to assist when a client is in crisis or more importantly to intervene so they don't go into crisis and many many times they literally feed the behaviors by getting them something from McDonalds or bribe them in other ways. They seem to have good hearts but do not understand what is truly involved in supporting/shaping and replacing behaviors in people with disabilities. Soooo all that said I feel you know where I am going. I want to recommend that homes that accept clients who are placed from a DC must really be trained and monitored. There must be a different set of expectations/standards than what is currently out there. I'm sure you have heard this before with the other closures but it really must happen. Thanks for listening. Julie Snyder

From: Dr. Betty Sherrard [redacted]
Sent: Thursday, March 04, 2010 2:04 AM
To: Coppage, Cindy@DDS
Subject: Lanterman Developmental Center

Cindy Coppage:

I just received an e-mail from a dear friend with a deep concern for her brother, [redacted] has been a patient of Lanterman Developmental Center since 1946 due to being severely autistic. He will run and run until he hurts himself, even at the age of 81. He is not able to be placed in a group home. [redacted]'s caregivers have been there for years, and understand him, and his sister cannot praise them enough for the loving care they have given him. As his day charge nurse said, "We are a home, and this isn't a job, this is our family."

Further, there are many patients at Lanterman who require around-the-clock nursing care by professionals who are familiar with them. Continuity of Care is basic there. As an RN, I can emphatically say that many of these patients would die if they were placed in nursing homes or other facilities "in the community." If Lanterman closes, like other facilities, people will die. How many? Who knows?

Many parents of the patients are unable to sleep at night, since learning of the possible DDS "recommendation for closure" due to be presented in Sacramento in April. Yes, the state of California is going broke, and yes, the land on which Lanterman sits is being hungrily eyed by the developers and local politicians, who are already planning yet another shopping mall and multiplex movie theater for the site. But, to displace hundreds of extremely fragile, helpless patients in order to make way for more Best Buys, Toys "R" Us, and more concrete and congestion is not the way to go!!!!!!!!

Most, if not all, of the family members, as well as the employees of Lanterman, always heard that the land was "deeded in perpetuity" for the disable citizens of the state, and that if the land ever were sold, then the monies must be used for the patients HOWEVER—the sale of Lanterman would pay off State Bonds, NOT place the patients in appropriate facilities which are becoming few and far between in California.

I am told that it ended up costing the State of California over $90 million dollars to close up Agnews State Hospital, a similar facility to Lanterman, back in the 1990's. I believe it would cost much more in today's market. It may not even make sense, from a fiscal point of view, to try to close Lanterman.

Please, reconsider this drastic move. Why punish the helpless for the wasteful spending by the California governing bodies. Please keep Lanterman open. There are very few places left for these people to go and as before when closure happened these individuals ended up on the streets or in our prison system which is already stretched to the max. There has got to be a better way.

Thank you for your time. I pray you will read and think about this drastic measure. The patients and employees of Lanterman are depending on you to do the right thing.

Sincerely,

Dr Betty L Sherrard

3/4/10

My son [redacted] was moved to Lanterman from a group home because of deteriorating behavior. This was caused by the restrictive environment, lack of activities and professional care. He had to wear a helmet until he came to Lanterman. There he improved greatly. Without sufficient space, activities, trained staff such as in Lanterman and charted psychiatric observation for proper medication control, his ability to live in the community would be un-tenable.

Thank You

Chris Stendahl

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Dear Ms. Coppage;

I am the stepfather of [redacted] a longtime patient at Lanterman Developmental Center. I have many times with his mother visited my stepson there and taken him out for picnics on Lanterman's spacious grounds, as well as for day trips and challenging climbs in the San Gabriel Mountains. Although he is mentally handicapped, at the same time he is lively and charming and enjoys life to the fullest. He is an energetic companion, full of curiosity and a love of life. He is a member of the human race and is loved by his family and friends.

I was for many years a professor at UCLA and other universities, and I often spoke about [redacted] to my students to try to teach them that we cannot think of ourselves as members of a civilized and cultured society unless we are prepared to cherish those, like my stepson, who are least among us. We must try to guide ourselves by the actions of Him Who healed the leper and the blind man—and might well have healed such beings as my poor unfortunate stepson.

I am prompted to write this letter because I am filled with foreboding and alarm by news that Lanterman may be closed and [redacted] and its other occupants transferred to what his mother and I believe are altogether unsuitable—and very likely harmful to his well-being—habitations in our violent urban society. We are skeptical of [redacted]s ability to survive in some citified establishment operated by a proprietor interested only in turning a profit.

We have not heard a single humanely conceived argument for closing Lanterman. In the meetings I attended recently at Lanterman I did not hear a single plausible, cogent, and humane reason for closing this useful, pleasant, and valuable institution where love and caring prevail.

Sincerely,

Robert H. Hethmon

Robert H. Hethmon, Ph.D.
Professor Emeritus
UCLA

From: Boris Mamlyuk [redacted]
Sent: Saturday, March 06, 2010 1:38 AM
To: Coppage, Cindy@DDS
Cc: [redacted]
Subject: LDC Closure: Public Comment

Cindy Coppage
State of California
Department of Developmental Services
(916) 654-1963 (tel)

Dear Cindy Coppage:

Please accept the attached article as public comment on the issue of the closure of the Lanterman Developmental Center:

> http://www.huffingtonpost.com/boris-mamlyuk/cas-fiscal-crisis-and-mor_b_488433.html

I was unable to meet the short deadline of March 5th due to the fact that I was conducting interviews with the staff, but I trust that my comments will be included.

Please feel free to let me know if I can provide any further information or assistance.

Sincerely,

Boris Mamlyuk, Esq.
California Bar No. 238084
Law Offices of Boris N. Mamlyuk
PO Box 389
Fullerton, CA 92836
[redacted]
949-303-9058 (tel.)

CC: [redacted]

http://www.huffingtonpost.com/boris-mamlyuk/cas-fiscal-crisis-and-mor_b_488433.html

Boris Mamlyuk

Boris Mamlyuk is an attorney, international law scholar and founder of California Solar Power, a green energy advocacy group.

Posted: March 6, 2010 12:32 AM

CA's Fiscal Crisis and More Hospital Closures: a Human Rights Issue?

This is a sad story about the imminent closing of the Lanterman Developmental Center brought about by California's fiscal crisis. Lanterman Developmental Center, located in Pomona, CA houses and provides employment and career opportunities to nearly four hundred Californians with acute developmental conditions like cerebral palsy, epilepsy, and autism.

Before: Keeping Sick People Away:

More than eighty years ago, the Pacific Colony was opened in Pomona, east of LA to house "feebleminded" inmates, or what citizens with autism, Down Syndrome and other developmental conditions were called in 1927. At the time, Pomona was an agricultural town between the San Gabriel Valley and the Inland Empire, nestled away from the growing Los Angeles. It was where the Martians chose to land in the 1953 War of the Worlds, far enough yet close enough from the big city of LA to house what was then known as California's "insane asylum." This was the time when the popular imagination was still raw with Jack London's Lepers of Molokai (1908) and believed that the best way to deal with developmental disabilities was the shun them away, far from sight. To quite literally, "colonize" them, compartmentalize the challenged and weak, and to stick them away .... in Pomona.

Over the years, America and progressive California grew up. We realized that colonies, like Indian reservations and internment camps, were bad ideas not simply because they were fiscally problematic or immoral, but because they struck an even deeper discontent. Perhaps like genocide, or ethnic cleansing, locking large numbers of people away in "special camps" was wrong because, well, it *felt* wrong.

What ultimately helped us understand these injustices was finally having colonies, camps, and reservations in plain view. Japanese internment occurred before our eyes on the racetrack and stables of the Los Angeles County Fairgrounds, among a dozen other "civilian assembly facilities." Urban sprawl forced the greater LA to swallow the Pacific Colony, leaving it like an urban island. And today, big LA is finally reaching the borders of Native American reservations like Morongo in Cabazon and Pechanga in Temecula, bringing economic development with sprawl. Obsessed with image, but incredibly diverse and sensitive to perceived wrongdoing, LA evolved over the years. Local, statewide and nationwide initiatives were born to remedy these problems.

California's Golden Age: The Growth of Lanterman Developmental Center:

After WWII, the Pacific Colony was renamed to Pacific State Hospital. The name change in 1953 marked a statewide shift in understanding that had begun in the 1930's. No longer were residents of Pacific considered "inmates" but "patients" who were sick and needing treatment to be made well. The new use of the socio-psychological term, and increased emphasis on social workers, psychologists, and in-service training for staff provided some of the practical evidence of this shift. The era also marked the start of a movement toward helping people with developmental disabilities prepare for living in the broader community.

In 1969, the Lanterman Mental Retardation Services Act (AB 225) extended the state's existing regional center network of services for the developmentally disabled, while mandating provision of services and supports that meet both the needs and the choices of each individual. This effort was led by California Assemblymember Frank D. Lanterman, a brilliant Republican state senator from Pasadena. Lanterman's insight was to prevent the growth of more state-run "hospitals" for persons with developmental disabilities, and to create a new model for services in California: "a model based on inclusion, that empowered families and persons with disabilities to make meaningful choices about their own lives." The bill was signed into law by then-Gov. Ronald Reagan, no tax-and-spend liberal. The Lanterman Act was not a partisan concern, but a basic issue of civil rights, inclusion and dignity. Accordingly, the role of the state and the role of families was meant to be complimentary, with the state providing facilities and funding for health care, and families collaborating to provide an economic, spiritual and material basis for communion with the residents. Lanterman also initiated the network of community resources known as the Regional Centers, which would provide material and health care resources to enable people with developmental disabilities to live a more independent and normal life in their own homes.

A second act, introduced in 1973 and passed in 1977, gave people with developmental disabilities the right to these services and supports. Among other things, it guaranteed:

- Dignity, privacy and humane care;
- Treatment, services and supports in natural community settings, to the greatest extent possible;
- Participation in an appropriate program of publicly supported education regardless of the degree of disability;
- Prompt medical care and treatment;
- Freedom of religion and conscience, and freedom to practice religion;
- Social interaction and participation in community activities

Today, the Frank D. Lanterman Developmental Center (or as some employees call it, LDC or Lanterman) consists of 21 residences, 1 acute hospital unit, a variety of training and work sites, a Vocational Training Center. LDC also offers recreation facilities, including a swimming pool, playgrounds, a camp, carousel, equestrian center, track, and a ballpark. Other entities housed on campus include a Research and Staff Training Building, the UCLA Student Immersion Research Program, a Child Day Care Center for community and staff members' children, a Credit Union, and the California Conservation Corps.

Driving into LDC campus from the north is truly a magnificent experience. The tree-lined State St. running through the middle of Lanterman, with its seventy-year old mature pecan trees, evokes feelings of peace, security, and comfort. Residents live and work in an environment that is safe, with access to first rate medical facilities for accidents that inevitably happen. In my last trip to LDC, I heard the story of an unnamed client (who has no living family) who had collapsed

against a wall after an epileptic seizure and had to undergo extensive treatment. He was quickly rushed to the acute hospital on the premises and treated by nurses and doctors skilled in the unique needs of developmental clients.

The Closing of LDC: Tragedy & Human Rights

LDC has withstood WWII, and all of California's recurring earthquakes, and its recurring budgetary ebbs and flows. Part of the strength of LDC was its partnership with non-profit organizations for program and funding support, extensive outreach to the community, and strong protection by local and statewide leaders who understood the importance of a place like LDC for the broader community and the state. Nonetheless, in December 29, 2009, employees of LDC (already hard-hit by mandatory furloughs, salary cuts and spending freezes) were notified that LDC would be shutting down permanently. In mid-February, the California Department of Developmental Services announced that it was recommending the closure of Lanterman Developmental Center to the Legislature, leaving a small window of opportunity (until March 5, 2010) for public comment.

The driving force for the closure is, of course, California's fiscal crisis. But there are other more insidious plans at work too. LDC it turns out, now sits on 304 acres of extremely valuable real estate, situated between the upscale residential communities of Walnut and Diamond Bar. As Raymond Fong, the director of redevelopment for the City of Pomona has said bluntly, "It's a very important portion of real estate." Developers, it seems, have already started an intense PR and lobbying campaign to decide the fate of the property, before the Legislature has even voted on the closure!

As the closure debate intensifies, the rhetoric of commercialization and blatant disregard for the rights of the current residents is astonishing. Senate Bill 1196, introduced on February 18, 2010 by Negrete McLeod, is currently being debated to close LDC and Fairview Developmental Facility (in Costa Mesa, CA) by December 31, 2010. As of March 4, the Senate Bill has been referred to the Senate Committee on Rules. The wording (not to mention the "fast-track" nature) of the bill is especially troubling:

This bill would state the intent of the Legislature to enact legislation that would require the State Department of Developmental Services, by December 31, 2010, to close the Fairview Developmental Center, the Lanterman Developmental Center, or both, and to move *consumers* currently housed in the closed facility or facilities either into the remaining facility or into community placements appropriate for serving their needs. The bill would further provide that the legislation would require that plans be made for the *property* to benefit community-based services for persons with developmental disabilities as well as the state General Fund.

The choice of the word "consumers" to describe Lanterman and Fairview residents sheds light on how McLeod and others view "persons with developmental disabilities." After all, the word 'consumer' evokes images of takers, users, beneficiaries, or less-euphemistically, of social parasites. A consumer is the antonym of 'producer,' or one who contributes to society. As the official History of Lanterman Developmental Center, makes clear terminology is critically important in the context of developmental disabilities:

People with developmental disabilities are now perceived as individuals with special needs rather than "patients," and referred to as "*clients*". By dropping "State Hospital" during the nineteen-

eighties, Developmental Centers throughout California adopted this philosophy and promoted the fact that all clients receive progressive habilitation training.

As the U.S. Supreme Court warned in Cleburne v. Cleburne Living Center, Inc., 473 US 432 (1985), lawmakers are often prone to addressing the difficulties of developmentally disabled individuals "in a manner that belies a continuing antipathy or prejudice and a corresponding need for more intrusive oversight by the judiciary." Social stigma against the developmentally disabled is particularly prevalent still. New employees at LDC and regional centers go through rigorous training to break stereotypes about developmental disabilities, and to make sure that residents are referred to as 'clients'--individuals who are served by the state--versus 'patients,' sick folks that need to be healed. In fact, they face disciplinary action if they mistreat or miscategorize residents as 'patients' or disparage their abilities. This reflects the reality that developmental disabilities are often life-long conditions, and individuals who have these conditions are not "sick" or "incurable" but rather go through life with certain limitations. The term 'consumer' is used by the DDS to refer to the broader California community of adults with developmental disabilities, but by custom, it has never been applied for residents of LDC.

Yet the bonanza to cash in on the LDC property has turned LDC residents into 'consumers.' Aside from being deeply offensive, the commodification of LDC residents bespeaks a greater injustice--and that is, the deprivation of their *rights as stakeholders and citizens in their society.* LDC is their home. Though many residents are wards of the state, all LDC residents maintain their individuals moral and legal rights to certain fundamental human rights. One of these rights is their fundamental 'stakeholder right' as citizens and residents of California. In other words, LDC residents *own* a part of LDC along with the rest of the citizens of California. This distinction is important. LDC residents are people who have made Residence 17 or Residence 2 their *home* for much of their lives. Like millions of families across America, LDC residents go to work in their community shops, enjoy fellowship with families and friends, and at the end of the day go back to their adobe homes. This is their community. On the weekends, they garden, attend church and take field trips with staff. LDC residents are not there for treatment or to "take" from the state. They live at LDC and many die at LDC. They are adults who are assisted in basic health care, food and personal hygiene by some of the most dedicated and skilled nurses in the country who give more and more each week to the LDC family to receive a pittance of what they could make on the private market. But the point of LDC was never about money, consumerism or property.

LDC was about providing a safe place for California's weakest individuals, those who literally had no place else to go. And Americans of all religious faiths and across all political parties--even the most strident conservatives--have always recognized that the state *does have a duty to provide care* for these individuals. In 1981, for instance, President Reagan signed into law the Medicaid Home and Community-Based Services Waiver program, section 1915(c) of the Social Security Act. The legislation provided a vehicle for California to offer services not otherwise available through the Medi-Cal program to serve people (including the developmentally disabled) in their own homes and communities. This is expensive care, as evidenced by the debates in Congress right now over federal health care overhaul, but for the neediest amongst us, it is indispensable life-or-death care.

For over eight decades, places like LDC have offered developmentally disabled individuals a chance to live meaningful, safe and productive lives; LDC reflects our deepest commitments to equity, fairness and the belief that all individuals are entitled to certain fundamental rights and protections. However, too often places like LDC are seen as 'expensive pleasures,' public charities, or worse, 'entitlement programs.' But, LDC is no public charity. Even in years of plenty,

rich states like California partnered with private foundations and other community organizations to offset the costs of care. These sources of funding are increasingly scarce. Yet how we treat our weakest in these poor economic times is the truest test of the strength of our values. The Social Security Act was passed in the misery of the Great Depression to help the elderly live their lives with dignity.

May LDC survive the Great Recession to allow its residents to live their lives with dignity as well.

Please contact your California representatives and urge them to vote against Senate Bill 1196.

COMMUNITY DEVELOPMENT BRANCH
MAR - 1 2010

CALIFORNIA
STATE
UNIVERSITY,
FRESNO

February 23, 2010

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Re: Written input for public hearing to be held on February 24, 2010 at Lanterman Developmental Center, Pomona, California

On behalf of the residents of Lanterman Developmental Center (LDC) and their families, I am writing to oppose the closure of LDC.

There are many practical, economic, and philosophical good reasons to oppose the closure of LDC. However, I am going to choose to simply tell the story of my own family. The fact is all that we have, as families of people with developmental disabilities, is our stories, and those stories must be told.

I am a speech-language pathologist, a lecturer at California State University, Fresno, and a doctoral student at University of California, Santa Barbara, seeking a Ph.D. in Special Education, Disabilities, and Risk Studies. I would be none of those things, however, if I were not first and foremost the mother of a son with severe developmental disabilities [redacted] was first diagnosed with autism at the age of 3 ½ and in late adolescence developed symptoms of obsessive-compulsive disorder, a possible tic disorder, and possible schizophrenia. He is therefore currently dual diagnosed with developmental and mental disabilities.

One of the most distressing symptoms of his later illnesses was the development of a severe self-injurious behavior. At the age of 19, [redacted] began attacking his right eye, poking at it repeatedly. The community group home operator who had taken care of him since he was 12 could no longer do so. What followed was a

Department of
Communicative Disorders
and Deaf Studies

5310 North Campus Drive M/S PH80
Fresno, CA 93740-8019

559.278.2423
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TDD 559.278.2856

tortuous journey through the developmental services *and* mental health services systems. He was placed in two community group homes meant to "defleet" clients away from developmental centers, and both of those placements were complete disasters to his health and well-being. He succeeded in blinding himself in the right eye and was beginning to attack his left.

Finally, after all of the community resources had been exhausted, I was told that there was nothing left to do but to "institutionalize" him. As I had always been told that this was the worst thing that could happen to a person with developmental disability, I was devastated. Imagine my surprise to discover that, at Porterville Developmental Center, [redacted] received all the medical and emotional help that he needed to stabilize his behaviors. He still to this day pokes at his dead right eye, but he leaves the good eye alone, is no longer aggressive toward others, and seems to have achieved a measure of contentment that he was not able to achieve anywhere "in the community," including our own loving home.

It is my firm belief that had I known to advocate for [redacted]'s placement at the developmental center sooner, we would have been able to save his right eye. It is my equally firm belief that he still has a good eye because he resides at Porterville DC.

I know this is not a "politically correct" thing to believe, but I am telling you that the developmental centers are a treasure. They represent a necessary level of service delivery that sustains the most profoundly involved and medically fragile people in the state of California, and they are populated by well-trained, dedicated professional people. Most importantly, they represent a safety net for individuals who may be rejected by operators of community facilities who have but to give a 30-day notice to terminate their services.

Do not let anyone, no matter how well- meaning they may be, tell you that all people with developmental disabilities can be sustained "in the community." That is simply not true.

Sincerely,

Christine A. Maul

Christine A. Maul, M.A., CCC-SLP, A.B.D.

February 22, 2010

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, Ca. 95814

Re: Written input for Public Hearing to be held on February 24, 2010 at Lanterman Developmental Center, Pomona, California

The proposal to close Lanterman Developmental Center (LDC) is causing heart wrenching, painful and excruciating stressful fear in the hearts of our family members and friends for the well being of our beloved son, [redacted] is a resident of LDC. He requires 24/7 care to maintain a reasonable quality of life. He is alive today because of the professional care, activity, and recreation he receives at LDC. We believe it is the very best placement for him and he lives very close to our home.

The proposal to close LDC is especially disturbing for many reasons.

- Closing a premier facility, LDC, with Federal funding reimbursement, will significantly reduce the array of services and supports available in California to people with severe and profound disabilities and will reduce our commitment to the Olmstead Decision.
- Closing this outstanding 24/7 facility will further burden the system that is already depleted of funding and unable to provide necessary services and supports through the Regional Centers to people with disabilities.
- The supports and services for the residents of LDC can not be provided at less cost in the community.
- The cost for infrastructure maintenance, $1-$3 million per Patricia Flannery on February 20, 2010 meeting, at LDC is nominal compared to the cost to close a facility. Agnews has not been fully evaluated and the cost has exceeded $90 million. Dual funding, the LDC budget and closure costs, over the coming years is not practical in this economic climate.
- The LDC campus is large and would allow for a better mixed use plan if affordable state-owned/state operated housing was constructed. The Harbor Village model is good. It operates at a profit that is on going and long term income to the state would be more sensible than a one time windfall if the property was sold.
- The university affiliations at LDC are very beneficial to the surrounding community. LDC supports community college and university programs and offers training opportunities for career building employment.
- I have several questions regarding funding for the development of homes outside the LDC campus:
  a. How much funding has been allotted for start-up funding?
  b. How much is going to be allotted to each house?
  c. How is the funding used?

d. How long will the start-up funding last after there is a full house (all clients moved in)
e. How much funding is DDS allotting per head per home? If the DC money will follow the person- where will the money come from to cover the fixed costs at LDC as people are moved out?
f. Are transportation costs considered in the "movers" funding?
g. Are transportation costs included in the start up funding?
h. Will there be co-pays for meds and dental services?
i. Will LDC clinical services be available to people who are moved?
j. Will professional and licensed LDC employees staff the homes?
k. Will DDS maintain data regarding mortality and health failures prior to closing LDC?
l. Will there be additional funding for day programs and recreation?

Closing LDC is not even a short term, ill conceived, pie in the sky solution for the budget problems in California. It will merely shift costs from one place to another, add costs for the care of profound and severely disabled people and cause more unemployment. The businesses and economy of the surrounding community will be greatly impacted in a very negative way. I oppose the closure proposal.

Sunny Maden

[redacted]

February 24, 2010

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

RE: Proposal to Close Lanterman Developmental Center

Dear Ms. Coppage:

Our son [redacted] has been a resident of Lanterman Developmental Center since October, 1985, after a near-drowning accident before his second birthday. He is a profoundly disabled quadriplegic with a tracheostomy and gastrostomy tube and needs constant medical attention. We have been grateful for the excellent care he has received from resident doctors, dentists, nurses, respiratory therapists, nutritionists, occupational therapists, special education teachers, and psychiatric technicians. [redacted] has never suffered from bedsores or any other symptoms of neglect, and we are able to visit him 24 hours a day and bring him home once a week for visits. If [redacted] gets sick, he can immediately be transferred to the intensive care unit for specialized care.

It is our opinion that [redacted] would not receive this level of care at a private facility in the community. What we fear is what happened to a client in [redacted]'s unit in October, 1991. He had come to Lanterman after a series of tragic circumstances that left him in a condition similar to [redacted]'s. He received excellent care at Lanterman for about four years until a lawyer decided first to sue the County of Los Angeles for $5.4 million and then have the courts place this client in a newly formed private community facility in Ventura. The Los Angeles Times lauded the lawyer as someone who "changed the system" (October 24, 1991), but what it failed to note was that the client died eleven days after his transfer to the community facility and that his death was due to the incompetence of the facility's staff in dealing with fragile developmentally disabled clients with acute medical needs. The staff made frantic calls to Lanterman on the last day of the client's life, but by then his situation had deteriorated to the point where there was little that

could be done. If this client had remained at Lanterman, we think he would still be alive today.

Similar stories of the failure of community facilities to be able to care for medically fragile clients have been documented over the years (see the series by John Hurst in the Los Angeles Times, January 8-10, 1989, and the article by Dan Morain, December 5, 1997, also in the Times). Lanterman has to go through at least two reviews a year, to assess its quality of care, but the State of California does not have the resources to monitor community facilities this carefully.

We feel that Lanterman Developmental Center should remain open to care for clients with acute medical needs like our son.

Sincerely,

Lynn Allan Losie and Patricia Losie

[Also delivered orally at the public hearing at Lanterman Developmental Center, February 24, 2010.]

From: Theresa Lembesis [redacted]
Sent: Monday, March 01, 2010 1:50 AM
To: Coppage, Cindy@DDS
Subject: KEEP LATTERMAN OPEN

Cindy,
Please keep the Latterman facility in Pomona open. This facility has done a great service to the physically and mentally handicaped folks who would not make in the community. The staff is so compassionate to these people and has provided them with the means to learn, enjoy the things the community has to offer, and provide them with medcal care. If these patients are placed in a community home, they will not receive the proper stimulation and personal care that they receive at Latterman.

Please keep the facility open for the benefit of these patients and their families.

Thankyou
Theresa Lembesis

From: [redacted] [redacted]
Sent: Monday, March 01, 2010 3:26 AM
To: Coppage, Cindy@DDS
Subject: KEEP LATTERMAN OPEN

Cindy,
I am writing to you to ask you to keep the Latterman facility in Pomona open. This facility provides excellent care to patients who cannot make it in the community on their own due to physical and mental problems. These patients are given excellent care at Latterman. they are stimulated everyday with teaching, reading, and music and would not have this constant stimulation in a community home. They are also treated with the utmost respect, diginity, and medical aservices are onsite. This is a great benefit to these patients. If these patients are sent to group homes, the will not get the medical care that they need.

Please think of these patients and their families and provide an appropriate place for them by keeping Latterman open.

Thank-you,
John Lembesis

March 2, 2010

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814
cindy.coppage@dds.ca.gov

Re: Proposal to close Lanterman Developmental Center

Dear DDS Executive Staff:

I am writing to appeal to you to reconsider your proposal to close Lanterman State Hospital based on the fact that Lanterman is the *least restrictive environment* for many of its patients and for my brother, in particular.

My brother, [redacted] now 50 years of age, lives at Lanterman, which has been his home for 32 years. [redacted] is severely brain damaged, a result of encephalitis during his first year of life. He suffers from extreme hyperactivity and compulsive behaviors, which have failed to respond on any sustained basis to the various medications tried over the years. For example, a couple of years ago, [redacted] had become obsessed with closing dumpster lids. When our mother and I were visiting him, he jumped out of our moving car to run and shut one. He has also tended to fixate on and pull off loose threads from anything and anyone he sees and, at times, even the hairs from others' ears – behaviors which of course alarm and scare those who don't know him. While [redacted] is not an aggressive person, his lack of impulse control and extreme hyperactivity require that he has constant 24/7 supervision by skilled caregivers for his own safety and that of others. Community placement is simply not appropriate for [redacted] and would put him in danger of severe injury or death.

To further complicate his case, he also has had occasional grand mal epileptic seizures making on-site emergency medical attention a necessity at all times. It is inconceivable that a community home could provide the level of care that [redacted] needs.

[redacted]'s parents (and my own) – Marta Hethmon and Axel Leijonhufvud – are co-conservators for [redacted], are deeply involved in decisions related to his care, and visit him frequently at Lanterman. Our mother Marta has done all humanly possible to give [redacted] the best life he could possibly have given his circumstances. I can still remember from my childhood the disciplined lesson plan that our mother, having put her own career aside, went through with [redacted] everyday to teach him basic reading and speaking skills – skills that many medical professionals had indicated would be out of his reach. [redacted] is still unable to communicate in complete sentences and often repeats single words, letters, or phrases - his mental age is regarded as equivalent to a toddler's. However, without my mother's perseverance, he may have been unable to communicate at all.

My parents left every stone unturned to find the best and most appropriate home and care for [redacted], which turned out to be Lanterman. Along the way, several other alternatives were tried, including a short stint on a part-time basis in a community facility. Each of these alternatives failed because the level of care was insufficient to meet [redacted]'s needs and ensure his safety.

Lanterman is [redacted]'s home – the only home he has known his entire adult life. Many of the staff have become part of [redacted]s family. The facilities and range of activities at Lanterman – while requiring some upgrade - significantly contribute to [redacted]'s quality of life and would be impossible to match in a community setting. [redacted] would enjoy significantly less freedoms and opportunities in a setting that lacks the skill-level and constancy of supervision that Lanterman provide.

For the sake of my brother and other Lanterman residents, I strongly oppose the proposed closure of Lanterman Developmental Center.

Sincerely,

Christina Leijonhufvud
Sister to [redacted] Lanterman Development Center resident, Unit [redacted]

February 27, 2010 .

Department of Developmental Services
Developmental Services Division
Attention: Cindy Coppage
1600 9th Street, room 340, MS-3-17
Sacramento, CA 95814

Re: Closing of Lanterman Developmental Center

Forty years ago the State of California provided the best care and the best facilities for the mentally ill and the developmentally disabled of any state in the union and, probably, of any country in the world. The Lanterman-Petris-Short Act (1971), the Lanterman Developmental Disabilities Act (1977) and the California Supreme Court 1985) interpretation of the Lanterman Act further expanded the entitlements and protections accorded the developmentally disabled in the state. California could be proud of its system at that time.

New medications have made it possible significantly to reduce the population of the mental hospital and developmental centers since the 'seventies. But groups of liberal ideologues who wanted to "liberate" patients from large institutions combined with conservative interests striving to reduce state spending on "welfare programs" to drive this process too far. Meanwhile, term limits deprived the Legislature of members with the knowledge, the experience and the seniority of a Frank Lanterman who could have protected the state institutions. The impending closure of the Center named after him is a sad symbol of the ongoing dismantling of the system.

Unquestionably, the new drugs have helped many people to escape the life in large mental institutions. But for many others of its mentally disabled citizens the California system has seriously deteriorated since the 'seventies. The population of mentally ill persons living on the Skid Rows of the state in squalid, often dangerous, conditions and without adequate care has expanded enormously. Now the residual population of the Developmental Centers is threatened, some with placement in community facilities inappropriate to their conditions, others with transfer to facilities very far from family members.

My son, [redacted], is a case in point. Now 50 years old, he has been at Lanterman for the last 32 years. He is brain damaged having suffered encephalitis in early childhood. His mental capabilities are in several respects those of a toddler. His attention span is extremely short and he lacks impulse control. Periodically this lack of impulse control becomes extreme and becomes a danger both to himself and to others (although he is never aggressive). It is not reliably controlled by medications although a great many have been tried over the years. Consequently, [redacted] cannot possibly be managed in a community placement situation. He would have to be very heavily sedated or in physical restraints more or less all the time. Lanterman is *the least restrictive* environment for [redacted] and for others like him.

His case is further complicated by his occasional grand mal epileptic seizures. These require him to be under more or less constant supervision and in a situation where competent medical care is always available. It would not be available under community placement.

I have frequent occasion to recall the case of a relative in Sweden. This also involved a man in his early 'fifties who, although well adjusted in an institution which he liked, was transferred to a small community facility. One night he had gone to the bathroom, had suffered a seizure of some kind; had fallen and hit his head on the bathtub. No one checked on him until morning when he was found, having bled to death. This form of neglect could not happen at Lanterman.

It is simply *not true* that the community homes can provide all the services that have been available to the patients at Lanterman. Community placement simply does not meet the needs of patients like [redacted]

For reasons that I and other family members have stated community placement is inappropriate for [redacted] Lanterman is the least restrictive environment possible for someone in his condition. In community placement he would be neglected and maltreated. As his father and conservator I will object to community placement for him.

Sincerely yours,

Axel Leijonhufvud,
Father and Conservator

From: Matthew Healy [redacted]
Sent: Thursday, March 04, 2010 9:25 PM
To: Coppage, Cindy@DDS
Cc: [redacted]
Subject: Lanterman Closure

To: Ms Coppage,

We are writing on behalf of a dear friend, [redacted] He is a resident of Lanterman, it is his home. This is his place of refuge. Lanterman, for [redacted] is a place where he is safe and cared for, it is a place for those so severely disabled that they cannot care for themselves. Closing Lanterman is a statement about what we as a people care about, it is a statement about what we are willing to sacrifice and in this case what we are not willing to sacrifice. Closing of Lanterman is an exchange of money for the well being of some of our most vulnerable citizens. These Citizens are largely without a voice, citizens who cannot care for themselves.

As health care professionals we know it is not cost effective in terms of treatment for the severely disabled. We know it destroys a sense of community for those incapable a developing their own. We know the meager savings does not warrant devastating the lives of the hundreds of residents. Displacing the residents of Lanterman would end their life as they have known it, it would end trusted relationships, it would rob them of a sense security years in the making.

The cost of caring for these people will not diminish. As one who works with the homeless, one who is familiar with what happens when our social safety nets are removed, I guarantee many of these folks will not find adequate alternatives.

We strongly urge you to find a way to save Lanterman for the remaining residents so they may live with dignity, in a safe environment where they are cared for and nourished daily by those who know them and love them. This is irreplaceable.

Sincerely,

Patricia Healy, RN

St. John's Health Center

Santa Monica, CA

310.490.5243

Matthew Healy, LMFT

Adjunct Faculty, Antioch University

CLARE Foundation

Santa Monica, CA

818.986.2031

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Matthew Healy, LMFT

[redacted]

From: Graef, John [redacted]
Sent: Tuesday, March 02, 2010 11:58 AM
To: Coppage, Cindy@DDS
Cc: [redacted]; [redacted]
Subject: Opposition to Lanterman Closure
Importance: High

Good afternoon Cindy

I am the father of a developmentally challenged young adult man. He does not reside at Lanterman, but in our home. We are looking for alternative living arrangements. I very much understand the concerns of those who are opposed to the planned closure of Lanterman Developmental Center.

I totally support the views (as described in the attached Sunny Maden's letter of Feb 22, 2010) and Marta Mahoney's letter in this e-mail, opposing the closure of Lanterman.

Please give the residents of Lanterman a "new lease on life" by supporting our opposition to closing Lanterman and doing all you and DDS can to find compassionate alternatives.

I appreciate you giving us a voice.

Regards,

John Graef, Senior Vice President
Marsh
4695 MacArthur Court, Suite 700, Newport Beach, CA 92660, USA
+1 949 399 5834| Fax +1 949 833 3027| johann.graef.jr@marsh.com
www.marsh.com | Marsh Risk and Insurance Services

From: Mahoney, Marta E
Sent: Monday, March 01, 2010 9:33 AM
To: Cindy.Coppage@dds.ca.gov
Subject: Proposed Closure of Lanterman Developmental Center

I am submitting the following as testimony in the public hearing on the proposed closure of Lanterman Developmental Center.

I am a family member and conservator of a Lanterman resident. My sister, [redacted], has been a resident there since 1960 (forty years). I am well aware that the state has a budget crisis, but I am vehemently opposed to the closure of Lanterman or any of the other developmental centers. I urge the DDS and the legislature to look at other options rather than closing Lanterman altogether.

The DDS needs to face the reality that there are people who are profoundly retarded, severely autistic or otherwise mentally disabled, and who often have additional physical handicaps. The population that resides at Lanterman and the other developmental centers are people who need 24-hour supervision, have complex

medical conditions, and in most cases need a great deal of help with daily tasks of living such a bathing and feeding. They are not cuddly little babies like Sarah Palin's son; they are tragic people who are difficult to care for and take a great deal of training and patience to handle. My sister is not atypical of the people at Lanterman. She has a mental age of 5 or 6 months. She is blind. She has seizures. She has never learned to talk. If she has to go to the bathroom she will sit on the toilet, but someone has to wipe her and prompt her to pull her pants back up. She cannot dress or bathe herself. She only has 8 teeth left so must be on a special soft diet. In an attempt to preserve what teeth she has left, she is taken to the dentist every 3 months to have her teeth cleaned. She has to be sedated for this procedure since she screams and goes into a hysterical uncontrolled frenzy when she smells the disinfectant in a doctor's office.

Over the past few years she went through a period of about 18 months when she refused to get out of bed. She would not put clothes on and simply lay naked in bed all day in a fetal position. The staff would bring her meals to her room and feed her there since would not even put on clothes to go to the dining room. The psychiatrists and her team at Lanterman tried different medications and have been able to bring her out of this state back to (what is for her) normal functioning again. She gets dressed, eats in the dining room, goes to her group room during the day, and I am able to take her off the unit for a walk or to the snack bar when I visit.

I love my sister but given her complex needs, I do not feel in any way that a community home could in any way provide the scope of services that she needs and that she currently receives at Lanterman. She is safe, supervised 24/7, has doctors and dentists who are experienced in dealing with the severely retarded and readily available, and a trained staff of psych techs who treat her with dignity. If Lanterman closes, she and the other residents will have no place to go, where they can enjoy the same quality of life.

Further, I think the state needs to re-think the whole question of institutional care. When I was growing up we had orphanages and state hospitals/institutions for the retarded and the mentally ill. But we didn't have children in foster care who were abused and killed because their social workers ignored the warning signs or lost track of where they were; we didn't have an epidemic of homeless mentally ill living in cardboard boxes on the streets of every major city in the state; we didn't have retarded people being set on fire for sport by vicious teenagers. There is nothing inherently wrong with institutional care for certain segments of society.

HOWEVER: it's obvious that Lanterman, as currently configured, is not economically viable. Instead of closing Lanterman altogether, the DDS and the legislature need to look at other options. I haven't seen ANY information showing that any option other than closure has even been considered. It seems to me that the DDS is pushing their own agenda. There are a number of possibilities that could be considered:

- Sell or lease a portion of Lanterman's land to a private developer and operate Lanterman with a scaled-down footprint
- One of the justifications for closure is that Lanterman's infrastructure is aging and needs extensive renovation to bring it up to code. According to the LA Times this morning, 12.4% of the workforce in the state is unemployed (at a minimum). Many of the unemployed came from the construction industry.

Put these people to work on the infrastructure repairs, as a condition of continuing to receive unemployment benefits. That would significantly reduce the estimated cost of renovation.

- Use part of the land for other social services, such as transitional housing for the homeless. I live in Orange County, and the Orange County Rescue Mission has built a state-of-the-art transitional housing/social services complex for the homeless on the grounds of the vacated Tustin Marine Base.
- Built a regional vocational high school on a portion of the land. White-collar jobs have disappeared and the state desperately needs to train young people in trade and technical fields where the jobs will be in the future. Offer auto mechanics, plumbing and HVAC, medical technology, pre-nursing, culinary arts, etc. Lanterman could provide ROP programs for such a high school.
- We have many, many disabled veterans returning from Iraq and Afghanistan who need medical and rehabilitation services. Use a portion of Lanterman's grounds for a VA rehab hospital/center. The nearest VA hospital now is in Long Beach which is not at all convenient for people in the San Gabriel Valley.

Additional points:

- The DDS seems to be unable to provide any concrete information on what would happen to the Lanterman residents. I realize they can't know what the situation will be in a year or two years. HOWEVER, they should be able to state how many spaces are currently available at Fairview (or other developmental centers in the state); how many spaces are currently available in group homes under the supervision of the various regional centers in southern California; what number of those spaces could serve the profoundly retarded; how many people are currently waiting for a space in a group home in southern California; how many on the "waiting list" are profoundly retarded, not counting people currently in developmental centers. This is basic statistical information that the DDS should be able to pull up immediately.

- The DDS has not provided any breakdown of where the anticipated savings from closing Lanterman will come from, v. estimated additional costs (moving residents to Fairview or another center, ongoing cost of care at Fairview or a community placement, additional staffing costs at regional centers, etc.) The gross figure I have heard is $300,000 per person annually at Lanterman v. $100,000 in community care. Again: this should be basic statistical information that the DDS could pull up in a pie chart. (And if you don't have enough information to pull it up in a pie chart, no wonder the state is broke.)

- The general assumption is that if the state closes Lanterman, they will sell the land. Does the DDS have a clean environmental report on the property? This is a facility that has been in use for over 80 years and typically, these properties need environmental clean-up before a sale can go through. The buildings are old and may have lead or encapsulated asbestos which will affect a sale.

Please take this testimony under consideration. Again – I strongly oppose the closing of Lanterman and urge the DDS to work on alternative solutions.

Marta E. Mahoney, Vice President, Placement Specialist
Marsh
4695 MacArthur Court #700, Newport Beach, CA 92660
+1 949 399 5815 | Mobile +1 949 500 4882 | Fax +1 949 833 9518 | Marta.E.Mahoney@Marsh.com
www.marsh.com | Marsh Risk & Insurance Services

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****

February 24, 2010

It Sadden's me that my home and my friends home will be closed.

How would you feel if someone came to your home and informed you that You no longer live there.

Well, that has happened to me and my friends, and we feel devastated.

I worry about our future. Will we all receive the services, the love, the care that we all have been receiving, at our home the Lanterman Community.

Some of my friends have only known this home, the Lanterman Community, all of their lives. The Staff are their family and many Staff members have become my extended family too.

We are talking here about breaking up a family. A family's home. This is not what God wants for us!!!!!

I am already hearing from my friends that they are not leaving their home. I feel the same way.

At many of my IPP's, I have had Regional Project express their feelings of providing me with "opportunities" to live in a least restrictive environment. Well, in true life, who goes to another person's home and offers them "opportunities" to live somewhere else that they say is better. That is not "normal". Would you like that to happen to you?

I have known two personal friends who have left Lanterman. They were guaranteed a better quality of life. But that did not happen!! They still come here to visit, because they miss the friendship but most of all the family atmosphere that they had here. They also miss their jobs that they had here. Now they have no jobs, they have been waiting and waiting for many years for this to happen. Is this what you mean by least restrictive and better opportunities.

The word "Choice" is always talked about in our Lanterman Community.

Lanterman is my home, my peers home. It is not an "Institution " like some of you would say. It is the place that I call HOME. It is the place where my peers and I have many memories and many family members. It is the place my peers and I want to continue to live. This is our "CHOICE". So leave us alone.

John Lee,

Clients Advocator
Lanterman Developmental Center
[redacted]
3530 W. P.O. Box 100 Pomona Blvd.
Pomona, CA 91769

The New Lanterman Developmental Center
3530 West Pomona Boulevard Pomona Ca. 91769

Proposal to Downsize, Streamline, and Save
Our Existing Lanterman Developmental Center for
a bright and Prosperous Future.
Downsize the Grounds Area from
321 Acres to Approximately 70 Acres.
(See Map On Back)
The New LDC would maintain 440 licensed and approved beds
currently in place available Now for use.
Residences 1-5 ICF Buildings (192 Beds).
Nursing Home Side
Residences 52, 53, 54, 56, 58, & 59 (198 Beds).
Residence 20. (39 Beds).
Also Acute side, 11 Temporary Beds as Needed.
Totaling 440 Available Beds Open and ready for Moving clients from
Existing Residences to the New side here at LDC
with some room to Spare.

Downsizing of Staff and the Size of Property Needed to Comfortably
Maintain LDC's Highest Standards of Care to All Our residents could
be maintained more efficiently and cost effectively.
The other 250+ Acres could be used as needed without disrupting
our Client's and Parents from their homes here at the New LDC
where they are comfortable.
They would still be in close proximity to promote community
integration and close community access for Church Services.

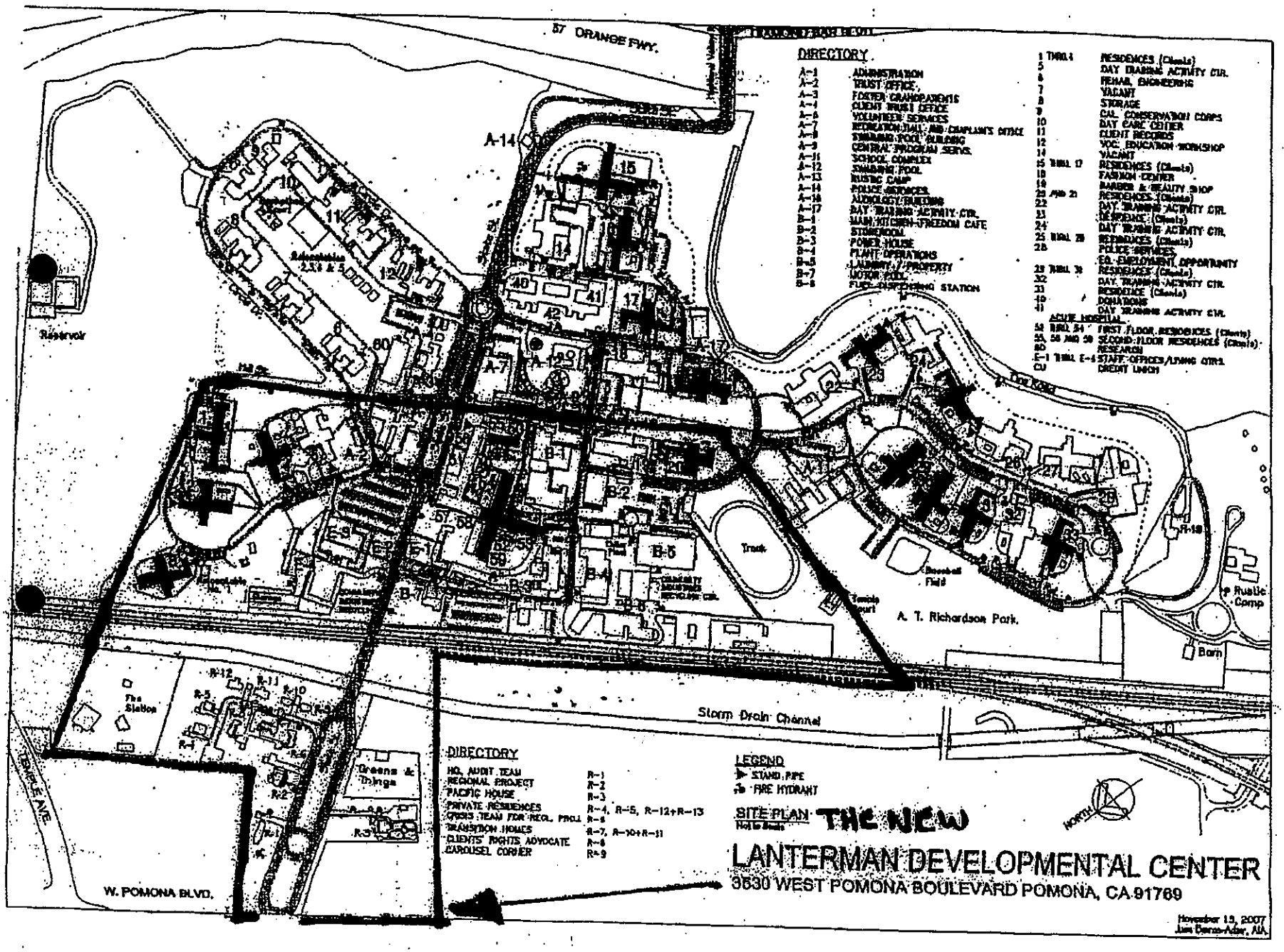
Last but not least the homes and buildings between the railroad
tracks and Pomona Blvd. Could be used as transitional housing for
Clients that wanted to move into the community in the future,
opening more beds for clients that wanted to live here.

Thank You for considering this Proposal in the Best Interest of our
Clients, the VIP's of the New Lanterman Developmental Center.
Realizing Potentials, Providing Opportunities!
This Could Be the Start of Some Wonderful New Opportunities for
Our Clients and Staff To Thrive Not Just Survive in 2010.
"2010 The Year Of Victory"

Sincerely,

Dr. Larry Larimore

Dr. Larry Larimore
Protestant Chaplain and Advocate for
The New Lanterman Developmental Center


57 ORANGE FWY.
DIRECTORY
A-1 ADMINISTRATION
A-2 TRUST OFFICE
A-3 FOSTER GRANDPARENTS
A-4 CLIENT TRUST OFFICE
A-6 VOLUNTEER SERVICES
A-7 RECREATION HALL AND CHAPLAIN'S OFFICE
A-8 SWIMMING POOL BUILDING
A-9 CENTRAL PROGRAM SERVS.
A-11 SCHOOL COMPLEX
A-12 SWIMMING POOL
A-13 RUSTIC CAMP
A-14 POLICE SERVICES
A-16 AUDIOLOGY BUILDING
A-17 DAY TRAINING ACTIVITY CTR.
B-1 MAIN KITCHEN-FREEDOM CAFE
B-2 STOREROOM
B-3 POWER HOUSE
B-4 PLANT OPERATIONS
B-5 LAUNDRY / PROPERTY
B-7 MOTOR POOL
B-8 FUEL DISPENSING STATION
1 THRU 4 RESIDENCES (Clients)
5 DAY TRAINING ACTIVITY CTR.
6 REHAB. ENGINEERING
7 VACANT
8 STORAGE
9 CAL. CONSERVATION CORPS
10 DAY CARE CENTER
11 CLIENT RECORDS
12 VOC. EDUCATION WORKSHOP
14 VACANT
15 THRU 17 RESIDENCES (Clients)
18 FASHION CENTER
19 BARBER & BEAUTY SHOP
20 AND 21 RESIDENCES (Clients)
22 DAY TRAINING ACTIVITY CTR.
23 DESPENCE (Clients)
24 DAY TRAINING ACTIVITY CTR.
25 THRU 28 RESIDENCES (Clients)
28 POLICE SERVICES
EQ. EMPLOYMENT OPPORTUNITY
29 THRU 31 RESIDENCES (Clients)
32 DAY TRAINING ACTIVITY CTR.
33 RESIDENCE (Clients)
40 DONATIONS
41 DAY TRAINING ACTIVITY CTR.
ACUTE HOSPITAL
52 THRU 54 FIRST FLOOR RESIDENCES (Clients)
55, 56 AND 58 SECOND FLOOR RESIDENCES (Clients)
60 RESEARCH
E-1 THRU E-4 STAFF OFFICES/LIVING QTRS.
CU CREDIT UNION
Reservoir
Track
Baseball Field
Temple Court
A. T. Richardson Park
Rustic Camp
Barn
Storm Drain Channel
Fire Station
Greens & Things
TEMPLE AVE.
W. POMONA BLVD.
DIRECTORY
HQ. AUDIT TEAM R-1
REGIONAL PROJECT R-2
PACIFIC HOUSE R-3
PRIVATE RESIDENCES R-4, R-5, R-12+R-13
CRISIS TEAM FOR REGL. PROJ. R-6
TRANSITION HOMES R-7, R-10+R-11
CLIENTS' RIGHTS ADVOCATE R-8
CAROUSEL CORNER R-9
LEGEND
STAND PIPE
FIRE HYDRANT
SITE PLAN
Not to Scale
THE NEW
LANTERMAN DEVELOPMENTAL CENTER
3530 WEST POMONA BOULEVARD POMONA, CA 91769
NORTH
November 13, 2007
Jim Barnes-Adair, AIA

February 24, 2010
Referencing the Proposal to Close Lanterman Development Center

In this era of Reuse, Recycle, Re-engineer, Repurpose of everything existing we should apply these same parameters to the Lanterman facility in Pomona. Rather than close the facility for a short lived anticipated influx of monies in return for discarding an institution that has evolved over more than 75 years let's evolve it one more time.

Much of what I envision for Lanterman can be found in attachment 11f of the Closure Plan for Agnews. There were many good ideas that went into the Agnews plan and we should build on our successes. I would like to see Lanterman go to the next level in integrated community living. The campus of Lanterman can be manipulated to allow for the integrated habitation by DD (Developmentally Disabled) and FF (Fully Functioning) persons.

The Lanterman campus is located in a highly urban area with great resources for partnerships in the operation of the new Lanterman community. To be successful we must combine the resources in a way that multiplies their contribution to the overall performance of the whole. We will need to merge resources from Federal, State, and local governments with corporate, union, industrial and educational providers. This truly will be the melting pot that produces a shining star of leadership in the area of least restrictive care giving.

All that being said, how can we get this done? Start with a simple plan and try to stay as true to it as you can. We all know it is easier to build roadblocks than it is to build the road and this will not be acceptable if the plan is to be fulfilled.

The first hurdle is the development of a non-profit consortium of stakeholders to operate the facility. This will require the crossing or elimination of some jurisdictional boundaries both real and imagined. The financing for the operations will come from several sources and may require some complex negotiations to make sure the stakeholders are all protected and their obligations to their stakeholders are taken into consideration. The billing for services will also be an entirely new set of rules and regulations for use and responsibilities, both physical and fiscal.

Who are all these stakeholders? To begin with are the State and Federal programs that are already involved in patient care and asset management. Adding to this would be the groups we plan to partner with for delivery of services and operations. We are blessed to have many medical training programs in our immediate area that can benefit from joining with Lanterman for hands-on training. We currently host the Mt. SAC Psychiatric Technician program students, this is one of the biggest schools in the state for this discipline. We are adjacent to Cal-Poly who could benefit their medical

delivery and management programs. We also have the Western University of Health Sciences providing training for Physicians Assistants and holistic medicine along with schools for optometry, dentistry and even veterinary sciences. These institutions could use the acute care hospital on Lanterman campus for their training and operate the hospital. The health care provided would be available to regional centers and the general public. By utilizing what we currently have in facilities we can use this to generate income to offset our expenses.

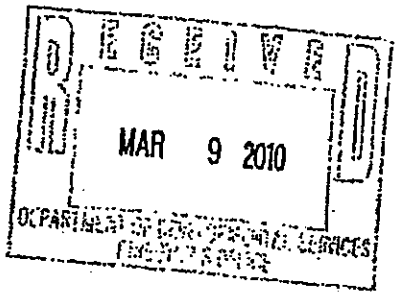
What about the physical plant, it is old and needs to be replaced! Many of the buildings on campus have been continually upgraded as the need has arisen. The cooling tower was recently replaced. Future repairs that are anticipated are the replacement of the sewer system, a repair that is long overdue, and the addition of sprinklers to all buildings that are not currently equipped. Movement of clients to a smaller geographic area will free up a large portion of the campus with the older buildings. This area could be redeveloped with dormitory style housing for use by clients and students. These buildings could be built in conjunction with local union training centers. This would include the electricians and carpenters union along with solar installers and other trades as they can be identified. Building slowly over time allows the students to have continual opportunities for hands on training. The new buildings would contain all the green (LEEDs) programs with solar hot water and electricity, sustainable building materials and techniques. In addition to the dorms would be apartment complexes. Again there will be an income stream from these buildings.

Retail development is also anticipated. It is needed to provide a means for our clients to learn how to go to the market and handle money and make choices. It will also serve those FF people living on the Lanterman campus. A grocery store, drug store, restaurant, and a small office complex would provide services to those living on campus as well as job opportunities.

I agree that as it stands Lanterman is an easy target for a short term, quick fix, but the potential to remake Lanterman into a positive cash flow entity deserves your attention.

Jeff Koontz

cc: Patricia



March 2, 2010
Department of Developmental Services
Terri Delgadillo, Director
1600 9th Street
P.O. Box 944202
Sacramento, California 94244-2020

RE: DDS Proposal to Close Lanterman Developmental Center

Dear Terri Delgadillo:

As parents, advocates and conservators of our 29 year old son who resides at Lanterman Developmental Center in Pomona, California, we strongly oppose the proposed plan and recommendation to the State legislature by the Department of Developmental Services to close the residences and facility.

Our son is severely disabled, with disabilities including cerebral palsy, and severe behavioral issues. We are concerned for his safety, care and lack of stability should this ill conceived plan go forward.

Our son has resided at Lanterman twice. First in 1991, for six months and then he re-entered Lanterman in May 2002, after exhausting many attempts at community placements including ICFDDH's, level 4-I's, etc. Most of these placements in the community were specifically developed for him. Within minutes, hours, and in two instances a few weeks, care providers notified us that they could not care for our son. Once a provider called the police to our son's residence, where police found him pinned against a wall by a table. The residence manager was pleading with the police to take him. They removed him and took him to the county mental health facility, placing him in a 72 hour hold. All of this without our knowledge, until we received a call from the doctor on duty, who calmly asked us why he was here!

Community care facilities and community day programs are not the answer for everyone who requires intense and specialized support. We found first-hand in the community care facilities that minimal training (if at all), lack of continuity/retention of staff (most likely due to low wages), profit motivation by the owners and most importantly, the ability of all community care facilities to 'cry uncle' with further care of perceived problem and/or difficult residents, made it impossible to provide him the quality and stability he needs to live his life. We always attempted to provide him care in our home throughout his life prior to and after all community placements, which is now impossible for us. Let us be clear...every community placement failed him.

Lanterman Developmental Center and the staff have been instrumental in helping our son finally become stabilized, comfortable, safe, and happy! It wasn't until he entered the State facility that his condition improved and he began to thrive without the threat of expulsion.

Although the altruistic approach to 100% community inclusion is a goal, albeit unrealistic, not every resident living in the residence that is Lanterman would achieve "least restrictive environment" in the community.

The State of California must remain an active partner and "safety net" given the necessary constraints applied to community placements. Your efforts must be directed to improve the facility and services already provided, not waste the state's taxpayer's monies on short-sighted motives. The State of California now has a golden opportunity to rework, revamp, improve, and enhance the delivery of services to this population that has been sorely underserved for decades. We agree that the existing model needs improvement; to that end we feel that the campus at Lanterman should become the prototype of what the future combination of public/private partnerships can achieve through their common goal to continually improve the living conditions and services provided to individuals with developmental disabilities/medically fragile conditions.

Do remember, the State must remain hands-on in maintaining the life and well-being of our State's most 'fragile of the fragile' members of society. This should not only be each individual's right to be cared for with dignity and to be provided with the highest level of care by fully-trained staff (which does not exist in the community placements), but it is the "human" and "right" thing to do! Anything less and our society will have morally and ethically failed to protect our most vulnerable community.

We love our son and continue to be active advocates for him and others without a voice. We are very involved in his life and we and his sister see him often. He is close enough that we are available for every doctor/dentist/etc. appointments and outing events.

We look forward to being an active participant in seeking the solutions and improvements necessary to give all residents of developmental centers and the community placements the quality of life they deserve.

Very sincerely,

M. Jay Keller

Debra C. Keller

Amy M. Keller

[redacted]

March 3, 2010
Dept of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th St., Room 340, MS 3-17
Sacramento, CA 95814

Attention Cindy Coppage regarding the closing of the Lanterman Development Ctr.

I read the article of Feb. 15, 2011 Inland Valley Daily Bulletin.

Nothing was said about the welfare of the patients & staff currently living there. It is as though this severe human need doesn't matter

These are patients completely unable to speak understandably or take care of themselves

Each person or entity interested in all the money that can be made should visit to see the great need of these patients to understand how important it is to keep Lanterman Developmental Center open

Please consider the welfare of these patients.

Sincerely yours,
Karlene K. Seeley

[redacted]

LANTERMAN
DEVELOPMENTAL CENTER
Realizing potentials, providing opportunities

3530 WEST POMONA BLVD
P.O. BOX 100
POMONA, CALIFORNIA
TELEPHONE: (909) 595-1221
TDD: (909) 595-3971
FAX: (909) 598-4352

February 2, 2010

Department of Developmental Services
Developmental Centers Division
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Dear Ms, Cindy Coppage,

In response to the Department of Developmental Services request for clients written statement the quotes noted below is from one of the individual who is able to verbalize his thoughts.

"I am sad about the possible closure"
"I will miss my home, friends and the staff that care and assist me with the activities of daily living on a daily basis."

Sincerely,

Steven Schneider
Residence [redacted] Resident
Program [redacted]

From: Tammi Reed [redacted]
Sent: Friday, March 05, 2010 9:17 AM
To: Coppage, Cindy@DDS
Subject: New ideas regarding: closure of Lanterman
To: Miss Coppage

One pertinent idea that came out of yesterday's marathon staff meeting with the people who came from Sacramento:

Keep Lanterman as a DAY TREATMENT site, where developmentally disabled clients who live in the community can come here, 9 - 5, to receive the professional services they need. These are services they will not receive if they are placed in the community! It will give an opportunity for :
CONTINUITY OF CARE
ONGOING TREATMENT FOR SEVERE MEDICAL ISSUES
SERVICES CONTINUING TO BE PROVIDED THAT WILL BE LOST IN COMMUNITY BASED PLACEMENT

There was a medical doctor at the meeting who was involved with the closure of Agnews. He informed the panel (and the hundreds of people in the auditorium) that the medical community in the Bay Area / San Jose area, where Agnews was located, is COMPLETELY DIFFERENT from the medical community here in Los Angeles.
The Department of Developmental services needs to understand that: several of the local regional centers DO NOT employ a medical doctor!! Not even as a part time consultant!! Therefore, when our clients, who are medically fragile, are placed in the community under these regional centers, they WILL NOT receive the medical care they need to maintain their health and their quality of life.
PLEASE UNDERSTAND placing clients in the community without the proper medical care is literally PUTTING THEIR VERY LIVES AT RISK!!

Please take these ideas into consideration when making this decision. We feel these clients will not survive when placed into the community here in the Los Angeles area.
It is not worth saving some money to put people's lives at risk!

Thank you,
Tammi Reed, RT
Rehabilitation therapist
Lanterman Developmental Center

Mr. Abe Ravitz
[redacted]

Department of Development Services
Development Centers Division
Attention: Cindy Coppage
1609 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

February 19, 2010

Re: Invitation for input on the "Recommendation to Close Lanterman DC"

Dear Ms Coppage:

The recently announced decision of the Department of Developmental Services to recommend to the Legislature the closure of Lanterman Development Center is a truly distressing move for the parents of clients and the clients who are currently served by the excellent, caring staff and who are kept safe in the nurturing environment provided by the Lanterman campus.

I am the father of [redacted] a 48 year-old severely autistic/epileptic who has been at Lanterman for more than thirty years and whose life needs constant over-sight and supervision; in the past his response to even the slightest change has been traumatic. Many of his peers face these same ongoing, permanent lifetime afflictions, physical as well as psychological. The superior professionals currently caring for [redacted] and other sons and daughters similarly wounded have fully gained our confidence and trust. Fears for safety on this peaceful campus have long since vanished; uncertainty over care and appropriate ministration of medications has also disappeared. Only a campus site such as Lanterman's--along with the excellent, trained professional staff--can offer stable and secure care for our unfortunate, developmentally disabled adult-children.

I am sure, therefore, that you understand why the announcement of the possible closing of LDS has precipitated fear in me and in other parents. I hope and pray for a re-evaluation and re-consideration of your decision.

Unable to attend the scheduled February 24th meeting (I am, after all, 82!), I am grateful for this opportunity to offer input. Thank you.

Sincerely,

Abe C. Ravitz

Abe C. Ravitz

February 24, 2010

Dear Ms. Cindy Coppage,

As a mother of a profoundly developmentally disabled daughter I am very concerned & saddened about the decision the Department of Developmental Services has made to the Legislature about the closure of Lanterman Developmental Center (Lanterman

My daughter [redacted] has resided in Lanterman 43 years she is 51 years old now, this has been her home all these years where she is very happy, she has the best of care with licensed and awake personnel 24 hours per day. Moving my daughter away from her environment will be a disaster, she would be so unhappy, my daughter lives here in a less restrictive environment with freedom, safety, excellent care and a good quality of life.

Lanterman provides immediate medical care, continuity, speech therapy, security, safety, church services, trips, Special Olympics, different activities and choices.

My daughter has Cerebral Palsy, Epilepsy, cronic constipation, incontinence, takes medication daily and sees many specialists here at Lanterman; Neurologist, Psychologist, Psychiatrist, dentist every month due to severe gingivitis & periodontis, etc.

The Community is not ready nor prepared to offer the same care & quality of life as Lanterman does.

For the sake of our helpless children don't close Lanterman please

Respectfully, - Carmen Raymond - Board member Central Parents Association Council Lanterman Developmental

February 20, 2010

Dear Terri Delgadillo,

As a mother of a profoundly developmentally disabled daughter I am very concerned and saddened about the decision the Department of Developmental Services (Department) has made to recommend to the Legislature the closure of Lanterman Developmental Centre (Lanterman).

My daughter [redacted] has lived in Lanterman 43 yrs. She is now 51 years old, Lanterman is her home where is is so happy, with the best of care and licensed and awake personnel 24 hours per day.

Lanterman provides immediate medical care, continuity therapy, Speech therapy, church services, security, safety, Special Olympics, equestrian, trips to the community, different activities and choices.

My daughter lives here in a less restrictive environment with freedom, excellent care and a good quality of life.

The community is not ready nor prepared to offer the same care and quality of life as Lanterman has.

I hope and pray that Lanterman stay open for the sake and welfare of all our Children, please help us.

Respectfully,

Carmen Raymond
Board Member - Parents Coordinating Council - Lanterman

Speech For Lanterman Developmental Center

1. Introduction
    a. For over 80 providing residential care for thousands with autism, down syndrome, epilepsy and Cerebral Palsy
    b. It is a sad day that it has to be closed, but we need to look back and rejoice over all those it has helped along the way
    c. While I may not have been directly aided by the Lanterman Developmental Center, through the Lanterman family I have been helped greatly, along with thousands of others who have challenges as do I.
    d. Think of ALL the lives that have touched in such a positive way by this center. The empowerment given to so many to be their own best friend, by showing them and giving them tools for self advocacy.
    e. I work for People First of California, as the outreach coordinator with a specific goal of helping individuals with challenges find a level of self advocacy. Now with the closing of centers like Lanterman, and the budget cut backs, agencies like People First who provide services to assist those with disabilities need to rise to the fore front. Which we are more than happy to do. We are a nonprofit organization that stands at the ready to help fill the void. If you would like more information, please contact me.

From: Martine Pauwels [redacted]
Sent: Friday, March 05, 2010 4:22 AM
To: Coppage, Cindy@DDS
Subject: SPAM: Lanterman Developmental Center

Hello Cindy,

I read the State of California is planning on closing down Lanterman Developmental Center, a State Hospital near Pomona, for patients with developmental disabilities, brain damage, and other severe conditions.

I am from [redacted] a European country that has a drastic shortage on hospitals like that and know the consequences of closing this down. This will cost the state more in the end than the benefit.

A mall might look nicer than a mental institute, but I do believe that there are enough in the world. What is too less are people who care and personally I do not mind getting rude and saying that if Lanterman closes, is it probably due to the fact that some people who should be patients there end up in the government, which proves the high need to keep it open.

Many greetings,

Martine

[redacted]

Parents Coordinating Council & Friends

Lanterman Developmental Center: 3530 W.Pomona Blvd, Pomona, CA 91769-0100

*P.O. Box 4408, Diamond Bar, CA 91765

Bus: (909) 444-7572 Fax: (909) 444-2047 E-Mail: LDCPCC@GMAIL.COM

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March 8, 2010

Senator Gloria Negrete McCloud
State Capitol
Room 2059
Sacramento, CA 94248-0001

Re: SB 1196

Dear Senator Negrete McCloud:

I understand that the Senate Bill 1196 concerning Lanterman and Fairview Developmental Centers is currently a "spot" or provisional bill. Since you represent Lanterman and are our senator, we would certainly appreciate the opportunity to work with you in formulating a modified version of this bill.

As president of the Parents Coordinating Council of Lanterman Developmental Center, I represent the families and friends of the residents. We also work closely with the 5 unions (CAPT, UAPD, SEIU, Operations, and the Social Workers unions) who provide the care giving and services to the clients who reside at Lanterman. There are about 1300 employees, most of which belong to one of the 5 unions. It must be understood that the approximately 400 residents who reside in Lanterman are persons who are developmentally disabled, severely and profoundly mentally retarded. These categories represent about 15 to 20 per cent of those with mental retardation. When compared to the other 85% who are mildly and moderately mentally retarded, our population represents the most fragile of our citizens. Besides having mental retardation, many also have behavioral and/or medical issues that compound their level of care. The reason that they are living in Lanterman is that they need a higher level of care than is currently available in the community.

We are inviting you to tour our campus so that you may more fully understand and appreciate what the capabilities are and the nature of our population. Since you sit on the Health Committee along with Senator Fran Pavley, who is my local senator, we will be inviting her also to tour Lanterman. I will call your local office this Thursday to follow up.

Sincerely,

Robert A. Hazard
President

Parents Coordinating Council & Friends
Lanterman Developmental Center 3530 W.Pomona Blvd, Pomona, CA 91769-0100
P.O. Box 4408, Diamond Bar, CA 91765
Bus: (909) 444-7572 Fax: (909) 444-2047 E-Mail: LDCPCC@GMAIL.COM

February 2, 2010

Dear Assemblyman Chesbro and members of the Assembly Select Committee on Disabilities,

The Parents Coordinating Council represents the families and friends of the residents of Lanterman Developmental Center. We are extremely concerned about the recommendation to close Lanterman. The Olmstead Case cautions that "nothing in the ADA or its implementing regulations condones termination of institutional settings for persons unable to handle or benefit from community settings ... placing patients in need of close care at risk." Lanterman is our children's home, well maintained and beautiful, where they receive services determined by their Individual Placement Plan. Despite their severe or profound developmental disabilities, many with complex medical or behavioral issues, our children are able to live with dignity and safety because of the quality professional, individualized, and loving care they receive from staff at Lanterman.

The following are vital to any closure plan:

1. Respect the choices made by consumers or where appropriate, their parents, legal guardian, or conservators. (W & I 4502.1, "Lanterman Act")
2. Provide programs and services as outlined in the Individual Program Plan (IPP) (W & I 4646)
3. Allow Lanterman residents and staff to choose to transition to Fairview DC, so that lifelong friends may remain together and be cared for by some of the same staff members.
4. For those choosing a community care setting: Insure a level of care and services in the community which is equal to or better than that provided by the state hospitals. (H & S 1501)
5. Have a safe and secure environment as defined by code and verified by licensed fire, health, and building inspectors.
6. Provide on-site licensed staff for medical, dental, psychiatric and other specialty care specific to consumers' needs as currently provided at Lanterman DC with prescription medications administered and monitored by licensed staff.
7. Provide a hub of clinical services and other services to be continued at Lanterman with Lanterman staff and be made available to former and existing residents as well as community clients.

During the settlement agreement negotiations for the Capitol People First lawsuit signed only 10 months ago, it was the position of DDS and Regional Centers that the Community Placement Plan was moving at the fastest pace possible, given the resources necessary to develop appropriate community services for DC residents, and the state of community options at that time. In the interim, the community situation has only deteriorated, suffering additional budget cuts of several hundred million dollars. It is difficult to see how the community can absorb an influx of several hundred consumers who have complex needs in as short a period as 24 months. The effects would be felt not only on Lanterman transferees, but on those community-based consumers who are currently faced with a shortage of services.

The dismal results of the closure of Camarillo Developmental Center led to the promise of DDS to do a better job on the closure of Agnews. Although not formally evaluated, it is apparent that the hard work of DDS, the Agnews families, and certainly members of this Select Committee along with many others has resulted in some quality programs and many successful community transitions. It would be a disgrace for California to relinquish the gains realized in the Agnews closure. Should the recommendation to close Lanterman be accepted by the legislature, we look to you to assist with legislation comparable to that enacted to protect Agnews transferees: support of professional staffing, funds for non-profit housing, and special health care residential facilities necessary to serve our residents.

We also look to DDS to continue their open and timely dialog with family members, guardians, and conservators, about the future of our very loved family members, all the residents of Lanterman, and the very qualified staff who provide the excellent care for the residents.

Most sincerely,

Theresa DeBell R.N.
Vice President, Parents Coordinating Council, Lanterman Developmental Center
Chair, Governor's Advisory Board, Lanterman Developmental Center
President, CASHPCR

[redacted] [redacted]

March 2, 2010

Dear Ms. Coppage,

I am writing this letter with great concern in regard to the closure of the Lanterman Developmental Center. I sincerely believe this center should not be closed as so many patients there, including my dear friend, [redacted], need a "secure facility." This is their home where they feel loved and comforted. [redacted], for one, cannot live in a "group home" or similar facility, so I am pleading with you to find a way to save Lanterman - PLEASE! PLEASE! There must be a way!

Thank you for listening -

Sincerely,

Jennifer Reed

[redacted]

3-4-10

Dear Mr. Coppage:

As the mother and limited conservator of a daughter living at Lanterman Developmental Center, I was appalled to read of the proposed closing of Lanterman. Lanterman provides the necessary living conditions and environment for people like my daughter with very limited capabilities.

I cannot speak highly enough of the care and concern shown my daughter by the wonderful and capable people who have cared for her for so many years. Lanterman is exactly the kind of setting people like my daughter need for their well being.

I fervently hope that Lanterman will not be closed, and will remain open and continue to serve the needs of so many disabled people.

Sincerely,

Betty M. Newell

MOTHER OF [redacted]

Lanterman Res. [redacted]

Department of Developmental Services
Developmental Services Division
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

March 2, 2010

Dear Ms. Coppage,

This urgent letter may be an act of futility, as the developers are circling over the property now occupied by Lanterman Development Center. But I must write anyway, to implore that you and others in a position of power find an alternative to closing Lanterman. The community at large needs this secure facility much more than another shopping center.

Lanterman is home to so many citizens who would otherwise suffer without the care and attention provided there. My friend's brother is severely autistic, and was committed many years ago as an "Immediate Danger to Himself and Others". As loving and as well trained as she is, (she's a retired registered nurse), my friend is not able to keep her brother in her home. Her neighbors and friends would not want him in the immediate proximity of the community. Landerman shelters and cares for the disabled, as well as protecting the community from potentially dangerous people like [redacted] who are unable to live independently.

Please, please, there are alternatives to closure. Please be part of the solution. We do not want unhealthy citizens like [redacted] living in facilities which are not secure. We certainly do not want to see the Landerman population released to the "community." Closing Lanterman for the sake of more retail space, more shopping and condominium developments is shortsighted, and certainly not in the long term interest of the community at large.

Thank you for your consideration,

Sally H. Nelson
[redacted]

From: [redacted] [redacted]]
Sent: Thursday, March 04, 2010 10:02 AM
To: Coppage, Cindy@DDS
Subject: Lanterman closure

Dear Ms. Coppage,

I understand that it is you to whom I should be addressing my concerns over the pending closure of the Lanterman Developmental Center near Pamona, California.

I have friends with relatives who are incarcerated in that facility and have had contact with people who have autism. I am well aware of the impact that taking away the care of these individuals would have on both them, personally, and on society.
Many of these patients are so dependant on supervisorial care that were it to be taken away it would be tantamount to a death sentance..

If we are going to turn our backs on the severly disabled in our society then we should follow the example of the Nazis. If we just gas them all, that should free up a great deal of real estate with which to balance our budget. This would have the advantage of keeping them off the streets where we would have to watch them languish away.

However, if we wish to act like the humane people we claim to be I am sure that the state can find many a piece of under used property to sell off to the greedily zealous developers instead. I suspect that the closing costs of Lanterman might eat up most of the profit the state would make on it anyway.

I closing I urge you to abandon the ill-conceived notion to close Lanterman and look elsewhere to baqlance our state's sorry budget. Maybe we could even raise some taxes - oooh, what a novel thought.

When all is said and done I have great sympathy for the position you are in to make difficult and emotionally taxing decisions.
I wish you God speed in this regard.

Peter Nelson

March 2, 2010

Dear Ms Coppage:

I'm writing on behalf of [redacted] (my cousin) who has lived at Laterman for many years.

Laterman is the only home he knows. I'm sure there are others at Laterman that have developmental disabilities & this is their home.

Please try to save Laterman to continue to fill this great need.

Thank You,

Jodi Murray

[redacted]

March 2, 2010

To: Department of Developmental Services
Developmental Centers Division
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Re: Lanterman Closure – Public Hearing Comments

Dear Cindy Coppage,

My name is Ethel Moody. I am the Mother of [redacted] who has been at Lanterman Developmental Center since she was fourteen years old. She is now sixty-seven years old. Lanterman has been, and is, a very good home for her these last fifty-three years. When I go to see her she seems to be very peaceful and content in her surroundings. I leave her with a good thought in my mind. I feel confident knowing she is secure. The staff has been very good to her and has been on top of her needs . Every time she has been sick and has had to go to the hospital, they have been by her side and are quick to notify me.

I am very sad, unhappy, and mad that there would even be a possibility of Lanterman being closed. Nothing justifies taking away the home of my daughter and the home of her sisters and brothers. They all need someone to take care them and love them which the staff does both. They need this hospital to stay open for them just to stay alive.

I am fully aware that there are different levels of retardation and disabilities. I understand that some higher functioning individuals do not need the level care as others. Some may benefit by living in community placement. But not my daughter and her friends. Community placement is totally out of the question. It would be mean and cruel for you to not think of their rights to live were they would be better off.

Just because someone is not able to talk and voice their opinion does not mean that their needs should not be met. ELARC and the court has consistently recognized, as documented by ELARC, that my daughter remains gravely disabled and in need of state hospital placement.

Money is not everything. Life is more important. I realize we are in hard financial times. Please consider other options besides closing Lanterman and save our loved ones.

As you are considering the fate of Lanterman please think of the lives of those you are effecting. Please rise above the dollar sign. I ask that you keep at least a portion of Lanterman open for those who desperately need it

Ethel Moody

Ethel Moody

[redacted]

Danette McCarns
[redacted]

March 4, 2010

Patricia,

Could the department consider asking CalPers to do a Retirement Workshop on-site?

CalPers is doing limited sessions, the only local one scheduled is at the end of the month in downtown L.A.

With decisions facing all of us regarding vocational choices, having the knowledge to make informed decisions would be much appreciated. I suspect that we would have maximum attendance if a workshop were held on Lanterman grounds.

There are a lot of questions being asked with different answers lately. My question, for example, is what happens to my retirement medical coverage if I were to leave state service to seek other employment prior to 55 years old? I have been told that I will lose my coverage. I have also been told that I will not lose my coverage. All from people dispensing information: ACSS, HR and retirees.
Knowing the correct answer will certainly influence my career path.

I believe this will be a much-appreciated service to LDC staff.

Thank you,

Danny

From: mei giang [redacted]
Sent: Thursday, March 04, 2010 9:29 PM
To: Coppage, Cindy@DDS
Cc: [redacted]
Subject: Proposed Lanterman Closure: humanatarian and political disaster?

To: Cindy Coppage, Department of Develomental Services

The proposal to close the Lanterman developmental center appears to be foolish from a fiscal standpoint and brutal from a humanitarian standpoint.

Detailed plans must be publicly available before a decision is made.
This could be a humanitarian and political disaster; on the surface it appears care for these patients, who are more vulnerable and helpless than most children, will be sacrificed for a quick infusion of cash, while "unions", "illegal aliens", etc. appear to remain untouched.

To close such a facility and to be humane and fiscally responsible requires competent execution of a detailed,three-to-five year plan so the patients and staff can be relocated with acceptable trauma and one-time costs,and so the facility can be sold for maximum value.

Where will the patients go? What happens to the staff who over the years have learned the unique wants and needs
of these very challenging patients? Do they accompany their patients to the new location?

Abruptly moving the staff and patients to a new facility will incur extensive one-time costs that the state probably cannot afford (and will exceed estimates), and moving only the patients will traumatize most of the
patients (not to mention the staff that is suddenly out of a job?).

Putting the patients"out on the street" presumably is not being considered since this will trigger costly lawsuits and possibly criminal charges.

Selling the facility now means selling into one of the worst commercial real estate markets in history. Industry associations for commercial real estate, commercial construction, commercial lending, and commercial leasing are all resigned to a worsening market through this year, with guesstimates of recovery ranging from late 2011 to vague "three or four years from now".

This is an issue where "doing the right thing" and "good publicity" can go hand in hand.
Thank you for helping,

_Mark & Mei Martin, [redacted]

Frederick and Joyce Mason
[redacted]

March 2, 2010

Cindy Coppage
1600 9th St. Rm. 340, MS 3 – 17
Sacramento, CA 95814

Dear Ms. Coppage:

We are writing to request that you reconsider closing Lanterman State Hospital, one of the crown jewels of the State's Healthcare System. Although we are currently experiencing tough economic times within the state of California, when properties like Lanterman are sold they are lost forever. The care of mentally incapacitated patients who can be of danger to themselves or to others cannot be shifted safely or easily into neighborhood communities, whose residents object to their being housed so close to them.

We are close friends with the family of one of Lanterman's patients and know of the kind, professional and loving care he has received there. The staff is renowned for their competence and reliability as caregivers. Economic decisions should not be the sole measure of what social responsibilities we have as a society to provide care for the mentally impaired. We need for these patients to have the highest quality care while providing safety to the rest of California's residents.

An article from the "Inland Valley Daily Bulletin" indicates that if the Lanterman land is put up for sale, much of the property is hilly and cannot easily be converted to other uses. The article also states that the City of Pomona is not in a fiscal position to purchase the land or develop it without help from the state. It is difficult to imagine the state having to pay to get rid of land they now own and are putting to good use.

We hope that other viable alternatives can be explored before this valuable state facility is closed and gone forever.

Thank you for your attention.

F J M / Joyce E. Mason

Fred and Joyce Mason

From: Sunny Maden [redacted]
Sent: Thursday, February 25, 2010 11:36 AM
To: Lungren, Nancy@DDS
Subject: Re: Nice to meet you

I truly hope that Governor Schwarzenegger's legacy will not be that he put aging people with disabilities out of their homes at developmental centers to sleep on the streets and under bridges.The Regan legacy lives on that he created the homelessness. It breaks my heart.

Givernor Schwarzenegger has already has closed Agnews and regardless of the planning and 962 homes etc. many Agnews residents, who were well cared for at Agnews, are not receiving adequate care and services due to inappropriate placements, poor staffing and Medicare budget cuts. dental care is an obvious one.

The array of services offered in California has never been fully offered by the Regional Centers to families who desperately need them. Most do not even know DCs exist and they provide 24/7 professional care. There are many people with disabilities, living desperate lives, in the community who are eligible for and need DC services and care but the Regional Centers deny the help for admission. Transparency is lacking in the California attitude toward care for the disabled.

Thank you for finding me last night to introduce yourself. I am so please to meet you. Thank you also for being at the Public Hearing. Can you tell me how to obtain a CD or copy of the testimony?

Sunny Maden
South Hills Escrow Corp.
220 S. Glendora Ave.
West Covina, Ca. 91790
626-919-3464
800-847-5486
626-919-3136 fax
Sunny@southhillsescrow.com

February 4, 2010

California Health and Human Services Agency
Attn: Megan Juring
1600 Ninth Street, Room 460
Sacramento, Ca. 95814

Dear Megan:

Thank you for your thoughtful telephone calls on Friday, January 29th. We did not catch up with each other until Monday; however, I was so comforted by your thoughtfulness.

I have enclosed a letter to Terri Delgadillo with a copy to Kim for your reference. The letter sets out some of my issues with the pending announcement. I will always welcome your comments. We talked briefly about waivers. It do know waivers are a "no man's land" for most of the DC families. They do not understand what they are or why the state obtains them and for what benefit they are to consumers. Let's pursue some educational/ informational meeting for DC families. I am encouraging 100% envolvement in decisions coming understanding through education. The Parent Cordination Council (PCC) may be very interested in arranging a waiver information presentation meeting with staff from the Agency at LDC for families. I will be happy to gather and print resource material or help in any other way.

Thank you again for your very kind telephone call. Your concern for me and for the families is so appreciated. You are a treasure and I am so fortunate to know you.

Very truly yours,

Sunny Maden

[redacted]

Cc: Cheryl Bright, LDC Executive Director
Bob Hazard, President of PCC
Terry DeBell, V.President of PCC

February 4, 2010

California Health and Human Services Agency
Attn: Kimberly Belshe, Secretary
1600 Ninth Street, Room 460
Sacramento, Ca. 95814

Re: Proposed Closure Plan for Lanterman Developmental Center (LDC)

Dear Secretary Belshe:

I have enclosed a copy of a letter, sent to Terri Delgadillo, setting out some of my issues and concerns should a proposal to close LDC be presented to the legislature on April 1, 2010.

It has occurred to me that you may like to visit LDC. I would be honored to arrange a guided tour for you at any time it would be convenient for you.

Please let me know when a tour can be arranged for you.

Very truly yours,

Sunny Maden
[redacted]

Cc: Cheryl Bright, LDC Executive Director

February 3, 2010

California Department of Developmental Services
Attn: Terri Delgadillo
1600 9th Street
P.O. Box 944202
Sacramento, Ca. 94244-2020

Dear Terri:

Thank you for your telephone call Friday morning to give me advance knowledge of the announcement of the proposal to close Lanterman Developmental Center (LDC). Your concern for me and families who are directly impacted by the shocking news is much appreciated. The affect is heart wrenching, painful and is causing excruciating stressful fear for the lives and well being of the loved ones who receive 24/7 care at LDC.

The proposal to close LDC is especially disturbing for the following reasons:

1. Closing a premier facility, LDC, with Federal funding reimbursement, will significantly reduce the array of services and supports available in California to people with severe and profound disabilities and reduces our commitment to the Olmstead Decision.
2. Closing this outstanding 24/7 facility will further burden the system that is already depleted of funding to provide services and supports for people with disabilities.
3. LDC provides a resource for the Regional Centers to access stable and safe placement for clients who require short term, emergency and long term specialized treatment programs and hands on 24/7 staff.
4. LDC is the forum with expertise for training of professional staff who works in the community.
5. Closing LDC will cost millions. This state can not afford to eliminate existing, well maintained and working infrastructure of supports and services and attempt to replicate them in the community with a duplication of cost that will continue for years.
6. Care for people with severe and profound disabilities, like our LDC residents, has been documented to cost more when they live in the community.
7. The cuts documented in the Statement by Secretary Kim Belshe regarding The Proposed Budget for Fiscal Year 2010-11 dated January 8, 2010 sets out extensive cuts and program reductions and now the increased burden to Regional Centers without funding is extremely dangerous to a most vulnerable population.
8. The closure of Agnews has not been evaluated, many of the former residents are not receiving the services they need and further budget cuts are impacting them.
9. The economic impact on the surrounding community and businesses will be profound.
10. The 24/7 care in our limited number of Developmental Centers for the limited number of people with profound and severe disabilities who live, included in commity activities, with dignity and a positive quality of life because of the excellent care is not duplicated anywhere else in this state.
11. April 1, 2010 is a date that does not allow enough time for stakeholder input or planning. The date is one date that is unusual and tasteless to propose the closure plan to the legislature of LDC.

The Department of Developmental Services, with the input of many family members and other stakeholders, has created and maintained a Developmental Center system of excellence. The facilities are safety and comfort standards and in many locations are "State of the Art." The Agency and Department deserves commendation. I do hope the proposal to close LDC will be reconsidered and withdrawn and if presented, the legislature will reject it.

Very truly yours,
Sunny Maden

[redacted]

Cc: Secretary Health and Human Services Kim Belshe

From: Larry [redacted]]
Sent: Tuesday, March 02, 2010 1:10 PM
To: Coppage, Cindy@DDS
Subject: Don't close lanterman!

I object to the closing of "lanterman". Especially putting any funds from the proposed sale, into the general fund. Sell off part of the property and improve the existing facility.
Thanks for your time: larry billings

From: Laura Bell [redacted]]
Sent: Wednesday, March 03, 2010 11:28 PM
To: Coppage, Cindy@DDS
Subject: Spam:Subject: Public Input Re: The Proposed Closure of Lanterman Developmental Center

I am opposed to the closure of Lanterman Developmental Center [DC]. The Department of Developmental Services [DDS] community placement only model is not suitable for the profoundly retarded, a population of which many are also very medically fragile. Given that this is the majority of those individuals who now reside at Lanterman, DDS closure proposal of Lanterman must be opposed. It is inhumane and cruel to subject these profoundly mentally disabled men and women, many who have lived at Lanterman for thirty, forty, fifty, sixty and even seventy years to the loss of their familiar surroundings, the company of each other, and the staff who love and care for them. Their survival depends on the very specialized care and services that only Lanterman can provide. I ask that DDS find a way to responsibly provide for these profoundly retarded and medically fragile individuals by retaining at least a portion of Lanterman for their care.

Sincerely,

Laura Latham Fuller Bell
[redacted]

From: neta hobson [redacted]]
Sent: Saturday, March 06, 2010 3:25 AM
To: Coppage, Cindy@DDS
Subject: Lanterman Hospital

Cindy,
I realize this is after the deadline that Dian mentioned but I had surgery this week and did not read my e-mails.
Selling this land and dumping patients seriously in need of specialized care seems a very inapropriate way to save money for the state. My suspician is that it will cost far more to transfer and house these fragile patients in less acceptable facilities.
I would urge you and anyone else with power to reconsider this decision.
Neta Hobson RN

From: Mary Bailey [redacted]
Sent: Monday, March 01, 2010 4:08 PM
To: Coppage, Cindy@DDS
Subject: Spam:Lanterman Development Center

I recently learned that the State of California wants to close the Lanterman Development Center and sell the property to developers for a shopping center etc.

It is a sad thing indeed when the Government is more interested in money than in people's lives. The people who live here are living here because they need special care and they are not able to function on their own. The facility is for severely mentally disabled or brain damaged patients and they need to be looked after. Many of the current patients who are severely disabled and aging have no one to look out for their interests and cannot survive on their own.

I realize it is necessary to balance the budget but it is a huge cost to human lives to close a facility such as this. We do not need more destroyed lives!

Mary Bailey

From: bryan bates [redacted]
Sent: Wednesday, February 24, 2010 9:55 PM
To: Coppage, Cindy@DDS
Subject:

Ms. Coppage,

As a concerned citizen who cares about the severely disabled, I believe Lanterman Developmental Center should not be closed down. The delicate clients need a stable place to live with the same friends and staff who care for each other like family. They rely on consistent daily routines in familiar surroundings where they are comfortable and happy. Moving away from all they know will cause major mental and physical problems that will take constant therapy or constant drugs. I don't believe that group homes will have the necessary 24 hour a day access to well qualified therapists of different persuasions. Many clients will also lose their jobs at the nearby building.

Think about a little child who is forcibly taken from her home, family and friends. The anguish and confusion is indescribable. Many of the clients at Lanterman are little children who will never grow up. Please don't put them through the endless pain.

Sincerely,

Bryan Bates

[redacted]

From: michael bailey [redacted]
Sent: Tuesday, February 09, 2010 6:47 PM
To: Coppage, Cindy@DDS
Subject: Lanterman DC Closure

I am a member of People First, California, Orange County Chapter. I am in the Regional Center of Orange County. I think it is a good idea to put as many clients as possible into community living and work programs from the DC. But I also don,t think it will be possible to close all the DCs Enough patients will continue to need DC level services that one should stay in place to meet the needs of the state's dd population.
With Lanterman DC clients, it will be important that wherever they are moved to in the Los Angeles County area they have access to good transit service either by bus or by paratransit from group homes or supported living programs to work programs and social recreation activities. I bring this up because on Friday I went with a group from Transit Advocates of Orange County/People First Orange County to the Southern California Transit Forum at Chapman University in Orange. Over 400 people went and one of the speakers was Arthur Leahy, the new Executive Director of LAMetro, the main bus and paratransit system for Los Angeles County. He said he will release a plan later this year to eliminate 30% of LAMetro service. Transit, bus and paratransit is a lifeline service that is part of the social and economic safety net we need for community living. Clients should not be moved out of Lanterman into a group home or supportedliving program located on a bus route that will be eliminated or where paratransit will be eliminated. He didn't say when he would release the elimination plan just it would be later this year. But it is something to take into account when moving clients out of Lanterman. Thank you and best wishes, Michael E. Bailey [redacted]

From: Elaine Ayotte [redacted]>
To: Lungren, Nancy@DDS
Sent: Mon Feb 01 17:47:42 2010
Subject: Lanterman closure

Ms. Lungren,
I just received the notice about the closure of Lanterman. I am the conservator for my 60 year old sister who has lived in developmental centers for 51 years. What is the plan for the elderly, medically fragile residents? Is there any discussion for keeping some parts of Lanterman open for this aging population who have been living there for so long? What arrangements are being made? I live in Washington state and cannot easily attend the meetings in February. How will I get information and give input? Please advise?
Elaine Ayotte
[redacted]

Comments:

According to a study by Shavelle, Strauss and Day, Deinstitutionalization in California: Mortality of Persons with Developmental Disabilities after Transfer into Community Care, 1997-1999, http://www.lifeexpectancy.com/articles/jds.pdf , there was a 47% higher mortality among developmentally disabled residents of community homes as compared to residents of developmental centers. Their conclusion is that the reasons for this were the less intensive medical care and supervision available in the community, and lack of continuity of care, centralized record keeping, and immediate access to medical care.

My son who is 50 years old has lived at Lanterman for 32 years. During this time we have seen continuous improvement in the services provided here, with increasing degree of professionalism, caring and understanding shown by staff. It would be a waste to see all these efforts and the associated costs at improving the services just thrown out. There must be better alternatives.

[redacted]

From: Mark Anthony [redacted]
Sent: Friday, March 05, 2010 3:28 PM
To: Coppage, Cindy@DDS
Subject:

Requesting a rehearing regarding the closure of Lanterman Developmental Center.

From: Traci Anderson [redacted]
Sent: Friday, March 05, 2010 4:21 PM
To: Coppage, Cindy@DDS
Subject: Lanterman Developmental Center

Dear Ms. Coppage,

This is a letter to formally request that Lanterman Developmental Center be given a 120 day rehearing to further discuss matters regarding its potential closure.

Thank you for your consideration,

Traci Anderson
[redacted]

From: Tanzim Arastu [redacted]
Sent: Monday, March 08, 2010 8:30 AM
To: Coppage, Cindy@DDS
Subject: LDC Closure

Dear Cindy,
I would formally like to request a 120 day hearing regarding the closure of Lanterman Developmental Center.
Thank you.

Tanzim Arastu
[redacted]

From: Marilyn [redacted]
Sent: Thursday, February 25, 2010 9:11 AM
To: Coppage, Cindy@DDS
Subject: Lanterman Closing

Lanterman is certainly a wonderful and unique facility. However, considering the cost of care for the relatively few residents, I fully support the closure.

Marilyn Anderson
[redacted]

March 4, 2010

Ms. Cindy Coppage
Department of Developmental Services
Developmental Centers Division
1600 9th Street, Room 340 MS 3-17
Sacramento, CA 95814

Dear Ms. Coppage:

This is in regards to Lanterman Developmental Center State Hospital. How can the state be so unrealistic and insensitive as to put severely mentally challenged patients on the streets in these communities.

This state has to find a way to provide funds for these displaced people. If this country can give millions of our tax dollars to every other country in the world, this state can find funds for our under privileged and sick people. "Charity starts at home".

Cordially,

Rose Bryan

RB:jcs

March 2, 2010

Norma J. Torres
61st Assemblywoman
Capital Office
P.O. Box 942849
Sacramento, CA 94249-0061

Dept. of Developmental Services
Developmental Centers Division
ATTN: Cindy Coppage
1600 9th St., Room 340, MS 3-17
Sacramento, CA 95814

Re: ***Closure of Lanterman Developmental Center***

Please help us save [redacted]. For the past forty years he has lived at Lanterman, it is the only home he knows. But now, because California has squandered its money, [redacted]'s home is threatened. To save a little bit of money, you want to close it down and send [redacted] to live somewhere else where he has less care.

[redacted] is [redacted]. Although he is 55 years old, he has never progressed past being five months old. He is not even a toddler. He cannot care for himself, he cannot walk, he cannot feed himself, and he cannot talk. He needs round the clock care, just like a baby. He has received this care at Lanterman nearly all his life (his parents are deceased). Because he is severely disabled and completely helpless, [redacted] requires complete care from the nursing staff at Lanterman for feeding, dressing, bathing and all aspects of his daily care, including dispensing of 14+ medications to control seizures, constipation, and esophagitis, hypertension and various topical ointments for potential impairment of skin integrity.

Although you may think [redacted] has no life, you are wrong. What he has is certainly very little to you and me, but it is all he has in the world. He has stability and loving care. It is all he knows, and Lanterman and its staff are his whole life, it is his home and family. Please don't take that from him.

Because [redacted] cannot speak for himself, we wish to speak for him. As advocates for [redacted], we strongly oppose the closing of Lanterman. The continuity of care and the outstanding service provided by the staff have most likely extended his life. He has been continually taken care of by the same nurses and is familiar with them, and they know him like family. Since he is unable to communicate or indicate illness or injury, the staff provides close observation to detect signs or symptoms. They are diligent in their care.

[redacted] is not alone. There are many other patients at Lanterman that do not qualify for community housing. They are simply profoundly retarded, autistic, etc. Since many of these patients are getting older and this is the only home they have ever known, perhaps we can just let nature take its course. Changing their routine would be an enormous upheaval and may result in untimely deaths.

We realize that California is facing a budget crisis, but do we take our most vulnerable children, those who cannot speak for themselves, and cast them aside? If [redacted] was your child, is this how you would deal with a money problem in your family?

Please don't close Lanterman. There are other alternatives, ones that will save money without forcing these helpless people out of their home, separating them from the only families they know. You are our voice. Now speak for us.

Sincerely,

Nancy Bentley MCB

Print Name Nancy Bentley Michael Bentley

Phone: [redacted]

March 2, 2010

Norma J. Torres
61st Assemblywoman
Capital Office
P.O. Box 942849
Sacramento, CA 94249-0061

Dept. of Developmental Services
Developmental Centers Division
ATTN: Cindy Coppage
1600 9th St., Room 340, MS 3-17
Sacramento, CA 95814

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Sincerely,

Print Name TRISHA R WOOFTER

Phone: [redacted]

March 2, 2010

Norma J. Torres
61st Assemblywoman
Capital Office
P.O. Box 942849
Sacramento, CA 94249-0061

Dept. of Developmental Services
Developmental Centers Division
ATTN: Cindy Coppage
1600 9th St., Room 340, MS 3-17
Sacramento, CA 95814

Re: ***Closure of Lanterman Developmental Center***

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Sincerely,

Print Name Preston O'Connell

Phone: [redacted]

March 2, 2010

Norma J. Torres
61st Assemblywoman
Capital Office
P.O. Box 942849
Sacramento, CA 94249-0061

Dept. of Developmental Services
Developmental Centers Division
ATTN: Cindy Coppage
1600 9th St., Room 340, MS 3-17
Sacramento, CA 95814

Re: ***Closure of Lanterman Developmental Center***

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Sincerely,

Kelly O'Connell

Print Name KELLY O'Connell

Phone: 3/4/10

March 2, 2010

Norma J. Torres
61st Assemblywoman
Capital Office
P.O. Box 942849
Sacramento, CA 94249-0061

Dept. of Developmental Services
Developmental Centers Division
ATTN: Cindy Coppage
1600 9th St., Room 340, MS 3-17
Sacramento, CA 95814

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Sincerely,

Print Name Julia O'Connell

Phone: [redacted]

March 2, 2010

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61st Assemblywoman
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Sincerely,

Mark J. McErlean

Print Name Mark J. McErlean

Phone: [redacted]

March 2, 2010

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61st Assemblywoman
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Sincerely,

Print Name LOREN E. LIBERTY

Phone: [redacted]

March 2, 2010

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61st Assemblywoman
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Sincerely,

Print Name SARA B. LA TORRE

Phone: [redacted]

March 2, 2010

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61st Assemblywoman
Capital Office
P.O. Box 942849
Sacramento, CA 94249-0061

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Sincerely,

Elizabeth L. Knox

Print Name ELIZABETH L. KNOX

Phone: [redacted]

March 2, 2010

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61st Assemblywoman
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Sincerely, Carla Hewitt

Print Name Carla Hewitt

Phone: 3/4/10

March 2, 2010

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Sincerely, Terri Haas

Print Name Terri Haas

Phone: [redacted]

March 2, 2010

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Sincerely,

Print Name Chad Gherring

Phone: [redacted]

March 2, 2010

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61st Assemblywoman
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Sincerely,

Print Name HEIDI FURBY

Phone: [redacted]

March 2, 2010

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61st Assemblywoman
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Sincerely,

[signature]

Print Name Elizabeth H. Forrest

Phone: [redacted]

March 2, 2010

Norma J. Torres
61st Assemblywoman
Capital Office
P.O. Box 942849
Sacramento, CA 94249-0061

Dept. of Developmental Services
Developmental Centers Division
ATTN: Cindy Coppage
1600 9th St., Room 340, MS 3-17
Sacramento, CA 95814

Re: ***Closure of Lanterman Developmental Center***

Please help us save [redacted]. For the past forty years he has lived at Lanterman, it is the only home he knows. But now, because California has squandered its money, [redacted]'s home is threatened. To save a little bit of money, you want to close it down and send [redacted] to live somewhere else where he has less care.

[redacted] is [redacted]. Although he is 55 years old, he has never progressed past being five months old. He is not even a toddler. He cannot care for himself, he cannot walk, he cannot feed himself, and he cannot talk. He needs round the clock care, just like a baby. He has received this care at Lanterman nearly all his life (his parents are deceased). Because he is severely disabled and completely helpless, [redacted] requires complete care from the nursing staff at Lanterman for feeding, dressing, bathing and all aspects of his daily care, including dispensing of 14+ medications to control seizures, constipation, and esophagitis, hypertension and various topical ointments for potential impairment of skin integrity.

Although you may think [redacted] has no life, you are wrong. What he has is certainly very little to you and me, but it is all he has in the world. He has stability and loving care. It is all he knows, and Lanterman and its staff are his whole life, it is his home and family. Please don't take that from him.

Because [redacted] cannot speak for himself, we wish to speak for him. As advocates for [redacted] we strongly oppose the closing of Lanterman. The continuity of care and the outstanding service provided by the staff have most likely extended his life. He has been continually taken care of by the same nurses and is familiar with them, and they know him like family. Since he is unable to communicate or indicate illness or injury, the staff provides close observation to detect signs or symptoms. They are diligent in their care.

[redacted] is not alone. There are many other patients at Lanterman that do not qualify for community housing. They are simply profoundly retarded, autistic, etc. Since many of these patients are getting older and this is the only home they have ever known, perhaps we can just let nature take its course. Changing their routine would be an enormous upheaval and may result in untimely deaths.

We realize that California is facing a budget crisis, but do we take our most vulnerable children, those who cannot speak for themselves, and cast them aside? If [redacted] was your child, is this how you would deal with a money problem in your family?

Please don't close Lanterman. There are other alternatives, ones that will save money without forcing these helpless people out of their home, separating them from the only families they know. You are our voice. Now speak for us.

Sincerely,

Print Name PETER ASHER

Phone [redacted]

UPDATE

January, 2009

Cost Comparisons of Community and Institutional Residential Settings: Historical Review of Selected Research

Kevin K. Walsh, Theodore A. Kastner, and Regina Gentlesk Green
Mental Retardation, Volume 41, Number 2: 103-122, April 2003

In the 2003 article noted above a review of selected literature was undertaken to determine the validity of institutional vs. community cost comparisons. A number of methodological problems were identified in the literature reviewed that compromised much of the earlier research on the topic. Additionally, a number of considerations were outlined – *source of funds, cost shifting, cost variation, staffing,* and *case mix* – that need to be taken into account when such comparisons are undertaken.

The question has arisen whether the conclusion of this 2003 review, that large savings are not possible within the field of developmental disabilities by shifting from institutional to community settings, remains current.

For the reasons explained below, we find that the 2003 article continues to be valid in 2009 and beyond. That is, cost savings at the macro level are relatively minor when institutional settings are closed and, if there are any at all, they are likely due to staffing costs when comparing state and private caregivers.

As such, the study will continue to be useful in policy discussions in states.

Several factors point to why the study's conclusions remain valid in 2009:

Review Article. As a *review* article, the 2003 publication does not generate new *data*; that is, it reviews previous research. Because of this, the article is more resistant to becoming outdated. Those reading the article, however, would do well to keep in mind that the studies reviewed in the article employ cost figures that existed *at the time the original research articles were published.* Therefore, while the findings and conclusions drawn in Walsh, et al. (2003) will continue to be timely, the actual cost figures may need to be adjusted to current levels.

Stability of the Components. Because the service and support landscape remains, in large part, similar in 2009 to 2003 and before, the conclusions of Walsh, et al. are likely to hold. For the most part comparisons reviewed generally compared congregate ICF/MR settings and community-based residential settings (typically group homes) funded under the Medicaid HCBS waiver. Although many states have been moving toward personal budgets and fee-for-service models, group homes continue to be a primary community residential service setting. In this way also the conclusions of the 2003 article continue to be applicable.

Stability of the Issues. As noted, the 2003 article presented descriptions of various considerations that affect cost comparisons across states. Because the structural components of the issue have remained unchanged (e.g., institutional settings, group homes) and the funding models have remained largely intact (i.e., Medicaid ICF/MR and HCBS waivers), the various factors affecting them, for the most part, remain as presented in Walsh, et al.

That is, there remains a great deal of cost variation from institutional to community settings as described in the article; cost shifting, as described in Walsh, et al., is to some extent likely to be structurally fixed in most states owing to the nature of state governments. That is, when certain costs disappear, when individuals are transferred from ICF/MR settings, it is highly likely that these costs will reappear in other state budgets (such as Medicaid). In nearly all instances, this is almost unavoidable. In short, costs don't just disappear when individuals are moved.

Based on the forgoing, it appears that the conclusions drawn in the 2003 article continue to be valid.

KKW, January 23, 2009

I have been a devoted employee of Lanterman Developmental Center for the past 20 years. For most of that time I have had the honor and privilege to serve the same group of clients and have developed relationships with them and their families, who have entrusted us with the care of their sons, daughters, brothers and sisters. The clients I have worked with are profoundly and severely mentally retarded, which can be the equivalent of mental ages of between 1 and 3 years old, and several are dually diagnosed with mental illnesses as well. Most are unable to speak, thus I am compelled to speak on their behalf.

A few years ago we had a client that was diagnosed with cancer and given about 9 months to live. With the love and medical care that we provided to this individual, he lived happily with his friends and favorite staff on our residence, for another 4 1/2 years, and had his favorite group leader by his side as he took his last breath. I currently work with clients that look for their favorite staff when they are away on vacation or even just on their days off. How are they to understand if those people are abruptly taken from their lives forever? You cannot make them understand what you are about to put them through, you cannot explain or give examples of Camarillo or Agnews. They only know the life they have here at their home, Lanterman.

Some of our clients have lived here at Lanterman for over 70 years, and have no comprehension when they are told that Lanterman may be closing. This is their safe neighborhood where they can walk freely around the beautiful campus that they know only as their home. They will not understand when they are uprooted from the only home they have ever known, and separated from staff they have bonded with and may have been with for the past 20-30 years of their lives. Doctors, dentists, nurses, psychologists, psychiatrists, and numerous other service providers have worked with our clients for decades, know them and all their special needs, and have worked hard to build a rapport with these clients. Many of these people are available to our clients at almost any time of the day or night, which will not be the case if Lanterman ceases to exist.

Not everyone is meant for community living. I wholeheartedly believe that there is no community home that can come close in comparison to the quality of services that are provided here at Lanterman. Unfortunately many doctors and psychiatrists in the community are more than generous with prescribing medications to "control behaviors", while Lanterman strives to maintain the least restrictive environment possible for each individual in every way. Years ago, I worked at a group home, and I was the only person that was even in the Psychiatric Technician program. All the other people that worked there were not trained in any way to administer medications, or deal with behaviors. I know personally of 2 clients that moved from Lanterman out to community group homes, and passed away shortly after due to neglect on the part of the caregivers. Although I'm sure times have changed, I still believe that there is no comparison between the people working for minimum wage in a group home, that receive 2 weeks of training and our licensed Psychiatric Technicians or Psychiatric Technician Assistants and the years of experience we have had working with our clients.

Lanterman was developed and has existed for a reason, a specific purpose....serving these wonderful and special people. Do not punish them or make them suffer because of the financial mistakes of others. Closing Lanterman is not the answer to California's budget deficit, it will only make these clients innocent victims of our economic crisis. You have taken our pay, our holidays, and yet we continue to come every day, with smiles on our faces and love in our hearts, and work just as hard as we ever have, to care for these people that need us to be here, need us to support them, and need us to be their voices today. We're fighting for the rights of these clients to live...to exist in the best place possible for each of them, which I believe is here at Lanterman.

Cheryl Cassiano SPT

From: Rick Carter [redacted]
Sent: Friday, March 05, 2010 5:08 PM
To: Coppage, Cindy@DDS
Subject: Safety of Patients

March 5, 2010

This letter is to express my opinion of the closing of the Lanterman Developmental Center. I am a concerned relative of [redacted] I realize it is not you personally responsible for the actions taking place. However I am very concerned for the hundreds of residents.

The residents are of a special nature. They are like orphans, very sick orphans. It is a shame that we as Americans seem to 'run' at the chance to help other people in need in other countries, but not our own helpless people.

The residents have been there for years, they know no other way of life. Many of them are not able to live in a home with their own families. So many of them are a danger to the public, not willingly but by their own sad minds. It would be like just opening a state prison and letting everyone just out. Go live your life.

Then the employees, the patients are so used to being around the same people. No one will adjust. It is just a terrible that so many people are at risk, many of them will die. That is just not right.

I do hope that there will be a different outcome. I am praying for all those involved. Please do not close Lanterman. Too may lives are at stake.

Thank you for your time. I do hope everyone will reconsider.

Sincerely,

Dawn A. Carter

CALIFORNIA CONSERVATION CORPS
Pomona Satellite
3530 West Pomona Blvd. Pomona, CA 91768
(909) 594-4206 FAX (909) 598-2633
www.ccc.ca.gov

MEMORANDUM

TO: Whom It May Concern
Department of Developmental Services

FROM: Jennifer Dulay
Project Manager

DATE: February 24, 2010

SUBJECT: **Public Hearing Writing Submission**

I was unable to speak at the hearing but would like to ask a question. Will there be a formal process considered for the affected, displaced State Agencies with relocating? Whether it is from the D.D.S or D.G.S., any assistance would be helpful even at the Sacramento level. Our Agency headquarters is located at 1719 24th Street in Sacramento if someone can discuss a plan.

State employees being affected by the proposed closure can be placed on an SROA list, but I have 60 contract state employees that are not protected by a union or state surplus lists.

Thank you in advance for your assistance.

California Association of Psychiatric Technicians

CAPT Position Brief Opposing the DDS Move to Close Lanterman Developmental Center

February 24, 2010

As the professional organization representing 511 members employed at the Lanterman Developmental Center (LDC) and as pledged advocates for the 398 people who call LDC home, CAPT's Board of Directors has taken the position that we are strongly opposed to Department of Developmental Services (DDS) proposal to close Lanterman Developmental Center.

We believe the decision by the DDS to move forward on a closure plan motivated by money is not in the best interest of the individuals living and receiving licensed, professional care at LDC. We are also concerned with the very limited time available to develop such a plan and that this entire process will be done in haste, regardless of the individual needs and wishes of individuals and their families and legal conservators. We believe a facility closure at the very least would be a highly disruptive experience causing clients great emotional and physical stress, and at the very worst would lead to dangerously inadequate care in inferior, little-regulated community homes.

CAPT has long said that, for many individuals, the current community care system fails to provide services that are equal to or better than care in developmental centers. Vital services are often substandard or nonexistent in the community. To close Lanterman would cause services to be lost for good. Highly qualified and licensed professional staff and important continuity of care would be scattered to the winds in the name of fiscal savings.

And any savings themselves are questionable. A recent study found that large savings are not possible within the field of developmental disabilities by shifting from developmental center to community settings, as the funding follows the clients.

We understand how the courts and federal government are pressuring the state to close developmental centers and move clients to smaller residences. However, CAPT believes individuals with developmental disabilities should be able to choose where they live from the full continuum of options -- whether in their own homes, in supported living, in group homes or in developmental centers -- and that all options should include professional, trained, regulated staff.

With DDS intent to move forward on closure of LDC, we believe the department has set the bar with the closure plan of Agnews Developmental Center. However, the time and funding available for the Agnews closure is at the department's own admittance not available for Lanterman. We believe that any closure plan – or any plan at all involving clients -- should be individual-based, not money-motivated. ***The residents of LDC deserve no less.***

Tony Myers
Stat[illegible] esident

1220 S Street, Suite 100 ✦ Sacramento CA 95811-7138 ✦ (916) 329-9[illegible]

CALIFORNIA ASSOCIATION OF PSYCHIATRIC TECHNICIANS

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3431 Pomona Blvd., Ste C
Pomona, CA 91768-3294
myerscapt@aol.com

(909) 595-1085
Voice Mail: (800) 926-2278 (2#)
FAX: (909) 598-1387

From: Cynthia CableKulli [redacted]
Sent: Saturday, February 27, 2010 10:17 AM
To: Coppage, Cindy@DDS
Cc: [redacted]
Subject: Lanterman State Hospital closing

Dear Ms Coppage,

I am a family friend of [redacted]'s family. [redacted] resides in Residence[redacted]. I am very very concerned with his **Continuity of Care.** He will have nowhere to go if Lanterman closes. His family is spread around the country and his parents are dead. His condition is such that he cannot be integrated into a normal family's life. He is one of the most disturbed patients and cannot be around young children, or left alone. Even small changes to his routine bring about unpredictable behavior.

What does the state plan on doing with this man? This man who has been a ward of California since 1947? Please let me know so that I am secure in the knowledge that this man will receive the continuity of care he needs. Because all of us, every resident of CA, needs him to be taken care of.

I understand that the budget of the state that I live in is in dire straits. We have continually advanced budgetary increases to the point that we cannot support all of our wonderful programs. But it is immoral to try to balance the budget on the backs of those least able to care for themselves. (the patients!)

--
Cynthia Cable
[redacted]

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Cindy Coppage
California Department of Developmental Services
Developmental Centers Division
1600 9th Street Room 340 – MS 3-17
Sacramento, CA 95814

February 24, 2010

PUBLIC INPUT ON THE CLOSURE OF LANTERMAN DEVELOPMENTAL CENTER

Thank you for providing the opportunity to give written input to the proposed closure of Lanterman Developmental Center.

First of all, I applaud the administration for making this proposal at this time. It is the right thing to do. I think we have seen enough examples of former developmental center residents now thriving in community settings to know that quality lives can and will be the result of this transition.

Given my profession as Executive Director of a community-based organization serving regional center consumers, my support of this action may be dismissed as just representing my "team". But let me say that my sister, [redacted] was born with profound developmental disabilities and has lived for 56 years at Porterville Developmental Center. When my parents placed her there in 1954 at the age of 5, they were very relieved that she was able to get in. My father was a physician and, as you know, the medical community at that time promoted institutionalization for kids getting too big to be cared for at home. My father died suddenly shortly thereafter and my mother, now struggling to raise four other kids alone, was adamant that the DC was the best place for [redacted]. My mother died in 2004 and another sister and I became co-conservators of [redacted] and continued her residence at Porterville. [redacted] died last month at the age of sixty. I can say without reservation that [redacted] received quality care throughout her lifetime. The heartfelt expressions of love and affection during [redacted] memorial service in Unit [redacted] are testimony to the quality and longevity of staff.

But that doesn't mean that, as a system, we can afford to maintain those large institutions. The same quality of care that my sister received all those years is available in smaller community-based settings and at far less cost. Right now, community services for the non-DC population are being starved with frozen and then reduced funding. Clearly, that issue must be addressed during this transfer. Existing community services can be supported to ensure the smooth closure of another developmental center. Captured resource savings should be a benefit to all consumers of regional center services.

Sincerely,

Cynthia Burton
President/CEO

Board of Directors: Barbara Steveson, *Chair* Christopher Jones, *Vice Chair/Treasurer* Mary Ellen Tiffany, *Secretary*
Jeffrey Dodds Lynda Fairly Steven Fedde Shari Isaac William Kimsey Jean Smith
Cynthia S. Burton, *President/CEO*

San Luis Obispo County • Santa Barbara County • Ventura County • Kern County • Los Angeles County

From: Mary Burkin [redacted]
Sent: Wednesday, March 03, 2010 8:39 PM
To: Coppage, Cindy@DDS
Subject: I oppose the Closure of Lanterman Developmental Center

March 3, 2010

Dear Ms. Coppage,

Please add my name to the long list of concerned citizens opposed to the proposed closure of Lanterman Developmental Center.

There are many reasons why I oppose closure:

1. It is more expensive for California Citizens to pay for the same high standard of care for clients in outside communities, especially when that particular population has so many severe physical handicaps.
2. The people served by Developmental Centers cannot speak up for themselves, and cannot fight for their own rights, but nevertheless are entitled by the Lanterman Act to a much better quality of care than that sporatically available in outside communities.
3. The Developmental Center is a focus for local individual and group charities and volunteers, whereas in outside communities, persons with Developmental Disabilities aren't easily contacted by any outside non-profit groups, allegedly on the grounds of confidentiality.
4. Studies have shown that persons transfered into outside communities have a lower life span than those who remain in Developmental Centers.

Please note, this isn't a complete list. I can't believe that the citizens of California are willing to let persons so medically and emotionally fragile suffer even more pain.

There are more reasons for opposing the closure that I haven't listed.

Thank you for your help.

Yours truly,

Mary Burkin
[redacted]

Hotmail: Powerful Free email with security by Microsoft. Get it now.

Delgadillo, Terri@DDS

From: Boyd Bradshaw - HCDD Inc. [redacted]
Sent: Thursday, February 25, 2010 1:55 PM
To: Delgadillo, Terri@DDS
Cc: Hutchinson, Mark@DDS; Walker, Rita@DDS
Subject: Spam:Lanterman Closure

Terri,

As the Lanterman Developmental Center closure comes closer to fruition residential options that are available and/or need to be developed will become an important part of the closure process. REScoaltion appreciates the need for diverse thoughts and ideas on the subject; therefore, we would like to make sure that we are an active participant in the process. With a membership that includes residential service vendors from every Regional Center catchment area south of the Grapevine, we have an interest in the closure process. As this process unfolds we are certain that numerous issues will arise that cannot be planned for. However, it is our belief that there are three issues that should be seriously considered. They include:

1. Utilization of existing residential options - Considering the significant number of vacant beds in various Regional Center catchment areas, we would like assurances that efforts are made to support existing businesses before developing new ones.

2. RFP process for any new programs that need to be developed - We would like to ensure the RFP process is open and transparent. While we have excellent Regional Centers located in Southern California there have been occasions when actions have been perceived as less than sincere.

3. Real Estate Protocols – We would like assurances from DDS that RFP's stemming from the Lanterman closure do not require potential vendors to lease, rent, or otherwise enter into contracts with Real Estate entities affiliated with Regional Centers.

We realize that DDS has a lot to consider in an effort to fast track this closure. It is for this reason that we are presenting our position to you.

Cordially,

Boyd Bradshaw

President REScoalition

From: Vergine Jarakian [redacted]
Sent: Thursday, March 04, 2010 1:56 PM
To: Coppage, Cindy@DDS
Subject: Keeping Lanterman Development Center Open

March 4, 2010

Dear Ms. Copage,

As a former administrator of special education services in Los Angeles Unified School District, I am very concerned about what will become of the Lanterman Center and the patients and employees effected by its closure. My brother-in-law, [redacted] has lived at Lanterman for the past 27 years. The proposed closure will not only be devastating for him and the other residents, their families, thousands of employees who will lose their jobs, but the community as a whole. The constant care he has been getting at Lanterman, the periodic needs assessments and goal setting by professionals have helped him thrive at that setting. It is ethically and morally wrong to close Lanterman Developmental Center. I strongly urge the Governor to reconsider his decision to close this safe haven and home for the developmentally disabled.

Eunice Kennedy Shriver said, "Every person, regardless of whatever different abilities they may have, can contribute, can be a source of joy, can beam with pride and love." It is at Lanterman where my brother-in-law, [redacted] exemplified that quote. He was treated with dignity and respect that all individuals with special needs deserve.

The workers and residents at Lanterman are and have been part of his "extended family" for many years. He has made great progress, participated in Special Olympics, and won medals while at Lanterman. He was consoled by his caregivers there when he grieved for the loss of his mother. My mother-in-law passed away a few years ago knowing her son was living in a safe and secure environment. Closing this facility will be a tragic mistake of monumental consequences.

Prior to coming to Lanterman, [redacted] faced discrimination on a regular basis. On a recent flight to see family members out of town, he was pulled out of line at the airport and asked to produce a different form of picture idnetification. To subject a non-verbal human being to such humiliation is unacceptable. Our society has a responsibility to protect the sick and vulnerable. It is to no fault of his own that he is developmentally disabled. Our entire family is concerned for how this closure will negatively affect his well being.

I urge you to please reconsider closing Lanterman and do what is ethically and morally right.

Thank you in advance for your time and consideration in this matter.

Sincerely,

Vergine Jarakian

February 24, 2010

Dear D.D.S;

I have written a letter that my sister, [redacted] would write if she could." I know that such a letter should be stated as third (other) person party. But, a first person written narrative is what you need to hear now by a Resident of Letterman Developmental (mental) center.

Please consider the impact that closure will entail to all the Residents at Letterman, their care and psychological state!

The letter is included in this note!

Thank you,

Bruce Maddox
Brother and Conservator
of [redacted]
WARD [redacted] @ L.D.C.

Honorable Tony Strickland, Fax: (805) 230-9183
State Snator

Re: **Oppose the closure of Lanterman Developmental Center, Pomona, CA.**

Your Honorable:

We are Shirley A. Huang & Wynne Huang, mother and sister of our oldest son [redacted], who has resided at Residence [redacted], Lanterman Developmental Center (LDC) for 14 years. He is much better when he stays at LDC. Regional Center placed him many times in community and failed. He is extreme hyperactive and very dangerous to him self.

His previous community placements were very unsafe, inhumane environments and lacking of proper staff. One time we had to watch those retarded clients since the only female staff was running to another house to ask her supervisor , who was watching for the retarded client too, to come over to answer our question. These were horrible. Department of Developing Service (DDS) tries to close LDC and sell the land to save money. DDS has spent too much money in expanding regional centers and their staff. I used to see our local Regional Center had 6 or 7 staff, now they moved to a big budding with many staff. Each Developing Center also has one community placement officer, even one nurse in Orange County was handing my son's placement, regional center's staff are not doing good thing for retarded disables. We strongly **suggest** cutting regional centers' budget and staff to save state money **instead to close** Lanterman Developing Center and other state facilities. They apparently don't understand real meanings of Lanterman Act.

Thank,

Respectfully,

Shirley A. Huang (Mother)
Cell [redacted]

Wynne Huang, M.D.
Cell: [redacted]

[redacted]

March 8, 2010

Lungren, Nancy@DDS

From: Roger Huntman [redacted]
Sent: Saturday, February 13, 2010 6:30 PM
To: Coppage, Cindy@DDS
Subject: Lanterman Closing

Dear Cindy,

My name is Roger Huntman. My sister, [redacted] has been a resident at Lanterman (Unit [redacted]) for most of her adult life.

Unfortunately, I will not be in attendance as I now reside in Washington State. However, as her custodian, I should like to express my concerns prior to March 5 as well as the scheduled meeting Feb. 24.

It is understandable that the status quo is not an option which should be precluded as an argument at the meeting at its outset for time constraints. The acreage has always been conducive to high-density development which has always been my concern. So, the closure comes as no surprise considering the decline in residents as well as the state budgetary shortfall.

One option, which will likely be discussed, would be to consolidate the residents and reduce staff. It would allow the residents an opportunity to still enjoy the environs to which they have long been accustomed.

Still, there are those who would as NIMBYs (not in my backyard) be opposed to such an arrangement due to greed, ignorance and/or snobbery. Developers, and there are many should be in attendance to hear our concerns.

Fairview is an option as a final resolve for those who, like my sister, are severely mentally disabled and unable to function in a community setting which I have opposed at every IPP meeting. As a holdout for costody, it was always my thought that should this eventuality come to pass, it would fall on me to bear the final burden should her placement not be in keeping with my wishes. If the residents can be moved to Fairview and still be with those on their ward, it would surely lessen the trauma of the move and serve as an acceptable resolve as far as I am concerned.

Community placement is a final resolve. Many are underfunded, understaffed, poorly trained and paid accordingly, anaccountable, abusive to residents, motivated by profit, randomly comingle residents. It is far from the IPP meets with professionals who truly care for the residents at Lanterman.

[redacted]

March 2, 2010

Ms. Cindy Coppage
Department of Developmental Services
1600 9th Street, Room 34, MS 3-17
Sacramento, CA 95814

Dear Ms. Coppage,

We write to you in hopes of preventing a debacle for the patients of Lanterman Developmental Center similar to that which happened after the closing of the facilities at Camarillo.

What will be done for the patients in need of a secure facility? Placing them in the community would just not work.

The State of California should find other ways of balancing the budget than on the backs of those least able to fend for themselves, and pandering to the always-rapacious appetites of developers and other special interests.

Sincerely yours,

Bill Holmes Chris Holmes

Chris and Bill Holmes

From: Carlene Holden [redacted]
Sent: Friday, January 29, 2010 5:52 PM
To: Delgadillo, Terri@DDS
Subject: Spam:Lanterman Developmental Center

Hi Terri,

Easter Seals Southern California continues to help individuals transition from Lanterman Developmental Center to the community. We provide day programs and supports, supported living and group homes. Every adult has their own bedroom and the homes all support three or four adults. Last year we purchased and renovated five homes. We have been doing this for many years now and the quality of life has improved dramatically for the people we support. We expect to continue to be an active partner in helping return to their community.

We are very interested in being a part of the Stakeholder process and the community meetings. I've formally requested this earlier today through an e-mail to Nancy Lungren. However, I did want you to personally know about our interest and commitment to having this transition be successful.

Generally my representation on the Stakeholder meetings, the Lanterman Coalition and/or during testimony reflects the position of Easter Seals California, as I lead our Public Affair Team. I expect this to continue during the discussions around the closure of the Lanterman Developmental Center. However, I am also an Executive with Easter Seals Southern California and our affiliate has been deeply involved in providing services and supports. I think it will be especially important that I become a stronger partner with you in addressing the challenges this will present. Please include me in all stakeholder activity.

Sincerely,

Carlene S. Holden

Easter Seals Southern California

818 424-4807

Nancy W. Lungren
Assistant Director for Communications
Department of Developmental Services
(916) 654-1820 (vm); (916) 654-1884 (main)
[redacted]
nancy.lungren@dds.ca.gov

February 24, 2010

Lanterman Developmental Center, Closure Hearing:

I would like to tell you about my son [redacted]. He is 49 years old and has lived at Lanterman for the past 42 years. He is autistic with an anxiety disorder. He is classified as severely retarded. He also has had grand mal seizures with previous code blue episodes. He is self abusive, and runs away with no concept of personal safety. He has many other difficult behaviors.

He is taking three black box medications. (Resperidone, Lamictal and Tegretol) All three should be administered by state licensed personnel with close medical supervision for side effects. It is my understanding that many of the deaths occurring in the community are due to untrained people who do not understand the signs of medication side effects and over dosing. (Strauss Study)

[redacted] works at Community Industries with close supervision. There are behavioral problems but there are team meetings to plan how [redacted] can continue to work.

In the afternoon, [redacted] walks to Freedom Café to buy treats. [redacted] participates in the Equestrian Program, church, field trips and dances. [redacted] is not always successful at these events but his caretakers continue to include him.

Over the years I have been told that there is no place in the community for [redacted] Because of his behavioral and medical problems a place would have to be built for him. The community would not be safe for [redacted]. In a community facility, because of [redacted]' difficult behaviors, his world would shrink in something that would be manageable for his caretakers.

Lanterman is the least restrictive placement for [redacted] Professionally trained personnel and structured environment allows [redacted] the greatest amount of freedom possible

Lanterman Act speaks to the needs of the individual. Lanterman needs to stay open for the minority of men and women who require a higher level of care. It needs to stay open as a safety net for men and women in the community.

Both the human cost and monetary cost will be much higher if the closure plan is followed.

California has always been a leader in innovative treatment of the developmentally disabled. Please don't take this backward step. There are creative solutions for both the California budget and the welfare of the men and women of Lanterman. Don't close Lanterman Developmental Center

Jackie Bayer
[redacted]

From: Suzie Barnes [redacted]
Sent: Thursday, March 04, 2010 9:55 AM
To: Coppage, Cindy@DDS
Subject: [redacted] @Lanternman Development Center
Importance: High

Dear Cindy Coppage,

It is my understanding that the DDS has recommended the Lanternman Development Center be closed. This is horrifing news for the family of [redacted] (of which I am a distant relative) due to the fact that he has been successfully cared for and "treated as family" since 1946! Over sixty-four years of nursing, care, love and kindness has been invested not only into his but other's care and treatment.

I am wondering how land that is "deeded in perpetuity" for the disabled can be closed down and used to pay for State Bonds, or give developers the chance to build new shopping malls? Isn't there moral as well as legal grounds against displacing the weakest members of our society in order to satisfy the greedy and hungry wolves in politicians clothing? Why not use facilities such as the Ronald Regan State Building in LA for such purposes? In the 1990's Agnew State Hospital was closed and it cost the state over 90 MILLION dollars. Is this really, truly a wise and wonderful choice? Will the patients be successfully placed in other appropriate facilities with care givers that have know them for years?

I recently watched as my mother was admitted to a care facility for the loss of her mind (Alzheimer's Disease). The pain of having to observe another's pain, inability to change or allieviate their disability is frustrating and powerfully shocking at how little we have control over ours and other's life's. You have control and power over whether or not disabled patients are displaced, routines upended, relationships with life long nurses disrupted or even ended. It isn't a question of whether or not people will die, but merely a question of HOW MANY?

As this decision is powerfully wrought with high emotions and possibly millions of dollars worth of relocation or replacement costs, I ask that you weigh your choices carefully. Consider where you'd like to send a dear and precious family member should they become physically disabled. Thanks for taking the time to scan this brief email.

Sincerely,
Suzie R. Barnes

From: JENNIFER ALLEN [redacted]
Sent: Friday, March 05, 2010 4:28 PM
To: Coppage, Cindy@DDS
Subject: LDC Closure

I am writing in protest to the closure of LDC. I am currently an employee of LDC for the past 10+ years. I'm a Psychiatric Technician. I have worked with a variety of client who live here at LDC. Every client that my co-workers and myself have taken care of have been treated with the up most care. My fellow PT's all are LICENSED PT's. We have not taken a few training course to say we can pass medications, provide treatments, monitor vital signs, monitor for pain, provide Active Treatment. I went to school, was licensed by the State of California. People in the community have had training. Training is not enough. Im afraid the clients will be placed into the community and end up on lots of medications to control their behaviors or die. During the time i have been here, i have seen clients come to LDC from the community and we need to help rehabilitate them. Titrate them off their medications. They come in overweight with little skills. We take the time to learn about them, reteach them, take them off medications, and provide and overall better life. One thing you see while walking around LDC is the clients. They are always out and about. Walking everywhere. They know where the Freedom Cafe is, Trust Office, Rustic Camp, the auditorium, etc. The clients that have ground privileges walk all over. They have the right of way. Everyone looks out for them. We teach them safety awareness, when we are out on campus in groups we teach them to wait at the sidewalk, what a stop sign is, etc. They know their home. Most have been here for years and to move them from the only home that they have had does not make sense. The infrastructure that has been talked about makes me wonder what parts. In the 10 years i have been here, there has been major remodeling and upgrading projects both to the facility, residences, inside and out. We had a new water tower put in, buildings painted, inside residences decorated, maintenance is always kept up on the inside, side walks have been fixed, trees planted, air conditioning put in, new audiology building built. Residences opened and redecorated. New patios put in, pipes fixed. As a tax payer of the state of California, I would like to see what the condition of all the other facilities are. It seems like our grounds are beautiful and very desirable to all the surrounding cities. We are constantly hearing about how the cities want to tear everything down, build town homes, shopping centers, sewer systems, sporting arenas. LDC is the clients home. Not something that is up for grabs for people to benefit their own agendas. Closing LDC will also hurt all the near by businesses. They get business from the staff and clients at LDC. Doing this will hurt the local business. I understand that the closure will be neccessary eventually. I dont understand how DDS can announce the closure in Jan and then have all the information together to present in April. Two months to get all the information they need does not seem right. Please hear my voice and know that there are many like me who protest this closing. Please reconsider this!!! Please for the clients who live here. Provide and gather more information before presenting this decision.
Thank you

Jennifer Allen
[redacted]

February 23, 2010

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340 MS 3 - 17
Sacramento, California 95814

re: Proposed closure of Lanterman Developmental Center

Dear Ms. Coppage:

My brother, [redacted], has been a patient at Lanterman since he was committed in 1946, as an Immediate Danger to Himself, at age 17. His admitting diagnosis was "Brain Fever", but we now know he is *severely* autistic. He could escape from anyplace, anywhere, at any time, and would run pell-mell until he injured himself. He cannot speak, and cannot even tell others when he is in pain. He requires a very secure facility, with outside grounds, as even at age 81 he is quite spry and remains a serious elopement risk! Further, he requires an extremely structured environment, with no "surprises" or stress.

His caregivers at Lanterman, on Residence [redacted] (formerly Unit [redacted]), have known him for years, and are familiar with his "non-verbal cues" and his extremely bizarre behavior. In addition to the elopement risk, he is completely asocial, and can suddenly grab or strike others for no apparent reason. I am told that the other "guys" (as we call the patients) are all used to [redacted], and "give him his space", even allowing him to lie on his "own" couch in the day room. Additionally, the warmth and affection his caregivers feel for him is very evident. Truly, this is his "home"!

While I understand the current fiscal woes of the State of California, I also know that moving these fragile, needy patients, and laying off or transferring the caregivers who understand their needs, is *not* the humane or moral way to save the State's money. Can't we begin to "think outside the box", and find some "win-win" solution, to borrow catch-phrases from the business world? I hate to think that my brother could lose his home of 64 years (longer than most people live in any one home!) just because of financial concerns. There *must* be a way to make Lanterman more fiscally self-supporting, and at the same time preserve the long-time home of the residents. We should do no less for those of our society who cannot care for themselves.

Sincerely,

Dian Allison, R.N.

Dian Allison, sister and limited conservator of [redacted]

[redacted]

e-mail address: [redacted]

March 5, 2010

Yvonne Allison
[redacted]

Cindy Coppage
Department of Developmental Services
Developmental Centers Division
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Dear Ms. Coppage,

I am writing to you on behalf of my maternal grandparents, Berenice and William Meyer, who died in 1983 and 1994, to ask that you and your fellow Department of Developmental Services colleagues stand firmly against the closure of Lanterman State Hospital on humanitarian as well as your professional reasoning.

My grandparents suffered in many ways from their decision to commit their oldest child, [redacted], to the care of the state of California. They suffered because they loved him and could not ensure his safety, and they suffered because of anxiety that the state would also fail.

After years of worry and concern, I believe it was the legislation called the Lanterman Developmental Disabilities Act (AB 846) in 1977 that finally gave them some feelings of security. This act led to significant changes in the care [redacted] received in the Pomona hospital which would later be renamed Mr. Lanterman, and gave my grandparents a feeling of security that had been lacking since the commitment proceedings.

Having a child you know will need permanent care after you are gone, and putting your faith in a faceless institution that the child will continue under care so long as he lives, is not a situation taken lightly by anyone. It is in fact a leap of faith. In my uncle [redacted]'s case, he cannot even speak for himself so deeply is his removed from us in his autistic world. He cannot describe how he feels about living at Lanterman or about his caregivers.

I hope that you will do your best to honor the faith of my grandparents.

Most Sincerely,

Yvonne Allison

From: Paul Atkinson [redacted]
Sent: Tuesday, March 02, 2010 12:36 PM
To: Coppage, Cindy@DDS
Subject: The Proposed Lanterman Development Center Closure
Importance: High

To: Ms. Cindy Coppage

Regarding: The Proposed Lanterman Development Center Closure

My life partner's brother [redacted] is a current resident at the Lanterman facility. He has been a ward of the state since early childhood. The state development centers are the only life he knows. He has been at Lanterman for 27 years. Before that he was a resident of the Sonoma State facility for close to thirty years. From my experience with him, he is as happy as possible given his condition and this is a direct result of the programs he participates in at Lanterman and also the medication he has been prescribed. [redacted] has a history of aggression, extreme anxiety and agitation when he has changes in his routine and schedule. Being at Lanterman provides a solid and consistent routine which is of the upmost importance to him and other like him.

I fully understand the budget shortfall the State of California currently faces and how many groups are stating their case for why they should receive their share of what limited funding that is available. Although there are many valid ways to prioritize where this funding will go, I do think it is easy to prioritize the neediest and help those who truly cannot help themselves. Two groups immediately come to mind, children and the disabled (whether mentally or physically). How can the state justify closing the Lanterman facility from a human perspective? Yes programs need to be cut and many groups are not going to receive the funding they normally would if the economy was in better times. But don't cut the Lanterman Development Center and its programs as they are unique and serve those who truly cannot help themselves and belong at a center not a small community home or facility. One just needs to walk the Lanterman campus to prove the point.

To sell off this property and put the proceeds in the general fund is not only a financial mistake, it is an insult to all Californians and especially the many that reside and receive help at the facility. I believe the solution is to sell half of the centers land and use the proceeds to improve and bring the remaining facility up to code. The proceeds should not revert to California's General Fund.

I strongly oppose the closure of this facility.

Paul Atkinson
[redacted]

From: Marlynn Heyne [redacted]
Sent: Friday, March 05, 2010 3:47 PM
To: Coppage, Cindy@DDS
Subject: am writing this letter on the behalf of the Clients who presently resides at Lanterman Development Center.

I am writing this letter on the behalf of the Clients who presently resides at Lanterman Development Center. I have been a Rehabilitation Therapist/ Music at LDC for 26 years
And a Recreation Consultant for group homes for 19 years. As a professional I continue to work in both positions and therefore have seen how both agencies run their facilities.

I feel that the Clients at LDC are provide better services and has more opportunities to experiences more therapeutic activities as apposed the Consumers that I consult for in the community.

Every weekend I go and take the Consumers out for a community trip. They only get one trip service from me. I am lucky that there is gas in the van. When there is not, the owners are not around so the staff takes money from the Consumers funds so we have gas. (The Provider has 3 brand new Mercedes) We are never given any money to go on an actual trip. I try to fine activities that does not cause anything, but no one gives you anything for free now a days. The Consumers are lucky to get money for food. Most of the time food is packed for them. We never go the the L.A. fair, Happy Hearts, Medieval Times, Zoo, Nixon Museum etc. However, my Clients at LDC have those opportunities because I am able to implement such activities.

Many of the Staff who I have worked with at these homes continues to receive $ 8.50 an hour even though they have worked for the Provider for 15 years, is this right!!!
However, I have seen this Care Provider become a Millionaire owning 18 homes. The licensing never see's the true picture behind these individuals, or maybe they choose not to do so because the standards in the community is lower as compared to State facilities. The Consumers are a money business to the Providers. The only advantage the Consumers has in the community is that they live in a house with fewer clients.

I have also seen when Consumers get to medically sick, the Provider is quick to release those Consumers. Thy end up in Covalence homes where now one is able to communicate with them. There is no transition homes for them when the become medically sick. Therefore, they are loss in the system. I have seen too the Consumer who are behavioral challenge are more medicated. That's they way the Providers deal with not have issues with them. That in my opinion is like an Institution. We at Lanterman I can truly say don't do that to our Clients.

I do hope that the State of Developmental Services truly have the best interest of our Clients at Lanterman. However, God is the only one who knows what is best for us all and I know he will lead us all in the right direction.

Sincerely,
Carmen Aqui.

From: Shirley Erlandsen [redacted]
Sent: Thursday, March 04, 2010 7:06 AM
To: Coppage, Cindy@DDS
Subject: Spam:Re: Lanterman

Dear Ms. Coppage,

In regard to the closing of Lanterman Developmental Center, if it is indeed true, that the land was "deeded in perpetuity" for the disabled citizens of the State, and that if the land ever were sold, then the monies must be used for the patients. Where is the guarantee that the monies will be used for the patient care?

It seems fiscally irresponsible to close this facility and incur the costs involved when it is well known that it ended up costing the State of California over $90 *million* dollars to close up Agnews State Hospital, a similar facility to Lanterman, back in the 1990's. Most likely it would cost even more today. How can this be a savings? Can it be that greedy investors are hungrily looking at this property?

I understand that California has huge debt problems. Most of these have been incurred through supporting the illegal immigrant population. How cruel to cast out our own needy citizens, and take care of those who are here unlawfully. This appears to truly be the time when "they will call evil good, and good evil."

Please reconsider the closing of Lanterman Developmental Center.
Respectfully submitted,
Shirley Erlandsen

From: linda epperley [redacted]
Sent: Thursday, March 04, 2010 3:24 PM
To: Coppage, Cindy@DDS
Subject: Proposed Closure of Lanterman Developmental Center

I am writing to express my concern regarding the proposed closure of Lanterman Developmental Center.

Community based housing has many benefits for those who are mildly retarded or need minimal medical attention. Unfortunately, community housing does not adequately serve the needs of those with severe mental and physical impairments.

The individuals currently housed at Lanterman require 24/7 services that only a general acute care hospital institution with a skilled nursing staff can provide. Studies have shown that it is not cost effective to house those requiring the most medical attention in a community based site. They need the medical, dental and psychiatric services that are only available in the safety of an institutional environment.

The Supreme Court, in it's Olmstead ruling recognized the need for a range of services which respond to the verified and unique needs of the entire disability community. It supports the institutionalized care of those with the most severe impairments.

Many of the patients at Lanterman have lived there for many years. They deserve to live in an environment that preserves their dignity. Relocating them will only disrupt the relationships they have developed over many years and diminish the safety they have come to expect in their protected surroundings.

Frequency of family visits may be impacted as patients are relocated to new areas. Again, this weakens the support system patients have become accustomed to and further degrades their sense of security.

Many of the dedicated state workers will lose their jobs adding more to the unemployed rolls.

It is my hope that new and creative plans will be discussed that will result in a positive outcome for all parties. Our most fragile citizens and their families deserve a better solution.

Thank you,

Linda Epperley

Cindy Coppage
Department of Developmental Services
Developmental Centers Division
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

March 3, 2010

Dear Ms. Coppage

We are appalled that apparently the first thoughts with respect to the Lanterman Developmental Center are only economic. The article in the "Inland Valley Daily Bulletin" of February 15, 2010 does not mention the patients, their families or the staff of the facility. It talks about the property, its value to the City of Pomona and potential developers and the benefits to the State of disposing of it through a sale.

Discussing the mater with someone who attended both hearings in February, she said that little if anything was presented with respect to the patients. At best only vague comments about each case being individual were expressed.

It is our understanding that the families of the patients were promised by the State of California that their loved ones would be taken care of for life. There was no uncertainty in the promise when commitment was exercised. Now those families and their loved ones are facing uncertainty and possibly a broken promise.

We feel that the Department of Developmental Services, under pressure from the State budget has gotten the cart before the horse. First take care of the patients and when the facility is no longer needed as a developmental center, do with it what will benefit all of the citizens of the State.

Respectfully,

Mr. & Mrs Richard F. Emerson

Mr. and Mrs. Richard F. Emerson

From: Emerson, Tom (*IC) [redacted]
Sent: Thursday, March 04, 2010 2:51 PM
To: Coppage, Cindy@DDS
Subject: The closure of Lanterman Developmental Center

To Whom it May Concern:

I'm writing at the request of a long-time family friend. Her Brother has been under the care and protection of the doctors and nurses at the Lanterman Developmental Center since 1946. He has severe autism, and would likely pose a threat to himself or others should he be placed in a more conventional facility.

From the information my friend provided, it is my understanding that the site was placed on the "recommendation for closure" list strictly for political and financial gain, and to hell with the human element. I'm told there are plans in-the-works to construct a "pop-up" mall, complete with a movie theater, on this site. If there really is a need for another vacant pop-up mall, it is my understanding that there are already SEVERAL other state-owned buildings ALREADY UP FOR SALE that would be suitable for such a "renovation".

Furthermore, she tells me that the original deed for the property was placed "in perpetuity" for the care of the disabled citizens of the state - and should the land/property ever be sold, the proceeds are to be used for the care and relocation of the patients - you and I both know that should such a sale come to pass, any "money" collected will never find it's way back to these people - the "profit" would be used to pay off bonds or bolster some politician's barrel of pork...

Finally, a similar facility was closed twenty years ago - at the time, the COST TO THE STATE was in excess of NINETY MILLION DOLLARS. I'm certain that if this were done today, the costs would be much higher - this fact seems to have been conveniently overlooked by those that stand to make a profit on this sale (after all, they won't be paying that money, the state will!)

In closing, I urge you to REMOVE this building from any "recommendation for closure" list it might be on, BLOCK and sale of the building or land, and CONTINUE to support this and any other "specialized care" facility in the state.

Tom Emerson
[redacted]

Cindy Coppage,

Family and friends of the residents at Lanterman Development Center (LDC) were shocked to hear about the proposed closure of this facility. Most of the remaining residents at LDC are not candidates for group homes and will not make it in the community. LDC is home and the staff their extended families. Our daughter [redacted] is 54 and she has been at LDC for 48 years. She has many needs including around the clock medical care as defined in her IPP and PF. She is not a candidate for in community group homes. We are very concerned about [redacted] and other residents at LDC. It is our understanding that the state is intent on eventually closing all development centers (DC's). What is the expectation for these severely disabled men, women, and children?

It is hard to believe that a special place like LDC is not needed. We believe that the state Department of Developmental Services (DDS) and the government are disconnected. The services that LDC and other remaining DC's provide are most definitely needed. Instead of community placement, a short term remedy for our budget problems, the DDS should be working to expand these facilities to accommodate current and future needs. Is it logical to think that with our population growing that DC's are not going to be an even more critical part of our future?

We need to find options other than closure. Close the community homes and bring residents back to increase DC's population and bring costs down, bring in new clients that are privately insured. Closure of DC's is not acceptable, reasonable, or responsible.

Bill & Kathy Emerson

From: Phyllis Elijah [redacted]
Sent: Sunday, January 31, 2010 12:47 PM
To: Delgadillo, Terri@DDS
Subject: Lanterman Developmental Center closing

Please STOP the planned closing of the Lanterman Developmental Center in Pomona which you recently proposed. This facility serves members of families all over California with severe disabilities. The place is beautiful and restful and staffed with excellent personal who give great care to the people who reside there because they have disabilities that make it impossible to live without the 24 hour care.

The only reason the population has declined is that the state has not allowed people that have this level of disability the luxury of living at such a beautiful place. They would rather house them in hospital type environments, sterile and cold or push them into community homes that can't always adequately care for these people. There are residents at Lanterman that have lived there for over 50 years. It is the only home they know.

When closings like this have taken place in other states many of the residents get moved to nursing homes due to their severe disabilities and they are dead within a year. Lanterman Developmental Center residents are NOT old people that need a safe place to die. They are young or middle aged or healthy youngish seniors that need a safe place to LIVE.

The facility has beautiful park like grounds, outside patios on each residence and caring staff with "work" or "leisure" focused activities.

To me there is only ONE reason the state wants to close the facility and that is to sell the land to get money for the budget. Any argument you makes about "age of facilities" is nothing but smoke screen. It's like saying saying a beautiful old building should be torn down rather than repaired. You are NOT thinking about the residents you are suppose to be so concerned for as Director of Developmental Services. It is obvious to me you only cares about the budget.

The state of California should be a leader in caring for it's mostly severely disabled citizens not a state that just wants to push them into nursing homes that can't even adequately care for the people they now have. I have visited many nursing homes and I believe the current residents of Lanterman would be drugged and strapped into chairs at most of them because they don't have the staff, in numbers nor education, that would be needed to properly care for them. Is that how we treat our less-able-disabled California residents?

Sincerely,

Phyllis

Phyllis Elijah
[redacted]

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Re: Written Input for public Hearing to be held on February 24, 2010 at Lanterman Developmental Center, Pomona, California

My name is Dorothy Diamond and my son [redacted] resides at Lanterman Development Center.

[redacted] resides, close to our home and his family, at Lanterman since October 1985. He had been in a terrible car accident and was not expected to live. After becoming stable he was released from the hospital and sent to a rehabilitation center. Because of his condition and the cost of the long term medical services he required, he was placed at Lanterman Developmental Center. Lanterman was the best facility that could handle all of his 24 hour medical needs. There wasn't, at the time, any other provider in the community that was qualified to take care of him. There STILL has not been any community housing built that can take care of all of my son's medical needs on their grounds or that can fill his IPP needs except a Developmental Center.

I do not feel closing Lanterman would benefit [redacted] or any others that reside there. Closing Lanterman would only put a burden on the Regional Centers to find funding to provide supports and services for Lanterman consumers and others that are already in the community. These services at Lanterman can not be provided at less cost than in the community. I do not feel closing Lanterman would be a practical solution during these economic crisis. I feel a better solution would be to open Lanterman's services to consumers in the community to help bring down costs for the Regional Center's.

Who would be responsible for secured funding, and monitoring of these findings, that they would be available for now and for the future of [redacted] and other developmentally disabled consumers at Lanterman that need long term housing, medical, medication, dental, physiological, education, transportation, recreation, social needs and other necessities?

I do not think that [redacted] is a candidate for community placement. At this time I feel that Lanterman is the least restrictive and the most appropriate placement to meet [redacted]'s medical and activity needs. Lanterman has available immediate on grounds access to licensed medical diagnosis. They provide 24hr licensed staff trained to take care of the developmentally disabled. [redacted] needs a respiratory therapist on grounds because of his 12hrs. a day treatment, physical therapist to do his weekly therapy. Because of his fragile skin condition he has to be monitored closely, turned frequently and all of his social, education and recreation needs are be met.

I feel because of the consistent excellent dedicated care and calming environment that [redacted] has been provided, at Lanterman, for the last 25 years from the nurses and other staffing is why he is still here with us.

I oppose the closure of Lanterman.

Dorothy Diamond
[redacted]

DEVELOPMENTAL SERVICES NETWORK
770 L Street, Suite 950
Sacramento CA 95814

February 22, 2010

Department of Developmental Services
Developmental Services Division
Attn; Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento CA 95814

RE: Lanterman DC Public Testimony

Developmental Services Network is a private non profit association of providers of ICF DDH and DDN Services in California. More than 7,000 of our fellow Californians reside in ICF homes throughout the State.

As you know, ICF homes must meet the same stringent state licensing and federal certification requirements as the state developmental centers. As such, they are ideally suited to be the placement of choice for most of the residents who will be moving from Lanterman. Parental and relative's concerns have always been an issue with placement of people into the community from developmental centers and knowing that these community facilities are held to the same high standards as the state centers can serve to address concerns of family and friends.

For some reason, the Department did not emphasize the use of intermediate care facilities in the closure of Agnews Developmental Center and this was unfortunate. The subsequent problems encountered in the rather elaborate Agnews financing schemes used should be a reminder to this time consider use of a proven program that has served many people with developmental disabilities in a very positive manner for almost 30 years.

Please let us know how DSN can help. There are resources available for immediate placement throughout southern California with no development cost to the State.

Sincerely,

P. DENNIS MATTSON, PhD
President

From: Diana DeSarro [redacted]
Sent: Tuesday, March 02, 2010 2:42 PM
To: Coppage, Cindy@DDS
Subject: Lanterman Developmental Center

Mrs. Coppage,

Hello. My name is Diana DeSarro, and I am a teacher employed by Chino Valley Unified School District. I am also a mother and have lived in California my entire life. It is with a heavy heart that I write this letter. I urge you to please reconsider closing the Lanterman Development Center, which offers invaluable services to our community as a whole, including to the residents of LDC.

The 400 residents of LDC would be negatively impacted by this closure. Many are residents because their families simply cannot afford their care, nor can they provide the residents with the critical needs they require. Unfortunately, there are a great number of residents who have no where else to go. I am only referring to the residents, however, there are also 400 non-residents who receive services from Lanterman-all of which would suffer due to the closure.
Imagine needing surgery for an appendectomy, but not being able to receive any medical care. That is what the closing of Lanterman Development Center means to the residents and those who receive services there.

As you may or may not be aware, Lanterman provides training and employment to 1300 employees, many of which suffer from handicaps and severe disabilities. Eliminating their positions and means for productivity will seriously damage the confidence and self-esteem Lanterman has worked so hard to build for its members. There simply aren't many jobs available to the residents and clients of Lanterman Development Center, especially in these turbulent economic times. In fact, there aren't many jobs available to the employees without disabilities.

I realize that our state is faced with a budgetary crisis, however I implore you to make cuts in areas that will not affect those who can neither defend themselves nor take care of their basic needs. I believe that true character is manifested, not during the good times, but during times of great trials and challenges. Let the great state of California show its true character now-one which knows how to come together with its citizenry, yes to make sacrifices when and where necessary, but also protecting the lives of its most vulnerable citizens.

I thank you for your time, which I am sure is quite valuable and precious.

Diana DeSarro
TOA/Instructional Coach
Program Improvement Office
Chino Valley Unified School District
(909)628-1201 x1330

Dear Ms Coppage

Please reconsider closing Lantern. I believe it has been a good facility that does good work with developmental disabilities.

My sister worked there as a Registered Nurse in the 1980's and was a good care giver for the people she took care of. I believe there are many people who need the care given by Lantern

Thank You

Jean Bliss Darby

[redacted]

From: Dale C. Cook [redacted]
Sent: Thursday, March 04, 2010 11:09 AM
To: Coppage, Cindy@DDS
Cc: [redacted]
Subject: Proposed closing of Lanterman Development Center

Dear Ms Coppage --

I am writing you on behalf of my dear friend, Dian Allison, and her mentally challenged brother, [redacted]. Dian and I were high school sweethearts many years ago and have remained in touch ever since. At the time we dated, I did not know she even had a brother. Now I learn that he has been committed since 1947 and needs constant supervision to prevent him from hurting himself and others. From everything Dian has written me, Lanterman has become a wonderful place for him and others like him. The staff is caring and more like family than care givers.

It pained me to hear that the state (my birth state) might be planning to close this excellent facility and sell the land to developers. (Just what California needs is more shopping centers and movie screens.) Dian tells me that a similar facility (Agnews State Hospital) was closed in the 90's and ended up costing the state over $90 million. Further, she and her family had the understanding that the land in question was deeded to help the mentally ill in perpetuity. Paying off existing state bonds is NOT caring for those who need help. There are other properties, unused, that could be sold to pay the debt .e.g... The Ronald Reagan State Building in Los Angeles.)

In the end, a society is judged not by how it treats the privileged but the most defenseless among us. Please speak up for [redacted] and his mates against this proposed closing. Thank you for your attention.

-- Dale C. Cook
[redacted]

Formerly of Altadena, CA and graduate of Stanford University

From: Myra Clarke [redacted]
Sent: Wednesday, March 03, 2010 10:47 AM
To: Coppage, Cindy@DDS
Subject: Lanterman Developmental Center

Ms. Coppage,

I am writing to protest the Department of Developmental Services' recent recommendation to the Legislature for the closure of Lanterman Developmental Center in Pomona.

As a California educator and sister of a developmentally disabled adult, I understand the needs of individuals with developmental and intellectual disabilities. Many, like my brother, are able to function in supported home environments and work and live in the greater community. However, others like many at Lanterman, are completely unable to function safely in a group home or similar facility. Many of Lanterman's residents, including the brother of a family friend, are severely autistic, have poor impulse control, and are unable to care for themselves. They require secure facilities where they can be monitored closely and cared for in a humane way. Moreover, these residents form bonds with their caregivers and suffer needlessly when their routine and lifestyle are disrupted.

The State of California, real estate developers, and the greater Pomona community seem driven only by greed. The DDS has not demonstrated that it has considered ALL options regarding Lanterman, and seems uninterested in putting the needs of the disabled first, which should be its fiduciary duty.

Perhaps all sides could benefit from the sale of a large portion of Lanterman property while retaining a smaller developmental center to serve the needs of the remaining residents. Lanterman Developmental Center at one time served more than 3,000 residents, and as of December 2009, had 380 people with developmental disabilities still living at the facility, with the population declining 10% or more each year. Barring future admissions, the State could convert Lanterman to a private nursing home and/or hospital when the current population has completely declined.

Finally, the community should consider that adding yet another regional shopping center will *not* benefit the area in any substantial manner. The current economic downturn has made existing shopping centers deal with high vacancy rates. Retail stores typically provide nothing but low wage jobs. Meanwhile, 1,300 State employees currently work at Lanterman and face job loss or relocation.

The developmentally disabled residents who would be most affected by Lanterman's closure but are sadly least able to voice their needs. I urge you to work on their behalf to modify the plan to close the facility, and instead recommend only a partial sale of the property and retain the current residents.

Thank you,
Myra Clarke

Feb. 24, [illegible]

The State of Cal in there attempt to close [illegible] have for gotten to use these [illegible] These Clients [illegible] speak for them selfs

My understanding is that they hope to put these people in [illegible] Many of which need [illegible] special care.

If this center is closed many of these people will not get the care they need. As a result many could die.

My understanding is that the money from this closesure will go to help pay some of the state deficit.

At what cost is this exceptable?

A conserned Citizen

From: Cara [redacted]
Sent: Wednesday, March 03, 2010 1:31 PM
To: Coppage, Cindy@DDS
Subject: Opposition to closing Lanterman Center

To: Ms. Cindy Coppage

Subject: Opposition to closing Lanterman Center

I am writing to voice my opposition to the proposed legislation to close the 82 year old Lanterman Developmental Center in Pomona. This facility provides 24 hour residential care for persons with developmental disabilities including cerebral palsy, epilepsy, down syndrome, autism and some other serious health-related conditions. The Lanterman Center provides a great service to our citizens in need and I strongly oppose closure of this facility which will cause disruption to those served by the center as well as to those employed there.

Cara Gordon

[redacted]

[redacted]

From: Jhonna Lamur [redacted]
Sent: Friday, March 05, 2010 4:22 PM
To: Coppage, Cindy@DDS
Subject: Fw: Commentary to be included in public hearing response to proposed closure of Lanterman Development Center

My name is Jhonna Lamur
My uncle, [redacted] has been a resident at Lanterman Developmental Center for over 40 years. In all that time, we have known that he was safe, well-cared for and that his best interests were taken into account. When the IPP process began, we as a family were included in the process of deciding Uncle [redacted] fate each year during his annual review. Our questions, and concerns were taken into account and we were privy to the plans, treatments and goals set for him each year. Not once did his IPP ever reflect the idea that [redacted] should become a resident in a community group home.

Clearly, the Department of Developmental Services (the Department) is pushing residents in that direction. During the family meeting, to which the Department sent a representative, not once did they answer the question of where individuals who are not capable of functioning in the community will go. They could not tell us how much room was available in the three other state facilities. Their reply to our questions of where our loved ones would go was always that an individual plan would be developed for each client. As stated above, that has been the case for years and not once did my uncle's IPP reflect the possibility of him entering the community. So again, my question is where will he go, if not Lanterman?

There are, and will always be people who need protection because they cannot protect themselves. They are innocent and helpless. As a society we are morally bound to do so. We as family members have heard all the nightmare stories about group homes. And though the Department will say that there have been improvements, they have not improved to adequate levels to truly keep these innocents safe. Group homes do not train their employees. They do not pay well. And, they have extremely high turn over. We would not accept conditions like these if we had to send our toddler and pre-school children to such a facility. Why would we send our innocent and helpless developmentally disabled, like my uncle, into such a situation? It is morally irresponsible to even consider it.

In addition to appalling living situations, where will my uncle receive his medical services? What doctor's office in an average community is geared to treat these individuals with their myriad of specialized physical, mental, and emotional needs? What will the quality of life be for them? At Lanterman my uncle has access to doctors, trained professionals, and recreational facilities. He even has a job! In fact, he has everything that allows him to live, thrive and exercise his constitutional right to pursue happiness. If he is removed to the community, that will no longer be possible. His life will be reduced to mere existence, unstable at best, unsafe at worst.

The Department has stated that Lanterman is no longer viable because the number of residents has become so low. But clearly, that number is so low because the Department has systematically reduced the numbers by placing people in the community. As stated above, not everyone is a candidate for such placement. If the Department has truly done extensive studies, as they state, where are those studies and of what nature are they? Are they only fiscal studies? Why has the Department made no efforts or studies to find mixed use for the very large campus at Lanterman? Why have they not been proactive about keeping the facility current and viable instead of reactively attempting to close it when times are fiscally precarious? Rather than selling Lanterman, why not lease part of the campus and use the proceeds to update the rest. WHY IS CLOSING LANTERMAN THE ONLY PROPOSAL ON THE TABLE?

God Bless You. . .Jhonna Lamur

To my Esteemed Representatives,

The closure of Lanterman Developmental Center is shameful.
Our center is a home, a town, and a life for folks with multiple deficits, so many needs. We've got clients with lack of vision, hearing, autism, mental disorders, developmental disorders and many behavioral problems.

I'm so disillusioned, so disappointed in the decision to close this wonderful center. Our staff is the most skilled in the country, knowledgeable in all areas of their care. There are so many unseen and unacknowledged staff/heroes that deliver countless acts of kindness, teaching multiple educational, vocational, physical, and creative skills taught to the 'least of our brethren'.

The clients at LDC are not glamorous, not famous, not held in high regard in our society, but does this :— make them less worthy of your care, your concern.?
I cannot help but think of my 89 year old father and how hard it would be for him to adjust to a new home. Our clients are 10 xs less capable as he is.

I know the move would harm all and kill some. You know how hard change is for us, think what a new home, new staff, new job will do for increasing behaviors, and decreasing small gains in independence, social and physical skills.

Please don't sit silent as this tragic move is attempted. Do help us maintain the quality LDC has upheld, visit us, see for yourself the folks with no voice, depending on our care.

Value our clients, keep LDC open. Protect those with no voice, show compassion, put that above the money that 'might be saved', our society needs that from us now more than ever. California has always been a generous state, let's show that compassion and put our goodness on the line.

Thanks for our help.
Cathy Kisselburg, MA Ed.
Special Education Teacher
Lanterman Developmetal Center

From: Desiree Keplinger [redacted]
Sent: Thursday, March 04, 2010 12:48 PM
To: Coppage, Cindy@DDS
Subject: Proposed Closure of Lanterman.

Ms. Coppage:
I am writing you today to urge you to please reconsider the proposed closure of the Lanterman Facility near Pomona, California. My mother-in-law's brother, [redacted], has was committed in 1946, as an Immediate Danger to Himself---he is severely autistic, he will run and run until he hurts himself--even at age 81! He is not able to be placed in a Group Home. He is curently a resident at Lanterman and [redacted]'s caregivers have been there for years, and understand him. Our family cannot praise them enough for the loving care they give him! As his day charge nurse said, "We are a home, and this isn't a job, this is our family."

I understand that the State of California is experiencing a huge financial crisis, but surely closing a facility such as Lanterman can't be the best option. The patients there have no where else to go. The families of those patients have no where else to turn.

If you need anything further from me, please contact me at: [redacted].
I appreciate your time and hope that you will do everything in your power to see that another solution is found -- one that does not include disrupting the lives of our most vulnerable citizens.
Sincerely

Desiree Keplinger

From: Mari Frandsen [redacted]]
Sent: Friday, March 05, 2010 2:05 PM
To: Coppage, Cindy@DDS
Subject: Proposed Closure of Lanterman Developmental Center

Dear Ms. Coppage,

I am writing to express my outrage and disapproval of your plan to close Lanterman Developmental Center. I have been a family friend of [redacted]'s (in Residence [redacted]) for over 30 years, and am extremely concerned about his continuity of care. "Uncle" [redacted] has been committed since 1946, as an Immediate Danger to Himself. He is severely autistic, and will run and run until he hurts himself--even at age 81! He can not be placed in a Group Home. [redacted]'s caregivers have been there for years, and understand him and I believe that any change in his daily routine will be very disruptive for him.

Further, several patients at Lanterman require 24 hour nursing care by professionals who are familiar with them and can provide the continuity of Care needed. Many parents of the patients are unable to sleep at night since learning of the possible DDS "recommendation for closure" due to be presented in Sacramento in April.

The State of California is financially challenged and the land on which Lanterman sits is being eyed by the developers and local politicians who are already planning strip malls and multiplex movie theater for the site. One developer even suggested a park area to honor what they will be selling off and destroying! Where is the logic? But most importantly, to "relocate" the hundreds of extremely fragile, helpless patients to make way for more eyesores and parking lots is not only irresponsible, it is also materialistic and negligent. California already has several state-owned office buildings up for sale, including the Ronald Reagan State Building in Los Angeles, which could be better used in increasing revenue for the state.

Most, if not all, of the family and friends, as well as the employees of Lanterman, always heard that the land was "deeded in perpetuity" for the disabled citizens of the State, and that if the land ever were sold, then the monies must be used for the patients. However, I understand that the sale of Lanterman would go to pay off State Bonds, instead of placing the patients in appropriate facilities! For the fiscally minded, it ended up costing the State of California over $90 million dollars to close up Agnews State Hospital, a similar facility to Lanterman, back in the 1990's. No doubt, that figure will be higher for Lanterman today. It does not make sense from a fiscal point of view to try to close Lanterman up! I think that the DDS's plan to sell off parts of the Center is an example of the state of California's fiduciary mismanagement and an example of what is wrong with today's society. Please do what ever it takes to help those who cannot speak for themselves, and protect the Lanterman patients.

Sincerely,

Mari Frandsen

Public Comments on the Recommendation to Close Lanterman Developmental Center

Department of Developmental Services.
Attention Cindy Coppage

[redacted] has been at Lanterman over 37 years, when it was Pacific State Hospital. He was first placed in a home in the community in Hacienda Heights. [redacted] did not last there long. [redacted] did not like the home and gave a lot of trouble. Then he was placed at Lanterman Development Center on September 18, 1972.

I have been happy with the services at Lanterman. I know he is safe there. Staff, Doctors, Dentist, Nurses, and Physicians are required to be licensed. I worry about his aggressive behavior, his health and medication. Some of the medications that [redacted] takes are Black Box and require supervision. Also, [redacted] has psychotic problems that cause hallucinations. [redacted] also suffered from seizures when he was younger and his medication must be closely monitored so he does not suffer any seizures. [redacted] has a history of choking due to overstuffing his mouth with food. His food must be broken up into small pieces for him to eat and he must be monitored when he eats. On September 30, 2009 [redacted] swallowed his dentures and required emergency surgery to remove them from his throat. He became very sick and was in the hospital for five days.

When [redacted] gets angry and aggressive, he becomes violent and starts kicking, hitting and biting other people. He may harm another person or harm himself. In the past he has yelled and made gestures to the staff, using profanity and placing demands on staff. [redacted] is diagnosed with Mental Retardation Profound.

Terri Delgadillo's letter said that consumers will not move until the appropriate services are available, either in the community or at another development center. I do not want [redacted] to be moved to one place and then another. The staff must be licensed and experienced with aggressive behavior, health and medication. [redacted] enjoys going to community industries at Lanterman. [redacted] serves as an altar boy at Mass every Sunday at Lanterman. [redacted] enjoys going to dances at Lanterman and going to get his coffee at the Canteen. [redacted] calls Lanterman home. Where ever [redacted] is moved he should be able to experience the same activities.

Sincerely, Aurora Lopez

Mother and Conservator of [redacted]

[redacted]

March 3 2010

Department of Developmental Services,

Rear Ms Coppage,

Please note <u>no</u> on closing Lanterman State Hospital.

I remember with great sadness the tragic events of the closure of Metropolitan State Hospital. Former Metropolitan Patients were on skid row w/ L.A. unable to care for themselves and were lost their demon voices and the abuse of gangs to try for survival.

No community facilities were offered and none are presently available.

Thank for your attention,

Maryanne Cooper

From: [redacted]
Sent: Friday, February 12, 2010 1:44 AM
To: Coppage, Cindy@DDS
Subject: Lanterman Developmental Center closure

Hello Ms. Cindy Coppage:

I want you to know how happy I am that Lanterman Developmental Center will be closing. My brother, [redacted] moved to Lanterman Developmental Center when South Central L. A. Regional Center ran out of community placements for him. He lived at Lanterman for 4 long years (May 2005- Oct. 2009 in Unit [redacted], then Unit [redacted]).

The degree of institutional neglect that [redacted] endured at Lanterman Developmental Center will haunt me forever. Let me share one example. My parents visited [redacted] each weekend and I visited every 2 wks. When we visited, [redacted] was never wearing his own clothes and was often dressed in clothes and shoes that didn't fit or match. Eventually, my mother brought his dirty clothes home each week to wash because the laundry was sent out to a prison and took 6 wks. to come back or didn't come back at all. Even with my mother bringing his clean clothes back weekly, [redacted] would be wearing "donated" clothes when we saw him. Staff would get clothes from the group room closet to dress [redacted] in the bathroom next to the group room rather than walk to [redacted]'s room to get his clothes.

[redacted] moved to a specialized group home in L. A. in October, 2009. At my first visit, I asked him to show me his new house and his new room. He showed me the backyard (he likes to watch tree leaves and flowers blow in the wind). Next, he walked to the kitchen, stood in front of the refrigerator, pointed to it, said "fridgerator" and smiled. I said "Oh, you like having a kitchen and refrigerator, don't you?" He nodded, pointed and said "Yeh!" He walked to his room, touched his bed and said "bed", then walked around the room, touching and telling me the names of everything. He looked around and took a deep breath. He was comfortable in his new home.

My brother continues to have his ups and downs, but he wears his own clothes, receives personal attention and lives comfortably in this well-maintained home. This brings joy to my heart.

Thank you for your time.

Best Regards,
Kathryn Lincoln
[redacted]

From: Lisa Leong [redacted]
Sent: Tuesday, March 02, 2010 4:13 PM
To: Coppage, Cindy@DDS
Subject: Opposing the Closure of Lanterman

Dear Ms. Coppage:

We know you may have already received numerous emails and letters opposing the closure of Lanterman Developmental Center. We, as relatives of a resident of LDS, wish for the best for our relative (sister/daughter) also. For 11 years prior to entering LDS, she was placed in several community placement establishments where not only was she physically abused, but also was denied necessary medical attention.

As she has gotten older, constant attention is necessary to monitor her diabetes along with other behavioral problems. What we mean by "constant" is 24-hour around the clock attention by licensed and competent individuals, such as the staff at LDC. To place her at any other community facility would be disastrous, to say the least. She would undoubtedly cause harm to herself.

Rather than go through the horrible memories of the past community placement facilities that our sister/daughter endured, we are just going to state this in a short, to-the-point statement - PLEASE DO NOT close LDS. What if you had a sister or daughter who was in the same situation? What would you do? I am sure you would want to have a safe environment for her to live, wouldn't you?

Thank you.

Best regards,

Lisa Leong & Alice Lew

>
>
> From: Doug Hamlin [redacted]]
> Sent: Tuesday, March 02, 2010 8:57 AM
> To: Coppage, Cindy@DDS
> Subject: Proposed Lanterman Closure
>
> Dear Ms. Coppage,
> It has been brought to my attention that the State of California is
> considering the closure and sale of the Lanterman facility due to the
> negative budget situation. I must tell you that this is a very
> disturbing development that will displace many needy patients/residents
> who are currently stable, comfortable, and receiving excellent care.
>
> I am an entrepreneur who faces difficult decisions every day in a very
> tumultuous economic environment. I have been in the working world for 30
> years and have been through a few difficult economic cycles but nothing
> as negative and prolonged as the one we are currently experiencing. I
> tell you this because I want to assure you that I know that cuts in any
> way are never easy to contemplate let alone execute.
>
> I know that in my own business health care is the last thing to go on my
> list of considered cuts. For the State of California to consider closing
> a vital facility like Lanterman should be a last resort. Displacing
> those who are in the most serious need of day to day care should be the
> last ones made to change. It's just not the American way to turn our
> backs on the weakest and most vulnerable of our fellow citizens.
>
> I urge you to do whatever you can to keep Lanterman open and thriving so
> that the many unfortunate and less able residents of the facility can
> continue to live their lives with dignity and peace. THANK YOU for your
> consideration!
>
> Doug Hamlin
> Founder& CEO
> autoMedia Solutions Inc.
> 310-212-0395 ext # 229
> www.automedia.com
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Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Dear Ms. Coppage;

My stepson [redacted] is a longtime resident at Lanterman Developmental Center. I have many times with his mother visited him there and taken him out for picnics on Lanterman's spacious grounds, as well as for day trips and challenging climbs in the San Gabriel Mountains. Although he is mentally handicapped, at the same time he is lively and charming and enjoys life to the fullest. He is an energetic companion, full of curiosity and a love of life. He is a member of the human race and is loved by his family and friends.

During my many years as a professor at UCLA and other universities I often spoke about [redacted] to my students to try to teach them that we cannot think of ourselves as members of a civilized and cultured society unless we are prepared to cherish those, like my stepson, who are least among us. We must try to guide ourselves by the actions of Him Who healed the leper and the blind man—and might well have healed such beings as my poor unfortunate stepson.

I am prompted to write this letter because I am filled with foreboding and alarm by news that Lanterman may be closed and [redacted] and its other occupants transferred to what his mother and I believe are altogether unsuitable—and very likely harmful to his well-being—habitations in our violent urban society. We are skeptical of [redacted]s ability to survive in some citified establishment that may be operated by a proprietor interested only in turning a profit.

We have not heard a single humanely conceived argument for closing Lanterman. In the meetings I attended recently at Lanterman I did not hear one plausible, cogent, and humane reason for closing this useful, pleasant, and valuable institution where love and caring prevail.

Sincerely,

Robert H. Hethmon, Ph.D.
Professor Emeritus
UCLA

From: Marcus Mac [redacted]
Sent: Monday, March 01, 2010 1:16 PM
To: Coppage, Cindy@DDS
Subject: Fw: Proposed Lanterman Closure

Ms. Coppage

My wife's uncle is a current resident at the Lanterman facility. He has been so for 27 years. I have known him for roughly 18 years and have watched him improve every year through the programs he participates in at Lanterman and also the improved medication he has been prescribed. He is as happy as I have seen him in all those years. I get to see him on most of the major holidays and he is always quick to tell me about the events that are happening at his **home...** Lanterman. As I'm sure you know, a solid and consistent routine is of upmost importance to a mentally chanllenged human being. It is so evident when he visits that the key to his comfort and peace is repeating his routine even when he is on "holiday" from Lanterman. He has been a ward of the state since early childhood. This is the only life he knows.

We all understand the buget shortfall the State of California faces and many groups are stating their case for why they should receive their share of what limited funding that is available. Why there case is more important. I do think it is easy to prioritize the "most" needy if one steps back from the noise for a moment and thinks clearly. We must help those who truly cannot help themselves. Not those who choose not to, but rather those who do not have the capacity or the ability to help themselves. Two groups immediately come to mind, children and the disabled (whether mentally or physically). How can the state justify closing the Lanterman facility from a human perspective? How can it even justify it from a financial perspective? When is it ever a good idea to liquidate an asset to cover expenses? Is that not the type of thinking that was part and parcel to the financial collapse? The thinking that one can solve a personal budget crisis by using equity as a means for cash to pay off other debts is flawed. This idea of selling this property is ludicrous. Yes programs need to be cut. Yes many groups are not going to receive the funding they normally would if the economy was growing. The tough cuts need to be focused on those that have the ability to rebuild, not those who would be shattered and would never recover. Not only is this a financial mistake, it is an insult to humanity. I strongly oppose the closure of this facility and would enjoy seeing anyone in Sacramento defend it's closure.

Marcus Mac
President, Pacific Homeworks Inc.
20725 S. Western ave. #150
Torrance, Ca. 90501
888.584.8474

From: Lanita Mac [redacted]
Sent: Monday, March 01, 2010 9:29 AM
To: Coppage, Cindy@DDS
Cc: [redacted]
Subject: Written Request re: Lanterman Developmental Center

For any written submissions, please contact Cindy Coppage at cindy.coppage@dds.ca.gov

Submissions are due by close of business on March 5, 2010

March 1, 2010

Dear Ms. Coppedge,

I am writing you this letter because I strongly oppose the closure of Lanterman Developmental center.

My uncle, [redacted] has prospered there for 27 years, with great improvements shown each year. Because of this wonderful state facility, [redacted] has been able to live comfortably and decently. It is his routine. It is all he knows. He thrives on repetition and ritualistic behaviors.

If this program is cut, and [redacted] is forced to live without the comfort of his necessary routine, and carefully monitored medications, he will become dangerous to himself and to society. [redacted]s behavior deteriorates quickly without the proper rituals... daily routine, hourly monitored medications, structured meals and careful, attentive aides. He becomes disoriented, distracted, and frustrated which eventually leads to violent outbursts. He becomes vocally and physically abusive to himself and others around him. He becomes uncontrollable.

Please, I urge you to hear my request... "Do not close Lanterman Developmental Center".

It is imperative that my Uncle [redacted], and so many others who are incapable of helping themselves, be protected from our governments' problems. Please give them the decency and respect all human beings deserve. Protect them by keeping Lanterman, a wonderful and most necessary facility, open and operating. Keep Lanterman a "home".

Thank You,
Lanita Mac

Cost Comparisons of Community and Institutional Residential Settings: Historical Review of Selected Research

Kevin K. Walsh, Theodore A. Kastner, and Regina Gentilesk Green

Abstract

A review of the literature on cost comparisons between community settings and institutions for persons with mental retardation and developmental disabilities was conducted. We selected literature for review that was published in peer-reviewed journals and had either been cited in the area of cost comparisons or provided a novel approach to the area. Methodological problems were identified in most studies reviewed, although recent research employing multivariate methods promises to bring clarity to this research area. Findings do not support the unqualified position that community settings are less expensive than are institutions and suggest that staffing issues play a major role in any cost differences that are identified. Implications are discussed in light of the findings.

The significant growth of community-based services has given rise to a dramatic shift in how services, especially residential services, are provided to people with mental retardation. As community-based services have expanded relative to institutions, aspects of costs, efficiency, and outcomes have grown in importance to practitioners, policy makers, and researchers (Braddock, Hemp, & Howes, 1986, 1987; Braddock, Hemp, & Fujiura, 1987; Campbell & Heal, 1995; Felce, 1994; Harrington & Swan, 1990; Mitchell, Braddock, & Hemp, 1990; Murphy & Datel, 1976; Nerney & Conley, 1992; Rhoades & Altman, 2001; Stancliffe & Lakin, 1998). Despite the reduction in the number and size of large facilities that accompanied the increase in community-based residential services, large facilities are still with us. Tracking of facility trends shows that there are still more than 250 facilities nationwide with 16 or more beds serving nearly 48,000 individuals, 80% of whom are classified as having either severe or profound mental retardation (Prouty, Smith, & Lakin, 2001; Lakin, Prouty, Polister, & Kwak, 2001; Smith, Polister, Prouty, Bruininks, & Lakin, 2001). According to Polister, Smith, Prouty, and Lakin (2001), of the state-run facilities with 16 or more beds, 113 of them (nearly 60%) serve 150 or more individuals.

Several factors underlie the continued use of large facilities, including the institutional bias produced by the entitlements in federal Medicaid programs along with the pace of community expansion and the characteristics of the individuals themselves. For example, although community residential settings with 15 or fewer residents now number nearly 120,000 nationwide, waiting lists continue to grow and are a concern for policy makers and service providers. In studies of waiting lists, Davis, Abeson, and Lloyd (1997) and Lakin (1996) found between 52,000 and 87,000 individuals waiting for residential services, and nearly 65,000 were waiting for day programs. Overall, Davis et al. reported that 218,186 people were waiting for *any* type of services. Emerson (1999) has identified the same problem in the United Kingdom. Thus, the demand for community services for people with mental retardation and related developmental disabilities (MR/DD) has grown faster than the capacity of states to expand or create new community-based services.

The characteristics of individuals remaining in institutional facilities has also changed. Individuals still in institutions tend to be older and have more problems in daily living skills and in walking independently (Prouty et al., 2001). Although challenging behaviors are observed in both institutional

©American Association on Mental Retardation

and community settings, more individuals remaining in large settings present challenging behaviors (Borthwick-Duffy, 1994; Bruininks, Olson, Larson, & Lakin, 1994). On average, about 47% of residents of large state facilities are reported to have behavior disorders, a statistic that has slowly increased since the late 1980s, from around 40%.

Although many have argued that institutions cost more than community settings (e.g., Heal, 1987), others have reported minimal cost differences (e.g., Schalock & Fredericks, 1990) or differences that favor institutions (e.g., Emerson et al., 2000). These different outcomes arise from the inherent complexities of research in this area, which is characterized by a heterogeneous population, complex funding strategies, methodological challenges, and substantial variability (cf. Butterfield, 1987).

Because a diversity of viewpoints exists, and because both settings are likely to coexist for some time, it is reasonable to review research in which investigators have examined the costs of these service models. This research area is rich in complexity and, although policy reports on costs and expenditures have appeared (e.g., Braddock, Fujiura, Hemp, Mitchell, & Bachelder, 1991; Braddock, Hemp, & Fujiura, 1987; Harrington & Swan, 1990; LeBlanc, Tonner, & Harrington, 2000), few reviewers of the cost literature have critically examined methodological elements of the available cost-comparison studies. This has added to the difficulty in drawing firm conclusions.

Although recent literature in this area has, to some extent, included evaluation of outcomes in addition to service costs, our primary focus in this article is on research in which costs were compared. This is not to denigrate the importance of outcomes; rather, our focus reflects the limitations of a single paper as well as the reality that although government officials and service elements typically desire to take quality and outcomes into account when planning programs, legislators often respond more directly to cost issues in funding decisions.

Considerations in Comparing Costs

Sources of Funds

Although services and supports for people with MR/DD are administered by states, the funds to pay for them are not limited to state funds; funds also come from local (e.g., county) and federal sources. The federal government plays a substantial role in states through the Medicaid Intermediate Care Facilities for the Mentally Retarded (ICF/MR) program and the Home and Community-Based Services (HCBS) Waiver program (Harrington & Swan, 1990; LeBlanc et al., 2000; Miller, Ramsland, & Harrington, 1999). Services for people with MR/DD in states are funded, to a large extent, through these two programs, which provide matching funds, with the proportions of federal and state contributions varying across the states (Braddock & Fujiura, 1987; Braddock & Hemp 1997; Braddock, Hemp, & Fujiura, 1987; LeBlanc et al., 2000; Lutsky, Alecxih, Duffy, & Neill, 2000; Smith & Gettings, 1996). Currently, all 50 states have at least one active ICF/MR facility (Centers for Medicare & Medicaid Services, 2001), although not all ICF/MR facilities are large (i.e., institutions). Most large state-run facilities participate in the ICF/MR program, although there are large private ICFs/MR as well.

The HCBS Waiver program aids states in providing habilitative and other supports in community settings. Eiken and Burwell (2001) reported that

> about three-fourths of (federal) Waiver expenditures are used to purchase long term care supports for persons with mental retardation and other developmental disabilities. In FY 2000, about $9.3 billion of the total $12.4 billion spent for HCBS Waiver services was targeted to persons with MR/DD.

This amount nearly equaled the $9.9 billion spent on ICF/MR services in the same year. Since 1995, the average annual growth rate of HCBS Waiver services for people with MR/DD has been over 17%, whereas spending for the ICF/MR program has increased, on average, by less than 1%.

Cost Shifting

Results of early unpublished studies suggested that large facilities were up to 2.5 times as expensive as community facilities (e.g., Ashbaugh & Allard, 1983; Wieck & Bruininks, 1980). However, such conclusions are no longer valid because the analyses took place prior to the full operation of the HCBS Waiver program. Given the differences in the ICF/MR program and the HCBS Waiver program, there is the potential for costs to be *shifted* in complex ways. For example, whereas a placement in a large ICF/MR facility involves both state and federal funds, in varying proportions and at different levels across the states, not all community placements receive federal funds. Although some community-based placements are funded by both federal and state funds (e.g., under the HCBS Waiver), other services and supports are funded

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solely by state funds, or are funded by complex combinations of personal/ private funds (including "entitlement" funds under Social Security) along with state funding.

In addition, the federal component of funding under both Medicaid programs varies from state to state, and for the HCBS Waiver, it varies based on what is contained in each state's Waiver agreement with the Centers for Medicare and Medicaid Services (CMS). Consequently, as fewer individuals are served in ICF/MR settings and more receive HCBS services, certain costs may be shifted to other Medicaid programs, or other state funds. According to Lutsky et al. (2001):

> Per recipient Waiver spending fails to capture actual spending on Waiver recipients because it only accounts for a portion of their expenditures. HCBS Waiver recipients typically have some of their care, most notably acute care, home health, personal care, targeted case management, and adult day care, funded from the regular Medicaid program. (p. 8)

Cost Variation

Costs vary both *between* and *within* agencies and service systems, based on complex factors that affect them in several ways. Very similar services may vary widely in costs based on geography (e.g., urban vs. rural), unionization of staff, availability of professional staff, staff levels and ratios, ownership status (i.e., public vs. private), and other local factors in addition to characteristics of the consumers served. Such cost variation has been a consistent finding in the literature (Campbell & Heal, 1995; Mitchell, et al., 1990; Nemey & Conley, 1992).

Service costs also change over time as dynamic service systems constantly alter their complexion. For example, costs per resident in an institutional facility tend to rise when the most capable residents are removed and placed in community-based facilities. In addition, cost variation is typical both within and between service facility types. For example, in a study comparing costs in the United Kingdom, Hatton, Emerson, Robertson, Henderson, and Cooper (1995) reported average per person cost variations of as much as $20,000 between institutional placements and specialized units *within* institutions and the same amount of variation among regular group homes. This phenomenon has also regularly appeared in the literature in America (e.g., Jones, Conroy, Feinstein, & Lemanowicz, 1984; Lakin, Polister, Prouty, & Smith, 2001; Nemey & Conley, 1992).

Staffing

Staffing levels and ratios have been identified as one of the major sources of cost differences across settings (Campbell & Heal, 1995; Felce, 1994). In addition to variability in staffing ratios across settings, there are clear-cut differences in salary and benefit levels. For example, public employees typically have richer compensation packages, and there may also be increased costs associated with the availability of professional and therapy staff. In short, staffing is not a stable variable with wide variability in compensation levels across settings and high rates of turnover (e.g., Braddock & Mitchell, 1992). Staffing levels and costs associated with staff, including recruitment and retention, vary depending on the needs and conditions, and the regulations in a particular setting (Larson, Hewitt, & Anderson, 1999). Therefore, costs associated with staff will prove to be a critical variable in all service models in the future.

Case Mix and Functioning Level

As community services expanded during the past quarter century, the average functioning level of individuals remaining in institutional facilities declined while, in general, their average age increased compared to the general population served by state agencies. These changes have taken place because fewer individuals overall were placed in institutional facilities, and special efforts were made to restrict the institutionalization of children (Lakin, Anderson, & Prouty, 1998). In addition, individuals with more skills and abilities are typically placed in community settings before individuals with more complex needs.

Thus, there are now stark differences in the populations served in community settings and those remaining in larger settings, typically public ICF/MR facilities. With respect to comparisons between these two groups, whether on costs, functional skills, quality of life issues, and so forth, population differences must be considered. In research terms, this process is known as *correcting for case mix* or *controlling for client mix* (Mitchell et al., 1990) and assures comparability based on characteristics of consumers. The importance of correcting for the severity of those served is underscored by Felce and his colleagues (Felce, Lowe, Beecham, & Hallam, 2000), who concluded that "costs of residential services in general have been found to depend on case mix, with the mediating variable being level of staff per resident" (p. 309). Taken together, the factors

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of funding source, cost variation, staffing, and case mix are well-known and central to the cost-comparison literature. We now turn to a selective review of the literature showing how the research has addressed these and other issues in studies of service system costs in the MR/DD field.

Literature Selection

To show how the phenomena described above can affect conclusions about costs, we present a historical review of cost-comparison literature, highlighting studies that have gained prominence or address the issues raised herein. A comprehensive literature search was conducted using standard search strategies (Nerney, 2000) in several computerized databases (e.g., Medline, CINAHL, ClinPSYCH, PsychSCAN LD/MR) using keywords (e.g., *mental retardation, developmental disabilities, ICF/MR, costs, community, institution*) directly or in combinations to create Boolean searches. Two project members conducted literature searches using selection criteria requiring that identified documents (a) covered the MR/DD population; (b) included cost data or cost-related policy analysis; (c) were published or available since 1975; (d) were not case studies; and (e) were focused, at least in part, on residential services. Search results, including full identifying information, were saved electronically. Documents were then selected from these search results to form a document database. Documents that were selected were acquired, entered into the database, and stored in hard copy form. To assure that the two team members were selecting documents using the same criteria, we calculated average agreement at 88.5% on selections made from three large search result files. In addition, we regularly discussed search results and selections at project team meetings. Once acquired, the reference lists of documents were also searched for additional items not previously identified. Approximately 250 documents were identified and acquired in this way to form a working database.

Documents in this database were read and a smaller number selected for specific review if they (a) were published in peer-reviewed journals; (b) included community–institution cost comparisons; (c) were referenced in the cost-comparison literature; and/or (d) included a unique methodological element or approach, were frequently cited in the literature, or were illustrative of a specific historical point. Because of these stringent criteria, only a small sample of the documents are specifically reviewed herein.

Research Review

Peer-reviewed articles were selected for review in this section to provide a historical glimpse of the cost-comparison literature over the past quarter century. Studies were selected that have a bearing on policy issues in the field, especially those related to cost comparisons. A summary of some of the selected studies is provided in Table 1. Because absolute levels of costs are less important here than comparative costs, no attempt has been made to adjust costs to a common fiscal basis. Therefore, caution must be exercised because the studies span a broad time period. Although comparisons *within* studies are possible, costs may not be directly comparable, on a dollar basis, *between* studies because of inflation and other factors.

Murphy and Datel (1976)

In this early cost–benefit analysis, Murphy and Datel reported that a community-placement program in Virginia produced an average net savings, across 52 residents, of $20,800 per resident over 10 years (range = $13,000 to $29,000) or, on average, $2,080 per person per year. They noted that most of these savings accrued to the state rather than to the federal government. Murphy and Datel used complex data collected across system elements, and their often-cited 1976 study is not without methodological problems. One concern is that participants were not representative of the MR/DD population in two ways. First, over half of the 52 individuals studied (61.5%) did not even have mental retardation or other developmental disabilities, coming instead from a rural facility for persons with mental illness, thus also possibly underrepresenting urban and suburban settings. Second, participants were screened, and those who were not likely to succeed in community placement were excluded. Admittedly, Murphy and Datel's main purpose was to assign costs to benefits of community placement and was not a formal cost-comparison study per se. Despite this purpose, the study is often cited in the context of cost comparisons. Further, with regard to methodology, the authors noted that "90 percent of the data on costs and benefits over the ten-year period were based on *projections*" (p. 169, emphasis added). The basis of these projections was, on average, only 8.5 months of community living. Al-

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Table 1 Characteristics of Reviewed Studies

Source	Settings and subjects	Cost outcomes	Factors limiting generalization
Murphy & Datel, 1976	*N* = 52; MH = 62% MR/DD = 38% (moderate, severe, or profound); Ss placed from 4 institutions in VA	Average net savings of $2,080 per year per client in community services. Subgroup showing no cost-benefit from community placement, most similar to current institutional population	Mixed, nonrandom, nonrepresentative (of MR/DD) sample. No correction for severity or case-mix Sample screened to eliminate potential community placement failures 90% of data derived from estimates (based on 8.5 months of community placement) No accounting for start-up or capital costs
Jones et al., 1984	*N* = 140; 70 "movers" and 70 matched "stayers"; 85% severe or profound; drawn from Pennhurst facility in PA	Overall cost difference between community placement and public institution reported as $6,886 per resident per year	Different cost-aggregation methods across groups; relied on self-report cost data from community providers, including estimates, compared to accounting records for institutions Rater differences across groups Exclusion of three high-cost community cases No accounting for start-up or capital costs
Schalock & Fredericks, 1990	Fairview facility (OR) with census of 1,084 compared to 4 group homes and an apartment program (combined capacity = 25)	Average annual per person ICF/MR costs = $59,412 compared to $53,635 in community settings; costs in two group homes most similar to Fairview population = $60,615; equalizing raw costs for staff levels, community settings were more expensive	Small *n*-size in community setting No control for case-mix factors (i.e., community setting individuals not fully comparable to Fairview population) Few client characteristics provided to allow case-mix correction Day program costs were only *estimates* from budgets Community medical costs estimated from individual appointment records/documentation rather than billing encounter data

(Table 1 continued)

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Table 1 Continued

Source	Settings and subjects	Cost outcomes	Factors limiting generalization
Nerney & Conley, 1992	*N* = 375 living arrangements (group homes and nonfacility care) in 3 states (MI, NE, NH) compared with institutional costs	Institutional Care Rates (from records) Michigan: $63,000 Nebraska: $19,391 New Hampshire: $28,411 Community Rates (corrected using 50% split on need) Michigan (non-ICF): $47,359 Michigan (ICF): 48,487 Nebraska: $25,778 New Hampshire: $42,007	Data collected at facility level; incomplete correction for case-mix factors Different cost aggregation methods across settings Extreme variability in costs Education and Medicaid-reimbursed costs excluded No accounting for start-up or capital costs
Knobbe et al., 1995	*N* = 11; all severe/profound with challenging behaviors; placed from state facilities into homes serving 3 individuals	Overall cost savings in community of $6,154 per person per year	No accounting for start-up and capital costs Estimates for community medical service costs appear to be underestimates
Campbell & Heal, 1995	*N* = 1,295 "observations" of clients living in all settings in South Dakota	Average annualized adjusted rates reported as: ICF/MR = $55,560 ICF/15 = $39,077 HCBS = 25,813 Community Training Services = $21,210 Costs found to be associated with client characteristics, agency characteristics, funding source, staff : client ratio, and certain geo-demographic variables	Possible case-mix problems given loss of 29% of community sample Artificially high cost prediction may be due to use of aggregate vs. individual cost data
Stancliffe & Lakin, 1998; Stancliffe & Hayden, 1998	116 individuals moved to community settings and 71 remaining in institutions in MN	Average per person annual costs: $115,168 in institutions; $84,475 in community settings	Medical and case management costs excluded from analyses Covariance methods may not have fully equalized groups

(Table 1 continued)

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Table 1 Continued

Source	Settings and subjects	Cost outcomes	Factors limiting generalization
			Possible bias in at least one measure selected as a covariate
			Cost aggregation methods differed across settings
			No accounting for start-up or capital costs
Emerson et al., 2000	86 adults in village communities; 133 adults in new residential campuses; 281 adults living dispersed housing schemes (group homes and supported living)	Averaged annualized per person costs (converted from pounds sterling to 1997–1998 dollars): Residential campuses = $74,516 Village communities = $71,604 Dispersed housing in community = $65,852	Overall system of services in UK may not be directly comparable with United States Non-random sample with relatively few exemplars of each model of service

Note: Because the study by Rhoades and Altman (2001) is not strictly a comparison study and the authors use a national database, it is not included in the table. MH = mental handicap. MR/DD = mental retardation/developmental disabilities. S = subject. ICF = Intermediate Care Facility. HCBS = Home and Community Based Services.

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though most subgroups showed some cost–benefit, the one group that did not show cost–benefit was the most similar to the current MR/DD institutional population.

Jones, Conroy, Feinstein, and Lemanowicz (1984)

This widely-cited cost-comparison study was conducted as part of the court-ordered Pennhurst Center (Pennsylvania) depopulation effort. In this study the authors reported an average cost difference of between $6,500 and $7,000 in favor of community residential facilities. Despite many citations in the literature, the study does not appear to have generated much critical scrutiny. At the time of the study, approximately 85% of the population of the institution was labeled as having either severe or profound mental retardation. Cost data were compared between a matched sample of 70 "movers" and 70 "stayers." Data on six types of service costs were collected: (a) residential, (b) day program, (c) entitlement (i.e., public assistance levels), (d) case-management costs, (e) medical costs, and (f) other costs. Because Jones et al. collected additional information on costs, their study extends an earlier matched comparison study of behavioral change (Conroy, Efthimiou, & Lemanowicz, 1982).

Despite the prominence of the Jones et al. (1984) study in the literature, there are several methodological problems that may compromise the generalization of findings. Five are cited by the authors: (a) the Pennhurst dispersal was under a court-order and was, therefore, unlikely to have a normative cost structure; (b) subjects were not randomly assigned to groups; (c) all community placements served only 3 or fewer individuals; (d) self-report data on costs from providers in community residential facilities were used; and (e) medical costs were not fully enumerated. In addition, the data-collection design allowed for different methods of data collection across groups. At Time 2 (postrelocation) in this study and its precursor (Conroy et al., 1982), data for 40 of 70 movers (57% of those who moved to community facilities) were collected by "county workers," whereas this was *not* the case for stayers (i.e., those who remained in the institution). Data for stayers were collected by a team of trained workers who used teams of professionals as respondents. Furthermore, those who collected the behavioral data at Time 1 were not the same as those who collected the data at Time 2 for any subjects. Thus, raters were different between Time 1 and Time 2 *and*, for 40 out of 70 movers, were different from those rating all of the stayers at Time 2. In addition, as the authors stated, the interrater reliability of the behavioral data-collection instrument, the Behavior Development Survey, "has been shown to be barely adequate" (Jones et al, 1984, p. 306). Similar problems in methodology appeared in the collection of cost data.

For example, the authors did not explicitly examine the extent to which the different cost-estimation methods in the community and the institution may have yielded systematic biases in the data. In the community, costs were obtained by phone contact, with some costs being based on *estimates* made by one administrator in a county; these estimates were then applied to all individuals in that county. In the institution, by comparison, the operating costs were derived from state billing rates and examination of financial records. These differences in cost-aggregation methods, especially the reliance on broadly applied estimates in community settings, raises the possibility of systematic error. It is noteworthy, given the problems delineated here, that the authors themselves noted difficulties in making valid cost comparisons between community settings and institutions, including the difficulty in capturing costs, the heterogeneity of settings, and the fact that costs can be shifted between the state and federal governments.

More problematic in the present context is that the authors identified "three people living in community facilities with extremely high costs ($77,578, $103,679, and $104,565)" (p. 308) and excluded them, arguing that they were statistical outliers. It is not uncommon for investigators conducting fiscal analyses in human services to find that a small segment of a population accounts for a proportionally large share of costs. Extreme values such as these likely represent *real* costs, despite the fact that in a *statistical* sampling distribution they appear as outliers. Excluding such data may have seriously skewed the cost findings. A better strategy would have been to analyze the data with the so-called "outliers" left in the dataset and then reanalyze the data with the outliers removed, thus allowing comparison of the overall effect of such cases.

Schalock and Fredericks (1990)

In a study comparing the Fairview facility in Oregon with four group homes and an apartment program, Schalock and Fredericks (1990) reported

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an average cost of $59,412 in the ICF/MR institutional facility compared to an average cost of $53,635 in community residences. They attributed the average cost difference primarily to staff salary levels and noted that if corrections were made to equalize salary levels, the institutional facility would actually have been less expensive. Certain methodological problems were noted in this comparison as well.

For example, of the 1,048 individuals in Fairview at the time of this study, most had profound disabilities and fewer than 100 (< 10%) were school age, yet all of the community settings but one provided services to children. Furthermore, two of the comparison group homes provided services to children with mild mental retardation and emotional problems or disturbances. When considering only the two group homes serving residents who were most similar to the Fairview population, the community settings are found to be more expensive than the institution (*without* correcting staff salaries). One of these group homes served individuals with severe motor and ambulation problems who were incontinent and who, with the exception of one individual, needed to be fed by a staff member. The other home served children with profound mental retardation, some ambulation problems, and challenging behaviors. The average costs in these two facilities was $60,615, or slightly more than the Fairview average cost. These authors concluded that:

> These data present some troubling facts, especially for staunch advocates of deinstitutionalization. A general conclusion can be drawn from these data that, for individuals with challenging behaviors, residential costs within the community cost approximately the same as institutional services in Oregon, *given the current salary rates of institutional and community residential staff.* When these data are extrapolated, to equalize staff salaries between the institution and the community residence, the conclusion must be drawn that large institutions are, in most instances, less expensive than community residences for these challenging populations. (p. 283, emphasis in original)

Nerney and Conley (1992)

In this large-scale analysis of costs in regions of 3 states (Michigan, Nebraska, and New Hampshire), Nerney and Conley (1992) compared institutional costs and costs in community-based settings (including ICF and non-ICF group homes in Michigan). An array of cost data were collected from community settings, including direct-care and family-care payments (costs of care givers' operations/administrative costs, transportation costs, medical/clinical costs (other than those paid by Medicaid or other third-party payers), day program costs, and other costs. Data were not collected on educational costs or Medicaid-reimbursed health care costs. Data on institutional services in these regions were collected from overall state cost reports. The institutional data were not collected in the same way as the community cost data (i.e., state developmental disabilities offices provided the rates), a methodological problem shared by much of the research in this area.

The overall costs of services to community-based individuals in the specified regions of Michigan, Nebraska, and New Hampshire were $38,098, $19,391, and $28,411, respectively, compared to state rates for institutional care, which were $63,000, $32,000, and $72,000, respectively. The community rates in this study, however, include *both* facility (i.e., group home) and non-facility (i.e., apartment, family, and foster care arrangements). Taken separately, and partially corrected for case mix by examining the 50% of settings with "high need" individuals, the differences between group home rates and institutions in Michigan were reduced to $15,641 (non-ICF) and $14,513 (ICF); in Nebraska they were $6,222; and in New Hampshire, $28,993. Factoring in the Medicaid medical costs and applicable education costs would further attenuate the reported community–institution cost differences.

The interpretation of these findings remains difficult for several reasons. First, data were collected at the level of *facilities* rather than *individuals*. It is likely that there are substantial differences, in each of these 3 states, between the population that resides in their community group homes and the population residing in their institutional settings. It is unlikely that the level of need analysis (a 50% split) fully accounted for such variability (i.e., fully corrected for case-mix factors). Second, as noted, the procedures for aggregating costs differed between the community settings and the institution, and certain costs, as the authors noted, were excluded (e.g., health care costs covered by Medicaid or start-up and capital costs). Third, although the Nerney and Conley (1992) provided separate estimates, the aggregation of all community settings (i.e., facility and nonfacility community settings) de-emphasizes the cost differences *within* community settings. That is, they reported "enormous" variability both within and between states. For example, in Michigan, costs in 11 community place-

ments were under $10,000, whereas costs in 4 others were over $60,000.

In accounting for the differences between community and institutional placements, Nemey and Conley (1992) noted that staffing was a primary variable, given that between 50% and 75% of all of the program costs are associated with staffing. For example, they noted that a substantial portion of the differences in costs between Michigan and Nebraska could be directly attributed to a staffing ratio in Michigan that was 1.62 times higher than in Nebraska.

Knobbe, Carey, Rhodes, and Horner (1995)

Although employing a very small sample (N = 11), Knobbe et al. reported a more complete cost-aggregation methodology than is typical in this area. Similar to Schalock and Fredericks' (1990) work, all of the participants had either severe or profound mental retardation and exhibited challenging behaviors and/or mental health problems, thereby providing an interpretive link to current institutional populations. A strength of the Knobbe et al. study is that it is longitudinal; the authors followed the participants who moved from large centralized state facilities to community settings of three individuals each (thereby avoiding case-mix problems). These authors aggregated costs in 16 distinct categories, between 1988 and 1990, including food, medical, utilities, administrative costs, staff training, transportation, insurance, gas/vehicle maintenance, and others. Unlike Jones et al. (1984) and Nemey and Conley (1992), community costs were collected by Knobbe et al. in a way that was similar to how institutional costs were collected. They reported an average yearly cost per resident for the 11 individuals in the community during 1990 as $111,123 compared to their last year in the institution, which cost $117,277 (adjusted for inflation). The difference in costs across the settings was $6,154.

With regard to cost shifting, there was a rather large discrepancy between medical costs in the two settings, with institutional medical costs being more than five times greater than costs in the community ($10,939 vs. $2,144, respectively). The estimate for medical costs in the community settings is low considering health care cost findings in this population. For example, interpolating an annual cost for health care services, for 1990, from available literature (e.g., Adams, Ellwood, & Pine, 1989; Kronick, 1997; Kronick, Dreyfus, Lee, & Zhou, 1996) suggested that a reasonable annualized estimate for all health care costs (i.e., inpatient and outpatient costs) for this population would have been between $4,000 and $4,500, which would account for much (about 38%) of the community versus institution cost difference found in this study.

Although Knobbe et al. (1995) employed a commendable methodology for aggregating costs, we note that neither start-up costs nor capital costs were included in the cost estimates. Nevertheless, these kinds of expenditures are real costs associated with developing community settings and, arguably, should be amortized and entered into the cost-comparison research. Mitchell et al. (1990) noted this issue in their review and commented that it is possible that such costs during rapid deinstitutionalization periods actually cause costs to rise sharply and then return to lower levels. In most of the studies reviewed herein, none of the authors accounted for either community or institutional capital costs or community start-up costs nor was there any correction for costs necessary to pay for state-operated regional and community offices that would not be necessary in an institution-only system.

Campbell and Heal (1995)

Campbell and Heal (1995) employed complex statistical modeling techniques to predict costs of services attributable to facility location, size, funding source, and level of client functioning. They reviewed the literature and indicated that the results of many cost-comparison studies can be challenged because of (a) the difficulty in aggregating costs equitably across community and institutional settings and (b) the lack of comparability in the institutional and community-based groups with respect to functioning level and care needs (i.e., case mix). In their 1995 study, these authors endeavored to address these problems.

Campbell and Heal (1995) examined 1,295 observations in South Dakota of individuals of all ages in 79 *service groups*, which were combinations of different provider agencies, funding sources, and residential service types. Data were collected on average daily costs that were comprised of seven cost centers (administration, support, room and board, etc.); in addition, the analysis included the average daily reimbursement rate for these services as well as staff-to-client ratios. The statistical analysis linked these data to characteristics of service location, agency characteristics, client characteristics, and service funding class as well as to a set of other

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demographic variables (e.g., city population, county unemployment rate). A substantial portion of individuals in community settings (29%) were excluded from consideration for various reasons, whereas all but 2 individuals in the two institutions represented were included.

In the analysis, mean average daily costs for the different funding classes, adjusted for community, agency, and client characteristic variables, were (annualized): $55,560 (ICF/MR); $39,077 (ICF/15, i.e., a 15-bed ICF/MR facility); $25,813 (HCBS); and $21,210 (Community Training Services). In a related analysis staff ratios were found to be significantly higher for the ICF/MR settings, which accounted, in part, for the cost differences. Still, the difference across ICF settings (i.e., ICF/MR vs. ICF/15) is striking and suggests that different factors may be included in the cost bases. In addition, certain geodemographic variables (city unemployment rate, population size), along with client functional and behavior characteristics, predicted over 73% of the variance in costs. Adding provider characteristics (e.g., facility size) and funding source (ICF/MR, ICF/15, or HCBS) increased prediction to over 90%. Thus, a great deal of the variability in costs was associated with (a) provider and client characteristics (clients with more intense needs required more expensive services), (b) funding sources, and, interestingly, (c) characteristics of the locale. This last finding echoes the large cost differences across states that was reported by Nerney and his colleagues in the 3 states they studied (Michigan, Nebraska, and New Hampshire).

Exclusive of the institutional placements, Campbell and Heal (1995) found that community services costs bore a U-shaped relation to agency size, with large and small agencies being *more* costly that intermediate-sized agencies. This study, although analytically complex, provides no direct comparisons of costs across comparable groups; rather, the authors sought to predict costs (and other variables) based on a wide assortment of data. Large-scale studies such as this one are important and complement controlled group comparison studies.

One finding of special interest in the Campbell and Heal (1995) study was the strong predictive nature of client characteristics on costs. This finding is in juxtaposition with certain earlier findings. For example, Ashbaugh and Nerney (1990) concluded that client characteristics were *not* related to expenditures. Stancliffe and Lakin (1998) reported a similar lack of relation between expenditures and client characteristics. The finding of a relation by Campbell and Heal, however, is important, because predicting 65% of the variance in costs shows that client characteristics *do* matter in service costs.

Stancliffe and Lakin (1998) and Stancliffe and Hayden (1998)

In these two studies, both conducted at the University of Minnesota, the authors drew their participants from 190 individuals enrolled in an ongoing longitudinal study. Expenditures and outcomes for 116 individuals with severe and profound cognitive impairments following movement to community settings and 71 individuals who remained in institutional facilities were studied. Stancliffe and Hayden (1998) followed the 71 individuals who did not move to community placements. Because cost analysis is rather secondary in the Stancliffe and Hayden study, our focus here will be the study by Stancliffe and Lakin (1998) in which "movers" and "stayers" were compared.

Although Stancliffe and Lakin (1998) made comparisons based on residential costs as well as total costs (residential costs + day program costs), comparisons between community and institutional settings were only conducted on total costs due to the aggregation methodology. These comparisons were reported for both raw and adjusted data using resident:staff ratio as a covariate, based on staff members available on weekday evenings. Stancliffe and Lakin reported significant differences in both raw and adjusted average daily total expenditures between community and institutions. Costs for residents in community settings (annualized: $84,475) were 36% less than costs for residents in institutional settings (annualized: $115,168).

Some of the problems identified in this research area, such as case-mix issues, appear to be resolved by the use of statistical analyses using covariates. However, taken together, statistics from both of these articles (Stancliffe & Hayden, 1998; Stancliffe & Lakin, 1998) suggest that certain selection factors may still have been operating that affected the outcomes and conclusions. For example, it appears from the data that a behaviorally challenging group may have been initially overlooked for community placement, requiring the state to develop public community ICF/MR settings. In addition, Stancliffe and Hayden presented statistics on therapy use in the stayers group, suggesting that many of them had severe physical dis-

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abilities. It is possible that some of these differences were not apparent in significance testing due to the reactivity of certain measures (e.g., using the ICAP Broad Independence score as a measure of adaptive behavior).

In addition, one of the variables used as a covariate, resident:staff ratio on weekday evenings, may have unduly penalized the institution relative to the community sample. Differences in staffing ratios across the day may simply be a proxy for differences in setting characteristics. For example, it is likely that the assessment of *overall* resident:staff ratios would have attenuated setting differences because in ICF/MR settings, there are many therapists available during the day that cannot be counted on weekday evenings. In an ICF/MR setting with residents who have multiple disabilities and restricted functioning, many resident training programs are likely to be active during the day, when specialized staff members are available to carry them out.

It is also the case that staffing levels in public ICF/MR settings that are slated for downsizing or closure may not be representative of typical staffing ratios. It is likely that, due to civil service rules, unionization, and so forth, that a lag exists between the reduction in census and the reduction in staff. In the studies conducted by Stancliffe and his colleagues, data were collected during a 4-year transition period as staffing levels were adjusted down in the institution and up in the community to accommodate the shift in consumers. Because staffing reduction in institutional settings almost certainly proceeds slower than staffing up in community settings, staffing ratios in these studies may be somewhat suspect and, as a covariate, are likely to have affected many of the analyses.

Finally, the exclusion of medical, case management, and capital costs no doubt affected the comparisons. We have already addressed the issue of the medical costs shifting from ICF/MR costs to other sources (e.g., private insurance, Medicaid fee-for-service). However, given the complexities of the community-based population described in these studies, it is not unreasonable to conclude that *additional* case management costs would accrue in the non-ICF/MR settings compared to the institution and community ICF/MR settings.

International Cost-Comparison Research

Although the main focus of the present review is the United States, there is a substantial body of literature from other countries that cannot be ignored. This literature is, in some ways, strikingly different than the American literature. Felce (1994) reviewed the research on cost studies in the United Kingdom and explored what he characterized as a consistent finding that community services were more expensive than institutional services, in juxtaposition to the perception of many in America. For example, Emerson and his colleagues, who also studied costs in the United Kingdom, cited a previous meta-analysis that "adjusted costs. . . reported for hospitals [institutions] ranged across studies from $799 to $1,540 per week, whereas costs reported for group homes ranged from $912 to $2,750 per week" (Kavanagh & Opie, 1998, quoted in Emerson et al., 2000; p. 83, material in brackets added). Underlying the differences in cost-comparison research in the United Kingdom and America may be differences that exist in the service systems. For example, in America states share costs with the federal government in complex ways that promote cost shifting as state systems expand community systems relative to institutions. Because the costs that can be shifted under Medicaid programs differ and are not clearly understood by many, a perception may have arisen that there is no diseconomy of scale in smaller facilities. In contrast, because funding formula are less complex in the United Kingdom, it is assumed that community care will be more costly; in some ways just the opposite of the American view.

Still, Felce (1994) concluded that smaller community-based facilities offer the potential for increases in certain aspects of quality of life and that, in the long run, may be economically affordable. However, he cautioned that very small placements (i.e., smaller than 4) may not be able to maintain favorable costs structures if additional staff members are required based on increased needs of residents.

Recent work in the United Kingdom by Emerson and his colleagues (Emerson et al., 2000) found that costs associated with dispersed housing (i.e., housing that is integrated into existing communities) were 15% higher than those of residential campuses (i.e., institutions) and were 20% higher than village communities (i.e., clustered housing similar, in some ways, to regional centers and certain private facilities in America). After the authors adjusted for both adaptive behavior and challenging behavior, the annualized per person cost in 1997–1998 dollars (converted at £1 = $1.63) for village communities was $71,604; for residential campuses,

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$74,516; and for dispersed housing in the community, $85,852.

In a multivariate study conducted by Felce and his colleagues in Wales (Felce et al., 2000), total accommodation costs were predicted from resident and setting characteristics, setting size, service processes, and indicators of quality. These researchers derived a two-factor regression solution predicting accommodation costs that included service model and client characteristics (Adaptive Behavior Scale [ABS] scores) that accounted for 51% of the variance in costs, adjusted $R^2 = .48$. Unlike the findings in America, costs in this model were found to be *lower* for institutions in comparison to community settings. Similar to some of the research conducted in the United States, client characteristics were important in predicting costs. According to Felce et al., the cost differences between service models were related to client characteristics, such that "costs tended to be higher for people with lower ABS scores within each service model... (and that) the consistent finding of UK research on deinstitutionalization is that community services are more expensive than institutional services" (p. 321).

At present, there is speculation as to what forces produce this juxtaposition of cost differences between the United Kingdom and the United States. Smurcliffe, Emerson, and Lakin (2000) suggest that "one factor contributing to higher institutional costs in US studies may be that many US institutions have been downsized to the extent that relatively fixed institutional infrastructure and running costs are distributed over a small and diminishing population" (p. iii). This is precisely the interpretation offered by Braddock et al. (1991). This view is further echoed by Felce and his colleagues and has been voiced elsewhere in the literature. In addition, the work by Felce and his colleagues (2000) also assessed quality of life and noted that "This analysis provides additional evidence of a weak linear relationship between resource inputs and service quality, even after controlling for service recipient characteristics" (p. 323).

Rhoades and Altman (2001)

Using data from the 1987 National Medical Expenditure Survey (NMES), Rhoades and Altman (2001) used a different approach to studying costs in MR/DD services. In this survey, instead of taking the typical perspective of average aggregated costs from samples of individuals across settings, they derived data at the *individual* level. That is, individuals were sampled, and then asked about their individual costs. Rhoades and Altman began by noting that despite the success of deinstitutionalization, problems remained, including (a) the more intense needs and, thus, associated increased costs, of those who remain in congregate care facilities and (b) the declining cost–benefit of community settings compared to institutional settings. These problems prompted the recognition that now that the field has effectively deinstitutionalized many individuals, "the remaining population, more likely to have multiple problems, is generally a population that would generate higher expenditures no matter where they are located" (p. 115).

From this perspective Rhoades and Altman (2001) conducted a multiple regression analysis that, among other things, predicted mean daily expenditures by several categories of person variables and facility characteristics. The authors extended the work done by researchers such as Campbell and Heal. Rhoades and Altman reported that:

> The results of the multivariate analysis indicate, at a national level, what Campbell and Heal (1995) found in South Dakota. Facility characteristics, resident characteristics, and even community resources play a part influencing daily expenses for residents in facilities both large and small.... The results also show that for persons with borderline, mild, moderate, or severe levels of mental retardation, it is more expensive to provide care in larger facilities. For individuals with profound mental retardation, the size of the facility is not a factor in daily expenses once the increased expenses for the level of mental retardation are considered. (pp. 123–124)

In a way, the Rhoades and Altman study (2001) was the beginning of the shift in the literature away from controlled comparison studies. Instead of using static comparisons to determine specific costs in a policy-making context, results of this study suggest that researchers should approach the problem from the perspective of the individual and identify the most favorable placement based on the characteristics of the person and the service setting together. The authors showed, for example, that resident characteristics were, indeed, associated with costs of care regardless of the setting. Perhaps even more interesting is the interaction with level of mental retardation such that "Persons with similar levels of dependence had different daily expenses, related to their level of mental retardation and, thereby, the ability to cooperate and communicate with caregivers" (p. 126). This work is important because the results suggest questions that relate specific needs of individuals to specific re-

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quired services independent of the setting. Again, in the words of Rhoades and Altman:

> It is important to understand how organizational type, resident characteristics, number and types of services, and location come together to influence expenditures in order to develop the necessary resources for proposed health care delivery plans. Examining expenses from the individual rather than the organizational perspective allowed us to examine this complicated puzzle in a different way. (p. 127)

In such a context the question: "What costs more, community or institutions?" or "Which type of setting serves an individual better?" is no longer the critical question. Adopting the approach implied by Rhoades and Altman (2001), it becomes clear that costs and expenditures are related to the needs of the person, the quality of services provided, the desired outcomes, and perceived satisfaction on the part of the individual.

A Word on Outcomes

Although we are aware that the issues of quality of services and service outcomes necessarily go hand in hand with costs, the empirical association between costs and quality is less established when a broad array of research findings are examined. For example, positive outcomes reported in the literature associated with deinstitutionalization and community-based services include increased choice (Stancliffe, 2001; Stancliffe & Abery, 1997), behavioral improvement (Kim, Larson, & Lakin, 2001), improved social interaction of certain segments of the population (Anderson, Lakin, Hill, & Chen, 1992), integration in rural settings (Campbell, Fortune, & Heinlein, 1998), and inclusion in various day-to-day activities (Campo, Sharpton, Thompson, & Sexton, 1997; Emerson et al., 2000). However, such positive findings need to be considered in relation to findings of increased mortality in community settings (Strauss & Kastner, 1996; Strauss, Kastner, & Shavelle, 1998; Strauss, Shavelle, Baumeister, & Anderson, 1998; see also Taylor, 1998), problems in vocational services and employment (Stancliffe & Lakin, 1999), and problems of Individual Habilitation Plan objectives and behavioral technology (Stancliffe, Hayden, & Lakin, 1999, 2000). Recent work has also highlighted problems in access, utilization, and quality in community-based health care and personal care for people with mental retardation and developmental disabilities (Knobbe et al., 1995; Larsson & Larsson, 2001; Walsh & Kastner, 1999). Emerson and his colleagues (2000) identified higher rates of verbal abuse and relatively greater exposure to crime among individuals who lived in dispersed community settings. Finally, Felce and Perry (1997) reported that in the community settings they studied, staff members generally lacked organized approaches and skill sets to promote development in those living in the settings in which they worked.

Although the assessment of consumer satisfaction and quality of life has been reported often in HCBS settings, in other evaluation reports, investigators (e.g., Lutsky et al., 2000) have noted a set of specific concerns around quality of care, as did LeBlanc et al. (2000). As stated by Lutsky and his colleagues, these concerns include (a) difficulty in state monitoring of noninstitutional care because of their dispersed nature, an increasing problem as more HCBS placements have been created; (b) inexperience in monitoring noninstitutional care, in some states including a lack of regulations and licensing requirements; and (c) the potential impact of low provider reimbursement rates on the quality of care. In the words of Lutsky et al. (2000): "The effectiveness of licensing and regulatory requirements at ensuring quality of care is impaired if states do not sufficiently monitor compliance. However, monitoring quality of HCBS services may present greater challenges than monitoring quality in institutional settings" (p. 28).

It may also be the case that quality of *care* and quality of *life* differ across community and institutional settings in their importance to stakeholders. For example, as institutions increasingly provide services to people with severe and profound cognitive deficits, complex needs, challenging behaviors, and diminishing skills, concerns about quality of care may outweigh those of satisfaction. In community settings, on the other hand, with a more heterogeneous and able population, it may be that quality of life, satisfaction, and interest in self-determination takes on more importance. Thus, the assessment of both quality of care and quality of life, although related and important in both settings, may need to be adjusted for characteristics of the setting in which they are assessed.

Therefore, we agree with Emerson (1999) that outcome measurement be expanded beyond assessment of personal outcome measures, such as choice and community involvement, to include a greater emphasis on health and safety. As Walsh and Kastner (1999) have pointed out, health and safety outcomes have been underrepresented in the MR/DD

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literature (cf. Hughes, Hwang, Kim, Eisenman, & Killian, 1995). Outcome measurement needs to include direct indicator and benchmark assessment of outcomes based on clear standards. For example, individuals with profound disabilities and multiple disabling conditions may benefit from measures evaluating (a) access to comprehensive health care services (primary, psychiatric, and dental care as well as ancillary services, including care coordination); (b) rates and status of abuse/neglect reports and investigations (including victimization in the community); (c) mortality review; (d) access and utilization of behavioral services; and (e) similar direct measures.

Discussion

In this review of selected peer-reviewed studies, we have documented the complexity of research examining costs of community and institutional service models and show how methodological problems affect conclusions. The work reviewed here spanned a quarter-century during which time the field was in constant transition. Early studies were designed simply to show the cost–benefit of community placements (e.g., Murphy & Datel, 1976), whereas more recent work has highlighted the complex multivariate nature of the area and recognized the need to identify costs at the individual level (Rhoades & Altman, 2001). The shifting cost structures across settings during the period reviewed, and the heterogeneity of the population served, prompts the conclusion that the question "Which is less expensive, institution or community?" is the wrong one to ask. Rather, the questions that need to be asked revolve around the individual (i.e., What does this person need? Where is the best place to provide for these needs?" and "at what cost?").

The research reviewed here suggests, in several ways, that community placements are not inherently less expensive than institutions. First, there is an intrinsic lack of comparability between institutions and community settings. For example, community services include a diverse array of service types, ranging from minimal intermittent supports to residential and day program services, whereas institutions traditionally offer an established service package (e.g., ICF/MR services). Thus, only a part of the range of community services is comparable with the services received in a large ICF/MR. Researchers comparing costs need to assure that the service packages are comparable across settings, a challenge given the inherent differences in these service systems. Second, during deinstitutionalization efforts, the ability to shift certain community costs to programs other than those administered by a particular MR/DD state agency will lead to reduced costs *within* that specific governmental division or authority. However, the overall cost to society may not be reduced. For example, medical costs within an ICF/MR are clearly part of the budget of the state MR/DD authority; however, when an individual moves to a community setting, medical expenses can often be shifted to another funding source (e.g., the component of state government that administers Medicaid health care benefits). Third, the apparent cost savings in community settings, to the extent that it is found, is often directly related to staffing costs. Results of the research reviewed herein suggest that the modest differences reported for community services are predominantly the result of lower staffing costs in privately operated community settings compared to state-operated settings. However, the lack of parity between staffing costs in institutions and community settings is not a desired efficiency. In fact, it is likely that any initial cost benefits claimed for community settings will be difficult to sustain as individuals with more complex needs are served in these settings. Further, over time, it is possible that the disparity between community and institutional cost structures for staffing will diminish as community workers and advocates strive to achieve parity in compensation with respect to state workers. Results of the present study suggest that the area of staff compensation deserves further study.

These elements of complexity in community–institution cost comparisons give rise to several recurring methodological problems. These problems include (a) the lack of comparability between groups based on biased, nonrandom, or convenience samples; (b) the lack of adequate case-mix controls; (c) differences in data-collection and cost-aggregation methods across groups; (d) the exclusion of critical categories of costs, such as medical expenses, case management, start-up, and capital costs; and (e) extreme variability in costs, cost shifting, and statistical-modeling problems.

These methodological problems limit generalization across settings. Three especially challenging methodological problems deserve special mention. First, few of the studies reviewed herein completely accounted for case-mix factors. Given the heterogeneity of the population of individuals with MR/

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DD and the near impossibility for random assignment to residential settings, complex case-mix factors are always present. Longitudinal studies and multivariate studies using statistical controls (e.g., employing covariate methods) offer promise as long as care is exercised in the selection of variables. Ideally, covariates that include both cognitive and adaptive measures should be included, although this was not typical of the studies we reviewed.

Second, cost-aggregation methods varied widely over the reviewed studies. Often, the cost-aggregation method used in community settings was different than the way costs were identified in facility settings. In our review, researchers who employed more complex and complete cost-aggregation methods typically found smaller, if any, community–institution differences. In studies from the United Kingdom, which seem to be less susceptible to methodological artifacts (such as cost shifting or inability to estimate costs), researchers typically reported increased costs in community settings.

Third, elements of costs were routinely excluded in even the best studies reviewed here, sometimes because they were shifted to other funding sources and sometimes because the data were unavailable. In both cases it is not acceptable to assume that the effects of costs that are shifted or excluded are the same in the comparison groups. We have noted, for example, that many service costs are *built into* the ICF/MR model. The costs incurred for supporting community infrastructure for such costs cannot simply be excluded from the cost-comparison analyses. Related to this, an inherently difficult fiscal problem is the inclusion of start-up and capital costs incurred in community settings compared to long-term state ownership of institutional facilities. Excluding these categories of costs is not justifiable, and researchers need to identify methodologies that include these costs (e.g., Emerson et al., 2000). In conclusion, in nearly all of the studies reviewed, certain specific costs were excluded from the analyses, thus limiting the generalization of results.

From the cost studies reviewed here, it is clear that large savings are not possible within the MR/DD field. That is, the costs of residential care, regardless of setting, involve a specific amount of resources that vary, somewhat predictably, with staffing levels, client characteristics, and other variables as in the studies reviewed. These studies do not support the view that large cost savings are possible. In fact, researchers who conducted the studies reviewed here that employed more sophisticated and complete cost-aggregation methods tended to find the smallest differences across settings (e.g., Knobbe et al., 1995; Schalock & Fredericks, 1990).

Although this review provides a unique historical overview of research in this area, it is not without limitations. First, we restricted our selection of studies to those that were peer-reviewed and addressed the issues under consideration. We narrowed our selection to peer-reviewed studies for quality control reasons and because, for example, unpublished state-level reports might be especially susceptible to cost-shifting effects. A cursory review of many of these reports, however, suggested that their inclusion would not substantially alter our conclusions. Second, we did not directly review the outcomes literature, although, as we have noted, we believe it to be critically important in this field. Third, the scope of this work did not allow us to review cost comparisons made between different community settings, although published work is beginning to appear in this area and will prove to be more critical in the future. We believe that the methodological considerations presented herein will continue to be important as that literature grows.

In the final analysis, it appears that the costs of caring for people with MR/DD will be highly variable across settings and will vary with the characteristics of those served and the resources, especially staffing, devoted to serving them. Because this population ranges from individuals who are barely distinguishable in the general population to individuals who require high levels of sophisticated care, it is likely that a range of service models will continue to be needed. In the future, researchers who conduct studies that will best inform public policy are likely to be those employing multivariate methods to take such heterogeneity into account. As we have documented here, movement toward such research models is already underway.

Based on the analysis presented here, the choices made by governmental agencies about the relative mix of service types should include a consideration of consumer needs rather than being made solely on the basis of local service costs. It is also important to take into account the values of those who use the services.

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A Report of the Economic Impact During Fiscal Year 2010 of the Kansas Neurological Institute in Topeka, Kansas

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Executive Summary

This report presents the results of an economic impact analysis performed by Impact DataSource, an Austin, Texas economic consulting and research firm. The purpose of the analysis was to determine the impact that the Kansas Neurological Institute had on the economy of the Topeka area during fiscal year 2010 (July 1, 2009 to June 30, 2010). The related revenues for State of Kansas, City of Topeka and other local taxing districts were also calculated.

The Institute

The Kansas Neurological Institute, located in Topeka, Kansas, is a state hospital for patients with intellectual disabilities and a component of the Kansas Department of Social and Rehabilitation Services.

The Institute opened on January 5, 1960, with the admission of its first six residents. By November 1960 approximately 200 people had been admitted.

On October 1, 2008, the Institute had 163 residents.

The Institute has 373,688 square feet of buildings and 156,257 square feet of homes for residents on a 180.5 acre site.

During fiscal year 2009, the Institute received funding of $28.7 million. During fiscal year 2010, the facility had 570.2 full-time equivalent employees and annual payroll costs of $27 million.

Economic Impact during Fiscal Year 2010

The Institute will have a significant impact on the state's economy during fiscal year 2010. The Institute's revenues and expenditures and its employees and their salaries provide direct economic activity. In addition, this activity will ripple through the area's economy supporting indirect benefits including sales ir local businesses and organizations, as well as indirect jobs and salaries.

The estimated direct economic impact of the Institute in fiscal year 2010 was $28 million. The direct revenues of the Institute, its spending and the spending of its workers will generate another $37 million in sales or economic output in area businesses and other organizations. In total, the economic impact of the Institute in fiscal year 2010 will be $66 million.

While the Institute employed 570.2 individuals, the Institute's spending and the spending of its workers support another 741 jobs in the area. In total, the Institute supports 1311.2 area jobs.

Similarly, while the salaries and other payroll costs of the Institute's employees total $27 million in fiscal year 2010, the Institute's spending and the spending of its workers will support another $35.2 million in salaries for workers in related spin-off jobs supported in the state. Therefore, total salaries and other payroll costs supported by the Institute during the year will total $62.3 million.

This economic output and related jobs and salaries supported by the Institute are responsible for significant retail sales in the state, spending on lodging and residential property owned or occupied by Institute employees and indirect workers on local tax rolls. These taxable retail sales, spending on lodging and residential property are shown below.

Taxable Retail Sales, Spending on Lodging and Residential Property on Area Tax Rolls Supported by the Institute in Fiscal Year 2010	
Taxable annual retail sales in the area	$20,832,963
Taxable value of residential property owned or occupied in the Topeka area by Institute employees and indirect workers	$189,143,264
Annual spending by out-of-town visitors on lodging	$9,500

The economic activity generated by the Institute translates into substantial revenues for the state and local taxing districts.

Revenues for the State and Local Taxing Districts

The State of Kansas, City of Topeka and other local taxing district will receive the following revenues during fiscal year 2010 as a result of the Institute's presence in the community.

Estimated Revenues for the State of Kansas, the City of Topeka and Other Local Taxing Districts During Fiscal Year 2010 as a Result of the Institute's Presence in the Community			
	State	Local Taxing Districts	Total
Sales taxes	$1,104,147	$447,909	$1,552,056
Transit guest taxes	$190	$190	$380
Property taxes collected on residential property	$504,042	$3,283,465	$3,787,507
State personal income taxes	$2,554,791		$2,554,791
State corporate income taxes	$265,241		$265,241
Total	$4,428,412	$3,731,564	$8,159,976

Details of this analysis are on the following pages.

A Report of the Projected Economic Impact of the Kansas Neurological Institute

Introduction

This report presents the results of an economic impact analysis performed by Impact DataSource, an Austin, Texas economic consulting and research firm. The purpose of the analysis was to determine the impact that the Kansas Neurological Institute had on the economy of the Topeka area during fiscal year 2010 (July 1, 2009 to June 30, 2010). The related revenues for the State of Kansas, City of Topeka and other local taxing districts were also calculated.

The report presents the following information:

- A description of the Institute,
- The economic impact of the operations of the Institute during fiscal year 2010,
- Annual revenues received by the state and local taxing districts as a result of the Institute's presence in the city,
- An explanation of how the analysis was conducted and some information on Impact DataSource, the firm that conducted this analysis.

A description of the Institute is next.

Description of the Institute

The Kansas Neurological Institute, located in Topeka, Kansas, is a state hospital for patients with intellectual disabilities and a component of the Kansas Department of Social and Rehabilitation Services.

The Institute opened on January 5, 1960, with the admission of its first six residents. By November 1960 approximately 200 people had been admitted.

On October 1, 2008, the Institute had 183 residents.

The Institute has 373,688 square feet of buildings and 156,257 square feet of homes for residents on a 180.5 acre site.

Annual Funding

During fiscal year 2009, the Institute had the following funding:

Annual Funding for the Institute	
Revenue (Medicaid)	$11,112,811
Fee Fund - Other	$1,181,122
State Appropriations	$15,951,318
Other Funds	$491,622
Total	$28,736,873

Source: Kansas Neurological Institute,
http://srskansas.org/knl/Other%20Information/Statistics.htm

Number of Workers and Annual Salaries

During fiscal year 2010, the Institute had the following number of workers and annual payroll:

Number of Workers and Annual Payroll Costs			
	Full-Time Equivalent Number of Workers	Average Annual Salaries	Total Annual Salaries
Non-professional employees	456	$28,639	$12,927,065
Professional employees	114.2	$54,041	$5,641,016
Total salary payments	570.2	$32,564	$18,568,081
Additional payroll costs:			
Resident workers' salaries			$171,788
Fringe benefits			$7,618,560
Holiday pay			$207,791
Longevity bonuses (all eligible employees			$288,800
Shift differential pay primarily for non-professional			$237,146
Total number of workers and payroll costs	570.2		$27,092,166

Source: Kansas Neurological Institute

Where Employees Live

According to the Institute, there are currently 487 Institute employees who are Shawnee County residents (92.6% of total employees) and 38 who reside in other counties (7.4%).

The annual economic impact of the operations of the Institute are discussed next.

The Economic Impact of the Operations of the Institute During Fiscal Year 2010

The state of Kansas receives substantial economic benefits from the operations of the Institute. These economic benefits include the following:

- Revenues of the Institute and revenues for area businesses and other organizations,
- Jobs,
- Workers' salaries or personal income,
- Local worker spending, and
- Visitor spending.

These economic impacts may be characterized as direct, indirect and induced, as discussed next.

Types of Impacts that the Operations of the Institute Provide

Direct, Indirect and Induced Economic Impacts

The direct economic impact comes from the operations of the Institute and its employees. From the revenues and spending of the Institute and its employees, indirect and induced benefits or spin-off benefits are supported in the state.

Indirect sales, jobs and salaries are supported in area businesses and organizations, such as food distribution companies, air conditioning service firms, office supply firms, etc. that supply goods and services to the Institute. In addition, induced sales, jobs and salaries are supported in area businesses or organizations, such as restaurants, gas stations, banks, book stores, grocery stores, apartment complexes, convenience stores, computer stores, service companies, etc. that supply goods and services to the Institute's employees and their families and, in turn, to workers in indirect jobs and their families.

To estimate the indirect and induced economic impact of the Institute and its employees on the state of Kansas, regional economic multipliers were used. Regional economic multipliers for Kansas and areas of the state are included in the US Department of Commerce's Regional Input-Output Modeling System (RIMS II).

Three types of regional economic multipliers were used in this analysis:

- An output multiplier,
- An employment multiplier and
- An earnings multiplier.

An output multiplier was used to estimate the additional sales or output created by the Institute in area businesses or organizations. An employment multiplier was used to estimate the number of indirect and induced jobs created and supported in the Topeka area by the Institute. Similarly, an earnings multiplier was used to estimate the amount of salaries paid to workers in these indirect and induced jobs.

The multipliers show (1) the estimated sales or output in area businesses or organizations for each dollar of revenue received by the Institute, (2) the number of indirect and induced jobs created for every one direct job at the Institute and (3) the amount of salaries paid to these workers for every dollar to be paid to an employee of the Institute.

A multiplier of 1.3 was used in this analysis. This means that for every dollar of revenue that the Institute receives, there is $1.30 in sales or output in area businesses or organizations. Similarly, for every dollar paid to employees at the Institute there is $1.30 paid to workers in spin-off jobs created in the area. Further, for every employee at the Institute there are an additional 1.30 workers supported in spin-off jobs in the area.

The Economic Impact of the Operations of the Institute During Fiscal Year 2010

As stated before, during fiscal year 2009, the Institute had an annual revenues of $28,736,873 and 570.2 full-time employees and annual payroll costs of $27,092,166 in fiscal year 2010.

Since fiscal year 2010 has not been completed, this analysis assumes that fiscal year 2010 revenues will be the same as 2009 revenues.

This activity generated the following direct and indirect economic activity in the state during fiscal year 2010:

Economic Output, Jobs, and Annual Salaries Supported by the Institute in Fiscal Year 2010			
	Economic Output	Jobs	Salaries
Direct	$28,736,873	570.2	$27,092,166
Indirect and Induced	$37,357,935	741	$35,219,816
Total	$66,094,808	1311.2	$62,311,982

As shown on above, the estimated direct economic impact of the Institute in fiscal year 2010 was $28 million. The direct revenues of the Institute, its spending and the spending of its workers will generate another $37 million in sales or economic output in area businesses and other organizations. In total, the economic impact of the Institute in fiscal year 2010 will be $66 million.

While the Institute employed 570.2 individuals, the Institute's spending and the spending of its workers support another 741 jobs in the area. In total, the Institute supports 1311.2 area jobs.

Similarly, while the salaries of the Institute's employees total $27 million in fiscal year 2010, the Institute's spending and the spending of its workers support another $35.2 million in salaries for workers in related spin-off jobs supported in the area. Therefore, total salaries supported by the Institute during the year will total $62.3 million.

Out-of-Town Visitors to the Institute

The Institute has some out-of-town visitors during the year including visitors to patients and other visitors.

The estimated number of out-of-town visitors to the Institute and their spending during the year are shown below.

Number of Out-of-Town Visitors to the Institute during Fiscal Year 2010 and Their Spending in the Community	
Estimated number of other out-of-town visitors during the year	100
Average days' stay of each visitor	1.5
Average daily retail spending by each out-of-town visitor	$50
Average nights stay by each visitor	1
Average nightly room rate at a local motel	$95
Total retail spending	$7,500
Total number of room nights	100
Total spending on lodging	$9,500

As shown above, out-of-town visitors to the Institute spent about $7,500 in the community during fiscal year 2010 eating in local restaurants and shopping in local stores and another $9,500 staying overnight at local motels. In total, out-of-town visitors to the Institute spent $17,000 in the Topeka area during fiscal year 2010.

Taxable Spending in the State

Annual taxable spending by the Institute's employees, workers in spin-off jobs supported in the community and visitors' spending will account for the following retail sales in the Topeka area during the year:

Taxable Retail Spending Supported by the Institute in Fiscal Year 2010		
	Total Salaries, Spending or Sales	Taxable Retail Spending (38% of an Employee's Salary
Employees at the Institute	$27,092,166	$9,753,180
Workers in indirect and induced Jobs	$35,219,816	$12,679,134
Out-of-town visitors	$17,000	$17,000
Percent of spending in Shawnee County		92.8%
Total	$62,328,982	$20,832,963

Residential Property on Local Tax Rolls

As stated before, there are currently 467 Institute employees who are Shawnee County residents (92.8% of total employees) and 38 who reside in other counties (7.4%).

Although the Institute's property is not on local tax rolls, employees and workers in spin-off jobs in the community own or occupy residential property on which they directly or indirectly pay property taxes, as shown below.

Market Value of Residential Property Owned or Occupied by Institute Workers and Indirect Workers in Fiscal Year 2010	
Number of direct and indirect workers supported by the Institute	1,311
Estimated percent of employees who live in Shawnee County	92.8%
Estimated average market value of residential property owned or occupied by workers	$155,444
Number of students at the Institute from out of town	-
Estimated number of residential units occupied by these students in the community	-
Estimated average market value of a residential unit occupied by these students	$75,000
Total taxable value of residential property owned or occupied in the Topeka area by the Institute's direct and indirect workers	$189,143,264

Annual tax revenues for the City of Topeka and other local taxing districts are discussed next.

Net Income of Businesses Subject to Kansas' Corporate Income Taxes

Although the Institute's revenue or net income is not subject to the state's corporate income taxes, the net income of indirect and induced businesses are. The following estimated net income will be subject to corporate income taxes:

Estimated Net Income of Indirect and Induced Businesses Subject to Kansas' Corporate Income Taxes	
Revenues of indirect and induced businesses	$37,357,935
Estimated net income as a percent of revenues	10%
Taxable net income	$3,735,793

Revenues for the State of Kansas, City of Topeka and Other Local Taxing Districts during Fiscal Year 2011

The State of Kansas, City of Topeka, as well as other local taxing districts, will receive substantial tax revenues from the Institute, its employees, and workers in indirect jobs supported in the area and out-of-town visitors.

Some Tax Rates Used in this Analysis

Some tax rates included in this analysis are shown below.

Some Tax Rates Used in this Analysis	
Sales tax rate:	
State of Kansas	5.30%
City of Topeka	1%
Shawnee County	0.5%
Washburn University	0.65%
Estimated transit guest tax allocated to the City of Topeka	2%
State of Kansas transit guest tax retained by the state	2%
Mill levies:	
State of Kansas	21.5
City of Topeka	32.682
Shawnee County	40.117
Average levy for Auburn/Washburn Unified School District 437 and other districts	50.881
Topeka Transit	3.000
Metropolitan Topeka Airport Authority	1.09
Washburn University	3.316
Topeka & Shawnee County Public Library	8.999
Classification rate for real property used for residential purposes	11.50%
Effective property tax rate as a percent of the appraised or market value of residential property:	
State of Kansas	0.2473%
City of Topeka	0.3758%
Shawnee County	0.4613%
Average levy for Auburn/Washburn Unified School District 437 and other districts	0.5851%
Topeka Transit	0.0345%
Metropolitan Topeka Airport Authority	0.0125%
Washburn University	0.0381%
Topeka & Shawnee County Public Library	0.1035%
Estimated state corporate income tax rate	7.1%
Estimated state personal income tax rate, as a percent of gross income	4.1%

The state and local taxing districts will receive the following estimated revenues during fiscal year 2010 as a result of the Institute's presence in the community:

Estimated Revenues for the State, City, County and Other Local Taxing Districts During Fiscal Year 2010 as a Result of the Institute's Presence in the Area	
Sales taxes to be collected by:	
State of Kansas	$1,104,147
City of Topeka and other cities in the county	$208,330
Shawnee County	$104,165
Washburn University	$135,414
Total sales tax collections	$1,552,056
Transit guest taxes to be collected by:	
State of Kansas	$190
City of Topeka	$190
Total transit guest tax collections	$380
Property taxes collected on residential property owned or occupied by direct and indirect workers:	
State of Kansas	$504,042
City of Topeka and other cities in the county	$766,036
Shawnee County	$940,306
Auburn/Washburn Unified School District 437 and other districts	$1,192,604
Topeka Transit	$70,317
Metropolitan Topeka Airport Authority	$25,549
Washburn University	$77,724
Topeka & Shawnee County Public Library	$210,928
Total property tax collections	$3,787,507
State personal income taxes	$2,554,791
State corporate income taxes	$265,241
Total revenues for the state and local taxing districts	$8,159,976

A discussion of the conduct of this analysis is next.

Conduct of this Analysis

Impact DataSource conducted this analysis using data, rates and information supplied by the Greater Topeka Chamber of Commerce and other information obtained by Impact DataSource. In addition, Impact DataSource used some estimates and assumptions.

Impact DataSource is a sixteen-year-old Austin, Texas economic consulting, research and analysis firm. The firm has conducted economic impact analyses of numerous projects in Kansas and 25 other states. In addition, the firm has developed economic impact analysis computer programs for several clients.

The firm's Principal, Jerry Walker, performed this economic impact analysis. He is an economist and has Bachelor of Science and Master of Business Administration degrees in accounting and economics from Nicholls State Institute, Thibodaux, Louisiana.

An Overview and Analysis of the "2003 Evaluation of People with Developmental Disabilities Moving from Developmental Centers into the Community" conducted by California State University, Sacramento.

Introduction

In the study entitled "2003 Evaluation of People With Developmental Disabilities Moving from Developmental Centers into the Community", Dr. Dorothy Place reviews the outcomes of 2200 movers that have been tracked yearly since leaving Developmental Centers (DCs) as a result of the Coffelt settlement (1993). The study outlines their homes, their lives, their caregivers and their day programs. It discusses which of these 2200 have been successful in their community placement, and touches on those that have not (although the aggregate data does not include these "failures"). This report is done yearly by contract with the state Department of Developmental Services, as a result of a provision in the Lanterman Act.

The study was conducted by 'visitors' who surveyed consumers in their homes and day programs, and talked with family, advocates, and staff about the consumers' happiness and well being. Physical and mental health issues were studied, as was physical and social environment. This group of 2200 movers was then compared to 26 residents of Developmental Centers who are scheduled to move to community over the following year.

Summary

This data strongly suggests that these consumers have left a congregate setting but have lost valuable and necessary medical services, stability, friendships, community, programs and qualified staff. Their lives have, at times, been put at risk. They have lost familiar physicians and caregivers, who have been replaced by lower paid, less qualified staff that is newly emigrated to the U.S. They have lost high quality day programs to be moved into poor babysitting situations. As Dr. Place states:

"The primary reason for changing the consumers' living arrangements from DCs to Community Living Facilities is to improve their quality of life by integrating them into non-institutionalized lifestyles."

But then adds about this study group:
"...physical, emotional, and mental disabilities interfere with or prevent integration" and *"Some consumers are so physically disabled that they will never integrate in the community"*

Dr. Place further reminds readers "*While consumers have been moved to the community, it appears that DDS and RCs (regional centers) have not yet found a way to integrate consumers into the non-disability world. Simply bussing them to McDonalds is not integration*". In addition, the report points out "*some consumers may be leading separate but unequal lives in the community because the public sometimes resents sharing public places with the consumer population*", referring to the "Not In My Backyard" (NIMBY) mentality.

Dr. Place adds "*...physical, emotional, and mental disabilities interfere with or prevent integration*" and "*Some consumers are so physically disabled that they will never integrate in the community*" when referring to her study group of movers. First suggesting that a portion of these individuals gained nothing by their relocation, she goes on to document that DC residents preparing to move to community are twice as likely to have chronic health problems that would make them nearly impossible to integrate. The inference is that consumers with severe, chronic health problems gain nothing by moving to community and may be placed in jeopardy.

In reading the details of her report, some key points can be extracted. Points and trends that may belie the assertion that these movers (the 2200 included in the study), as Place suggests, have not gained from community placement. The report shows:

- DC consumers reported a greater satisfaction with their lives than their community counterparts. This could explain why community providers reported *11 attempted suicides* during the one-year period of the study (no attempted suicides were reported at the developmental centers).
- 45%, or 990, have no family involvement, and 66% have no advocate to serve as a 'check and balance' to assure quality care and protection from abuse.
- DC consumers were more likely than their community counterparts to have friends. 25% from community have no close friends, compared to only 11% at the developmental centers.
- 43% of the community consumers have difficulty finding medical specialists, whereas all DC consumers have access to a complete range of specialty needs. Those community consumers that do receive specialized services must be transported long distances to acquire adequate medical or dental care.
- "Significant weight gain or loss had a negative impact on 30% of the consumers in this group".
- "58% of the consumers that went to family-owned homes ended up in unsafe neighborhoods".
- Researchers were asked to provide feedback on the homes visited. To the question "Would you place a family member in this facility", 21% (462 homes) replied "No".
- 30% of these community consumers receive *NO day treatment* because they are on waiting lists for programs. All DC consumers have access to school and day or work programs.
- Community lacks stability. Staff turnover is quite high, and 10 times that of DCs. 61% of community staff has worked with the consumer for less than one year,

while, "on average, the DC staff has worked with persons with developmental disabilities for 16.8 years." More importantly, staff has been connected with specific clients for more than 10 years, making them akin to family. Staff and client turnover in community homes makes it difficult to build any relationship, while DCs truly foster friendships between consumers, family, and staff. DCs offer consistency in programs and living arrangements, and leisure activities.

- Staff in group homes is significantly less qualified than staff at DCs. Some lack degrees or certifications, or have degrees from other countries that are not recognized in the U.S. Many are new arrivals to this country, and 11% do not speak the language of the consumer (all staff at DCs speak the consumers' language). The report states "Staff (in DCs) is well trained, better paid, and have more benefits than staff in community facilities".

Physical and Mental Health Care

The reports states "*Health care services are critical to maintaining persons with developmental disabilities in the community because the population carries a heavy burden of chronic disease, birth defects, and genetic disorders than the general population...these statistics suggest a fragile population at high risk, one for whom medical care is essential.*" And yet, most group homes have no licensed nurses on staff, as do developmental centers that provide 24 by 7 support. Consumers spend an average of one third of their day with drivers and day program staff who lack even rudimentary medical training, placing their lives at risk. All medical needs are accessed by a phone call to a nursing support service, or a trip to the emergency room. A few medical statistics on this group:

1589 (72%) experienced accidents requiring medical care. These resulted in:

- 302 overnight stays at the hospital
- 534 emergency room or psychiatric facility visits
- 146 crisis response interventions
- 88 calls requiring police intervention

As Dr. Place points out, this group has far less chronic health problems than those currently living at the DCs (39% verses 77%). Moving DC residents to community will have a far greater impact on medical services and place consumers at greater risk when access to qualified staff is lost. For the study group, 43% had difficulty finding a medical specialist.

For mental health needs, more than half of this population needs medication monitoring, yet 20% of those had difficulty finding it. 28% had difficulty finding medication monitoring with therapy. In one case, it took more than 5 years for the regional center to respond to consumer mental health needs. These services are difficult to access for community consumers. In contrast, DCs offer medication monitoring and therapy to 100% of their residents.

Study Details

The "2003 Evaluation of People With Developmental Disabilities Moving from Developmental Centers into the Community" (from hereon referred to as the '03 DC Mover Study) should not be confused with the Life Expectancy studies conducted by Dr. David Strauss on this same group of individuals. Dr. Strauss was employed by a national organization to conduct a study on profoundly retarded individuals moving from DCs to the community. Dr. Strauss identified a 72% increase in mortality rates as a result of "preventable deaths", deaths that would not have occurred if these individuals had remained in DCs.

The State of California, through a provision in the Lanterman Act, hired a consultant to conduct a study of the Coffelt movers. James Conroy was employed from 1994 to 2000. Conroy's results were questioned by many advocates, consumer groups and families, who suggested he portrayed an unrealistic picture of the movers. As Conroy states in his 2000 summary, "these people (movers) are much better off" and adds, with emphasis "no one fell through the cracks". Yet, according to Conroy's own data, in 2000 alone 19% of the original movers weren't better off, as those 534 individuals either:

- Returned to the DCs through crisis intervention
- Died
- Were jailed
- Went into a psychiatric hospital
- Became homeless or disappeared from the Regional Center system

Advocates question Conroy's results because he decided to exclude these failures from his totals, giving the appearance that the movers were "much better off". Conroy was then able to state that the forced displacement of the Coffelt settlement was an unqualified success. 534 failures make Conroy's results questionable.

In 2002 Dr. Dorothy Place at the California State University at Sacramento (CSUS) was retained by DDS to continue the study. Dr. Place's experience includes a study on the Stockton Developmental Center closure. The "2003 Evaluation of People With Developmental Disabilities Moving from Developmental Centers into the Community" was published in June 2003 and its results are summarized here.

The '03 DC Movers Study also portrays a positive environment for these Coffelt movers, but like Conroy, ignores a group that was less than successful, thus skewing the results. 119 individuals, or 5%, failed in this forced displacement and, like Conroy's consumers, were not reported on due to death, DC or psychiatric hospital placement, homelessness or jail. The DDS task force that was convened to address these findings decided to ignore these failures and focused on the successful cases. Dr. Place does remind readers that, even though she portrays positive results "*... the results are not representative of the entire population*". Moreover, she states "*we should not pat ourselves on the back without looking over our shoulder at those left behind*", referencing the 119 individuals.

And finally:

"*While consumers have been moved to the community, it appears that DDS and RCs (regional centers) have not yet found a way to integrate consumers into the non-disability world. Simply bussing them to McDonalds is not integration*".

The report seems to make clear that the primary reason for moving was to improve the quality of life, but the data strongly suggest there may have been no improvement in quality, and possibly a significant reduction. It is highly questionable whether these consumers are better off, *more likely far worse off as a result of lost medical benefits.* It should also be remembered that the results do not include 119 consumers that experienced traumatic results from the move, some fatal.

Highlights of the report show:

- DC consumers reported a greater satisfaction with their lives than their community counterparts. This could explain why community providers reported ***11 attempted suicides*** during the one-year period of the study (no attempted suicides were reported at the developmental centers).
- DC consumers were more likely than their community counterparts to have friends. 25% from community have no close friends, compared to only 11% at the developmental centers.
- 43% of the community consumers have **difficulty finding medical specialists,** whereas all DC consumers have access to a complete range of specialty needs. Those community consumers that do receive specialized services must be transported long distances to acquire adequate medical or dental care.
- "Significant weight gain or loss had a **negative impact on 30%** of the consumers in this group".
- "58% of the consumers that went to family-owned homes ended up in **unsafe neighborhoods**".
- Researchers were asked to provide feedback on the homes visited. To the question **"Would you place a family member in this facility", 21% (462 homes)** replied "No".
- 30% of these community consumers receive ***NO day treatment*** because they are on waiting lists for programs. All DC consumers have access to school and day or work programs.
- Community lacks stability. **Staff turnover is quite high, and 10 times that of DCs. 61%** of community staff has worked with the consumer for less than one year, while, "on average, the DC staff has worked with persons with developmental disabilities for 16.8 years."
- Staff in group homes is **significantly less qualified than staff at DCs.** Some lack degrees or certifications, or have degrees from other countries that are not recognized in the U.S. The report states **"Staff (in DCs) is well trained, better paid, and have more benefits than staff in community facilities".**

Emergency Health Care

Community consumers do not have access to the critical onsite care they so often need. Their closest emergency responders are at 911, and untrained on the specific needs of the developmentally disabled. For emergencies, community consumers are forced to wait in hospital emergency rooms, where problems escalate or consumers may become unruly. The study group required 534 visits to the emergency room during the one-year study period. Regional Center clinical response teams are not available on an around the clock basis.

Day Programs

Group home providers report that some day programs are ill-equipped to care for the medical and personal hygiene problems of consumers. Consumers' lives are put at risk if emergency medical needs arise. In addition, "***some day programs are little more than poor babysitting situations***". Day program staff are not trained or equipped to deal with the needs of consumers, nor are the drivers. Thus consumers spend a third of their day in situations that place them at risk.

Transportation

The report states, "*...many of the consumers' lives are endangered during transport because there is no supervision other than the driver.*" Drivers are not adequately trained to act as care providers or manage behavioral outbursts. In addition, "*trips to and from day programs can be so long that consumers choose not to participate. They arrive home exhausted and soon become unwilling to continue.*" This long commute is because of the relatively few day programs with openings, and long waiting lists. These long commutes place consumers at greater risk.

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Comparative Mortality of People With Mental Retardation in Institutions and the Community

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The role of institutions has come into question in recent decades, and the size of the institutionalized population has been drastically reduced. Risk-adjusted mortality rates in institutions and the community in California from 1980 through 1992 were compared, with the aim of improving our understanding of the capacity of the community health system to support deinstitutionalization. Risk-adjusted odds on mortality were estimated to be 72% higher in the community than in institutions. Some problems with health care delivery in the community were reviewed; these may help account for the difference. Consumers and guardians should weigh these considerations when making choices between institutional versus community-based care.

As recently as 40 years ago, professionals and consumers believed that the ideal location for services for people with mental retardation was the congregate care setting. Public concern over the quality of institutional care peaked with revelations in the 1970s of abuse and neglect in institutional settings, including the Willowbrook Center in New York City and the Pennhurst Center in Philadelphia. Congress passed certification procedures related to funding received by states through the Medicaid Program and gave civil rights protection to residents through the Civil Rights of Institutionalized Persons Act of 1980.

These protections not withstanding, the belief that institutional delivery systems were fundamentally flawed gained currency among social activists. This belief reflected a reformulation of principles for building social service systems. Chief among these was the concept of *normalization*, defined by Wolfensberger (1972) as the "utilization of means which are as culturally normative as possible, in order to establish and/or maintain personal behaviors and characteristics which are as culturally normative as possible" (p. 28). This is closely allied to the concept of the least restrictive environment—that the places where people live and work should not restrict their participation in the mainstream of society. Almost all agree that normalization and provision of services in the least restrictive setting are important social goals. As means to achieving these

Editor's Note. This paper is on a very important but controversial topic. The results and the interpretation by the authors do not represent a position taken by *AJMR* or by the American Association on Mental Retardation. Rather, research and commentary on mortality rates in mental retardation are invited by *AJMR*. In all cases, papers submitted will be peer reviewed.—S.R.S.

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goals, however, there is significant debate over the current practice of deinstitutionalization (Erb, 1995; MacNamara, 1994).

Normalization and an emphasis on least restrictive care settings have significantly affected the service system for persons with mental retardation. Between 1967 and 1991, the institutional population shrank by 60% (Lakin, Braddock, & Smith, 1994). Two states and the District of Columbia have closed all of their state-operated facilities. There is, however, a growing public and consumer concern that not all institutional residents can be successfully integrated into community settings (Sundram, 1994). National organizations such as Congress of Advocates for the Retarded and The Voice of the Retarded have resisted the movement to close all state-operated facilities (U.S. House of Representatives Committee on Small Business, 1993). They have noted that although states may close residential facilities for people with mental retardation, there is an ever increasing business of contracting with private organizations for services previously provided by the state. In these instances, there may be less state supervision and, thus, less public input into the quality and appropriateness of services provided (Agency for Health Care Policy and Research, 1995; Braddock, Hemp, Fujiura, Bachelder, & Mitchell, 1995; Sundram, 1994; U.S. House of Representatives Committee on Small Business, 1993).

Despite the intensity of public debate, there have been relatively few empirical studies in which the quality of care in institutional and community settings has been compared. Landesman-Dwyer (1981), in a study conducted for the President's Committee on Mental Retardation, reviewed more than 500 articles on deinstitutionalization and normalization and found that fewer than 20% presented empirical data. She identified three major problems affecting research in this area: (a) the absence of standardized terminology and nomenclature for describing and evaluating residential environment; (b) inadequate attention to pre- and postplacement measures, bias in selection of subjects from different environments and insufficient objective descriptions of the type of residential treatment received and (c) investigator bias in regard to the measurement and interpretation of clients' "quality of life." Consequently, the effects of normalized services on the function of people with mental retardation are largely unknown.

Mortality rates in specific developmental disability populations are strongly related to clinical variables. Those that best predict premature death include immobility, incontinence, and inability to eat without assistance (Eyman, Grossman, Chaney, & Call, 1990). The placement of a feeding tube is also associated with a shortened life-span, particularly for clients with less severe disabilities (Eyman, Grossman, Chaney, & Call, 1995; Kastner, Criscione, & Walsh, 1994).

Only a few published studies have been conducted to compare institutional and community mortality rates of people with mental retardation. McCurley, MacKay, and Scally (1972) observed higher rates for institutional residents, particularly for children with profound mental retardation. When a few characteristics, such as level of developmental disability were controlled, however, mortality rates among alternative placements were comparable (Miller & Eyman, 1979). A similar finding was reported by Silverman, Zigman, and Silver (1992). There have been no published studies, however, in which investigators have controlled for a large array of client characteristics.

Mortality is generally considered a useful proxy measure of quality of care when studying health care outcomes for large groups (Eyman, Grossman, Tarjan, & Miller, 1987). In this study we compared the mortality of people with mental retardation in the community and in institutions, based on a large population of Californian adults, with the goal of improving our understanding of the ability of the community health care system to support deinstitutionalization.

Method

Instrument

The source of the study data is the Client Development Evaluation Report (California Department of Developmental Services, 1978). The reliability of this instrument has been investigated elsewhere and considered to be satisfactory (Arias, Ito, & Takagi, 1985; Harris, Eyman, & Mayeda, 1982; Widaman, 1984; Widaman, Stacy, & Borthwick, 1985). A Client Development Evaluation Report is completed annually, and additionally when a client moves to a different placement, for any person receiving services from the California Department of Developmental Services. The report includes a 66-item Evaluation Element grouped into six domains of adaptive skills and behavior: motor and self-care skills together with social, emotional, cognitive, and communication domains.

Sample

The sample consisted of all adults with mental retardation, ages 40 or over, who had received services from the Department of Developmental Services between January 1980 and December 1992. The 40- age group corresponds to one subgroup of interest, namely older adults; other subgroups, not considered here, include high-risk children (studied in Strauss, Eyman, and Grossman, in press) and younger adults. All persons in the study had been referred to one of the 21 regional centers that contract with the state to provide services to individuals in their area. Approximately 9% of this population, in accordance with the International Classification of Diseases etiology (U.S. Department of Health and Human Services, 1980), were categorized as having Down syndrome. These people were excluded from consideration, as older individuals with Down syndrome are known to have a very different aging pattern from other older persons with mental retardation (Eyman, Call, & White, 1991; Strauss & Eyman, in press; Zigman, Seltzer, & Silverman, 1994) and would require a separate study. Information on deaths was obtained from both Client Development Evaluation Report sources and the California Bureau of Vital Statistics.

In this study the unit of analysis was not an individual person, but rather a *person-year*. A person-year is taken to be the interval between two birthdays. Person-years are included only if there is evidence that the subject was in the Department of Developmental Services system at the beginning of the year and either died or was still in the system at the end. Further details and theoretical justification are provided in the Appendix. The procedure resulted in a set of 105,099 person-years, drawn from 18,362 subjects. The number of years contributed range from one to a maximum of 12, with an average of 5.73. For 92% of subjects, the person-years contributed were consecutive.

Variables

Our primary focus was on the relation of mortality and residence type. We controlled for variables such as age, gender, and levels of functioning as determined from the Client Development Evaluation Report. First, however, we present some descriptive statistics.

Table 1 shows the prevalence rates and mortality rates for selected variables. Each of the original Client Development Evaluation Report adaptive skill items has between four and nine levels, but all were collapsed here to a 3-point scale: the highest level item (score = 2), all intermediate levels (score = 1), and the lowest level (score = 0). This seemed appropriate because the mortality rates (computed as the ratio of number of deaths to number of person-years) proved to be generally rather similar among the intermediate levels, and the grouping substantially improved the discrimination when different variables from the same domain were additively combined. In addition, the

Table 1

Proportions of Person-Years Classified as High, Intermediate, and Low by Skill Variables and Corresponding Mortality Rates (in %)

Skill	Person-years[a]	Mortality rates
Motor		
Ambulation (3.36)[a]		
Low: does not walk	12.9	4.2
Intermediate: walks with support/walks steadily alone at least 3.05 m	13.7	2.6
High: walks well alone at least 6.2 m, balances well	73.4	1.3
Rolling and sitting (4.11)		
Low: does not lift head when lying on stomach	1.5	5.6
Intermediate: lifts head when lying on stomach/rolls from side to side or from to back/maintains sitting with minimal support for ≥ 5 minutes	8.5	4.52
High: assumes and maintains sitting position independently	90.1	1.6
Crawling and standing (3.76)		
Low: does not crawl, creep, or scoot	6.3	5.1
Intermediate: crawls, creeps, or scoots; pulls to standing/stands with support at least 1 minute/or unsteadily alone for 1 minute	16.0	3.1
High: stands well alone, balances well for at least 5 minutes	77.7	1.4
Arm use (4.09)		
Low: no functional use of arm	1.5	5.7
Intermediate: moves arm, but does not extend/or partially extends	10.7	3.1
High: fully extends arm	87.8	1.6
Hand use (4.03)		
Low: no functional use of hand	2.0	6.4
Intermediate: raking motion or grasps/uses thumb and fingers in opposition	16.1	2.7
High: uses fingers independently of each other	81.9	1.6
Self-care		
Eating (4.90)		
Low: does not feed self, must be fed completely	4.6	6.3
Intermediate: attempts to finger feed/finger feeds/feeds self with spoon and fork with spillage	39.6	2.2
High: uses eating utensils with no spillage	55.8	1.3
Toileting (3.81)		
Low: not toilet trained or habit trained	7.5	4.3
Intermediate: habit trained/indicates need/goes by self needs help	26.3	2.5
High: goes to toilet by self, completes by self	66.2	1.3
Bladder control (4.13)		
Low: no control	7.1	5.4
Intermediate: some control/control during day only	18.3	2.0
High: complete control	74.6	1.3
Bowel control (4.13)		
Low: no control	6.7	5.3
Intermediate: some control/control during day only	12.3	3.3
High: complete control	81.1	1.4
Dressing (4.73)		
Low: does not put on any clothes by self	6.6	5.4
Intermediate: cooperates in putting clothes on/puts some on self/puts on clothes but does not do details	42.1	2.2
High: dresses self completely including all fasteners and other details	51.4	1.1
Mental retardation level (1.51)		
Mild	33.1	1.5
Moderate	24.7	1.3
Severe	17.1	2.1
Profound	18.5	2.2
Suspected/other	6.5	2.3
Tube feeding (6.82)		
Has feeding tube	.54	12.4
Does not have feeding tube	99.5	1.8
Placement		
Own home	23.6	1.1
Community care	53.3	1.6
Health facilities	7.1	2.2
Institutions	16.1	1.8

Note. Data are based on the full set of 105,099 person-years. The overall mortality rate (number of deaths divided by number of person-years) was 1.68%. The crude relative risks are the ratios of mortality rates for the highest and lowest categories.

[a] Numbers in parentheses are crude relative risks.

simple high/intermediate/low scale may be more interpretable and usable by those working with other instruments.

The first variable, ambulation, shows a typical pattern. A substantial majority of individuals were at the highest level, and mortality rose sharply as the level of skill decreased. The relative risk for persons at the highest and lowest levels was 3.36 (= 4.23/1.26), suggesting that ambulatory skill is an important predictor. Note, however, that this is a "crude" relative risk, unadjusted for the effect of other variables. The next variable, rolling and sitting, refers to a lower level of skill. Very few of the cases were in the lowest category, and these had a high mortality rate. Again the relative risk is large. Also shown in Table 1 are three other motor skill variables used in subsequent analysis—crawling ability, arm use, and hand use—followed by the five predictors from the self-care domain. All show a similar pattern of association with mortality.

Not shown in Table 1 are the variables from the social, emotional, cognitive, and communication domains. Nearly all of these variables were associated with mortality, but more weakly so than the variables shown in Table 1. Preliminary multivariate modeling indicated that these domains provided little additional predictive information. Severity of mental retardation (Eyman et al., 1990; Eyman, Grossman et al., 1993; Eyman, Olmstead, Grossman, & Call, 1993) is included in Table 1, but it was not an important predictor in the presence of the other variables and, therefore, was not included in the subsequent analysis.

Tube feeding refers to use of either nasogastric or gastrostomy tube. Overall prevalence of tube feeding was 0.5% (Table 1), although the rate was much higher within the most debilitated subgroups. For example, it was 41% in the group of people who were age 70 or over and lacked all the motor skills. Although precise figures are unavailable, it is believed that the great majority (more than 90%) of tube-fed clients are fed by gastrostomy tube. Such clients generally suffer from chronic difficulties with the swallowing reflex, often in combination with severe cerebral palsy or epilepsy. The crude relative risk associated with tube feeding (see Table 1) is strikingly large. A similar, though less dramatic, result had been noted in a group of children with severe disabilities (Eyman, Olmstead et al., 1993; Kastner et al., 1994). These findings do not demonstrate that tube feeding elevates mortality; to a large extent, the necessity for tube feeding serves as a marker for the presence of serious health problems.

Residential placements were grouped into four categories: own home, community care, health facilities, and institutions. Parent/relative homes were counted as own home. Community care included both small group homes and larger board-and-care facilities serving seven or more people. Health facilities provide intermediate health care. Institutions, now called Developmental Centers in California, are state operated. The most common placement was community care, and health facilities had the highest crude mortality rate (Table 1).

Table 2 stratifies the person-years into four age groups. For each age group, the table shows how the person-years break down according to selected variables. Also shown are the corresponding mortality rates. The first row shows the decline in the proportions by age and the increasing annual mortality rates, although these are difficult to interpret because of the confounding of age and cohort effects (Baltes, Cornelius, & Nesselroade, 1979).

Table 3 is stratified according to the four residence types instead of age groups. As expected, levels of skill are on average much lower in health facilities and institutions than in own home and small group homes. Table 3, interestingly, indicates that the lower mortality in community placement (see Table 1) largely disappeared when just one major factor, such as ambulation, was controlled.

The five motor-skill variables were of roughly comparable predictive value

Table 2
Person-Years (N = [illegible],099) by Age Group and Subject Characteristics

	Age groups							
	40–49		50–59		60–69		70+	
Characteristic	%[a]	Mortality[b]	%	Mortality	%	Mortality	%	Mortality
Gender								
Male	54.7	1.0	52.6	2.0	55.7	3.6	40.8	8.9
Female	45.3	1.0	47.4	1.7	44.4	3.0	59.2	8.4
Ambulation								
High: walks well alone at least 6.10 m, balances well	77.8	.7	74.9	1.4	69.7	3.5	54.2	8.2
Intermediate	12.5	1.5	14.8	2.6	20.1	4.5	30.3	9.2
Low: does not walk	9.7	2.9	10.2	3.9	10.3	6.7	15.5	13.0
Eating								
High: uses eating utensils with no spillage	58.7	.7	55.7	1.3	53.1	2.6	40.7	6.3
Intermediate	36.4	1.1	40.1	2.2	46.3	3.4	53.6	7.6
Low: does not feed self, must be fed completely	4.9	4.2	4.2	6.5	3.7	11.3	5.7	14.9
Rolling and sitting								
High: assumes and maintains sitting position independently	90.5	.8	90.1	1.6	90.4	2.9	83.5	6.5
Intermediate	7.9	2.3	8.5	3.7	8.5	6.5	15.1	10.4
Low: does not lift head when lying on stomach	1.6	5.6	1.4	5.8	1.2	9.9	1.4	15.5
Toileting								
High: goes to toilet by self, completes by self	68.0	.7	67.3	1.2	62.1	2.4	52.9	5.9
Intermediate	24.3	1.3	25.8	2.6	31.9	4.0	36.9	7.8
Low: not toilet trained or habit trained	7.7	2.9	6.8	5.2	6.9	7.9	10.1	13.9

[a]Breakdown of person-years. [b]Percentage of annual mortality rate.

Table 3
Person-Years (N = 105,099) Classified by Residence Type and Subject Characteristics

	Placement							
	Own home		Community care		Health facility		Institution	
Characteristic	%[a]	Mortality[b]	%	Mortality	%	Mortality	%	Mortality
Gender								
Male	52.9	1.2	52.9	1.7	51.3	2.1	56.4	1.9
Female	47.2	1.1	47.0	1.5	48.2	2.3	43.6	1.7
Ambulation								
High: walks well alone at least 6.10 m, balances well	84.5	.8	84.2	1.3	43.9	1.8	58.3	1.1
Intermediate	10.7	3.1	13.3	2.9	27.4	2.2	17.3	1.7
Low: does not walk	4.8	4.3	2.5	3.6	28.7	2.8	24.4	3.5
Eating								
High: uses eating utensils with no spillage	80.2	.8	83.8	1.3	25.2	1.9	15.9	.8
Intermediate	17.7	1.9	15.4	2.0	68.3	2.1	69.5	1.5
Low: does not feed self, must be fed completely	2.1	8.1	.8	5.3	2.6	3.7	14.7	4.1
Rolling and sitting								
High: assumes and maintains sitting position independantly	95.0	.9	96.8	1.5	73.9	2.1	75.5	1.2
Intermediate	4.3	3.7	3.1	2.4	23.8	2.1	18.5	3.1
Low: does not lift had when lying on stomach	.6	8.7	.2	2.5	2.3	7.1	5.9	5.0
Toileting								
High: goes to toilet by self, completes by self	86.7	.8	79.3	1.3	32.3	1.9	20.2	1.2
Intermediate	11.5	2.8	19.5	2.4	52.6	2.2	51.4	1.3
Low: not toilet trained or habit trained	1.9	7.1	1.2	5.1	14.5	2.8	28.3	3.0

[a]Breakdown of person-years. [b]Percentage of annual mortality rate.

and showed substantial intercorrelation. Rather than make a somewhat artificial selection, we preferred to combine the items by summing the five values, resulting in a 10-point motor skills scale. The mortality rates suggested a grouping into four categories 0, 1 to 4, 5 to 9, and 10 rather than a linear scale, a pattern confirmed by subsequent multivariate modeling. The relative risk for the two extreme categories is 8.5. Similarly, the five main self-care variables (Table 1) were transformed to a 10-point scale, which also naturally grouped into the same four homogeneous categories. The five motor skills, not surprisingly, were all positively associated with the five self-care skills: correlations ranged from .37 to .62. The correlation between the summary motor and self-care 4-point scales was .59. This was not so large as to raise serious concerns over multicollinearity in the subsequent modeling.

Statistical Analysis

In this section we offer a relatively nontechnical outline of the statistical methods. Further details, together with issues of statistical theory, are provided in the Appendix. As explained there, the modeling procedure, based on person-years data derived from longitudinal repeated observations, is not new. For example, it has been routinely used in the Framingham Heart Study (Cupples, D'Agostino, Anderson, & Kannel, 1988).

Our focus in the present study was on the relation of the outcome variable, survival, to the predictor variables. The latter included residential placement—the variable of main interest—and the covariates, or potential confounding variables: for example, age, gender, motor skills, self-care skills, and tube feeding. It was convenient to treat the data as cross-sectional rather than longitudinal, with the chance of surviving in a given person-year being modeled in terms of residence type and the covariates. Logistic regression (Hosmer & Lemeshow, 1989) was used. According to this, the logarithm of the odds on survival in a person-year are expressed as a linear function of the various predictor variables. In symbols,

$$\ln[\text{Prob(Survive)}/\text{Prob(Die)}] = \beta_0 + \beta_1 \cdot \text{Age} + \beta_2 \cdot \text{Mobility score} + \ldots$$

For binary predictors, such as presence or absence of tube feeding, the logistic regression coefficients give the *odds ratio* for mortality when other variables are controlled (Hosmer & Lemeshow, 1989). Except for age, all predictor variables in the analysis were binary. For the four-category motor-skills variable, three binary variables MOTOR1, MOTOR2, MOTOR3 were constructed, each representing a contrast of one of the three lower levels of motor skill (i.e., 0, 1 to 5, and 6 to 9) against the highest level (10). This fourth level thus serves as referent group.

The residence types were modeled with a binary variable for each of the following: own home, health facilities, and institutions. Each variable represents a contrast with community care, used as referent group here because it was by far the largest (Table 1). The logistic model was developed using standard variable selection techniques (Hosmer & Lemeshow, 1989). The fit of the final model appeared to be satisfactory, according to the Hosmer-Lemeshow test (Lemeshow & Hosmer, 1982).

To provide a graphical comparison of community care and institutional mortality rates at different levels of risk, we partitioned the person-years into eight groups (risk octiles) that were homogeneous with respect to risk. Thus, for example, the first group (lowest risk) consisted largely of person-years where the subject was in his or her early 40s and had optimal mobility and self-care skills. By contrast, a person-year in which the subject was tube fed, immobile, and was 90 years old would fall into the eighth group. This procedure allowed us to graph two quantities across the risk octiles—(a) the fraction of the person-years that were

lived in each residence type and (b) the mortality rates (number of death divided by number of person years)—separately for each residence type. Details on the construction and statistical theory of the risk octiles is provided in the Appendix.

Results

The main findings of the study are condensed into the logistic regression model of Table 4. This shows only those variables making a substantial contribution. Unlike the relative risks in Table 1, the odds ratios here were corrected for effects of the other risk factors.

Table 4
Logistic Regression Model Predicting Annual Mortality Probability

Variable	Odds ratio[a]	95% confidence interval for odds ratio[a] (lower, upper)
Intercept	—	—
Age		
Males	1.070[b]	(1.06, 1.08)
Females	1.087[b]	(1.07, 1.10)
Gender	.53	(.33, .84)
Self1[c]	30.05	(11.95, 75.51)
Self2[c]	13.04	(6.52, 25.10)
Self3[c]	3.74	(1.93, 6.95)
Age*Self1[d]	.96	(.94, .97)
Age*Self2	.97	(.96, .98)
Age*Self3	.98	(.97, .99)
Feed tube	3.12	(2.30, 4.24)
Motor1[e]	3.35	(2.36, 4.75)
Motor2	1.61	(1.33, 1.95)
Motor3	1.40	(1.25, 1.57)
Own home[f]	1.00	(.87, 1.16)
Health facilities[f]	1.04	(.87, 1.25)
Institutions[f]	.58	(.49, .68)

Note. Based on 105,099 person-years.
[a] Some odds ratios and confidence intervals are in plain text, rather than bold text, to acknowledge the fact that they lack a natural intuitive interpretation. [b] Because age interacts with self-care, these figures hold only for the referent self-care group. [c] Contrast of lowest self-care (lowest level on all 5 scales) with referent group (highest level on all 5 scales). [d] Contrast of intermediate self-care and referent group. [e] Interaction term, product of Age and SELF1 indicator variable. [f] Contrast of lowest motor skill level with referent (highest) level. [g] Contrast of placement with community care as referent.

The age and gender rows of the table indicate that, other variables held constant, mortality rates increased at 7.0% per year for females and 8.7% per year for males. Male mortality rates were about equal to female rates at age 40, but were nearly 50% higher by age 65. (It is not surprising that a simple linear age term proved adequate; a mortality rate whose logarithm increases linearly with age corresponds to the classical Gompertz model [Cox & Oakes, 1984], known to fit the age range of roughly 35 to 75 years in many demographic applications [Keyfitz, 1985].)

Tube feeding use was a strong predictor even when other risk factors in the table were taken into account, increasing mortality odds by 3.1. The first motor skill entry in Table 4, MOTOR1, compares the mortality odds for those scoring zero on the motor variable (i.e., lowest level on all five motor items) with the odds for the referent group (full motor skills). The odds ratio, 3.3, indicates a strong predictive effect. The intermediate levels correspond to smaller, but still substantial, odds ratios. The self-care variables show a similar pattern, though an interaction with age was present. (The interaction took the form of a tendency for the differences between the risks associated with the four self-care variables to diminish with increasing age. Note that the odds ratios for the age and self-care interaction terms lack a simple intuitive interpretation; in recognition of this, these quantities are not boldface in Table 4.)

As stated previously, we were primarily interested in the residence variables. Community care (small group homes) was taken as referent group. Odds ratios for both own home and health facilities were estimated at 1.0. As can be seen from Table 4, the 95% confidence intervals indicated no significant mortality differences between these placements and community care. The institution term, however, was highly significant, with the odds ratio of .58 corresponding to a 42% reduction in mortality odds compared to community care. Equivalently, the risk-adjusted odds on dying in a given year were estimated to be 72% higher in the community than in institutions.

Figure 1 shows how the person-

years were distributed among the four residence types, within each of eight homogeneous risk groups. As explained in the Appendix, these risk octiles were derived from the logistic model of Table 3. Institutions had disproportionately many higher risk subjects, which explains their elevated crude mortality rate (Table 1). Figure 2 offers a graphical comparison of

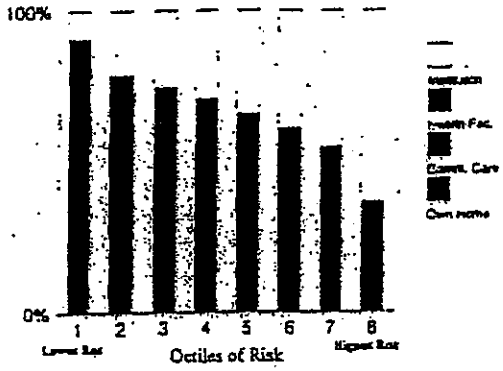

Figure 1 Breakdown of person-years by placement within eight homogeneous risk octiles

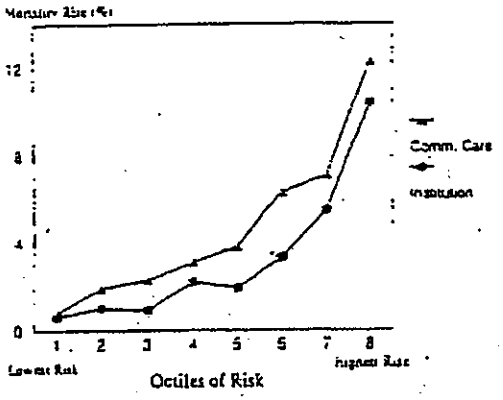

Figure 2 Mortality rates for community care and for institutions within risk octiles. (Using community care as referent population, we directly standardized institution rates). Note that the finding of a 72% increase in mortality in the community refers to the ratio of the odds of dying in a given year. Although the ratios of community to institutional rates appear to vary across the eight groups in the figure, there is no suggestion of any systematic trends in these ratios. As explained in the Appendix, it is not appropriate to base statistical tests or confidence intervals on the results of Figure 2: such procedures are more properly applied to the logistic model itself (Table 4).

mortality rates in institutions and community care within the risk octiles. As explained in the Appendix, it would not be appropriate to carry out formal statistical tests etc. on the results of Figure 2. Nevertheless the lower mortality in institutions, which was expected from Table 3, seems consistent across the risk spectrum.

Discussion

Our major finding was that the risk-adjusted mortality rates of people with mental retardation were higher in the community than in institutions, regardless of the level of risk. Because the study was observational rather than experimental, this result should be viewed tentatively: it is conceivable that the difference was due to the confounding effect of unobserved variables. This, however, may appear somewhat less likely in view of our finding (not detailed here) that the addition of each mortality predictor to the model tilted the comparison in favor of institutions. For example, the crude mortality rates strongly favored the community (Table 1), but control for a single major risk variable largely canceled this out (Table 5). The findings, moreover, are consistent with those of a corresponding study of children with severe disabilities (Strauss et al., in press).

In this study we do not offer an explanation for the findings. Possible causes of increased mortality in community settings can only be inferred from other sources in the field. However, a significant body of literature exists. Health care in the community is generally considered to be a problem for persons with mental retardation. Shortcomings have been noted regarding Medicaid reimbursement, the lack of trained practitioners, and coordination of care (Crocker & Yankauer, 1987; Garrard, 1982; Kastner & Luckhardt, 1990; Minihan, 1986; Minihan, Dean, & Lyons, 1993; Ziring et al., 1988). Problems noted in a survey of physicians in Maine included poor quality of medical records

and information cognitive/verbal limitations of these patients, which hinder diagnosis and treatment; difficulty for physicians in communicating with multiple caregivers; maladaptive behavior of patients in office; and potential liability issues (Minihan et al., 1993). In two studies of previously institutionalized persons residing in the community, rates of undiagnosed thyroid disease and undiagnosed heart disease in persons with Down syndrome were elevated (Barnett, Friedman, & Kastner, 1988; Friedman, Kastner, Pond, & O'Brien, 1989). In another such study Knobbe, Carey, Rhodes, and Horner (1995) found an 80% reduction in annual per-client medical expenditure. Kastner, Nathanson, and Friedman (1993) examined causes of 14 deaths in the community; nearly half of the deaths were judged preventable. Finally, persons with mental retardation lacking access to health care coordination services required longer and more frequent hospitalizations than did a comparable group receiving coordinated care (Criscione, Walsh, & Kastner, 1995; Criscione, Kastner, Walsh, & Nathanson, 1993). Each of these weaknesses, either alone or in combination, could contribute to the findings of the present study.

Institutions overcome many of these barriers because they offer a centralized setting in which provider training, reimbursement, record-keeping, and quality assurance functions are in place. However, many institutions suffer from professional isolation, poor morale, and administrative and financial neglect on the part of policy makers and advocates. To an extent, the lack of support for institutions has lead to an erosion in their ability to provide high quality care.

What does this mean for persons with mental retardation who currently reside in institutions? There is no certain answer. Results of the present study do not allow us to conclude that either institutional care or community-based care is superior. Each service system offers strengths and weaknesses with potential risks and benefits. The individual needs of persons with mental retardation vary greatly, and for some individuals care in one setting may be more desirable than in the other. These risks and benefits can only be understood in the context of an individual person's needs and their subjective experience of the care received. The inability to fully quantify these risks and benefits in an objective fashion has led to a high level of confusion and anxiety among consumers, guardians, and families, which, in turn, has fueled the vocal public debate over the future of institutional care.

On the basis of our findings, we have several recommendations. First, we recommend a policy of selective deinstitutionalization, as originally proposed in 1974 by the National Association of Superintendents of Public Residential Facilities for the Mentally Retarded and later adopted in the 1975 Developmentally Disabled Assistance and Bill of Rights Act (P.L. 94-103) (Landesman & Butterfield, 1987). These policies will likely support a continuing role for institutions in the treatment of some people with mental retardation. Second, we recommend that consumers who consider relocation from institutional settings to the community be fully informed of the potential risks and benefits of this choice. Given the limited knowledge about the likelihood of specific outcomes in either setting, we believe that policy makers and advocates should defer choices of residential care to consumers and professionals. Third, the health and other service needs of institutional residents could be evaluated and alternative placement decisions made dependent on the availability of adequate access within the community.

Finally, and most important, we encourage additional research to determine whether the findings of this study are consistent with experiences in states other than California. If so, it will be important to learn the causes of elevated mortality rates in community settings in order to improve outcomes. In the meantime, con-

sumers should . . allowed to weigh the available evidence against their personal needs, desires, and aspirations.

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APPENDIX

Statistical Issues and Procedural Protocol Related to the Person-Years Analysis

Statistical Modeling

At first sight it may appear attractive to treat the individuals in the study as a cohort and model the survival time in terms of residence type and the covariates, perhaps with a Cox regression (Collett, 1994). There were reasons not to adopt a cohort perspective, however. One issue is that the Client Development Evaluation Reports did not contain precise information on when the client was at risk. One should not "credit" a client for surviving time periods during which he or she may have been out of the service system, so that if death had occurred it would not have been recorded. Second, many clients entered the system after the beginning of the study period or were older than 40 in 1980. In either case there are issues of left censoring, in addition to the more customary right censoring. There were even cases of clients who left the system for several years and then returned. Finally, the focus in this study was entirely on prediction of risk rather

Note. Some of the discussion in this Appendix concerns advanced topics in biostatistics.

Lungren, Nancy@DDS

From: Angela Gardner [redacted]
Sent: Wednesday, March 03, 2010 1:02 PM
To: Coppage, Cindy@DDS
Subject: Public Comment re:Proposed Closure of Lanterman Developmental Center

To Department of Developmental Services,
These are my comments and suggested recommendations regarding the proposed closure of Lanterman Developmental Center.

1.Impact of the Closure

At the hearing many Lanterman staff and families with loved ones living there expressed much fear about the safety and well being of their loved ones if the center closed and they had to be relocated. Many of them feel that Lanterman is a safe environment that provides high quality services and that would be lost upon being moves to a new placement.

Another real problem if the center closed is transfer trauma. Many residents consider Lanterman the only home they ever known. Many people at the hearing feared that the transfer trauma could have a long term effect on their loved ones health and well being. Some family members feared their loved ones may not survive relocation.

Another concern I have is how the residents will be treated. I would suggest that if the closure is approved, many of the residents and staff that work with them be transferred to nearby developmental centers.

I would also like to suggest that local regional centers allow case managers from Lanterman to transfer over. These suggestions will reduce disruptions to services which is essential to a successful transition.

The last impact of the closure is Lanterman Center state employees that could potentially lose their jobs in a already bad economy. Many of these workers would not be able to find a job equivalent to their state jobs in the private sector (wages and benefits). Another issue is if the center closed, where will college students and other professionals (psych. techs,nurses,behavioral therapist,etc) get the professional development training they need when the demand for trained professionals is always increasing.

2.Alternative Solutions to Closure

At the hearing, many people as well as myself suggested alternatives to the closure proposals. DDS and the Legislature should seriously consider all proposals to maintain Lanterman in a reduced/scaled down way until all alternatives are exhausted. Many proposed ideas included: using part of the property to provide services to other populations(veterans,seniors needing long-term care).

3.Concern Over Long Term Future of Developmental Centers

Due to the closures(proposed) two Developmental Centers in two years, many employees and families of those and other Developmental Centers are in fear that their facilities will be next to close. They deserve answers to that question, where they stand, and what will happen if there is a closure.

DDS needs to do a public report on the future of Developmental Centers. The report should also include how DDS is going to provide services for the populations in Developmental Centers.

At the hearing, many staff and families stated that there is a lack of availability to find equivalent services in the private sector at the same level of quality as Developmental Centers. Many Lanterman staff especially medical staff and families stated many doctors in the private sector are not trained to care for patients with developmental and physical disabilities.

With the rise of people with Autism entering adulthood and aging senior citizens the demand for services and facilities like Lanterman will increase. Those services are not available to the average family in the private sector equivalent to Developmental centers at the same cost.

4. Closing Comments

The issue of deinstitutionalization is a important and relevant one. However, Developmental Centers have evolved from institutions to residential communities for people with disabilities that provide similar services as community based programs. Developmental Centers are not legally institutions via the Lanterman Act. The Developmental Center model has successfully served individuals with severe physical and developmental disabilities. It also has worked well for individual seniors with developmental disabilities that may not benefit for community based services available outside Developmental Centers. There is no "one size fits all" service model for people with disabilities.

At the hearing, the issue was raised several times that DDS does not regulate community based residential facilities well. Many of these facilities do not have the professionals with the level of training and experience as Developmental Centers. Turnover of staff at these facilities is much higher due to low wages and reimbursement rates from DDS and Medi-Cal.

I am going to contact the Legislature committees to request that they request DDS to issue a detailed report containing how the closure of Lanterman will save the state money and how every service Lanterman provides can be found in the private sector in detail with the same professionals providing the same level of quality before considering the closure proposal.

I'm deeply concerned that the state will not have the funds to relocate Lanterman residents properly. I want to make sure that employees and families with loved ones get the fair treatment, assistance, and services they need. Thank you for your consideration.

Sincerely,
Angela Gardner
Disability Advocate

Perspectives Regarding the Closing of Lanterman Developmental Center

Name: Joanna Parrish RN, BSN – at Cal State University. Worked at LDC since 1982.

These are some of the perspectives that came to mind that I shared at the open public feedback forum last week at LDC

Yesterday, I saw the CA state flag: The mother bear needs to protect her young AKA - disabled, ill & weak citizens.

1. Economic

Questions: This decision has boiled down to economics. As a 4th generation Californian, I have seen our golden state shine and also seen some deterioration in our great state.

a. I am aware that DDS is only a part of this great states many components, such as legislature, executive & judicial branches department: Health and Welfare, Education, Correc-tions/Prisons, Housing, Lottery, Highways, Parks, Car Licenses, License, Police, Fire, etc

b. The legislature needs to seriously address all the variables/issues popular of not that affect revenues and state costs. Some examples: Any abuse of funds: welfare fraud, non-citizens using the system, healthy people receiving disability funds, incarcerated non-citizens supported by taxpayers, the underground economy where taxes are not paid as well as promoting a better business climate to increase businesses and promote jobs/revenue. DDS is a small part of the system and should not be ignored. Our special needs clients need us.

c. I agree with Dr Larry Larimore and others who have spoken to consider downsizing the property and selling a large part of the land for local development and revenue. There are clients who reside here who can successfully transition to the community with the proper supports. But there are many clients who live here that have survived their prognosis due to the great health care given and staff who know then well, love them and provide the best quality of life. Many clients here have rare genetic conditions, are quadriplegic, need tracheostomies and gastrostomy tubes, have seizures and need the special medical, nursing and behavioral supports that not readily available in the community. Are the most fragile and susceptible CA citizens going to be the victims of the economy when there are millions of dollars being taken by able-bodied people are abusing state funds that the truly disabled deserve to have.

***2. Health/Supports*: a. Program 1 Acute 55 and Nursing Facility. The Federal Nursing Facility survey rates LDC NF rating services 5 out of 5. This shows how we truly care about our clients and go the extra mile. We provide MD, nurses, Physical Therapy, OT, RT, Rehab Engineering Services. We have a great Risk Management system Exec Alerts. Very low pressure sores, good bone health (decrease in Fractures, W/C systems. FX Cases 03 [Pop 610] 57 to 27 2009 [Pop 400]. Human Rights Committee: Our clients have a right to the best quality services. b. The UCR Study published in 1996 the American Journal of Mental Retardation by Professor David Strauss and Dr. Theodore Kastner reviewed mortality rates in institutions vs community. The Risk Adjusted odds of mortality was 72% higher in the community than in institutions.**

***3. Personal.* Lanterman is a family. My Aunt Lois Ross was a PT Tech Behavior Specialist in the 1960s to 1980s. I started work in the Pediatric Acute Unit in 1982. Many special kids & adults have taught lessons to us. I remember some of my kids who will forever be in my heart: [redacted] (spina bifida), [redacted] and [redacted] (drowning victims) [redacted] (car accident victim) and [redacted] (Pompeis Disease). My mother had a bachelors degree and was disabled by Alzheimers, I had to be her advocate in the NF facility for the best services and I am advocating for our special needs clients who need our love, health and behavior management skills and experience. We are a special family of care providers and clients who know each other well and care about each other. Many of us are grieving over the possible loss and destruction of our special community**

4. **NEW Information: Employment Opportunities: We do not want it to happen. If LDC is to close, staff would like to assure there are opportunities for their knowledge/skills to be utilized. Welfare and Institutions Code 4474.1. (d) Prior to the submission of the plan to the Legislature, the department shall confer with the county in which the developmental center is located, the regional centers served by the developmental center, and other state departments using similar occupational classifications, to develop a program for the placement of staff of the developmental center planned for closure in other developmental centers, as positions become vacant, or in similar positions in programs operated by, or through contract with, the county, regional centers, or other state departments. Welfare and Institutions Code 4474.1. (f) The plan submitted to the Legislature pursuant to this section shall include all of the following: (7) Potential job opportunities for developmental center employees and other efforts made to mitigate the effect of the closure on employees.**

5. **My LDC Poem. PAGE 2** My resource was LDC history written by Monica Lopez. Assistant to the Executive Director. The Title of the poem was what a LDC resident communicated to us: (see below)

Happiness Depends On Lanterman

L et us take a trip down memory lane about our own special facility
After the original 1921 Pacific Colony was closed in January 1923
Needing to move from Walnut, a Pacific State Hospital came to be
The buildings on these grounds expanded much during the 1930's
Employee quarters, the administration building and a hospital wing
Residences, power plant, the auditorium, a barn and the commissary
Mortuary, a trades building, blacksmith area and a shop for printing
A paint shop, a school, the communicable disease wing and laundry
N ew philosophical attitudes helped society with new compassion see

D ue to overcrowding, land and buildings increased during the 1950's
E ntering an era of dissolving stereotypes and improved patient dignity
V ision sure, Dr. Tarjan helped recruit more volunteers and ID teams
E ven changing from Pacific Colony, the hospital became Pacific State
L egitimizing the MR field, Dr. Tarjan brought new research funding
O pening frontiers, President Kennedy appointed him due to expertise
P sychological, sociological and genetic studies began via universities
M any Regional Centers were created via the Lanterman Act in 1969
E ven Pacific State became Lanterman Developmental Center in 1979
N ancy Reagan supported the Foster Grandparent Program statewide
T he population has declined since 2856 clients lived at LDC in 1958
A training and research center with our library reveals a priceless place
L eaving past ignorance, we evolved and provide a high quality of life

C alifornian's with disabilities deserve services, empathy and advocacy
E very client has experienced care by staff gifted with so much expertise
N ew policies, tracking, care and documentation brought success stories
T he LDC staff have helped realize potentials and provided opportunities
E very decade, the employees have risen to the occasion with creativity
R eaching to new heights, together we have invested in goals and dreams

Written by Joanna Parrish RN on 2/22/10

March 1, 2010

Department of Developmental Services
Developmental Centers Division
Attn: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

Re: Proposal to close Lanterman Developmental Center

This letter is being written to address the State of California's purposely misleading, self interest, money motivated, proposal, to close Lanterman Developmental Center (LDC), with little or no regard for the Developmentally Disabled (DD) whom were dealt their life choices at birth.

LDC is one of, if not the, best facility of its kind in the State of CA. My wife & I know this 1st hand, from experience! Our son [redacted] was born with Ataxic Cerebral Palsy, was diagnosed with Autism, has serious self abusive problems and he is also overly aggressive. Of note, he also has Scoliosis and deformities of his thumb & both feet.

His problems were shed to light at the age of 7 years old, where the problems started but continued to spiral downhill from there.

We traveled to countless facilities not only in CA but also in AZ, NV and WA, seeing again countless "Specialist's". A never ending search for answers. Local, State, and of course private facilities, reaching, researching, searching for that "Cure". Everywhere we went it was basically the same story. If you have insurance or enough money, they'll try to help. And we tried! But it always ended up the same. After a period of time, his "Unique Behaviors", read self abusive aggressiveness, were too much and we again had to move [redacted]. And please note that at every single place [redacted] lived, their help, their answer "Always" included medication. Medication that turned [redacted] into a Non-Coherent, Non-Functioning Zombie", he was just existing, not living! But they got their money! We exhausted over $500,000 in insurance premiums. To the point we didn't have a clue what we were going to do.

It hit bottom when at one facility he was at called us in a panic to come see him immediately! When we arrived, he was in 5 point restraints! But … before they were able to secure him, **he had pulled off both thumb nails, all of his fingernails, his toenails and he had bitten off his bottom lip!** We, he, had a lot more problems to deal with than we could have ever imagined! We had no where to turn. Exhausted, frustrated, confused, and scared, every emotion in the world!

We finally secured an attorney through Protection & Advocacy to try and regain some of our sanity. My wife was to the point that she wanted to take [redacted] and drive off a cliff and end it all! [redacted], my wife and I, were going thru Hell! Yes that's how absolutely serious this is! Their help was definitely appreciated and needed, but … unknown at that time, we still a long road ahead.

But, finally at a Neurologist's direction, when [redacted] turned 18, we visited LDC. It appeared not only to have what we were looking for, more importantly, it had what [redacted] needed.

After placing [redacted] at LDC, their Trained, Certified, Dedicated Staff worked with us, side by side, to address [redacted]'s needs. It took almost 2 full years just to get to a starting point, to wean [redacted] off all of his medications. Think about that for a minute! The medications he was taking were so strong that a reduction of 1 tenth of a mg / month, per medication, was necessary! He finally would no longer be in a stupor, a non-coherent over medicated state. Where he had been so many times, so as to make his care "Easy".

Today, 13 years later, LDC and its Trained Dedicated Staff, working with [redacted] has changed our lives dramatically! [redacted] has a life. A life that approaches "normalcy" as much as is possible.

Yes he has many problems, [redacted] was dealt his cards at birth and we now know he didn't have any choice in the matter. DD's don't have a choice. They are Developmentally Disabled. They are NOT like you and me. Today at 33 years old, [redacted] does not know how to read, to write, to differentiate between reality and fantasy. He doesn't have the ability to use cognitive deductive reasoning. [redacted] like the other residents at LDC is there for a reason. They have "Special" needs. Needs that have to be addressed.

They need,
"Special Care":
Trained Certified, Credited Staffing: Teachers, Nutritionists, Psych. Tech's., Speech Therapists, Staff to address their Medication needs daily, personal hygene, clothing, haircuts, dental, etc., all "On Site"!
Special Facilities ... "On-Site":
Housing, Acute Hospital, Church, Recreation areas, School,
Plus immediate access to:
Doctors, Nurses, Psychologists, Psychiatrists.

It is IMPOSSIBLE for any group home to address and meet these needs!
But, ALL of these "Special Needs" and then some, are met at LDC!

[redacted] is supervised, taught (schooled), goes on outings, to the beach, movies, parks, Disneyland, Knott's Berry Farm, he takes walks, exercises, goes shopping. He eats 3 nutritional meals daily, brushes his teeth, showers daily, has daily chores, works in the recycling center, he sees a doctor and a dentist regularly. His now much more minimal medications are administered daily by Certified Trained personnel. He buys his own clothes "On-Site"; he is rewarded with a trip to the "Canteen" for good, appropriate behavior. And most importantly, he's in a Structured, Supervised, Safe, Caring setting, 24 hours a day, 7 days a week, 365 days a year! And all with Trained, Certified, Dedicated, Caring personnel!

Now, the State of California, with its arrogance and deceit, is using misleading propaganda to manipulate the closing of LDC, under the guise of costs.
But when Agnew closed, it cost almost 100,000,000, yes that's Millions!
Yet the State had assured the costs to be negligible.

LDC is "Prime" property. The day after it was announced by the State of their proposal to close LDC, newspapers across the State "On the Front Page" ran articles about Real-Estate" investors and their "Plans" for the property!

The State of California has again put money before the lives of individuals.

In a State that has "Millions" of illegal's using our Constitution and our Medical system against us, driving debt into the hundreds of millions, in a State that spends hundreds of millions of dollars to "Welfare" recipients, mostly able bodied people that again, not only don't want to work, they have found another way to circumvent and milk our system of all it can. We continue to pay for these exorbitant expenses and now at the same time ... The State of California has made a proposal **to close a facility that provides for the lives of almost 400 Developmentally Disabled, mentally handicapped people ... people who not only cannot provide for themselves, they don't have the ability to provide for themselves!**

They continue to need our help. It won't go away! That is until they are called to their Maker!

LDC has for over 50 years and continues today to provide for them. Provide for them as you, your spouse or significant other may provide for each other and your children.

At no time, under any circumstances, should a person's life be cast aside for political reasons. The State of California not only should stop this proposal to close LDC immediately, but it should apologize to all of the people in the State for even considering such a proposal in the 1st place. And don't insult our intelligence saying it has to do with the cost to keep it open!

Submitted Sincerely,

Ron E. & Renee D. Stein

[redacted]

From: Sunny Maden [redacted]
Sent: Thursday, February 25, 2010 11:36 AM
To: Lungren, Nancy@DDS
Subject: Re: Nice to meet you

I truly hope that Governor Schwarzenegger's legacy will not be that he put aging people with disabilities out of their homes at developmental centers to sleep on the streets and under bridges.The Regan legacy lives on that he created the homelessness. It breaks my heart.

Givernor Schwarzenegger has already has closed Agnews and regardless of the planning and 962 homes etc. many Agnews residents, who were well cared for at Agnews, are not receiving adequate care and services due to inappropriate placements, poor staffing and Medicare budget cuts. dental care is an obvious one.

The array of services offered in California has never been fully offered by the Regional Centers to families who desperately need them. Most do not even know DCs exist and they provide 24/7 professional care. There are many people with disabilities, living desperate lives, in the community who are eligible for and need DC services and care but the Regional Centers deny the help for admission. Transparency is lacking in the California attitude toward care for the disabled.

Thank you for finding me last night to introduce yourself. I am so please to meet you. Thank you also for being at the Public Hearing. Can you tell me how to obtain a CD or copy of the testimony?

Sunny Maden
South Hills Escrow Corp.
220 S. Glendora Ave.
West Covina, Ca. 91790
626-919-3464
800-847-5486
626-919-3136 fax
Sunny@southhillsescrow.com

Parents Coordinating Council & Friends

Lanterman Developmental Center: 3530 W.Pomona Blvd, Pomona, CA 91769-0100

*P.O. Box 4408, Diamond Bar, CA 91765

Bus: (909) 444-7572 Fax: (909) 444-2047 E-Mail: LDCPCC@GMAIL.COM

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March 8, 2010

Senator Gloria Negrete McCloud
State Capitol
Room 2059
Sacramento, CA 94248-0001

Re: SB 1196

Dear Senator Negrete McCloud:

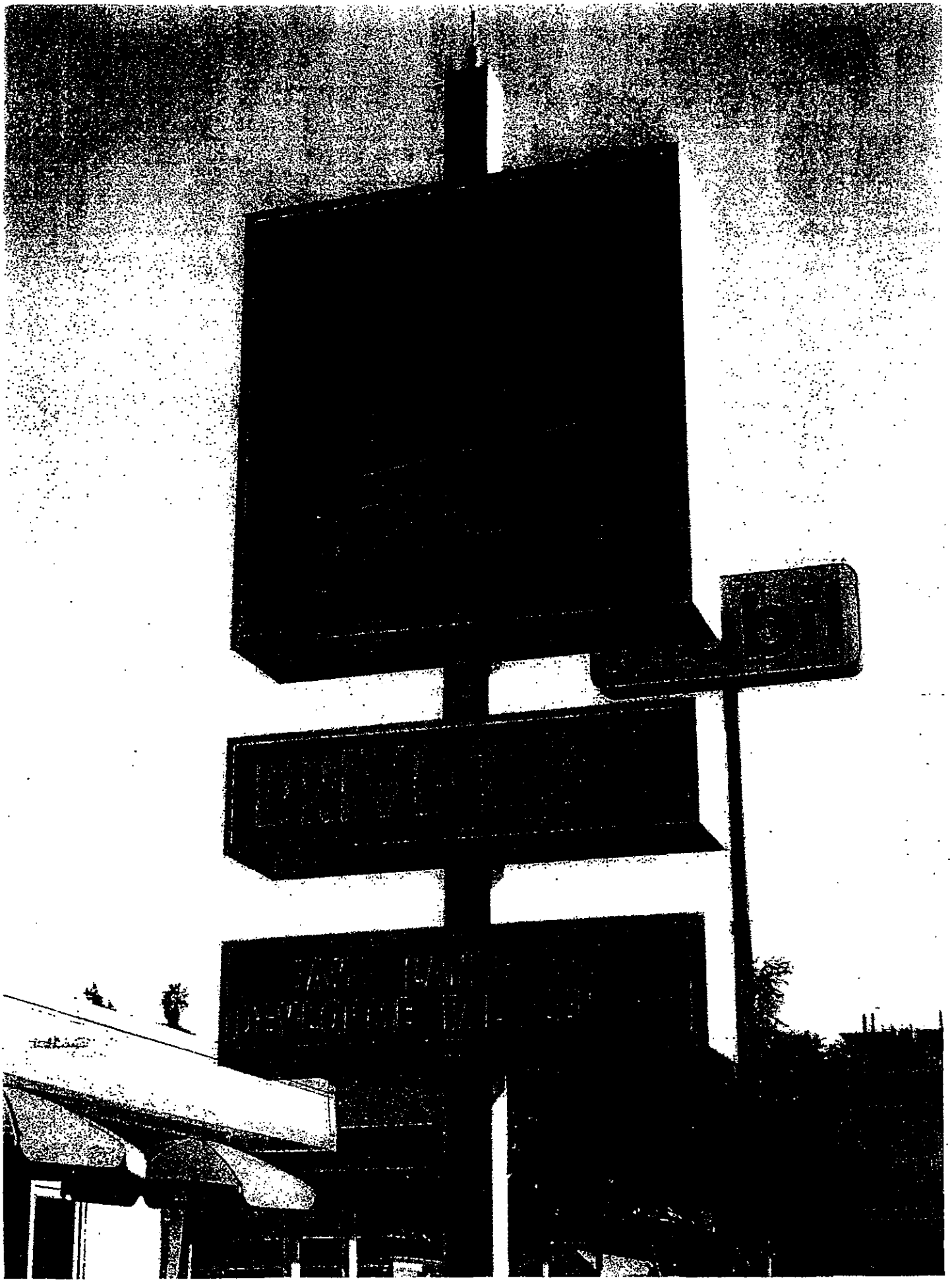
I understand that the Senate Bill 1196 concerning Lanterman and Fairview Developmental Centers is currently a "spot" or provisional bill. Since you represent Lanterman and are our senator, we would certainly appreciate the opportunity to work with you in formulating a modified version of this bill.

As president of the Parents Coordinating Council of Lanterman Developmental Center, I represent the families and friends of the residents. We also work closely with the 5 unions (CAPT, UAPD, SEIU, Operations, and the Social Workers unions) who provide the care giving and services to the clients who reside at Lanterman. There are about 1300 employees, most of which belong to one of the 5 unions. It must be understood that the approximately 400 residents who reside in Lanterman are persons who are developmentally disabled, severely and profoundly mentally retarded. These categories represent about 15 to 20 per cent of those with mental retardation. When compared to the other 85% who are mildly and moderately mentally retarded, our population represents the most fragile of our citizens. Besides having mental retardation, many also have behavioral and/or medical issues that compound their level of care. The reason that they are living in Lanterman is that they need a higher level of care than is currently available in the community.

We are inviting you to tour our campus so that you may more fully understand and appreciate what the capabilities are and the nature of our population. Since you sit on the Health Committee along with Senator Fran Pavley, who is my local senator, we will be inviting her also to tour Lanterman. I will call your local office this Thursday to follow up.

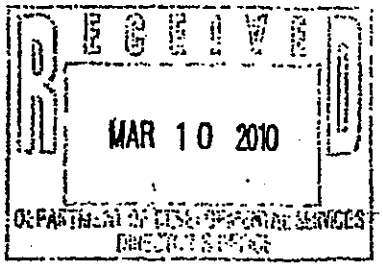
Sincerely,

Robert A. Hazard
President



cc: Patricia

March 2, 2010
Department of Developmental Services
Mark Hutchinson, Chief Deputy Director
1600 9th Street
P.O. Box 944202
Sacramento, California 94244-2020



RE: DDS Proposal to Close Lanterman Developmental Center

Dear Mark Hutchinson:

As parents, advocates and conservators of our 29 year old son who resides at Lanterman Developmental Center in Pomona, California, we strongly oppose the proposed plan and recommendation to the State legislature by the Department of Developmental Services to close the residences and facility.

Our son is severely disabled, with disabilities including cerebral palsy, and severe behavioral issues. We are concerned for his safety, care and lack of stability should this ill conceived plan go forward.

Our son has resided at Lanterman twice. First in 1991, for six months and then he re-entered Lanterman in May 2002, after exhausting many attempts at community placements including ICFDDH's, level 4-I's, etc. Most of these placements in the community were specifically developed for him. Within minutes, hours, and in two instances a few weeks, care providers notified us that they could not care for our son. Once a provider called the police to our son's residence, where police found him pinned against a wall by a table. The residence manager was pleading with the police to take him. They removed him and took him to the county mental health facility, placing him in a 72 hour hold. All of this without our knowledge, until we received a call from the doctor on duty, who calmly asked us why he was here!

Community care facilities and community day programs are not the answer for everyone who requires intense and specialized support. We found first-hand in the community care facilities that minimal training (if at all), lack of continuity/retention of staff (most likely due to low wages), profit motivation by the owners and most importantly, the ability of all community care facilities to 'cry uncle' with further care of perceived problem and/or difficult residents, made it impossible to provide him the quality and stability he needs to live his life. We always attempted to provide him care in our home throughout his life prior to and after all community placements, which is now impossible for us. Let us be clear...every community placement failed him.

Lanterman Developmental Center and the staff have been instrumental in helping our son finally become stabilized, comfortable, safe, and happy! It wasn't until he entered the State facility that his condition improved and he began to thrive without the threat of expulsion.

Although the altruistic approach to 100% community inclusion is a goal, albeit unrealistic, not every resident living in the residence that is Lanterman would achieve "least restrictive environment" in the community.

The State of California must remain an active partner and "safety net" given the necessary constraints applied to community placements. Your efforts must be directed to improve the facility and services already provided, not waste the state's taxpayer's monies on short-sighted motives. The State of California now has a golden opportunity to rework, revamp, improve, and enhance the delivery of services to this population that has been sorely underserved for decades. We agree that the existing model needs improvement; to that end we feel that the campus at Lanterman should become the prototype of what the future combination of public/private partnerships can achieve through their common goal to continually improve the living conditions and services provided to individuals with developmental disabilities/medically fragile conditions.

Do remember, the State must remain hands-on in maintaining the life and well-being of our State's most 'fragile of the fragile' members of society. This should not only be each individual's right to be cared for with dignity and to be provided with the highest level of care by fully-trained staff (which does not exist in the community placements), but it is the "human" and "right" thing to do! Anything less and our society will have morally and ethically failed to protect our most vulnerable community.

We love our son and continue to be active advocates for him and others without a voice. We are very involved in his life and we and his sister see him often. He is close enough that we are available for every doctor/dentist/etc. appointments and outing events.

We look forward to being an active participant in seeking the solutions and improvements necessary to give all residents of developmental centers and the community placements the quality of life they deserve.

Very sincerely,

M. Jay Keller

Debra C. Keller

Amy M. Keller

[redacted]

March 2, 2010
Department of Developmental Services
Developmental Centers Division
Patricia Flannery, Deputy Director
1600 9th Street
P.O. Box 944202
Sacramento, California 94244-2020

RECEIVED
MAR 09 2010
DEPARTMENT OF DEVELOPMENTAL SERVICES
DEVELOPMENTAL CENTERS DIVISION

RE: DDS Proposal to Close Lanterman Developmental Center

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Very sincerely,

Debra C. Keller

M. Jay Keller

Amy M. Keller

[redacted]

March 2, 2010
Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

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Debra C. Keller

Amy M. Keller

[redacted]

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Developmental Centers Division
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1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814
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Very sincerely,

M. Jay Keller

[redacted]

Amy M. Keller

Debra C. Keller

From: [redacted] [redacted]
Sent: Tuesday, March 02, 2010 2:41 PM
To: Coppage, Cindy@DDS
Subject: Lanterman Developmet Center

We elected you to serve the will of the people.

You must not let this facility be closed. They are doing work that is well worth the amount to keep it open.

Please abide by the will of the people.

a concerned voter,

Jeff Meyer

From: Gene Meyer [redacted]
Sent: Thursday, March 04, 2010 10:12 AM
To: Coppage, Cindy@DDS
Subject: Fw: RE: FW: The Proposed Lanterman Development Center Closure

Dear Cindy,

PLEASE do everything you can to STOP the closing of Lanterman Development Center. This heartless move will affect many potential displaced people in need of this assistance.

Gene Meyer
Veda Meyer
[redacted]

From: carl morberg [redacted]
Sent: Tuesday, March 02, 2010 7:34 PM
To: Coppage, Cindy@DDS
Subject: The Proposed Lanterman Development Center Closure [DO NOT CLOSE]

Dear Ms. Coppage,

Please do not close the Lanterman Development Center. Its existence is the life blood and only home for many of its current residents. There are other ways to cover the budget short fall such as reforming the state's pension system.

I strongly oppose the closure of this facility

Carl R. Morberg

[redacted]

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage, Teresa Flannery, Julia Mullins, & Others
1600 9th Street, Room 340, MS 3-17
Sacramento, CA. 95814

We do hereby OPPOSE the closure of Lanterman Developmental Center.

We understand that the residents who live at Lanterman have severe and profound developmental disabilities, along with fragile medical conditions or severe behavioral issues that require professional care to ensure that they may live their lives to their fullest potential.

This is a sample of a petition signed by 649 individuals.

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

We the volunteers who willingly give our time to help the residents at Lanterman, due hereby OPPOSE the closure of Lanterman Developmental Center.

We understand that the residents who live at Lanterman have severe and profound developmental disabilities, along with fragile medical conditions or severe behavioral issues that require professional care to ensure that they may live their lives to their potential.

The closure of Lanterman Developmental Center would force the residents to try to obtain these services in other settings, many of which are not available or are already over-burdened due to the ongoing fiscal crisis in California. The transfer of Lanterman residents to community settings would jeopardize their lives and those of others who rely on a community system that is not sufficient to care for everyone with complex medical and behavioral needs at the professional level required. There is no assurance that the residents will receive the services they need if they are moved to the community.

For these and other reasons, we the volunteers are opposed to the closure of Lanterman Developmental Center.

This is a sample of a petition signed by 81 individuals.

Department of Developmental Services
Developmental Centers Division
Attention: Cindy Coppage
1600 9th Street, Room 340, MS 3-17
Sacramento, CA 95814

As members of the surrounding community and supporters of Lanterman, we hereby OPPOSE the closure of Lanterman Developmental Center.

We understand that the residents who live at Lanterman have severe and profound developmental disabilities, along with fragile medical conditions or severe behavioral issues that require professional care to ensure that they may live their lives to their potential.

The closure of Lanterman Developmental Center would force the residents to try to obtain these services in other settings, many of which are not available or are already over-burdened due to the ongoing fiscal crisis in California. The transfer of Lanterman residents to community settings would jeopardize their lives and those of others who rely on a community system that is not sufficient to care for everyone with complex medical and behavioral needs at the professional level required. There is no assurance that the residents will receive the services they need if they are moved to the community.

For these and other reasons, we the public are opposed to the closure of Lanterman Developmental Center.

This is a sample of a petition signed by 16 individuals.

DEPARTMENT OF FINANCE
OFFICE OF THE DIRECTOR

ARNOLD SCHWARZENEGGER, GOVERNOR
STATE CAPITOL ■ ROOM 1145 ■ SACRAMENTO CA ■ 95814-4998 ■ WWW.DOF.CA.GOV

APR 01 2010

Honorable Denise Moreno Ducheny, Chair
Senate Budget and Fiscal Review Committee

Attention: Ms. Keely Bosler, Staff Director (2)

Honorable Bob Blumenfeld, Chair
Assembly Budget Committee

Attention: Mr. Christian Griffith, Chief Consultant (2)

Amendment to Budget Bill Items 4440-001-0001 and 4440-101-0311, Support and Local Assistance, Department of Mental Health

Legal Services Workload (Issue 100)—It is requested that Item 4440-001-0001 be revised to decrease $3,076,000 from Program 20 and to increase Program 35 by the same amount to reflect an adjustment for additional legal services to be performed by the Department of Mental Health (DMH). Previously, the Attorney General's Office provided a variety of legal services to the DMH. However, due to reductions in the Department of Justice budget, hours available for DMH legal services were significantly reduced. This request would redirect savings due to a decreased number of parolee evaluations in the Sex Offender Commitment Program to the DMH's legal office. It is also requested that 6.0 new positions are proposed to support the increased workload.

Technical Adjustment to Accurately Reflect Transfer of Traumatic Brain Injury (TBI) Program to Department of Rehabilitation (DOR) (Issue 103)—It is requested that Item 4440-101-0311 be eliminated to reflect the Governor's Budget proposal to transfer the TBI program to the DOR, as required by Chapter 439, Statutes of 2009 (AB 398). Due to an oversight, $149,000 in reimbursement authority was not removed from the DMH budget.

The effect of my requested action is reflected on the attachment.

If you have any questions or need additional information regarding this matter, please call Carla Castañeda, Principal Program Budget Analyst, at (916) 445-6423.

ANA J. MATOSANTOS
Director
By:

Todd Jerue

TODD JERUE
Chief Deputy Director

Attachment

cc: On following page

APR 01 2010

cc: Honorable Christine Kehoe, Chair, Senate Appropriations Committee
Attention: Mr. Bob Franzoia, Staff Director
Honorable Bob Dutton, Vice Chair, Senate Budget and Fiscal Review Committee
Attention: Mr. Seren Taylor, Staff Director
Honorable Felipe Fuentes, Chair, Assembly Appropriations Committee
Attention: Mr. Geoff Long, Chief Consultant
Honorable Jim Nielsen, Vice Chair, Assembly Budget Committee
Attention: Mr. Peter Schaafsma, Staff Director
Honorable Mark Leno, Chair, Senate Budget and Fiscal Review Subcommittee No. 3
Honorable Dave Jones, Chair, Assembly Budget Subcommittee No. 1
Mr. Mac Taylor, Legislative Analyst (4)
Mr. Craig Cornett, Senate President pro Tempore's Office (2)
Mr. Christopher W. Woods, Assembly Speaker's Office (2)
Ms. Christine Robertson, Chief of Staff, Assembly Republican Leader's Office
Mr. Michael Wilkening, Undersecretary, Health and Human Services Agency
Mr. Andrew Signey, Assistant Secretary, Health and Human Services Agency
Dr. Stephen W. Mayberg, Director, Department of Mental Health
Mr. Stan Bajorin, Acting Chief Deputy Director, Department of Mental Health
Ms. Mieko Epps, Assistant Deputy Director, Financial Services, Department of Mental Health
Ms. Patty Lee, Budget Officer, Department of Mental Health

DEPT: Department of Mental Health
STATE OPERATIONS

****
4440-001-0001 10 10 G
***ORG-REF-FUND YOA YOB**

ISSUE: 100 P98: N
P98 ISSUE:

ITEM TITLE:
001 Budget Act appropriation
(Headquarters)

DATE SIGNED: APR 01 2010

ISSUE: 100 Legal Services Workload

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
Redirect funds from Program 20 to Program 35 to adjust for additional legal services to be performed by: Proposed New Staff ($656,000), the Attorney General's Office ($920,000), and Outside Counsel ($1,500,000).				*
Authorized Positions:				*
Staff Counsel	4.0	R		*
Legal Assistant	1.0	R		*
Legal Secretary	1.0	R		*
Salary Savings	-0.3	S		*
TOTAL FINANCE LETTER CHANGES	5.7		0	*
TOTAL DETAIL CHANGES	5.7		0	

---SCHEDULE CHANGES---		
20.00.000.000 Long-Term Care Services	-3,076,000	*
35.01.000.000 Departmental Administration	3,076,000	*
NET IMPACT TO 4440-001-0001	0	*
TOTAL NET IMPACT TO 4440-001-0001	0	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	6.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	-0.3	0
-TOTAL-	5.7	0

ASM CONSULTANT: ALM
SEN CONSULTANT: DVM
DOF ANALYST: Michelle Baca
LAO DIRECTOR: S. MARTIN

RUN DATE: 03/26/10 17:07:27
UPDT TIME: 03/26/10 17:06:34

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ITEM=4440001000011010
ISSUE= 100
ISSUE-STATUS=L
MULTI-DOF=

DEPT: Department of Mental Health
LOCAL ASSISTANCE

****
4440-101-0311 10 10 S
***ORG-REF-FUND YOA YOB**

ISSUE: 103 P98: N
P98 ISSUE:

ITEM TITLE:
101 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 103 Technical Adjustment to Reflect Transfer of TBI Program to DOR

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
This adjustment will remove the Reimbursements item to correctly reflect the transfer of the TBI program to DOR, as required by Chapter 439, Statutes of 2009 (AB398).				*
Grants and Subventions			-149,000	*
TOTAL FINANCE LETTER CHANGES	0.0		-149,000	*
TOTAL DETAIL CHANGES	0.0		-149,000	
---SCHEDULE CHANGES---				
10.87.000.000 Community Services--Traumatic Brain Injury Projects			-149,000	*
00.00.900.000 Reimbursements			149,000	*
NET IMPACT TO 4440-101-0311			0	*
TOTAL NET IMPACT TO 4440-101-0311			0	
---IMPACT TO SUBSIDIARIES---				
4440-602-0995 R			-149,000	*
TOTAL FINANCE LETTER CHANGES			-149,000	*
TOTAL NET IMPACT TO SUBSIDIARIES			-149,000	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT: ALM
SEN CONSULTANT: DVM
DOF ANALYST: Philip Chen
LAO DIRECTOR: S. MARTIN

RUN DATE: 03/25/10 14:09:45
UPDT TIME: 03/25/10 14:08:30

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ITEM=4440101103111010
ISSUE= 103
ISSUE-STATUS=L
MULTI-DOF=

DEPARTMENT OF FINANCE
OFFICE OF THE DIRECTOR

ARNOLD SCHWARZENEGGER, GOVERNOR
STATE CAPITOL ■ ROOM 1145 ■ SACRAMENTO CA ■ 95814-4998 ■ WWW.DOF.CA.GOV

APR 01 2010

Honorable Denise Moreno Ducheny, Chair
Senate Budget and Fiscal Review Committee

Attention: Ms. Keely Bosler, Staff Director (2)

Honorable Bob Blumenfield, Chair
Assembly Budget Committee

Attention: Mr. Christian Griffith, Chief Consultant (2)

Amendment to Various Budget Bill Items, Support and Local Assistance, Department of Child Support Services

Administrative Order Setting and Modification Process (Issue 001)—It is requested that Item 5175-001-0001 be increased by $110,000, Item 5175-001-0890 be increased by $214,000 Item 5175-002-0001 be decreased by $922,000, Item 5175-002-0890 be decreased by $1,789,000, Item 5175-101-0001 be decreased by $211,000, and Item 5175-101-0890 be decreased by $410,000 to reflect the creation of a three-tier administrative process for the establishment and modification of child support orders. This new approach will phase-out the current child support establishment and modification contract with the Judicial Council of California over the next four years and implement similar functionality within the Department of Child Support Services (DCSS). The DCSS will be redirecting existing vacancies and associated resources to implement this change. This proposal will result in estimated savings of $3.0 million ($1.0 million General Fund) in 2010-11, $17.0 million ($5.8 million General Fund) in 2011-12, $34.3 million ($11.7 million General Fund) in 2012-13, and $41.2 million ($14.0 million General Fund) in 2013-14 and continuing. Trailer Bill Language is required to implement this change (see Attachment 1).

California Child Support Automation System (CCSAS) (Issue 005)—It is requested that Item 5175-101-0001 be increased by $4,797,000 and Item 5175-101-0890 be increased by $9,313,000 to allow the DCSS to pursue a transitional contract with the California Child Support Automation System (CCSAS) business partner for continued transaction service and for one-time start-up costs for the new State Disbursement Unit service provider. The Administration is proposing to use unspent reappropriation funds to fund this request. The CCSAS business partner currently hosts the Child Support Enforcement (CSE) system at its San Jose data center. This proposal would transfer CSE hosting activities to the state's data center operated by the Office of Technology Services.

The effect of my requested action is reflected on the attachment.

If you have any questions or need additional information regarding this matter, please call John Wordlaw, Principal Program Budget Analyst, at (916) 445-6423.

ANA J. MATOSANTOS
Director
By:

TODD JERUE
Chief Deputy Director

Attachment

cc: Honorable Christine Kehoe, Chair, Senate Appropriations Committee
Attention: Mr. Bob Franzoia, Staff Director
Honorable Bob Dutton, Vice Chair, Senate Budget and Fiscal Review Committee
Attention: Mr. Seren Taylor, Staff Director
Honorable Felipe Fuentes, Chair, Assembly Appropriations Committee
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Honorable Mark Leno, Chair, Senate Budget and Fiscal Review Subcommittee No. 3
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Mr. Mac Taylor, Legislative Analyst (4)
Mr. Craig Cornett, Senate President pro Tempore's Office (2)
Mr. Christopher W. Woods, Assembly Speaker's Office (2)
Ms. Christine Robertson, Chief of Staff, Assembly Republican Leader's Office
Mr. Michael Wilkening, Undersecretary, Health and Human Services Agency
Ms. Lorna Fong, Assistant Secretary, Health and Human Services Agency
Mr. Jan Sturla, Director, Department of Child Support Services
Ms. Juney Lee, Chief Deputy Director, Department of Child Support Services
Mr. Mark Beckley, Deputy Director, Administrative Services Division, Department of Child Support Services
Ms. Linda Adams, Chief Financial Officer, Department of Child Support Services
Ms. Kim Sharp, Budget Officer, Department of Child Support Services

Attachment 1

Administrative Process for Court Orders

Chapter ___, commencing with Section __ is added to the Family Code, to read:

CHAPTER ---. EXPEDITED ADMINISTRATIVE PROCESS FOR ESTABLISHMENT AND MODIFICATION OF CHILD SUPPORT ORDERS

Section : Legislative findings and declarations: administrative process..
The Legislature finds and declares all of the following:

(a) An administrative process for establishing and modifying child support orders is more cost-effective, efficient and customer-friendly process than processing all orders solely through the courts. Cases can be processed faster, and provide parents with a simpler, less adversarial process in which to participate.

(b) In accordance with federal law, states have considerable flexibility in designing the processes by which they establish and modify child support orders. The federal government supports expedited processes and many states have successfully adopted administrative processes for child support cases to maximize federal funding.

(c) An administrative process can guarantee due process safeguards, and in fact improve due process protections by providing a less formal setting that allows for more meaningful participation by unrepresented parents.

(d) An administrative process can ensure more accurate orders based on actual income information and more timely payments by noncustodial parents on current support and arrears. By reducing the time involved in establishing or modifying orders, it can also assist in preventing the accrual of arrears and result in more efficient use of both local child support agency and court resources.

***Section** : The definitions contained in this section and definitions applicable to Division 9 (commencing with Section 3500), shall govern the construction of this chapter, unless the context requires otherwise.*

(a) "Administrative order" means any child support order issued by a local child support agency upon conclusion of an Office Conference or Hearing by Hearing Officer, and subsequently filed with the superior court.

(b) "Conference officer" means a local child support employee with a minimum education requirement of a Bachelor's degree or the equivalent who is specially trained to conduct an office conference.

(c) "Conference summary" means a written summary of the facts of a particular case, along with each party's agreement or disagreement regarding those facts, written by the conference officer, signed under penalty of perjury by the conference officer and submitted to the court along with a stipulation or interim order and the recommendation to the court of the conference officer regarding adoption of the order.

(d) "Court" means any superior court of this state and any court or tribunal of another state that has jurisdiction to determine the liability of persons for the support of another person.

(e) "Court order" means any judgment, decree, administrative order filed by the court, or order of any court of this state that orders the payment of a set or determinable amount of support by a parent. It does not include any order or decree of any proceeding in which a court did not order support.

(f) "Expedited administrative process" means the process by which the local child support agency may take legal action in a case as described in section 17400, et seq.

(g) "Final order" means an order that is filed with the court for which the time for objection has lapsed. An interim order becomes a final order upon filing of a Notice of Entry of Judgment or Notice of Entry of Order.

(h) "Hearing officer" means an attorney under the direction of the California Department of Child Support Services with no less than 3 years experience as a child support attorney who is specially trained to conduct a child support hearing.

(i) "Hearing by hearing officer" means a hearing conducted by a hearing officer at which parties to the action have the right to appear and present evidence and make argument regarding the calculation of child support, at the conclusion of which the hearing officer will issue a proposed order regarding support which will subsequently be filed with the superior court.

(j) "Hearing summary" means a written summary of the facts of a particular case, along with each party's agreement or disagreement regarding those facts, written by the hearing officer, signed under penalty of perjury by the hearing officer and submitted to the court along with a stipulation or interim order and the recommendation to the court of the hearing officer regarding adoption of the order

(k) "Interim order" means a proposed order that has been signed by and filed with the court. An interim order is enforceable as an order of the court.

(l) "Office conference" means a conference conducted by a Conference Officer during which parties to the action have the right to appear and present evidence and make argument regarding the calculation of child support, at the conclusion of which the conference officer will issue a proposed order regarding support which will subsequently be filed with the superior court.

(m) "Proposed order" means an order prepared by the conference officer or hearing officer upon conclusion of an office conference or hearing by hearing officer, which will be submitted to the court for approval. A proposed order is not enforceable.

(n) "Required party" means any party listed in the court case caption. If listed in the case caption, Other Parent is not a required party until the other parent is joined as a party to the action.

***Section** : Expedited administrative process. Actions brought pursuant to this section shall be taken as follows:*

(a) Office conference. The local child support agency shall schedule an office conference with the required parties to be held within 30 days after filing with the court a summons and complaint or motion or order to show cause regarding support. The local child support agency shall notice the required case participants of the office conference by mail. Service of an initial complaint shall be accomplished according to the rules of

Civil Procedure. The notice of office conference shall contain a warning regarding expedited administrative process to be developed by the Director of Child Support Services. Service of an initial complaint shall be completed no later than five calendar days prior to the scheduled office conference.

(1) If the required parties appear at the office conference and reach an agreement, the conference officer shall prepare a written stipulation for signature of the parties. The conference officer shall prepare a written conference summary, signed under penalty of perjury by the conference officer. The local child support agency shall submit the stipulation and conference summary to the court for filing. The court may, on its own motion, decline to sign a stipulation and schedule a court hearing on the requested relief. The order shall be final upon filing by the court. The local child support agency shall serve the parties with the order within 10 days of receipt.

(2) If the required parties appear at the office conference and do not reach an agreement, the conference officer shall prepare a proposed order based on the information available at the time of the office conference and utilizing the guideline formula pursuant to Section 4055 of this Code. The conference officer shall prepare a written conference summary, signed under penalty of perjury by the conference officer. The local child support agency shall submit the proposed order and conference summary to the court for filing. The court may, on its own motion, decline to sign the proposed order and schedule a court hearing on the requested relief. The proposed order becomes the interim order upon filing by the court and is enforceable as an order of the court. The local child support agency shall serve the parties with the interim order within 10 days of receipt. Service of the interim order shall be in compliance with Section 1013 of the Code of Civil Procedure. Any required party may request a hearing before a hearing officer within 20 days from service of the interim order. Such request may be made in writing or orally to the local child support agency. Request for court hearing may be made directly to the court. If request for hearing is made within the allotted period of time, the local child support agency shall proceed with the process under this Section. If no request for hearing is made to the local child support agency within the allotted period of time, the agency shall send to the court for filing a notice of entry of judgment or notice of entry of order. Upon filing of the notice of entry, the interim order becomes the final order of the court. The local child support agency shall serve the parties with the notice of entry within 10 days of receipt.

(3) If no required party appears at the office conference, the conference officer shall prepare a proposed order based on the information available at the time of the office conference and utilizing the guideline formula prescribed in Section 4055 of this Code. The conference officer shall prepare a written conference summary, signed under penalty of perjury by the conference officer. The local child support agency shall submit the proposed order and conference summary to the court for filing. The court may, on its own motion, decline to sign the proposed order and schedule a court hearing. The proposed order becomes the interim order upon filing by the court and is enforceable as an order of the court. The local child support agency shall serve the parties with the interim order within 10 days of receipt. Service of the interim order shall be in compliance with Section 1013 of the Code of Civil Procedure. Any required party may request a hearing with a hearing officer within 20 days from service of the interim order. Such request may be made in writing or orally to the local child support agency. Request for court hearing may be made directly to the court. Failure to appear without good cause shall not be grounds for request for hearing. If request for hearing is made within the allotted period of time, the local child support agency shall proceed with the process under this Section. If no request for hearing is made to the local child support agency within the allotted period of time, the agency shall send to the court for filing a notice of entry of judgment or notice of entry of order. Upon filing of the notice of entry, the interim order becomes the final order of the court. The local child support agency shall serve the parties with the notice of entry within 10 days of receipt.

(b) Hearing by hearing officer. Where request for hearing is received within 20 days after service of an interim order, the local child support agency shall file with the court a notice of request for hearing. Request for hearing shall not stay enforcement of an interim order. The
local child support agency shall schedule a hearing before a hearing officer to be within 30 days after the request for hearing. Notice of the hearing shall be sent by mail to the required parties. A hearing by hearing officer shall be de novo and not limited to information available at the time of the office conference.

(1) If the required parties appear at the hearing and reach an agreement regarding the requested relief, the hearing officer shall prepare a written stipulation for signature of the parties. The hearing officer shall prepare a written hearing summary, signed under penalty of perjury by the hearing officer. The local child support agency shall submit the stipulation and hearing summary to the court for filing. The court may, on its own motion, decline to sign a stipulation and schedule a court hearing on the requested relief. The order shall be final upon filing by the court. The local child support agency shall serve the parties with the order within 10 days of receipt.

(2) If the required parties appear at the hearing and do not reach an agreement regarding the requested relief, the hearing officer shall prepare a proposed order based on the information available at the time of the hearing and utilizing the guideline formula prescribed in Section 4055 of this Code. The hearing officer shall prepare a written hearing summary, signed under penalty of perjury by the hearing officer. The local child support agency shall submit the proposed order and hearing summary to the court for filing. The court may, on its own motion, decline to sign the proposed order and schedule a court hearing on the requested relief. The proposed order becomes the interim order upon filing by the court and is enforceable as an order of the court. The local child support agency shall serve the parties with the interim order within 10 days of receipt. Service of the interim order shall be in compliance with Section 1013 of the Code of Civil Procedure. Any required party may request a court hearing within 20 days from service of the interim order. Such request must be made in writing to the local child support agency or by filing a request with the court. If request for hearing is made within the allotted period of time, the local child support agency shall schedule a court hearing. If no request for hearing is made to the local child support agency within the allotted period of time, the agency shall, send to the court for filing a notice of entry of judgment or notice of entry of order. Upon filing of the notice of entry, the interim order becomes the final order of the court. The local child support agency shall serve the parties with the notice of entry within 10 days of receipt.

(3) If no required party appears at the hearing, the hearing officer shall prepare a proposed order based on the information available at the time of the hearing and utilizing the guideline formula prescribed in Section 4055 of this Code. The hearing officer shall prepare a written hearing summary, signed under penalty of perjury by the hearing officer. The local child support agency shall submit the proposed order and hearing summary to the court for filing. The court may, on its own motion, decline to sign the proposed order and schedule a court hearing on the requested relief. The proposed order becomes the interim order upon filing by the court and is enforceable as an order of the court. The local child support agency shall serve the parties with the interim order within 10 days of receipt. Service of the interim order shall be in compliance with Section 1013 of the Code of Civil Procedure. Any required party may request a court hearing within 20 days from service of the interim order. Such request must be made in writing to the local child support agency or by filing a request with the court. Failure to appear without good cause shall not be grounds for request for court hearing. If request for hearing is made within the allotted period of time, the local child support agency shall schedule a court hearing. If no request for hearing is made to the local child support agency within the allotted period of time, the agency shall send to the court for filing a

notice of entry of judgment or notice of entry of order. Upon filing of the notice of entry, the interim order becomes the final order of the court. The local child support agency shall serve the parties with the notice of entry within 10 days of receipt.

(c) Court hearing. A court hearing pursuant to (c) of this Section shall be de novo.
(d) Judgment in an action brought pursuant to this section, and in an action brought pursuant to Section 17402, if at issue, may be rendered pursuant to a notice of office conference or hearing, that shall inform the defendant that in order to exercise his or her right to trial, he or she must appear at the conference or hearing. If parentage is at issue, the notice of office conference or hearing shall inform the defendant that in order to exercise his or her right to a trial, he or she must appear at the conference or hearing. If genetic tests have not already been conducted and the defendant appears at the conference or hearing, the conference officer or hearing officer shall inquire of the defendant if he or she desires to subpoena evidence and witnesses, whether he or she desires genetic tests, and if he or she desires a trial. If the defendant's answer is in the affirmative, a continuance shall be granted to allow the defendant to exercise those rights. A continuance shall not postpone the conference or hearing to more than 30 days from the conference or hearing date. If a continuance is granted, the conference officer or hearing officer may propose an order for temporary support without prejudice to the right of the court to make an order for temporary support as otherwise allowed by law.

Section *: (1) The Judicial Council, in consultation with the department and representatives of the California Family Support Council, the Senate Committee on Judiciary, the Assembly Committee on Judiciary, and a legal services organization providing representation on child support matters, shall develop simplified summons, complaint, and answer forms for any action for support brought pursuant to this chapter. The Judicial Council may combine the summons and complaint in a single form.*

(2) The simplified complaint form shall provide notice of the amount of child support that is sought pursuant to the guidelines set forth in Article 2 (commencing with Section 4050) of Chapter 2 of Part 2 of Division 9 based upon the income or income history of the support obligor as known to the local child support agency. If the support obligor's income or income history is unknown to the local child support agency, the complaint shall inform the support obligor that income shall be presumed to be the amount of the minimum wage, at 40 hours per week, established by the Industrial Welfare Commission pursuant to Section 1182.11 of the Labor Code unless information concerning the support obligor's income is provided to the court or local child support agency. The complaint form shall be accompanied by a proposed judgment. The complaint form shall include a notice to the support obligor that the proposed judgment will become effective if he or she fails to file an answer with the court within 30 days of service or appear at an office conference after service of summons and notice to appear. Except as provided in paragraph (2) of subdivision (a) of Section 17402, if the proposed judgment is entered by the court, the support order in the proposed judgment shall be effective as of the first day of the month following the filing of the complaint.

(3) (A) The simplified answer form shall be written in simple English and shall permit a defendant to answer and raise defenses by checking applicable boxes. The answer form shall include instructions for completion of the form and instructions for proper filing of the answer.

(B) The answer form shall be accompanied by a blank income and expense declaration or simplified financial statement and instructions on how to complete the financial forms. The answer form shall direct the defendant to file the completed income and expense declaration or simplified financial statement with the answer, but shall state

that the answer will be accepted by a court without the income and expense declaration or simplified financial statement.

(C) The clerk of the court shall accept and file answers, income and expense declarations, and simplified financial statements that are completed by hand provided they are legible.

(4) (A) The simplified complaint form prepared pursuant to this subdivision shall be used by the local child support agency or the Attorney General in all cases brought under this chapter.

(B) The simplified answer form prepared pursuant to this subdivision shall be served on all defendants with the simplified complaint. Failure to serve the simplified answer form on all defendants shall not invalidate any judgment obtained. However, failure to serve the answer
form may be used as evidence in any proceeding under Section 17432 of this code or Section 473 of the Code of Civil Procedure.

(C) The Judicial Council shall add language to the governmental summons, for use by the local child support agency with the governmental complaint to establish parental relationship and child support, informing defendants that a blank answer form should have been received with the summons and additional copies may be obtained from either the local child support agency or the superior court clerk.

(e) In any action brought or enforcement proceedings instituted by the local child support agency pursuant to this section for payment of child or spousal support, an action to recover an arrearage in support payments may be maintained by the local child support agency at any time within the period otherwise specified for the enforcement of a support judgment, notwithstanding the fact that the child has attained the age of majority.

(f) The county shall undertake an outreach program to inform the public that the services described in subdivisions (a) to (c), inclusive, are available to persons not receiving public assistance. There shall be prominently displayed in every public area of every office of the agencies established by this section a notice, in clear and simple language prescribed by the Director of Child Support Services, that the services provided in subdivisions (a) to (c), inclusive, are provided to all individuals, whether or not they are recipients of public assistance.

(g) (1) In any action to establish a child support order brought by the local child support agency in the performance of duties under this section, the local child support agency may make a motion for an order effective during the pendency of that action, for the support, maintenance, and education of the child or children that are the subject of the action. This order shall be referred to as an order
for temporary support. This order has the same force and effect as a like or similar order under this code.

(2) The local child support agency shall file a motion for an order for temporary support within the following time limits:

(A) If the defendant is the mother, a presumed father under Section 7611, or any father if the child is at least six months old when the defendant files his or her answer, the time limit is 90 days after the defendant files an answer.

(B) In any other case in which the defendant has filed an answer prior to the birth of the child or not more than six months after the birth of the child, then the time limit is nine months after the birth of the child.

(3) If more than one child is the subject of the action, the limitation on reimbursement shall apply only as to those children whose parental relationship and age would bar recovery were a separate action brought for support of that child or those children.

(4) If the local child support agency fails to file a motion for an order for temporary support within the time limits specified in this section, the local child support agency shall be barred from obtaining a judgment of reimbursement for any support provided for that child during the period between the date the time limit expired and the date the motion was filed, or, if no motion is filed, when a final judgment is entered. (5) Except as provided in Section 17304, nothing in this section prohibits the local child support agency from entering into cooperative arrangements with other county departments as necessary to carry out the responsibilities imposed by this section pursuant to plans of cooperation with the departments approved by the Department of Child Support Services.

(6) Nothing in this section otherwise limits the ability of the local child support agency from securing and enforcing orders for support of a spouse or former spouse as authorized under any other law.

(h) As used in this article, "enforcing obligations" includes, but is not limited to, all of the following:

(1) The use of all interception and notification systems operated by the department for the purpose of aiding in the enforcement of support obligations.

(2) The obtaining by the local child support agency of an initial order for child support that may include medical support or that is for medical support only, by civil or criminal process.

(3) The initiation of a motion or order to show cause to increase an existing child support order, and the response to a motion or order to show cause brought by an obligor parent to decrease an existing child support order, or the initiation of a motion or order to show cause to obtain an order for medical support, and the response to a motion or order to show cause brought by an obligor parent to decrease or terminate an existing medical support order, without regard to whether the child is receiving public assistance.

(4) The response to a notice of motion or order to show cause brought by an obligor parent to decrease an existing spousal support order if the child or children are residing with the obligee parent and the local child support agency is also enforcing a related child support obligation owed to the obligee parent by the same obligor.

(5) The referral of child support delinquencies to the Franchise Tax Board under subdivision (c) of Section 17500 in support of the local child support agency.

(i) As used in this section, "out of wedlock" means that the biological parents of the child were not married to each other at the time of the child's conception.

(j) (1) The local child support agency is the public agency responsible for administering wage withholding for current support for the purposes of Title IV-D of the Social Security Act (42 U.S.C. Sec. 651 et seq.).

(2) Nothing in this section limits the authority of the local child support agency granted by other sections of this code or otherwise granted by law.

(k) In the exercise of the authority granted under this article, the local child support agency may intervene, pursuant to subdivision (b) of Section 387 of the Code of Civil Procedure, by ex parte application, in any action under this code, or other proceeding in which child support is an issue or a reduction in spousal support is sought. By notice of

motion, order to show cause, or responsive pleading served upon all parties to the action, the local child support agency may request any relief that is appropriate that the local child support agency is authorized to seek.

(l) The local child support agency shall comply with all regulations and directives established by the department that set time standards for responding to requests for assistance in locating noncustodial parents, establishing paternity, establishing child support awards, and collecting child support payments.

(m) As used in this article, medical support activities that the local child support agency is authorized to perform are limited to the following:

(1) The obtaining and enforcing of court orders for health insurance coverage.

(2) Any other medical support activity mandated by federal law or regulation.

(n) (1) Notwithstanding any other law, venue for an action or proceeding under this division shall be determined as follows:

(A) Venue shall be in the superior court in the county that is currently expending public assistance.

(B) If public assistance is not currently being expended, venue shall be in the superior court in the county where the child who is entitled to current support resides or is domiciled.

(C) If current support is no longer payable through, or enforceable by, the local child support agency, venue shall be in the superior court in the county that last provided public assistance for actions to enforce arrearages assigned pursuant to Section 11477 of the Welfare and Institutions Code.

(D) If subparagraphs (A), (B), and (C) do not apply, venue shall be in the superior court in the county of residence of the support obligee.

(E) If the support obligee does not reside in California, and subparagraphs (A), (B), (C), and (D) do not apply, venue shall be in the superior court of the county of residence of the obligor.

(2) Notwithstanding paragraph (1), if the child becomes a resident of another county after an action under this part has been filed, venue may remain in the county where the action was filed until the action is completed.

(o) The local child support agency of one county may appear on behalf of the local child support agency of any other county in an action or proceeding under this part.

Section ___ : *(a) In any case of separation or desertion of a parent or parents from a child or children that results in aid under Chapter 2 (commencing with Section 11200) of Part 3 of Division 9 of the Welfare and Institutions Code being granted to that family, the noncustodial parent or parents shall be obligated to the county for an amount equal to the amount specified in an order for the support and maintenance of the family issued by a court of competent jurisdiction or issued by the local child support agency in accordance with this chapter.*

(b) The local child support agency shall take appropriate action pursuant to this section as provided in subdivision (l) of Section 17400. The local child support agency may establish liability for child support as provided in subdivision (a) when public assistance was provided by another county or by other counties.

(c) The amount of the obligation established for each parent with a liability under subdivision (a) shall be determined by using the appropriate child support guideline currently in effect and shall be computed as follows:

(1) If one parent remains as a custodial parent, the support shall be computed according to the guideline.

(2) If the parents reside together and neither father nor mother remains as a custodial parent, the guideline support shall be computed by combining the noncustodial parents' incomes. The combined incomes shall be used as the high earner's net monthly disposable income in the guideline formula. Income shall not be attributed to the caretaker or governmental agency. The amount of guideline support resulting shall be proportionately shared between the noncustodial parents based upon their net monthly disposable incomes.

(3) If the parents reside apart and neither father nor mother remains as a custodial parent, the guideline support shall be computed separately for each parent by treating each parent as a noncustodial parent. Income shall not be attributed to the caretaker or government agency.

(d) A parent shall pay the amount of support specified in the support order to the local child support agency.

Section ____: *In any action filed by the local child support agency pursuant to this chapter, the local child support agency shall provide the mother and the alleged father the opportunity to voluntarily acknowledge paternity by signing a paternity declaration as described in Section 7574 prior to a office conference, hearing by hearing Officer, court hearing, or trial where the paternity of a minor child is at issue. The opportunity to voluntarily acknowledge paternity may be provided either before or after an action pursuant to this chapter, is filed and served upon the alleged father. For the purpose of meeting the requirements of this section, the local child support agency may afford the defendant an opportunity to enter into a stipulation for judgment of paternity after an action for paternity has been filed in lieu of the voluntary declaration of paternity.*

Section ____: *In any action or judgment brought or obtained pursuant to this chapter, a supplemental complaint may be filed, pursuant to Section 464 of the Code of Civil Procedure and Section 2330.1, either before or after a final judgment, seeking a judgment or order of paternity or support for a child of the mother and father of the child whose paternity and support are already in issue before the court. A supplemental judgment entered in the proceedings shall include, when appropriate and requested in the supplemental complaint, an order establishing or modifying support for all children named in the original or supplemental actions in conformity with the statewide uniform guideline for child support. A supplemental complaint for paternity or support of children may be filed without leave of court either before or after final judgment in the underlying action. Service of the supplemental summons and complaint shall be made in the manner provided for the initial service of a summons by the Code of Civil Procedure.*

Section ____: *Default judgment under expedited administrative process*
Notwithstanding any other provision of law, in any action filed by the local child support agency pursuant to Section 17404.5, an interim judgment shall become a final judgment without further hearing, without the presentation of any other evidence or further notice to the defendant, upon the filing of proof of service by the local child support agency evidencing that more than 30 days has passed since the simplified summons and complaint, proposed judgment, blank answer, blank income and expense declaration,

and all notices required by this division were served on the defendant, and more than 20 days have passed since the service of the interim judgment issued by the local child support agency.

Section ____: *(a) In any action filed by the local child support agency pursuant to this chapter, the court may, on any terms that may be just, set aside that part of the judgment or order concerning the amount of child support to be paid. This relief may be granted after the six-*

month time limit of Section 473 of the Code of Civil Procedure has elapsed, based on the grounds, and within the time limits, specified in this section.

(b) This section shall apply only to judgments or orders for support that were based upon presumed income as specified in subdivision (d) of Section 17400 and that were entered after the entry of the default of the defendant under Section 17430 This section shall apply only to the amount of support ordered and not that portion of the judgment or order concerning the determination of parentage.

(c) The court may set aside the child support order contained in a judgment described in subdivision (b) if the defendant's income was substantially different for the period of time during which judgment was effective compared with the income the defendant was presumed to have.

A "substantial difference" means that amount of income that would result in an order for support that deviates from the order entered by default by 10 percent or more.

(d) Application for relief under this section shall be filed together with an income and expense declaration or simplified financial statement or other information concerning income for any relevant years. The Judicial Council may combine the application for relief under this section and the proposed answer into a single form.

(e) The burden of proving that the actual income of the defendant deviated substantially from the presumed income shall be on the party seeking to set aside the order.

(f) A motion for relief under this section shall be filed within one year of the first collection of money by the local child support agency or the obligee. The one-year time period shall run from the date that the local child support agency receives the first collection.

(g) Within three months from the date the local child support agency receives the first collection for any order established using presumed income, the local child support agency shall check all appropriate sources for income information, and if income information exists, the local child support agency shall make a determination whether the order qualifies for set aside under this section. If the
order qualifies for set aside, the local child support agency shall bring a motion for relief under this section.

(h) In all proceedings under this section, before granting relief, the court shall consider the amount of time that has passed since the entry of the order, the circumstances surrounding the defendant's default, the relative hardship on the child or children to whom the duty of support is owed, the caretaker parent, and the defendant, and other equitable factors that the court deems appropriate.

(i) If the court grants the relief requested, the court shall issue a new child support order using the appropriate child support guidelines currently in effect. The new order shall have the same commencement date as the order set aside.

(j) The Judicial Council shall review and modify any relevant forms for purposes of this section. Any modifications to the forms shall be effective July 1, 2005. Prior to the implementation of any modified Judicial Council forms, the local child support agency or custodial parent may file any request to set aside a default judgment under this section using Judicial Council Form FL-680 entitled "Notice of Motion (Governmental)" and form FL-684 entitled "Request for Order and Supporting Declaration (Governmental)."

Section ____: *In any action in which a judgment or order for support was entered after the entry of the default of the defendant under this chapter, the court shall relieve the defendant from that judgment or order if the defendant establishes that he or she was mistakenly identified in the order or in any subsequent documents or proceedings as the person having an obligation to provide support. The defendant shall also be entitled to the remedies specified in subdivisions (d) and (e) of Section 17530 with respect to any actions taken to enforce that judgment or order. This section is only intended to apply where an order has been entered against a person who is not the support obligor named in the judgment or order.*

Section ___: *This chapter shall become effective for modification of child support orders on January 1, 2012, and for modification and establishment of child support orders on January 1, 2013.*

Electronic Hearings for Child Support Orders

Amend Section 17400(n) of the Family Code to read:

(n)(1) Notwithstanding any other law, venue for an action or proceeding under this division shall be determined as follows:

(A) Venue shall be in the superior court in the county that is currently expending public assistance.

(B) If public assistance is not currently being expended, venue shall be in the superior court in the county where the child who is entitled to current support resides or is domiciled.

(C) If current support is no longer payable through, or enforceable by, the local child support agency, venue shall be in the superior court in the county that last provided public assistance for actions to enforce arrearages assigned pursuant to Section 11477 of the Welfare and Institutions Code.

(D) If subparagraphs (A), (B), and (C) do not apply, venue shall be in the superior court in the county of residence of the support obligee.

(E) If the support obligee does not reside in California, and subparagraphs (A), (B), (C), and (D) do not apply, venue shall be in the superior court of the county of residence of the obligor.

(2) Notwithstanding paragraph (1), if the child becomes a resident of another county after an action under this part has been filed, venue may remain in the county where the action was filed until the action is completed.

(3) Notwithstanding any other provision of law, commissioners appointed to hear cases under this division have the authority to hold hearings from any physical court location within any venue where they are appointed by telephone, audiovisual means, or other electronic means. The Judicial Council shall adopt court rules implementing this subdivision by July 1, 2011 to implement this subdivision. County courts, at their option, may implement this section upon adoption of the court rules.

DEPT: Department of Child Support Services
STATE OPERATIONS

****
5175-001-0001 10 10 G
***ORG-REF-FUND YOA YOB**

ISSUE: 001 P98: N
P98 ISSUE:

ITEM TITLE:
001 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 001 Administrative Order Setting and Modification Process

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
Transfer funding from the Judicial Council of California contract to fund a three-tiered administrative process for the establishment and modification of child support orders.				*
Operating Expenses and Equipment			324,000	*
TOTAL FINANCE LETTER CHANGES	0.0		324,000	*
TOTAL DETAIL CHANGES	0.0		324,000	

---SCHEDULE CHANGES---			
10.00.000.000 Child Support Services		324,000	*
00.00.901.890 Amt pay from Federal Trust Fund (Item 5175-001-0890)		-214,000	*
NET IMPACT TO 5175-001-0001		110,000	*
TOTAL NET IMPACT TO 5175-001-0001		110,000	

---IMPACT TO SUBSIDIARIES---			
5175-001-0890 F		214,000	*
TOTAL FINANCE LETTER CHANGES		214,000	*
TOTAL NET IMPACT TO SUBSIDIARIES		214,000	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT:	NV
SEN CONSULTANT:	JNT
DOF ANALYST:	Marvin Deon
LAO DIRECTOR:	T. BLAND
RUN DATE:	03/25/10 09:00:21
UPDT TIME:	03/25/10 08:59:25

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ITEM=5175001000011010
ISSUE= 001
ISSUE-STATUS=L
MULTI-DOF=

DEPT: Department of Child Support Services
STATE OPERATIONS

****
5175-002-0001 10 10 G
***ORG-REF-FUND YOA YOB**

ISSUE: 001 P98: N
P98 ISSUE:

ITEM TITLE:
002 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 001 Administrative Order Setting and Modification Process

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
Transfer funding from the Judicial Council of California contract to fund a three-tiered administrative process for the establishment and modification of child support orders.				*
Operating Expenses and Equipment			-2,711,000	*
TOTAL FINANCE LETTER CHANGES	0.0		-2,711,000	*
TOTAL DETAIL CHANGES	0.0		-2,711,000	
---SCHEDULE CHANGES---				
10.00.000.000 Child Support Services			-2,711,000	*
00.00.902.890 Amt pay from Federal Trust Fund (Item 5175-002-0890)			1,789,000	*
NET IMPACT TO 5175-002-0001			-922,000	*
TOTAL NET IMPACT TO 5175-002-0001			-922,000	
---IMPACT TO SUBSIDIARIES---				
5175-002-0890 F			-1,789,000	*
TOTAL FINANCE LETTER CHANGES			-1,789,000	*
TOTAL NET IMPACT TO SUBSIDIARIES			-1,789,000	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT: NV
SEN CONSULTANT: JNT
DOF ANALYST: Marvin Deon
LAO DIRECTOR: T. BLAND

RUN DATE: 03/24/10 14:11:41
UPDT TIME: 03/24/10 14:03:18

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 DOF=510 ITEM=5175002000011010

ISSUE-FROM=001

DEPT: Department of Child Support Services
LOCAL ASSISTANCE

****
5175-101-0001 10 10 G
***ORG-REF-FUND YOA YOB**

ISSUE: 001 P98: N
P98 ISSUE:

ITEM TITLE:
101 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 001 Administrative Order Setting and Modification Process

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
Transfer funding from the Judicial Council of California contract to fund a three-tiered administrative process for the establishment and modification of child support orders.				*
County Administration			-621,000	*
TOTAL FINANCE LETTER CHANGES	0.0		-621,000	*
TOTAL DETAIL CHANGES	0.0		-621,000	
---SCHEDULE CHANGES---				
10.01.000.000 Child Support Administration			-211,000	*
10.03.000.000 Child Support Automation			-410,000	*
00.00.911.890 Amt pay from Federal Trust Fund (Item 5175-101-0890)			410,000	*
NET IMPACT TO 5175-101-0001			-211,000	*
TOTAL NET IMPACT TO 5175-101-0001			-211,000	
---IMPACT TO SUBSIDIARIES---				
5175-101-0890 F			-410,000	*
TOTAL FINANCE LETTER CHANGES			-410,000	*
TOTAL NET IMPACT TO SUBSIDIARIES			-410,000	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT: NV
SEN CONSULTANT: JNT
DOF ANALYST: Marvin Deon
LAO DIRECTOR: T. BLAND

RUN DATE: 03/24/10 14:12:12
UPDT TIME: 03/24/10 14:04:10

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 DOF=510 ITEM=5175101000011010

ISSUE-FROM=001

DEPT: Department of Child Support Services
LOCAL ASSISTANCE

****
5175-101-0001 10 10 G
***ORG-REF-FUND YOA YOB**

ISSUE: 005 P98: N
P98 ISSUE:

ITEM TITLE:
101 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 005 California Child Support Automation System (CCSAS)

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
Increase funding to transition the hosting of the CCSAS Child Support Enforcement (CSE) system from the current vendor to the state data center and to support one-time start-up costs for the new State Disbursement Unit service provider.				*
Automation Projects			14,110,000	*
TOTAL FINANCE LETTER CHANGES	0.0		14,110,000	*
TOTAL DETAIL CHANGES	0.0		14,110,000	

---SCHEDULE CHANGES---			
10.01.000.000	Child Support Administration	4,797,000	*
10.03.000.000	Child Support Automation	9,313,000	*
00.00.911.890	Amt pay from Federal Trust Fund (Item 5175-101-0890)	-9,313,000	*
NET IMPACT TO 5175-101-0001		4,797,000	*
TOTAL NET IMPACT TO 5175-101-0001		4,797,000	

---IMPACT TO SUBSIDIARIES---			
5175-101-0890	F	9,313,000	*
TOTAL FINANCE LETTER CHANGES		9,313,000	*
TOTAL NET IMPACT TO SUBSIDIARIES		9,313,000	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT:	NV
SEN CONSULTANT:	JNT
DOF ANALYST:	Marvin Deon
LAO DIRECTOR:	T. BLAND
RUN DATE:	03/24/10 14:12:12
UPDT TIME:	03/24/10 11:08:10

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 DOF=510 ITEM=5175101000011010

ISSUE-FROM=001

DEPARTMENT OF FINANCE
OFFICE OF THE DIRECTOR

ARNOLD SCHWARZENEGGER, GOVERNOR
STATE CAPITOL ■ ROOM 1145 ■ SACRAMENTO CA ■ 95814-4998 ■ WWW.DOF.CA.GOV

APR 01 2010

Honorable Denise Moreno Ducheny, Chair
Senate Budget and Fiscal Review Committee

Attention: Ms. Keely Bosler, Staff Director (2)

Honorable Bob Blumenfield, Chair
Assembly Budget Committee

Attention: Mr. Christian Griffith, Chief Consultant (2)

Amendment to Various Budget Bill Items, Support, Department of Social Services

California Community Care Licensing Program, Strengthening Health and Safety Protections (Issue 004)—This request would realign business practices within the Community Care Licensing program to strengthen health and safety protections by implementing a new facility inspection protocol and an increase in the licensing fees.

It is requested that language be added to Items 5180-001-0001 and 5180-001-0270 to allow the Director of Finance to decrease General Fund authority and increase special fund authority commensurate with the amount of fee revenue received in support of the Community Care Licensing program. Suggested Budget Bill language is attached (see Attachment 1). This proposal requires trailer bill language, which is included in Attachment 2.

Penalty Avoidance Statutory Change for State Hearings/Use of Video Conferencing in State Hearings—This request would clarify in statute more efficient state hearing processes. The request would allow for increased use of videoconferencing and a streamlined penalty structure for state hearing claimants. The changes would reduce penalties and decrease the wait time for consumers between hearing request and hearing. This proposal requires trailer bill language, which is included in Attachment 3.

The effect of my requested action is reflected on the attachment.

If you have any questions or need additional information regarding this matter, please call Jay Kapoor, Principal Program Budget Analyst, at (916) 445-6423.

ANA J. MATOSANTOS
Director
By:

TODD JERUE
Chief Deputy Director

Attachment

cc: On following page

APR 01 2010

cc: Honorable Christine Kehoe, Chair, Senate Appropriations Committee
Attention: Mr. Bob Franzoia, Staff Director
Honorable Bob Dutton, Vice Chair, Senate Budget and Fiscal Review Committee
Attention: Mr. Seren Taylor, Staff Director
Honorable Felipe Fuentes, Chair, Assembly Appropriations Committee
Attention: Mr. Geoff Long, Chief Consultant
Honorable Jim Nielsen, Vice Chair, Assembly Budget Committee
Attention: Mr. Peter Schaafsma, Staff Director
Honorable Mark Leno, Chair, Senate Budget and Fiscal Review Subcommittee No. 3
Honorable Dave Jones, Chair, Assembly Budget Subcommittee No. 1
Mr. Mac Taylor, Legislative Analyst (4)
Mr. Craig Cornett, Senate President pro Tempore's Office (2)
Mr. Christopher W. Woods, Assembly Speaker's Office (2)
Ms. Christine Robertson, Chief of Staff, Assembly Republican Leader's Office
Mr. Michael Wilkening, Undersecretary, California Health and Human Services Agency
Ms. Fran Mueller, Deputy Director, Administration Division, Department of Social Services
Mr. Brian Dougherty, Chief, Budget Bureau, Department of Social Services

APR 0 1 2010

Attachment 1

Add Provision X to Item 5180-001-0001 as follows:

X. The Director of Finance may decrease the authority within this item commensurate with the amount of increased fee revenue received in support of the Community Care Licensing program. Upon making the adjustment, Finance shall report the decrease to the Legislature.

Add Provision 1 to Item 5180-001-0270 as follows:

1. The Director of Finance may increase the authority within this item commensurate with the amount of increased fee revenue received in support of the Community Care Licensing program. Upon making the adjustment, Finance shall report the increase to the Legislature.

Proposed Trailer Bill in Support of the Community Care Licensing Program

Repeal of Required Annual Visits, Random Sample Visits and Trigger Language Requirements:

Section 1534 of the Health and Safety Code is amended to read:

~~1534 (a) (1) Every licensed community care facility shall be subject to unannounced visits by the department. The department shall visit these facilities as often as necessary to ensure the quality of care provided.~~

(a)(1)(A)Every licensed community care facility shall be inspected at least once per year and as often as necessary to ensure the quality of care provided. Evaluation visits shall be unannounced except as noted in Section 1533.

~~(A) The department shall conduct an annual unannounced visit to a facility under any of the following circumstances:~~

~~(i) When a license is on probation.~~

~~(ii) When the terms of agreement in a facility compliance plan require an annual evaluation.~~

~~(iii) When an accusation against a licensee is pending.~~

~~(iv) When a facility requires an annual visit as a condition of receiving federal financial participation.~~

~~(v) In order to verify that a person who has been ordered out of a facility by the department is no longer at the facility.~~

~~(B) (i) The department shall conduct annual unannounced visits to no less than 20 percent of facilities not subject to an evaluation under subparagraph (A). These unannounced visits shall be conducted based on a random sampling methodology developed by the department.~~

~~(ii) If the total citations issued by the department exceed the previous year's total by 10 percent, the following year the department shall increase the random sample by an additional 10 percent of the facilities not subject to an evaluation under subparagraph (A). The department may request additional resources to increase the random sample by 10 percent.~~

~~(C) Under no circumstance shall the department visit a community care facility less often than once every five years.~~

~~(D)~~ (*B*) In order to facilitate direct contact with group home clients, the department may interview children who are clients of group homes at any public agency or private agency at which the client may be found, including, but not limited to, a juvenile hall, recreation or vocational program, or a nonpublic school. The department shall respect the rights of the child while conducting the interview, including informing the child that he or she has the right not to be interviewed and the right to have another adult present during the interview.

Section 1569.33 of the Health and Safety Code is amended to read:

1569.33. (a) Every licensed residential care facility for the elderly shall be subject to unannounced visits by the department. The department shall visit these facilities at least once per year and as often as necessary to ensure the quality of care provided.

~~(b) The department shall conduct an annual unannounced visit of a facility under any of the following circumstances:~~

~~(1) When a license is on probation.~~

~~(2) When the terms of agreement in a facility compliance plan require an annual evaluation.~~

~~(3) When an accusation against a licensee is pending.~~

~~(4) When a facility requires an annual visit as a condition of receiving federal financial participation.~~

~~(5) In order to verify that a person who has been ordered out of the facility for the elderly by the department is no longer at the facility.~~

~~(c) (1) The department shall conduct annual unannounced visits to no less than 20 percent of facilities not subject to an evaluation under subdivision (b). These unannounced visits shall be conducted based on a random sampling methodology developed by the department.~~

~~(2) If the total citations issued by the department exceed the previous year's total by 10 percent, the following year the department shall increase the random sample by 10 percent of the facilities not subject to an evaluation under subdivision (b). The department may request additional resources to increase the random sample by 10 percent.~~

~~(d) Under no circumstance shall the department visit a residential care facility for the elderly less often than once every five years.~~

~~(e)~~ (*b*) The department shall notify the residential care facility for the elderly in writing of all deficiencies in its compliance with the provisions of this chapter and the rules and regulations adopted pursuant to this chapter, and shall set a reasonable length of time for compliance by the facility.

~~(f)~~ (*c*) Reports on the results of each inspection, evaluation, or consultation shall be kept on file in the department, and all inspection reports, consultation reports, lists of deficiencies, and plans of correction shall be open to public inspection.

~~(g)~~ (*d*) As a part of the department's evaluation process, the department shall review the plan of operation, training logs, and marketing materials of any residential care facility for the elderly that advertises or promotes special care, special programming, or a special environment for persons with dementia to monitor compliance with Sections 1569.626 and 1569.627.

Section 1597.09 of the Health and Safety Code is amended to read:

1597.09. (a) Each licensed child day care center shall be subject to unannounced visits by the department. The department shall visit these facilities at least once per year and as often as necessary to ensure the quality of care provided.

~~(b) The department shall conduct an annual unannounced visit to a licensed child day care center under any of the following circumstances:~~

~~(1) When a license is on probation.~~

~~(2) When the terms of agreement in a facility compliance plan require an annual evaluation.~~

~~(3) When an accusation against a licensee is pending.~~

~~(4) In order to verify that a person who has been ordered out of a child day care center by the department is no longer at the facility.~~

~~(c) (1) The department shall conduct an annual unannounced visit to no less than 20 percent of facilities not subject to an evaluation under subdivision (b). These unannounced visits shall be conducted based on a random sampling methodology developed by the department.~~

~~(2) If the total citations issued by the department exceed the previous year's total by 10 percent, the following year the department shall increase the random sample by 10 percent of facilities not subject to an evaluation under subdivision (b). The department may request additional resources to increase the random sample by 10 percent.~~

~~(d) Under no circumstance shall the department visit a licensed child day care center less often than once every five years.~~

Section 1597.55a of the Health and Safety Code is amended to read:

1597.55a. Every family day care home shall be subject to unannounced visits by the department as provided in this section. The department shall visit these facilities at least once every two years and as often as necessary to ensure the quality of care provided.

(a) The department shall conduct an announced site visit prior to the initial licensing of the applicant.

(b) The department shall conduct an annual unannounced visit to a facility under any of the following circumstances:

(1) When a license is on probation.

(2) When the terms of agreement in a facility compliance plan require an annual evaluation.

(3) When an accusation against a licensee is pending..

(4) In order to verify that a person who has been ordered out of a family day care home by the department is no longer at the facility.

~~(c) (1) The department shall conduct annual unannounced visits to no less than 20 percent of facilities not subject to an evaluation under subdivision (b). These unannounced visits shall be conducted~~

~~based on a random sampling methodology developed by the department.~~

~~(2) If the total citations issued by the department exceed the previous year's total by 10 percent, the following year the department shall increase the random sample by 10 percent of the facilities not subject to an evaluation under subdivision (b). The department may request additional resources to increase the random sample by 10 percent.~~

~~(d) Under no circumstance shall the department visit a licensed family day care home less often than once every five years.~~

(~~e~~) (c) A public agency under contract with the department may make spot checks if it does not result in any cost to the state. However, spot checks shall not be required by the department.

(~~f~~) (d) The department or licensing agency shall make an unannounced site visit on the basis of a complaint and a followup visit as provided in Section 1596.853.

(~~g~~) (e) An unannounced site visit shall adhere to both of the following conditions:

(1) The visit shall take place only during the facility's normal business hours or at any time family day care services are being provided.

(2) The inspection of the facility shall be limited to those parts of the facility in which family day care services are provided or to which the children have access.

(~~h~~) (f) The department shall implement this section during periods that Section 1597.55b is not being implemented in accordance with Section 18285.5 of the Welfare and Institutions Code.

Required Amendments to Eliminate Post-Licensing Visits

California Community Care Facilities Act

Section 1526.5 of the Health and Safety Code is repealed:

1526.5. ~~(a) Within 90 days after a facility accepts its first client for placement following the issuance of a license or special permit pursuant to Section 1525, the department shall inspect the facility. The licensee shall within five business days after accepting its first client for placement notify the department that the facility has commenced operating. Foster family homes are exempt from the provisions of this subdivision.~~

~~(b) The inspection required by subdivision (a) shall be conducted to evaluate compliance with rules and regulations and to assess the facility's continuing ability to meet regulatory requirements. The department may take appropriate remedial action as authorized by this chapter.~~

Section 1526.75 of the Health and Safety Code is amended to read:

1526.75. (a) It is the intent of the Legislature to maintain quality resources for children needing placement away from their families. If, during a periodic inspection ~~or an inspection pursuant to Section 1526.5,~~ a facility is found out of compliance with one or more of the licensing standards of the department, the department shall, unless an ongoing investigation precludes it, advise the provider of the noncompliance as soon as possible. The provider shall be given the opportunity to correct the deficiency.

Attachment 2

Residential Care Facilities for Persons with Chronic Life-Threatening Illness

Section 1568.07 of the Health and Safety Code is amended to read:

1568.07. ~~(a)(1) Within 90 days after a facility accepts its first resident for placement following its initial licensure, the department shall inspect the facility to evaluate compliance with rules and regulations and to assess the facility's continuing ability to meet regulatory requirements. The licensee shall notify the department within five business days after accepting its first resident for placement, that the facility has commenced operating.~~

~~(2) The department may take appropriate remedial action as provided for in this chapter.~~

(~~b~~a)(1) Every licensed residential care facility shall be periodically inspected and evaluated for quality of care by a representative or representatives designated by the director. Evaluations shall be conducted at least annually and as often as necessary to ensure the quality of care being provided.

(2) During each licensing inspection the department shall determine if the facility meets regulatory standards, including, but not limited to, providing residents with the appropriate level of care based on the facility's license, providing adequate staffing and services, updated resident records and assessments, and compliance with basic health and safety standards.

(3) If the department determines that a resident requires a higher level of care than the facility is authorized to provide, the department may initiate a professional level of care assessment by an assessor approved by the department. An assessment shall be conducted in consultation with the resident, the resident's physician and surgeon, and the resident's case manager, and shall reflect the desires of the resident, the resident's physician and surgeon, and the resident's case manager. The assessment also shall recognize that certain illnesses are episodic in nature and that the resident's need for a higher level of care may be temporary.

(4) The department shall notify the residential care facility in writing of all deficiencies in its compliance with this chapter and the rules and regulations adopted pursuant to this chapter, and shall set a reasonable length of time for compliance by the facility.

(5) Reports on the results of each inspection, evaluation, or consultation shall be kept on file in the department, and all inspection reports, consultation reports, lists of deficiencies, and plans of correction shall be open to public.

(6) The department may take appropriate remedial action as provided for in this chapter.

(~~c~~b) Any duly authorized officer, employee, or agent of the department may, upon presentation of proper identification, enter and inspect any place providing personal care, supervision, and services at any time, with or without advance notice, to secure compliance with, or to prevent a violation of, this chapter.

(~~d~~c) No licensee shall discriminate or retaliate in any manner against any person receiving the services of the facility of the licensee, or against any employee of the facility, on the basis, or for the reason, that a person or employee or any other person has initiated or participated in an inspection pursuant to Section 1568.071.

(~~e~~d) Any person who, without lawful authorization from a duly authorized officer, employee, or agent of the department, informs an owner, operator, employee, agent, or resident of a residential care facility, of an impending or proposed inspection or evaluation of that facility by personnel of the department, is guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not to exceed one thousand dollars ($1,000), by imprisonment in the county jail for a period not to exceed 180 days, or by both a fine and imprisonment.

California Residential Care Facilities for the Elderly Act

Section 1569.24 of the Health and Safety Code is repealed:

1569.24. ~~Within 90 days after a facility accepts its first resident for placement, following its initial licensure, the department shall inspect the facility to evaluate compliance with rules and regulations and to assess the facility's continuing ability to meet regulatory requirements. The licensee shall notify the department within five business days after accepting its first resident for placement, that the facility has commenced operating.~~

~~The department may take appropriate remedial action as provided for in this chapter.~~

Day Care Centers

Section 1597.13 of the Health and Safety Code is amended to read:

1597.13. (a) The department and any local agency with which it contracts for the licensing of day care centers shall grant or deny an application for license within 30 days after receipt of all appropriate licensing application materials, as determined by the department, after a site visit has been completed and the facility has been found to be in compliance with licensing standards. The department shall conduct an initial site visit within 30 days after the receipt of all appropriate licensing application materials.

(b) Notwithstanding subdivision (a), the department may exercise its discretion and elect not to conduct a site visit after the receipt of all appropriate licensing application materials when an operating day care center licensee sells or transfers the property or business to a new license applicant.

Section 1597.14 of the Health and Safety Code is amended to read:

1597.14. (a) Notwithstanding Section 1596.858, in the event of a sale of a licensed child day care center where the sale will result in a new license being issued, the sale and transfer of property and business shall be subject to both of the following:

(1) The licensee shall provide written notice to the department and to the child's parent or his or her legal guardian of the licensee's intent to sell the child day care center at least 30 days prior to the transfer of the property or business, or at the time that a bona fide offer is made, whichever period is longer.

(2) The licensee shall, prior to entering into an admission agreement, inform the child's parent or his or her legal guardian, admitted to the facility after notification to the department, of the licensee's intent to sell the property or business.

(b) Except as provided in subdivision (e), the property and business shall not be transferred until the buyer qualifies for a license or provisional license pursuant to this chapter.

(1) The seller shall notify, in writing, a prospective buyer of the necessity to obtain a license, as required by this chapter, if the buyer's intent is to continue operating the facility as a child day care center. The seller shall send a copy of this written notice to the licensing agency.

(2) The prospective buyer shall submit an application for a license, as specified in Section 1596.95, within five days of the acceptance of the offer by the seller.

(c) No transfer of the facility shall be permitted until 30 days have elapsed from the date when notice has been provided to the department pursuant to paragraph (1) of subdivision (a).

(d) The department shall give priority to applications for licensure that are submitted pursuant to this section in order to ensure timely transfer of the property and business. Applicants for licensure pursuant to this section are exempt from the initial site visit required in section 1597.13. ~~However, this does not preclude the Department from making an initial site visit if good cause exists for this inspection.~~ This does not preclude the Department, when acting within its discretionary authority, from making an initial site visit. The department shall make a decision within 60 days after a complete application is submitted on whether to issue a license pursuant to Section 1596.95.

(e) If the parties involved in the transfer of the property and business fully comply with this section, then the transfer may be completed and the buyer shall not be considered to be operating an unlicensed facility while the department makes a final determination on the application for licensure.

California Child Day Care Act

Section 1596.858 of the Health and Safety Code is amended to read:

1596.858. A license shall be forfeited by operation of law prior to its expiration date when any one of the following occurs:

(a) The licensee sells or otherwise transfers the facility or facility property, except when change of ownership applies to transferring of stock when the facility is owned by a corporation, and when the transfer of stock does not constitute a majority change in ownership.

(b) The licensee surrenders the license to the department.

(c) The licensee moves the facility from one location to another.
The department shall develop regulations to ensure that the facilities are not charged a full licensing fee and do not have to complete the entire application process when applying for license for the new location.

(d) The licensee is convicted of an offense specified in Section 220, 243.4, or 264.1, or paragraph (1) of Section 273a, Section 273d, 288, or 289 of the Penal Code, or is convicted of another crime specified in subdivision (c) of Section 667.5 of the Penal Code.

(e) The licensee dies. If an adult relative notifies the department of his or her desire to continue operation of the facility and submits an application, the department shall expedite the application. Applicants for licensure pursuant to this section are exempt from the initial site visit required in section 1597.13. ~~However, this does not preclude the Department from making an initial site visit if good cause exists for this inspection.~~ This does not preclude the Department, when acting within its discretionary authority, from making an initial site visit. The department shall promulgate regulations for expediting applications submitted pursuant to this subdivision.

(f) The licensee abandons the facility.

California Residential Care Facility for the Elderly Act

Section 1569.20 of the Health and Safety Code is amended to read:

1569.20. Upon the filing of the application for issuance of an initial license, the department shall, within five working days of the filing, make a determination regarding the completeness of the application. If the application is complete, the department shall immediately request a fire clearance and notify the applicant to arrange a time for the department to conduct a prelicensure survey. Applicants for licensure of a currently or previously licensed facility are exempt from the initial site visit. This does not preclude the Department, when acting within its discretionary authority, from making an initial site

visit. ~~inspection.~~ If the application is incomplete, the department shall notify the applicant and request the necessary information. Within 60 days of making a determination that the file is complete, the department shall make a determination whether the application is in compliance with this chapter and the rules and regulations of the department and shall either immediately issue the license or notify the applicant of the deficiencies. The notice shall specify whether the deficiencies constitute denial of the application or whether further corrections for compliance will likely result in approval of the application.

Increase in Fee Revenue

Section 1523.1 of the Health and Safety Code is amended to read:

1523.1. (a) An application fee adjusted by facility and capacity shall be charged by the department for the issuance of a license. After initial licensure, a fee shall be charged by the department annually on each anniversary of the effective date of the license. The fees are for the purpose of financing the activities specified in this chapter. Fees shall be assessed as follows:

~~Fee Schedule~~

~~Facility Type~~	~~Capacity~~	~~Initial Application~~	~~Annual~~
~~Foster Family And Adoption Agencies~~		~~$2,750~~	~~$1,375~~
	~~1-15~~	~~$165~~	~~$83~~
	~~16-30~~	~~$275~~	~~$138~~
	~~31-60~~	~~$550~~	~~$275~~
~~Adult Day Programs~~	~~61-75~~	~~$689~~	~~$344~~
	~~76-90~~	~~$825~~	~~$413~~
	~~91-120~~	~~$1,100~~	~~$550~~
	~~121+~~	~~$1,375~~	~~$688~~
	~~1-3~~	~~$413~~	~~$413~~
~~Other Community Care Facilities~~	~~4-6~~	~~$825~~	~~$413~~
	~~7-15~~	~~$1,239~~	~~$619~~
	~~16-30~~	~~$1,650~~	~~$825~~
	~~31-49~~	~~$2,064~~	~~$1,032~~
	~~50-74~~	~~$2,477~~	~~$1,239~~
	~~75-100~~	~~$2,891~~	~~$1,445~~
	~~101-150~~	~~$3,304~~	~~$1,652~~
	~~151-200~~	~~$3,852~~	~~$1,926~~
	~~201-250~~	~~$4,400~~	~~$2,200~~
	~~251-300~~	~~$4,950~~	~~$2,475~~
	~~301-350~~	~~$5,500~~	~~$2,750~~
	~~351-400~~	~~$6,050~~	~~$3,025~~
	~~401-500~~	~~$7,150~~	~~$3,575~~
	~~501-600~~	~~$8,250~~	~~$4,125~~

~~601-700 $9,350 $4,675~~
~~701+ $11,000 $5,500~~

Fee Schedule

Facility Type	Capacity	Application	Annual
Foster Family And Adoption Agencies		$3,025	$1,513
Adult Day Programs	1-15	$182	$91
	16-30	$303	$152
	31-60	$605	$303
	61-75	$758	$378
	76-90	$908	$454
	91-120	$1,210	$605
	121+	$1,513	$757
Other Community Care Facilities	1-3	$454	$454
	4-6	$908	$454
	7-15	$1,363	$681
	16-30	$1,815	$908
	31-49	$2,270	$1,135
	50-74	$2,725	$1,363
	75-100	$3,180	$1,590
	101-150	$3,634	$1,817
	151-200	$4,237	$2,119
	201-250	$4,840	$2,420
	251-300	$5,445	$2,723
	301-350	$6,050	$3,025
	351-400	$6,655	$3,328
	401-500	$7,865	$3,933
	501-600	$9,075	$4,538
	601-700	$10,285	$5,143
	701+	$12,100	$6,050

(b) (1) In addition to fees set forth in subdivision (a), the department shall charge the following fees:

(A) A fee that represents 50 percent of an established application fee when an existing licensee moves the facility to a new physical address.

(B) A fee that represents 50 percent of the established application fee when a corporate licensee changes who has the authority to select a majority of the board of directors.

(C) A fee of twenty-five dollars ($25) when an existing licensee seeks to either increase or decrease the licensed capacity of the facility.

(D) An orientation fee of fifty dollars ($50) for attendance by any individual at a department-sponsored orientation session.

(E) A probation monitoring fee equal to the annual fee, in addition to the annual fee for that category and capacity for each year a license has been placed on probation as a result of a stipulation or decision and order pursuant to the administrative adjudication procedures of the Administrative Procedure Act (Chapter 4.5 (commencing with Section 11400) and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code).

(F) A late fee that represents an additional 50 percent of the established annual fee when any licensee fails to pay the annual licensing fee on or before the due date as indicated by postmark on the payment.

(G) A fee to cover any costs incurred by the department for processing payments including, but not limited to, bounced check charges, charges for credit and debit transactions, and postage due charges.

~~(H) A plan of correction fee of two hundred dollars ($200) when any licensee does not implement a plan of correction on or prior to the date specified in the plan.~~

(H) A reinspection fee of one hundred dollars ($100) whenever an inspection of a facility is necessary to ensure a violation has been corrected.

(2) Foster family homes shall be exempt from the fees imposed pursuant to this subdivision.

(3) Foster family agencies shall be annually assessed ninety-seven ~~eighty-eight~~ dollars ($97)~~($88)~~ for each home certified by the agency.

Section 1568.05 of the Health and Safety Code is amended to read:

1568.05. (a) An application fee adjusted by facility and capacity, shall be charged by the department for a license to operate a residential care facility for persons with chronic life-threatening illness. After initial licensure, a fee shall be charged by the department annually, on each anniversary of the effective date of the license. The fees are for the purpose of financing the activities specified in this chapter. Fees shall be assessed as follows:

~~Fee Schedule~~

~~Capacity~~	~~Initial Application~~	~~Annual~~
~~1-6~~	~~$550~~	~~$275 plus $10 per bed~~
~~7-15~~	~~$689~~	~~$344 plus $10 per bed~~
~~16-25~~	~~$825~~	~~$413 plus $10 per bed~~
~~26+~~	~~$964~~	~~$482 plus $10 per bed~~

Fee Schedule

Capacity	Initial Application	Annual

1-6	$605	$303 plus $10 per bed
7-15	$758	$378 plus $10 per bed
16-25	$908	$454 plus $10 per bed
26+	$1,060	$530 plus $10 per bed

(b) (1) In addition to fees set forth in subdivision (a), the department shall charge the following fees:

(A) A fee that represents 50 percent of an established application fee when an existing licensee moves the facility to a new physical address.

(B) A fee that represents 50 percent of the established application fee when a corporate licensee changes who has the authority to select a majority of the board of directors.

(C) A fee of twenty-five dollars ($25) when an existing licensee seeks to either increase or decrease the licensed capacity of the facility.

(D) An orientation fee of fifty dollars ($50) for attendance by any individual at a department-sponsored orientation session.

(E) A probation monitoring fee equal to the annual fee, in addition to the annual fee for that category and capacity for each year a license has been placed on probation as a result of a stipulation or decision and order pursuant to the administrative adjudication procedures of the Administrative Procedure Act (Chapter 4.5 (commencing with Section 11400) and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code).

(F) A late fee that represents an additional 50 percent of the established annual fee when any licensee fails to pay the annual licensing fee on or before the due date as indicated by postmark on the payment.

(G) A fee to cover any costs incurred by the department for processing payments including, but not limited to, bounced check charges, charges for credit and debit transactions, and postage due charges.

~~(H) A plan of correction fee of two hundred dollars ($200) when any licensee does not implement a plan of correction on or prior to the date specified in the plan.~~

(H) A reinspection fee of one hundred dollars ($100) whenever an inspection of a facility is necessary to ensure a violation has been corrected.

Section 1569.185 of the Health and Safety Code is amended to read:

1569.185. (a) An application fee adjusted by facility and capacity shall be charged by the department for the issuance of a license to operate a residential care facility for the elderly. After initial

licensure, a fee shall be charged by the department annually on each anniversary of the effective date of the license.

The fees are for the purpose of financing activities specified in this chapter. Fees shall be assessed as follows:

~~Fee Schedule~~

~~Capacity~~	~~Initial Application~~	~~Annual~~
~~1-3~~	~~$413~~	~~$413~~
~~4-6~~	~~$825~~	~~$413~~
~~7-15~~	~~$1,239~~	~~$619~~
~~16-30~~	~~$1,650~~	~~$825~~
~~31-49~~	~~$2,064~~	~~$1,032~~
~~50-74~~	~~$2,477~~	~~$1,239~~
~~75-100~~	~~$2,891~~	~~$1,445~~
~~101-150~~	~~$3,304~~	~~$1,652~~
~~151-200~~	~~$3,852~~	~~$1,926~~
~~201-250~~	~~$4,400~~	~~$2,200~~
~~251-300~~	~~$4,950~~	~~$2,475~~
~~301-350~~	~~$5,500~~	~~$2,750~~
~~351-400~~	~~$6,050~~	~~$3,025~~
~~401-500~~	~~$7,150~~	~~$3,575~~
~~501-600~~	~~$8,250~~	~~$4,125~~
~~601-700~~	~~$9,350~~	~~$4,675~~
~~701+~~	~~$11,000~~	~~$5,500~~

Fee Schedule

Capacity	Initial Application	Annual
1-3	$454	$454
4-6	$908	$454
7-15	$1,363	$681
16-30	$1,815	$908
31-49	$2,270	$1135
50-74	$2,725	$1,363
75-100	$3,180	$1,590
101-150	$3,634	$1,817
151-200	$4,237	$2,119
201-250	$4,840	$2,420
251-300	$5,445	$2,723
301-350	$6,050	$3,025
351-400	$6,655	$3,328
401-500	$7,865	$3,933
501-600	$9,075	$4,538
601-700	$10,285	$5,143
701+	$12,100	$6,050

(b) (1) In addition to fees set forth in subdivision (a), the department shall charge the following fees:

(A) A fee that represents 50 percent of an established application fee when an existing licensee moves the facility to a new physical address.

(B) A fee that represents 50 percent of the established application fee when a corporate licensee changes who has the authority to select a majority of the board of directors.

(C) A fee of twenty-five dollars ($25) when an existing licensee seeks to either increase or decrease the licensed capacity of the facility.

(D) An orientation fee of fifty dollars ($50) for attendance by any individual at a department-sponsored orientation session.

(E) A probation monitoring fee equal to the annual fee, in addition to the annual fee for that category and capacity for each year a license has been placed on probation as a result of a stipulation or decision and order pursuant to the administrative adjudication procedures of the Administrative Procedure Act (Chapter 4.5 (commencing with Section 11400) and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code).

(F) A late fee that represents an additional 50 percent of the established annual fee when any licensee fails to pay the annual licensing fee on or before the due date as indicated by postmark on the payment.

(G) A fee to cover any costs incurred by the department for processing payments including, but not limited to, bounced check charges, charges for credit and debit transactions, and postage due charges.

~~(H) A plan of correction fee of two hundred dollars ($200) when any licensee does not implement a plan of correction on or prior to the date specified in the plan.~~

(H) A reinspection fee of one hundred dollars ($100) whenever an inspection of a facility is necessary to ensure a violation has been corrected.

Section 1596.803 of the Health and Safety Code is amended to read:

1596.803. (a) An application fee adjusted by facility and capacity shall be charged by the department for the issuance of a license to operate a child day care facility. After initial licensure, a fee shall be charged by the department annually, on each anniversary of the effective date of the license. The fees are for the purpose of financing activities specified in this chapter. Fees shall be assessed as follows:

~~Fee Schedule~~

~~Facility Type~~	~~Original Capacity~~	~~Annual Application Fee~~
~~Family Day Care~~	~~1-8~~	~~$66~~ ~~$66~~
	~~9-14~~	~~$127~~ ~~$127~~
~~Day Care~~	~~1-30~~	~~$440~~ ~~$220~~

~~Centers~~

~~31-60~~	~~$880~~	~~$440~~
~~61-75~~	~~$1,100~~	~~$550~~
~~76-90~~	~~$1,320~~	~~$660~~
~~91-120~~	~~$1,760~~	~~$880~~
~~121+~~	~~$2,200~~	~~$1,100~~

Fee Schedule

Facility Type	Capacity	Application	Annual
Family Day Care	1-8	$73	$73
	9-14	$140	$140
Day Care Centers	1-30	$484	$242
	31-60	$968	$484
	61-75	$1,210	$605
	76-90	$1,452	$726
	91-120	$1,936	$968
	121+	$2,420	$1,210

(b) (1) In addition to fees set forth in subdivision (a), the department shall charge the following fees:

(A) A fee that represents 50 percent of an established application fee when an existing licensee moves the facility to a new physical address.

(B) A fee that represents 50 percent of the established application fee when a corporate licensee changes who has the authority to select a majority of the board of directors.

(C) A fee of twenty-five dollars ($25) when an existing licensee seeks to either increase or decrease the licensed capacity of the facility.

(D) An orientation fee of twenty-five dollars ($25) for attendance by any individual at a department-sponsored family child day care home orientation session, and a fifty dollar ($50) orientation fee for attendance by any individual at a department-sponsored child day care center orientation session.

(E) A probation monitoring fee equal to the annual fee, in addition to the annual fee for that category and capacity for each year a license has been placed on probation as a result of a stipulation or decision and order pursuant to the administrative adjudication procedures of the Administrative Procedure Act (Chapter 4.5 (commencing with Section 11400) and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code).

(F) A late fee that represents an additional 50 percent of the established annual fee when any licensee fails to pay the annual licensing fee on or before the due date as indicated by postmark on

the payment.

(G) A fee to cover any costs incurred by the department for processing payments including, but not limited to, bounced check charges, charges for credit and debit transactions, and postage due charges.

~~(H) A plan of correction fee of two hundred dollars ($200) when any licensee does not implement a plan of correction on or prior to the date specified in the plan.~~

(H) A reinspection fee of one hundred dollars ($100) whenever an inspection of a facility is necessary to ensure a violation has been corrected.

Attachment 3

Section 10952.1 is added to the Welfare and Institutions code, to read:

10952.1. The Department of Social Services and the Department of Health Care Services through its contract with the Department of Social Services pursuant to Section 10950, may conduct all hearings by videoconference unless a party to the case objects to the hearing being conducted by videoconference. The Administrative Law Judge shall consider the objection, and upon finding good cause, may postpone the hearing and reschedule it for an in-person hearing.

Section 10961.5 is added to the Welfare and Institutions code, to read:

10961.5. (a) The Department of Social Services and the Department of Health Care Services shall pay a monetary penalty to a claimant for granted cases in which a final decision is completed more than 90 days from the filing date, exclusive of any time waivers approved by the claimant or the Administrative Law Judge. The penalty amount shall be the greater of $50.00 or $5.00/day. The daily penalty rate shall increase by $2.50 in each month that 90 percent of the total final decisions issued by the Department are not timely.

(b) Requests for state hearings which do not involve the current amount of aid shall not be included in the calculation of timely decisions by the Department of Social Services or the Department of Health Care Services, and no penalty payments as provided in subdivision (a) above, shall be made on those cases.

(c) Requests for state hearings in which the beneficiary receives aid paid pending the hearing decision shall not receive a penalty payment as provided in subdivision (a) above.

(d) No penalty payment shall be owed or paid on hearing requests filed in the 12 months following the effective date of a change in the law where the application of that change in the law is an issue in the case.

CBS313R
UNIT DATABASE
(BUFF)

DEPARTMENT OF FINANCE
2010-11 CHANGE BOOK
WORKSHEET - Finance Letters

PAGE: 1
DATE: 03/25/10
TIME: 11:16:58

DEPT: Department of Social Services
STATE OPERATIONS

****
5180-001-0001 10 10 G
***ORG-REF-FUND YOA YOB**

ISSUE: 004 P98: N
P98 ISSUE:

ITEM TITLE:
001 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 004 Community Care Licensing Program -
Health and Safety Protections

---DETAIL CHANGES---	POS/PY	TYPE/LANG	
Add provisional language to Item 5180-001-0001 to allow the Director of Finance to decrease the authority in this Item commensurate with the amount of increased fee revenue received in support of the Community Care Licensing program.			*
TOTAL FINANCE LETTER CHANGES	0.0		0 *
TOTAL DETAIL CHANGES	0.0		0

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT: NV
SEN CONSULTANT: JNT
DOF ANALYST: Brandon Nunes
LAO DIRECTOR: T. BLAND

RUN DATE: 03/25/10 11:16:58
UPDT TIME: 03/25/10 11:16:26

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ITEM=5180001000011010
ISSUE= 004
ISSUE-STATUS=L
MULTI-DOF=

CBS313R
UNIT DATABASE
(BUFF)

DEPARTMENT OF FINANCE
2010-11 CHANGE BOOK
WORKSHEET - Finance Letters

PAGE: 1
DATE: 03/25/10
TIME: 11:31:11

DEPT: Department of Social Services
STATE OPERATIONS

****
5180-001-0270 10 10 S
***ORG-REF-FUND YOA YOB**

ISSUE: 004 P98: N
P98 ISSUE:

ITEM TITLE:
001 Budget Act appropriation

DATE SIGNED: APR 01 2010

ISSUE: 004 Community Care Licensing Program -
Health and Safety Protections

---DETAIL CHANGES---	POS/PY	TYPE/LANG	
Add provisional language to allow the Director of Finance to increase the authority in this Item commensurate with the amount of increased fee revenue received in support of the Community Care Licensing program.			*
TOTAL FINANCE LETTER CHANGES	0.0	0	*
TOTAL DETAIL CHANGES	0.0	0	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT: NV
SEN CONSULTANT: JNT
DOF ANALYST: Brandon Nunes
LAO DIRECTOR: T. BLAND

RUN DATE: 03/25/10 11:31:11
UPDT TIME: 03/25/10 11:30:51

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ITEM=5180001027010 10
ISSUE= 004
ISSUE-STATUS=L
MULTI-DOF=

DEPT: Department of Social Services
STATE OPERATIONS

******NON-BUDGET-ACT*****
5180-501-0001 10 10 G
***ORG-REF-FUND YOA YOB**

ISSUE: 004 P98: N
P98 ISSUE:

ITEM TITLE:
Decreased expenditure authority per Provisional Language in Item 5180-001-0001

DATE SIGNED: APR 01 2010

ISSUE: 004 Community Care Licensing Fee Increase

---DETAIL CHANGES---	POS/PY	TYPE/LANG		
Estimated General Fund reduction associated with increasing fees within the Community Care Licensing program.			-1,400,000	*
TOTAL FINANCE LETTER CHANGES	0.0		-1,400,000	*
TOTAL DETAIL CHANGES	0.0		-1,400,000	
---SCHEDULE CHANGES---				
00.00.500.000 Unscheduled			-1,400,000	*
NET IMPACT TO 5180-501-0001			-1,400,000	*
TOTAL NET IMPACT TO 5180-501-0001			-1,400,000	

POSITION CHANGES FOR ISSUE NUMBER		AMOUNT
REG/ON-GOING POS	0.0	0
PART YR ADJ PY	0.0	0
TEMP HELP PY	0.0	0
OVERTIME	0.0	0
SALARY SAVINGS PY	0.0	0
-TOTAL-	0.0	0

ASM CONSULTANT: NV
SEN CONSULTANT: JNT
DOF ANALYST: Brandon Nunes
LAO DIRECTOR: T. BLAND

RUN DATE: 03/29/10 16:51:20
UPDT TIME: 03/25/10 11:20:44

* DEPT OF FINANCE LETTER

HOUSE=F1 YOB=2010 ITEM=5180501000011010
ISSUE= 004
ISSUE-STATUS=L
MULTI-DOF=