

California Health and Human Services Agency

Department of Developmental Services



Plan for the Closure of

LANTERMAN DEVELOPMENTAL CENTER



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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 alternative, 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 waived 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 (RESA). 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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.

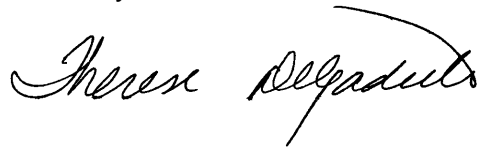
"Building Partnerships, Supporting Choices"

Lanterman Developmental Center Residents, Family Members, Employees and Other
Interested Parties
January 29, 2010
Page two

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,

A handwritten signature in black ink, reading "Terri Delgadillo". The signature is written in a cursive style with a large, sweeping flourish over the name.

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.

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.

"Building Partnerships, Supporting Choices"

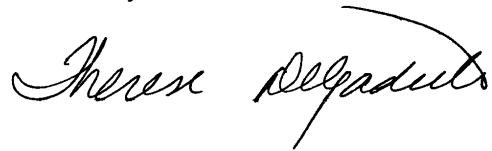
DEPARTMENT OF DEVELOPMENTAL SERVICES' ALL STAFF

January 29, 2010

Page two

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,

A handwritten signature in black ink, appearing to read "Terri Delgadillo". The signature is written in a cursive style with a large, sweeping flourish at the end.

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.

"Building Partnerships, Supporting Choices"

Members of the Legislature and Other Interested Parties
January 29, 2010
Page two

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.

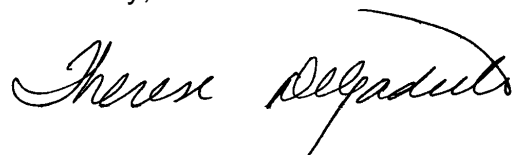
DDS will utilize the individualized planning process to achieve the least restrictive living environment appropriate to each resident's needs, either in the community or at another developmental center, and ensure a safe transition for all consumers to their new living options. DDS will also develop 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,

A handwritten signature in cursive script that reads "Terri Delgadillo". The signature is written in black ink and is positioned below the word "Sincerely,".

TERRI DELGADILLO
Director

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
GENDER	POPULATION		393
	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

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.

Attachment 9: Surplus State Property Process

(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

Attachment 9: Surplus State Property Process

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

Attachment 9: Surplus State Property Process

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

Attachment 9: Surplus State Property Process

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:

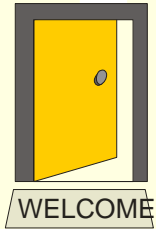
Employees of Lanterman



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

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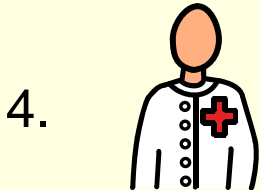
How closing will affect residents and families.



Places for people to move to.



Where people will get services.



Possible jobs for Lanterman employees.

HOW THE PLAN IS MADE

The plan includes getting comments from:

Employees of Lanterman



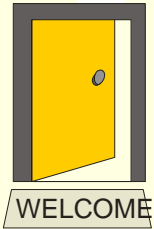
Families of Lanterman residents



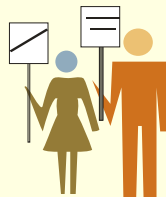
Residents at Lanterman



Regional centers



Advocates
and others



Community Input

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:

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