

UPDATE ON THE PLAN FOR THE CLOSURE OF LANTERMAN DEVELOPMENTAL CENTER



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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF DEVELOPMENTAL SERVICES



“BUILDING PARTNERSHIPS, SUPPORTING CHOICES”

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For a copy of this report or more information, please refer to
<http://www.dds.ca.gov/LantermanNews/>

Executive Summary

This report provides an update on the progress toward implementing the Plan for the Closure of Lanterman Developmental Center (Plan).¹ This is the sixth statutorily required status report and covers progress from January 1, 2010 to April 1, 2013.

The Department of Developmental Services (Department or DDS) identified the need for closure of a large developmental center and recommended the closure of Lanterman Developmental Center (Lanterman or LDC) in January 2010. Following an extensive planning and communication process with stakeholders, the Department submitted the proposed Plan to the Legislature on April 1, 2010. The Plan was subsequently approved in October 2010 through enactment of the Budget Act of 2010 and trailer bill provisions necessary for the success of the Plan. This update reports on the status of closure activities as outlined in the Plan.

The core principle of the Plan is to achieve a safe and successful transition of individuals with intellectual and developmental disabilities from LDC to other appropriate living arrangements as determined through the individualized planning process and formalized in the Individual Program Plan (IPP). Consistent with the Lanterman Developmental Disabilities Services Act (Lanterman Act) and to ensure the health and safety of each person, transition will occur when the necessary services and supports identified in the IPP are available in another appropriate setting. Closure activities will focus on identifying or developing community resources to meet the specific needs of the LDC residents.

The closure process is informed by policies and initiatives that were successful during the closure of prior facilities, but tailored for Lanterman. Throughout closure, the Department will be continually communicating and working with stakeholders to achieve a smooth and successful closure. Closure will occur when appropriate services are available and the last resident has moved to the living option appropriate for his or her needs.

The Plan is supplemented by important legislation that was included in the trailer bill to the Budget Act of 2010 (Senate Bill [SB] 853, Chapter 717, Statutes of 2010, Committee on Budget), as follows:

- Statutes authorizing the extension of Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHN) to persons who are transitioning from Lanterman. These facilities are designed to fill a gap in the continuum of licensed facilities, specifically to serve individuals with stable, but enduring special health care needs.

¹ The Plan is available on the DDS website at http://www.dds.ca.gov/LantermanNews/docs/LDCClosurePlan_FinalVersion.pdf

- Statutes that provide for improved health care through managed care health plans for persons transitioning from Lanterman to the community.
- Statutes authorizing the implementation of an Outpatient Clinic to provide health and dental services to persons transitioning from Lanterman, ensuring the continuity of medical care and services as individuals transfer to new health care providers.
- Statutes authorizing the use of staff working at Lanterman to provide services in the community to former residents of Lanterman.

Additionally, in March 2011, the Health Omnibus trailer bill was enacted (Assembly Bill [AB] 97, Chapter 3, Statutes of 2011, Committee on Budget) which amended the statutes implementing managed care to clarify the participating health plans. All health plans operating in the various central and southern California counties affected by the closure are included, thereby increasing the choices available to consumers for health care.

Key to successful implementation of the Plan is development of housing and community resources. The Department is working with the Regional Centers (RC) representing residents of Lanterman to project resident needs and develop appropriate resources through existing funding in the Community Placement Plan (CPP). During the closure process, RCs will refine their plans for resource development to ensure resident needs are met. RCs are also active in all aspects of closure activities, which include such efforts as: participating in the individual planning processes; meeting with parents and families in a variety of venues, as organized by the Lanterman Parents Coordinating Council & Friends (PCC), the RC, or as requested by particular families; conducting tours of potential homes and programs for residents and their families; participating in advisory group efforts; coordinating resources and initiatives among RCs and with DDS; and customizing and expanding programs and services to meet the specialized needs of individuals residing at Lanterman. With the statutory authorization to utilize ARFPSHNs for persons transitioning from Lanterman, RCs have become familiar with this residential licensing category and are moving forward with development of 13 homes. Additionally, RCs have worked with the managed care health plans in their counties to supplement existing Memorandums of Understanding (MOU) to address special provisions for managed care for residents of Lanterman who will move to the community as part of closure.

Consistent with commitments in the Plan, the Department sought the recommendations of three advisory groups. The Resident Transition Advisory Group (RTAG) considered the processes and experience from Agnews and developed recommendations for improvements for residents transitioning from Lanterman. The RTAG produced three documents: *Transition Plan and Individual Health Transition Plan*; *Transition Activities*; and *Resident Transition Guidelines*. All documents define and support the individual planning process to ensure a successful transition of each resident. The new process was implemented for residents beginning transition planning in July 2011 and the

Department released the finalized *Narrative Guidelines for Resident Transition* in January 2013. The Quality Management Advisory Group (QMAG) identified additional quality assurance strategies and enhancements associated with a resident's transition into the community. These recommendations were the basis for the development of the comprehensive quality management system. The QMAG will continue to meet periodically to inform RCs and DDS on their findings that result from a review of the data. The most recent QMAG meeting was held on April 25. The Staff Support Advisory Group (SSAG) supports the Department's goals of ensuring adequate staffing to maintain operations throughout the closure process, and assisting staff in developing and pursuing personal plans for their future. The SSAG continues to meet regularly with the LDC Executive Team and make recommendations that support the LDC employees.

As of January 1, 2010, there were 401 residents covered by the Plan. Of the 401 residents, 398 were being served at Lanterman, with another 3 individuals temporarily receiving services from subacute facilities in the community. As of April 1, 2013, 194 residents are being served at Lanterman, including 7 individuals currently residing in subacute facilities in the community and 177 have transitioned from Lanterman to community living arrangements; specifically:

- 146 to a CCF – Adult Residential Facility, licensed by the Department of Social Services (DSS);
- 2 to a Congregate Living Health Facility, licensed by the California Department of Public Health (CDPH);
- 3 to their own homes and being served by RC-vendored Supported Living Services providers;
- 7 to an Intermediate Care Facility (ICF), licensed by CDPH;
- 15 to an ARFPSHN, licensed by DSS;
- 2 to a Family Home Agency arrangement;
- 1 to the individuals' family home; and
- 1 Other (Germany).

As of April 1, 2013, there were 826 employees at Lanterman including enhanced staff. Forty seven (47) percent are direct care nursing staff, 45 percent are non-level-of-care and administrative support staff, and 8 percent are level-of-care professional staff. For the period of January 1, 2010 to April 1, 2013, a total of 496 employees separated from Lanterman through transfer, retirement, resignation, layoff, dismissal, or other cause. The Department is working directly with LDC management and staff to closely monitor staffing levels in all areas to ensure that staffing standards are met and that the quality of services at Lanterman is maintained. As of April 2013, level of care staffing meets certification standards throughout the facility.

The Legislature requested that, in addition to reporting on progress in implementing the Lanterman Developmental Center closure plan, the Department also develop completion dates for significant milestones related to implementation of the plan. After a

public process to gather stakeholder input, the Department finalized the milestones in January 2013. An update of the milestones is included as Appendix B of this report and available on the DDS website².

In the course of the public process to develop milestones, the Department received suggestions and requests for other information and data related to the facility closure apart from measurable milestones and completion dates. The Department understands the importance of this information. Several items requested in the milestones process were added to this report, such as number of conservatorships, information on enhanced oversight and the number of residential living units at LDC.

The closure of Lanterman will occur after the last resident transitions to his or her new living situation. To ensure the health and safety of individuals, transition will occur when services and supports are available as identified through the individual planning process. The chart on page 40 summarizes the Lanterman closure-related funding consistent with the Governor's Budget for 2013-2014.

² The Milestones are available at <http://www.dds.ca.gov/LantermanNews> and as Appendix B to this report.

Introduction

PURPOSE OF THE REPORT

The purpose of this report is to provide an update on the progress toward implementation of the Plan. The Plan was submitted to the Legislature for approval on April 1, 2010, and was considered by the Legislature during the FY 2010-2011 budget process, with significant testimony being received from stakeholders. In October 2010, with passage of the Budget Act of 2010, DDS moved beyond the planning stages and began activities associated with closure of Lanterman Developmental Center.

The core principle of the Plan is to achieve a safe and successful transition of individuals with developmental disabilities from LDC to other appropriate living arrangements as determined through the individualized planning process and formalized in the IPP. Consistent with the Lanterman Act and to ensure the health and safety of each person, transition will occur when the necessary services and supports identified in the IPP are available in another appropriate setting. Closure activities will focus on identifying or developing community resources to meet the specific needs of the LDC residents.

The Department is committed to the Lanterman Act and working with stakeholders to achieve a smooth and successful closure of Lanterman. Closure will occur when appropriate services are available and the last resident has moved to the living option identified to meet his or her needs.

This report fulfills the statutory requirements in the Budget Act of 2011, Item 4300-001-0001, Provision 5, which states:

“The State Department of Developmental Services shall provide the fiscal and policy committees in each house of the Legislature with a comprehensive status update on the Lanterman Plan, by no later than January 10 and May 14 of each Fiscal Year, which will include, at a minimum, all of the following:

- (a) A description and progress report on all pertinent aspects of the community-based resources development, including the status of the Lanterman transition placement plan.
- (b) An aggregate update on the consumers living at Lanterman and consumers who have been transitioned to other living arrangements, including a description of the living arrangements (Developmental Center or community-based and model being used) and the range of services the consumers receive.
- (c) An update to the Major Implementation Steps and Timelines.
- (d) A comprehensive update to the fiscal analyses.

- (e) An update to the plan regarding Lanterman's employees, including employees who are providing medical services to consumers on an outpatient basis, as well as employees who are providing services to consumers in residential settings.
- (f) Specific measures the state, including the State Department of Developmental Services and the State Department of Health Care Services (DHCS), are taking in meeting the health, mental health, medical, dental, and overall well-being of consumers living in the community and those residing at Lanterman until appropriately transitioned in accordance with the Lanterman Act.
- (g) Any other pertinent information that facilitates the understanding of issues, concerns, or potential policy changes that is applicable to the transition of Lanterman Developmental Center."

This report is the sixth update to the Plan and tracks progress from January 2010 until April 2013. The report is divided into six major sections:

- Progress Report on Resource Development
- Residents of Lanterman
- Employees of Lanterman
- The Lanterman Facility
- Fiscal Update
- Milestones and Major Implementation Steps and Timelines

The next report will be issued with the Governor's Budget for FY 2014-2015.

BACKGROUND

In January 2010 the Department announced the difficult decision to recommend to the Legislature the closure of Lanterman. The announcement was immediately followed by an outreach and planning process to obtain and consider stakeholder recommendations for development of a closure plan pursuant to Welfare and Institutions Code section 4474.1, governing the developmental center closure process. The Plan incorporated stakeholder input as well as best practices and policy initiatives from prior facility closures. The Plan was submitted to the Legislature on April 1, 2010, and with the enactment of the Budget Act of 2010 and various implementing trailer bill provisions, the closure activities were initiated.

The Department is now proceeding with closure activities. This report captures the primary areas of focus and progress between January 2010 and April 2013. Key to making progress is having the necessary dialogue and training, including sharing information from prior closures and adapting and incorporating policies and procedures appropriate for Lanterman. The Department's goal is to make progress thoughtfully and strategically for the benefit of the residents.

The Department continues to meet regularly with parents and family members through the PCC. Regular meetings are being held at Lanterman with the employees so that Department and facility management can share information, hear employee issues and respond to questions. DDS continues to communicate with the involved RCs and DHCS to assure implementation of the provisions of trailer bill language that provide for health services through managed care health plans for eligible persons who will move from Lanterman into the community.

During the planning phase and continuing throughout closure, the Department has encouraged open dialogue and communication. As the process evolves, the ability to anticipate and proactively address issues will be based on the valuable input of the individuals and groups involved with the closure process.

Progress Report on Resource Development

DEVELOPMENT OF HOUSING AND COMMUNITY RESOURCES

The CPP is designed to assist RCs with funding to enhance the capacity of the community service delivery system to enable individuals with developmental disabilities the opportunity to live in the least restrictive living arrangement appropriate for their needs. Developing community capacity through the CPP process provides the necessary resources to prevent individuals from admission to a developmental center, as well as the necessary services and supports for individuals transitioning from a developmental center to the community, when appropriate. The CPP encompasses the full breadth of resource needs including the development of both residential and day services.

By law, the Department is responsible for reviewing and approving CPP proposals for each RC. Based on the needs of each RC's developmental center residents, RCs propose development of housing and other projects using guidelines issued by the Department. Funds for the CPP are appropriated in the annual budget process and then, based on departmentally approved projects, allocated to the RCs.

CPP efforts for regional centers affected by the closure of Lanterman have focused on developing resources needed to achieve a safe and successful transition of individuals from Lanterman to other appropriate living arrangements. The CPP process associated with closure involves careful planning and collaborative efforts of the Department, Lanterman, the RCs, and the Regional Resource Development Project (RRDP). The services and supports needed by each individual, including, but not limited to, living options, day services, health services and other supports, are being identified through in-depth assessment and the planning team's development of the IPP. The Department meets regularly with the Southern California Conference of RC Directors (SCCRCD) and CPP liaisons to focus on the specific needs of the residents for planning and resource development. With statutory authorization of ARFPSHN, discussed below, and as more is known about the residents' needs through the individual planning process, the CPP proposals for the affected RCs continue to be refined.

The Southern California Integrated Health and Living Project (SCIHLP) are providing additional support in accessing available resources and developing additional housing. SCIHLP was established in FY 2005-2006 when nine RCs in Southern California joined together to form this collaborative partnership. The intent of the partnership is to create permanent living options and individualized supports for persons who currently live in a developmental center or other large congregate care facility. The project does not intend to substitute or duplicate efforts of the individual RCs, but to assist RCs in regional resource development and identifying best practices for replication. Once the Lanterman closure was approved, SCIHLP's resource development and staffing resources were focused to assist RCs in developing regional resources to meet the specialized needs of LDC residents. Currently, the project assists RCs and LDC staff with assessments, identifying barriers, and developing smaller community-based settings for individuals.

Additionally, the Department continues to work closely with licensing to provide assistance with licensing, permitting, obtaining fire clearances, and supporting development involved with opening a licensed community care facility to support consumers transitioning from Lanterman. The Department is meeting with DSS on a monthly basis and communicating monthly with RC's to maintain an up-to-date licensing priority list, allowing DSS to prioritize closure-related licensing efforts.

RCs continue to remain engaged in a variety of efforts and strategies to communicate and collaborate about Lanterman closure. These activities include outreach with families and advisory groups, and involvement with various aspects of the closure process. As part of the transition planning process, RC staffs are meeting with individuals and their family members to facilitate the development of an individualized, tailored plan that addresses person-specific questions and concerns. RCs are also regularly participating in meetings with parents and advocacy groups in order to share information, enhance collaboration, coordinate transition planning, and provide notification of processes such as when Requests for Proposals (RFPs) are distributed. Specifically, this networking has involved groups such as the PCC, the SCCRCD, RC Community Services Directors' meetings, RTAG meetings, QMAG meetings, and Lanterman liaison meetings. Several RCs are conducting quarterly parent meetings designed to provide residents and family members a forum to address specific issues directly with both RC staff and prospective vendors. Tours of potential homes, day programs, and other support services are continuing to provide informational opportunities for individuals transitioning to the community, their family and friends, and other interested parties. In June 2011, RCs and providers participated in a provider fair organized by the PCC. A second fair for providers organized by LDC employees was held in November 2011 and a subsequent provider fair was held in May 2012. Regional Centers, as part of the quality assurance system, are completing Provider Profiles for each service provider as they are identified to serve individuals transitioning from LDC. These profiles give consumers and families information about potential service providers.

The actual development of resources has incorporated various innovative strategies and approaches. Beyond the implementation of permanent housing initiatives through the purchase of properties, RCs are working to share resources and match needs with one another, when appropriate. In some cases, efforts have been undertaken to access generic resources such as Section 8 housing vouchers or enhance the development of health care services in the community. The development of specialized residential services is well underway, including ARFPSHNs, enhanced behavioral support homes, and wraparound services. To provide support for the needs of consumers transitioning to the community, day programs and employment opportunities are being designed to consider the needs of consumers who may have PICA, medical or behavioral issues, and/or physical challenges. Customizing programs for in-home implementation, obtaining consultation from experts in the field during the program design development stage, and specializing existing services in the community are a few ways in which RCs are enhancing resource development.

Over one-half of the original 401 residents identified in the Closure Plan have successfully transitioned to the community. An updated analysis of the community resources needed for closure show that 72 of those individuals moved into existing resources that were not developed specifically for LDC or moved out of the area. This lessens the demand for the original 100 residential resources approved for development. As of April 1, there were 85 homes with site control. Based on utilization of non-LDC developed services, the Department has assessed that the state has funded enough residential capacity for the remaining residents of LDC. If more homes are developed, there will be more choices for residents moving into the community from LDC or other developmental centers.

ADULT RESIDENTIAL FACILITIES FOR PERSONS WITH SPECIAL HEALTH CARE NEEDS

As part of the Plan for the Closure of Agnews Development Center, legislation (SB 962, Chapter 558, Statutes of 2005, Chesbro), authorized DDS and DSS to jointly establish and administer a pilot project for certifying and licensing a new residential model to support those with unique needs within a homelike community setting. This model of care, sometimes referred to as “962 homes,” requires 24-hour-per-day licensed nursing staff (Registered Nurse, Licensed Vocational Nurse, and Psychiatric Technician); DDS program certification; and mandatory safety features (fire sprinkler system and an alternative back-up power source). The use of this design was necessary to fill a critical gap in the existing residential licensure categories; specifically, residences for people with developmental disabilities who have a combination of specialized health care and intensive support needs. Under the ARFPSHN, the consumer’s medical conditions must be predictable and stable at the time of admission, as determined by the individual health care planning team and stated in writing by a physician. In addition to 24-hour-per-day nursing supervision, the law requires:

- Development of a written individual health care plan that lists the intensive health care and service supports for each resident and is updated at least every six months;
- Examination by the resident's primary care physician at least once every 60 days;
- At least monthly face-to-face visits with the resident by a RC nurse;
- DDS approval of the program plan and on-site visits to the homes at least every six months; and
- DSS licensure of the homes, which includes criminal background clearance, Administrator orientation, annual facility monitoring visits, and complaint resolution.

To address the health care needs of Lanterman residents, the trailer bill to the Budget Act of 2010 (SB 853, Chapter 717, Statutes of 2010, Committee on Budget), enacted October 19, 2010, expanded use of the ARFPSHN licensure category for persons who require this level of care and are transitioning from Lanterman into the community. With DDS approval, resources within the existing budget for the CPP have been made available to fund the start-up and development of these homes.

Regional Center representatives, parents and families of Lanterman residents have toured Bay Area ARFPSHN homes. Regional Centers have received comprehensive training on how these homes operate, who they are designed to serve, the statutory requirements, and resource development considerations involved in developing ARFPSHN homes for LDC residents. Regional Centers continue to conduct assessments to determine the unique needs of each LDC resident and whether their needs could be met in an ARFPSHN. Through the CPP process, RCs have proposed, and the Department has approved, the development of 13 ARFPSHNs for the closure of Lanterman. As of April 1, 2013, the Department has certified six ARFPSHNs and all six have been licensed by DSS.

Enhanced training opportunities to support the transition process include regular meetings on the statewide implementation of the ARFPSHN residential program. Participants include regional centers involved with LDC closure, providers, the Department, Lanterman Regional Project (LRP) and LDC staff. There is a strong emphasis on having provider RNs, Regional Center RNs and the Lanterman Regional Project RN participate. Community Care Licensing (CCL) has attended these meetings to address home visits involving the care and supervision of consumers. Due to the success of the trainings and turn out, the group has agreed to meet on a quarterly basis. To date, three meetings have been held at LDC.

Safety of individuals after moving to the community remains an utmost priority. For oversight and to support consumers and providers, the Department, DSS, RRDP and

RCs conduct a combination of monthly, quarterly, semi-annual and annual reviews of residents who have transitioned to ARFPSHNs. If necessary, daily or other ongoing announced and unannounced visits are conducted by nursing or quality assurance staff to ensure safety. The Department, DSS, RRDP and RCs collaborate to review best practices and address any findings resulting from monitoring activity. Additionally, the Department has hired a full-time registered nurse dedicated to the oversight of ARFPSHN homes located in Southern California. This nurse is based in Southern California, allowing for local access and immediate Department response to any ARFPSHN home.

MONEY FOLLOWS THE PERSON GRANT

The Department is participating in the Money Follows the Person (MFP) Grant operated by DHCS. All consumers transitioning from a developmental center or a state-operated community facility to a four-bed or less community living arrangement will be enrolled by the RC in California Community Transitions, a federal MFP Grant administered through an interagency agreement with DHCS. This grant will provide greater opportunity for assisting consumers in transitioning from LDC services to Waiver services and maximizing Federal Financial Participation (FFP).

Through the MFP Grant, FFP is available (75%) for administrative costs and consumer services. The administrative costs cover RC staff performing the following transition support functions: service brokering and overall coordination to ensure individually-based, comprehensive and interactive transition planning and services for each consumer; professional and/or medical assessments for development and subsequent implementation of treatment plans regarding behavioral services and supports needed in the community; conducting activities necessary to develop potential providers of day, residential, transportation, and employment services; monitoring and training of community service providers based upon statutory/regulatory requirements and best practices to ensure quality services; coordination of community health services and provision of in-depth consultation and assistance with the enrollment and transfer of health care coverage to local area health insurance plans; and development of community capacity for medical and dental care in the community.

QUALITY MANAGEMENT SYSTEM

The California Quality Management System (QMS) is based upon the Centers for Medicare and Medicaid Services' (CMS) Quality Framework and is designed to achieve quality outcomes for each individual in the service system. The consumer and family are at the core of the system.

To implement the existing QMS, RCs have active quality assurance departments whose staff 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 RC regularly reviews Special Incident Report information and implements actions to decrease risks to health

and safety while honoring consumer choice, community integration and independence. As necessary, RCs develop vendor corrective action plans and provide follow-up monitoring and supports to ensure improvements. Each RC has a 24-hour response system wherein a duty officer can be reached after hours to handle emergencies. All of these activities are ongoing to RC operations.

The Lanterman Quality Management Advisory Group (QMAG) was formed specifically to assure quality services and supports to each individual transitioning from Lanterman. The QMAG consists of representatives from the PCC, the State Council on Developmental Disabilities (SCDD), Area Boards, Disability Rights California, People First of California, a Lanterman resident, and 12 RC representatives.

The group first convened on August 12, 2010, to discuss the role of the group, to identify additional strategies and enhancements needed for the Lanterman closure, and to review quality assurance tools utilized in the Bay Area Quality Management System (BAQMS) in order to guide DDS and RCs during the Lanterman closure process.

On March 7, 2011, the QMAG met to provide final input on recommended enhancements to the quality assurance system for individual's who transition from Lanterman. The QMAG reviewed the existing QMS requirements and recommended enhancements for both RCs and residential vendors serving individual's transitioning from Lanterman. On July 8, 2011, implementation materials proposed by the QMAG were distributed to the RCs involved in the closure. A phased-in implementation of the quality assurance enhancements began in July of 2011. These systems include:

- Provider Profiles that include information regarding the qualifications and experience of service providers and specify models for service delivery. Regional centers will share the Provider Profiles with the PCC, parents, and family members to enhance participation and informed decision-making during the transition planning process;
- Collection and aggregation of data on key consumer quality of life indicators from multiple sources including the Client Development Evaluation Report (CDER), service coordinators and quality assurance staff during regular monitoring visits, and Visitor Snapshots. Visitor Snapshots will be a key component of the quality management system as a means to collect information on service quality from families and friends; and
- Recommended enhancements to Title 17 vendor requirements that include administrator and staff experience, staff continuing education, staffing patterns, monitoring, and transition planning.

The QMAG reconvened on April 25, 2013 for an overview of the QMAG's role and the types of data from the quality management system they will be reviewing. One source of data will be the annual face-to-face National Core Indicator (NCI) Consumer Surveys. Data is collected on individuals who have moved from developmental centers, including

those who have moved from Lanterman. The NCI is a nationally validated tool that measures consumer and family satisfaction and personal outcomes such as health, safety, well-being, relationships, interactions with people who do not have a disability, employment, quality of life, integration, and choice. The QMAG will inform DDS and RCs on findings from their review of data.

ACCESS TO HEALTH AND MEDICAL SERVICES

Assuring that the health needs of all Lanterman residents are accurately and comprehensively addressed, while at the facility, throughout transition, and then ongoing, is essential to support the quality of life for each person affected by the closure. Several of the services and tools that were put into place during prior facility closure have been adapted for Lanterman closure. Included in essential health services components are:

- A comprehensive nursing and risk assessment tool that is completed for each individual prior to leaving Lanterman. The tool includes over 60 health-related items including risk conditions, special health care needs and dietary needs.
- An Individual Health Transition Plan (IHTP) that comprehensively assesses, records and plans for all consumer health needs before, during and after transition to a community living arrangement. Incorporated within the IHTP are community behavior assessments for consumers with behavioral or transition challenges.

The work of the RTAG, discussed in the next section of this report, plays a key role in ensuring the health and well-being of Lanterman residents, and providing transition guidelines for comprehensive planning purposes. Further supplemented by the work of the QMAG, recommendations have been made to the Department for improving quality management systems not only for transition, but for ongoing quality assurance and positive consumer outcomes.

Managed Care

DDS and DHCS continue to collaborate to identify, clarify and resolve issues and implement requirements related to the provision of health care for Lanterman residents who will move into the community. A critical component for transition is to ensure immediate access to appropriate health care. The trailer bill to the Budget Act of 2010 (SB 853, Chapter 717, Statutes of 2010, Committee on Budget), enacted October 19, 2010, extended the same provisions that were put in place for the closure of Agnews DC to also cover Lanterman closure. The language, found in Welfare and Institutions Code sections 4474.4 and 4474.5, authorizes health care through managed care health plans for persons meeting specified requirements. In March 2011, the provisions were amended (AB 97, Chapter 3, Statutes of 2011, Section 90, Committee on Budget) to clarify that all health plans operating in the various central and southern California counties affected by the closure of Lanterman are included, thereby increasing the choices available to consumers for health care. It is anticipated that through managed

care consumers will receive improved access to health services and enhanced case management.

As with Agnews closure, the RC and the health plan will have case managers that coordinate and understand the person's special health care needs. For RCs, the Health Care Community Specialist will be funded through the MFP Grant.

Following are key areas of work:

- RCs and health plans generally have well established partnerships in the counties impacted by the closure of Lanterman. DDS and DHCS have provided essential information to the RCs and health plans so they can anticipate and plan for the expanded opportunities for people transitioning from Lanterman into the community. Additionally, technical assistance is being provided to RCs and health plans, as needed. As a priority, RCs and health plans developed MOUs that specifically define the protocols that will implement statutory direction to ensure the health and welfare of each consumer, that all involved in the process are clear as to their roles and responsibilities, and that all are appropriately accountable for optimizing the health and welfare of each individual.
- DDS and DHCS have finalized the MOU between the two departments for Lanterman closure. It defines the respective responsibilities and commitments of the two departments, accounting for all aspects of Lanterman closure that require DHCS action or involvement, including those for implementing managed care.
- DDS and DHCS worked cooperatively to develop the technical changes to Welfare and Institutions Code section 4474.5 needed to clarify the participating health plans and the method to be used by DHCS to reimburse health plans. These important changes were enacted through AB 97 (Chapter 3, Statutes of 2011, Committee on Budget).
- Processes have been put into place to expedite health plan eligibility and enrollment prior to consumers leaving Lanterman so that they have timely access to health care in the community. These procedures define the role and responsibilities of Lanterman, RCs, DHCS, and the health plans.
- In April 2011, DDS and DHCS entered into a Data Use Agreement and began sharing data, following appropriate security measures as defined in the agreement. DHCS used the data to develop rates for reimbursing the health plans pursuant to statute. Additionally, the data is critical for expediting the health care eligibility and enrollment processes as consumers transition to the community.
- DHCS is working with the health plans to ensure that provider networks are in place to meet the unique medical needs of individuals transitioning to the community.

- DDS and DHCS will address any policy or procedural issues that are identified throughout this process, and will seek approval from CMS or other approvals, as determined appropriate.

LANTERMAN OUTPATIENT CLINIC

The trailer bill to the Budget Act of 2010 (SB 853, Chapter 717, Statutes of 2010, Committee on Budget), enacted October 19, 2010, authorized the operation of an Outpatient Clinic at Lanterman. Like the Outpatient Clinic at Agnews, available health and dental services will be provided to individuals who move from Lanterman into the community, ensuring the continuity of medical care and services as individuals transfer to new health care providers. The statute requires the Department to operate the Outpatient Clinic until the Department is no longer responsible for the property.

Lanterman applied for and received approval from the CDPH to augment its current license to provide outpatient services on July 26, 2011. The grand opening for the Outpatient Clinic was held at Lanterman on August 23, 2011 and was attended by various stakeholders such as the local RCs, service providers, relatives of Lanterman residents, and employees of Lanterman. Since the opening, the Outpatient Clinic has been accepting referrals for clinic services. Lanterman staff worked directly with staff from Agnews, prior to its closure, to develop the current policies and procedures for use in the clinic. At present, only former residents of LDC are being served by the clinic. As of April 1, 2013, the Outpatient Clinic had provided services to 40 former LDC residents including dental care, dermatology, podiatry, orthopedics, physician services, neurology, ophthalmology, psychiatry, physical medicine and rehabilitation, and rehabilitation engineering repairs to wheelchairs.

Residents of Lanterman

TRANSITION PLANNING PROCESS

As described in greater detail in the Plan, transition planning is based on an intensive, person-centered IPP process, consistent with the requirements in the Lanterman Act. Planning team members meet to identify each person's goals and objectives, and the appropriate services and supports based upon the assessed needs, preferences and choices. The transition planning process enables careful assessment and evaluation of the community living options that appear to meet the resident's needs. Additionally, as a resident prepares to move from Lanterman, an IHTP will be developed by the planning team so that special attention is given to assure all of the necessary health supports are in place prior to the resident transitioning to a new living arrangement.

The importance of the transition planning process cannot be overstated. It is the mechanism by which critical decisions are made about a person's future, and life-supporting services are identified and made available at the right time. Only through careful planning and oversight can a safe transition for each person be assured.

Resident Transition Advisory Group

The RTAG was established to make recommendations to the Department to enhance the transition planning process in place for residents at Lanterman. Membership includes representatives from the Lanterman Resident Council, parents and family members of Lanterman residents, the involved RCs, advocacy groups, and employees of Lanterman and DDS. These members have provided different and valuable perspectives to the transition planning process.

The RTAG was charged with the development of transition guidelines to ensure the residents of LDC experience a safe and successful transition from LDC. Consistent with the Department's vision statement of *Building Partnerships, Supporting Choices*, these guidelines are based on the values of collaboration and person-centered planning. The guidelines are intended to include, but not be limited to, important elements of a process that will support individuals transitioning from the developmental center. Transition practices that worked well during the closure of Agnews were shared, and members were invited to share other transition plan formats in use as reference material for the group.

Small and large group discussions were facilitated to elicit input from the members to be incorporated into the guidelines. These discussions included the identification of core elements of a transition, the roles and responsibilities of those involved, and a review of the different stages of the process.

The RTAG began meeting in September 2010 and members held their final meeting in February 2011. Three documents were developed by the group and presented to the Department for implementation. In addition to the *Resident Transition Guidelines*, as described above, *Transition Plan and Individual Health Transition Plan* and *Transition Activities*³ were also produced. *Transition Plan and Individual Health Transition Plan* provides the template for capturing critical information about the resident's preferences, needs and effective strategies. It serves as a reference document during the transition planning process, by the service provider upon the individual's placement, and for post-placement monitoring. The *Transition Activities* is a supplemental document that is used by the RRDP to track and coordinate resident activities as part of the planning team process. The new process was implemented at Lanterman in July 2011.

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. 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. An oversight team consisting of representatives of the Department, Lanterman management, and expert consultants has convened to develop an ongoing evaluation of the facility's service

³ *Transition Plan and Individual Health Transition Plan* and *Transition Activities* documents are available on the DDS website at www.dds.ca.gov/LantermanNews/ under the section titled "Resident Transition".

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.

TRANSITION SUPPORT FOR THE RESIDENTS OF LANTERMAN

The DDS Office of Human Rights and Advocacy Services coordinated the implementation of the Choices Project at Lanterman. The Choices Project is a voluntary process that utilizes a specially designed interactive tool developed to help residents communicate what is important to them about their home and leisure time activities in one-to-one interviews.⁴ Residents and their families are invited to participate in the Choices Project. The information from Choices interviews will inform residents' transition plans. The Choices Project concluded on April 25, 2013. A total of 182 people completed interviews and 35 opted out of participating in the Choices Project.

The interactive nature of the transition process is subject to numerous changes as residents and their families learn more about potential options or individual circumstances change. Working with their Regional Centers and LDC staff, residents and families undergo a significant amount of exploration activities, such as identifying desirable geographic areas, potential case transfers between regional centers, learning about different providers and appropriate residences, attending informational meetings and open houses, and otherwise exploring options. The transition process is very fluid and varies greatly depending on the needs of the resident in transition. Some residents move through transition quickly, while others may need more intensive or repeated transition activities. Of the 194 residents remaining at LDC as of April 1st (including 7 residents currently being served in subacute facilities in the community):

- 113 of the residents remaining at LDC have reached the more formal “meet and greet” stage with a potential provider. A “meet and greet” is where residents, families and providers meet to see if a specific placement identified through their exploration activities has the potential for success.
- Of those who have had a formal “meet and greet,” 53 residents remaining at LDC have also had an initial Transition Planning Meeting (TPM). This includes individuals who have a particular living option identified, have had a TPM and continue to progress toward a potential move to the community.
- Nine of the 53 remaining residents that have had a TPM have had a Transition Review Meeting (TRM).. A TRM is held to review and finalize a resident's Individual Transition and Health Transition Plan and to ensure that all members of the ID team are satisfied that all arrangements agreed on in the planning

⁴ More information on the Choices Project can be found on the DDS website at http://www.dds.ca.gov/ConsumerCorner/MyOwnChoice_Transition.cfm

process have been implemented and that the resident is ready to move. TRM's are held at the conclusion of the transition process and is where the ID team sets a move date. An individual's TRM must occur no less than 15 days prior to a planned move date.

- Since December 1, 2012, 31 residents have completed transition activities and moved into the community.

LANTERMAN RESIDENTS

In January 2010, the Department first announced its recommendation to close Lanterman. The beginning date of the Plan for data reporting purposes is January 1, 2010. As of January 1, 2010, there were 398 residents being served at Lanterman and 3 additional individuals from Lanterman temporarily receiving services in subacute facilities in the community. Therefore, a total of 401 individuals are covered by the Plan.

Of the initial 401 individuals covered by the plan, 34 have passed away since January 2010. Twenty people passed away while at LDC, ten passed away in subacute care and four passed after they had transitioned into the community.

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 a Nursing Facility (NF) and Intermediate Care Facility (ICF). In January 2010 there were 5 NF residential units and 11 ICF residential units. As of April 1, 2013, the Lanterman population included 194 people, compared to 228 on December 1, 2012. Of the 194 people, 187 are served at Lanterman with 56 individuals (approximately 30 percent) living on one of the facility's 3 NF residential units and 131 individuals (approximately 70 percent) residing in one of the facility's 8 ICF residential units. The remaining seven individuals are currently receiving services in subacute facilities in the community. 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 13 to 24 residents. The Acute Care unit averages one resident per day with an average length of stay of approximately 12 days.

Of the 187 residents being served at Lanterman, 83% are conserved.

Following is information on the 187 residents at Lanterman, the level-of-care they are receiving, and their RC:

| Lanterman Developmental Center | | | |
|--|----------|-----|-------|
| NF and ICF Populations by Regional Center (Listed Alphabetically) As of April 1, 2013 | | | |
| Regional Center | LDC POP* | | TOTAL |
| | NF | ICF | |
| | 56 | 131 | |
| Eastern Los Angeles RC | 11 | 8 | 19 |
| Frank D. Lanterman RC | 7 | 26 | 33 |
| Harbor Regional Center | 1 | 1 | 2 |
| Inland RC | 1 | 7 | 8 |
| Kern RC | 0 | 1 | 1 |
| North LA County RC | 13 | 19 | 32 |
| RC of Orange County | 0 | 6 | 6 |
| San Andreas RC | 0 | 3 | 3 |
| South Central LA RC | 7 | 13 | 20 |
| San Diego RC | 1 | 12 | 13 |
| San Gabriel/Pomona RC | 12 | 29 | 41 |
| Tri-Counties RC | 0 | 2 | 2 |
| Westside RC | 3 | 4 | 7 |

*LDC POP includes people on leave, but not on provisional placement.

Regional Center Communities

Lanterman is primarily a resource to the Southern California area with over 98 percent of the individuals who reside at Lanterman being served by a Southern California RC. The following 13 RCs are actively involved with Lanterman, with data reflected as of April 1, 2013:

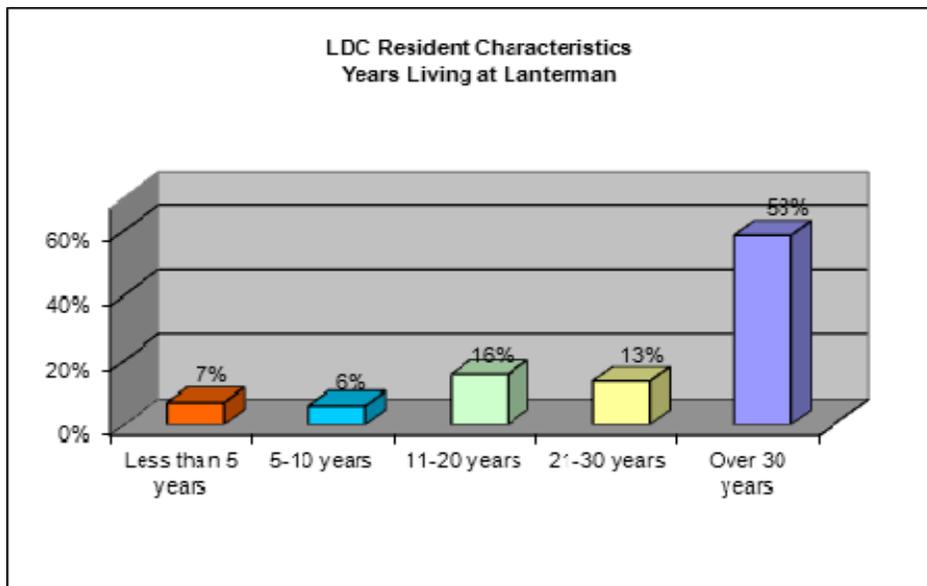
| Regional Center | Residents Served | Percentage |
|-------------------------------------|------------------|------------|
| San Gabriel/Pomona RC | 41 | 22% |
| Frank D. Lanterman RC | 33 | 18% |
| North Los Angeles County RC | 32 | 17% |
| South Central Los Angeles RC | 20 | 11% |
| Eastern Los Angeles RC | 19 | 10% |
| San Diego RC | 13 | 7% |
| Inland RC | 8 | 4% |
| Westside RC | 7 | 4% |
| RC of Orange County | 6 | 3% |
| San Andreas RC | 3 | 2% |
| Tri-Counties RC | 2 | 1% |
| Harbor RC | 2 | 1% |
| Kern RC | 1 | 1% |

Case Transfers

Residents may request to reside in a community that is outside the catchment area of their current regional center. This request may stem from relocation of their family members or a desire to live with existing roommates or friends in the community. Requested or anticipated regional center transfers of consumer case management services are jointly discussed monthly between regional centers, LDC and the Department. Residents and families may make or withdraw requests for case management transfers as individual preferences and circumstances change. As of April 1, 2013, approximately 42 residents have identified living options in an alternate regional center.

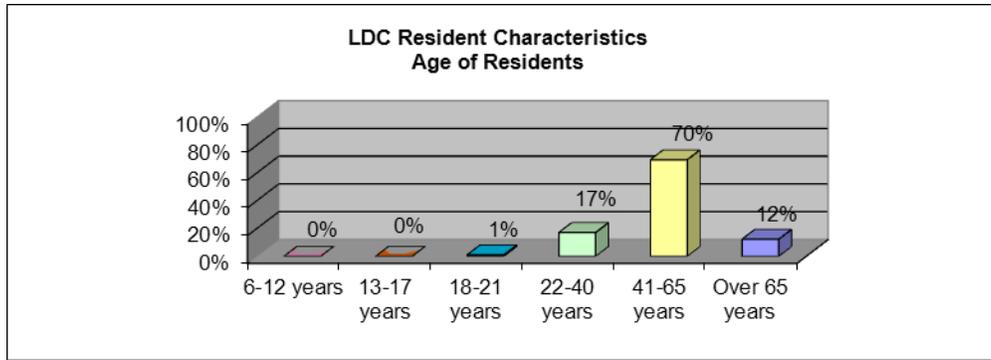
Length of Residence

The majority of current residents have lived at Lanterman for many years with 58 percent residing there for more than 30 years. The breakdown on the length of stay for the remaining residents shows 13 percent have made Lanterman their home for 21 to 30 years, 16 percent for 11 to 20 years, 6 percent for five to 10 years, and 7 percent for fewer than five years.



Age of Residents

Eighty-two (82) percent of Lanterman's current population is over age 40. Of this group, residents who are older than 65 years of age make up 12 percent of the population with the oldest resident being 89 years of age. In contrast, there are no children under 18 years of age at Lanterman, and only 2 residents (1 percent) are between 18 and 21 years of age.



Gender and Ethnicity

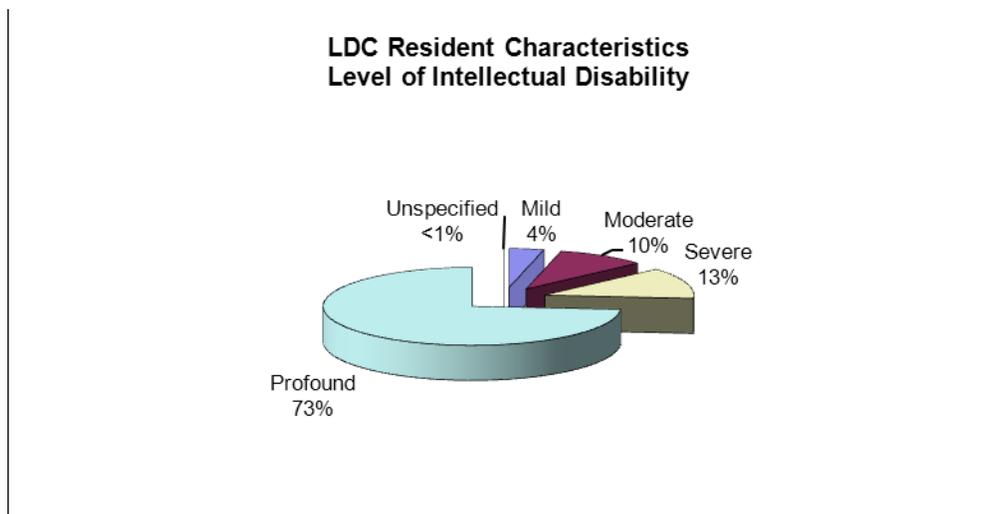
The current resident population at Lanterman is diverse in both gender and ethnicity with 55 percent of the population male and 45 percent female. Sixty-three (63) percent of the population is Caucasian, 18 percent Hispanic, 13 percent African American, 5 percent Asian and Pacific Islander, and 1 percent is 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 intellectual disability, cerebral palsy, epilepsy, and autism. ... [and other] conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.”

Seventy-three (73) percent of the current residents at Lanterman have profound intellectual disability and 13 percent have severe intellectual disability. The remaining 14 percent are persons who have been assessed with a mild, moderate, or unspecified level of intellectual disability.



A majority of residents have additional disabilities, including 53 percent of the population with epilepsy, 25 percent with autism, and 18 percent with cerebral palsy. Seventy-five (75) percent of the residents have a dual diagnosis, meaning they have both a diagnosis of a developmental disability and a mental illness. In addition, 90 percent of the residents have challenges with ambulation, 51 percent have vision difficulties, and 19 percent have a hearing impairment.

Primary Service Needs

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

Protection and Safety: This area 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. Sixty-three (63) of the residents (34 percent) require highly structured services as their primary service need.

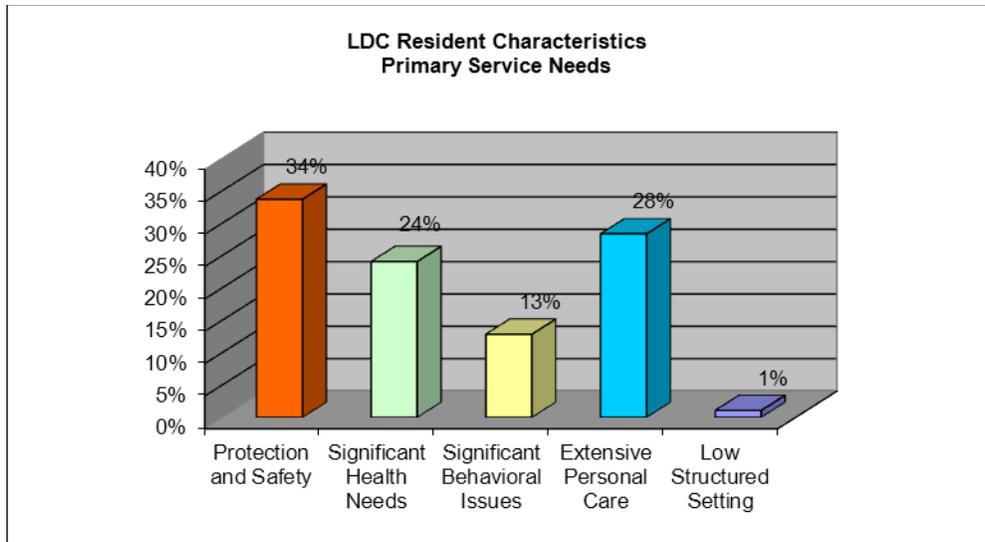
Significant Health Care Services: This area includes the need for intermittent pressure breathing, inhalation assistive devices, tracheotomy care, or treatment for recurrent pneumonias or apnea. Significant nursing intervention and monitoring are required to effectively treat these individuals. Forty-five (45) of Lanterman's residents (24 percent) have significant health care needs 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. Twenty-four (24) residents (13 percent) have been identified as requiring significant behavioral support 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. Fifty-three (53) residents of Lanterman (28 percent) require extensive personal care as their primary service need.

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

Following is a graphical display of the residents' primary service needs:



Enhanced Oversight

The Department is in regular communications with LDC, and the monitoring of activities to ensure a quality level of service is maintained throughout the closure process. The Department works directly with the LDC executive team in responding to any needs that are identified. While Lanterman continues to engage in a series of regularly occurring oversight activities involving internal and external reviewers, a number of new processes have been implemented that are providing the Department even more information about the quality of service delivery to residents. This includes the Snapshot questionnaire that Lanterman has developed to facilitate an easy and accessible mechanism for visitors to provide direct feedback about their observations. The Snapshots are reviewed by the management at Lanterman with follow-up as needed, and will serve as an important reference in evaluating service delivery. In addition, the automated incident reporting database has been implemented throughout the DC system and allows both local and DDS headquarters immediate access to incident reports and reviews. A review of incident information involving LDC residents since the beginning of the closure process indicates there has not been a significant increase in the frequency of incidents overall. Another mechanism used by the Department and other representatives includes feedback and reports from consultants and involved stakeholders in the residential and training areas of the facility who are paying particular attention to indicators, including, but not limited to, general impressions of residents' health and well-being, staff presence and responsiveness to residents' needs, staff morale, management accessibility, equipment and environment.

RESIDENTS OF LANTERMAN TRANSITIONED TO THE COMMUNITY

From January 1, 2010, to April 1, 2013, there were 177 residents who transitioned from Lanterman into community settings; 22 were from one of the facility's NF residences, and the remaining 155 individuals were from the facility's ICF residences. Of these 177 residents, 31 individuals transitioned during the reporting period of December 1, 2012 to April 1, 2013.

Of these 177 individuals, 63 are within the 12 month provisional placement and post-placement follow up activities occurring through the Lanterman Regional Project and the regional centers.

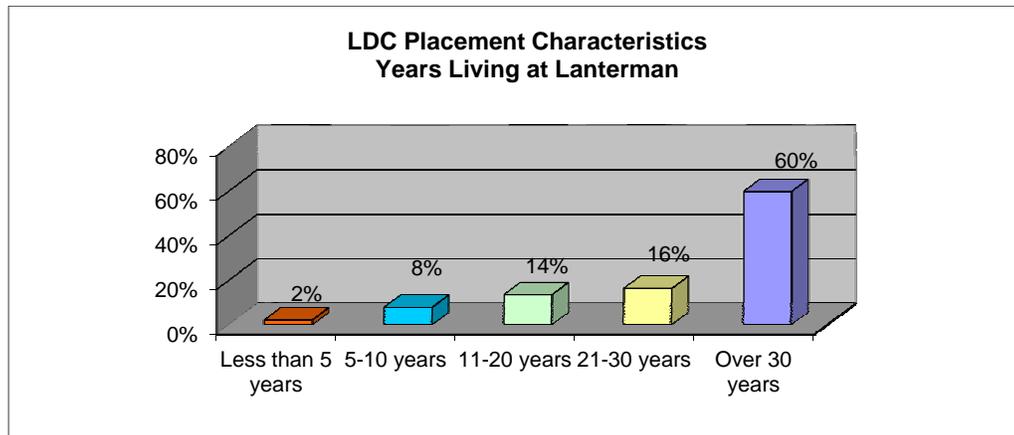
Regional Centers

Following are the RCs providing services to the 177 former Lanterman residents who transitioned into various communities from January 1, 2010, to April 1, 2013:

| Regional Center | Individuals Receiving Services |
|------------------------------|--------------------------------|
| Inland RC | 31 |
| San Gabriel/Pomona RC | 30 |
| North Los Angeles County RC | 28 |
| Eastern Los Angeles RC | 25 |
| Frank D. Lanterman RC | 19 |
| San Diego RC | 13 |
| South Central Los Angeles RC | 10 |
| Westside RC | 7 |
| Tri-Counties RC | 6 |
| RC of Orange County | 5 |
| North Bay RC | 1 |
| San Andreas RC | 1 |
| Harbor RC | 1 |
| Kern RC | 0 |

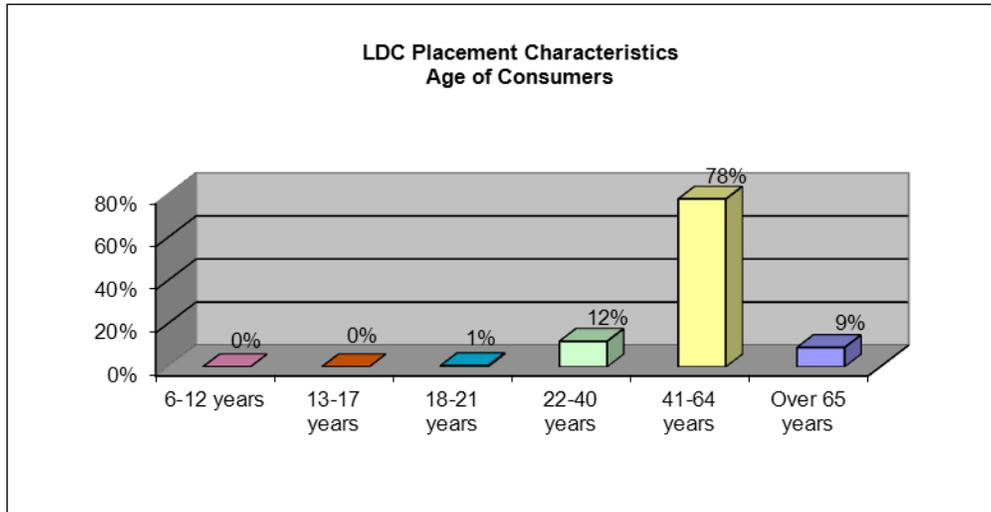
Length of Residence

Similar to the overall population at Lanterman, the majority of the 177 consumers living in the community were at Lanterman for many years. Sixty (60) percent lived at Lanterman for more than 30 years. The breakdown on the length of residency for the remaining individuals shows 16 percent lived at Lanterman for 21 to 30 years, another 14 percent for 11 to 20 years, 8 percent for 5 to 10 years, and 2 percent less than 5 years.



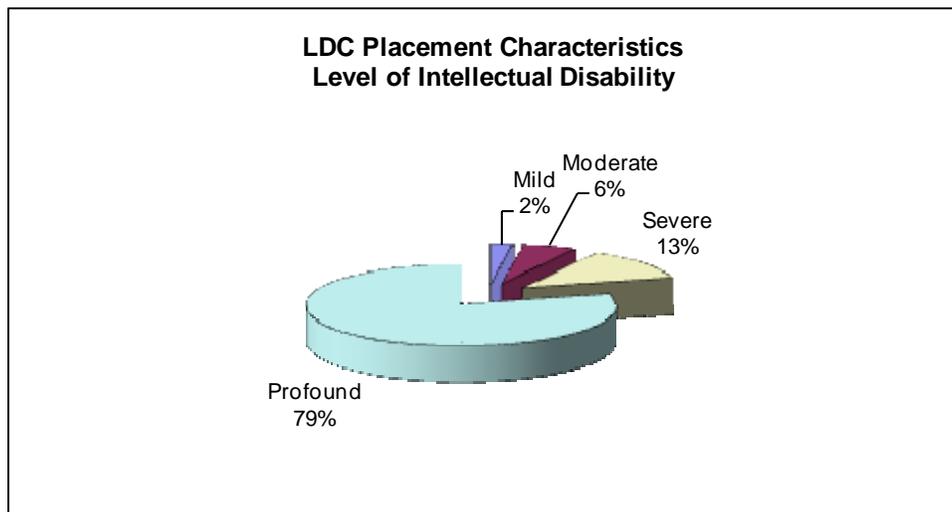
Age of Consumers

Eighty-seven (87) percent of the individuals who transitioned into the community are over age 40. Nine (9) percent of this group is 65 years of age or older and 78 percent is 41 to 64 years of age. Twelve (12) percent is 22 to 40 years of age, and there was one resident (1 percent) under age 22.



Developmental Disability

Seventy-nine (79) percent of the consumers who were placed in the community have profound intellectual disability and 13 percent have severe intellectual disability. Six (6) percent of the individuals have moderate levels of intellectual disability and the remaining 2 percent has been assessed with mild intellectual disability.



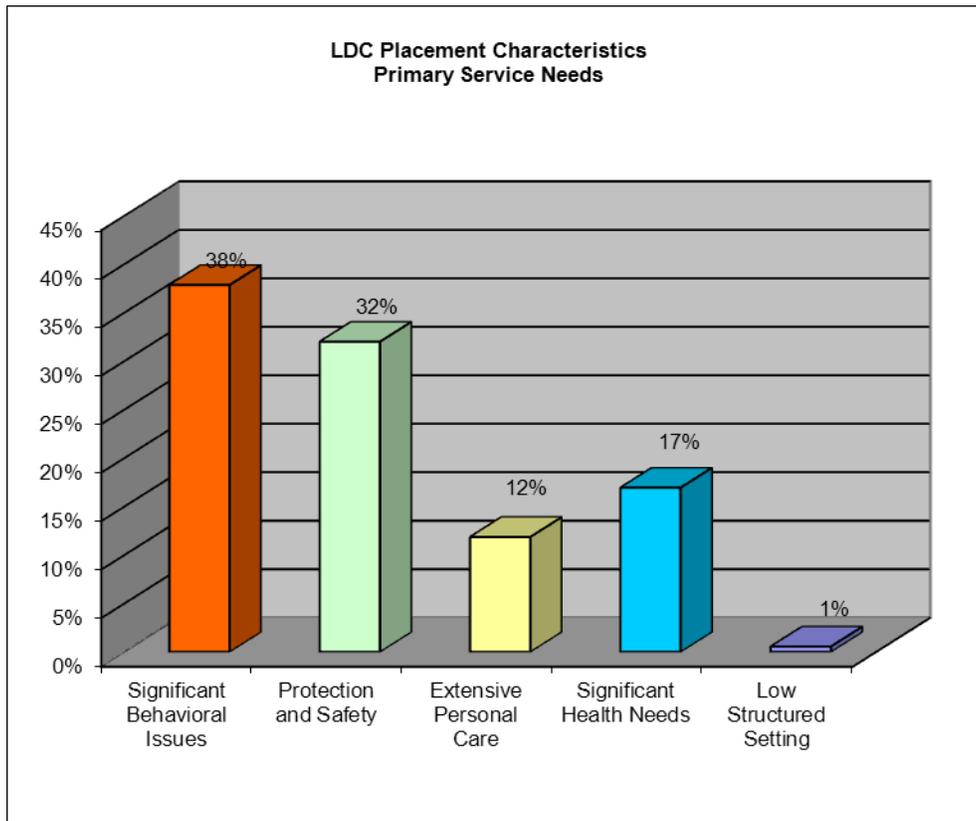
A majority of consumers have additional disabilities including 51 percent of the population with epilepsy, 4 percent with autism, and 2 percent with cerebral palsy. In addition, 49 percent have a dual diagnosis of both a developmental disability and a

mental illness, 76 percent of the consumers have challenges with ambulation, 39 percent have vision difficulties, and 17 percent have a hearing impairment.

Primary Service Needs

Former residents of Lanterman require a variety of services and supports. Of the 177 individuals placed in the community, 38 percent need Significant Behavioral Support, 32 percent need Protection and Safety, 12 percent require Extensive Personal Care, and 17 percent have Significant Health Needs. One percent of the individuals was identified to be in need of a Low Structured Setting.

Following is a graphical display of the 177 consumers' primary service needs:



Community Living Arrangements

Of the 177 consumers who transitioned to the community for the period January 1, 2010, to April 1, 2013, 146 moved to a CCF – Adult Residential Facility (ARF), licensed by DSS; 2 individuals moved to a Congregate Living Health Facility, licensed by CDPH; 7 individuals moved to an ICF, licensed by CDPH; 15 individuals moved into an ARFPSHN, licensed by DSS; 3 individuals moved into their own homes with services from a RC-vendored Supported Living Services provider; 2 moved into a Family Home Agency arrangement; 1 moved out of the country and 1 moved to their family's home.

Identification of and decisions about all community living arrangements and services are individually based and reflected in each consumer's IPP. The individualized assessment and planning process is used to identify the individual's needs, preferences and choices, and the resulting services and providers. In addition to the community living arrangements listed above, core services that are considered for each individual include day programs and related transportation services. The transition assessment and planning process assures that individuals transitioning to the community receive the full range of services that they need to live successfully in the community and to assure their health and welfare, and may include specialized or supplemental services as determined appropriate by the planning team.

Employees of Lanterman

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. The Department has already conducted several employee forums for staff to provide input for consideration in the planning process. Department management continues to meet with employees at Lanterman to share information, hear employee issues and respond to questions. Meetings are also 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; the International Union of Operating Engineers (IUOE); the California Statewide Law Enforcement Association (CSLEA); the Association of California State Supervisors (ACSS); and the Union of American Physicians and Dentists (UAPD) Local 206, AFL-CIO. These meetings provide the opportunity for the unions and the Department to communicate on closure status and issues, and the needs of employees to be considered during the closure process. Additionally, the SSAG has been convened to address employee needs and related staffing issues, as discussed further, below.

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 developmental center 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.

STAFF SUPPORT ADVISORY GROUP

The Department recognizes the importance of retaining experienced staff at Lanterman throughout the closure process. To support the Department's goals of ensuring adequate staffing to maintain normal operations and to assist Lanterman employees in developing personal plans for their future, the SSAG was convened. The membership includes a large cross section of LDC employees representing all labor bargaining units and management, one family member of a Lanterman resident, and representatives from DDS.

The SSAG makes recommendations to the LDC Executive Team and DDS to help ensure continuity of the staffing, meet the needs of transitioning employees, and assist in identifying morale-boosting activities that encourage camaraderie among the staff.

A key objective of the SSAG is the establishment of employee supports that promote workforce stability as well as opportunities for employees to determine future options. An employee career center has been developed to provide personal assistance for each employee to identify future interests, and become equipped with the knowledge they need to successfully achieve their goals.

Accurate and timely communication throughout the closure process is essential to achieve stability in the workforce. Communications within all levels of the LDC organization will occur to keep employees informed about the progress of the closure, morale-boosting activities, and available career opportunities.

The SSAG will continue to meet regularly until the LDC Executive Team is satisfied that the supports for LDC employees have been sufficiently identified and the recommendations from the group considered and, if approved, implemented.

CAREER CENTER / STAFF OPTIONS AND RESOURCE CENTER

The Staff Options and Resource Center (SOARC or Center), formerly referred to as the Career Center, had its grand opening in May 2011. The Center provides personal support for each employee, assists employees in identifying their future interests, and equips employees with the knowledge they need to successfully achieve their goals.

As part of the SSAG function, the Lanterman employees were surveyed in March 2011 and February 2012 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 are needed during the closure. The survey results were analyzed and used to prioritize the services SOARC provides to the staff.

An additional survey was conducted in October 2012 to capture an initial snapshot of geographical preferences for LDC employees interested in seeking employment through the Community State Staff program as well as information on where staff currently live, skill competencies, and the type of service staff is most interested in performing. You

can read more about the survey of staff preferences in the section on State Staff in the Community on page 35.

Services of the SOARC include computer work stations to promote access to various internet sites to assist in searching for employment and professional development, reference materials related to self-help and career development, postings for State and local employment opportunities, on-line courses for resume writing and job-seeking enhancement tools. Additionally, the SOARC is a venue for mock interviews, guest speakers and career workshops. Since the opening in May 2011 there have been over 1,300 visits to the SOARC with an average of approximately 41 visits per month.

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.

EMPLOYEE COMPOSITION

Time Base and Years of Service

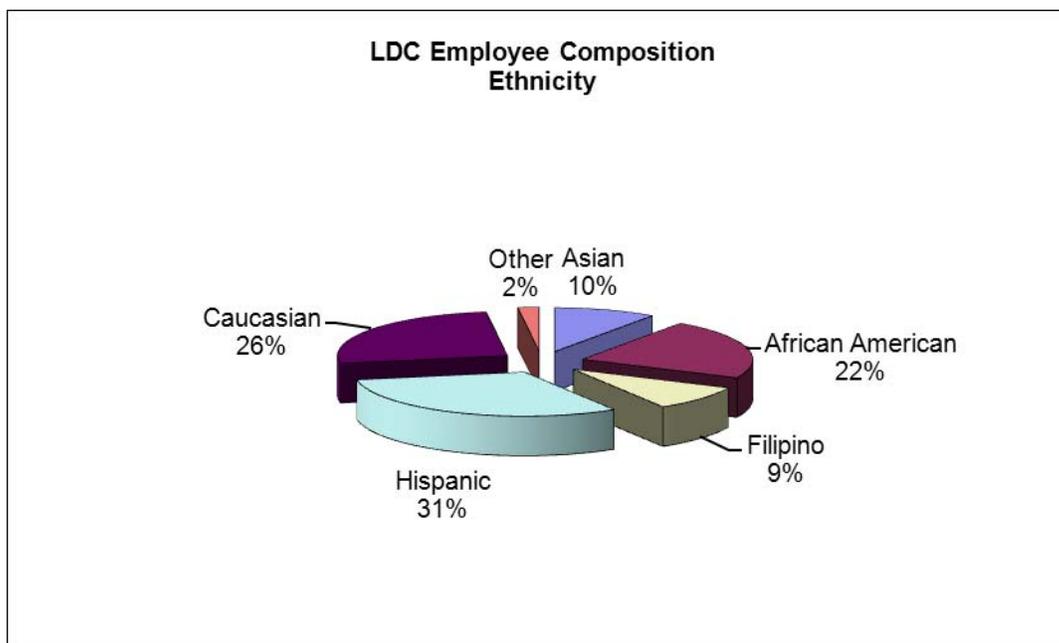
As of April 1, 2013, there were 826 employees at Lanterman including enhanced staff. Of these employees, 92 percent are full-time, 3 percent are part-time, and the remaining 5 percent are intermittent, temporary, or limited-term.

Twenty-eight (28) percent of the employees have worked at Lanterman for 10 years or less. Forty-one (41) percent of the employees have worked at the facility between 11 and 20 years. The remaining 31 percent have worked at Lanterman for 20 years or more.

Demographics

Sixty-five (65) percent of the Lanterman workforce is female. Of the total workforce, 55 percent of employees are 50 years of age or older and 22 percent of employees are between 43 and 50 years of age.

Employees at Lanterman are from diverse ethnic backgrounds. The employees who identify themselves as Hispanic comprise 31 percent of the workforce, and those who identify themselves as Caucasian are 26 percent of the Lanterman workforce. Twenty-two (22) percent of the workforce are employees who identify themselves as African American, followed in decreasing numbers by Asian employees who represent 10 percent of the workforce, Filipino employees who represent 9 percent, and the remaining 2 percent of staff identifying themselves as "Other."



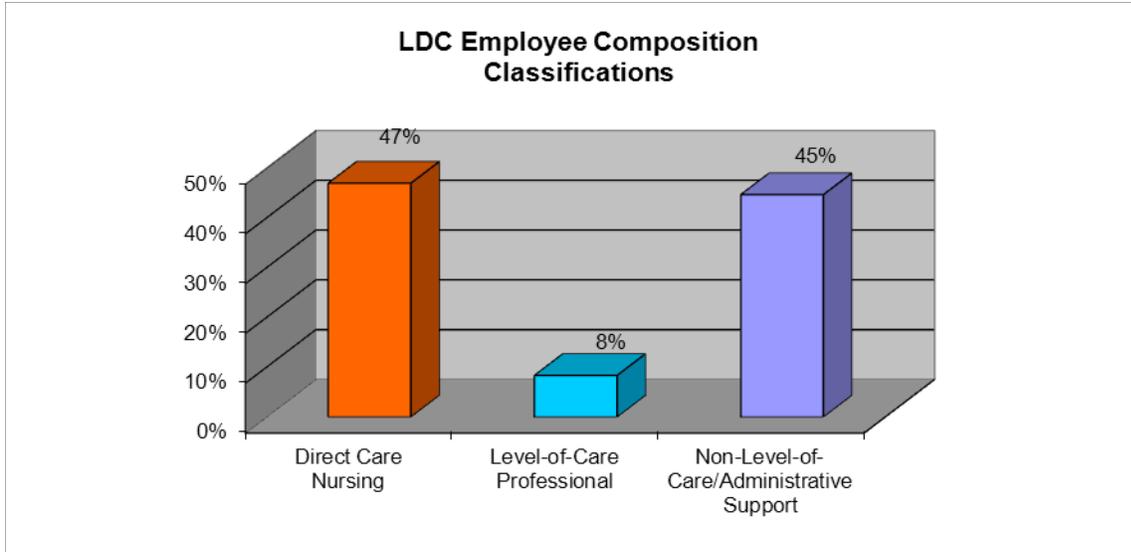
Classifications

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

Direct Care Nursing: The direct care nursing classifications make up 47 percent of the employee population and include 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 8 percent 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 residents 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 45 percent of the employee population includes those who are in non-level-of-care nursing positions but provide other direct services to residents, 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-seven (47) percent reside in San Bernardino County, 39 percent live in Los Angeles County, 7 percent reside in Riverside County, and 5 percent live in Orange County. Only 2 percent of employees reside in a county other than one of the four identified above.

EMPLOYEE TRANSFERS, SEPARATIONS AND RETIREMENTS

During the period of January 1, 2010, to April 1, 2013, 496 employees separated from employment at Lanterman, as follows:

| TYPE OF SEPARATIONS | | | | | | | |
|---------------------|------------|------------|-------------|----------------------|-----------|-----------|------------|
| Month | Transfer | Retirement | Resignation | Limited Term Expired | Layoff | Other* | Total |
| January 2010 | 2 | 2 | 1 | | | | 5 |
| February | 1 | 1 | | | | | 2 |
| March | 2 | 3 | 1 | | | | 6 |
| April | 3 | 14 | 1 | | | 1 | 19 |
| May | 3 | 3 | 5 | | | | 11 |
| June | 8 | 8 | 3 | | | | 19 |
| July | 11 | 5 | 1 | | | | 17 |
| August | 8 | | 3 | | | | 11 |
| September | 10 | 2 | 2 | | | | 14 |
| October | 2 | | 2 | | | 1 | 5 |
| November | 5 | 2 | 1 | | | 1 | 9 |
| December | 8 | 19 | 4 | | | 3 | 34 |
| January 2011 | 5 | 5 | 3 | 2 | | | 15 |
| February | | 1 | 2 | | | 1 | 4 |
| March | 6 | 4 | 3 | | | 1 | 14 |
| April | 8 | 5 | 3 | | | 1 | 17 |
| May | 1 | 2 | 2 | | | | 5 |
| June | 3 | 4 | 5 | | | 1 | 13 |
| July | 2 | 4 | | | | 1 | 7 |
| August | 11 | 4 | 3 | | | | 18 |
| September | 5 | | | | | | 5 |
| October | 8 | 3 | 1 | | | | 12 |
| November | 9 | | 2 | | | | 11 |
| December | | 13 | 2 | | | 2 | 17 |
| January 2012 | 8 | | | | | | 8 |
| February | 3 | 2 | 2 | | | | 7 |
| March | 1 | 2 | | | | | 3 |
| April | 4 | 2 | 1 | | | | 7 |
| May | 5 | 3 | 2 | | | | 10 |
| June | 5 | 1 | | | | 1 | 7 |
| July | 12 | 3 | 2 | | | 1 | 18 |
| August | 5 | | 1 | | | 4 | 10 |
| September | 12 | 2 | | 2 | | | 16 |
| October | 4 | 1 | 2 | | | 1 | 8 |
| November | 8 | 3 | 4 | | | 1 | 16 |
| December | 6 | 19 | 0 | 3 | | 1 | 29 |
| January 2013 | 6 | 3 | 3 | | 13 | | 25 |
| February | 11 | 3 | 4 | | | 3 | 21 |
| March | 12 | 5 | 3 | | | 1 | 21 |
| YTD | 223 | 153 | 74 | 7 | 13 | 26 | 496 |

*Dismissal or Other Causes

The following types of staff by classification group that left Lanterman since January 1, 2010, are:

- 59 Level of Care-Professional, or 12 percent;
- 224 Level of Care-Nursing, or 45 percent; and
- 213 Non-Level of Care, or 43 percent.

MANAGEMENT OF STAFFING UNTIL CLOSURE

The Department is working directly with the Lanterman Executive Team to assure that sufficient staffing levels are maintained to meet certification standards throughout the closure, based on the number and acuity of the residents. As the resident population continues to decline, a surplus of staff in certain areas was determined and the Department met with Lanterman employees regarding the first phase of a staff reduction. At that time, 92 employees were put on State Restrictions of Appointment (SROA) status, and 38 employees subsequently received a notification of a lay-off, effective January 30, 2013. The impacted employees were notified directly and provided with individualized support in exploring alternate employment options through the SOARC. Thirteen (13) employees were ultimately impacted by the lay-off on January 30, 2013, with the remaining 25 employees either retiring or being hired by other agencies and one voluntarily resigning. Lanterman continues to evaluate staffing needs on a regular basis to ensure appropriate staffing levels are maintained.

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. As of April 1, 2013, level of care staffing meets certification standards throughout the facility.

STATE STAFF IN THE COMMUNITY

The trailer bill to the Budget Act of 2010 (SB 853, Chapter 717, Statutes of 2010, Committee on Budget), enacted October 19, 2010, authorized Department employees working at Lanterman to work in the community with former residents while remaining state employees for up to two years following the transfer of the last resident from Lanterman, unless a later enacted statute deletes or extends this provision. This program is referred to as the Community State Staff (CSS) Program. Lanterman employees will, through contract, be able to directly support former residents of Lanterman in their new homes, and thereby enhance the quality and promote continuity of services in the community. The Department has worked with the Department of Personnel Administration to establish agreements with the appropriate bargaining units to support the program. A brochure for the CSS Program and a Frequently Asked Questions (FAQ) were developed and widely distributed, and a series of orientation sessions were held at Lanterman to provide information, generate interest, and obtain feedback from employees at Lanterman, as well as RCs and service providers who may seek to contract with Lanterman to participate in the program. The Department also

held an informational session for the Lanterman families to provide an update and respond to questions about the program.

In October 2012, Lanterman employees were surveyed on their interest in the CSS program and geographic preferences for employment in the community. Of the 129 Lanterman employees that completed the survey, 102 indicated an interest in the CSS Program. There were a total of 936 employees at LDC as of October 1, 2012. Of the 102 positive survey responses, 89 percent currently live in San Bernardino and Los Angeles counties and primarily prefer to work in the San Bernardino/Riverside area. Approximately 82% of the respondents' classifications fall into the category of "direct care" staff.

Lanterman is proceeding with implementation of the program and working with interested parties to develop contracts, job descriptions and advertisements to recruit and select Lanterman employees for the program.

As of April 1, 2013, one service provider and one regional center have signed contracts that have been approved by the Department of General Services. Both contractors are in the process of hiring LDC staff, having advertised and scheduled interviews with Lanterman applicants for a number of state staff assignments. Three other providers expressed interest in the CSS program and received information about potential contracts; two of those providers have decided not to pursue participation. As of April 17, 2013, two employees have accepted positions through the CSS Program. The Department expects the number of hired staff in the CSS program to increase as more community resources come on line and the RCs and service providers continue to engage in discussion with Lanterman about prospective contracts and employee selection. The Department is committed to supporting the dialog between RCs, service providers, LDC staff and bargaining units regarding the state staff program.

The Lanterman Facility

LANTERMAN PROPERTY

DDS continues to work with the Department of General Services (DGS) in managing the closure process for the developmental center property. In accordance with Government Code sections 11011 and 11011.1 (Attachment 9 of the Plan) concerning surplus state property, the land will be declared excess by DDS when it is no longer needed. DGS will then report to the Legislature that the land is surplus. After the Legislature approves the property as surplus, DGS will take the lead in determining the future use of the property, and the disposition of the property will follow the established process.

BUSINESS MANAGEMENT TEAM

The Lanterman Business Management Team has convened to begin the development of a Business Management Plan. The team will coordinate the various aspects of

operational functions, construction projects, fiscal management, and space utilization throughout the closure process.

Fiscal Update

With an emphasis on ensuring the health and safety of individuals, the closure of Lanterman will occur after the last resident transitions to his or her new living situation and only after services and supports are available as identified in the IPP.

The Department, working with the RCs, continues to estimate the transition of approximately 220 residents to community living arrangements in FY 2012-2013 through 2013-2014.

The chart on page 40 summarizes the Lanterman closure-related funding in FYs 2012-2013 and 2013-2014, consistent with the May Revision for 2013-14, as detailed on the next page.

LANTERMAN DEVELOPMENTAL CENTER COSTS

The overall changes to the Lanterman budget are the result of multiple budgetary actions, as follows:

2012-13

The May Revision reflects a net increase in 2012-13 of \$0.4 million (\$0.2 million GF). The additional funding is to support staffing needs due to higher than anticipated projected resident population on March 31, 2013, primarily based on fewer individuals transitioning to community settings. The additional funding is calculated on staffing standards that would result in the need of five positions (4 Level of Care (LOC) and 1 Non-Level of Care (NLOC)), due to the increased population. Though the funding was determined on five positions, the positions are not being adjusted in the May Revision.

2013-14

The May Revision reflects a net decrease in 2013-14 of- \$0.4 million (-\$0.2 million GF). The reduced funding is the net of the following two adjustments:

- Higher than anticipated projected resident population on March 31, 2013, primarily based on fewer individuals transitioning to community settings.
- The closure/consolidation of one Intermediate Care Facility (ICF) Unit at LDC.

The adjusted funding is based on staffing standards that would result in the reduction of 10 positions (7 LOC and -17 NLOC), due to the combined increased population and the ICF Unit closure/consolidation. The funding was calculated on -10 positions, but May Revision is not adjusting the positions in 2013-14.

The standard staffing guidelines are designed for day-to-day operations but do not provide adequate resources for a developmental center during closure. Therefore, for the ongoing delivery of services to residents during the closure process, support is needed for the transition of residents out of Lanterman including preparations for closure; and the ongoing maintenance required to operate the facility as follows:

- Closure Related Staff:
 - Level of Care/Nursing: The Department has committed to residents and families of LDC to reduce the overall number of moves any one resident may experience prior to leaving LDC. To meet this commitment and continue to ensure the health and safety of Lanterman residents, staff will be retained beyond staffing standards to provide direct nursing care.
 - Administration Transition and Closure Activities: These activities provide overall coordination with RCs, community providers and developmental center staff; confidential records management; equipment inventory and disposition; resident property transfer; property maintenance and upkeep; and employee separations, including activities associated with retirements, layoffs or transfers of employees, during a closure.
 - Resident Transition and Placement Support: These activities ensure a safe and smooth transition for each resident as they transition to the community.
- State Staff in the Community Administration
 - State Staff in the Community provides functions including coordination with RCs and providers; negotiating and processing contracts for services; negotiations with employee unions; and appropriate communication and coordination with staff participating, or desiring to participate, in the program. For more information about State Staff in the Community, see page 35.
- Staff Support Costs / Resident Transition:
 - Costs related directly to the transfer of residents to new living arrangements, including staff overtime, resident transportation and other relocation costs.
 - Costs for “cash out” of accrued vacation, annual leave, personal leave, holiday credit, compensated time off (CTO), and excess time for employees separating from state service due to retirement or layoff. It is anticipated that incremental employee separations will occur throughout the closure process which will result in costs for cash-outs and unemployment insurance. The DDS is monitoring the resident population changes and the associated staffing by classification to manage the need for layoff.

The following costs are not budgeted in FY 2013-2014, but are listed here as future fiscal issues to be identified in subsequent fiscal years:

- 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.
- Staff needed after closure to maintain the physical plant until the property is transferred through the state surplus property process. This period is often referred to as “warm shut-down.”

It should be noted that the fiscal analysis does not include any assumptions associated with the disposition of the Lanterman property, which is handled separately by the Department of General Services.

REGIONAL CENTER/COMMUNITY COSTS

The Department is committed to ensuring the availability of necessary services and supports for Lanterman residents transitioning into the community. The Community Program cost is funded from CPP and Purchase-of-Service (POS) resources contained in the Department’s budget. The RC costs associated with the closure of Lanterman include:

- Community resource development through the CPP for residential and day services, among others, and related RC Operations, as follows:
 - For the closure of Lanterman, POS funding is provided through the CPP for start-up costs associated with new residential and day program providers; assessments by non-regional center clinicians; and placement and ongoing services and supports needed by Lanterman residents transitioning to the community during the fiscal year.
 - For those RCs that have residents at Lanterman, Operations funding is provided for staffing to conduct needs assessments; work with Lanterman residents, families, and staff to ensure a safe transition to the community; plan, develop, and implement needed community resources; and provide case management services to consumers and their families.
- Staff resources through the MFP grant, as described in detail earlier in this report, for identification of and arrangements for services and supports for residents transitioning to the community, and case management and quality assurance functions; and
- Ongoing service and support costs in subsequent years funded from the non-CPP POS budget. These ongoing RC costs are associated with former residents of LDC who have transitioned to the community and are no longer funded by CPP. Their costs are reflected in the caseload/utilization trends in the Regional Center Estimate, since the Estimate is developed from data that includes the closure activities of the past several years for Agnews and the Sierra Vista Community Facility.

Fiscal Update Summary

LANTERMAN DEVELOPMENTAL CENTER:

| | | |
|--|-----------|---------------------|
| FY 2012-13 LDC Share of Budgeted DC Costs - Enacted | | \$99,627,461 |
| | Positions | 931.0 |

FY 2012-13 Update

| | | |
|---|-------------------------|----------------------|
| FY 2012-13 LDC Share of Budgeted DC Costs - 2013 Governor's Budget | | \$100,343,259 |
| | Positions | 956.0 |
| LDC Population Driven Cost Change | | |
| Average In-Center Population | | 23 |
| Population Staffing | | \$400,000 |
| | Positions ^{1/} | 0.0 |
| Net Funding Change | | \$400,000 |
| | Net Position Change | 0.0 |
| | General Fund (Match) | \$210,000 |
| | General Fund Other | \$8,000 |
| | Medi-Cal Reimbursements | \$182,000 |
| FY 2012-13 LDC Share of Budgeted DC Costs - 2013 May Revision | | \$100,743,259 |
| | Positions | 956.0 |

FY 2013-14 Update

| | | |
|---|-------------------------|---------------------|
| FY 2013-14 LDC Share of Budgeted DC Costs - 2012 Governor's Budget | | \$89,312,942 |
| | Positions | 753.0 |
| LDC Population Driven Cost Change | | |
| Average In-Center Population | | -93 |
| Population Staffing | | -\$430,000 |
| | Positions ^{1/} | 0.0 |
| Net Funding Change | | -\$430,000 |
| | Net Position Change | 0.0 |
| | General Fund (Match) | -\$146,000 |
| | General Fund Other | -\$89,000 |
| | Medi-Cal Reimbursements | -\$195,000 |
| FY 2012-13 LDC Share of Budgeted DC Costs - 2013 May Revision | | \$88,882,942 |
| | Positions | 753.0 |

REGIONAL CENTERS:

| | | |
|--|--------------------------|---------------------|
| FY 2012-13 Regional Centers Budgeted Costs - 2013 Governor's Budget | | \$44,743,000 |
| FY 2012-13 Regional Centers Budgeted Costs - 2013 May Revision | | \$44,743,000 |
| Community Placement Plan: LDC Closure Share of Funds ^{2/} | | \$41,206,000 |
| Operations | | \$11,192,000 |
| Purchase of Service (POS) | | \$30,014,000 |
| Start-up | | \$15,196,000 |
| Assessment | | \$650,000 |
| Placement | | \$14,168,000 |
| Deflection | | \$0 |
| Closure Related Staff | | \$3,537,000 |
| | Positions | 34.0 |
| | Money Follows the Person | \$2,653,000 |
| | General Fund Match | \$884,000 |

^{1/} May Revise only adjusted funding for staffing needs based on increased resident population. Positions were not adjusted.

^{2/} The costs reflect CPP funding that has been allocated to the 10 Southern California regional centers involved in developing resources for LDC residents.

Milestones and Major Implementation Steps and Timelines

The Legislature has requested that, in addition to regular reporting on progress in implementing the Lanterman Developmental Center closure plan, the Department also develop completion dates for significant milestones related to implementation of the plan.

To assist in developing these milestones, the Department requested input from a broad array of stakeholders. Two stakeholder conference calls were held on August 21 and 29, 2012, and the Department also held a conference call on September 7, 2012 with LDC families and representatives from the Parents Coordinating Council. Written comments were accepted by the Department until September 14, 2012.

Through these efforts, the Department received valuable input for development of draft milestones from many perspectives, including LDC residents, and families, LDC employees, regional centers, service providers, advocates, legislative staff and the general public. The Department is extremely grateful for the stakeholders' participation in the development of milestones to measure progress towards the closure of Lanterman.

The draft milestones were released for review on October 18, 2012 and comments were due by November 5, 2012. The milestones were also discussed at the October 23, 2012 Joint Hearing on Developmental Centers by Subcommittee #3 of the Senate Committee on Budget and Fiscal Review and the Senate Human Services Committee. After stakeholder input, the final milestones were released on January 22, 2013. An update to the milestones is included in this report as Appendix B⁵.

The major implementation steps and timelines for the closure of Lanterman are identified in the table on the following page.

⁵ The milestones are available online at <http://www.dds.ca.gov/LantermanNews>.

| ACTIVITY | DATE(S) | STATUS |
|--|------------------------------------|---|
| The Department announces its proposal to close LDC. | January 29, 2010 | Completed |
| Initial meetings with: <ul style="list-style-type: none"> ▪ LDC residents ▪ Family members of LDC residents ▪ Employees and their bargaining unit representatives ▪ Local officials/legislators ▪ RCs ▪ Community service providers ▪ Local businesses ▪ Managed care health plans | February/March 2010 | Completed |
| Work with RCs regarding CPP development and community capacity in RC catchment areas | February 2010 – Closure | Ongoing |
| Coordinate with DHCS, CDPH, DSS & the California Health and Human Services Agency | February 2010 – Closure | Ongoing |
| Public Hearing on the proposed closure of LDC | February 24, 2010 | Completed |
| Implement a process to ensure timely notification to stakeholders and appropriate entities regarding closure activities, including development of website | March 2010 - Closure | Ongoing. Formal updates are provided with the Governor's Budget and May Revision, through special communications, and on the website. |
| Work with local Managed Care Health Plans ensuring availability of health services | March 2010 - Closure | Ongoing. MOUs and protocols between DDS and DHCS, and RCs and health plans have been finalized. |
| Submission of the LDC Closure Plan to the Legislature | April 1, 2010 | Completed |
| Legislative Budget Hearings/Testimony on the Plan | April – June 2010 | Completed |
| Submit legislation associated with ARFPSHN and State Staff in the Community | April 2010 | Completed |
| Establish and convene Advisory Groups for: <ul style="list-style-type: none"> ▪ Resident Transition ▪ Quality Management ▪ Staff Support | April 2010 | Completed |
| Budget Act of 2010 and Trailer Bill enacted, authorizing closure | October 8 & 19, 2010, respectively | Completed |
| Initiate individualized transition planning process | October 2010 and ongoing | Ongoing |

| ACTIVITY | DATE(S) | STATUS |
|---|--|---|
| Develop and open an outpatient clinic to provide transition services as residents leave LDC | October 2010 | Completed. Licensure granted July 2011. |
| Plan for the deployment of state employees to community services and work with RCs and providers to determine numbers and types of state employees who may be interested and for what functions | October 2010 – Two years after closure | Ongoing. Bargaining agreements have been reached with all affected unions. Surveys of employee preferences have been completed. One provider and one RC have completed contracts and one additional provider is reviewing a contract. |
| Develop and implement individual health transition plans for residents | October 2010 and ongoing | Ongoing |
| Establish dental coordinator and health care consultant positions at identified RCs | November 2010 | Completed. Positions have been allocated to RCs as approved through the MFP grant. |
| Transition of residents from LDC | 2010 – Closure | Ongoing |
| Establish an LDC Business Management Team to develop a plan for the administrative and physical plant activities of closure | April 2011 | Ongoing |
| Trailer Bill enacted to clarify the health plans participating in managed care for LDC residents | March 2011 | Completed |
| Implementation of RTAG recommendations for improvements to the transition planning process | April - July 2011 and ongoing | In process |
| Implementation of the QMAG recommendations for enhancements to the QMS | April - Sept 2011 and ongoing | In process |
| Develop milestones to measure the progress of the closure process | September 2012 – January 2013 | Completed |
| Official closure of LDC | After all residents have moved | To be determined |
| Post-closure clean-up activities at LDC | Initial months following closure | To be determined |
| Warm shutdown begins (if transfer of property does not immediately occur) | Upon closure and until property is transferred | To be determined |

Appendix A: State Staff in the Community Program

On an annual basis, the Department reports to the fiscal committees of both houses of the Legislature on the use of state employees to provide services in the community (Welf. and Inst. Code section 4472.2(b)).

The FY 2011-2012 Enacted Budget reflected 39 state staff in the community for Lanterman with an additional 33 staff and one administrative staff budgeted for FY 2012-13. As of April 1, 2013, there are no Lanterman employees working in the community as part of the Community State Staff (CSS) program.

As of April 1, 2013, one service provider and one regional center have signed contracts that have been approved by the Department of General Services. Both contractors are in the process of hiring LDC staff, having advertised and scheduled interviews with Lanterman applicants for a number of state staff assignments. Three other providers expressed interest in the CSS program and received information about potential contracts; two of those providers have decided not to pursue participation.

As of April 17, 2013, two employees have accepted positions through the CSS Program. The Department expects the number of hired staff in the CSS program to increase as more community resources come on line and the RCs and service providers continue to engage in discussion with Lanterman about prospective contracts and employee selection. The Department is committed to supporting the dialog between RCs, service providers, LDC staff and bargaining units regarding the state staff program.

Appendix B: Milestones for the Closure of Lanterman

MILESTONES FOR CLOSURE OF LANTERMAN DEVELOPMENTAL CENTER April 1, 2013

The Department of Developmental Services (Department) provides services to individuals with significant developmental disabilities in state-operated Developmental Centers. Over the years, as community resources and capacity have increased, reliance on the developmental centers has declined. In April 2010, the Department submitted its recommendation and plan for the closure of Lanterman Developmental Center (LDC) to the Legislature for consideration. The health and safety of each LDC resident is the Department's highest priority and a core principle of the closure plan. The plan expressly states the Department's commitment to meet the needs of each resident while they reside at LDC and throughout all phases of their transition into an alternative living arrangement. This means that LDC residents will move as the appropriate services and supports identified in each individual's plan are available. Because of these commitments, the Department's plan does not specify a closure date. However, the Department does provide regular updates to the Legislature regarding closure activities and progress in plan implementation, consistent with statute.

In addition to regular reporting on progress, the Legislature has requested the Department identify significant milestones related to implementation of the closure plan and estimated completion dates for those milestones. To assist in developing these milestones, the Department requested input from a broad array of stakeholders, including LDC residents, families and employees, regional centers, service providers, advocates, legislative staff and the general public.

Two stakeholder conference calls were held on August 21 and 29, 2012 to obtain initial input, and written comments were accepted by the Department until September 14, 2012. The Department also held a conference call on September 7, 2012, with LDC families and representatives from the Parents Coordinating Council (PCC). The draft milestones resulting from this process were released for stakeholder review on October 18, 2012 and comments were due by November 5, 2012. The comment period was extended to December at stakeholder request. The draft milestones were also discussed at the October 23, 2012, *A System in Transition: California's Developmental Centers*, joint hearing of the Subcommittee #3 of the Senate Budget Subcommittee on Budget & Fiscal review and the Senate Human Services Committee.

In response to stakeholder feedback and input from the hearing, the milestones have been updated to better illustrate the transition process and establish measurable markers applicable to all people moving from LDC. The draft "Case Transfers" milestone was removed as the number of case transfers is very fluid and not an accurate reflection of the progress of closure activities. However, DDS has expanded reporting in the required LDC closure update reports to include information regarding

the number of families that have requested a transfer of case management services between regional centers and the number of transfers that have occurred.

In the course of the stakeholder process, apart from input on milestones and their completion dates, the Department also received suggestions and requests for other specific information and data related to the closure of Lanterman. The Department understands this is important information and will include additional information in the statutorily required status reports and throughout the closure process.

The Department would like to thank those who participated in the calls and/or submitted written comments. The Department recognizes that the needs of individuals and their families may change as the closure progresses, and will continue to work closely with families, advocates, regional centers, LDC staff and other stakeholders to monitor the progress on a regular basis, collect and analyze data related to the closure, and provide updates.

Milestones for Closure of LDC

| Milestone | Estimated Completion Date |
|--|---------------------------|
| A. Resident Transition Milestones | |
| <p>1. <u>Comprehensive Assessments</u> Current comprehensive assessments will be completed for all residents of LDC by June 2013. This milestone represents one of the key activities performed by regional centers to determine the individual services and supports needed for successful transition to a community living arrangement.</p> <p>Baseline: As of December 1, 2012, of the 228 individuals residing at LDC (including 7 temporarily residing in community subacute facilities), it has been reported that 55% have a current (within two years) comprehensive assessment.</p> <p>Update: As of March 1, 2013, of the 194 individuals still residing at LDC (including 7 currently residing in community subacute facilities), regional centers (RCs) report that 70% have a current (within two years) comprehensive assessment and that all remaining LDC residents will have a current comprehensive assessment by June 30, 2013. RCs continue to work with families that have concerns or questions about comprehensive assessments.</p> | <p>June 2013</p> |

| Milestone | Estimated Completion Date |
|--|---------------------------|
| <p>Update: Of the 194 residents remaining at Lanterman as of April 1, 2013 (including 7 currently residing in community subacute facilities), 113 have had a “meet and greet” with a potential provider.</p> <p>Of the 90 residents that had a “meet and greet” as of the December 1, 2012 baseline, 31 transitioned into the community and two are now deceased. Fifty-six (56) individuals had “meet and greets” during the December 1, 2012 to April 1, 2013 timeframe, bringing the total number of remaining residents who have had a “meet and greet” to 113. Individuals may have more than one “meet and greet” before they decide on a specific option.</p> | |
| <p>3. <u>Specific Option Selected and Initial Transition Planning Meeting Held</u> Capturing the number of Individual Transition and Health Transition plans in development is the next measure of active participation in the transition process. Once a resident identifies a specific living option they want to pursue and their “meet and greet” went well, an initial Transition Planning Meeting (TPM) is held with the ID team to start an Individual Transition and Health Transition Plan for the resident. The Individual Transition and Health Transition Plan is used to document the process of planning and implementing transition activities and specific transition health services.</p> <p>Individual Transition and Health Transition Plans will be developed for all current residents by March 2014. This milestone marks a crucial element in facilitating an individual’s safe and successful transition into the community.</p> <p>Baseline: As of December 1, 2012, of the 90 residents who have had “meet and greets,” 59 residents have had an initial TPM and continue to progress toward a move to the community.</p> <p>Update: As of as of April 1st, of the 113 remaining residents that have had a “meet & greet,” 53 residents have had an initial TPM and continue to progress toward a move to the community.</p> <p>Of the 59 TPM’s reported as the baseline, 31 transitioned into the community. Between December 1, 2012 and April 1, 2013, 25 additional residents had their first TPM, bringing the total for the current milestone reporting period to 53.</p> | <p>March 2014</p> |
| <p>4. <u>Transition Review Meeting (TRM)</u> A TRM is held to review and finalize a resident’s Individual Transition and Health Transition Plan and to ensure that all members of the ID team are satisfied that all arrangements agreed on in the planning process have been</p> | |

| Milestone | Estimated Completion Date |
|--|---------------------------|
| <p>implemented and that the resident is prepared to move. TRM's are held at the conclusion of the transition process and is where the ID team sets a move date. An individual's TRM must occur no less than 15 days prior to a planned move date.</p> <p>Baseline: As of December 1, 2012, of the 59 residents who have had an initial TPM, seven have had a TRM. Of the seven, four had scheduled move dates. The other three determined at the TRM that there were pending items to be resolved prior to setting move dates.</p> <p>Update: As of April 1, 2013, of the 53 remaining residents who have had an initial TPM, 9 have had a TRM. Of the 9, 4 scheduled placement dates and 5 were resolving pending items or addressing changes in the consumer's health before setting a placement date. Twenty-nine (29) residents had both a TRM and moved within the December 1, 2012 and April 1, 2013 timeframe,</p> <p>Following the TRM, residents transition to the community. Between December 1, 2012 and April 1, 2013, 31 residents transitioned from LDC into the community.</p> <p>As of April 1, 2013, 177 LDC residents have moved to the following living arrangements:</p> <ul style="list-style-type: none"> 146 to a CCF – Adult Residential Facility 2 to a Congregate Living Health Facility 3 to their own homes with Supported Living Services 7 to an Intermediate Care Facility (ICF, ICF DD-H, ICF DD-N, or ICF DD-CN) 15 to an ARFPSHN (853 or 962 Home) 2 to a Family Home Agency (FHA) 1 to the individual's family home 1 Other (Germany) <p>As of April 1, 2013, no LDC residents have transferred to another DDS-operated facility.</p> | <p>July 2014</p> |
| B. Community Supports | |
| <p>1. Residential Facilities The Department annually funds Department-approved regional center Community Placement Plans, which are earmarked for the development of resources in the community for individuals transitioning out of a developmental</p> | |

| Milestone | Estimated Completion Date |
|---|---------------------------|
| <p>center. Upon the closure announcement in 2010, 100 residential options for people moving from LDC were identified for development through regional center requested and approved Community Placement Plans. The DDS CPP plan approvals were based on the population at LDC when closure was announced. Since that time, approximately 25% of LDC's residents have either moved into existing homes not specifically developed for LDC closure, moved out of the area or passed away. The Department is working with RCs to determine the current development need.</p> <p>The development of residential facilities to meet the needs of individuals transitioning to the community is expected to be completed by January 2014. This milestone represents the availability of residential services in the community to meet the needs and allow for successful transition of LDC residents. The milestone is divided into three components as presented below.</p> | |
| <p>a. Site control has been secured, through purchase or lease, of all required residential property.</p> | March 2013 |
| <p>b. Regional centers have identified all service providers.</p> | May 2013 |
| <p>c. All homes are licensed and ready for occupancy.</p> | January 2014 |
| <p>Baseline: Of the 100 residential options approved for development for LDC residents:</p> <p>a. Residential Property Information as of December 1, 2012</p> <ul style="list-style-type: none"> • 80 have a site secured <ul style="list-style-type: none"> ▪ 48 homes have completed construction ▪ 27 homes are under construction ▪ 5 homes are in escrow • 20 have no site identified (The Department is working with RCs to determine how many of these remaining homes still need to be identified and developed to achieve closure) <p>b. Service Provider Information as of December 1, 2012</p> <ul style="list-style-type: none"> • Of the 100 homes approved for development, 93 have service providers identified • 25 provider profiles have been submitted to the Integrated Project (IP) and 16 of those are posted on the PCC website. The Department is working with RCs, the IP and PCC to increase access to completed provider profiles | |

| Milestone | Estimated Completion Date |
|--|----------------------------------|
| <p>c. Licensing information as of December 1, 2012</p> <ul style="list-style-type: none"> • 32 of the 80 secured sites are licensed • 26 applications for licensure are pending <p>Update: Five homes of the 100 for development reported in the baseline were discontinued and one additional home was added. Of the 96 remaining residential options approved for development for LDC residents:</p> <p>a. Residential Property Information as of April 1, 2013</p> <ul style="list-style-type: none"> • 85 have a site secured <ul style="list-style-type: none"> ▪ 60 homes have completed construction ▪ 24 homes are under construction ▪ 1 home is in escrow • 11 have no site identified <p>Over one-half of the original 401 residents identified in the Closure Plan have successfully transitioned to the community. An updated analysis of the community resources needed for closure show that 72 of those individuals moved into existing resources that were not developed specifically for LDC, or moved out of the area. This lessens the demand for the original 100 residential resources approved for development. As of April 1, there were 85 homes with site control. Based on utilization of non-LDC developed services, the Department has assessed that the state has funded enough residential capacity for the remaining residents of LDC. If more homes are developed, there will be more choices for residents moving into the community from LDC or other developmental centers.</p> <p>b. Service Provider Information as of April 1, 2013</p> <ul style="list-style-type: none"> • Of the 96 homes approved for development, 92 have service providers identified • 38 provider profiles are posted on the PCC website. The Department continues to work with RCs, the IP and PCC to increase access to completed provider profiles <p>c. Licensing information as of April 1, 2013</p> <ul style="list-style-type: none"> • 51 of the 85 secured sites are licensed • 20 applications for licensure are pending | |
| <p>2. <u>Supported Living</u></p> <p>For some LDC residents, the use of Supported Living Services (SLS) may be the best option for moving into the community. SLS consist of a broad range of services for adults with developmental disabilities who choose to live in</p> | <p>March 2014</p> |

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| <p>homes they themselves own or lease in the community. A supported living service provider vendored by a Regional Center (RC) works with an individual to establish and maintain a safe, stable, and independent life in his or her own home. The Department will continue to make SLS information available to residents and families who are exploring living options.</p> <p>Baseline: Of the 228 residents at Lanterman as of December 1, 2012 (including 7 temporarily residing in community subacute facilities), one individual is actively pursuing arrangements for SLS and of the 146 residents who have already transitioned to the community, three individuals have moved into their own homes with SLS.</p> <p>Update: Of the 194 residents remaining at Lanterman as of April 1, 2013 (including 7 currently residing in community subacute facilities), one individual is actively pursuing arrangements for SLS and of the 177 residents who have already transitioned to the community, three individuals have moved into their own homes with SLS.</p> | |
| <p>3. <u>Day Activities and Other Community Resources</u></p> <p>Part of each resident’s individualized transition planning process is the identification of day services to ensure daily activities and community involvement once they have moved from LDC. There are many different types of day service options that provide a diverse range of opportunities for persons with developmental disabilities to integrate into their community.</p> <p>The Department’s Community Placement Plan (CPP) includes funding for the development of programs to meet an individual’s need for activities during the day. Developing day services generally requires less lead time than residential programs. The development of day services to address the needs of LDC residents transitioning to the community is expected to be completed by March 2014. It should be noted that based upon the specific transition needs of each individual LDC mover, the timing of entry into their identified day activities may vary.</p> <p>This milestone reports on the number of people moving from LDC that have started day service activities and indicates if the day services are provided in the community or, due to the needs of the individual, in the home. Home-based day services can, and do, involve activities in the community.</p> | |

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| <p>In addition, other community service needs may be identified in a resident's transition plan. Many of these support services already exist in the community and are available for individuals as they transition from LDC. However, if the regional center identifies an unmet need, they will work with providers to develop the necessary resources to support the individuals residing in the community, including such services as transportation, crisis supports, etc. The development of other community resources to address the needs of LDC residents transitioning to the community is expected to be completed by March 2014.</p> <p>The day activity milestone is divided into the following two components:</p> <p>a. Development of Day Activity Resources</p> <ol style="list-style-type: none"> 1. The sites of all day programs have been secured 2. All new day programs licensed and available to provide services <p>b. Data on Day Activity for people moving from LDC</p> <p>The data referenced in the following baselines are from a point in time review of the Department's day program Purchase of Service data. This will not capture people participating in Community-Based Adult Services (CBAS) being paid through MediCal, day services built into the service models of residential homes, or other such alternative day activity options. The department surveyed regional centers to further refine day activity information and to more accurately capture day activities for all people moving from LDC.</p> <p>Baseline:</p> <p>a. Development of Day Activity Resources</p> <ul style="list-style-type: none"> • As of October 1, 2012, six day programs for people moving from LDC were scheduled for development based on regional center requests for CPP funding, of which two were pending licensure. The Department is working with RCs to update data on the development of day programs for people moving from LDC. <p>b. Data on Day Activity for people moving from LDC as of December 1, 2012:</p> <ul style="list-style-type: none"> • Of the 146 people that have moved out of LDC, 107 have had a RC-funded day service purchased • Of those 107 people who have moved, 96 currently have a RC-funded day service purchased (individuals may have transitioned to day activities through a generic service, or their medical condition could have changed so that they can no longer participate in day activities) | <p>a.1 – December 2013</p> <p>a.2 – March 2014</p> |

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| <ul style="list-style-type: none"> • Of those 96 people who have moved from LDC: <ul style="list-style-type: none"> ▪ 84 participate in a community-based day service ▪ 3 participate in a home-based day service ▪ 2 participate in a Work Activity Program (WAP) ▪ 7 participate in “Other” types of day services <p>Update:</p> <p>a. Development of Day Activity Resources</p> <ul style="list-style-type: none"> • As of April 1, 2013, 25 day programs for people moving from LDC (both mixed-use and LDC-dedicated) were scheduled for development based on regional center requests for CPP funding, of which 11 were pending licensure. <p>b. Data on Day Activity for people moving from LDC as of February 1, 2013, as reported in a survey of RCs:</p> <ul style="list-style-type: none"> • Of the 153 people who have moved out of LDC, 140 currently have a day service activity (as of February 1) • Of those 140 people who have moved: <ul style="list-style-type: none"> ▪ 106 participate in a community-based day service ▪ 22 participate in a home-based day service ▪ 4 participate in a Work Activity Program (WAP) ▪ 8 participate in “Other” types of day services • Of the 13 remaining people who have moved: <ul style="list-style-type: none"> ▪ 4 are deceased ▪ 4 have no day service activity due to health/medical reasons ▪ 2 were finding or developing appropriate services ▪ 1 has moved out of the country ▪ 1 is living with their family and is a “closed case” ▪ 1 has decided to retire | |
| C. Developmental Center | |
| <p>1. <u>LDC Staffing Level</u></p> <p>It is essential that sufficient staffing levels be maintained at LDC throughout the closure to ensure residents’ health and safety. However, the need for staff that provides direct care will decrease consistent with the decline in the number of residents and changes in the acuity of those individuals remaining at the facility. Non-direct care staffing also decline throughout the closure process, but generally at a slower rate due to their responsibilities to maintain facility systems and supports that are not related to the resident population.</p> <p>This milestone will include a comparison of staffing to resident population at</p> | |

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| <p>LDC, as compared to the reduction based upon resident health and safety and acuity, since the announcement of the closure. This comparison will not include any staffing that has been identified to support transition and/or closure activities such as warm shutdown and individuals in the Community State Staff program. It can be expected that for every 50 residents that leave the LDC population, the staffing at LDC will reduce by approximately 10%.</p> <p>Baseline: At the time of the closure there were 401 residents at LDC and 1280 employees. As of December 1, 2012 there were 228 residents and 828 employees (excluding closure related staffing). From October 1, 2010 to December 1, 2012, LDC's population has declined by 173 people and LDC staff has been reduced by just over 35%.</p> <p>Update: As of April 1, 2013 there were 194 residents and 738 employees (excluding closure related staffing). From October 1, 2010 to April 1, 2013, LDC's population has declined by 207 people and LDC staff has been reduced by just over 42%.</p> | <p>Ongoing throughout Closure Process</p> |
| <p>2. <u>Outpatient Clinic</u></p> <p>As an additional measure to bridge the transition of residents from LDC to community living arrangements, the Department's plan includes the establishment and operation of an outpatient clinic to provide medical, dental and behavioral services for former LDC 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 Department opened an outpatient clinic in August 2011, which provides services throughout closure and assists the successful transition of healthcare services for all former residents.</p> <ul style="list-style-type: none"> • The facility will be staffed and ready for full implementation of a freestanding outpatient clinic upon the transfer of the last resident. • The clinic will be able to serve both people who have transitioned from LDC into the community and other consumers. <p>Baseline: The clinic currently operates under the LDC license and serves only former residents of LDC . As of December 1, 2012, 36 people who have moved from LDC have used the outpatient clinic, which may involve multiple visits and services.</p> <p>Update: The clinic currently operates under the LDC license and serves only people who have moved from LDC. As of April 1, 2013, 40 people who have moved from LDC have used the outpatient clinic, which may involve multiple visits and services.</p> | <p>Summer 2014</p> |

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| <p>3. <u>Community State Staff Program</u> Legislation that supports the closure efforts allows LDC employees to participate in a Community State Staff (CSS) program that provides an opportunity for individuals to support former LDC residents in the community while retaining their state employment status. Through this program, the specialized knowledge, skills and abilities of state staff are shared with co-workers thereby enhancing service continuity. Although the program is voluntary for the employees and the providers, the interest in the CSS program by residents and families supported the development of this milestone.</p> <p>In support of the CSS program, the Department will conduct informational/training sessions regarding the program, complete a survey of LDC staff to determine interest in the program, and ensure an adequate number of Direct Support Professional (DSP) trainings.</p> <p>The milestone is divided into the following four components:</p> <p>a. The number of informational/training sessions regarding the utilization of State staff in the community that have been provided to service providers, LDC families and LDC staff.</p> <p>Baseline: Throughout the closure there have been 11 informational sessions on the CSS program – three (3) for LDC staff and eight (8) for regional centers, service providers, family members and union representatives. Three (3) additional comprehensive trainings will be completed in FY 2012/13.</p> <p>Update: Three additional comprehensive trainings will be completed in FY 2012/13.</p> | <p>June 2013</p> |
| <p>b. The Department will survey LDC staff regarding interest in the CSS program to include geographic preferences.</p> <p>Baseline: Results of a survey distributed to LDC staff in February 2012 indicated an interest in learning about the CSS program. A staff survey conducted in October 2012 found of the 129 LDC employees that completed a survey, 102 respondents were interested in the CSS program and were primarily interested in working in the Riverside/San Bernardino County area. Detailed survey results are available on the DDS website at http://www.dds.ca.gov/LantermanNews/docs/SurveyResultsGeoPreferenceEmploymentOctober2012.pdf.</p> | <p>Completed</p> |

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| <p>c. The Department will ensure an adequate number of DSP trainings are held throughout the closure process in support of the CSS program.</p> <p>Baseline: As of December 1, 2012, there is one provider contract in place for the CSS program. As employees are hired, DSP trainings will be offered.</p> <p>Update: As of April 1, 2013, there is one provider contract and one regional center contract in place for the CSS program. LDC is hosting a DSP I training that began on May 15, 2013 and a subsequent DSP II training that will start on May 29, 2013. As employees are hired, additional DSP trainings will be offered.</p> | <p>March 2014</p> |
| <p>d. The number of contracts and employees working in the community.</p> <p>Baseline: As of December 1, 2012, one provider contract has been finalized with the Department of General Services. Another provider and one Regional Center are also in the contracting process. One additional provider has expressed interest in the CSS Program. As of December 1, 2012, no state staff are actively working in the community.</p> <p>Update: As of April 1, 2013, one service provider and one regional center have signed contracts that have been approved by the Department of General Services. Three other providers expressed interest in the CSS program and received contracts to review; two of those providers have decided not to pursue participation. As of April 17, 2013, two employees have accepted positions through the CSS Program.</p> | <p>Ongoing</p> |