

STATE OF CALIFORNIA  
DEPARTMENT OF DEVELOPMENTAL SERVICES

PUBLIC HEARING ON  
CLOSURE OF LANTERMAN DEVELOPMENTAL CENTER

February 24, 2010

Transcribed by: Leisa M. Miller

1 UNIDENTIFIED SPEAKER: This is Wednesday,  
2 February 24th, 2010, public hearing for Lanterman  
3 Developmental Center, tape one, side A.

4 UNIDENTIFIED SPEAKER: Good morning. How many  
5 people will be coming that would need accommodations for  
6 sign language or for seeing (inaudible). But it looks  
7 like this side there are a whole lot of rows available.  
8 So if any of you in the back want to move up closer to  
9 these front rows, we want to give you that opportunity  
10 to do that before we get started.

11 UNIDENTIFIED SPEAKER: This is the public hearing  
12 on the proposed closure of Lanterman Developmental  
13 Center. My name is Debbie (inaudible) of the Department  
14 of Developmental Services. And here with me is Donna  
15 (inaudible) and Monica Lopez of Lanterman Developmental  
16 Center. We are the Hearing Officers for the public  
17 hearing today.

18 I would also like to introduce the Department of  
19 Developmental Services representatives. We have  
20 Patricia Flannery [phonetic], Deputy Director for  
21 Developmental Centers Division, Julia Noren [phonetic],  
22 Deputy Director for Community Services and Support  
23 Division, Dave Dodd [phonetic], DDS Consultant, and we  
24 have Nancy Lungren [phonetic], Assistant Director for  
25 Communications. She's in the back. And Cheryl Bright,

1 Executive Director of Lanterman Developmental Center.

2 For the record, it is now 12:14 p.m. on  
3 February 24th, 2010, and we are in the auditorium of  
4 Lanterman Developmental Center here in Pomona.

5 As you are aware, after careful consideration the  
6 Department of Developmental Services has made a  
7 difficult decision to recommend to the Legislature the  
8 closure of Lanterman Developmental Center.

9 This public hearing is set in accordance with the  
10 provisions of Welfare and Institutions Code 447.1(e)  
11 stating, quote, "Prior to the submission of the plan to  
12 the Legislature, the Department shall hold at least one  
13 public hearing in the community in which the  
14 developmental plan is located, with public comments in  
15 that hearing summarized in a plan," unquote.

16 Notices of this hearing were distributed via e-  
17 mail, mail and news media postings to numerous  
18 interested groups and individuals.

19 A sign language interpreter has been provided for  
20 those attending. And as you may have noticed, the  
21 interpreter is located at the front left of the podium.  
22 Please feel free to move over to this area if your  
23 current seating does not allow you the visibility of the  
24 interpreter.

25 We have also arranged for a Spanish interpreter

1 also (inaudible) the auditorium.

2 The Department of Developmental Services welcomes  
3 your input on the proposed closure of Lanterman  
4 Developmental Center. At this hearing, as designees of  
5 the Department, we will be receiving your comments. We  
6 are here to listen to and document your input.

7 The public hearing is not structured as an  
8 interactive process. And as a result, the Hearing  
9 Officers and the representatives from the Department of  
10 Developmental Services will not be answering questions  
11 or responding to any statements provided.

12 The Department will consider all oral statements  
13 made during this hearing. It will also consider written  
14 statements either submitted here today, or submitted  
15 directly to the Department of Developmental Services at  
16 the address indicated on your agenda, both by e-mail or  
17 mail. All input must be received no later than March  
18 5th, 2010, in order for it to be considered as part of  
19 the closure plan development.

20 As required, these proceedings will be recorded  
21 audibly and by written notes. This documentation along  
22 with the written comments submitted will be reviewed and  
23 summarized for inclusion in the closure plan.

24 With that said, we will begin the hearing by having  
25 Ms. Covellino [phonetic] review with you the protocols

1 for these proceedings to insure everyone is comfortable  
2 speaking and is heard.

3 MS. COVELINO: Each person wishing to speak must  
4 submit a speaker's card located at the sign-in table  
5 outside the auditorium. The Hearing Officer will call  
6 each speaker to the podium. In order to insure a good  
7 pace, speakers should be ready at the side of the  
8 auditorium to approach the podium microphone when their  
9 number is called. Some chairs have been reserved on  
10 each side for your convenience as you wait your turn.  
11 Teleconference speakers will be rotated in periodically.

12 Individuals providing comments will not be sworn  
13 in, nor will there be questioning of witnesses.

14 Hearing Officers and Department representatives  
15 will not be answering questions or responding to any  
16 statements provided.

17 Before presenting your comments to us, please state  
18 your name and the organization affiliation for the  
19 record.

20 Speak clearly into the microphone. Each speaker  
21 will have one opportunity to speak for five minutes to  
22 present his or her comments. This will allow ample time  
23 for those who wish to speak to be afforded that  
24 opportunity.

25 You will be given a signal when you have two

1 minutes left and when your time is up, at which time you  
2 need to close your statement. And that will be from the  
3 instruction over here.

4 I would like to request the audience to remain  
5 quiet so that we can be assured a clear recording of the  
6 proceeding. Please silence your cell phones and  
7 Blackberrys. Also, please be courteous to the speakers  
8 by holding side conversations outside the room.

9 In the interest of maintaining the laws of  
10 confidentiality and privacy for the men and women who  
11 live in Lanterman, some information shared today may be  
12 considered confidential and should not be repeated or  
13 shared in print.

14 Please be advised that if you take any video or  
15 pictures with a camera or cell phone camera, you may be  
16 violating confidentiality laws. Thank you for your  
17 cooperation.

18 The time allotted for comment is from 12:00 noon to  
19 7:00 p.m. Since this is such a long period of time and  
20 many of you have other commitments for today, you are  
21 welcome to leave after you had the opportunity to  
22 present your comments, or feel free to stay if you wish  
23 to hear all the testimony that's provided.

24 When you approach the podium to have your turn  
25 speaking, please deposit your speaker number card in the

1 basket that's on the chair next to the podium.

2 Just some housekeeping things. We have restrooms  
3 in the back of the auditorium, men's and women's  
4 restrooms. And then behind the auditorium are some  
5 extra Port-a-Potties set up for your convenience.

6 And it's early in the day, but just people that are  
7 planning to stay late, the Pomona Boulevard entrance  
8 gates will be locked at 5:30, so you'll have to go out  
9 the other entrance.

10 With that, we will call our first speaker. So if  
11 you have anywhere from the numbers one through ten, if  
12 you'd start making your way to the side or into the  
13 chairs. And if the person with speaker card number one  
14 would please make their way to the podium.

15 We believe that speaker one may not be here, so  
16 let's go ahead and take the person with card number two.  
17 And as a reminder, as you approach the -- when you get  
18 to the podium, please state your name and your  
19 affiliation for the record.

20 DR. STEINER: Hi. My name is Dr. Terry Steiner,  
21 and I've had the honor -- oh, maybe I should  
22 (inaudible). I get to start over, right? Okay. Is  
23 that a decent -- can you guys hear me now? Okay.

24 Okay. My name is Dr. Terry Steiner, and I've had  
25 the honor of being a podiatrist here at Lanterman

1 Developmental Center for almost 17 years. I'd like to  
2 talk to you today about the people that live here, the  
3 people that call this their home, and have done so for  
4 most of their lives.

5 As you drove here today, you probably noticed that  
6 this facility is set apart from the bustle of the city  
7 that surrounds it. I'm certain that you had to drive  
8 down a long hill that has rolling green hills in front  
9 of it, or you had to drive down a long -- through a  
10 tree-lined corridor. As you did you were transposed  
11 from the busy world that you were in to the quiet and  
12 serene environment you may have -- I'm sorry. That is  
13 really, really distracting. Is there some way we could  
14 do it a little slower or quieter? Thank you very much.  
15 Sorry about that.

16 Okay. So you drove in here and you either came  
17 from the hill and it was (inaudible) free, or you came  
18 through the tree-lined corridor over there and it was  
19 really nice. Okay. And as you did, you were transposed  
20 from the world that you were in to a quiet and serene  
21 environment.

22 You may have felt, as I do every day that I come  
23 here and see the cotton-tailed bunnies hopping around or  
24 the squirrels scurrying about, that you entered a park,  
25 a place where life is slower and where things are more

1 relaxed.

2       That's what Lanterman is, a unique park-like campus  
3 that feels welcoming and warm. Where people slow down  
4 and just enjoy the scenery. Where those who live here  
5 are safe and separate from the outside. It's not a  
6 place that's lined with walls and fences, but it is a  
7 place that's removed from the chaos.

8       Many of our residents will go to group homes in the  
9 community, and some will go to another facility here at  
10 the state. The group homes themselves, they might be  
11 nice, but they absolutely cannot provide the separation  
12 and protection from the chaos that Lanterman provides.

13       And as far as the other State facilities go, I  
14 recently went to the two nearest ones, and I know they  
15 provide good care, but they didn't give you that warm,  
16 separated and secure feeling that Lanterman does. One  
17 is literally outlined by neighborhood backyard block  
18 walls, and the other has double 20-foot high fences and  
19 guard sheds on it. They aren't the campus that  
20 Lanterman is.

21       I would like to tell you a little podiatry story to  
22 compare treatment on the outside to treatment at  
23 Lanterman. Perhaps it will explain that, although  
24 community placement is altruistic, it isn't perfect.

25       Before I was fortunate enough to come here to work

1 at Lanterman I worked in private practice. One day a  
2 lady called desperate for help with her developmentally  
3 disabled son who had an ingrown toenail and needed our  
4 help. We agreed that we'd try. But the minute they  
5 arrived at our office, we knew that we had our hands  
6 full. The young man was about 17 -- does that count  
7 because I had that? I'm sorry. This is not fair.

8 He was big. He was strong. He was in pain. And  
9 he was scared. He was pretty boisterous, so we ushered  
10 him right into the room. He was understandably  
11 apprehensive, was yelling and was fiddling with the  
12 equipment. There was no way that he was going to allow  
13 myself or the other doctor to even look at his toenail.  
14 We had to let him go that day without any treatment.

15 We later had him -- were able to have him in the  
16 office and take care of his ingrown toenail. But you  
17 know what? It took both of his parents, both of his  
18 doctors, and all of our office staff to get the job  
19 done. It was a very rewarding experience to be able to  
20 help this young man. But here's the part that needs to  
21 be pointed out.

22 We had to clear our schedule of any other patients.  
23 We had to have all of our staff available. And we had  
24 to modify a treatment room. Yet, we weren't allowed to  
25 bill any extra for treating him. He was on an insurance

1 plan that told us what we got paid. And it was just  
2 considered another treatment.

3 At Lanterman podiatry care is very different.  
4 First of all, customers who come here are familiar with  
5 the surrounding environment and they usually approach  
6 things with much less fear.

7 Second, the staff here has training and experience,  
8 and they know how to work with developmentally disabled  
9 individuals.

10 Third, the podiatry clinic here is designed to  
11 accommodating fidgety and scared people, and everyone  
12 around Lanterman is used to a little yelling.

13 I'd like to point out that most of the people who  
14 come to the podiatry clinic walk through the serene  
15 environment that I described to you earlier, and they  
16 don't have to cross any busy streets. I share this with  
17 you because it needs to be understood that, as much as  
18 we would like to assimilate developmentally disabled  
19 people into society, we need to acknowledge that there  
20 are situations where we have to admit that they are  
21 different. They need special accommodations. They need  
22 trained individuals to assist them. Lanterman provides  
23 all of that, and it provides it in a warm, beautiful and  
24 protected environment. Lanterman needs to stay open.

25 UNIDENTIFIED SPEAKER: Thank you very much. Before

1 the next speaker, I just want to point out what's  
2 actually going on over here. We have someone who's  
3 doing Spanish translation for the people in our audience  
4 who need the information translated for them. So that  
5 you know, she'll try to keep up. It's all about the  
6 facts. That's why we have a translator.

7 So, are you speaker number three?

8 MS. WALTERS: Yes.

9 UNIDENTIFIED SPEAKER: Thank you very much.

10 MS. WALTERS: Hi. My name is Jill Walters. And  
11 today I'm reading a statement on behalf of myself and my  
12 former husband, Jim Walters. We're the parents of  
13 [REDACTED], a 33-year-old autistic retarded man.  
14 He has lived at Lanterman for nearly 20 years. He  
15 cannot talk, but he uses a few words in sign language  
16 such as toy, (inaudible), and his personal favorite,  
17 candy. [REDACTED]'s social age is that of about a two-year-  
18 old, with some skills of a four-, five- or six-year-old.  
19 Several years ago [REDACTED] lost his sight and he is now  
20 blind.

21 We adamantly oppose the closure of Lanterman. But  
22 it appears that the DDS has already decided to recommend  
23 (inaudible) to the Legislature. We are surprised and  
24 greatly concerned that the DDS has made no effort to  
25 ascertain availability of placement to other

1 developmental centers, including Fairview. In fact, the  
2 DDS mentions only that it will work with regional  
3 centers to develop resources for community placement.

4 This is absolutely terrifying. Make no mistake,  
5 community placement is a life-threatening outcome for  
6 our child. We tried community placement with [REDACTED]  
7 before he came to Lanterman. Here are two of the many  
8 everyday situations that became life-threatening  
9 emergencies for [REDACTED] in an instant.

10 On his way to the school bus one morning [REDACTED]  
11 tried to eat a toad stool growing near a neighbor's  
12 sidewalk. While the staff thought they got it all out  
13 of his mouth, he actually suffered through three days of  
14 continuous vomiting and nearly died.

15 Another time a staff member took [REDACTED] for a walk  
16 at a park with a deep water lake. [REDACTED] ran out into  
17 the lake and began to drown. The staff member, who  
18 couldn't swim, merely stood on the shore and shouted for  
19 [REDACTED] to come back. Miraculously, a 13-year-old boy  
20 fishing with his father in a small boat nearby, who had  
21 completed his junior lifeguard training just two weeks  
22 before, jumped in the water and saved our son's life.  
23 We found out about it on the four o'clock news.

24 These events took place in what were called range D  
25 homes, with high staff-to-client ratios supposedly

1 offered expert care. The DDS says that the homes are  
2 much better now. We fervently hope this is true. But  
3 we are unwilling to bet our child's life on it.

4 No such home can be created today with sufficient  
5 staff to keep [REDACTED] under control nowadays anyway.  
6 The fact is that some people belong in developmental  
7 centers, and [REDACTED] is one of them. If Lanterman  
8 closes, we will advocate that [REDACTED] go to Fairview.  
9 However, we're concerned about his transition.

10 Our son's world is about to be shattered. He's  
11 lived on residence [REDACTED] for many years before losing his  
12 sight. He knows his way around and he moved about with  
13 such confidence inside the residence. He also has a job  
14 shredding newspapers in the shelter workshop on hospital  
15 grounds.

16 But when he leaves [REDACTED] -- when he leaves  
17 Lanterman, [REDACTED] will not be able to see where he is  
18 going, and he will never again know where he is. He'll  
19 lose the familiar places and routines that he's  
20 completely used to because that familiarity is the only  
21 thing that can calmly (inaudible) his mind. He'll be  
22 ripped from a place where he feels secure and placed in  
23 an utterly alien environment, one in which he cannot  
24 see. The staff won't know or understand him, and he'll  
25 know or understand no one.

1 Through it all, because he cannot effectively  
2 communicate, we can't explain to him what's happening or  
3 why, and there's no way for him to say to anyone that  
4 he's afraid or he's happy. Although [REDACTED]'s anguish  
5 will be amplified by his recent blindness, many of the  
6 other children on residence [REDACTED] will experience a special  
7 similar distress, especially if they are taken from the  
8 home one at a time.

9 Furthermore, residence [REDACTED] staff members are  
10 dedicated and compassionate professionals who know the  
11 children well. It's in the best interests of these  
12 children to experience a continuity of care that can  
13 only come with keeping staff and children together.

14 If Lanterman does close, we propose that the staff  
15 and children of residence [REDACTED] be moved as a group to  
16 Fairview Developmental Center. We ask that the DDS  
17 (inaudible) with the other families and include it in  
18 the plan that you give to the Legislature.

19 Lastly, we ask that the DDS staff, especially the  
20 people who are here today, to remember Lanterman  
21 residents are innocent. They've been placed in your  
22 care in sacred trust, the trust of their families, of  
23 our society, of the saved, and of the Almighty. We  
24 implore you to proceed with extraordinary care,  
25 compassion, open hearts and open minds as you work to

1 find the most humane solution possible to the problems  
2 that beset us today. Thank you.

3 UNIDENTIFIED SPEAKER: Thank you. (Inaudible.)

4 MR. ANDERSON: Good afternoon. My name is Tony  
5 Anderson. I'm the Executive Director of the Arts of  
6 California. And I'm so happy that you're having this  
7 type of a forum. I know that it's not easy to do  
8 sometimes, but it is critically important.

9 The Arts of California, so you know, is the -- one  
10 of the largest -- actually, is the largest and oldest  
11 association, membership association, of families of  
12 people with actual developmental disabilities, and self-  
13 advocates. It's the people themselves (inaudible)  
14 development disabilities, and providers and other  
15 advocates.

16 We've been around -- we were established in 1950 by  
17 a parent who had made a decision at the time against  
18 what was being proposed to them as their only option,  
19 and that was to keep the person, their family member, at  
20 home with them.

21 Now, over the many, many years we have been  
22 providing a variety of different types of services in  
23 California and across the country. And we can tell you  
24 many, many success stories. And I'm not here to do that  
25 today.

1 I am here, though, to say for my Association that  
2 we are willing to continue to work with all the families  
3 in our community. And our community here includes all  
4 the people in our community with personal and  
5 intellectual developmental disabilities in all families.  
6 We want to reach out and do a better job than we have in  
7 the past of doing that.

8 We also would like to applaud the administration  
9 for making some strides over the years to adhere to the  
10 principles of the Olmsted decision, the Supreme Court  
11 Olmsted decision that said people with intellectual and  
12 developmental disabilities, people with disabilities  
13 should not be institutionalized unnecessarily.

14 And so the administration has made some great  
15 improvement in this area. The Agnews closure was done I  
16 think in a way that many felt was respectful and honored  
17 the needs and the requests of the people that lived  
18 there. And then the recent action on Sierra Vista.

19 And now this new one we also applaud, but we also  
20 want to say that the process cannot force anybody into a  
21 living situation that would be one that they're not  
22 choosing, and that they really understand all of the  
23 options that are up there, the people with disabilities,  
24 and the families really get to see what's available to  
25 them, and that it's done thoroughly and thoughtfully.

1 And we would like to be part of that process as much as  
2 we're welcomed in that area, and help in a successful  
3 transition.

4 And one last thing. We are very, very sincerely  
5 concerned about the transfer trauma. It is a real  
6 issue. Thank you. It's a real issue, and we would like  
7 to participate in any way we could to insure that it  
8 doesn't happen. And I know that sounds impossible maybe  
9 to some people, but it can be done way that it doesn't  
10 happen. And that it must be done in a way that they  
11 don't experience the transfer trauma that is life-  
12 threatening. So we urge in that area and will  
13 participate and continue to participate in this process.

14 So I thank you. And one last thing that my bosses,  
15 the parents of the -- of my association say to me every  
16 time, they said to me actually when I first started,  
17 "Young man, don't judge." My parents, my bosses, made a  
18 decision, and it was a different decision many years  
19 ago, but it was just that, a different decision. And  
20 it's not for me to judge, but for me to continue the  
21 work with them and with all of us who want the best for  
22 people with intellectual and developmental disabilities.  
23 So I thank you for the time.

24 UNIDENTIFIED SPEAKER: Thank you. (Inaudible) go  
25 back to number one. I understand the person with number

1 one is in the audience. Ken?

2 UNIDENTIFIED SPEAKER: Keith.

3 UNIDENTIFIED SPEAKER: Sorry. Keith.

4 UNIDENTIFIED SPEAKER: Are you asking for comments  
5 from the phone lines?

6 UNIDENTIFIED SPEAKER: In one minute.

7 UNIDENTIFIED SPEAKER: Thank you.

8 UNIDENTIFIED SPEAKER: Okay. We're going to take  
9 number five, then, next.

10 DR. GARDNER: Hello. My name is Dr. John Gardner,  
11 and I'm from Mt. San Antonio College. And what I'm  
12 bringing to your attention is the fact that Lanterman  
13 serves as a very important training course for  
14 psychiatric technicians and other professional  
15 organizations.

16 I'm the Chairperson and Director of the psychiatric  
17 technicians program at Mt. San Antonio College, and  
18 there are 15 schools that train psychiatric technicians  
19 in California. There are four in a particular location  
20 area. Mt. SAC is one. San Bernardino Regional Valley  
21 College is a second. (Inaudible) is the third. And  
22 then there's the Pfeiffer College, which they train at  
23 Fairview.

24 What's important is that there is a demonstrated  
25 and large need and increase for psychiatric technicians.

1 The projected need is over 9,000 in the next 10 years.  
2 Even though the majority of that population would  
3 probably be used in corrections, there's a large  
4 population of developmentally disabled persons in the  
5 prison population.

6 The psychiatric technicians get a chance to train  
7 with the developmentally disabled population here at  
8 Lanterman not only in the behavior area, socialization,  
9 but also in the nursing realm. Nursing is very  
10 difficult to find training sites out in the community  
11 because there's over 200 nursing program schools that  
12 are in the system, as well as another 90 coming on board  
13 in the next couple of years. So it's quite saturated  
14 out there to try to find (inaudible) training site.

15 So, basically, we would hate to see Lanterman close  
16 because of the fact that there are a number of schools  
17 that do their training here at Lanterman and get a very  
18 valuable training opportunity. So I wanted to bring  
19 that to the attention of the Department of Developmental  
20 Services. Thank you very much.

21 UNIDENTIFIED SPEAKER: Thank you. At this time you  
22 can come forward.

23 MR. BUMKISS: Hello. My name is Keith Bumkiss  
24 [phonetic] and I represent People First of California.  
25 (Unintelligible sentences.) (Unintelligible) have been

1 held (unintelligible) along with thousands of others who  
2 have been (unintelligible) as I do. (Unintelligible  
3 sentences.) But we have more than that to give.  
4 (Unintelligible sentence.) And that's about it.

5 UNIDENTIFIED SPEAKER: Thank you. As I mentioned  
6 earlier, we will be periodically taking call-ins. We  
7 have our conference call open. And so at this time I'm  
8 going to take one of the calls from the conference call  
9 line.

10 UNIDENTIFIED SPEAKER: Thank you. If you have a  
11 comment, or if you'd like to add input at this time,  
12 please press star and then one. Our first comment will  
13 come from the line of Christine Mall [phonetic]. Please  
14 go ahead.

15 MS. MALL: Thank you so much for arranging for  
16 this. As a person living in Fresno, I truly appreciate  
17 this conference call setup.

18 Today I'm speaking on behalf of the residents of  
19 Lanterman Developmental Center and their families. I  
20 oppose the closure of Lanterman Developmental Center.  
21 While there are many practical, economic and  
22 philosophical good reasons to oppose the closure, I am  
23 going to choose to simply tell the story of my own  
24 family. The fact is that all we have as families of  
25 people with severe developmental disabilities are our

1 stories, and those stories must be told.

2 I'm a speech language pathologist, a lecturer at  
3 California State University, Fresno, and a doctoral  
4 student at University of California, Santa Barbara,  
5 seeking a Ph.D. in special education, disabilities and  
6 risk studies. I wouldn't be any of those things,  
7 however, if I was not first and foremost the mother of a  
8 severely disabled child, [REDACTED], who is now 26 years old.

9 He was diagnosed with autism at the age of three  
10 and a half, and in late adolescence developed symptoms  
11 of obsessive-compulsive disorder, a possible tic  
12 disorder, and possible schizophrenia. He's, therefore,  
13 currently dial diagnosed with developmental and mental  
14 disabilities.

15 One of the most distressing symptoms of his later  
16 illnesses was the development of a severe self-injurious  
17 behavior. At the age of 19 he began attack his right  
18 eye, poking it repeatedly, and the community group home  
19 operator who had taken care of him since he was 12 could  
20 not do it any longer.

21 What followed was a tortuous journey through the  
22 developmental services and mental health services  
23 systems. Ultimately, [REDACTED] was placed in a quick  
24 succession of two community group homes which were meant  
25 to deflect clients from developmental centers, and both

1 of those placements were absolute disasters to his  
2 health and well-being. He succeeded in blinding himself  
3 in the right eye and was beginning to attack his left.

4 Finally, after all of the community resources had  
5 been exhausted, I was told that there was nothing left  
6 to do but institutionalize him. As I had always been  
7 told that this was the worst thing that could happen to  
8 a person with developmental disabilities, I was  
9 devastated. Imagine my pleasant surprise to discover  
10 that at Porterville Developmental Center [REDACTED] received  
11 all the medical and emotional help that he needed to  
12 stabilize his behaviors.

13 He still to this day pokes at his dead right eye,  
14 but he leaves his good eye alone. He's no longer  
15 aggressive toward others. And he seems to have  
16 achieved -- he seems to have achieved a measure of  
17 contentment that he was not able to achieve anywhere in  
18 the community, including in our own loving home.

19 Do not let anyone, no matter how well meaning they  
20 may be, tell you that all people with developmental  
21 disabilities can be sustained in the community. That is  
22 simply not true.

23 This is not a politically correct position, but I  
24 am telling you that developmental centers are a  
25 treasure. They represent a necessary level of service

1 delivery that sustains the most profoundly involved and  
2 medically fragile people in the state of California, and  
3 they are well populated by well-trained, dedicated,  
4 professional people. Thank you so much for this  
5 opportunity to give my input. And my heart is with all  
6 of you there. I wish I could be there. Thank you.

7 UNIDENTIFIED SPEAKER: Thank you. Okay. At this  
8 time we'll take number six. And again, for the record,  
9 please state your name and your affiliation.

10 MS. HOLDEN: Carmen Holden [phonetic] with Easter  
11 Seals. (Inaudible) many of you have shown advocacy to  
12 try and strengthen community (inaudible) services, which  
13 is normally what I'm talking about. But today I'd like  
14 to have a different approach.

15 Personally, my first job out of college 35 years  
16 ago was in what was a state government state hospital  
17 (inaudible), and it was very much like this particular  
18 center here. And I had a great deal of pride with  
19 everyone I worked with, the families, the residents and  
20 the staff.

21 This isn't about, I don't think, which is the  
22 better model, per se. I think this goes before the  
23 Legislature and what we want to offer is our help.  
24 Easter Seals in Southern California I have been in for  
25 20 years and have been consistently helping people get

1 the support they need in the community. (Inaudible)  
2 heavily rely on support from parents, the advice from  
3 parents. The existing staff have built strong  
4 relationships, and the transition teams. I also really  
5 want to acknowledge both the (inaudible) and staff at  
6 the regional center (inaudible) over those many years I  
7 referenced earlier. It's come a long, long way. It is  
8 much more involved. Everyone's participation is much  
9 more respected. (Inaudible) 18 months for really making  
10 sure the right home is selected and the right supports  
11 are in place, both medically and (inaudible).

12 And we understand how traumatic this is to  
13 families, as well as for the people moving. Just know  
14 if there's anything we can do to have open houses not  
15 only of our services, but of other people who would be  
16 providing alternative ways of support. We're more than  
17 happy to cooperate with that. We'd like this to be as  
18 respectful as possible for everyone involved. Thank  
19 you.

20 UNIDENTIFIED SPEAKER: Thank you. At this time  
21 we'll take speaker number seven.

22 DR. LARIMORE: Good morning. Good morning. My  
23 name is Dr. Larry Larimore [phonetic]. I'm the  
24 Protestant Chaplain here at Lanterman Development  
25 Center. I have 100 copies of this outline with a map on

1 the back, which my secretary, Ms. Staples, made  
2 available for me. So I have it available if anybody  
3 would like a copy.

4 My proposal is to create a new Lanterman. This  
5 Lanterman has been a wonderful place. I was a volunteer  
6 here for 14 years before I became the Chaplain over 10  
7 years ago. But I have a proposal to create a new  
8 Lanterman on 70 acres, a downsized, streamlined and safe  
9 place in the existing Lanterman. It would be basically  
10 from Main Street, across Main Street, over to residence  
11 20, and then all the residences back there, and then  
12 across to Pomona Valley, our entrance, which is our  
13 current address, 3530 West Pomona Boulevard.

14 So the name would not have to change, except you  
15 could add new. That would be fine with me. And it  
16 would be downsized from about 320 acres to 70 acres,  
17 approximately. And the proposal is to downsize,  
18 streamline and save our existing Lanterman Development  
19 Center for a bright and prosperous future.

20 One, downsize the grounds areas from three -- I've  
21 seen articles about 302 and 321 acres. But whatever the  
22 exact size is to approximately 70 acres. I also have  
23 that outline on this little map that's available in the  
24 back of my proposal.

25 The new LDC would maintain 440 licensed and

1 approved beds that are currently in place right now.  
2 The way I broke that down is residents one through five,  
3 or what we call the ICS building, they maintain 192 beds  
4 that are licensed and approved right now.

5 The nursing home side is residence 52, 53, 54, 56,  
6 58 and 59, and they offer a total of 198 beds. They're  
7 available right now, licensed and ready to be used.  
8 Also, residence 20 has 39 beds. Also, on the acute side  
9 there are 11 temporary beds as needed as people come and  
10 go from local hospitals, or back into Lanterman and then  
11 back to their residence, and all those beds would be  
12 available.

13 With the acute side, the 11 temporary beds needed,  
14 totals 440 beds that are open and ready for moving  
15 clients to these existing residences right now as we  
16 speak. The new side here at Lanterman would leave some  
17 room to spare for about 50 additional beds right now.

18 Downsizing of staff, which would be hard to do, but  
19 would be -- probably need to be done, and also the size  
20 of the property needed to comfortably maintain  
21 Lanterman's high standards of care of all the residents  
22 and the quality, could be maintained more efficiently  
23 and more effectively by this downsize.

24 The testimonies that we've heard today from several  
25 that their children have gotten -- two minutes. Good.

1 That's hard for a preacher, but I'll do my best. We  
2 don't warm up 'til five minutes normally. But anyway,  
3 I'll move on.

4 The other 250 acres could be used as needed,  
5 because I personally don't care how it's used or sold or  
6 what's done with it provided that Lanterman, the 440  
7 beds, were saved and kept there also.

8 Five, they would still be close to in proximity of  
9 their community where they've always been. They'd still  
10 be a few blocks from where they've been, and in some  
11 cases in the same residence where they've been. So it'd  
12 be a lot less -- if the hall that we're standing in was  
13 used for church, like it always has been, this would our  
14 church. So nothing would change their. And our  
15 clients, like us, don't do real well with change. They  
16 like to have things the way they like it.

17 Six, last but not least, the homes and the  
18 buildings -- and by the way, they have my boss holding  
19 up the sign for my time. Great. Last but not least,  
20 the homes and the buildings between the railroad track  
21 and Pomona Boulevard could be used for transitional  
22 housing for clients. Now, one is to move into the  
23 community in the future opening more beds for clients.  
24 That one is (inaudible).

25 Thank you for considering this proposal in the best

1 interests of our clients, who are the VIPs of the new  
2 Lanterman Development Center and the current Lanterman.  
3 Our goal is for realizing potential and providing  
4 opportunities, so this could be the start to some new  
5 and wonderful opportunities for our clients and our  
6 staff to thrive, not just survive, in 2010.

7 At our church we've taken the theme 2010, the year  
8 of victory, and I hope that could be the theme for  
9 Lanterman also. And I got a little quote this morning.  
10 I just ran into it. It said, it's a wonderful life.  
11 The best things to hold onto in life is each other. So  
12 we really want to hold onto each other here in these  
13 times. Thank you for listening. We hope (inaudible).

14 UNIDENTIFIED SPEAKER: Thank you. We'll take  
15 number eight now, please.

16 MR. PRESTON: Good morning. Good afternoon. My  
17 name is Joe Preston. I have two children at Fairview  
18 Developmental Center. They are 52 years old and 57  
19 years old. And my daughter is the oldest. She's been  
20 in the community for 12 years, and then into Fairview.  
21 Her experience in the community was not good at all.  
22 Today she is very happy, very healthy, and reaching her  
23 potential. What more can you ask?

24 I do hope that they don't close Lanterman. But if  
25 you do, I would like to recommend that you open a small

1 section of this campus and call it a resource center  
2 where you can take advantage of the doctors, nurses,  
3 (inaudible) and of the other staff that do such a  
4 wonderful job. To lose them with all their experience  
5 would be criminal, in my opinion.

6       You can't get it anywhere else. Doctors in the  
7 community don't know how to treat and work with  
8 retarded. Some of the medications don't work the same  
9 for retarded as they do for normal people. And only our  
10 doctors can figure that out and know how to treat it.  
11 So I would like to propose that you open that up.

12       And, furthermore, I've hung out with several  
13 doctors and I know (inaudible) in the community. Some  
14 of them treat psychotropic drugs like they're  
15 (inaudible). A couple of my friends, the doctor  
16 recommended it for their illness. They says, here, try  
17 this, and come back in a couple of weeks. And that was  
18 Haldol. And drove this poor man out of his mind. He  
19 had to go back to the hospital to get him back to normal  
20 again.

21       But what I -- the other thing I did, excuse me, was  
22 I went over to U.C. Irvine Medical School and I talked  
23 to the doctor there that was in charge of medical  
24 students in their training and asked him to come over to  
25 Fairview and take a tour with the idea of having

1 students come over five to ten at a time, sit down and  
2 work with our doctors. We have thirty over there. And  
3 sit down and work with them for a day or two and find  
4 out these various problems that the retarded have, see  
5 how they're handled, how the medications are handled.  
6 That would be a very good thing to have these  
7 (inaudible) get this education. Because today a lot of  
8 them have no idea how to treat the retarded, and all  
9 they do is say, here, let's try this, come back in a  
10 couple of weeks. And many times the retarded person  
11 really suffers.

12 So try to do that. And I think it is the right  
13 thing to do. It doesn't take that much money. Several  
14 other states have done this and have been very  
15 successful. And if they can do it, we can do it also.  
16 (Inaudible.) I appreciate it. Thank you.

17 UNIDENTIFIED SPEAKER: At this time we'll take  
18 another caller from our conference call.

19 UNIDENTIFIED SPEAKER: Thank you. Our next caller  
20 is from the line of Marta Mahoney [phonetic]. Please  
21 state your affiliation.

22 MS. MAHONEY: Yes. My name is Marta Mahoney, and I  
23 am the sister of a resident at Lanterman. My sister has  
24 been a resident at Lanterman for 50 years now, since she  
25 was 7 years old. And I am very opposed to the idea of

1 closing Lanterman. I would like to see the State  
2 consider in lieu of simply closing the facility and  
3 selling the land look at alternate ways to utilize the  
4 property, such as downsizing Lanterman itself, and  
5 looking at other possible uses for the rest of the land.  
6 The land could be sold or leased. It could be used to  
7 build transitional housing for the homeless. To build  
8 group homes for the retarded who want to move into the  
9 communities.

10       You know, we have many, many wounded veterans who  
11 are coming back from Iraq and Afghanistan that need  
12 medical and rehabilitative services. There are a lot of  
13 things that they could do with the parcel of land at  
14 that site.

15       I also would ask that the State consider whether  
16 there are any environmental issues involved in trying to  
17 sell the property. This is a facility that has been in  
18 use for a number of years. And typically, as we found  
19 with the closure of the various military bases, there  
20 are pollution issues, encapsulated asbestos in the  
21 buildings. And I don't believe that the Department of  
22 Developmental Services has addressed all of these issues  
23 that would go with the closing of Lanterman.

24       Lanterman is a necessary facility for the people  
25 who are severely disabled. It provides a safe

1 environment where they have medical care and 24-hour  
2 supervision, and can live with some form of dignity in  
3 the lives that they have. I would really, really  
4 caution the State to look at the situation carefully  
5 before they decide to close Lanterman. Thank you.

6 UNIDENTIFIED SPEAKER: Thank you.

7 UNIDENTIFIED SPEAKER: Okay. We're ready for  
8 number nine now.

9 MR. CROCKETT: Yes. My name is Robert Crockett. I  
10 have a son here. He's been here since he was 17 years  
11 old. He's now 40. Been here 23 years. He's here  
12 because he was involved in an auto accident first day as  
13 a senior in high school. He and four boys and three  
14 carloads of kids decided, since they had off-campus  
15 privileges for lunch, that they would go to a hamburger  
16 stand and have a hamburger.

17 Two blocks away they were involved in an accident.  
18 (Inaudible.) They were (inaudible) leader, one behind  
19 the other, and he happened to be a passenger in the last  
20 car. Kid decided that he would pass everybody. And in  
21 order to do that, he had to swerve in and out of each  
22 car. The last car he passed he went into a power slide  
23 and hit a double (inaudible) standard. The light  
24 standard sheered, came down across the top of the car  
25 and hit my son in the head. Roof came down -- excuse

1 me. Roof came down and grabbed him by the head and  
2 yanked him out of his seat.

3       When the fire department got there they had to cut  
4 the roof off, and they found that he was still tied up  
5 into his seatbelt, but his butt wasn't touching the  
6 seat. He should have died because of a broken neck,  
7 which he didn't have. (Inaudible.) He should have died  
8 of an aneurysm, which he had. But as soon as the blood  
9 got to his brain, it snapped (inaudible) on both  
10 (inaudible) instantly, so there was only four little  
11 tiny drops of blood in the brain.

12       He had a broken arm, a laceration across the  
13 forehead, one inside of his ear (inaudible). He  
14 (inaudible) shattered like a (inaudible). The large --  
15 both bones inside of his skull (inaudible). Two days  
16 later, after he was in the hospital, even though with a  
17 blood clot behind his forehead, (inaudible) and the  
18 skull. They had to drill a hole, and the only place to  
19 drill it was in the largest bone. Otherwise his skull  
20 would have completely disintegrated.

21       He spent two months in the hospital on West  
22 Worthison. Today he is in Lanterman. The only life  
23 support system that he has is a feeding tube.  
24 Otherwise, (inaudible).

25       What people don't realize, when these children are

1 away from home and at school with their peers that they  
2 no longer exist in our lives. They don't even think  
3 about their parents. Until they're late and they do  
4 something wrong, and that's the only time (inaudible)  
5 come home from school. They don't realize that the car  
6 in their hands is 4,000 pounds of death, and they're  
7 responsible for anybody that's in that car.

8 I just want you people to know that closing up  
9 these facilities, if you take the amount of people that  
10 are in the state of California, there isn't very many of  
11 these facilities left. And you keep closing them up. I  
12 want to know where they're going to go when you close  
13 the last one. Because at the rate you're going, that's  
14 exactly what's going to happen.

15 I listen to these people telling us how much it's  
16 going to cost to keep them in the facilities and you're  
17 way out of line. It does not cost to keep them in the  
18 facility there the amount that you gave on Saturday.

19 I'm sorry I'm such an emotional person. But I just  
20 wanted to bring your attention to these accidents could  
21 happen any time to anybody any day of the week, and one  
22 could be your child. And what are you going to do when  
23 there's no place to put them? Thank you very much.

24 UNIDENTIFIED SPEAKER: (Inaudible) card number 10.

25 MR. FULKO: My name is Doran Fulko [phonetic]. I'm

1 a parent. My 36-year-old daughter has lived at  
2 Lanterman for more than 20 years. I had the privilege,  
3 or perhaps it was luck, to be the first person to make a  
4 public statement at the public hearing concerning the  
5 Agnews closure. I hope my being here today will be my  
6 last such hearing and statement.

7 I was opposed to the Agnews closure, as I'm opposed  
8 to the Lanterman closure, but my reasons for being  
9 opposed are different. The Agnews families had 11  
10 months in which to organize, plan and eventually offer  
11 their own proposal for a more efficient running of  
12 Agnews. I supported that plan because it made good  
13 sense and it was what the families wanted.

14 The Lanterman families have had no such  
15 opportunity. Nothing to support, nothing to criticize,  
16 nothing to become part of. Nothing but a sense of  
17 abandonment. Is this going to be the DDS plan? I hope  
18 not. But just in case, here's my plan, which I hope  
19 becomes part of the DDS plan to the Legislature.

20 For many of us, going to another DC is not a viable  
21 option. Therefore, to expect any degree of success with  
22 community placement there must be the replacement of the  
23 legislation connected to the Agnews closure. That is SB  
24 962, section 4684.50, which ended on January 1, 2010. I  
25 say again SB 962 and 4684.50. And any other new

1 legislation must become retroactive to January 1, 2009.

2 I'm sorry here. Meaningful oversight of our  
3 citizens is sorely lacking. Therefore, we need the  
4 strict enforcement and monitoring by DDS of all closure  
5 sections 4418 through 4418.7, better known as the  
6 community placement plan, CPP. Monthly monitoring and  
7 accounting reports issued by DDS will pay special  
8 attention to the use and accounting of CPP funds going  
9 to regional centers.

10 All CPP money must be restricted to only the  
11 Lanterman movers until all have moved out. No  
12 exceptions. Otherwise, any diversion of CPP money by  
13 regional centers will be seen as a denial to successful  
14 community living. This should be contained in the DDS  
15 plan and any and all newly written legislation for the  
16 Lanterman closure.

17 Even more important than the aforementioned is the  
18 transition ITP coordinated by the regional project.  
19 It's vital that Lanterman individual service plan and  
20 the ITP become the foundation for transition planning,  
21 and remains a person's ITP for at least three years.  
22 Every detail of the plan must be included, especially  
23 level of care staff and methodologies, medications, and  
24 the preferred treatment. No one except the consumer or  
25 their conservator can make any changes to this plan.

1           Every provider selected to carry out the ITP must  
2 issue a certification to both the regional center and  
3 DDS that they have received the necessary training and  
4 they are more than able to carry out the plan. Failure  
5 to issue a certification means the consumer remains in  
6 the DC until one is issued, or until civil action is  
7 taken.

8           DDS monitors the reports monthly on regional  
9 project's performance. Only the consumer or the  
10 conservator has decision-making authority on all matters  
11 having to do with the placement.

12           My numbers and e-mail are here in for more details  
13 of the plan. I hope to be a participant in the DDS plan  
14 going to the Legislature, as well as a contributor to  
15 any legislative language. Thank you.

16           UNIDENTIFIED SPEAKER: Okay. We'll be starting the  
17 next 10, group of 10 now, like from 11 through 20. So  
18 if you want to work your way towards some chairs towards  
19 the front of the room. Sorry. And right at this time  
20 we'll take number 11.

21           MS. SNYDER: Hi. My name is Julie Snyder  
22 [phonetic]. I'm a conservator for a young man that  
23 resides in residence [REDACTED]. His name is [REDACTED]. He's in his  
24 30s. He's been here since 2005. Kind of two parts to  
25 this.

1 I've worked in the field for 36 years, since I was  
2 17. I met [REDACTED] when he was 9. I was a teacher's aide.  
3 And he's kind of been in my life ever since. So I also  
4 work in the field still. I worked at an agency as a  
5 counselor for 19 years. I'm very familiar with the  
6 services that are lacking in medical and psychiatric  
7 areas.

8 [REDACTED] came to Lanterman because -- well, he had  
9 lived in community placement and all of his life very  
10 successfully and had done well, until he started to  
11 suffer some pretty severe behavior challenges that the  
12 community -- there were no community resources to  
13 support, I guess.

14 So I eventually ended up meeting with the team from  
15 Lanterman and kind of thank them. And they listened.  
16 They heard my story. Everybody considered at the  
17 regional center. And they had already looked at every  
18 other alternative, as I had, and there really wasn't  
19 anything else left, so he came here.

20 He was on Serapin psychotropic/neuroleptic  
21 medications. He had been -- his behaviors have been  
22 managed with one medication on top of another by the  
23 psychiatrist. And he's a (inaudible) diabetic and had a  
24 few mental issues going on. He was pretty much a  
25 zombie. He didn't do any of the things that he enjoyed.

1 No more self-stimulatory behavior.

2 And so Lanterman welcomed us and really took us in  
3 like family. Today [REDACTED] somehow has come back to the  
4 way he used to be when he was a teenager, and he's very  
5 much alive and well and living and bouncing and, you  
6 know, back to doing self-stimulatory behaviors. And  
7 he's happy.

8 And my concern is when he was in crisis he spent  
9 five days in an emergency room with a security guard  
10 standing over him tied to a gurney because there were no  
11 beds available. The nurses from the nursing station  
12 called 22 different treatment centers and hospitals, and  
13 nobody would take him. They would take him if he only  
14 had a mental health diagnosis, but they wouldn't take  
15 him if he had a dual diagnosis.

16 I believe in community. I believe in all of our  
17 folks being part of a community. Where I work everybody  
18 has a volunteer job. Everybody's part of the community.  
19 Our mission statement is that they are part of the  
20 community. But I believe that there are some people  
21 that can't get their needs met with the services that we  
22 currently have in the community.

23 So I guess I urge you to have some kind of a plan  
24 for that so that there can be either a PET team again,  
25 or somebody who can assess their need, to be able to go

1 somewhere to get the treatment that they need so that  
2 they can resume their life again, and that they don't  
3 get over-medicated or other avenues aren't taken, and  
4 that they can have a good quality of life and continue  
5 to remain in the community.

6 I'm going to ask the parents and siblings and other  
7 conservators to schedule meetings to talk about your  
8 preferred future plan, and make sure that you have  
9 things in place for the move. Make sure that the needs  
10 that you want for your son or daughter or brother or  
11 sister or whatever are there. Just get ready to do  
12 that. Save your time and your energy to do that instead  
13 of fighting to keep it open because it's going to close,  
14 I'm sure. So thank you very much. And I want to thank  
15 the Lanterman staff very, very much for everything.  
16 Thank you.

17 UNIDENTIFIED SPEAKER: For those of you in the  
18 back, I want to point out that there are a lot of chairs  
19 up here. Go ahead and move the sign, Bernard.  
20 (Inaudible) chairs at the moment. So go ahead and feel  
21 free to come forward and sit in a chair.

22 At this time we're going to go ahead and take  
23 another call from our conference call.

24 UNIDENTIFIED SPEAKER: And that comment comes from  
25 the line of Roger Huntman. Please go ahead. Mr.

1 Huntman, possibly your mute button's on. Your line is  
2 open. Okay. We do not have any other questions or  
3 comments in queue. If you do wish to have a comment,  
4 please press star, then one. And currently we have no  
5 one in queue.

6 UNIDENTIFIED SPEAKER: Okay. Thank you. We'll  
7 come back to it.

8 UNIDENTIFIED SPEAKER: Okay. Person with card  
9 number 12, please.

10 MS. CARTER: Good afternoon. My name is Angela  
11 Carter [phonetic], and I am a child with disability  
12 advocate. I am also a person who's had disabilities.  
13 My comment is a concern that how the residents will be  
14 treated if the closure is approved. I agree with the  
15 suggestion to place residents in nearby developmental  
16 centers, if possible, or maintain Lanterman in some way.

17 I am also concerned about the thousands of State  
18 employees that could possibly lose their jobs in an  
19 already bad economy. Many of these workers will not be  
20 able to find a job equivalent to their State job in the  
21 private sector.

22 The residents may not be able to find a placement  
23 in their local community to provide the equivalent  
24 quality of care as Lanterman. Any consumers that remain  
25 in the community if a closure is approved would be

1 served better if their case manager transitioned to  
2 local regional centers to insure consumers quality and  
3 continuity of services from people with experience with  
4 working with the consumers. And families of loved ones  
5 at this facility get the assistance and services that  
6 they need. Thank you.

7 UNIDENTIFIED SPEAKER: Thank you. Number 13.

8 MR. MIRAMONTES: Good afternoon. My name is Juan  
9 Pablo Miramontes [phonetic]. I'm the Catholic Chaplain  
10 here at Lanterman Developmental Center. I don't know  
11 how many of the people on the Department or those making  
12 the decision or the recommendation to close the center.  
13 But as the Catholic Chaplain, as a Christian man, I have  
14 three things.

15 One obviously will be biblical. What you do to the  
16 least of my people you do unto me. And in our society,  
17 unfortunately, the clients that we serve are the least  
18 of the least. So, again, what you do to the least of my  
19 people you do unto me.

20 And even -- secondly, and even though this might be  
21 legal, nonetheless, it is sinful. This is sinful and  
22 shameful that even this is even thought of to close the  
23 center for these people. People who have called this  
24 home for over -- some of them for over 50 years. This  
25 is all they know. This is the only acreage that they

1 know. Some of them are able to walk around. These are  
2 clients and staff that are generational staff.  
3 Grandparents have worked here. Their children and now  
4 their grandchildren have worked here. Some of these  
5 clients have grown up with the staff next to each other.  
6 I've only been here next Tuesday a year, but I've fallen  
7 in love with this community.

8 And thirdly, does any of this protocol really  
9 matter? Just by the mere fact that you have stated that  
10 you are about to recommend for this center to be closed  
11 leads me to believe that you've already made up your  
12 mind. Thank you.

13 UNIDENTIFIED SPEAKER: Next we'll take speaker  
14 number 14.

15 UNIDENTIFIED SPEAKER: Good afternoon. My name is  
16 (inaudible) and I'm the Vice President of the Parents  
17 Coordinating Council here at Lanterman. Most  
18 importantly, I am the sister of (unintelligible) [REDACTED]  
19 [phonetic], who lived at Lanterman for about 30 years.  
20 My brother passed away in 2000 after having lived in the  
21 community for a couple of years.

22 I'm adamantly opposed to the closure of Lanterman  
23 Developmental Center. The loss of this campus would be  
24 deeply regretted in the near future and beyond because  
25 of the consequences it would have for the individuals

1 living here, and also for the California assistant up  
2 care for all persons with a developmental disability.

3 I know that in recent decades the option for  
4 persons with disabilities have improved, and now  
5 individuals with all sorts of physical and mental  
6 limitations can participate in society at a level not  
7 seen before in history. I know that changes in society,  
8 technology, medicine and law has changed the whole  
9 landscape for the disabled.

10 However, these changes do not mean that  
11 developmental care -- developmental center care is not  
12 still needed. And it is needed by the nearly 400 people  
13 who live here. Many of our residents with an average  
14 age of about 50 have lived here for many decades. They  
15 have a severe or profound developmental disability, or  
16 mental retardation, may be very fragile with complex  
17 medical condition, or a challenging behavior.

18 They will lose close friends and warm relationships  
19 among fellow residents and staff. They will lose the  
20 assurance that their physical and health needs will be  
21 met by professional experienced staff. I know so well  
22 how important that is because the lack of such care  
23 directly contributed to the death of my brother.

24 Any Legislature -- legislator who will be making a  
25 decision on the closure of Lanterman must visit the

1 campus and see the residents and review their services.  
2 It would be unconscionable if they did not. It is vital  
3 that people understand what a developmental picture  
4 really is, because there is so the notion that  
5 institutions are bad. And if you can get someone out of  
6 an institution, that is always good. This thinking is  
7 absurd. Because what makes a difference in someone's  
8 life is not whether or not they are in an institution or  
9 community setting, but what services they require.

10 The additional result of the closure of Camarillo  
11 along with some horrifying mentality (inaudible) former  
12 DC residents in the mid '80s to mid '90s brought about  
13 the much-needed changes in how DCs are closed. So the  
14 closure of Agnews was different, and the former  
15 residents and their families report satisfaction.

16 However, it must be understood that it is not just  
17 the life of the former Agnews' residents are successful  
18 because Agnews closed and they are no longer in a  
19 developmental center. Their lives may be successful  
20 because they are still receiving development center  
21 level of services, or close to it, in a different  
22 setting.

23 This is possible for the Agnews clients because  
24 there was financial support to put those services into  
25 place and maintain them, along with a professional

1 workforce (inaudible). We have been told that that sort  
2 of financial arrangement will not be possible with the  
3 closure of Lanterman. The current fiscal crisis made  
4 the funding equivalent to what was necessary to close  
5 Agnews will not be available for Lanterman.

6 If the fiscal crisis is cited as the reason to  
7 close Lanterman, then how can there be funds to secure  
8 the quality of care and services that these residents  
9 need and are entitled to under the Lanterman Act?

10 We are also being told by DDS that closing or  
11 consolidating a DC will not save money. It will cost  
12 money. Currently from the advocate community here for  
13 all individuals it's even more of a challenge when  
14 several hundred million dollars is cut from recent  
15 budget. DDS in its own study from a few years ago cites  
16 the transfers of DC clients to the community is a  
17 (inaudible) call to increase regional center costs.  
18 This effect would be more extreme now of losing 400  
19 individuals with complex service needs, with (inaudible)  
20 beyond present capabilities affecting not only the  
21 Lanterman residents being moved, but also those  
22 individuals presently within the community system who  
23 are scrambling for adequate services.

24 California has a very (inaudible) history in  
25 regards to its treatment of individuals with

1 disabilities. With the Lanterman Act California is  
2 supposed to proudly lead the nation in its recognition  
3 with people with developmental disabilities as  
4 individuals. The closure of Lanterman at this time  
5 could only be accomplished by threatening the individual  
6 needs of the residents, with a possible return to some  
7 very dark days, with very doubtful fiscal savings.

8       Instead of holding our residents, the developmental  
9 center should be looked at as a resource to assist in  
10 the physical, educational, employment, recreational and  
11 health care needs not just of the residents but of the  
12 surrounding community. The potential is here. Thank  
13 you.

14       UNIDENTIFIED SPEAKER: Okay. The next up is number  
15 15.

16       MR. LANE: Hello. My name is Mike Lane. I'm a  
17 schoolteacher in the (inaudible) program. I had a  
18 rather long presentation (inaudible).

19       UNIDENTIFIED SPEAKER: Microphone.

20       MR. LANE: But I've cut it by quite a bit because I  
21 don't want to be redundant. What I want is what parents  
22 have shared with you today as well as Saturday. What I  
23 want to focus on today was --

24       UNIDENTIFIED SPEAKER: I can't hear you.

25       MR. LANE: -- concern that I have as a teacher that

1 we're losing a wonderful opportunity. As we decline  
2 population, we have a wonderful opportunity to use the  
3 grounds in partnership with Cal Poly, utilizing the  
4 urban environmental design engineering teachers prep  
5 departments, where they could be a wonderful, wonderful  
6 asset to us for growth. We should also invite the  
7 community and visitors to participate.

8       Recently I've been introduced to a company called  
9 Elwin [phonetic], who builds homes for our clients. I  
10 think incentives should be offered to them, as well as  
11 local businesses in the community, to come in, build  
12 homes, build whatever would benefit our clients. That  
13 would make this area at least restrictive environment.

14       And the reason I say make this area least  
15 restrictive environment, I'm aware, as most of the  
16 people are, that the local communities have submitted  
17 plans to develop Lanterman. I can't imagine any of  
18 those plans incorporating or providing for the  
19 developmentally disabled. It's just a shame. I find it  
20 ironic because the communities are dealing with least  
21 restrictive environment. And yet, they don't provide  
22 for us. Thank you.

23       UNIDENTIFIED SPEAKER: Thank you. Could we have  
24 the person with card number 16 come forward, please?

25       MS. TESTEAY: Hi. My is Agnes Testeay [phonetic],

1 and I am a conservator and sister of [REDACTED], who  
2 has been a resident here at Lanterman for about 44  
3 years. [REDACTED] is my older brother. Almost 2 years older.  
4 I grew up with [REDACTED] until he left home at 9 years old to  
5 come to Lanterman.

6 [REDACTED] probably would have remained at home had there  
7 been some kind of community resources available for  
8 families with developmentally disabled that literally  
9 needed 24/7 supervision, consultation, assistance.  
10 However, [REDACTED] is hyperactive. He was always on the go.  
11 He did require supervision 24/7.

12 He also had self-stim behavior, some autistic  
13 behaviors, and my mom couldn't do anymore. It just  
14 about killed her to bring him here. But she acclimated  
15 after time, and so did [REDACTED]. However, it did take him a  
16 very long time. I am opposed to the closure of  
17 Lanterman Developmental Center.

18 Dr. Terry Steiner was very eloquent in her words of  
19 describing the picturesque setting of Lanterman. It is  
20 very picturesque. It is a residential facility. And  
21 more, it is a residential community. And I think that's  
22 something that cannot be stressed enough. This is a  
23 community. As if you were looking at another city  
24 getting read to build a dam and left all the residents  
25 being moved out, left homeless. That is just what

1 closing Lanterman will do.

2 Back in the 20th century with the advent of the  
3 major legislation, Lanterman (inaudible), Lanterman  
4 mental retardation, the right to the developmentally  
5 disabled were protected, and statewide regional services  
6 were established to oversee appropriate residential  
7 placement.

8 These important legislative acts served to  
9 safeguard the care and rights of the developmentally  
10 disabled and preclude general warehousing. Warehousing,  
11 institutionalization, was a very bad word back then.  
12 And I agree wholeheartedly with some of the sentiments  
13 I've heard here. An institution does not have to be a  
14 bad place. Lanterman is not a bad place.

15 The intent of this legislation, preceding  
16 legislation, was to insure the best services for our  
17 relatives. Community placement of developmentally  
18 disabled individuals is the ideal and appropriate for  
19 many, as evidenced by the reduced population in State  
20 facilities in the last 40 years. However, no  
21 legislation to date has precluded the continued  
22 provision for the operation of State facilities for  
23 individuals not suited for community placement.

24 My brother is developmentally three to four years  
25 old with a keen sense of humor, never-ending appetite,

1 and an ever-present scrapper mentality. He's always  
2 ready to do battle over his possessions or personal  
3 coins. Historically he has been hyperactive, has  
4 autistic traits, and exhibited assaultive and self-  
5 injurious behaviors.

6 Although [REDACTED] has few words, staff and family knows  
7 them all. He does not accept new people, new places or  
8 circumstances gladly. For half of the 44 years he's  
9 been in here he was in psychotropic medications. But  
10 for about 20 years he has been drug free.

11 Professional staff here at Lanterman offer  
12 behavioral intervention when [REDACTED] needs it. This would  
13 not be found in community placement. He now works on  
14 the grounds, visits the canteen, bowls outside the  
15 community weekly, visits (inaudible) of his family and  
16 friends and is happy. Goes to church on Sunday here in  
17 this auditorium. He knows no other home.

18 Community placement is not feasible for my brother  
19 without drugs, belts and a cuff. At this point in his  
20 life, given his personality and behavioral makeup, I  
21 think I can safely say he will never be ready for  
22 community placement as defined by current standards and  
23 limitations.

24 There are two facilities in this area, Lanterman  
25 and Fairview. Of the two, Lanterman offers a more

1 complete residential environment, and Lanterman is  
2 conducive to [REDACTED]'s homeostasis.

3 The Department of Developmental Services states  
4 after careful evaluation closure is recommended, but  
5 does not cite what that evaluation is. Has the  
6 competence of analysis occurred by qualified  
7 organizational development specialists, or was the  
8 evaluation solely conducted on fiscal merits alone? I  
9 know my time is up.

10 UNIDENTIFIED SPEAKER: (Inaudible) time is up.

11 MS. TESTEAY: Okay. Thank you.

12 UNIDENTIFIED SPEAKER: (Inaudible.)

13 MS. TESTEAY: I'll submit the rest of my -- what I  
14 had to say in written form. Thank you very much.

15 UNIDENTIFIED SPEAKER: Thank you. The next speaker  
16 with card number 17, please.

17 MR. CRUAX: Hello. My name is Tom Cruax  
18 [phonetic]. I have my stepson [REDACTED] living here at  
19 Lanterman. He has lived in this facility for over 40  
20 some years. This is his home. It is the only place he  
21 has ever known. My deceased wife, his mother, would  
22 turn over in her grave if she knew what was being  
23 proposed, to close this facility.

24 When then President Ronald Reagan proposed to close  
25 this place, her and I went to Sacramento and strongly

1 protested the closure. There are some options, in my  
2 opinion, who could -- why couldn't part, and I say part,  
3 of the property be rented out to some people on low  
4 incomes, or people on section eight, or some people who  
5 are homeless who could work and pay a gratuity rent? I  
6 personally have applied for such a place to live. I  
7 live only on my Social Security, and the rent on my  
8 apartment where I live really strains my budget along  
9 with my other bills.

10 The facility would of course have to be cordoned  
11 off so the 395 residents now living here would have  
12 their own privacy and still be able to continue their  
13 daily activities. I know it would be a matter of some  
14 rearrangement of the place in order to keep the  
15 residents in the area. In their areas.

16 I know this closure is about money. The State  
17 wants to sell of the 300 acres to sell it to a  
18 millionaire or maybe a billionaire development company  
19 so they can raze the facility and build luxury homes  
20 here. But why pick on the most vulnerable people in our  
21 society? For greed. That's why.

22 There are more ways the State can bring in money.  
23 For example, why not at the racetracks and the card  
24 parlors have legalized gambling and charge them 20  
25 percent sales tax and use that money to help many

1 challenged and homeless people? That's just one way,  
2 and do I say one way.

3 Now I'm going to say, I can get a little emotional.  
4 If I do, please understand. My deceased wife told me  
5 one time during the Reagan era if Lanterman ever closed  
6 she would take [REDACTED] and herself and drown them both. I  
7 cried when she said that, and men aren't supposed to  
8 cry.

9 Maybe the State should just euthanize them, or like  
10 the Fuhrer, put them in their -- put them in places like  
11 Dachow and then shoot them down. That would be more  
12 humane than what is being proposed by the State now.

13 I sent a letter to the editor of The Times in  
14 regards to the article they ran I believe it was on  
15 Saturday, January the 30th. This whole situation needs  
16 more, much more, media attention so that more people can  
17 know what is going on here. More letters should be  
18 written to our Congressmen, Senators, et cetera.

19 I believe our present Governor's wife, Maria  
20 Shriver, has a relative that is mental -- develop  
21 mentally disabled. People should write to her. She  
22 would understand how we feel. Thank you.

23 And as an afterthought, why not have the clients at  
24 Fairview be transferred to Lanterman? Thank you.

25 UNIDENTIFIED SPEAKER: Before we move on I want to

1 check in on the conference call and see if there's any  
2 callers waiting.

3 UNIDENTIFIED SPEAKER: Thank you. We have a  
4 comment from Harvey Wang [phonetic] on the phone lines.  
5 Please state your affiliation.

6 MR. WANG: Yes. My son is in Lanterman  
7 (unintelligible). I also work at Camarillo State  
8 Hospital Mental Center for 18 years. I don't think the  
9 community facility is a good place. The regional center  
10 is not doing a good job. I have many -- I pay many  
11 visit to the community facility (unintelligible). My  
12 last visit was two years ago in Ventura County. The one  
13 home only have one lady staff in charge watching the  
14 four kids, each kid, at ten o'clock, five day  
15 (unintelligible). All the kids are not good. They are  
16 doing no -- they are not watching TV or any activity.

17 And when I arrive, the lady staff has to go to  
18 other house owned by the same group of people to ask her  
19 supervisor who was her supervisor. I assume she was the  
20 only person in the other home, too. And so in between  
21 while I was in the house there's no employee working at  
22 the home at all. So I was the one watching the kids for  
23 them.

24 So I contact the regional center. I tried to talk  
25 with the director of regional center afterwards. He

1 never return my call. So all the facility I visited,  
2 you don't want in Long Beach group home. They always  
3 have (unintelligible) all the time. Every time I call I  
4 try to reach the person, and by the time I arrive there  
5 they are in (unintelligible). Then finally the Los  
6 Angeles County shut it all. The capacity holds  
7 (unintelligible) 220 person, or 2,200 -- 220  
8 (unintelligible).

9 That's all my comment. DDS is not doing a good job  
10 to watch the regional center. The regional center  
11 should be shut down before they shut down Lanterman.  
12 And let the county social worker do the job. Because  
13 now we are paying the county just to review the case for  
14 \$600 of legal service. Thank you.

15 UNIDENTIFIED SPEAKER: Thank you.

16 UNIDENTIFIED SPEAKER: And now (inaudible) card  
17 number 18, please.

18 MR. LOSEY: I'm Glen Losey [phonetic], and I speak  
19 for myself and my wife, Patricia. Our son [REDACTED] has been  
20 a resident of Lanterman Developmental Center since  
21 October 1985 after a near drowning accident before his  
22 second birthday. He is a profoundly disabled  
23 quadriplegic with a tracheotomy and a gastrostomy tube  
24 and needs constant medical attention.

25 We've been grateful for the excellent care he's

1 received from resident doctors, dentists, nurses,  
2 respiratory therapists, nutritionists, occupational  
3 therapists, special education teachers, and psychiatric  
4 technicians. [REDACTED] has never suffered from bed sores or  
5 any other symptoms of neglect, and we are able to visit  
6 him 24 hours a day, and bring him home once a week for  
7 visits. If [REDACTED] gets sick, he can immediately be  
8 transferred to the intensive care unit for specialized  
9 care.

10 It is our opinion that [REDACTED] would not receive this  
11 level of care at a private facility in the community.  
12 What we fear is what happened to a client in [REDACTED]'s unit  
13 in October 1991. He had come to Lanterman after a  
14 series of tragic circumstances that left him in a  
15 condition similar to [REDACTED]'s. He received excellent care  
16 at Lanterman for about four years, until the lawyer  
17 decided first to sue the County of Los Angeles for \$5.4  
18 million, and then have the courts place his client in a  
19 newly formed private community facility in Ventura.

20 The Los Angeles Times lauded the lawyer as someone  
21 who changed the system. But what it failed to note was  
22 that the client died 11 days after his transfer to the  
23 community facilities, and that his death was due to the  
24 incompetence of the facility staff in dealing with  
25 fragile developmentally disabled clients with acute

1 medical needs.

2 The staff made frantic calls to Lanterman on the  
3 last day of the client's life. But then his situation  
4 had deteriorated to the point where there was little  
5 that could be done. If this client had remained at  
6 Lanterman, we think he would still be alive today.

7 Similar stories of the failure of community  
8 facilities to be able to care for medically fragile  
9 clients have been documented over the years. And I  
10 refer to articles in the L.A. Times by John Hearst  
11 [phonetic] in January 1999, and Dan Morane [phonetic] in  
12 December 1997.

13 Lanterman has to go through at least two reviews a  
14 year to assess its quality of care. But the State of  
15 California does not have the resources to monitor  
16 community facilities this carefully. We feel that  
17 Lanterman Development Center should remain open to care  
18 for clients with acute medical needs like our son.  
19 Thank you.

20 UNIDENTIFIED SPEAKER: Thank you. Will the person  
21 with card number 19 please come to the podium now?

22 MS. HALEY: My name is Charlie Haley [phonetic],  
23 and I am the sister and conservator for [REDACTED]  
24 [phonetic]. My brother has been here for 47 years.  
25 After the meeting we attended on Saturday, it became

1    apparent that the proposed closure of Lanterman and the  
2    future closing of the Costa Mesa and Porterville had  
3    really nothing to do with the welfare of the so-called  
4    consumers.

5           Our family members are not considered. They do not  
6    have the ability to ascertain what is good or not good  
7    for themselves. That's our job. We as family members  
8    look out for their welfare. We make those decisions for  
9    them. That's why we have them in a place like this  
10   Lanterman.

11           I agree with the podiatrist that this is a  
12   wonderful world for them to exist in, because the  
13   outside world is not easy for them. Transferring them  
14   would be traumatic, absolutely. Change is devastating  
15   enough for the normal human being, all of us.

16           As a former teacher with Southern California  
17   Edison, when I had to train a new program to our people  
18   there, they hated every minute of it because it was  
19   change. But you can't imagine what it's like when  
20   you're a disabled person and you have no capacity of  
21   understanding why this is occurring.

22           We were given this information that the closure  
23   decision by DDS was because of infrastructure, fiscal  
24   state of California, air quality, earthquake and water  
25   system upgrading that would be required in 2012 or

1 later. That doesn't take into account the human beings  
2 who are here on this earth for God knows what reason,  
3 but they're here. And they deserve a quality of life.  
4 They deserve respect.

5 My brother is -- has the mentality of a one-year-  
6 old. He has severe and profound disabilities. He  
7 cannot eat. His food must be completely pureed to  
8 liquid consistency. He cannot be left alone at any time  
9 because he might put something in his mouth. And if he  
10 swallowed it, he would choke to death.

11 There are a quarter of a million disability people  
12 in the state of California. And a good portion of  
13 them -- now, this is under the age of 36 months. A good  
14 portion of them are going to require a place like  
15 Lanterman. And where will they go? Because Lanterman  
16 won't be here, and all these other facilities will be  
17 closed by the time they're at the point where they need  
18 this type of care. The parents can't take care of them  
19 anymore.

20 So I absolutely oppose the closure of Lanterman. I  
21 would like to see it expanded. I would like to see  
22 exactly what the termination that DDS came up with to  
23 make the proposal. And I will absolutely be contacting  
24 some of the suggested persons, like the Shrivvers, like  
25 Steve Lopez at L.A. Times, and asking them to help us to

1 get it through to the Legislature that this proposal by  
2 DDS is preposterous.

3 You serve this community of people and you're not  
4 serving them well. That is what you're paid for by the  
5 State of California to do. And that is what we as  
6 family members think of that. Thank you.

7 UNIDENTIFIED SPEAKER: Thank you. Speaker number  
8 20.

9 MR. HADRY: Good afternoon. My name is Robert  
10 Hadry [phonetic], and I'm a brother with a sister who  
11 lives at Lanterman, and I'm President of the Parents  
12 Coordinating Council, and I'm on the (inaudible)  
13 Committee of the VMR.

14 (Inaudible) was admitted here in 1959, and she'll  
15 be 58 years old on Saturday, which means she's here for  
16 over 50 years of her life. She's developmental  
17 disabled, profoundly mentally retarded with an IQ of the  
18 age of 12, but the mental well-being of a 2-year-old.  
19 She also has a compulsive behavior disorder that  
20 compounds her inability to live a normal life.

21 Her ITP team has unanimously agreed that [REDACTED] is  
22 very appropriately placed at Lanterman and is not a  
23 candidate for the community. She has absolutely no  
24 safety awareness in outdoors near cars or people. Here  
25 at Lanterman the signs are 15 miles per hour. I know

1 that [REDACTED] can -- she goes on walks. She's walking up  
2 the street doesn't have to worry about being hit by a  
3 car. As opposed to one of her sisters, [REDACTED], was hit  
4 by a truck several years ago within the community.  
5 Granted, now living back at Lanterman.

6 I think (inaudible) Colony, which it was named when  
7 I first brought [REDACTED] here, (inaudible) what it is  
8 today. Lanterman Developmental Center is a fine facility  
9 providing consistent excellent care to those who need it  
10 the most, those with severe and profound mental  
11 retardation living here.

12 In my position with the Parents Coordinating  
13 Council I've had the opportunity to hear many stories  
14 from families as to their disappointments in the  
15 community, perhaps, and to their successes here at  
16 Lanterman. I've heard from Brad, story of [REDACTED], who,  
17 after leaving the appropriate care at Lanterman, died  
18 shortly after being moved into community.

19 I've heard the story of -- the success story of  
20 [REDACTED] and [REDACTED], who did fairly well in the  
21 community. But when [REDACTED] was moved to Lanterman, she  
22 thrived. She said, "My daughter is back thanks to the  
23 excellent care of the people at Lanterman Developmental  
24 Center."

25 I've heard other similar stories about [REDACTED],

1 [REDACTED], [REDACTED], [REDACTED] and [REDACTED], and on and on.  
2 Parents are constantly telling me their stories of what  
3 they've gone through. Their stories have not painted a  
4 picture. They've painted a billboard, a billboard that  
5 says an awful lot about the men and women, about the  
6 (inaudible) that are living here and working here and  
7 the (inaudible). Always these incredible employees who  
8 have the caring, the expertise and the knowledge to care  
9 for our loved ones.

10 They make a notable difference in not only the  
11 lives of the families, the kids who live here, my sister  
12 and other brothers and sisters, but they also make a  
13 tremendous difference in the lives of the families that  
14 they belong to.

15 I've had the pleasure of meeting people here at  
16 Lanterman, the families, and they've given me  
17 overwhelming support and praise, praise for the support  
18 services provided by the excellent staff around them.

19 Granted, the State of California has been facing  
20 extreme financial difficulties. Losing this outstanding  
21 facility with further burden a system that is already  
22 depending upon the (inaudible) necessary services, of  
23 course, to the regional centers in the community if this  
24 building (inaudible).

25 The supports and services for the residents of

1 Lanterman cannot be provided at best cost in the  
2 community, as evidenced by a public peer reviewed study  
3 by the DOR. Those at a premiere facility like Lanterman  
4 with federal funding reimbursement will significantly  
5 reduce the offering of services and supports available  
6 in California to people with severe and profound  
7 disabilities, and will reduce our commitment to the  
8 Olmsted decision.

9       And when each one of the Chief Justices who wrote  
10 that decision said contrary does not mean that the  
11 mandate (inaudible). To the contrary. It means that  
12 the choice shall be made by the consumer, the client,  
13 the families, the guardians, interpreter, staff and the  
14 doctors so no other person will. That's the how the  
15 choice shall be made.

16       University affiliations at Lanterman are very  
17 beneficial to the surrounding community. Lanterman  
18 supports community college. For example, its medical  
19 staff and university performance with Cal Poly. It  
20 offers creative opportunities for career-building  
21 employment.

22       We as members of the PCC, Parents Coordinating  
23 Council, are pursuing a dialog with neighboring Cal Poly  
24 to form a partnership solution. There are many things  
25 we can do with Cal Poly and other institutions around

1 here to help Lanterman.

2 Closing Lanterman is not a solution to our budget  
3 crisis. It will merely shift costs from one entity to  
4 another. It adds cost to the care of the profoundly and  
5 severely disabled people, and may cause more  
6 unemployment.

7 There are some solutions. Some of them have been  
8 covered, so I'm not going to cover those. (Inaudible)  
9 downsizing, similar to what Jeff and Larry Livermore's  
10 proposal was. Transitioning residents as a unit with  
11 the staff as a family, which they are, perhaps to  
12 Fairview. At this time I feel that is the least  
13 restrictive environment and the safest place for my  
14 sister. Because of the experienced and licensed staff  
15 trained to take care of the developmentally disabled,  
16 who are a godsend to our family, I oppose the closure of  
17 Lanterman. Thank you.

18 UNIDENTIFIED SPEAKER: Okay. At this time we'll  
19 take the person with card number 21, please. Ruth, are  
20 you here? Number 21. Okay. Let's check in with our  
21 conference call at this time to see if we have any  
22 callers waiting.

23 UNIDENTIFIED SPEAKER: We have a follow-up from  
24 Harvey Wang.

25 MR. WANG: Yes. This is Harvey Wang. And it's for

1 me now?

2 UNIDENTIFIED SPEAKER: Go ahead.

3 MR. WANG: Hello? Yes. I am Harvey Wang again.

4 In 1997 after the Camarillo State Hospital  
5 (unintelligible) completely (unintelligible), I did the  
6 follow-up. Thirty-nine of (unintelligible) went to  
7 community died within three months. I do all the study  
8 with the other staff. And so the community placement is  
9 not a good idea just when you close one developmental  
10 center and try to save State the money. Instead now the  
11 regional center are expending their staff. And I used  
12 to see how regional center only six, seven person, now  
13 almost a hundred person.

14 UNIDENTIFIED SPEAKER: Excuse me, Mr. Wang. Excuse  
15 me.

16 MR. WANG: It's very expensive.

17 UNIDENTIFIED SPEAKER: Excuse me. Mr. Wang?

18 MR. WANG: Yes.

19 [REDACTED]: We have a lot of  
20 people who are waiting to speak for the first time. So  
21 we'll get back to you later when we have some additional  
22 time for follow-up comments.

23 MR. WANG: Thank you.

24 UNIDENTIFIED SPEAKER: Okay?

25 MR. WANG: Thank you.

1 UNIDENTIFIED SPEAKER: All right. Okay. Is number  
2 21 here, Ruth? Okay. Number 22, please.

3 MR. EMERSON: Good afternoon. My name is Tom  
4 Emerson [phonetic]. I'm the brother of [REDACTED],  
5 in resident [REDACTED]. I'm here with my parents, our parents,  
6 in opposition to the closure of Lanterman.

7 The family and friends of Lanterman Development  
8 Center in Pomona, California, were shocked to hear about  
9 the proposed closure of this facility. The DCs in  
10 California have been under constant pressure to move  
11 disabled residents into group homes in the community.

12 My sister, [REDACTED], is 54 years old and has  
13 been at Lanterman for 48 years. She has many needs,  
14 including round-the-clock medical care and (inaudible)  
15 individual program plan and preferred (inaudible), and  
16 she's functioning at the level of an 18-month-old, and  
17 is not a candidate for community placement.

18 I am very concerned about [REDACTED] and the other  
19 residents at Lanterman. It is my understanding that the  
20 State and the County eventually close down all the DCs.  
21 We must fight to make sure that there are no more  
22 closures. I believe the State and Department of  
23 Developmental Services and the legislative body are  
24 disconnected and shortsighted. The services provided at  
25 Lanterman and the other remaining DCs are vitally

1 important to the well-being of the residents, and is  
2 most definitely needed.

3        Though community placement may be a short-term  
4 remedy for our budget woes, it's a danger to many  
5 residents. DDS should be working to expand and improve  
6 the DC facilities to accommodate current and future  
7 needs. It is not logical to think that with our growing  
8 population the DCs are not going to be an even more  
9 critical part of our future. Closure of DCs is not  
10 acceptable, reasonable or responsible.

11        What is the expectation for these severely disabled  
12 men, women and children? There had been no plan  
13 disclosed or discussed that addresses the placement of  
14 all Lanterman residents, no options proposed other than  
15 closure. We need a workable strategic plan that will  
16 provide a future for our DCs. Lanterman opened due to a  
17 recognized need. That need still exists today. We need  
18 some forward thinking to create a future for these  
19 residents.

20        I have a couple of options I'd like to propose that  
21 aren't closure. The first one is the closure of the  
22 community homes and bring the residents back to the DCs  
23 and increase the population to bring costs down. Bring  
24 in new clients, perhaps presently (inaudible) clients.  
25 Sell or lease unused portions of Lanterman Development

1 Center to generate funding, or scale back facilities.

2 Another option may be to reduce the number of DCs  
3 (inaudible) perhaps two. Get the funding from  
4 staggering sales of existing DCs and use the money from  
5 the sale for only improvement of DCs. Build a new --  
6 build new or renovate. Identify the number of residents  
7 from current needs and add a percentage for expected  
8 population growth.

9 I'm sure there are many more options that provide a  
10 workable future for our DCs. Let's put them all on the  
11 table for consideration. Let all the parties with  
12 vested interest and internal working knowledge provide  
13 input. I would like to ask these questions -- I would  
14 like these questions and all other questions answered  
15 from the proceedings captured and posted on the DDS,  
16 Lanterman and (inaudible) websites.

17 These are questions I'm not expecting answers to,  
18 but some questions I have I'd like to get the answers  
19 to. If you intend to close all California DCs, does the  
20 closure proposal assume all residents can be placed in  
21 the community? Do you know how many residents don't fit  
22 in the community model? Is the closure plan driven  
23 mainly by costs?

24 If the DC is closed and revenues are generated from  
25 sale, it is my understanding that the money will go to

1 pay off savings bond indebtedness. Is this correct? If  
2 not, where does the money go? I would like to see the  
3 sale -- the revenue from sales of DC assets put into a  
4 fund that can only be used for DCs. Is this possible?  
5 Has this been considered?

6 Can you provide the name and contact information  
7 for the persons responsible for requesting the closure  
8 proposal? I have not seen a strategic plan for the  
9 future of our DCs. Does one exist? If so, please share  
10 it. What options other than closure have been  
11 considered?

12 I would like to see the following data on community  
13 homes: violations and problems, mortality rates,  
14 resident movements, staff turnover, facility services,  
15 facility ratings and rankings, number of closures,  
16 reasons of closures, report cards, total resident costs,  
17 including medical costs.

18 In closing, I'd like to share a story that should  
19 touch all of us. And we've heard some stories already.  
20 At Lanterman we had a Christmas party a few years ago  
21 that I attended. And I was talking to a parent standing  
22 next to her daughter, and I inquired about her daughter,  
23 and found out that just a few years ago she was a normal  
24 teenager.

25 She showed me a photograph of her beautiful

1 daughter in a cheerleading uniform. She was struck by a  
2 car and suffered severe brain damage. This girl was  
3 dressed in a beautiful red dress and had a smile to  
4 match. Lanterman is providing a home for this girl and  
5 the best possible future for her family.

6 UNIDENTIFIED SPEAKER: Sorry, we're out of time.

7 MR. EMERSON: Okay. I look forward to working with  
8 you to our plan for the future of the development  
9 centers. Thank you.

10 UNIDENTIFIED SPEAKER: Next will be the speaker  
11 with card number 23.

12 MS. MEYERS: Good afternoon. My name is Gladys  
13 Meyers [phonetic], and I have a daughter out here, [REDACTED]  
14 [REDACTED] [phonetic]. I'm sure a lot of you know her  
15 because she's very boisterous and quite active here.  
16 And she's been here for 40 years now. I have three  
17 sons, two older and one younger and -- oh, no. She has  
18 one older, two younger brothers, and they grew up here,  
19 too. Because they're here quite a bit with my daughter,  
20 they've been involved for the 40 years that she's been  
21 here. And it's been such a gift that we've had here.  
22 And with staff, with the techs, the doctors, the  
23 dentists, everybody has always been high quality.

24 I know there's been some talk in the L.A. Times  
25 about some of the things that have happened. But I

1 don't care where you go, things happen. Just in San  
2 Bernardino two months ago, three months ago, which I see  
3 that we're not ready for my people of my daughter's  
4 needs and (inaudible), they're not ready for it. And  
5 not even for (inaudible).

6       There was a home in San Bernardino that they had  
7 four -- they were allowed to have four residents, and  
8 they had seven. And one resident there beat one of the  
9 other clients/people that were living there and stabbed  
10 him. The staff, because they're not qualified,  
11 didn't -- when the police came out, they didn't even  
12 give them the knife that the client stabbed the person  
13 with, the other man.

14       So it just -- it really frightens me from what is  
15 going to happen in the future with our clients. And  
16 this is the -- this move has been going on for years.  
17 This is -- I -- she starts in the '60s. I've been out  
18 to different places to see. There were like  
19 convalescent sizes where they had a little community,  
20 150 beds. I -- when this came up I started going by the  
21 places out in the valley that were there that were for  
22 offering for my daughter back then. They're gone.  
23 They're no longer in existence. They're all in small  
24 homes.

25       I don't see where she could -- she can't -- she

1 won't get the care that she gets here. She won't get  
2 the love. And I know that we're in a budget crisis.  
3 But when I hear -- because I work with (inaudible) and I  
4 hear of people telling stories about people with  
5 daycare. They're license daycare, but they get money  
6 from the county for food for the kids that they're  
7 making \$150 for each. They're getting \$300 a month  
8 because they run a daycare.

9       Then we have unwed mothers with children that work  
10 part-time and they're getting -- I know of one that's  
11 getting \$5,000 back this year and never even paid that  
12 much money in. But yet, they want to do this to our  
13 families. This is unfair. And I just hope that when it  
14 gets down to it, after 40 -- my mouth is so dry -- after  
15 40 years they still don't have a placement for my  
16 daughter, which I have not wanted. But there still is  
17 not available. Thank you very much.

18       UNIDENTIFIED SPEAKER: Speaker number 24, please.

19       MR. KING: My name is Terrence King, brother and  
20 conservator of a severely autistic resident. Thank you  
21 for being here. My question is, do you have any  
22 influence here today, or is this just a formality? Is  
23 this a hearing, or are you hearing us at all? I don't  
24 know if any of you -- any of you have special needs  
25 children, or even children that society would define as

1 normal. In either case, you're aware of how helpless  
2 they can be at times, how much they depend on you  
3 sometimes.

4         Lanterman's residents are helpless all the time and  
5 depend on small size, professional, compassionate  
6 caregivers to give them any sense of comfort, love, even  
7 warmth. My simple point is that moving the fragile  
8 residents of this center is not merely a change of  
9 geography. The State's ready, shoot, aim mentality of  
10 closing Lanterman is shortsighted.

11         These sensitive helpless souls depend on you, us,  
12 all of us to look out for them. Their stability in  
13 routines directly affects their health. In extreme  
14 cases, uprooting them can take years off their lives.  
15 You've heard a couple stories today.

16         I do not envy you having to sit here today and  
17 listen to all of us families. You may doubt your own  
18 influence and support these helpless souls, whose  
19 contribution to our own society and humanity, you may  
20 believe, is beyond your control. But caring for them is  
21 human. Humanity is beyond being cared for, is looking  
22 to them as beyond being cared for.

23         Old civilizations have been built, including ours,  
24 with helping the helpless as a fundamental value.  
25 Americans help those who can't help themselves all over

1 the world. And of all the entitlement programs in the  
2 State, paying tax dollars and subsidies for self-  
3 destructive behavior, addiction, drug use, prisoners,  
4 illegal aliens, Lanterman residents in many cases are  
5 prisoners in their own minds.

6 I don't know what faith or religion each of you  
7 follow. But when I see my severely autistic sister, I  
8 see a protected soul. What do you see?

9 I don't care about the name or the address of  
10 Lanterman's residents and caregivers. The proposals  
11 provided you regarding downsizing solutions will  
12 hopefully be reviewed. Privately insured clients, also  
13 a great idea. But closing the facility is a short-term  
14 fix for a long-term problem.

15 We, the families, care about the resources  
16 continually being stripped away. When will it stop?  
17 Serving in the community, will you stop it? The  
18 residents look to us. They look to you. Dollars  
19 matter. Does sense matter to you? Closing the center  
20 and firing their valuable caregivers will cause the most  
21 possible upheaval in the lives of the weak.

22 You've heard those stories today, and it's not  
23 merely changing the geography. We're depending on you  
24 in your decision-making process, if there is even a  
25 decision-making process to be had, please, please do not

1 reduce the Lanterman closure as a small change to the  
2 residence. It is not merely a change in geography.  
3 Thank you.

4 UNIDENTIFIED SPEAKER: Number 25.

5 MR. MEYERS: Good afternoon. My name is Tony  
6 Meyers [phonetic], and I'm a Senior Psychiatric  
7 Technician here at Lanterman Developmental Center, and I  
8 also wear the hat of the State President to the  
9 California Association of Psych Techs. I'm going to  
10 present my testimony in two parts, the first part being  
11 on the organization's behalf. Then I'd like to add some  
12 comments as far as an employee of Lanterman  
13 Developmental Center.

14 As a professional organization representing 511  
15 members employed at Lanterman Developmental Center and  
16 as pledged advocates of the 398 people who call LDC  
17 home, our board of directors has taken the position that  
18 we are strongly opposed to the Department of  
19 Developmental Services' proposal to close Lanterman  
20 Developmental Center. We believe the decision by the  
21 DDS to move forward on the closure plan motivated by  
22 money is not in the best interest of the individuals  
23 living and receiving licensed, professional care  
24 (inaudible).

25 We are also concerned regarding the timetable to

1 develop such a plan, and that this entire process will  
2 be done in haste, regardless of the individual needs in  
3 which the individuals and their families and legal  
4 conservators. We believe the facility closure at the  
5 very least will be a highly disruptive experience  
6 causing clients great emotional and physical distress,  
7 and at the very worst would lead to dangerously  
8 inadequate care in an inferior, little regulated  
9 community home.

10 (Inaudible) has long said that for many individuals  
11 the current community care system fails to provide  
12 services that are equal to or better than care in the  
13 developmental centers. Vital services are often  
14 substandard or nonexistent in the community. To close  
15 Lanterman would cause services to be lost for good.  
16 Highly qualified and licensed professional staff and  
17 important continuity of care will be scattered to the  
18 winds in the name of fiscal savings. And any savings  
19 themselves are questionable.

20 A recent study found that large savings are not  
21 possible within the field of developmental disabilities  
22 by shifting from developmental centers to community  
23 centers as the funding follows the clients. We  
24 understand how the forces of federal government are  
25 pressuring the State to close developmental centers and

1 move clients to smaller residences. However, CAPT  
2 believes individuals with developmental disabilities  
3 should be able to choose where they live with a full  
4 continuum of options, whether in your home, in supported  
5 living, in group homes, or in developmental centers.  
6 And that's all options should include professionally  
7 trained and regulated staff.

8 If DDS's intention is to move forward on the  
9 closure of LDC, we believe that the Department has set  
10 the bar with the closure plan of Agnews Developmental  
11 Center. However, at this time the funding is not  
12 available as it was in Agnews closure. But we believe  
13 that any closure plan, or any plan at all involving  
14 clients should be individual based, not money motivated.  
15 The residents of Lanterman Developmental Center deserve  
16 (inaudible). That's on behalf of the CAPT.

17 And on my own behalf as a psych tech for 29 years,  
18 many of them being from here at Lanterman Developmental  
19 Center, you know, you got to question how the Department  
20 supports closure. After all those years you're going to  
21 say that because it costs a lot of money to take care of  
22 the individuals residing here that now we have to close.  
23 Somehow believing that it's the individuals here, in my  
24 view, that it's their fault.

25 And when I look at it, it's the Department's fault.

1 The Department has had a deflection policy because they  
2 want to avoid confrontation with the anti anything but a  
3 small home advocacy groups. I think the Department  
4 needs to seriously look at their deflection policy.

5 We all -- the employees here have firsthand  
6 knowledge of individuals who receive services from  
7 Lanterman Developmental Center and need services. You  
8 heard the lady on the phone. She took -- it took two  
9 (inaudible) for her son to finally get into a  
10 developmental center.

11 To talk about cost as the reason to close  
12 developmental centers is a scary slippery slope that you  
13 cannot continue to go down. And with that, I'll say  
14 thank you.

15 UNIDENTIFIED SPEAKER: Thank you. Next we'll take  
16 speaker number 26, please.

17 MR. MEYER: Good afternoon. And thank you for the  
18 opportunity to speak today. My name is William Meyer  
19 [phonetic], and I'm speaking on behalf of (inaudible) of  
20 California, and also as the brother of (inaudible) who  
21 is severely autistic.

22 I want to start by saying that there is a myth out  
23 there, a myth that somehow people living in  
24 developmental centers are different or somehow more  
25 disabled than people with disabilities (inaudible)

1 community. But the truth is that they are very similar.  
2 Successful community (inaudible) happens every day.  
3 (Inaudible) numbers of people who live in (inaudible),  
4 Sonoma, Fairview and Porterville, and with the closure  
5 of Agnews. It can be seen in those (inaudible) and  
6 others which have downsized their public institutions  
7 considerably.

8 Now, (inaudible) reduction in physical destructive  
9 behaviors only tell half the story. Increased  
10 opportunities and new pathways that develop and grow are  
11 also powerful examples of how lives have changed. I've  
12 seen it with my clients and the clients of our  
13 organization. I've also seen it firsthand with my  
14 brother, who was once himself a development center  
15 resident.

16 Now, when they (inaudible) developmental center,  
17 his home at the time of the closing, I remember being  
18 scared, scared about where he'll go and who could  
19 possibly take care of him. After all, we've heard for  
20 years that his placement was the least restrictive, and  
21 that there's no way he could survive out there. You  
22 know, I can no longer recognize the space from where  
23 that fear rose. He's been cared for by the (inaudible)  
24 community provider for the past 13 years. He has been  
25 empowered. He has been included and embraced. He makes

1 choices about how he spends his day.

2 I'm not going to sugarcoat the difficult and  
3 sometimes destructive behavior. The scars, both  
4 physical and emotional, are a daily reminder. But I can  
5 say that things are better. And the reason that they  
6 are better is because of where he lives and (inaudible).

7 Disabilities Rights of California applauds the  
8 State for moving ahead with the closure of Lanterman,  
9 and for DDS for taking a leadership role in this issue.  
10 However, we urge a thoughtful and transparent process  
11 with an emphasis on the health, safety, individual  
12 choice and well-being of each and every one of  
13 Lanterman's residents.

14 The critical elements of any closure plan must  
15 include small integrated housing, appropriate supports  
16 to meet the medical and behavioral needs of people  
17 moving, and individual choice to meet a wide range of  
18 integrated options. In part of the process these things  
19 (inaudible) available information of different living  
20 options that Lanterman residents and their families can  
21 make the most informed choices possible. The  
22 development of such options must begin immediately so  
23 that people can make choices based on truly available  
24 housing (inaudible).

25 And let's not forget that in past closures

1 (inaudible) community models (inaudible). And they do  
2 work. These include supported living, the guiding  
3 principles of which is that no matter the degree or type  
4 of disability, people should get the support they need  
5 to live in their own homes like people without  
6 disabilities. There's small specialized group homes  
7 designed to help people with unique mental health and  
8 behavioral challenges, the services of which can include  
9 (inaudible) specialized staff (inaudible) can respond to  
10 crises (inaudible) schedules or any critical need in  
11 ways that promote maximum (inaudible) and independence.

12 And there are homes out there for people with very  
13 specialized health care needs that include licensed  
14 nurses and on-site staff 24 hours a day, 7 days a week,  
15 with the ability to provide (inaudible) medical care.

16 Now, these are just some examples, each of which  
17 have proved successful in serving individuals with  
18 unique behavioral or mental needs in the community, and  
19 which (inaudible). But whatever the type, housing  
20 should be developed around the individualized needs of  
21 the (inaudible) residents, and the development of  
22 appropriate community-based models should begin now.

23 Thank you.

24 UNIDENTIFIED SPEAKER: Okay. At this time we'll  
25 turn to the conference phone. We'll see if we have any

1 callers on the conference call.

2 UNIDENTIFIED SPEAKER: If there are comments or  
3 input on the conference, you may press star one at this  
4 time. We have a comment. This is on the line of Dwight  
5 Hansen. Please state your affiliation.

6 MR. HANSEN: Yes. My name is Dwight Hansen. I'm  
7 here representing the California Disabilities Services  
8 Association, 100 community-based nonprofit organizations  
9 that serve literally tens of thousands of people with  
10 developmental disabilities, many of whom formerly had  
11 developmental center addresses.

12 We also applaud the Department for vision to begin  
13 what will undoubtedly be a long process to close a  
14 developmental center like Lanterman. It can't be done  
15 overnight and it shouldn't be done overnight. And the  
16 planning process that we need to go through to get this  
17 done starts with the premise that people shouldn't move  
18 from this developmental center into the community until  
19 the resources in the community are identified and made  
20 ready for them.

21 However, in the last 15 to 20 years that 4,000  
22 people who used to live in developmental centers no  
23 longer live there and now live successfully in the  
24 community. Most recently, the closure of the Agnews  
25 Developmental Center in Santa Clara and another smaller

1 facility in Yuba City had placed the folks in the  
2 community successfully where they now live in their own  
3 homes or in small group homes that are in fact  
4 absolutely appropriate, and their lives are richer and  
5 fuller than they ever were before.

6 It can be successful. Closure of a developmental  
7 center is not an experimental idea, but it is an  
8 individualized one. So, again, we believe this can be  
9 done. There are certain things that we believe ought to  
10 be imperative in this process from the beginning.

11 First of all, and maybe foremost, is the Division  
12 of Housing for this population. We now have a capital  
13 asset called the Lanterman Developmental Center, over  
14 300 acres in a prime location next to a freeway in the  
15 community of Pomona. It would be a sad thing if we lost  
16 that capital asset as surplus property and have it  
17 simply go to the general fund and be lost in a single  
18 year.

19 Rather, we would look forward to work with the  
20 Department to find a way to capture the value of that  
21 asset either in a lease or some other sort of process  
22 where that money can be used to actual purchase and make  
23 the homes ready for the folks before they move out.

24 (Inaudible) the second stream of money, the average  
25 cost of serving somebody in a developmental center is

1 roughly \$300,000 per year. The average cost for a  
2 similar person in a community is about \$100,000 a  
3 person. It's not about how much it costs. It's about  
4 whether or not the service can be provided  
5 appropriately. Given those numbers, there are adequate  
6 resources (inaudible). All the money necessary to  
7 provide the services for community-based services should  
8 be captured before we release those dollars to general  
9 fund. In other words, if it costs \$100,000 or 300,000  
10 to serve somebody in a community, we should transfer the  
11 dollars from the developmental center into the community  
12 budget and make those available first and foremost.

13 If we use the assets of the developmental center  
14 for the housing and we use the ongoing operations  
15 budgets for the operation of the program, we are  
16 absolutely convinced that our community can  
17 appropriately serve folks coming out of the  
18 developmental centers and that their lives will be  
19 richer.

20 UNIDENTIFIED SPEAKER: Two minutes left.

21 MR. HANSEN: A few of the concerns that were raised  
22 at this hearing were raised by families in the Agnews  
23 Developmental Center closure as well. I would urge the  
24 participants to talk to those families who are now very  
25 satisfied with the outcome. Thank you.

1 UNIDENTIFIED SPEAKER: Thank you. Okay. Next  
2 we'll take speaker number 27, please.

3 MR. COOK: Hello. My name is Steve Cook  
4 [phonetic]. I am a Business Representative with UAPD,  
5 the Union of American Physicians and Dentists. We  
6 represent doctors, dentists, podiatrists here at  
7 Lanterman. And I could speak now about the jobs, et  
8 cetera. But I think I want to talk about the economics  
9 of this closure.

10 In this day with the State in such a recession, the  
11 Lanterman closing is going to be extremely expensive.  
12 The example of Agnews, which costs hundreds of millions  
13 of dollars to accomplish, is there to look at. The cost  
14 of closing Lanterman, which will probably be different  
15 than the cost of closing Agnews, but it's still going to  
16 cost hundreds of millions of dollars. It's going to be  
17 expensive to try to make these moves, to establish the  
18 contacts in the community, et cetera.

19 There was a report that was generated which is a  
20 peer review report in 19 -- excuse me, in 2003, and  
21 updated in 2009. And basically the report stated that  
22 the services rendered at institutions such as  
23 Lanterman -- and this is a nationwide study -- pretty  
24 much the funds (inaudible). That there really wasn't  
25 that much difference in the study. The study, again,

1 was updated in 2009. And in 2009 again the conclusions  
2 had not changed. They were exactly the same.

3 The State is going to suffer economically if in  
4 fact they go forward with the closure of Lanterman. But  
5 most importantly, because of (inaudible) on the  
6 residents, the families are going to be hurt by this  
7 move. And I think that it's been apparent by what  
8 (inaudible) today.

9 This, to me, appears to be another State initiative  
10 that is being looked at in a very short timeframe, and  
11 it's not being looked at in great enough detail to deal  
12 with the issues of the residents, of the employees, of  
13 the community, of everybody. And I believe it's similar  
14 to the furlough plan that the Governor has pushed upon  
15 the State employees, which is still going on, and is  
16 probably not economical, which is a loss to the State.  
17 And they're still going forward with three furlough days  
18 a month for State employees.

19 But, like I say, I just think that the plan is ill  
20 conceived in regards to the planning. And I think we  
21 can still look back at the experience of Agnews and how  
22 that one went down. And if in fact the closure is going  
23 to be made, then we have to have that detail of planning  
24 to do so. Thank you.

25 UNIDENTIFIED SPEAKER: Thank you. Next is

1 (inaudible) number 28, please.

2 MS. FELTON: Hello. My name is Angelique Felton  
3 [phonetic], and I work here. As a preface, I would like  
4 to dedicate my statement to my friend, [REDACTED] He  
5 lived here from the time he was 12. He died all alone  
6 in a community facility at age 83.

7 Hello. My name is Angelique Felton. Thank you for  
8 this opportunity to share my thoughts as we are near the  
9 closure of LDC. I am a Psych Tech. I started working  
10 here in 1983. I have worked intermittently throughout  
11 these years. I give direct care to the men and women  
12 who live here. Over the last 13 years I've had the rare  
13 opportunity to work on the floor of every resident out  
14 here at one time or another.

15 I want to take this time to publicly thank the  
16 people who live here for all my experiences at  
17 Lanterman. I have enjoyed myself thoroughly over the  
18 years. It's funny how going from one residence to  
19 another I could see the differences in how it was run.  
20 Buildings in the same program would each have their own  
21 way of doing things. I see there was no standards set.  
22 Well, maybe there was, but somehow it wasn't enforced on  
23 a daily basis.

24 I also held temporary positions in offices. Even  
25 in the halls of where all the magic happens things

1 seemed somewhat disorganized and not so productive at  
2 times. Again, there just didn't seem to be a standard.  
3 Sometimes not even a work ethic that one would expect to  
4 find at that level.

5       The one true standard I have witnessed here is that  
6 the men and women who live here, the clients, do  
7 whatever it takes for a little attention. Giving  
8 attention to these people is free. It doesn't take a  
9 multi-million dollar budget to provide a song, to take a  
10 walk, or to hold someone's hand.

11       I thank the families for entrusting me with your  
12 children, your family members. It has been my absolute  
13 pleasure to be of service to our most dignified,  
14 virtuous and loving citizens of our great state of  
15 California. Please don't ruin it.

16       UNIDENTIFIED SPEAKER: Thank you. Next speaker,  
17 number 29, please.

18       MR. PECK: Good afternoon. My name is Kevin Peck  
19 [phonetic], and I'm coming here for myself today. I  
20 have been a Lanterman employee for over 30 years. I  
21 started my career as a rehabilitation therapist here.  
22 And I did that as a recreation therapist, what we call a  
23 rehabilitation therapist, for the first 22 years of that  
24 time. And the last over 8 years I've been a volunteer  
25 coordinator at this facility. And I can tell you it's

1 been a pleasure to work here every day of my life.

2 I also want to let you know that I've served as a  
3 qualified mental retardation professional at Lanterman  
4 Developmental Center for approximately 13 years while I  
5 was a recreational therapist. And I also want to let  
6 you know that I've also consulted in small group homes  
7 in the community for over 17 years as a recreation  
8 therapist consultant as well.

9 Due to these experiences, I've had the opportunity  
10 to see Lanterman Developmental Center function on a  
11 daily basis in several capacities, and I've also seen a  
12 lot of group homes function on a daily basis in several  
13 capacities as well.

14 Over the years of working here I've seen the  
15 philosophy change being a facility that actually served  
16 people on the developmental level where we tried to do  
17 services to the clients that resided here, and then  
18 switch over to a normalization and age-appropriate  
19 philosophy change, which included community-based  
20 (inaudible) development. And I started consulting  
21 around that timeframe. And learned a lot about both  
22 settings with the population that we work with here.  
23 And Lanterman used to be a facility, the only facility  
24 that did serve people with mental retardation.

25 What we haven't heard today a lot, though, is that

1 mental retardation is actually divided into four  
2 categories. And this is based on the IQ level of the  
3 individual. We talk about those four levels. It's  
4 actually called mild, moderate, severe and profound.  
5 And there's a unique division here with this population.

6 Mild and moderate I understand make up about 80  
7 plus percent of all mentally retarded people, or  
8 developmentally disabled with no retardation. The  
9 bottom end of that, which is the 15, 20 percent,  
10 roughly, of clientele function on the severe/profound  
11 level. There's a unique dividing line here that we  
12 haven't been talking about here.

13 When we started placing clients into the community,  
14 which we've always done here at Lanterman, the facility-  
15 based group homes seemed to be the most appropriate for  
16 the mild to moderate in particular. They assimilate  
17 better with us in that setting. I've known quite a few  
18 mildly mentally retarded people that actually drive,  
19 which obviously indicates a level of education. That  
20 they can get along really well in all kinds of settings  
21 and can be very independent in that setting as well,  
22 too.

23 When we talk about the severe/profound mental  
24 retardation, we're actually talking about an individual  
25 that functions somewhere on the level of about a six-

1 month to about a three-year-old intellect. So what  
2 we're talking about here is somebody that needs constant  
3 supervision in every aspect of their life. And this is  
4 what the population of Lanterman Developmental Center  
5 has become since the community placement group homes  
6 have been established.

7         With that in mind, we've become a real specialty  
8 facility for people that are unique and very challenged  
9 in every aspect. And I need to mention here, because  
10 this is very important, that the -- one of the major  
11 differences in this population group is that when we  
12 talk about severe and profound retardation, we are  
13 actually talking about people that not only have severe  
14 intellectual challenges, but also have multiple handicap  
15 situations that are also in the area of medical,  
16 physical and behavioral problems, too.

17         At the Lanterman Developmental Center, almost every  
18 client here has all the above going on. So it's a  
19 really unique population that needs a lot of specialty  
20 services and care. That I think is really important to  
21 be aware of here when we talk about placement of these  
22 clients into a community-based situation and facilities.

23         Now, through my years of consulting, I want to let  
24 you know that I've done probably hundreds of training  
25 opportunities for the caregivers in community-based

1 group homes. I've also had the privilege of doing a lot  
2 of training here at our facility at Lanterman. And I  
3 can tell you the quality of professionalism and care at  
4 Lanterman Developmental Center far exceeds any of the  
5 minimum wage people that I've actually trained in the  
6 community-based group homes. Now, this is in the  
7 recreation and leisure area because that was my  
8 expertise as a consultant.

9 So, but I did know a lot of other consultants, and  
10 we all have the same issues and problems in working with  
11 this population, or the staff in that setting, and that  
12 is that you're working with minimum wage people  
13 basically, and you get what you pay for. And I want to  
14 let you know that, you know, they talk about money and  
15 costs and everything else for (inaudible) over here, and  
16 you're getting the best care and quality that you can  
17 ever get anywhere for this type of population. Thank  
18 you.

19 UNIDENTIFIED SPEAKER: As a reminder, if you're  
20 still waiting to speak, please work your way forward  
21 towards the front of the auditorium, especially if your  
22 numbers are coming up. We're getting read to move on to  
23 number 30. So if you're anywhere between number 30 and  
24 40, if you could move closer to the front of the  
25 auditorium? And right at this moment we'll take speaker

1 number 30. Thank you.

2 MS. PERNELL: Hello. My name is Susan Pernell  
3 [phonetic]. I'm a sibling. My sister is a resident  
4 here. I originally wasn't going to say this, but I  
5 will. I am also an Episcopal Priest and marriage,  
6 family, child therapist. And I thoroughly agree with  
7 the Roman Chaplain that what is being done here is not  
8 okay. It's immoral and inhumane (inaudible) flat out.

9 And I realize you're up here. You are part of the  
10 decision-making. You're part of it. And you may be so  
11 co-opted into it, you may not be seeing the reality of  
12 it. And I'm sad for you. Because this is really a sad.  
13 It's a sad situation.

14 When I was 13 years old my sister was 14. She  
15 didn't talk. She did walk. But she's profoundly mental  
16 retarded. She has the mentality of a 9-month-old baby  
17 who wants to walk, but doesn't anymore.

18 My parents struggled with the decision to place  
19 [REDACTED] here. And I share their reasons were many. But  
20 the one, the main one, that I was given, because she was  
21 my sister, was my playmate, because sisters didn't --  
22 she never told on me. She couldn't talk. I could tell  
23 her anything. Because she'll (inaudible). She still  
24 hasn't told them.

25 But their decision to place [REDACTED] was because it

1 would be too hard on her to have to have her make the  
2 adjustment when she got older. She is 67 years old now.  
3 So now she's going to be moved? She can't go into  
4 community placement. I don't buy the care is there. I  
5 don't care what it says on paper and how you can use the  
6 verbiage to make it look good and sound good so the  
7 dollars and cents make sense. She can't. It's not for  
8 her. So you move her to Fairview and that's going to  
9 close. Clearly, that's going to close.

10 I left here Saturday with some questions because I  
11 couldn't -- this doesn't make sense, dollars and cents,  
12 this business that it's cheaper to have them be in  
13 community. Well, last night I got on the web, and I  
14 advised everyone else to do the same, and this is -- and  
15 I have a lot more, but I will put it in writing, too,  
16 this is the Agnews plan. This is the small version.  
17 There's 250 pages that I went through. This is only 55.  
18 And it all comes down to dollars and cents.

19 My sister has a dollar sign on her forehead. And  
20 every one of our loved ones are seen as save dollar  
21 cost -- we can save dollars by outsourcing their care.  
22 It cannot be the same care to the lowest bidder.

23 When my parents placed [REDACTED], it was because they  
24 entrusted this State to care about (inaudible) and to  
25 give them the care they deserve. She is not an object.

1 She is not a consumer. The verbiage of providers and  
2 vendors, read on the DGC, whatever it is, how all this  
3 works, it's about dollars and cents and how to save  
4 money. [REDACTED] is more than dollars and cents.

5 And maybe you understand how you're living with  
6 this. But this is a house of cards that's going to  
7 fall. You're taking -- you're going to close the  
8 centers and there's not going to be the services,  
9 adequate services. Where are [REDACTED]'s rights? The  
10 Lanterman Act tells them. You can't provide that. You  
11 can't even take care of many things in our state right  
12 now. It is a disastrous train that needs to be stopped  
13 here. And Fairview is next.

14 I have one question my mom wants me to ask, and I  
15 want to know, too. This property, was it donated? And  
16 if it's sold, was it -- if the Kellogg family gets it  
17 sold, where is that money going to go? Thank you.

18 [REDACTED]: Next we have 31.

19 MR. OSTER: Hello. My name is Dave Oster  
20 [phonetic]. I'm the Vice Chair, Board for Developmental  
21 Disabilities, Area 410. I'm also an advocate for People  
22 With Disabilities. I'm going to be a Chair with the  
23 Americorp program. I applaud the closure of Lanterman  
24 Developmental Center. If I lived in a developmental  
25 center, I would not be free to leave my house, or I

1 would not be free to go where I please, or when I  
2 please. I would feel trapped.

3 It is a good idea for Lanterman residents to get  
4 more involved in the community. They would be better  
5 self-advocates. They would get jobs in the community,  
6 which will help them in the economy. Residents should  
7 learn more about the community and independence. They  
8 should receive transitional training programs so that  
9 they can be more independent and understand what  
10 programs are available in the community.

11 I think that Lanterman closing is applauded. They  
12 will grow and -- they will grow and serve people better.  
13 There needs to be more programs for people with more  
14 severe disabilities. I think there should be more  
15 opportunities and things to do during the day. We need  
16 to insure that programs are modified for people -- I  
17 mean for everyone, for people living in Lanterman and  
18 people already in the community. Thank you.

19 UNIDENTIFIED SPEAKER: We're checking on the  
20 conference phone now to see if anybody's waiting on the  
21 caller waiting list. Mr. Moderator, do we have anybody  
22 waiting?

23 UNIDENTIFIED SPEAKER: We have no questions in  
24 queue.

25 [REDACTED]: Thank you. Next

1 we'll take (inaudible) number 32, please.

2 MS. TYSON: Hello. Hi. Okay. Hi. My name is Joy  
3 Tyson [phonetic]. I am a hospital worker here on 21.  
4 I've been out here for 34, going on 35 years. I'm hard  
5 of hearing on the right. I'm deaf on the left.

6 I got the job here from a gentleman named Mr. John  
7 Phelps [phonetic], who held (unintelligible) over here.  
8 He got me the job over here. At that time I was in a  
9 foster home. I was trying to get on my own. I got the  
10 job here in 7-7-78. I started working on '07. I  
11 started in the kitchen. Then later on I started as a  
12 janitor. And then I did most of my work in  
13 housekeeping.

14 All these clients here really need help. They  
15 really need a home 24 hours a day. They need loving.  
16 And they have a good home here on our grounds. They  
17 (unintelligible) taken care of, especially the clients  
18 that are deaf, that are blind, and they even have tube  
19 feeding inside their stomach. Who's going to help them  
20 out if they go in and check that tube feeding? Because  
21 what the tube feeding is is they have to feed them with  
22 (unintelligible) or with a feeding tube because they  
23 can't eat with their mouth. They can't (unintelligible)  
24 in their mouth. They choke. That's why they need  
25 something in their stomach. They need something. They

1 have good diet techs and diet technicians that know what  
2 they're doing to the clients.

3 The client can't do that by themselves. They  
4 can't. Because they can pull it out, or they end up  
5 pulling them out. They have a lot of (unintelligible).  
6 And they can grab anything. And you see a staff that do  
7 that? No, they don't. They go ahead and get it  
8 whenever they want.

9 Let's see. Sometime (unintelligible) are -- this  
10 is not their home. If this wasn't here, we would not  
11 been here at all with all the clients. The clients come  
12 first. Not that the psych tech, not the hospital  
13 (inaudible) the psych tech. The client comes first.  
14 Then we all help them.

15 I love them like they were my family and my brother  
16 and my sister. And I talk to them and say, hey, how you  
17 doing? How you doing? You need somebody to go to. And  
18 they even have families that live far, far away, and  
19 they can't come over and see them. You have -- that's  
20 why they have grandpa. They have grandparents who come  
21 over, foster grandparents. They take the clients out.  
22 Who else is going to do that? Nobody. Nobody's going  
23 to do it.

24 They said a long time ago they were going to close  
25 this place down. Because you have rumors and rumors and

1 rumors. Oh, yeah, this place is going to be closed.  
2 This place is going to be closed. No, no, it's not  
3 going to be closed. They (inaudible) rumors. Even some  
4 social workers said, oh, yeah, do you know this place is  
5 going to be closed?

6 Why didn't they close this place a long time ago?  
7 Why didn't they do it? They didn't do it. If it's  
8 so -- if this place was old, it wouldn't be crumbled  
9 down like if we had an earthquake, earthquake or fire  
10 and stuff. God protects our environment. God let me  
11 (unintelligible) to help out the clients I do. I love  
12 them like they were my family. And if it hadn't been  
13 for God letting me work here, I would not be here.

14 I learned the hard way everything. I just want to  
15 say thank you very much. May the Lord bless you. Thank  
16 you.

17 UNIDENTIFIED SPEAKER: Thank you. (Inaudible)  
18 number 33, please come forward.

19 MS. ELVIN: My name is Dorothy Elvin [phonetic].  
20 My brother [REDACTED] has been a resident of Lanterman for 68  
21 years. He is now 78 years old, and one of the residents  
22 who has lived here the longest. We remember him when he  
23 was 11 and how difficult it was for him and us for him  
24 to leave home. But he quickly adapted to the routine  
25 and then Lanterman was home and family to him.

1           He enjoyed being able to walk around the grounds,  
2 into the canteen to buy a treat, and to join in the  
3 activities and school. I can't tell you how kind every  
4 member of the staff was and is to him. He is much older  
5 now. And all of us appreciate the loving and  
6 professional care he has received through all these  
7 years.

8           But the choice is not just about my brother. It is  
9 about all the residents and family members and staff at  
10 Lanterman, and the effort it will have on -- effects it  
11 will have on all the fragile lives that will never be  
12 the same. And so we ask you to consider carefully as  
13 you weigh this proposed closure, and decide with your  
14 hearts as well as your minds as you make your decisions.

15           We vehemently oppose the closure of Lanterman and  
16 beg you to pursue other options, not only for our  
17 helpless family members who have relied on the wonderful  
18 staff and services for 20, 30, 40, 50, 60 and in our  
19 case nearly 70 years, but for those of us who are older  
20 than they are.

21           I'm 88 years old, and I'm not sure that I can  
22 survive the trauma of moving my brother after being here  
23 and thriving for 68 years any more than he can. Thank  
24 you for listening to all of us. Please do the right  
25 thing.

1 UNIDENTIFIED SPEAKER: Okay. Number 34, please.

2 MS. PINKER: Hi. My name is Nancy Pinker  
3 [phonetic]. I'm not a parent. I'm not a sister or a  
4 brother, obviously. I'm not a doctor. I am a friend of  
5 the people who live here. I've been a volunteer for 21  
6 years. The first day I walked in here I said, oh, Lord,  
7 I can't go back. That following Sunday I was back here  
8 and I haven't stopped since. Everybody here has become  
9 my buddy.

10 Yeah, I'm jealous. I'm telling you. I love these  
11 people. These are friends. Have you ever listened to  
12 their eyes? Maybe they can't talk to you, but you can  
13 look at them and you can relate to these people. You  
14 can talk to them in your own way, and they talk right  
15 back to you if you get to know them. They wouldn't --  
16 if they got out there, most people wouldn't understand  
17 them. I understand them. They've become my buddies.  
18 They've become my friends.

19 And like I'm say, I'm just a volunteer. I'm only  
20 here on Sundays. But I have learned so much from them.  
21 I see a lot of love. Something with other people you  
22 would never see out there in the world. And I'm out in  
23 Santa Monica and I don't see that out there.

24 One little buddy, I guess people mentioned first  
25 names, [REDACTED] [phonetic]. And if anybody here knows

1 [REDACTED], you know the eyes, the mouth, the smile, the  
2 greatest (inaudible). Okay. Everybody loves him.  
3 Okay. (Inaudible) to the hospital. Went to go visit  
4 him in the hospital. And I walked into the room and the  
5 room was kind of dark, and they had him facing a wall.  
6 And I walked in at the same time as the nurse and I  
7 walked over and said come here. And he was facing a  
8 wall. So I went over to him and I turned him around,  
9 and she said to me, "Are you a parent or a relative  
10 or" -- you know, she didn't know. I said, "No. I'm his  
11 friend." Turned around and he saw me and he lit up.  
12 And you know -- everybody here knows that he can light  
13 up. He's got a smile (inaudible) right now. I wish I  
14 could go get him.

15 So, anyway, I turned him. I face the TV. I said,  
16 "Oh, by the way, he likes to watch -- he likes to watch  
17 I Love Lucy." We put the little TV thing right next to  
18 his ear so he can -- he can't turn it up, but you can  
19 adjust it. Oh, he likes to have that window open over  
20 there. Okay? And if you just talk to him, he smiles  
21 and you can relate to him.

22 Will he get that out there when he goes out in the  
23 world or some other place? I don't know. This hospital  
24 did the best they could. They didn't know. They didn't  
25 know him. He's my buddy. He's my friend.

1 I had to -- me, I just took it on myself. When I  
2 was in the one day I saw there was a birthday party for  
3 somebody in the room there. And I thought, wow,  
4 everybody in here has a birthday. But I don't know if  
5 they have a parent or whatever. I don't know. Because,  
6 like I said, I'm just a volunteer.

7 So I decided that every year on his birthday, and  
8 everybody in there, we were going to celebrate his  
9 birthday. Whether he could eat it or not, we were going  
10 to have a cake. And that's -- we have cake. We have  
11 candles. We have everything. And you can just put it  
12 on his lips and he just loves it. And he smiles. And  
13 you know that he appreciates it. Is he going to get  
14 that out there? I don't know. I don't even know where  
15 he's going to go, or anybody else here. I pray to God  
16 they don't go anywhere.

17 And I have one other thing to say. If somebody put  
18 something over your eyes, put something over your mouth,  
19 put something over your ears and took you and dropped  
20 you off in the middle of the night somewhere, Antarctica  
21 or in the middle of the desert, you woke up the next day  
22 and they said, well, here's your new home, have fun.

23 Thank you.

24 UNIDENTIFIED SPEAKER: (Inaudible) number 35.

25 MS. HOLPER: Hello. My name is Peggy Holper

1 [phonetic], and for 25 years I have been a church  
2 volunteer here at Lanterman. And I have seen changes in  
3 this place for the better more and more over the years.  
4 I've seen problems happen over the years with clients  
5 going out into the community.

6 I have seen a young lady who I used to call the  
7 runner. Her name is [REDACTED]. [REDACTED] was a Hispanic young  
8 lady. And [REDACTED] was getting a wheelchair from like way  
9 out in unit [REDACTED], [REDACTED], and stuff, and [REDACTED] would be  
10 running and happy to come and go to church and do  
11 things. She could speak a few words of Spanish, a few  
12 words of English, and that was it.

13 Well, they put [REDACTED] in a community home. And we  
14 missed her. But she was functional compared to some of  
15 our clients. And she ended up coming back. I don't  
16 remember if it was six months, a year. [REDACTED] had put on  
17 weight. She was very depressed and she was afraid of  
18 people for a long time. I saw it.

19 And it ended up that finally she got put in a home  
20 with some of the other young ladies from Lanterman that  
21 she knew. The one young lady used to be an altar girl  
22 since I started here. Before I started here. And for a  
23 few months the home brought them every Sunday to church.  
24 And they saw their old friends and they had familiarity.  
25 They after a while never showed up again.

1 I've seen that many, many times. And I have seen a  
2 difference in these clients. And I know a lot of these  
3 clients do pass away like they are nothing at -- in  
4 community homes, even though certain ones can function,  
5 you know.

6 We had a young man who wanted to be near the ocean.  
7 Wanted to be near the ocean. So his mother finally  
8 fought to get him out of here and into a community home.  
9 And he is very unhappy, I heard, because he doesn't see  
10 the ocean in this thing, and he was like the leader of  
11 the parade of wheelchair and all kinds of things for the  
12 celebration here like on 4th of July.

13 I have seen Lanterman making more of a home  
14 environment over the years. I've seen wallpaper go up  
15 and things change, and nice bedding. And I had an  
16 experience with a young lady who was a near drowning  
17 victim. Her name is [REDACTED]. [REDACTED] was here since  
18 she was three years old. And she just recently died  
19 like a year ago March 6th, on my daughter-in-law's  
20 birthday, so I'll never forget it.

21 And [REDACTED]'s family couldn't take it after a while  
22 and moved away. But they asked the chaplain at the  
23 time, Father (inaudible), a very good (inaudible), if I  
24 could take special care of her during mass so that she  
25 would go, even though some of the techs maybe thought

1 she wasn't (inaudible) for her to go. But I learned,  
2 like this young lady ahead of me said, they become your  
3 friends. And you know their actions. And you know how  
4 you can make them laugh, or you can do things to get  
5 responses out of these people.

6 These people are not dead, even though they can't  
7 talk anymore. They respond to you with their eyes.

8 [REDACTED] is my husband's best friend. And he even said  
9 that to some people recently. He's a paraplegic with a  
10 tracheotomy. But I give him the precious love of Jesus  
11 (inaudible). And I said, "[REDACTED], you ready to receive  
12 Jesus?" And he lights up like a, you know, Christmas  
13 tree. He even got voted the most beautiful expressive  
14 eyes before. And he is, you know, as happy as can be.  
15 They arm wrestle and stuff, my husband and him. And  
16 [REDACTED] just lights up when he -- and he always has to  
17 look for me and look for my husband. My husband mainly  
18 stands by him during church and caters to him. And he  
19 loves it if I come up and I give him a kiss and say, hi,  
20 how's my blue eyes, and little things to him.

21 These people are people inside. No matter what the  
22 State or other people might think, I'm sorry, they are  
23 people inside. And a lot of them know more than you  
24 think they do.

25 Father Curtis said before he died -- he had been 40

1 almost years a priest when he came here, and he died  
2 just short of his 50th. And he said the people at  
3 Lanterman, the clients, the staff, the volunteers are  
4 where he met God. He actually felt an experience of a  
5 God of this universe and a reality of love that he had  
6 never in his military service as chaplain, at his  
7 retreat center he ran and anything else like that. He  
8 said this is where I found God, and I want to stay here  
9 'til I die.

10 And, unfortunately, he had a heart attack and he  
11 had other health issues, so they had him retire. But he  
12 did (inaudible) for someone here. And he loved these  
13 people. And his broke his heart because he died kind of  
14 alone in the end. But some of those volunteers loved  
15 him so much we went and visited (inaudible) before he  
16 died.

17 So this is a place -- it's a family. It is not  
18 just an institution. And I had a friend, in closing,  
19 she went -- she worked here first and because of her own  
20 daughter. I just want to say this. She moved to  
21 Fairview instead, okay, because her daughter wanted the  
22 Orange County life. Okay? So she did it. She said it  
23 was not the quality of what was provided there at  
24 Lanterman at Fairview. She didn't like it as much. She  
25 enjoyed it here. And the people, she saw better things

1 here. Thank you.

2 UNIDENTIFIED SPEAKER: Thank you very much.

3 Speaker number 36, please.

4 UNIDENTIFIED SPEAKER: (Inaudible) won't be able to  
5 make it (inaudible).

6 UNIDENTIFIED SPEAKER: Number 36 is not available?

7 UNIDENTIFIED SPEAKER: Yeah, she's not available.

8 UNIDENTIFIED SPEAKER: Okay.

9 UNIDENTIFIED SPEAKER: (Inaudible.)

10 UNIDENTIFIED SPEAKER: We'll check in with the  
11 teleconference line. Is there any speakers waiting?

12 UNIDENTIFIED SPEAKER: If there are any comments  
13 from the phone lines, please press star one. And we  
14 have a comment from the line of Roger Huntman. Please  
15 go ahead.

16 MS. HUNTMAN: Yes. This is Virginia Huntman, his  
17 wife. He had to leave for a while, so he asked me to  
18 speak for him. My sister-in-law, [REDACTED], has been at  
19 Lanterman for around 40 years. She is now 66 years old,  
20 or will be 66 years old in November.

21 My husband has a question as to -- to put forth to  
22 the panel that if the Fairview population drops, what  
23 will the result be then? Where will these people go?

24 Also, he is also in favor of consolidation. And  
25 perhaps have the developers been brought in on the loop

1 as to how they could maybe work around if there was a  
2 consolidation, you know, to make it part of the  
3 community. And if the inevitable comes, will these  
4 clients be moved with their friends as they know them  
5 now, or will they just be thrown down into a big pool  
6 and not know anybody when they do get there? That was  
7 my husband's main concerns. Thank you.

8 UNIDENTIFIED SPEAKER: Thank you. Speaker number  
9 37.

10 MR. IRELAND: Good afternoon to panel members, to  
11 family groups, and for all those who probably might be  
12 here about this (inaudible). I came today because,  
13 after having appeared on Saturday, I didn't really feel  
14 that there were any kind of answers which we had been  
15 seeking. Hopefully today you would be able to do that.

16 So I went over to ward [REDACTED] where [REDACTED]  
17 lives. My name is Bruce Ireland, and of course I'm the  
18 brother and/or conservator. So I brought along a  
19 picture. I want to show you people a beautiful face.  
20 This is a human being, a beautiful human being. You can  
21 call him conservator if you like. Call her a patient.  
22 But mainly call her a person.

23 I'm showing you her picture because [REDACTED] cannot  
24 walk. [REDACTED] has mental retardation with cerebral palsy.  
25 She'd been diagnosed that years ago, before she even

1 came to Lanterman. It was my parents' desire that [REDACTED]  
2 be placed in a community center that is not a community  
3 home, but rather close to home. They looked everywhere  
4 to see whether or not there was a place for [REDACTED].

5 [REDACTED] is five foot maybe one, blue eyes, really  
6 brown hair. She's beautiful. We were growing up I  
7 learned so much through [REDACTED]. I used to take my  
8 friends to my house so my friends could see my sister.  
9 And you know what? I have great friends. [REDACTED] helped  
10 me.

11 She also taught me about compassion. And even  
12 though if she isn't able to communicate verbally, she  
13 certainly uses her eyes. Expression. When you come  
14 into a room, she knows exactly who you are.

15 [REDACTED] is actually I'd have to say mentally  
16 estimated two to three months old. And yet, [REDACTED]  
17 recognizes me. She's known me for 61 years. [REDACTED] will  
18 celebrate her birthday on March 29th, 2010, 63 years  
19 old. She was only supposed to live to about the age of  
20 30. But Lanterman has made a difference.

21 So having left here on Saturday, (inaudible)  
22 introduction, I went over to see if I could just  
23 communicate with [REDACTED]. And [REDACTED] told me in her own  
24 inimitable way what she would like to have this panel  
25 know. So here's her letter. It is titled From the

1 Resident's Point of View.

2 Hello. My name is [REDACTED]. I have  
3 been a resident of ward [REDACTED] at Lanterman Development  
4 Center over the last 26 years. My father, James  
5 Ireland, and mother, (inaudible), picked LDC, then known  
6 as Pacific State Colony, in 1964 over all other  
7 institutions to place me in. My parents wanted me to  
8 live in a safe and happy environment as my permanent  
9 home.

10 When I arrived here, I was diagnosed as having  
11 mental retardation and cerebral palsy. (Inaudible)  
12 years. Today I'll be celebrating my 61st birthday,  
13 which I've already mentioned. Those wonderful people  
14 who have generously given all their time and energy to  
15 keeping me healthy are all the doctors. Thanks to those  
16 doctors, nurses, other (inaudible), housekeeping and  
17 administration staff.

18 They have notified my family on emergency issues,  
19 welfare and continued care, and for (inaudible) a  
20 curricular of social events. I do not know of any other  
21 placement where I would have so much peace of mind as I  
22 do at Lanterman.

23 Every day I see my (inaudible) with smiles  
24 inwardly. On their faces they do (inaudible). I feel  
25 safe and secure. On a daily basis my extended family,

1 those great psych techs, perform the necessary tasks  
2 with a kind, patient and loving understanding. This is  
3 the real development that takes place for all residents  
4 at Lanterman.

5 UNIDENTIFIED SPEAKER: Excuse me. Your time is up.  
6 If you could wrap up.

7 MR. IRELAND: Yes, ma'am.

8 UNIDENTIFIED SPEAKER: And you're welcome to share  
9 the statement in writing if you'd like as well.

10 MR. IRELAND: I shall do that. If I may read the  
11 three questions that [REDACTED] would like to ask?

12 UNIDENTIFIED SPEAKER: But your time is up and --

13 MR. IRELAND: Okay.

14 UNIDENTIFIED SPEAKER: -- if you could just wrap it  
15 up, that would be --

16 MR. IRELAND: I will do that.

17 UNIDENTIFIED SPEAKER: -- appreciated. Thank you.

18 MR. IRELAND: I thank you very much.

19 UNIDENTIFIED SPEAKER: Speaker 38, please.

20 MS. GOOD: Good afternoon. My name is Marcia Good,  
21 and I'm the Chair of State Council on Developmental  
22 Disabilities. I'm also the member of Area Board 10 of  
23 the State Council on Developmental Disabilities, which  
24 is the (inaudible) area that is -- that this particular  
25 piece of property is in. I am also the mother of a 24-

1 year-old young man who is a person with Downs's  
2 Syndrome.

3 I agree with the Governor's decision to close  
4 Lanterman Developmental Center. Lanterman Developmental  
5 Center is not an exemplary facility. The feds, the  
6 Department of Justice, investigated Lanterman  
7 Developmental Center and issued a report that outlined  
8 many instances of abuse, neglect and inadequate  
9 practices and policies that as far as I know have not  
10 been remedied.

11 It's true that between attrition and the budgetary  
12 crisis that we're facing that we have to consider this  
13 closure. It's true that California can save money  
14 providing current Lanterman residents the services they  
15 need in the community. It's also true that these  
16 buildings are not earthquake safe and do not stand to  
17 code.

18 This closure is an incredible opportunity, and  
19 should be seen as that, to expand community options for  
20 everyone, not just Lanterman residents. To capitalize  
21 on this opportunity, and I really want to emphasize  
22 this, the savings from Lanterman's closure should be  
23 transferred to the DDS Community Services Division, not  
24 transferred to the general fund.

25 There's been much research that shows people who

1 have once lived in developmental centers are happier and  
2 have a better quality of life after they move into the  
3 community. And I point to the Sonoma and Agnews  
4 closures as perfect examples of this.

5 And in particular one woman, [REDACTED]  
6 [phonetic], who was in her 70s when she was moved out of  
7 Agnews, and later became a member and spent an entire  
8 term six years as a member of the State Council on  
9 Developmental Disabilities.

10 During this transition to closure, residents must  
11 be given the opportunity to make an informed choice  
12 about where they want to live. Give them the chance to  
13 visit homes and programs in the community to see if they  
14 like it. Then respect their decision and provide needed  
15 services and support, be it in the community, or in  
16 another developmental center like Fairview. However,  
17 before transferring anyone to Fairview, make sure that  
18 they like it.

19 It is important that this closure is not made in  
20 haste. I am concerned that there's not going to be  
21 enough time to make the appropriate placements and  
22 provide the appropriate services. It is better to be  
23 done right. Let's do this right than do it in haste.

24 I ask DDS to involve families, to involve families,  
25 regional project staff, regional center staff, volunteer

1 advocates, and the clients' rights advocates to be  
2 present for team meetings to discuss placements. I  
3 thank you for your time and your consideration of my  
4 comments, and I hope that you will continue to involve  
5 stakeholders by providing input, oversight and follow-up  
6 to insure successful outcomes.

7 UNIDENTIFIED SPEAKER: Thank you. And I'd just  
8 like to remind the speakers to state your name clearly  
9 and your organization. We are now at speaker 39. Is  
10 speaker 39 here? How about speaker 40?

11 CONNIE: Good evening. This is [REDACTED] (inaudible).  
12 He's a client at (inaudible). And he's written a letter  
13 that he would like to share with you. And he has many  
14 more comments that he does want to get down, but it  
15 takes him a while for us to get it down.

16 My name is Connie and I'm here as the facilitator.  
17 And I'm going to read what he's written so far. It  
18 saddens me that my home and my friends' home will be  
19 closed. How would you feel if someone comes to your  
20 home and inform you that you no longer live there?  
21 Well, that has happened to me and my friends, and we are  
22 devastated.

23 I worry about our future. Will we all receive the  
24 services, the love, the care that we all have been  
25 receiving at our home, the Lanterman community? Some of

1 my friends have only known this home, the Lanterman  
2 community, all their lives. The staff are their family,  
3 and many staff members have become my extended family,  
4 too. We are talking here about breaking up a family. A  
5 family is home. This is not one (inaudible). I'm  
6 already hearing from my friends that they are not  
7 leaving this home. I feel the same way.

8 At many of my ITPs I have had regional projects  
9 express their feelings of providing me with opportunity  
10 to live in a least restricted environment. Well, in  
11 true life who goes to another person's home and offers  
12 them opportunities to live somewhere else that they say  
13 is better? That is not the norm. Would you like that  
14 to happen to you?

15 I have known two personal friends who have  
16 Lanterman. They were guaranteed a better quality of  
17 life. But what did happen to them? They still come  
18 here to visit because they miss the friendship, but most  
19 of all the family atmosphere that they have here. They  
20 also miss their jobs that they had here. Now they have  
21 no jobs. They been waiting and waiting for many years  
22 for this to happen. Is this what you mean by least  
23 restrictive and better opportunity?

24 The word choice is always talked about at our  
25 Lanterman community. Lanterman is my home, my peers'

1 home. It is not an institution like so many of you  
2 would say. It is the place that I call home. It is the  
3 place where my peers and I have many memories, and my  
4 family members. It is a place where my peers and I want  
5 to continue to live. This is our choice. Leave us  
6 alone. [REDACTED] (inaudible).

7 UNIDENTIFIED SPEAKER: Thank you. Speaker number  
8 41. We're getting ready to -- the next speaker between  
9 40 and 50, you might want to move closer to the room so  
10 we can keep the pace. And I want to remind you, we have  
11 five minutes per speaker. Speaker 41 is not here? We  
12 can go to the teleconference to see if anybody's waiting  
13 to speak.

14 UNIDENTIFIED SPEAKER: We have a comment from the  
15 line of Harry Fang from the Lanterman Center. Please go  
16 ahead. Mr. Fang, your line is open. If you have your  
17 phone muted, would you please unmute your phone.

18 CONNIE: May I just say that [REDACTED] has more, but it  
19 takes a while for him to get it out. And so he plans to  
20 get more of his feelings and the clients (inaudible) and  
21 how they feel about this.

22 UNIDENTIFIED SPEAKER: You're welcome to put  
23 that -- bring that in writing. Is there anyone waiting  
24 for a teleconference speaker?

25 UNIDENTIFIED SPEAKER: We have no further line in

1 queue at this time.

2 UNIDENTIFIED SPEAKER: Okay. Then we'll move to  
3 speaker number 42.

4 UNIDENTIFIED SPEAKER: My name is (unintelligible).  
5 My daughter is here. (Inaudible) now 50 years. And I  
6 just want to (inaudible). And I do not plan to miss any  
7 meeting because the life of my daughter is very  
8 important. After living here for 40 -- for 50 years,  
9 this is the only home that she knows. And I know that  
10 if they move her, if they (inaudible) to another place,  
11 I am going to lose my daughter because she won't be able  
12 to take it.

13 After 50 years that she been here in Lanterman, she  
14 has quite a bit of friends. People like her. She likes  
15 people. She's a very happy girl. She doesn't walk.  
16 She doesn't talk. She has cerebral palsy. I couldn't  
17 say very much the other day because I was so nervous.  
18 But now I'm very -- but I'm getting used to (inaudible).  
19 So I don't think I'm going to cry today because I'm  
20 getting stronger, and I have to fight for my daughter.  
21 If I don't fight, my husband and I, for my daughter, she  
22 doesn't have anybody else to fight. So (inaudible) my  
23 daughter.

24 We need so much (inaudible). This is my life.  
25 Without her I don't think I can live anymore. So please

1 leave her alone. I think I don't think I can say very  
2 much because (inaudible) the people that spoke before  
3 me, they say a lot of things that I want to say. So I  
4 want to concentrate on me and my daughter.

5 She's a beautiful girl. She's very kind. She love  
6 her father. She love me. She loves her friends. And  
7 she loves Lanterman. So Lanterman is her home for 50  
8 years. Don't send her any other place because I know, I  
9 know, because she's very (inaudible), she won't make it  
10 any other place. So I hope you can put your head in  
11 your heart and just leave her here.

12 Because somebody said that these folk that live  
13 here, they're charity cases. They're not charity cases.  
14 They don't have a check. My daughter have a check from  
15 her father. She has -- let me see. She has Medicare.  
16 She has Medi-Cal. So everything is covered. So they  
17 don't have -- you don't have to spend any money on her.

18 And all her clothes, we buy all her clothes. We  
19 buy all her shoes. She loves shoes. Yes. And then  
20 (inaudible) girls shoes. And the other day my half  
21 sister took her to the mall, and she gave her five pair  
22 of shoes. So, you know, (inaudible).

23 So, please, I need you like maybe you need my  
24 child, and these other children that they don't have  
25 anybody else. Because if my daughter is alone, I

1 (inaudible). And that's why I don't want to keep her  
2 home. She comes home every weekend. My husband goes --  
3 comes here on Fridays and take her home, and she comes  
4 back over here on Sunday. So she comes home (inaudible)  
5 on every weekend. And she's very happy.

6 So, but she knows this is her real home. When she  
7 goes to our home, to her home where we live, my husband  
8 and I, on the weekends, she knows it (inaudible). She  
9 doesn't know it's her home. Her home is here.

10 So, like I say, I'm feeling more open (inaudible)  
11 because you're (inaudible) to me. So, please, please,  
12 please, please, I beg of you, leave my daughter alone  
13 and leave her here. Because she doesn't have any other  
14 place to go. I'm too old to take care of her. I wish I  
15 have (inaudible). And she needs me like I need her.  
16 She needs her mother like, you know, we all -- we're her  
17 family. We love each other. You must have a family.  
18 You must have daughters. You must have brother, sister,  
19 somebody. So you know how it is to have a family.

20 UNIDENTIFIED SPEAKER: Thank you. And our time is  
21 up.

22 UNIDENTIFIED SPEAKER: Thank you.

23 UNIDENTIFIED SPEAKER: Thanks for sharing.

24 (Inaudible.) Excuse me. Forty-three.

25 MS. DRIBICH: Hello. My name is Ann Dribich

1 [phonetic], and my brother [REDACTED] has been here since 1969.  
2 And he's been happy here. It's been a good place for  
3 him. And I want to talk again about the State fiscal  
4 crisis that I talked about on Saturday.

5       Because we're told that Lanterman's budget is about  
6 160 million a year. And because of the aging  
7 infrastructure, it's costing about 100 -- or about a  
8 million dollars a year to maintain the place. Well, it  
9 cost 90 million to close Agnews. That sounds like we  
10 have 90 years before we run out of money if we do the  
11 same thing as they did at Agnews.

12       I want to know where all this money is coming from.  
13 The State's in a fiscal crisis. So where is all this  
14 money coming from? They tell us that community  
15 placements cost about \$150,000 a year per person. And  
16 it costs 300,000 a year here. But the reason those  
17 savings are there is because they don't give the  
18 services in the community. The law requires services  
19 that are equal to or better than what we get here at  
20 Lanterman.

21       And if you can tell me with a straight face that  
22 someone -- that a minimum wage worker that's constantly  
23 turning over is going to give the same services as a  
24 psych tech, a nurse, an RN, a doctor that's here, I  
25 won't believe you. And if you think that's so, maybe

1 the next time you need surgery you have a nurse's aide  
2 go and do your surgery. I mean it's just not possible.  
3 I just want to know what (inaudible). Because the staff  
4 here is loving, caring, professional.

5 And you heard from another speaker that Lanterman  
6 has problems. Well, every place has problems. And if  
7 you want to find out what the real problem is, it's the  
8 mortality statistics. When the mortality statistics in  
9 the community are 40 percent higher than they are here,  
10 that's a pretty severe telling.

11 UNIDENTIFIED SPEAKER: Thank you. Speaker 44.

12 MR. BOCKTALL: Good afternoon. My name is Brian  
13 Bocktall [phonetic]. I am the former President of the  
14 Association for the Mentally Retarded at Agnews, which  
15 was the family organization at Agnews Developmental  
16 Center. Several speakers have referenced the closure of  
17 Agnews. And I want to say that from the perspective of  
18 Agnews families, that closure was indeed largely a  
19 success.

20 But the reason that it was successful was because  
21 the State and the Department and the State Legislature  
22 made a commitment to provide quality support in the  
23 community to support the folks moving out of Agnews.  
24 Key amongst those were three piece of legislation that I  
25 would like to reference, the first being Assembly Bill

1 2100, which was authored by Harold Steinberg and passed  
2 in 2003.

3 And that created a nonprofit housing trust that  
4 went out and purchased homes for the Agnews movers, and  
5 those homes are now held in a trust. So even if a  
6 service provider does not work out, the clients remain  
7 in the home, and a new service provider is found.

8 Now, AB 2100 provided funding for the purchase of  
9 homes. And I hope that the Department will find ways to  
10 similarly fund the purchase of homes in the Southern  
11 California area.

12 The second piece of the legislation was Senate Bill  
13 962 offered by Wes Chesborough. And that created a new  
14 medical model home that had very strict licensing  
15 requirements and staffing requirements.

16 The third piece of legislation was Assembly Bill  
17 1378 authored by Sally Lieber, and that allowed  
18 community service providers to contract with the State  
19 so that Agnews workers could follow the clients into  
20 their new homes.

21 I think all three pieces of legislation were  
22 essential for the success of the Agnews closure. And I  
23 believe that the Department has a moral and ethical  
24 obligation to provide Lanterman movers with these  
25 things, that's the services and supports.

1           Certainly, the State's fiscal situation has changed  
2 since 2003. But, again, if you are going to provide a  
3 certain level of services for a group in 2003, and then  
4 try and move a similarly situated group in 2010, there's  
5 an obligation to provide that same level of support.

6           I would also like to reference some trailer bill  
7 language that was written by Senator Elaine Alquist, and  
8 that allowed for the Agnews Clinic to continue operation  
9 on an outpatient basis for as long as the Department is  
10 responsible for the land. And that has been invaluable  
11 not only for Agnews movers, but for folks who were never  
12 at Agnews to begin with. They now are able to get  
13 referrals to the dental clinic and some of the more  
14 specialized services that they didn't have access to  
15 before. And so I hope something similar can happen with  
16 Lanterman.

17           I'd also like to address the future disposition of  
18 the land. I think there is something very special about  
19 developmental centers and the services that they have  
20 provided in oftentimes for over a century. And if you  
21 are going to displace these people from their homes, you  
22 can't simply sell the land to the highest bidder and  
23 have a Wal-Mart and a Burger King.

24           There's an obligation that at least a portion of  
25 this land continue to serve this population that has

1 been so traditionally underserved. There's a tremendous  
2 opportunity to create new services on portions of this  
3 land and make those services available to a much broader  
4 population.

5 So, in closing, I would say that there is cause for  
6 optimism, but it is going to be dependent upon the  
7 Department making the same commitment and living up to  
8 the same obligations as they did at Agnews. Thank you.

9 UNIDENTIFIED SPEAKER: Thank you. Speaker 45.

10 MS. NEVARI: Hi. My name is Clarise Nevari  
11 [phonetic], and I'm here to speak on behalf of my  
12 brother (inaudible), who was born a normal healthy baby,  
13 and at nine months old (inaudible) meningitis.

14 UNIDENTIFIED SPEAKER: Can you speak into the mic a  
15 little bit more? I'm sorry. I can't quite hear you.

16 MS. NEVARI: My name is Clarise Nevari, and I'm  
17 here to speak on behalf of my brother, (inaudible), who  
18 was born a normal healthy baby, and at nine months old  
19 was stricken with meningitis, leaving him with severe  
20 brain damage.

21 He has spent his whole life at a California  
22 developmental center, first at Sonoma State for close to  
23 30 years, and later transferred to Lanterman. He has  
24 resided here for 27 years and this is his home.

25 I know I am number 45 and you've heard a lot of

1 probably the same things I'm going to say. I'm sure  
2 you're tired. But I'll quickly go through what I  
3 originally wrote, although I know some other people have  
4 said this.

5 In any event, Lanterman does provide [REDACTED], and not  
6 just [REDACTED], many others here, with 24-hour medical  
7 observation, monitoring of his medications to prevent  
8 violent outbursts that result in harm to themselves and  
9 to others. These medications are highly volatile and  
10 require constant fine tuning. Special diet to  
11 complement his medication treatment and insure general  
12 good health.

13 Lanterman provides behavior therapy for psychiatric  
14 and physical treatment (inaudible) workshop, social  
15 activities, basic lifestyle and coping skills. He  
16 receives all medical and dental services. Above all,  
17 Lanterman provides a safe environment for him. He is  
18 safe here. He can walk the grounds and go to the  
19 canteen.

20 Effects of closing Lanterman, he will no longer be  
21 under direct care of medical and behavioral experts,  
22 create homelessness. Many of the existing approximately  
23 400 residents would receive substandard care, and could  
24 walk away from community housing and end up on the  
25 street with little or no ability to care for themselves.

1 Thirteen hundred Californians would become unemployed.  
2 There would be further burden to the hospital emergency  
3 care system.

4 For [REDACTED] the closing would mean he loses his home  
5 of 27 years. And the most difficult, much of the  
6 progress he's been given here at Lanterman. If not  
7 supervised by experts both day and night, which includes  
8 medication, he will become violent and uncontrollable.

9 I'll just probe this small section from the last  
10 ITP. A description was given he has a history of  
11 aggression and anxiety and agitation with changes in his  
12 routine and schedule. Extreme difficulty tolerating and  
13 adjusting to changes in his routine and his environment.  
14 Continued need for structure and consistent routine.  
15 Strong attachments (inaudible) staff and difficulty  
16 establishing comfort with new and unfamiliar staff are  
17 all important factors to be taken into careful  
18 consideration when planning his placement needs.

19 This placement would be extremely difficult for  
20 him. I know it. I'm not even (inaudible) possible  
21 solutions. Everyone else is going over and over them.  
22 I do agree there's got to be other options than closing  
23 Lanterman, and then also other options than putting him  
24 in a community home, which for some that might work.  
25 But for [REDACTED] I know it won't.



1           My other point, I read -- wrote a bunch of stuff.  
2   But, you know, I'm so emotional I can't even glare at it  
3   to read it. I'll give it to you in writing. It'll be  
4   eloquent. But my point basically is, when are you going  
5   to take the time to explain to all the people here that  
6   you've heard what they said, but you're still making the  
7   right decision? When are you going to take the time to  
8   convince them that you're making the right decision for  
9   the people of California? I haven't heard anything yet.

10           We can sit here for 20 days nonstop and testimonies  
11   will keep coming from these people, and they'll keep  
12   begging you not to disturb the life of their loved one.  
13   They know what's going to happen if you try to place  
14   them in community. I'm talking about 70 percent of the  
15   clients that are here now. Not just them. This is a --  
16   we should be flaunting this institution. We should be  
17   showing it off, and we should be saying that, look,  
18   we've done this right, and be proud of it and flaunt it  
19   and build it and polish it. Not throw it down the  
20   tubes.

21           1922 my brother went into Sonoma State Hospital.  
22   He was two years old. I was seven. I told my father,  
23   "You can't do this." As a seven-year-old my inside  
24   was -- is you can't put my brother in a mental  
25   institution. It took me a while to understand that

1 (inaudible). I eventually understood that he was in the  
2 right place. That Sonoma State was a good place for  
3 him. It became a good place for him.

4 He had struggled. They just fought the Ronald  
5 Reagan years. Your people had fought the Ronald Reagan  
6 years. These people are still here. They're surviving  
7 after 80 years. My brother's 60 years old. They told  
8 me when he was a kid that he wouldn't live past 30.

9 We should be proud of this place. This place is  
10 one of the very few things we've done right for crying  
11 out loud. Thank you. And I better stop now.  
12 Otherwise, it might not look good.

13 UNIDENTIFIED SPEAKER: Thank you.

14 UNIDENTIFIED SPEAKER: I think this would be a good  
15 time to restate a couple of the guidelines that we are  
16 asking. And I want us to please leave your speaker card  
17 in the basket when you approach the podium, so we can  
18 make sure to collect those.

19 Also, in the interest of maintaining the laws of  
20 confidentiality and privacy for the men and women that  
21 live here, some information that is being shared is  
22 maybe considered confidential, and we should -- it  
23 should not be repeated or put in print. I just wanted  
24 to remind you. That was given at the beginning, but  
25 some of you have arrived since our initial

1 introductions.

2 We're going to see if there's anybody waiting on  
3 the teleconference.

4 UNIDENTIFIED SPEAKER: Comments from the phone  
5 lines, please press star one. Press star one from the  
6 phone lines if you have a comment. And we do have a  
7 question -- or comment from the line of Harvey Wang.  
8 Please state your organization.

9 MR. WANG: Yes. My son is (unintelligible) 29  
10 Lanterman, and I work at DDS for 18 years. I am a  
11 medical doctor.

12 UNIDENTIFIED SPEAKER: I'm sorry, Mr. Wang. We're  
13 still working on people with first time comments.

14 MR. WANG: Yes.

15 UNIDENTIFIED SPEAKER: So we'll get back to you  
16 again later. Okay?

17 MR. WANG: Okay. Thank you.

18 UNIDENTIFIED SPEAKER: Thank you. Are there any  
19 other people waiting for teleconference --

20 UNIDENTIFIED SPEAKER: No. We have no further  
21 questions in queue at this time.

22 UNIDENTIFIED SPEAKER: -- that haven't had a first  
23 time? Okay. Speaker 48. Thank you.

24 MS. ALISON: Good afternoon. Can you hear me? My  
25 name is Diane Alison. I am sister and conservator of

1 [REDACTED], an 81-year-old patient who is currently on  
2 residence [REDACTED]. My brother was committed in 1946  
3 (inaudible). I was here on Saturday and I believe I  
4 detailed the circumstances of his commitment as an  
5 immediate danger.

6 His situation has not changed over the intervening  
7 years. He is still an ultimate risk and has many anti-  
8 social and dangerous behaviors to himself. The  
9 patients -- I should say the residents on unit [REDACTED] are  
10 used to [REDACTED]. They respect him. He to a certain  
11 extent respects them. And I cannot say enough good  
12 about his caregivers. Truly and completely unit [REDACTED]  
13 and the caregivers are his home. Thank you.

14 I came Saturday with many questions. I was  
15 extremely puzzled at why the Department of Developmental  
16 Services, who I would assume are for the developmentally  
17 disabled, and I know that's not politically correct, but  
18 at least help the most helpless members of our society,  
19 the people here at Lanterman. You would think that DDS  
20 is on their side and on the (inaudible) side. Why are  
21 they proposing to close it?

22 After I left on Saturday I went immediately to  
23 visit a friend of mine whose son was here at Lanterman.  
24 My friend is dying. She's lying in bed. She can't do  
25 anything but lie in bed and die. She had a newspaper

1 article that she was saving for me. I'll read a tiny  
2 bit of it, because I don't know if everybody has seen  
3 this article. It was in the Pomona newspaper. The  
4 headline is "Lanterman Site Has Allure."

5 "The State Department of Developmental Services  
6 announced recently the intend to close this facility.  
7 The property size, location and proximity to the 57  
8 freeway make it well-suited for various types of  
9 development. These could include a mixed use  
10 development with retail and residential units, a  
11 shopping center, offices, or recreation. 'It's a very  
12 important portion of real estate,' said Raymond Fong,  
13 Pomona's Redevelopment Director.

14 "Councilman Steve Ashley said he thinks a retail  
15 center would be what the Council would be most excited  
16 about. He supports such a (inaudible), he said, but a  
17 shopping center with a movie theater would be even  
18 better.

19 "Councilman Saunders said a soccer stadium would go  
20 on the site and be occupied by a professional team."

21 This is profoundly disturbing to me given that what  
22 was said on Saturday, it was my understanding that  
23 Lanterman actually be sold, the money from the sale  
24 would not go to help place the patient. The money from  
25 the sale would go to pay California State bonds. That's

1 my understanding. To reduce the budget deficit.

2 This all does not set well with me as a family  
3 member of a patient here at Lanterman. I don't think it  
4 sets well with anybody in this room, no matter which  
5 side you're on. This is not right. What kind of  
6 society have we become where we treat those who can't  
7 care for themselves this way? I'm sorry. I don't like  
8 it. And I'm sorry that I'm becoming emotional.

9 Frank Lanterman personally came out here in the  
10 '70s with my father after my brother had been here for  
11 some 30 years, and there was talk of him being  
12 transferred to the community. Mr. Lanterman told my  
13 father, "Bill, when I enacted this legislation setting  
14 these things in motion, children such as your son [REDACTED]  
15 were never in my mind. [REDACTED] belongs in a secure  
16 facility where he can be cared for for the rest of his  
17 life."

18 Now, we all know some of the things that have  
19 happened as a result of Frank Lanterman legislation.  
20 Sad things where mentally ill people are now living  
21 under bridges. As a burn nurse with the County of Los  
22 Angeles I personally saw mentally ill people and  
23 retarded people who had been set on fire just for the  
24 crime of being different and being out in the community.  
25 Things like this want to make anybody want to sit down

1 and cry.

2 As one woman said on Saturday, we've skimmed the  
3 cream, we've skimmed the whole milk, we've skimmed the  
4 two percent milk. The people left here are now the skim  
5 milk, and they need us here. Thank you for your time  
6 and attention.

7 UNIDENTIFIED SPEAKER: Thank you. Speaker 49.

8 UNIDENTIFIED SPEAKER: My name is (inaudible). My  
9 son is 60 years old. Has lived at Lanterman for 32  
10 years. During these times his father and I have seen  
11 continuous improvement in the services that are provided  
12 here (unintelligible) or professionally caring and  
13 understanding shown by the staff. It will be a terrible  
14 waste to see all of these (unintelligible) as improving  
15 services going to waste and just being thrown out.  
16 There must be a better way.

17 According to a study (unintelligible) 1997 to '99.  
18 There was found to be a 47 percent higher mortality  
19 (inaudible) residents of the community homes as compared  
20 to the residents of the (inaudible). The conclusions of  
21 the (unintelligible) study was the reasons were the less  
22 (inaudible) medical care and supervision at a level in  
23 the community, and a lack of continuity of care, lack of  
24 centralized record keeping, and lack of immediate access  
25 to medical care.

1           And I have a number of questions I need the  
2 answers. And I'm sure (inaudible) have answers to the  
3 same questions. I hope we get answers to some of these  
4 questions today right now. How many of the present 394  
5 residents at Lanterman is a community placement most  
6 considered to be a safe alternative according to their  
7 ITP? The answer to that -- do you know the answer to  
8 that? (Inaudible) to that? Nobody knows. You should  
9 know that.

10           UNIDENTIFIED SPEAKER: At this hearing we are just  
11 taking your comments, but not answering questions.

12           UNIDENTIFIED SPEAKER: Okay. I'll give you my  
13 questions, and I'll expect an answer in an e-mail.  
14 (Unintelligible) recommendation was made. You don't  
15 know the answer. What are the action plans for family?  
16 Is that also slated (inaudible)? And if so, what is the  
17 timeline? I'm sure you know the answer, but you're not  
18 going to tell me.

19           Were there any residents of Agnews (inaudible) to  
20 Lanterman? Because (inaudible) about Agnews (inaudible)  
21 the February 20th meeting said that some residents went  
22 through (inaudible) that was there (inaudible). How did  
23 this happen and what happened to these people? I think  
24 you need to know. How many homes are presently  
25 available (inaudible) in Southern California in the area

1 served by Lanterman? And what is the total capacity can  
2 they accommodate of the people who live here now?

3 Are there any area that have the same (inaudible)  
4 of service and safety as the Lanterman Center?  
5 (Inaudible.) All (unintelligible) such homes as that.  
6 What are the requirements (unintelligible) facilities,  
7 and how (unintelligible), which is for the most severely  
8 behavior handicapped, and how does that compare with  
9 what Lanterman offers?

10 How many homes have been closed down in the last  
11 two years because of dangerous and (unintelligible)? Do  
12 you know? Do you actually have any numbers? Can you  
13 give me those numbers? How many (unintelligible)? I  
14 have those questions. And I'm giving you my e-mail  
15 address. And I will expect an answer (inaudible).

16 UNIDENTIFIED SPEAKER: Thank you. Speaker number  
17 50.

18 UNIDENTIFIED SPEAKER: First I want to thank my  
19 friend (unintelligible). Believe me, she used to be shy  
20 until I became her friend after an accident. And she  
21 (inaudible) many times on various issues. But you have  
22 to understand that Marta has a son here, and I have come  
23 here several times to visit [REDACTED]. And I understand that  
24 Marta has formed (inaudible) son, her only son, for  
25 years, both here and overseas. And it has not been

1 easy. All of you understand this search for services  
2 when a family member, members and friends. It's very  
3 similar on both coasts. (Inaudible) always with  
4 socialized medicine country. Okay? Everything is in  
5 flux, including United States. Okay?

6 Please forgive me. I will be slurring my words  
7 because life taught me a lesson on my way over here  
8 (inaudible). That is a reminder to me that we're all  
9 vulnerable. But I (inaudible) that I am stuck on coming  
10 to the truth (inaudible) research. (Inaudible) is very  
11 close to my heart, too.

12 I come from the field of medicine, nursing and  
13 sociology. And I'm very (inaudible) to the democratic  
14 process. I'm very, very hurt that the person that we  
15 now call Governor has become an executioner of social  
16 services, and he does not seem to know that in being a  
17 Governor he's supposed to have a plan (inaudible) with  
18 other social forces (inaudible) services such as  
19 Lanterman, Agnews, et cetera. He doesn't seem to have  
20 one.

21 It seems more like he is going in a closure  
22 circuit, and he's going to continue to until somebody  
23 like this wonderful group here today steps up to the  
24 plate and says no more. It is more than just monetary  
25 things that count. You have listened to various

1 speakers today who have brought up a more important  
2 force, which is this is a family community.

3         You've heard some people who work here. You've  
4 heard from people who have been clients here.

5         (Inaudible.) You've heard from family members who  
6 cannot -- who come here and visit because the bonding is  
7 important. But they do not have the strength of the  
8 knowledge or the housing to care for these people in  
9 their homes.

10         I am working on the side privately on an unpaid  
11 basis and (inaudible) to work our services by board and  
12 cares out in Riverside and San Bernardino County. It is  
13 even -- it is even complicated by (unintelligible),  
14 which I have brought to our facility, our supervisor's  
15 attention. We're working on that.

16         (Inaudible) if a facility like this close down, you  
17 have nursing homes who do not want them because they're  
18 not monetarily advantageous to them. We have board and  
19 cares. (Inaudible.) Okay? Some of them are and some  
20 of them are not. Okay? Then you have families. Some  
21 of the patients -- oh, sorry, clients here and at other  
22 centers don't have family members anymore. They've  
23 outlived them, or they don't have brothers and sisters.  
24 So we can't send them home.

25         Also, they require too many medical procedures

1 which these people are not capable of delivering. So,  
2 here we are, another (inaudible) fiasco. Yes,  
3 (inaudible) fiasco. (Inaudible) and I intend to do  
4 that. (Inaudible.) I like to fight issues, not  
5 parties.

6 (Inaudible.) I think his name is Reagan. I tried  
7 to forget him. I want (inaudible) to get another name  
8 than Schwarzenegger. I'm hanging in there. There is a  
9 lady, the best part of the Schwarzenegger family, the  
10 best part is Maria. Now, she is (inaudible), which  
11 happened to her older sister -- her oldest aunt, which  
12 totally brought her into retardation. She was not very  
13 retarded at first. (Inaudible) in the hoity-toity world  
14 where her father wanted her to fit in.

15 But they can't (inaudible). So she should remember  
16 what her aunts, her uncles, her own mother and her  
17 father were teaching her. He wanted her to also know  
18 that she should be supporting other cultures. But  
19 unfortunately, there (inaudible). Maria, where are you?  
20 If you really think (inaudible), please contact us. We  
21 might vote you in instead of your husband next time.  
22 Thank you very much.

23 UNIDENTIFIED SPEAKER: Thank you. Speaker 51.

24 UNIDENTIFIED SPEAKER: Good afternoon. You know,  
25 it seems to me that the DDS should not really be --

1 UNIDENTIFIED SPEAKER: The mic.

2 UNIDENTIFIED SPEAKER: (Inaudible.) It would seem  
3 to me that at the rate you guys are going you're just  
4 going to render yourselves unemployed. But actually,  
5 what you should be doing is trying to get funding for  
6 us. (Inaudible) adequate funds for our facilities to  
7 utilize the facilities properly as well, and to make  
8 sure that the physical structures are in good shape. So  
9 this way you wouldn't have this problem.

10 And, you know, we're going back years on this, 30,  
11 40 years. It doesn't really seem right. Because we're  
12 counting on you guys to help us here. And, you know,  
13 what you guys are doing is you're doing it really kind  
14 of backwards here as far as you're having these meetings  
15 after you really came to the conclusion of closing the  
16 place. And maybe you should have had the meetings first  
17 prior to coming to a decision of closure.

18 You know, there's a lot of able-bodied people on  
19 the public dole that -- well, you know, politicians and  
20 a lot of people have a cake for them. And we're hoping  
21 that DDS would have a cake for us. But, you know, it's  
22 not really happening.

23 You know, whenever a politician says that a baby's  
24 going to go hungry, that a family's going to go  
25 homeless, well, you know, we give them more money. But

1 they're able bodied, you know. And the people here are  
2 not. It just makes it really hard.

3 And then when someone's been here for a real long  
4 time, it's just real hard for them to adjust out of  
5 these centers, such as everybody has had kids here for  
6 as long as they've had them. I mean where do we go?  
7 We're supposed to come to you guys, and you guys are  
8 supposed to advocate for us. And what you're doing is  
9 you're going for closure.

10 You know, the community is just not the answer.  
11 And, you know, we know this. Especially since we're  
12 talking about the (inaudible). Because everybody who  
13 was more able-bodied here of the residents have been put  
14 in community placements. And what's left are very acute  
15 and seriously disabled people.

16 So, you know, it just makes it hard. And  
17 inevitably you guys will be closing this place down.  
18 And for Fairview actually to be in the (inaudible), you  
19 know, it's not fully -- not staffed, but I mean, you  
20 know, not enough residents are there, such as here.  
21 And, you know, it's not being utilized. It means that  
22 it's going to go next.

23 And really, the people before you, your  
24 predecessors, were the ones who really had us more in  
25 mind. Because they fought closure. They actually were

1 talking about keeping the place going for the purposes  
2 of helping the -- the family needed it, you know. It's  
3 just really a shame because we don't know where to go.

4 I would like to see if the parents' groups of the  
5 remaining facilities, if there's a viability to form  
6 these political action committees so we could have some  
7 sort of political team and have a director that knows  
8 how to navigate political corridors in Sacramento to at  
9 least, you know, give us a voice.

10 But, you know, if a place closes down, really  
11 there's nowhere that we can go. Obviously, my sister,  
12 as well as the other ones, they can't go into community  
13 placements. You know, our original (inaudible) central  
14 Los Angeles Regional. And that's really what -- it's  
15 not really what it was 50 years ago, you know.

16 (Inaudible.) I worked in and have lived in the West  
17 Allens [phonetic] area where they have a lot of huge  
18 mansions. They've been turned into community  
19 placements.

20 And you see all these people just running around  
21 all over the place, you know. Because at seven o'clock,  
22 the ones that are able bodied, they put them onto the  
23 streets. Come back (inaudible). Come back at 4:00. Go  
24 down for the day. And then take them out again at 7:00.  
25 Because if you stay in the facility, there's nothing to

1 do. Now, obviously, the ones that are wheelchair bound  
2 are just sitting there. You know, I know this. I've  
3 seen this.

4 And, you know, you guys will be closing this down,  
5 and it's just really hard for us. We don't know what to  
6 do. And we're coming to you for this help. Thank you.

7 UNIDENTIFIED SPEAKER: Thank you. Now we'll go to  
8 the teleconference line. Do we have any speakers  
9 waiting?

10 UNIDENTIFIED SPEAKER: If you have any comments  
11 from the phone lines, please press star one. And we  
12 have no comments in queue. Oh, we do have a comment  
13 from Harvey Wang. Would you please state your  
14 organization?

15 MR. WANG: This is Harvey Wang. My son (inaudible)  
16 22.

17 UNIDENTIFIED SPEAKER: Excuse me, Mr. -- we have --  
18 we still have about 20 or more people with first time  
19 comments first.

20 MR. WANG: Okay.

21 UNIDENTIFIED SPEAKER: Thank you.

22 UNIDENTIFIED SPEAKER: Are there any other  
23 teleconference speakers for first time?

24 UNIDENTIFIED SPEAKER: We have no further questions  
25 in queue.

1 UNIDENTIFIED SPEAKER: Speaker 52. Can the  
2 speakers 50 through 60 kind of move forward so we can  
3 hear you? Thank you.

4 MS. WILSON: Hi. My name is Valley Wilson  
5 [phonetic], and I'm here to talk about the impact of the  
6 closure of Lanterman Developmental Center  
7 (unintelligible) Learning Center.. I'm President on the  
8 Board of Directors at (unintelligible) Learning Center.  
9 We are a nonprofit shell care center on the grounds.

10 We opened in 1982, and have provided portable,  
11 high-quality, infant and preschool care to Lanterman  
12 employees, their families, and families in the  
13 surrounding community for the past 27 years.

14 (Unintelligible) Learning Center's involvement with  
15 Lanterman residents have provided opportunities that  
16 would not have been afforded in a traditional strip mall  
17 daycare. The children have the opportunities to  
18 integrate with the residents often. This partnership  
19 has always been harmonious. And we directly attribute  
20 this to the excellent supervision, interaction, and  
21 direct concentrated care the residents receive from the  
22 highly competent regimented staff.

23 The domino effect of Lanterman's closure will  
24 heavily impact our business that is 80 percent reliant  
25 on Lanterman employees. Should LDC close, our families

1 potentially will not be able to afford the tuitions any  
2 longer, thus removing their children from preschool.  
3 Our census plummet and we will have to close down the  
4 business.

5 We employ seven teachers and currently have fifty-  
6 two students ranging from six weeks to five years old.  
7 And we serve from 5:45 in the morning until 6:00 p.m.  
8 and Monday through Friday.

9 We currently have a five-year lease on grounds and  
10 we pay property tax. We ourselves have questions like  
11 will our lease be honored. But plans for the future are  
12 still part of the future. Agnews campus continues to  
13 provide services for 50 staff. We lease our building  
14 from the State of California. Would we still be able to  
15 lease with LDC closed since we serve other students and  
16 families from the community?

17 We respectfully ask that we not be considered as  
18 the revolution, and the State's emphasis must be on our  
19 residents. (Unintelligible) Learning Center impacts to  
20 this community has in itself been positive. Some of our  
21 early students now work and/or volunteer at Lanterman  
22 today. This is a family community. Lanterman is very  
23 close in our hearts. Thank you for your consideration.

24 UNIDENTIFIED SPEAKER: Thank you. Speaker 53.  
25 Speaker 53 is not here Speaker 54. I'd just like to

1 remind speakers to state their name and their  
2 affiliation or organization (inaudible).

3 MS. SAND: Amy Sand [phonetic], and I'm speaking on  
4 behalf of Pacific Federal Credit Union, and also as a  
5 concerned citizen of the great state of California. I  
6 can only hope that those of you of you from the  
7 Department of DDS have had as difficult a time as I have  
8 listening to these (inaudible) comments today.

9 Pacific Federal Credit Union was established in  
10 1957 to provide financial services to hospital employees  
11 and their immediate family members. The credit union is  
12 owned and operated by the members. Basically, members  
13 deposit funds in the credit union, and the credit union  
14 will also deposit to other members that need funds for  
15 profited purposes. In return, members (inaudible) are  
16 rewarded with the then and recently (inaudible)  
17 financial services.

18 The credit union also provides State payroll  
19 cashing services to its Lanterman clients, and we also  
20 have clients that work on the Center that live in the  
21 community that are members. One of the questions I have  
22 is, where are they going to work? Has any consideration  
23 been given to them?

24 The closure of Lanterman will certainly affect the  
25 credit union, but we do have options, and the current

1 plan is to relocate in the local vicinity in advance of  
2 such closure. Our major concern is for our members that  
3 are employed by the State of California at Lanterman and  
4 their capability to access customary financial services  
5 if they are forced to relocate out of the area to secure  
6 new employment.

7 We understand our members are eligible to join  
8 other credit unions. However, many of them do not  
9 qualify for (inaudible) and/or loans from other credit  
10 unions because they have financial issues that do not  
11 mirror those of the average member at other credit  
12 unions. And I speak of comparatively speaking to the  
13 clients here at Lanterman. And from the testimonials  
14 that I've heard, I think there are valid concerns that  
15 the clients here can receive the services that they need  
16 even at Fairview or somewhere else.

17 Through the years our credit union has found ways  
18 to help the members by honoring the State of California  
19 issued IOUs, and more recently registered warrants when  
20 other financial institutions had turned them away. In  
21 today's market, 3.75 percent is an excellent rate of  
22 return. However, vehicles, buses and (inaudible) do not  
23 run on the promise of gas or food.

24 And as I'm listening here again to the testimony, I  
25 question who the Department has in mind. The clients

1 here, the employees, and also as a concerned citizen for  
2 the State of California, I see this as another 1,300  
3 displaced State workers. Why -- looking at it from a  
4 business perspective and a budget, why aren't we looking  
5 at ways to utilize the Center in other ways? It can be  
6 done. I don't -- I haven't heard anything that  
7 constitutes forward thinking on behalf of the State.

8 In closing, I would ask that you please consider  
9 the multifaceted effect on the employees, the clients,  
10 and the whole community in your decision as to the  
11 future of Lanterman. It involves so much more than a  
12 line item in a budget. Thank you.

13 UNIDENTIFIED SPEAKER: Thank you. Speaker 55.

14 MS. CHRISTIANSON: Hi. My name is Barbara  
15 Christianson [phonetic], and I recently retired in  
16 December of this year. And it was a really hard  
17 decision because I really love this place. I worked at  
18 Fairview for 21 years, and the last 11 years I worked  
19 here. And I have to tell you, these were the best years  
20 of my State service.

21 I am a psychiatric technician, but I am also a  
22 mother of a developmentally disabled child who is now  
23 44. She has been married for 10 years and lives in the  
24 community. But as a parent, before I became a  
25 psychiatric technician, I had to deal with the outside

1 community. And God help them now that after I became a  
2 psychiatric technician, they really didn't like me at  
3 ITPs. And because I didn't allow them to do things for  
4 my daughter that were not safe.

5 And one of the things that I really feel about  
6 Lanterman is the difference between Lanterman and  
7 Fairview is the safety issue. I think that -- it's  
8 located on Harbor Boulevard in Costa Mesa, and a lot of  
9 our clients throughout the years -- I worked in the  
10 Behavioral Department, which was mostly bad boys. And I  
11 love them so much, I stayed for a long time.

12 And -- but they got out of the facility and were  
13 out on Harbor Boulevard. And I said -- I was talking to  
14 someone. I was thinking that I bet you if we went to  
15 the Costa Mesa Police Department, they probably have a  
16 list of how many clients a month that they probably take  
17 clients back to Fairview and because of them being able  
18 to leave. Because a lot of the clients who are at  
19 Fairview now (inaudible) Camarillo and had more of some  
20 mental issues and they're dual diagnosis and things on  
21 that order. And here I feel like the clients are a lot  
22 safer. And this is a community.

23 And one of the clients that I got to know over the  
24 years was [REDACTED] [phonetic]. And she was saying  
25 that she really enjoyed living here because she had --

1 was able to go around the community like a community and  
2 she had the freedom to do the things that she really  
3 enjoyed doing, where out in the community she wouldn't  
4 have that.

5       When my daughter was -- as my daughter grew older  
6 and I went through a divorce and I started in the  
7 psychiatric technician program, my daughter had --  
8 regional center gave the option to put her in a group  
9 home. And so I finally did find a really good one in  
10 Vista. But when she turned 18, they told my daughter  
11 that she no longer had to listen to anyone and she could  
12 make her own decisions.

13       And my daughter is very highly functional. She's  
14 (inaudible). She's probably second adolescent for the  
15 rest of her life. And she's between 10 and 14 on a good  
16 day. And so she became a problem. So the group home  
17 that she lived in was very, very well done. But they  
18 told her she had to leave.

19       So the next place we put her was in board and care.  
20 And then I would pick her up from the bus stop at 10:30  
21 at night because the bus services had stopped and she  
22 was out on the street.

23       So then we moved her to Ridgecrest into another  
24 program that helps people that independent community and  
25 stuff, and she bombed out of that. So then she moved in

1 with her -- next to her dad and stuff.

2 And then along the way she actually had to go back  
3 into a group home. And then she became engaged, and  
4 she's been married for 10 years and is doing much  
5 better.

6 But my biggest concern as a parent, and I'm leaving  
7 this -- I have four children. I'm not going to be on  
8 this earth for a long time. And the burden that my --  
9 leaving my daughter for my children to take care of has  
10 been a hard one for me to handle.

11 And to know what these parents are going through  
12 and the kind of care that they get here at Lanterman is  
13 very hard for me. And I understand exactly how they  
14 feel. I have loved and cared for these clients, and it  
15 was one of the hardest decisions for me to even retired  
16 because -- and now I'm volunteering in the State program  
17 to help them out because I love being here.

18 And I appreciate the time to talk here. And I hope  
19 that they decide to keep Lanterman open and instead of  
20 closing it. And because I really believe it's a better  
21 place than Fairview. And Fairview is fine, except that  
22 overall I just don't even see how people can live and  
23 commute to Costa Mesa the same way that they could here.

24 I was in a vanpool and I lived in the Temecula  
25 area, and there's just a lot of housing that people

1 could actually live a lot cheaper and safe on that order  
2 than they could ever in Orange County. And I appreciate  
3 your time and thank you so much.

4 UNIDENTIFIED SPEAKER: Thank you. Speaker number  
5 56. Is speaker 56 Alison? We'll go to the  
6 teleconference line. Is there any -- are there any  
7 speakers waiting?

8 UNIDENTIFIED SPEAKER: There are no questions in  
9 queue.

10 UNIDENTIFIED SPEAKER: No first time speakers?

11 UNIDENTIFIED SPEAKER: No questions in the queue.

12 UNIDENTIFIED SPEAKER: No? Okay. Speaker 57.

13 MR. HEFFMAN: My name is Robert Heffman [phonetic].  
14 I'm fortunate to be the husband of the lady who  
15 confronted you a few moments ago with her questions. I  
16 urge you to pay attention to her. She is a deeply  
17 serious and committed woman.

18 Our son, her son, my stepson, is a patient, a  
19 person who lives here at Lanterman and has for about 30  
20 years. Lanterman has been a great help to him. He has  
21 become a greater human being than he was.

22 We're in a dangerous time. When I was a boy in the  
23 1930s there was a man from Austria who decided to kill  
24 the Jews, and he did. Now we have another man from  
25 Austria who has decided to descend upon the weak and

1 helpless who have found a home here at Lanterman. I  
2 hope you understand the significance of his identity and  
3 his actions.

4 I hope, I trust that we are all together in  
5 opposing the actions to close this haven for the weak  
6 and helpless. I thank you for your attention.

7 UNIDENTIFIED SPEAKER: Thank you. Speaker number  
8 58.

9 MS. ROSSBURN: Good afternoon. My name is Valerie  
10 Rossburn [phonetic] and I'm a volunteer here. Yesterday  
11 I went over, I was kind of curious, to find some  
12 records, and I did have the opportunity (inaudible), and  
13 was advised that they couldn't get in the room where the  
14 documents might be because the State of California  
15 (inaudible) many things that she had to do, which was  
16 extremely reasonable.

17 However, my father was a psychiatrist for the State  
18 of California during the days of (inaudible).  
19 Therefore, I also assisted him in the facility when he  
20 had problems with clients who could not get out of the  
21 little white rooms with bright lights after shock  
22 therapy.

23 And when I went to the -- yesterday I went to the  
24 courthouse for some documents there. I was also advised  
25 that the counsel for the facility has been looking for

1 documents but has been unable to find them. Therefore,  
2 there's a provision under, I believe, United States  
3 Federal Code called the FOIA, Act of Freedom of  
4 Information. Therefore, I'm submitting a Freedom of  
5 Information Act request. It reads as follows for  
6 production of documents which (inaudible) property taxes  
7 information, parcel numbers, legal descriptions, tax  
8 rates, (inaudible) information, tax codes, (inaudible),  
9 payments (inaudible), assessments and values of land and  
10 accessories, descriptions of lands, material rights, the  
11 previous owners, total net taxable value according to  
12 proof, notes, memorandums, drafts, diaries, logs,  
13 calendars, tapes, transcripts, (inaudible), internal  
14 records and reports, procedures, instructions,  
15 (inaudible) filed, draft studies, status sheet notes,  
16 telephone messages, e-mails, computations, intern and/or  
17 financial -- internal and/or financial reports, status  
18 reports, stipulations, and/or instructions for  
19 maintaining said property to include any and all -- any  
20 and all of the records relevant, including written  
21 documents from inspections related to the California  
22 Fire Codes throughout.

23         This is included but is not limited to any and all  
24 land, animals, money allegedly spent and/or limited to  
25 Sparticus, which is what it's originally called

1 (inaudible), I believe, Pacific Colony, Lanterman  
2 Developmental Center, and any other name said property  
3 has been defined as.

4 To include any and all deeds, tax records  
5 reflecting and designating the property known to be  
6 Lanterman Developmental Center, which is to be  
7 approximately 371 acres, known address as 3530 West  
8 Pomona Boulevard, Pomona, California, 91769, land  
9 formerly believed to have gone by the name of Sparticus.

10 This is to include any and all property and/or  
11 personal records. And then it goes on about gifts and  
12 grants and lands and animals.

13 I further request all the fees be waived with  
14 production of documents. It is in the public interest  
15 and will contribute significantly to the understanding  
16 of operations and understanding of government. This is  
17 submitted under Title 5, USC, section 552(a)(4)(a) of  
18 the United States Code.

19 I further look forward to hearing from you within  
20 10 days (inaudible).

21 I also have a plan to read to you a program here, a  
22 volunteer program, and to file for (unintelligible),  
23 which will be fully volunteer and funded privately, a  
24 501(c)(3) program. You can read it on Lanterman. You  
25 don't need to (inaudible). You cannot even prove who

1 owns this land. And (inaudible) to take it, that's  
2 wrong. (Inaudible sentence.) Can you go to church and  
3 steal a home and people's lives and go home and sleep?  
4 I don't know how anyone can do this. Anyone. God gave  
5 these people life. He gave all of us life.

6 And any homes that you possibly found to send  
7 people to, they will die there. They will not live  
8 long. And it is a tragedy. I would suggest everyone to  
9 open their bibles and read Revelation 22:11 through 16.  
10 I'm going to pray for all of you.

11 And to everyone, you need to send in (inaudible)  
12 for your questions. (Inaudible) for 120-day extension  
13 so the people who have asked questions can get an  
14 answer. And I believe you are required to have a  
15 rehearing when it's requested. I formally request a  
16 rehearing in 120 days.

17 UNIDENTIFIED SPEAKER: Thank you. Speaker 59.

18 MS. PARRISH: Good afternoon. I actually was not  
19 planning on speaking, but I had asked Treba [phonetic],  
20 the librarian, to provide me a copy of a research paper  
21 that was done a few years ago.

22 My name is Joanna Parrish [phonetic]. I'm a nurse  
23 out at RAM, and was actually from Cal State University.  
24 And the article was done by David Strauss [phonetic],  
25 (inaudible) California Riverside, and talks about

1 comparative mortality of people (inaudible) institution  
2 to the community. So she actually put it on my -- at my  
3 desk around noon today, so I'm speaking at the last  
4 minute.

5 So when the -- I've worked here since 1982. And my  
6 (inaudible) specialist in the '80s and she told me about  
7 the (inaudible). And I work with many special children  
8 here. Some kids that come to mind are [REDACTED], who has  
9 spinabifida, [REDACTED] and [REDACTED], who are drowning victims,  
10 [REDACTED], who's a car accident victim. [REDACTED] had Pompe's  
11 disease and she actually was in the movie that came out  
12 a few weeks ago called Extreme (inaudible) Without My  
13 Child (inaudible).

14 I also know what it's like to have family members  
15 with disabilities. My mother had a bachelor's degree,  
16 and I had to be her advocate in a nursing facility  
17 because she had Alzheimer's and died and had  
18 deteriorated.

19 I know that Lanterman has a lot of wonderful things  
20 that it offers that other facilities do not offer. For  
21 example, the federal nursing study survey on the  
22 internet rates Lanterman at five stars out of five  
23 (inaudible) facilities. We also have -- we have  
24 engineering services that provide individualized care  
25 for clients in wheelchairs. We have a wonderful risk

1 management (inaudible). We have very low pressure  
2 scores compared to other facilities. We actually have  
3 clients who come back from other hospitals who we have  
4 to kind of heal their pressure scores.

5 We've had, because of individualized review,  
6 improvement in fractures that have gone down  
7 significantly. And we have a really good Human Rights  
8 Committee who really cares about our clients.

9 I agree with Dr. Larimore and others who have  
10 spoken that we must consider downsizing, and also  
11 consider selling a large portion of the land for  
12 development and revenues, and using part of the property  
13 for revenue, and also considering having more of  
14 (inaudible) at Lanterman.

15 There are clients here who can successfully  
16 (inaudible) to the community, but there are others who  
17 live here who have very severe prognosis such as spastic  
18 autophasia and seizures and they have tracheotomies, and  
19 so they're very at risk. And these clients are the most  
20 susceptible, the most fragile citizens here in  
21 California.

22 I know it kind of boils down to economic issues.  
23 And I'm a fourth generation Californian and I know that  
24 we're part of a legislative system (inaudible) welfare,  
25 education, corrections, (inaudible), lottery, highways,

1 parks, (inaudible), fire, et cetera, and I know we're a  
2 very small part of the California Legislature.

3 But I hope that the bipartisan, that they will  
4 consider all of the variables and issues that are going  
5 regards our economy. Have they addressed issues such as  
6 (inaudible) funds, Welfare fraud, non-citizens,  
7 (inaudible) helping people receive disability funds,  
8 underground economy, people not paying taxes, improving  
9 (inaudible) so people can get a revenue stream  
10 consistent. There's a lot of possible other  
11 alternatives for increasing revenue in California.

12 So I'll just finish with one more thing. [REDACTED]  
13 was one of my special children that I worked with, and I  
14 wrote a poem for her for her birthday. And she started  
15 writing poetry back in 1986. So I wrote a poem. And I  
16 just got an e-mail about one of the clients that  
17 happiness depends on Lanterman, and it really touched my  
18 heart. So I'm just going to read a poem about  
19 Lanterman. And I want to thank Monica (inaudible) for  
20 the information from a review she did about Lanterman's  
21 history. I'll finish with that.

22 Let us take a trip down memory lane about our own  
23 special facility. After the original in 1912 when  
24 Pacific Colony was built in January 1923, meetings were  
25 moved from (inaudible) at Pacific State (inaudible) much

1 during the 1930s. There was (inaudible) quarters,  
2 administration buildings, and (inaudible) auditorium,  
3 (inaudible) commissary, mortuary, (inaudible),  
4 blacksmith area, shop for printing, a paint shop,  
5 (inaudible). (Inaudible sentence.)

6 Due to overcrowding, landing buildings increased  
7 during the 1950s and an era of dissolving stereotypes  
8 improved patient dignity. Dr. Tarzan [phonetic] helped  
9 bring volunteers as well as research funding.

10 UNIDENTIFIED SPEAKER: Excuse me. You have run out  
11 of time.

12 MS. PARRISH: Oh, okay. So --

13 UNIDENTIFIED SPEAKER: But we'd be happy to have  
14 you share that with us (inaudible) --

15 MS. PARRISH: Okay.

16 UNIDENTIFIED SPEAKER: -- in writing.

17 MS. PARRISH: So, anyways, I just at the last  
18 minute decided to speak. And I have copies of this.

19 UNIDENTIFIED SPEAKER: Thank you. Speaker number  
20 60.

21 MS. MENDOZA: My name is Lou Mendoza. I'm an  
22 employee here that works here at LDC. I am also an  
23 active advocate out in the community for the people with  
24 developmental disabilities. I have served on the State  
25 Council of Developmental Disabilities under the Area

1 Board 12, appointed by the County of San Bernardino  
2 Board of Supervisors.

3 I have been advocating for people with  
4 developmental disabilities for over 12 years. I am very  
5 diverse in the laws and regulations that surround  
6 children and adults with developmental disabilities. I  
7 am well aware that the main focus for people with  
8 developmental disabilities is to be provided with  
9 services in relationship to the environment, and  
10 emphasis on community settings as a preferred living  
11 option for most consumers.

12 The word "most" means that not everyone will fit in  
13 the category for being able to live out in the community  
14 in a least restrictive environment. This would be due  
15 to the medical needs or the severe behavior issues that  
16 warrant a restrictive environment (inaudible) medical  
17 issues related to consumers.

18 Sometimes (inaudible) consumers want to remain in a  
19 developmental center because it's their wish and chose  
20 to do so, or their family members or conservators feel  
21 that the developmental center setting is appropriate and  
22 the best choice for the consumer.

23 Here at LDC the consumers -- the consumers at all  
24 levels of physical, medical or behavioral functions are  
25 well cared for, living in a positive environment and

1 receiving the services that they need. They are cared  
2 for by educated and well-trained staff that are doctors,  
3 OTs, PTs, LVNs, teachers, et cetera. The staff work  
4 here at LDC because they like working with the consumers  
5 and truly care about them.

6 Here at LDC we offer consumers an appropriate  
7 program that consists of social integration within LDC  
8 and within the community: jobs, religious services,  
9 schools, et cetera. Family members and advocates are  
10 satisfied with the quality and the appropriateness of  
11 the care received regarding consumers' health, safety,  
12 quality of life, integration, choices they have here at  
13 LDC. Most consumers' families are satisfied with the  
14 loved ones' living arrangements and progress on their  
15 life spans here at LDC.

16 As an advocate and someone that works here and  
17 cares about the consumers, I have a problem with DDS and  
18 legislators wanting to close LDC in the next two-year  
19 timeframe. I am not sure how you can put a timeframe on  
20 transitioning almost 400 consumers out into the  
21 community.

22 In Southern California there is a lack of  
23 appropriate community-based housing placement for  
24 developmentally disabled people. There's a lack of  
25 appropriate wraparound services in the community for

1 consumers that are placed at community placements. This  
2 is due to budget cuts from the following agencies: DDS,  
3 which supervises regional center, Medi-Cal, Department  
4 of Mental Health, nonprofit agencies, the California  
5 Department of Public Health, and so on.

6 The option of living in a developmental center will  
7 be taken away as a choice in the ITP process. It seems  
8 that we will be taking the choice away from the  
9 consumers (inaudible) developmental centers or LDC as a  
10 placement (inaudible). (Inaudible) this placement for  
11 the most severe physically, mentally and behavioral  
12 consumers needs to be improved in the community before  
13 you can place all consumers from the developmental  
14 centers into the community.

15 We need to (inaudible) are placed in placements  
16 where their medical needs and behavior needs will be  
17 met. For some of our consumers that cannot be done in a  
18 two-year timeframe. For others that will be possible  
19 (inaudible). It cannot be possible. It depends.

20 This is why I am urging that when DDS submits your  
21 closure plan to the legislators, that you do not submit  
22 it with a closure date. Legislators and DDS  
23 administrators cannot put a timeframe on placement of  
24 consumers. We have to follow the laws to be sure the  
25 transition into the community occurs only when all

1 necessary services and supports are placed for the  
2 consumers to succeed in the community safely.

3 LDC will not have the opportunity like Agnews  
4 Developmental Center had for having a housing plan  
5 established like AB 2100, where the agency funding to  
6 develop housing for up to 300 residents that lived at  
7 Agnews. Without this type of funding, how can anyone  
8 say that we can move the LDC residents into community  
9 with the necessary services and support in place and do  
10 it safely?

11 At this time it seems that consumers living at LDC  
12 are being used to fix the problem with the State of  
13 California budget. The Governor, DDS administrators up  
14 in Sacramento and the legislators are going after the  
15 most vulnerable people in California. This (inaudible).  
16 Are they going to take a quality of life from them just  
17 so they can try and balance a budget?

18 Our consumers here are just a dollar sign to the  
19 legislators and nothing more. They have forgotten and  
20 don't care that there are people that should be treated  
21 (inaudible) respect should be allowed to have a quality  
22 of life.

23 I as a State worker here at LDC and a parent of a  
24 developmentally disabled child and as an advocate  
25 understand and know that LDC will close some day.

1 There's an appropriate way and an inappropriate way.  
2 You're taking their families, their friends, you're  
3 taking everything away from them to save a dollar.  
4 That's wrong.

5 UNIDENTIFIED SPEAKER: Speaker 61.

6 MS. GRAFTON: Good afternoon. My name is Teddy  
7 Grafton [phonetic]. And my son is [REDACTED]. And I just  
8 have a few questions that I'm going to ask you. [REDACTED]  
9 was in a group home and was a lot healthier than he is  
10 now, and it didn't work out for him then. And he is  
11 high bone fracture now. I don't know if group homes can  
12 handle that. (Inaudible) or whatever.

13 He is on a special diet. I don't think they have a  
14 dietician in a group home. He has seizures. He is on a  
15 lot of meds. I just want to see that he gets those.  
16 You know, who's going to fix his food that he needs?  
17 Who's going to bathe him in a group home when the  
18 workers are usually out of high school, you know? And  
19 they turn over every three weeks. And they don't listen  
20 to what you have to say.

21 [REDACTED] used to run. And I'd tell them. And they  
22 wouldn't believe me. And then they'd call me up, "Oh,  
23 [REDACTED]'s gone. You were right." You know, they're not  
24 used to the kids like the workers are here. And I'm  
25 really afraid for all these kids that have a lot more

1 wrong with them than the ones that can go in a group  
2 home. And that's all I have to say. And please don't  
3 close Lanterman. I'm very opposed to it.

4 Oh, one other thing. Has DDS checked into group  
5 homes for kids like [REDACTED] and the other clients here?  
6 You know, I don't know. Thank you.

7 UNIDENTIFIED SPEAKER: Thank you. Are there any  
8 speakers -- first time speakers waiting on the  
9 teleconference?

10 UNIDENTIFIED SPEAKER: We have no one waiting in  
11 queue.

12 UNIDENTIFIED SPEAKER: No one?

13 UNIDENTIFIED SPEAKER: No.

14 UNIDENTIFIED SPEAKER: Okay.

15 UNIDENTIFIED SPEAKER: Thank you.

16 UNIDENTIFIED SPEAKER: Thank you. And then we'll  
17 go to speaker 62.

18 MR. WOLF: Good afternoon. I'm Ron Wolf  
19 [phonetic]. I'm President and CEO of OPARC, which is a  
20 nonprofit community-based organization serving adults  
21 with developmental disabilities in the west end of the  
22 Inland Empire. We have seven facilities from Montclair  
23 on the west to San Pacific/San Bernardino on the east,  
24 also looking at the (inaudible) facility in the  
25 (inaudible) Valley. We serve about 700 clients, again,

1 adults in day programs. Some of these clients are in  
2 fact former residents of developmental centers.

3 Among the services provided by OPARC are medical  
4 services. We have an LVN on staff. We do administer  
5 medications. We do have clients who have G tubes, use G  
6 tubes. We puree food when necessary. We have behavior  
7 management program which normally operate on a one-to-  
8 three ratio when necessary, when approved by regional  
9 centers for funding. We do provide, in fact, one-to-one  
10 client-to-staff services (inaudible) our management  
11 programs.

12 We have a lot of clients who are employed in the  
13 community and we work with many, many different local  
14 businesses to insure that any client who wants to work  
15 has that opportunity. It's a bit of a struggle these  
16 days, as you might imagine, in the recession. That is  
17 one of our primary goals.

18 We also provide leisure and recreational  
19 activities, speech pathology, many, many different  
20 community integration activities. In fact, on any given  
21 day more than one-half of those 700 clients are working,  
22 productively earning a paycheck, or in the community, or  
23 both.

24 All our facilities are regularly monitored by  
25 (inaudible) Regional Center, other regional centers with

1 which we have ongoing relationships, by Community Care  
2 Licensing, and we were, of course, accredited by CART.

3       As a P.S. on my notice, I was -- everybody I think  
4 understands, I haven't heard anybody say to the  
5 contrary, that the campus here needs a lot of capital  
6 improvements. And because I've been sitting in the room  
7 for three hours and I'm trained to notice such things, I  
8 did notice that there are no sprinklers in the building,  
9 no strobes, no horns. I didn't even see a (inaudible).  
10 I do see one little fire extinguisher over in the  
11 corner. This facility would not be licensed by  
12 Community Care Facilities if it were in the community.

13       In closing, I would just like to say that OPARC is  
14 very proud of our staff. We have -- they are well  
15 trained. Our staff members are compassionate and  
16 dedicated. We have -- our staff members have in fact  
17 saved lives in communities because they have been keenly  
18 aware of behavioral traits and physical traits. They  
19 have saved lives through using the Heimlich maneuver and  
20 so on.

21       With the proper planning and with the proper  
22 funding OPARC is prepared to serve clients coming out of  
23 developmental centers. And we feel we can do an  
24 excellent job of doing that. And besides that, it does  
25 require planning, does require funding. And I

1 sympathize and I very much am involved with the  
2 compassion that I feel and hear from the relatives of  
3 people who are residing here.

4       Anyone who would like to know what does exist in  
5 the community, I'd like them to contact OPARC. We are  
6 on the web at OPARC, O-P-A-R-C, dot org. And we would  
7 be more than happy to give tours at any of our  
8 facilities to anyone who would like to see what in fact  
9 does exist in the community. Thank you.

10       UNIDENTIFIED SPEAKER: Thank you. Speaker 63.

11       MR. GUTLEDGE: Good evening. My name is Bill  
12 Gutledge [phonetic] and my affiliation with Lanterman is  
13 that of an employee. But I stand before you right now  
14 not as an employee, but I don't think we established me  
15 as an advocate (inaudible).

16       UNIDENTIFIED SPEAKER: Mic.

17       MR. GUTLEDGE: If I could have one wish today -- if  
18 I could have one wish today, it would be that this  
19 facility and all DDS facilities remain open. I'm not an  
20 advocate for closing any facilities. But I'm also a  
21 realist. And the fact that I'm standing here is that  
22 this facility or Fairview will be closed. I realize  
23 that.

24       At this point it is Lanterman that's been proposed  
25 to close. And the reason stated is age and stability

1 and the capital improvements that the gentleman just  
2 spoke of. I think that the decision to close Lanterman  
3 over Fairview is one that's been made in haste. I'm not  
4 bashing Fairview because the work that is going on there  
5 should be applauded. Just as well as the work that's  
6 going on here.

7       It is just that I've been to both facilities, and  
8 this facility is a much nicer facility and it provides a  
9 much more potential for better quality of life for all  
10 the developmental disabled people in California.

11       On many (inaudible) over the years. I'm sure  
12 you've probably heard testimony, but I haven't been here  
13 all day, so I'm not sure. I believe it would be just as  
14 cost effective to keep this place open as it would be to  
15 relocate our clients to Fairview.

16       I say this not to preserve my job. If these two  
17 facilities are to merge, I'm low on the totem pole and I  
18 wouldn't be here. So that's not why I'm standing here  
19 today. I say this because I think this is the best  
20 facility to provide a very good quality of life for the  
21 citizens, the disabled citizens of the state.

22       The real reason that Lanterman was chosen for  
23 closure over Fairview is because of the land that we're  
24 sitting on or standing on right now. If this facility  
25 were to close today and the land were to be sold off, it

1 would not bring in the revenue that it would have four  
2 years ago.

3         If we save Lanterman today, if we merge Fairview  
4 with Lanterman and save this land, in five or six or  
5 seven or eight years, when our population has dwindled  
6 and we've placed people properly in the right amount of  
7 time, we will -- the State will still own this land, and  
8 the value of this land would be much greater. So by  
9 saving Lanterman today, we are going to save the State  
10 revenue in the future.

11         I stand here today because there's a financial  
12 crisis in the state. I don't know who caused that  
13 financial crisis. I have a good idea, but I'm not going  
14 to stand here and point fingers. Alls I can tell you is  
15 that it wasn't anybody living in any of the homes at  
16 this facility.

17         Asking the innocent people to pay or to uproot  
18 people from their homes to pay for a budget that is  
19 someone else's fault is simply wrong. If this center --  
20 if this center is to close -- or I realize that it is  
21 very costly to run this place, but it's only money. If  
22 the Center is to close, that monetary cost will become  
23 human costs, and that is not a cost that I would like to  
24 see. Thank you.

25         UNIDENTIFIED SPEAKER: Thank you. Speaker 65.

1 MR. BROWN: I'm Royal Brown [phonetic]. I'm a  
2 Senior Commissioner from the City of West Covina. Our  
3 job as commissioners is to advocate and advise the  
4 political leaders what should be done about senior  
5 affairs.

6 I want to tell the audience here that, having been  
7 involved in a lot of public hearings, this is a  
8 legislative process that the staff and the Department  
9 has decided upon. It's not according to CEQA and the  
10 normal public hearing provinces. This leads to an  
11 action by the Legislature, not by the Department. So  
12 it's political.

13 An hour ago O'Brien from out in another center that  
14 was closed advised you that there needed to be  
15 legislation, and that's the function of a Legislature.  
16 And for anybody who wants to fight the closure of this  
17 center, they should be getting involved in the  
18 legislative process. That's the real charge for the  
19 people that participate here today is to get involved  
20 with the Legislature. Because they're going to make the  
21 decisions. They're going to appropriate the money. And  
22 they're going to reap any benefit from inaction or  
23 poorly planned execution of a closure.

24 There are problems in our communities, especially  
25 with seniors, that have not been faced by the mental

1 health facilities. We have a great problem with  
2 dementia and Alzheimer's diseases. Frankly, this  
3 facility, if partially closed, could be well turned into  
4 a facility to treat Alzheimer's and dementia-type  
5 patients with better care.

6 As far as severance of property, the area along  
7 Pomona Boulevard on the other side of the railroad  
8 underpass has never been developed. It's agricultural  
9 land. It's ready today for development. Anybody could  
10 come in there, any developer can come in there and put  
11 that property to work immediately. So, really, the  
12 hospital and developmental center portion of this site  
13 should be severed from that. That should be two  
14 separate decisions.

15 There is immediate demand for vacant property. It  
16 will attract developers. But whenever you take down an  
17 old facility, and this is old, it's going to take time  
18 and often great delays. And in today's market, with the  
19 capital situation such as it is, developers are not  
20 going to be very interested in taking on development of  
21 the development center itself.

22 So, very frankly, you as the staff taking notes  
23 need to make sure that the public is properly informed  
24 of this process and how they can stay involved in  
25 providing for their families and their relatives and

1 their friends. That's your charge as employees of this  
2 Department in conducting this hearing today. These  
3 people clearly don't understand what's going on. And  
4 you as the public employees need to educate the families  
5 of the people that are here as patients today. There is  
6 obviously a big gap.

7       You had a meeting Saturday, and many of these  
8 people didn't understand what was going on. And I think  
9 they still don't understand. But that's the business  
10 that you got to tell them that they got to get involved  
11 in the politics of the decision-making by the  
12 Legislature. That means special bills, special  
13 authorizations, and get rid of the advocating those  
14 things. As the gentleman an hour ago told you, at  
15 another center they got busy and done. And then they  
16 had a fairly decent adjustment.

17       So if there isn't that type action done by the  
18 local people here in this area, this is going to be a  
19 big disaster with the transfer of the patients that are  
20 here today. I would hope that you, these people  
21 conducting the hearing, get with the Department and work  
22 on an effort to inform the families what is going on and  
23 how they can get involved. Thank you.

24       UNIDENTIFIED SPEAKER: Speaker 66.

25       MR. VITERI: Good afternoon. My name is Michael

1 Viteri [phonetic]. I'm talking about my angel lady.  
2 Her name is [REDACTED]. She is very fragile girl. She  
3 does not talk and walk. She has cerebral palsy. She  
4 has scoliosis and many other problems. She's very  
5 (unintelligible). Since she born they cannot  
6 (inaudible). They endure the pain because they work to  
7 enjoy life, same as you and me.

8 (Inaudible) the fact that the nurse, the doctors,  
9 they work 24 hours to take care of the children. And  
10 many professional people are here. And they (inaudible)  
11 for this kind of (inaudible) to take care of the  
12 children.

13 The closure of Lanterman will deny the  
14 responsibility and the right of these children they  
15 have. Any member of this panel, if they have a  
16 conscience, the closure of Lanterman, this place. The  
17 community, they don't like these children. I'm talking  
18 from experience. I send all (inaudible) to my lawyer  
19 (inaudible). My lawyer say to somebody (inaudible) they  
20 put her right now. She is (inaudible). They make  
21 (inaudible). They make fun of my daughter all the time.  
22 (Inaudible.)

23 But if they close Lanterman, (inaudible) they want  
24 to make like Holocaust like in the Second World War like  
25 Hitler did. What Hitler did, because they don't like

1 some kind of people.

2 Whatever they do (inaudible) responsible to do the  
3 best you can for these children. Thank you so much.

4 UNIDENTIFIED SPEAKER: At this time I'm going to go  
5 to the teleconference line to see if anybody has any  
6 questions or comments.

7 UNIDENTIFIED SPEAKER: If there are any comments on  
8 the phone lines, please press star one. We have no  
9 comments in queue.

10 UNIDENTIFIED SPEAKER: Thank you.

11 UNIDENTIFIED SPEAKER: Thank you. We'd like to  
12 call speaker number 67. Okay. We'll go on to 68. Do  
13 we have speaker 68 here? Speaker 69. Speaker 70.  
14 Speaker 71.

15 UNIDENTIFIED SPEAKER: Speaker 72. Seventy-one's  
16 not here.

17 UNIDENTIFIED SPEAKER: Okay.

18 UNIDENTIFIED SPEAKER: Good evening, everyone. My  
19 name is (unintelligible), and I have the pleasure of  
20 serving on the Governor's Advisory Board for Lanterman  
21 Community Hospital.

22 In this era of reuse, recycle, re-engineer,  
23 repurpose of everything existing, we should apply these  
24 same parameters to the Lanterman facility in Pomona.  
25 Rather than close the facility for a short-lived

1 anticipated (inaudible) and return for discarding an  
2 institution that has evolved over more than 75 years,  
3 let's evolve it one more time.

4       Much of what I envision for Lanterman can be found  
5 in an (inaudible) of the closure plan for Agnews. There  
6 were many good ideas that went into the Agnews plan, and  
7 we should build on those successes. I would like to see  
8 Lanterman go to the next level in integrated community  
9 living. The campus of Lanterman could be manipulated to  
10 allow for integration -- I'm sorry, for integrated  
11 habitation by DD, developmentally disabled, and FF,  
12 fully functioning, persons.

13       The Lanterman campus is located in a highly urban  
14 area with great resources for partnerships in the  
15 operation of the new Lanterman (inaudible). To be  
16 successful, we must combine resources in a way that  
17 multiplies the contribution to the overall performance  
18 of the whole. We will need to merge resources from  
19 federal, state and local governments, the corporate,  
20 union, industrial and educational providers. This truly  
21 will be the melting pot that produces the shining star  
22 of leadership in the area of least restrictive care  
23 giving.

24       (Inaudible) how can we get this done? Start with a  
25 simple plan and try to stay as true to it as we can. We

1 all know it's easier to build roadblocks than to build  
2 the road itself. And this will not be acceptable if a  
3 plan is to be fulfilled.

4       The first hurdle is development of a nonprofit  
5 consortium of stakeholders to operate the facility.  
6 This will require the crossing or elimination of some  
7 jurisdictional boundaries, both real and imagined.  
8 Financing for the operations will come from public  
9 sources and may require some complex negotiations to  
10 make sure that the stakeholders are all protected, and  
11 their obligations to their stakeholders are taken into  
12 consideration. The building for services will also need  
13 an entirely new set of rules and regulations for use and  
14 responsibilities, both physical and fiscal.

15       Who are all these stakeholders? To begin with,  
16 they are the state and federal programs that are already  
17 involved in taking care of the asset management. Adding  
18 to this would be the groups we plan to partner with for  
19 delivery of services and operations.

20       We are blessed to have many medical training  
21 programs in our immediate area that can benefit from  
22 joining with Lanterman for hands-on training. We  
23 currently host the on-site psychiatric technician  
24 program students, and this is one of the largest schools  
25 in the state for this discipline.

1           We are adjacent to Cal Poly, who would benefit with  
2 their medical delivery and management programs. We also  
3 have the Western University of Health Sciences, which  
4 provides training for physician assistants in holistic  
5 medicine, along with schools for optometry, dentistry,  
6 and even veterinary sciences.

7           These institutions could use the acute care  
8 hospital on Lanterman campus for the training and  
9 operation of the hospital. The health care providers  
10 would be available to regional centers and to the  
11 general public. By utilizing what we have currently  
12 have in facilities, we can use this to generate income  
13 to offset our expenses.

14           What about the physical plant? It is old and needs  
15 to be replaced. Many of the buildings on campus have  
16 been continually upgraded as the need has arisen. The  
17 cooling tower was recently replaced. Future repairs  
18 that are anticipated are the replacement of the sewer  
19 system, a repair that is long overdue. In addition,  
20 sprinklers to all the buildings that are not currently  
21 equipped.

22           Moving the clients to a smaller geographic area  
23 would free up a large portion of the campus with many of  
24 the older buildings. This area could be redeveloped  
25 with dormitory style housing to be used by clients and

1 students. Each building could be built in conjunction  
2 with local union training centers. This would includes  
3 the electricians and carpenters unions, along with the  
4 new solar installer service. Other trades which can be  
5 identified would also be encouraged to join in.

6 Building slowly over time allows the students to  
7 continue having opportunities for hands-on training.  
8 The new buildings would contain all the (inaudible)  
9 screen, LED -- LEED programs with solar hot water and  
10 electricity, sustainable building materials and  
11 (inaudible).

12 In addition to the dorms there would be apartment  
13 complexes. Again, this will create an income stream for  
14 these buildings. Retail development is also  
15 anticipated. It's needed to provide a means for our  
16 clients to learn how to go to the market and handle  
17 money and making choices. It will also serve those  
18 fully functional people living on the Lanterman campus.  
19 The grocery store or drug store, restaurant, (inaudible)  
20 office complex will provide (inaudible) on campus, as  
21 well as providing job opportunities.

22 I agree that as it stands Lanterman is an easy  
23 target for a short-term quick fix. But the potential to  
24 remake Lanterman into a positive cash flow entity  
25 deserves your attention. Thank you very much.

1 UNIDENTIFIED SPEAKER: Can we have speaker number  
2 73?

3 UNIDENTIFIED SPEAKER: Good evening. My name is  
4 (unintelligible) and I have been (unintelligible) as  
5 well as a continuous (unintelligible). And my heart has  
6 been and will be for a long time with Lanterman.

7 You've sat here a very long time today and listened  
8 to lots of opinions and lots of comments. And there can  
9 be no doubt in your mind at all what (inaudible) you  
10 should take back to Sacramento. Because, as the  
11 gentleman said before, this is a (inaudible) decision  
12 that is based on financial responsibility and  
13 redemption. We live in the real world. And I'm here to  
14 speak for the residents. That's why I'm here. Although  
15 I don't -- I'm not a parent. I don't have any  
16 dependents here. But I have been involved for many  
17 years with this (inaudible).

18 You heard a little earlier a letter from [REDACTED],  
19 which I had the privilege of listening to yesterday.  
20 And he asked you the question which I will repeat. Why  
21 should he leave his home? Why should he leave his  
22 family? Has anyone else caught on it's like you can't  
23 live in your home anymore? You must leave your family.  
24 And he's presented that to the Governor (inaudible)  
25 yesterday afternoon. And it was a very (inaudible).

1 And he's a resident. He's been here all his life.

2 You've heard of people who have been 68 years.

3 (Inaudible) go somewhere else. That's not realistic in  
4 this world. Unless you have no human sympathy at all,  
5 or the people who decide this do not have any human  
6 sympathy at all.

7 This facility, as you've heard many times, has  
8 evolved over 80 -- over 80 years. (Inaudible) and it  
9 just needs repair. But let me remind you, millions of  
10 dollars have been spent by the State to repair this  
11 facility to a special standard. More repairs are  
12 needed. But that's not a reason to take 400 people and  
13 cast them in all different directions. And some of them  
14 will never recover from that change.

15 It is an enormous step. And it's always been my  
16 belief that society should protect its weakest and its  
17 most defenseless. And this is what we're doing today.  
18 The residents of this facility are defenseless in many  
19 ways. And they have no vote. So they (inaudible)  
20 because of anybody who supports this move.

21 I would take you back, if I may, to May of 2009,  
22 when at the regional meeting in this facility attended  
23 by all the regional DCs and (inaudible) of DDS. And  
24 during those meetings the question was asked of the DDS,  
25 will Lanterman close? And the reply was, and I have it

1 written down and recorded at the time, "There will be no  
2 closures of our DCs." That's a direct quote. And they  
3 said (inaudible) because, and I repeat, they said that,  
4 "We have a commitment to the residents." I'd like you  
5 to remember that commitment today.

6 It's unrealistic to assume that everything can go  
7 without change. And I think most people in the real  
8 world realize that some change has to happen to  
9 (inaudible). But I would ask you this. Don't destroy  
10 this facility, which you will never ever replace. You  
11 won't and future administrations won't. But this  
12 facility should be (inaudible) and modified and shared  
13 with other community facilities, that seems to me a  
14 reasonable solution to part of your problem.

15 But remember, again, as you heard earlier, you will  
16 spend millions, or the State of California will spend  
17 millions of dollars to close this facility. And that --  
18 and think, this economy will not always be where it is  
19 today. Americans facing (inaudible) comes down 60  
20 years. But America recovers. And this facility will  
21 recover. The State of California will recover. And  
22 this will not be here if the decision to close is  
23 implemented. That's all.

24 And when and if that happens, (inaudible) would  
25 stop to rub their hands. Have you noticed that at all?

1 Have you been reading any of the quotes? Let me give  
2 you a couple. (Inaudible) the betterment (inaudible).  
3 It's a very important piece of real estate. This makes  
4 Lanterman desirable real estate to a number of people,  
5 and I would love to carve out 50 to 60 acres for  
6 shopping centers. We've got shopping centers.

7 UNIDENTIFIED SPEAKER: I'd ask you to wrap up your  
8 comments. I'm sorry.

9 UNIDENTIFIED SPEAKER: I'm sorry.

10 UNIDENTIFIED SPEAKER: You've (inaudible) your  
11 time.

12 UNIDENTIFIED SPEAKER: (Inaudible.)

13 UNIDENTIFIED SPEAKER: Thank you. (Inaudible)  
14 speaker 74.

15 MS. WELLS: First of all, I want to thank you very  
16 much for allowing me to be here today. My name is Les  
17 Wells [phonetic] and I am representing DOR. It is a  
18 national advocacy organization for individuals who are  
19 influential in developmental disabilities and their  
20 families.

21 For 27 years DOR has consistently supported the  
22 rights of individuals and their families to choose from  
23 a whole array of residential options, including family  
24 homes, own homes, community-based options, and facility-  
25 based care.

1 DOR stands for steadfast (inaudible) behind the  
2 residents of Lanterman Developmental Center and their  
3 families who opposed the proposed -- the proposal to  
4 close this fine facility. As a Medicaid licensed  
5 intermediate care facility for persons with mental  
6 retardation, Lanterman is uniquely qualified to meet the  
7 complex needs of its residents. And many have called  
8 Lanterman home for years, even decades.

9 (Inaudible) residents from across the country,  
10 Lanterman residents have profound cognizant and physical  
11 disabilities, extreme function limitations, chronic  
12 medical conditions, and behavioral challenges. Because  
13 Lanterman is federally licensed by DFMR, unlike  
14 community programs, residents benefit from annual  
15 federal assurance that more than 378 federal quality of  
16 standards are met here, including access to healthcare,  
17 appropriate staffing ratios, attention to parapetic  
18 needs.

19 This level of care and assurance is consistent to  
20 bring quality and great comfort to the families of  
21 Lanterman residents, and is simply not available in the  
22 community setting. Lanterman is -- has -- the clients  
23 here have many choices.

24 In this landmark Olmsted decision, the United  
25 States Supreme Court presently requires residential

1 choice, and cautioned against imposing on patients  
2 community-based treatment who do not deserve it or  
3 desire it. As recently as this past December a federal  
4 district court judge cited Olmsted when it was  
5 supporting the improvement and not the closure of a  
6 facility. Thus, the argument is made in the support of  
7 not closing this facility.

8 Like California's Lanterman Act, Medicaid also  
9 guarantees choice, providing that eligibility  
10 beneficiaries must be informed of any feasible  
11 alternative, and provide the choice of either an  
12 (inaudible) or a home or community-based waiver.

13 Families of individuals (inaudible) family  
14 influential disabilities find services like Lanterman  
15 priceless. We recognize, however, that the decision to  
16 close Lanterman is financially driven. But will  
17 California really save money?

18 There is a long held myth that community services  
19 can always be provided for less money. Peer review  
20 research and common sense (unintelligible) for cost  
21 savings. Lanterman's residents will need intensive  
22 support regardless of where they live. Providing all  
23 the necessary supports under one roof at Lanterman is  
24 obviously more cost effective than providing them in  
25 scattered locations across California. Only by

1 depriving individuals of life-sustaining care will money  
2 be saved, a solution feared by the families here at  
3 Lanterman Developmental Center.

4 Has California really studied the economical impact  
5 of Lanterman to the city of Pomona? Any time a facility  
6 closes, there is also a large revenue which is lost. By  
7 way of example, I have included in here this Topeka,  
8 Kansas study. I have also included also cost comparison  
9 studies. And I have also included other information for  
10 your review.

11 I want to thank you very much. I want to thank  
12 everybody here. God bless you all.

13 UNIDENTIFIED SPEAKER: Thank you for your comments.  
14 Next we'll call speaker 75. Is speaker 75 still here?  
15 Speaker 76. Speaker 77.

16 UNIDENTIFIED SPEAKER: Hello. I spoke on Saturday.  
17 And I appreciate your being here today for this long,  
18 long day.

19 My daughter is here at Lanterman and has been since  
20 1971. Reluctantly she was placed. But it was advised  
21 by the experts at the Neuropsychiatric Institute at UCLA  
22 because of her behavior disorder. She was classically  
23 autistic and profoundly mental retarded, self-abusive  
24 and aggressive. And virtually all of those behaviors  
25 have -- none have been extinguished, and some are

1 exacerbated by her adolescence. And she's now going to  
2 be 47 in April.

3 It's the hardest thing you can imagine to give over  
4 the care of your child. But I'm here to say and because  
5 I want to express my appreciation to the facility. I  
6 haven't always felt appreciative. In 1971 it was a very  
7 different place. And I can't tell you how we've  
8 evolved, how we've grown, how the community at large has  
9 become sensitive, really sensitive, to the disabled.

10 And the staff, the medical staff, the -- Dr. Stone,  
11 my favorite dentist in the world, provides dental care  
12 ongoing and as necessary to the residents. Psychiatric  
13 technicians and other staff on my daughter's residence.  
14 The people that come to clinic. The level of respect  
15 they show. They show it. It's not -- you can't mandate  
16 people to show respect, kindness, courtesy, good humor.

17 And to understand and accept finally that others  
18 can give your child a better life, a better environment,  
19 a safer place than you ever possibly could because  
20 you're just one person is -- I accept that. I'm in  
21 their debt, in the debt of the people who take care of  
22 my child. Thank you.

23 UNIDENTIFIED SPEAKER: Thank you very much. At  
24 this time we'll see if we have any calls from the  
25 telephone.

1 UNIDENTIFIED SPEAKER: Yes, we do. We have Harvey  
2 Wang from employee of DDS. Please go ahead. Your line  
3 is open.

4 MR. WANG: (Unintelligible.)

5 UNIDENTIFIED SPEAKER: Excuse me, Mr. Wang. We're  
6 still working on our first time callers.

7 MR. WANG: Okay. That's okay.

8 UNIDENTIFIED SPEAKER: Thank you.

9 UNIDENTIFIED SPEAKER: Caller number -- speaker  
10 number 78.

11 UNIDENTIFIED SPEAKER: My name is (unintelligible)  
12 and I'm a CFPT here at Lanterman. (Inaudible.) I've  
13 worked here for several years, about 10 years. And I  
14 originally am from Kenya, Africa. And the reason why I  
15 came to work at Lanterman was because I used to pass  
16 around here and I would wonder what is this big place.  
17 And I never knew, but every time I looked (inaudible) I  
18 would stop and I wonder what goes on in there. And I  
19 thank God that I made a position to come to Lanterman,  
20 and this is why.

21 I have a sister who has a friend in Kenya, and she  
22 has had a (inaudible) child. And in the process of  
23 having the child, the doctors told her they could not  
24 let her live. The child lived for about 20 minutes.  
25 And the reason being not that they couldn't take care of

1 the child. It's because they couldn't provide the  
2 services that we provide here in the United States.

3 And I'm not speaking about Kenya only. I'm  
4 speaking about just by watching TV and by working at the  
5 center and how they take care of the clients, it's hard  
6 and it's painful to me that they're making a decision  
7 that we will live to regret.

8 Closing Lanterman is not the best option. We --  
9 the kind of care we provide to these people who live  
10 here, this is their home. When I -- when I started  
11 working in the acute building, I not alone. I learned  
12 how to communicate with the patients. It's -- some of  
13 them I have rotation. (Inaudible) in a process  
14 (inaudible) here. He went for surgery at the hospital.  
15 And he passed on. And I remember when he was working --  
16 when we sending him down the hallway and I say to him,  
17 "Are you going to come back home," and he shook his  
18 head. And the following day he passed on. Those are  
19 some of the memories that you're taking away from us,  
20 and you're taking away from -- this is their home.

21 What I'm trying to say is this is their home. I  
22 don't call the place that I work today, the residents --  
23 I call it a home. Most of the time (inaudible) as their  
24 home. And I'm hoping that you will think about it.  
25 Sometimes -- in the years that I've worked here,

1 sometimes when I'm feeling -- I'm sorry to say this, but  
2 it's the truth. I see Sacramento coming in when we have  
3 crisis. I haven't seen coming when we are happy. I  
4 haven't seen you coming in when we're happy. And it's  
5 sad. It's sad. It is so sad because you don't care.  
6 That's not (inaudible) caring.

7 And I'm hoping that for those that are here and for  
8 those that are sitting down and making these decisions,  
9 maybe you should stop by and talk to me. Maybe you  
10 should stop by and see the clients and ask them. Ask  
11 them, just ask them how do you feel about Lanterman.  
12 Just don't walk out of this room. Some day, today,  
13 tomorrow, and ask family how they feel about being here.  
14 I wish -- I was hoping and I wish you could know that  
15 (inaudible).

16 This is Lanterman, what I call home. I am happy  
17 when I come every day. And I can tell you, you can talk  
18 to my supervisor today. She'll tell you  
19 (unintelligible). Will tell you about the clients here.  
20 Because we have high quality client care here. And I'm  
21 hoping that Sacramento will listen this time.  
22 Sacramento needs to (inaudible).

23 UNIDENTIFIED SPEAKER: Thank you. (Inaudible) call  
24 speaker number 79.

25 UNIDENTIFIED SPEAKER: Good evening, ladies and

1 gentlemen. I've worked here over 30 years. And what it  
2 really comes down to is people. And you can't put a  
3 dollar and you can't put an amount on a human being's  
4 life. God created them, created a human being, and he  
5 gave life (unintelligible) basically.

6 And God is a spirit (inaudible). A human being is  
7 the soul, what's inside the body. And whether you're  
8 disabled or 100 percent disabled, you have a purpose and  
9 a meaning in life. And (unintelligible) people can  
10 learn a lot from other people basically. In essence,  
11 (unintelligible) to be different towards everyone  
12 basically.

13 I know as a taxpayer, the politicians, the  
14 Republicans, Democrats can't get along. They argue over  
15 bills. Can't get along up there. You know, I mean if  
16 they could sit down and talk as human beings, that's  
17 what it comes down to. (Unintelligible) is about five  
18 seconds on earth. It's what you do with your life what  
19 matters. Some human beings don't (unintelligible) at  
20 all. (Unintelligible sentences.)

21 People really learn off of each other basically.  
22 Doesn't matter which country you come from, all  
23 different cultures. It has meaning and purpose just  
24 like anyone else. (Unintelligible sentences.)

25 I'd like all the politicians to come down here and

1 see what reality really is. Absolutely what it is.  
2 This center was created for one purpose only, for these  
3 clients who live here. They don't know what reality is  
4 (unintelligible). Out there beyond the gate, that's  
5 danger. Been like that since Jesus Christ was dead.  
6 (Unintelligible sentence.) (Unintelligible) you ought  
7 to keep this facility open completely. Because you  
8 don't know the reality as (unintelligible).

9 You know, I get tired of all these politicians that  
10 say this and that. It doesn't matter (unintelligible).  
11 All you got to do is (unintelligible). That's all it  
12 comes down to, you know. The human being's more  
13 precious than anything in this entire earth. You  
14 couldn't even put a dollar amount or put anything on it  
15 (unintelligible).

16 (Unintelligible) to help the mentally disabled  
17 (unintelligible) The United States probably has the  
18 best (unintelligible) than all the countries put  
19 together as far as helping the mentally disabled. Like  
20 the Jerry Lewis telethons. He raised as much for  
21 (unintelligible) for hundreds of different diseases to  
22 help children with special wheelchairs. Self-sustained,  
23 get around and help people. That's what life is all  
24 about basically.

25 By golly, to me it's all down to one thing. The

1 thing is it's life, what you make out of it, make the  
2 best (unintelligible). If you can see, you can hear,  
3 God gave you the mind out there to use. Think. Most  
4 people know right from wrong, basically.  
5 (Unintelligible sentences.) A lot of the stuff you  
6 can't even put into words. A human being is grasping,  
7 or trying to pronounce anything at all. Every human  
8 being is put here for a purpose and meaning. And God  
9 does not -- does not make mistakes at all. I know this  
10 for a fact.

11 Because I think the bad politicians are always  
12 going to be there. The people of California elected  
13 this Governor. I never liked the Governor in the first  
14 place. He's an actor, not a politician.

15 All people -- doesn't matter if you're rich or  
16 poor, they're all the same. Doesn't matter what you  
17 have. (Inaudible) anyway. I think that the most  
18 important thing I believe what it comes down to is I've  
19 never met a politician who's never been honest. Not a  
20 single one of them. When you put your heart and your  
21 soul (inaudible) to help someone (inaudible), you know.  
22 (Inaudible), you know.

23 UNIDENTIFIED SPEAKER: Andy, can you wrap up your  
24 words for us, please. You've expended your time.

25 UNIDENTIFIED SPEAKER: Yeah. Well, you know, I

1 guess so. You guys do what you think is right. You  
2 know right from wrong. And thank you very much.

3 UNIDENTIFIED SPEAKER: Thank you. I want to go to  
4 the telephone lines first before we go to our next  
5 speaker. I believe there's a question.

6 UNIDENTIFIED SPEAKER: There are no comments on the  
7 phone lines.

8 UNIDENTIFIED SPEAKER: Thank you.

9 UNIDENTIFIED SPEAKER: Okay. Next we'll call  
10 number 81.

11 MR. WHITEHEAD: Hi. My name is Brad Whitehead.  
12 I've worked at Lanterman Developmental Center for 32  
13 years. I've considered it an absolute pleasure to serve  
14 the clients who've lived here, the individuals that live  
15 here. Gosh, I can't think of a better place to be.

16 I got married in '77. I've been married 33 years.  
17 And then I was 21 years old when I got married. Fifty-  
18 three now. I've been here 32 years. Just celebrated 32  
19 years of working here.

20 And I can honestly tell you -- just a couple of  
21 things I want to say is that I can tell you with  
22 certainty that whatever any of us that work here have  
23 ever poured our lives into giving to these individuals  
24 who live here, we've always gotten 10 times more back  
25 for the experience. You can't know it unless you do it.

1           Unless you stand there and work, or you see an  
2 accomplishment that sometimes you and I would take for  
3 granted, to see that now I can get my pants from here to  
4 here, and you might have waited a year to accomplish  
5 that, that's an accomplishment that we waited a long  
6 time to see, but the payoff was so great. And it meant  
7 so much not to just us, but to the individual. And then  
8 it just came back at us.

9           I want to speak to the idea that I feel that when I  
10 came here -- it's funny. Like so many of the people I  
11 know, we had a two-, three-year plan to work at  
12 Lanterman Developmental Center. And then 32 years later  
13 I'm saying, man, I just couldn't leave. Because once I  
14 got to know the individuals who live here, I didn't want  
15 to leave.

16           This is a special place. And I'll tell you one  
17 thing that I think the Department of Developmental  
18 Services has always instilled in us, the management here  
19 as Lanterman Developmental Center has always instilled  
20 in us was that the clients come first. Always.  
21 Never -- without hesitation that's always been the  
22 marching orders we've been given. And that's always  
23 been what we did. And that's what we -- I know that's  
24 what I've done for 32 years.

25           This is exactly what my mission in life has been is

1 to watch my kids grow up. I brought my kids out here.  
2 Take them to Special Olympics. They all became a part  
3 of my extended family. I mean I got my three kids, my  
4 five grandkids, my wife, and I've got my extended  
5 family, which is Lanterman Developmental Center. These  
6 parents that are out here today, I mean we've got bonds.  
7 They're family.

8         And I'm going to tell you what. I think if  
9 somebody came in and told me tomorrow that we're going  
10 to take half your land, I don't even like the idea of  
11 giving up half the land. I'm going to tell you the  
12 truth. This land belongs to these clients. Now, the  
13 State can say all they want. But you know what? If  
14 there's such things as homestead rights, then these  
15 clients here, this is their land. They deserve it.  
16 They're the ones living here. They're the ones that  
17 have loved it and experienced it.

18         And I feel like all I want the developmental --  
19 Department of Developmental Services and Lanterman to  
20 give back to us is to let us continue to see our  
21 mission. Let us (inaudible) mission. Our mission was  
22 to serve the clients that we serve here. Now, many of  
23 them -- we heard the average age earlier.

24         I just think it just is wrong. It's wrong to think  
25 that at this point in life we can just say, okay, you're

1 all moving. I mean it just doesn't seem right. And I  
2 think we've got to oppose this. I hope you join me.  
3 Even though the Department's given you orders, I hope  
4 you leave here and say 99 -- well, maybe 95 percent of  
5 the speakers here today said we can't do this. We got  
6 to stop. Please take that message back. Because I know  
7 that's what I've heard.

8 UNIDENTIFIED SPEAKER: I'd like to call speaker 81.

9 MS. CASSIANO: Good evening. My name is Cheryl  
10 Cassiano [phonetic]. I've been a devoted employee of  
11 Lanterman Developmental Center for the past 20 years.  
12 For the past -- for most of that time I have had the  
13 honor and privilege to serve (inaudible) clients and  
14 have developed relationships with them and their  
15 families. They've entrusted us with the care of their  
16 sons, daughters, brothers and sisters.

17 The clients I work with are profoundly and  
18 severally mentally retarded. The developmental age is  
19 maybe between one and three years old. Several are also  
20 dually diagnosed with mental illness. They are unable  
21 to speak for themselves. They cannot (inaudible).  
22 That's when (inaudible).

23 A few years ago we had a client that was diagnosed  
24 with cancer and he was given about nine months to live.  
25 With the level of medical care that we provided to this

1 individual, he was happily with his friends and family  
2 on our residence for another four and a half years. He  
3 had his favorite group leader by his side as he said  
4 good-bye to friends.

5 I currently work with clients that look to their  
6 favorite staff when they're away on vacations  
7 (inaudible) on their days off. (Inaudible) understands  
8 that a few people are abruptly taken from their lives  
9 forever. We cannot make them understand what you're  
10 about to put them through. We can't explain or give  
11 examples of Camarillo or Agnews.

12 The only other lives they have here is their home,  
13 Lanterman. Some of our clients have lived here at  
14 Lanterman for over 70 years and have no comprehension  
15 when they're told that Lanterman may be closing. This  
16 is a safe neighborhood where they can walk freely around  
17 the beautiful campus (inaudible). They will not  
18 understand when they're uprooted from the only home  
19 they've ever known, separated from staff (inaudible) and  
20 they have been with for the past 20 to 30 years of their  
21 lives.

22 Doctors, dentists, nurses, psychologists,  
23 psychiatrists and numerous other service providers have  
24 worked with our clients for decades. They know them and  
25 all their special needs, and have worked (inaudible)

1 with these clients. Many of these people are available  
2 for our clients at almost any time of the day or night,  
3 which will not be the case if Lanterman (inaudible).

4 Not everyone is meant for community living. I  
5 wholeheartedly believe that there's no community home  
6 that can come close in comparison to the quality of  
7 services that are provided here. Unfortunately, many  
8 doctors and psychiatrists in the community are more than  
9 generous in prescribing medications (inaudible), while  
10 Lanterman strives to maintain a least restrictive  
11 environment as possible for each individual in every  
12 way.

13 Years ago I worked at a group home. I was the only  
14 person that was even in the psychiatric technician  
15 program. All the other people that worked there were  
16 not trained in any way to administer medications or deal  
17 with behavior. I know personally of two clients that  
18 moved from Lanterman out into the community and promptly  
19 passed away shortly after due to neglect on the part of  
20 the caregiver.

21 Although I'm sure times have changed, I still  
22 believe that there is no comparison between the people  
23 working for minimum wage in group homes that receive two  
24 weeks of training, and our licensed psychiatric  
25 technicians or psychiatric technicians and the years of

1 experience that they have working with our clients.

2       Lanterman Developmental has existed for a reason, a  
3 specific purpose, serving these wonderful and special  
4 people. They're not (inaudible) because of the  
5 financial mistakes of others. Closing Lanterman is not  
6 the answer to California's budget (inaudible). It will  
7 only make these clients innocent victims of our economic  
8 crisis (inaudible).

9       You've taken our pay, our holidays, and yet, we all  
10 come and continue to work every day with smiles on our  
11 faces, love in our hearts, and we work just as hard as  
12 we ever have to care for these people that need us to be  
13 here, need us to support (inaudible), and need us to be  
14 their voices today.

15       We will not go quietly into the night. We're  
16 fighting for the rights of these clients to live  
17 (inaudible) the best place possible for each client with  
18 special needs here at Lanterman. Thank you very much.

19       UNIDENTIFIED SPEAKER: I'd like to call the next  
20 speaker. You may need to adjust the mic there.

21       UNIDENTIFIED SPEAKER: What number?

22       UNIDENTIFIED SPEAKER: Eighty-three.

23       UNIDENTIFIED SPEAKER: Okay.

24       MR. DICKERSON: Hi. My name is Rick Dickerson.

25 I'm an employee here for 33 years. You must think that

1 a lot of us are one step away from retirement and why  
2 don't we just go away. But we're not. We've got a  
3 vital staff here. We love what we're doing and we  
4 believe strongly in what we do.

5 I do want to thank you for your attentiveness and  
6 stamina today, especially the people who (inaudible).  
7 They've been working harder than anybody.

8 Now, often at work when we face frustrating and  
9 difficult times, my colleagues and I will sometimes  
10 pause and we'll say, well, you know, the only reason  
11 we're here is for the people that live here. And that's  
12 what compels us to do the right thing for people with  
13 developmental disabilities. That's why I come to work.  
14 That's why you come to work. So I ask you to  
15 reconsider. Why not keep Lanterman as a resource?

16 I started out here as a psychiatric technician. I  
17 still have my license. So I'd kind of like to talk to  
18 you from a level of care perspective. When I started at  
19 Pacific State Hospital, we provided medical services for  
20 clients not only at Lanterman but in the community, the  
21 dental clinic, in surgery, podiatry, the eye clinic.  
22 And our central clinic was a comfortable place. Trained  
23 professionals. They were familiar with and trained.  
24 They knew how to work with people with not only  
25 developmental disabilities, but from behavioral issues

1 and medical issues. Going to outside appointments in  
2 the town was often very challenging. It was probably  
3 very stressful to the client, a new place to go. We did  
4 the right thing. We had services here.

5 In 20 years of community industries, our vocational  
6 services based program at Lanterman, I help provide jobs  
7 for not only the clients who lived here, but for the  
8 clients who lived in the community. We have people with  
9 developmental disabilities coming from the surrounding  
10 communities to work here. Now, why would that be? Why  
11 would people come in from the community to a State  
12 facility to work?

13 Well, in my time, the community-based programs had  
14 what I would call minimum standard -- minimum  
15 performance standards. People without a disability  
16 might be rated at 100 percent. That would be a 100  
17 percent grade. So a person with a disability, maybe if  
18 they could only do half the work in the same amount of  
19 time, they would be 50 percent. If they work 10 times  
20 slower, produce only a 10th of the work, they might be  
21 at 10 percent.

22 Some community-based programs wouldn't accept folks  
23 with low productivity ratings. As long as the people  
24 referred to community industries didn't have violent  
25 tendencies or sexual activity, community industries

1 would help them find employment. People with  
2 productivity as low as only two percent. In training,  
3 our skilled staff would help raise those productivity  
4 rates. Again, we did the right thing.

5 Earlier my friend Kevin Beck, the volunteer  
6 coordinator, he spoke some wise words regarding people  
7 with developmental disabilities in the severe and  
8 profound range. In all my career working here in the  
9 residential programs, and I worked in group homes,  
10 vocational programs, my efforts in sheltered workshops  
11 and job sharing, recreational, church to the beach to  
12 the Los Angeles County Fair, these folks, for all our  
13 good efforts, will never be on a level playing field  
14 with the community. So do the right thing. Keep  
15 Lanterman open as a resource. Thank you.

16 UNIDENTIFIED SPEAKER: Thank you. Next call  
17 speaker number 83.

18 MS. BROMLEY: Good evening. My name is Barbara  
19 Bromley [phonetic], and I am the conservator for [REDACTED],  
20 a former resident of Fairview Developmental Center.  
21 Shawn is nonverbal. He has multiple disabilities,  
22 including spastic quadriplegia, cerebral palsy, and  
23 intellectual disabilities, seizure disorder, and  
24 significant medical needs, including a tracheotomy and a  
25 gastrostomy.

1           This month he celebrates 10 years of successful  
2 community living. I'd like to share with you how the  
3 institutionalization has profoundly changed [REDACTED]'s  
4 life. Having lived at Fairview since the age of 4  
5 months, he was 29 years old when he moved to  
6 CareMeridian, a small homelike residential setting.  
7 [REDACTED]'s move was carefully planned from the beginning,  
8 with lots of collaboration between his ITP team and the  
9 staff at CareMeridian.

10           Fairview staff visited CareMeridian, and  
11 CareMeridian staff visited Fairview. Critical medical  
12 needs and equipment were identified ahead of time so  
13 that everything would be in place when he arrived at his  
14 new home.

15           Fairview was the only home that [REDACTED] had ever  
16 really known, and I wanted to be just sure -- I wanted  
17 to be sure to address his emotional needs as well. I  
18 spent countless hours talking to [REDACTED] about his new  
19 home and how he would make friends, new friends, yet  
20 still be able to visit old ones. I wrote social stories  
21 about packing and moving which were read to [REDACTED]  
22 numerous times. He also visited CareMeridian several  
23 times before the move, meeting residents and staff and  
24 participating in activities.

25           CareMeridian is licensed as a congregate living

1 health facility, what they call a C-L-H-F, or CLHF home,  
2 and it is a small community-based residential setting  
3 that provides 24 hours skilled nursing care. It is  
4 fully licensed by the California Department of Health  
5 Services. Furthermore, state regulations mandate that  
6 all CLHF homes have a non-institutional homelike  
7 environment.

8 [REDACTED]'s lived at the CareMeridian home for seven  
9 years before moving in 2007 to another CLHF home called  
10 Village Health Care Center, which has recently become  
11 part of the CareMeridian chain. He continues to live  
12 there today as a happy and healthy 39-year-old man who  
13 has flourished beyond anyone's wildest dreams. Let me  
14 give you some examples.

15 While at Fairview [REDACTED] used rudimentary nonverbal  
16 communication strategies consisting of hand signs and a  
17 few picture symbols. Today he uses a Dynavox  
18 communication device with over 250 messages to make his  
19 wishes and needs known.

20 At Fairview [REDACTED] lived on the third floor of a  
21 multi-story building and he rarely got outside. As part  
22 of CareMeridian's program he received activities seven  
23 days a week that includes cooking, art, walks outside,  
24 and trips to various community locations.

25 When he left Fairview [REDACTED] had not had physical

1 therapy since the age of 15. Restricted to a wheelchair  
2 for most of the day, he could not completely straighten  
3 his legs. When he moved to CareMeridian he could not  
4 hardly stand in a standing frame for two minutes. Today  
5 he receives OT and PT two to three times a week. He  
6 stands comfortably for 30 to 40 minutes, and he has  
7 gained significant range of motion, as well as endurance  
8 and stamina.

9 While at Fairview [REDACTED] averaged three to four  
10 episodes of pneumonia every year, often requiring  
11 hospitalization. Since moving into the community he has  
12 had two episodes of pneumonia in the past ten years.

13 All right. A brief moment about what's (inaudible)  
14 for day programs. [REDACTED]'s home provides daily  
15 activities. But I think it is rare to find community  
16 residential centers that provide their own activities  
17 program. There are very few decent day programs for  
18 individuals with medical challenges, and this remains an  
19 unmet need in the community.

20 Second, wheelchair seating and repair. Since his  
21 move [REDACTED] has finally received a wheelchair that  
22 addresses his seating needs using state-of-the-art best  
23 practices. However, his (inaudible) HMO authorizes only  
24 one wheelchair company and they (inaudible). The  
25 competence of the staff is questionable. They never

1 return phone calls. And they are dismally slow to  
2 respond to repair requests.

3 I share this story to illustrate that even  
4 though -- even though these individuals with the most  
5 challenging medical needs can live in the community and  
6 in fact thrive there, based on our experiences, a  
7 successful transition requires conscientious and careful  
8 planning and a residential model, such as the  
9 (inaudible), that supports persons with the most  
10 challenging medical needs.

11 I know that the complexities and issues surrounding  
12 the institutionalization go beyond one person's story of  
13 a happy ending.

14 UNIDENTIFIED SPEAKER: You need to wrap up your  
15 statements.

16 MS. BROMLEY: I know that there are some very  
17 serious issues surrounding funding and regional centers  
18 and Medi-Cal benefits. But my hope is that these issues  
19 will be addressed so that all individuals may achieve  
20 their own happy ending in the community. Thank you.

21 UNIDENTIFIED SPEAKER: Thank you. I'd like to call  
22 speaker 84.

23 MR. CALLOWAY: Good evening. My name is Michael  
24 Calloway. I've been a Lanterman psychiatric technician  
25 for more than 30 years. I would like to ask this panel

1 to do something for me tonight. I'd like you to use  
2 your imagination and imagine that you are like one of  
3 our clients. That you're severely or profoundly  
4 developmentally disabled.

5 That's not easy to do sitting in the bureaucratic  
6 chair. But I'd like you to also imagine the isolation  
7 you might feel if you were also blind and deaf. Then  
8 I'd like you to imagine the joy that you might feel  
9 after years perhaps of struggling through our rope  
10 system we have here at Lanterman during the translocate  
11 from your house all the way to the classroom. Can you  
12 imagine that accomplishment, that sense of victory that  
13 you might feel?

14 Now I'd like you to imagine the devastation that  
15 would result if you were taken away from everything  
16 familiar, placed in a whole new facility, and expected  
17 to learn new -- entire new ways of getting around with  
18 strangers.

19 And then, finally, I'll ask you to imagine that if  
20 somehow you were able to perceive that the reason for  
21 this change all boiled down to saving a buck, could you  
22 imagine your sense of betrayal? Thank you.

23 UNIDENTIFIED SPEAKER: I'd like to ask that the  
24 next four members to come up close to the front when  
25 you're called. At this time we'd like to call 85, 86,

1 87, 88, and make your way towards the front, please.

2 MS. JASMINE: Thank you for being here today. My  
3 name is Sunny Jasmine [phonetic]. I want to address  
4 three issues that I've been hearing you talk about. I  
5 heard you on Saturday. And thank you for talking with  
6 us, with the families, on that day.

7 Number one issue is that you made a very big point  
8 of saying there were 3,000 residents at Lanterman. That  
9 probably is a true number. But actually, since 1960, or  
10 probably it was in the '60s that the number might have  
11 been true. In the '70s it was greatly reduced. And I  
12 think that makes your proposal sound terribly  
13 exaggerated.

14 The second position or second question I have from  
15 you is, I don't feel that the infrastructure issue is  
16 being properly addressed. A great deal of money has  
17 been spent here at Lanterman. We're really not a hard  
18 hat area. It's sounding from your testimony and your  
19 speeches to us that you think that the roof is falling  
20 in. And the roof is not falling in.

21 Many projects are 75 percent completed even.  
22 Plumbing is one of them. There could be more money  
23 spent. We have some new buildings here. We have the  
24 audio building that is brand new. The residences are  
25 lovely, all air conditioned, very, very comfortable. My

1 son lives on [REDACTED]. Our patios have been restructured.  
2 Our fences are redone. Our campus is space and we use  
3 it for a lot of projects, a lot of fun. The community  
4 uses the campus.

5 When you present your proposal to the Legislature,  
6 do it in a truthful way. Present your proposal with  
7 current numbers. Don't make it sound as though people  
8 have wanted to leave Lanterman.

9 I must tell you that some people have been placed  
10 in the community and some people have left Lanterman,  
11 and several people have been successful in their  
12 placements. But many, many more have been forced out,  
13 and their families have been forced to put them into  
14 community placement. And it is a terrible experience.  
15 And I can tell you that from personal experience with  
16 our son [REDACTED].

17 Frank Lanterman would be turning over in his grave.  
18 He was very concerned with the aging population, care of  
19 aging people, and aging clients. And I went to those  
20 hearings from the very beginning. I have firsthand  
21 knowledge of that.

22 So, please, please, when you present your proposal  
23 to the Legislature, really present current facts. Be  
24 truthful about the facility. Be honest with the  
25 residents and families that represent them, and the

1 staff that take such good care of them. You have my  
2 written comments.

3 UNIDENTIFIED SPEAKER: Thank you. I'd like to call  
4 speaker 86.

5 MS. TAK: My name is Elsie Tak [phonetic]. My  
6 daughter is in unit [REDACTED] and she has cerebral palsy. When  
7 she was 8 years old, because of the (inaudible) for  
8 handicapped children was closed and we didn't know what  
9 to do, we applied and given -- we were given institution  
10 and nobody wanted to take her except Pacific State  
11 Hospital. And we thought this is the last place we  
12 going to send our daughter, what would we do.

13 So I asked the social worker in here, I said, "What  
14 would you do if you were a young child?" He said that,  
15 "I would send her to here. Because we spend so much  
16 time and money to process her case, and we tell you that  
17 she is the type of patient we want. And if you don't  
18 bring her over, then next time when you cannot handle  
19 her, you want to try again, then we -- I'm not sure then  
20 if you really mean it." And he said that, "She is  
21 always your child and you always can take her out if you  
22 are not happy with it. Okay?"

23 And so we asked her neurologist, and Dr. Hines  
24 [phonetic] told us, "I think you should send us there.  
25 What would you accomplish by keeping her at home?"

1 Because we -- with all of her sibling and all of the  
2 relatives, it took five us to teach her how to walk.  
3 And (unintelligible). You know, we turn her head and  
4 her hand and her feet and leg at the same time. We had  
5 this process about four to six times a day. So that  
6 means it took away all of the rest of our working and  
7 studying time. So he said that send her over there and  
8 give it a try. So the hospital recommend send her in  
9 here.

10 I remember the first day when I -- when we brought  
11 her here, we thought that we were putting her in jail.  
12 And I thought that we were so mean to have to bring her  
13 in here. But afterward we saw the good care that the  
14 hospital was doing for her. We were very thankful.

15 But actually, even though she is getting a lot of  
16 care, she is -- the State is paying a lot of money to  
17 take care of her. But actually, she is really working.  
18 The reason is because -- because we send her here, the  
19 State is taking care of her. So all of her siblings  
20 were able to finish their education.

21 And in our family we have medical doctor and we  
22 have a pharmacist and medical technician, teacher, and  
23 computer specialist, and we have a Ph.D. in  
24 biochemistry. And my husband and I were able to keep  
25 our business going with a 10,000-square-foot building.

1 And we (inaudible) 100 percent of our (inaudible) for 20  
2 years, and this helps to balance (unintelligible). And  
3 we were able to hire worker, and they all pay tax. And  
4 then (unintelligible) pay tax. So we are happy that we  
5 are able to pay some tax to help the State to take care  
6 of our daughter and some other residents in here.

7 And we appreciate the staff here, and they are  
8 wonderful. And I feel that they are saints and every  
9 time that I saw them. And I thank them for taking care  
10 of our daughter and some of the residents. Because I  
11 tell them many times, you don't have to work here.  
12 There's a lot of other places you can work. But you  
13 work here because you want to take care of these  
14 children and these patient and they want that. As you  
15 can see, there are a lot of testimony that they have  
16 worked here for many years because they love these  
17 patients.

18 And so I just want to think that maybe it is right  
19 for us to spend our money in a tax this way. Spend  
20 paying the qualified staff on the job that they love and  
21 keep them here, instead of paying for their  
22 unemployment. And then you'll be glad for helping the  
23 weakest and the least in California. It's the residents  
24 in here. And keep Lanterman open. Thank you very much.

25 UNIDENTIFIED SPEAKER: Thank you. We're going to

1 see if there are any questions or comments on our  
2 telephone line.

3 UNIDENTIFIED SPEAKER: If there are any comments  
4 from the phone lines, please press star one. We have no  
5 comments in queue.

6 UNIDENTIFIED SPEAKER: Thank you.

7 UNIDENTIFIED SPEAKER: I'd like to call speaker 87.

8 MS. EBNER: Good evening. My name is Elizabeth  
9 Ebner [phonetic], and I'm speaking on behalf of my  
10 sister [REDACTED]. [REDACTED] has severe autism and profound  
11 (inaudible). Since my mom's death in October I've  
12 become her conservator. And I'm trying to become her  
13 advocate, too.

14 [REDACTED] is 38 years old. She was raised in our  
15 family home. And 8 years ago, thanks to my mom's  
16 advocacy, and my family's willingness and ability to  
17 contribute financially, we've been able to set up  
18 supported living for her. She's in a daycare  
19 (inaudible). And when she's home she has (inaudible).

20 However, for over 20 years [REDACTED] has attended the  
21 weekly Catholic Church service that's held in this hall.  
22 [REDACTED]'s weekly outing to Lanterman is one of the  
23 highlights of her life. And one of the reasons for this  
24 is that this type of activity that accommodates the  
25 needs and the personalities of the developmentally

1 disabled is not available in our community. And this  
2 church service is but one of the host of activities in  
3 Lanterman that the residents here enjoy on a daily and  
4 an hourly basis.

5 By shutting down Lanterman you will eliminate  
6 activities that assist the disabled and allow them to  
7 live a full life. And so we question what will the  
8 State do to replace these. Thank you.

9 UNIDENTIFIED SPEAKER: Thank you. Before we go to  
10 our next caller, I'd just like to remind everyone, in  
11 the interest of maintaining the laws of confidentiality  
12 and privacy for the men and women who live here at  
13 Lanterman, some information shared today may be  
14 considered client confidential and should not be shared  
15 or repeated in print.

16 Our next speaker, 88, has left, so we'll go on to  
17 speaker number 89.

18 [REDACTED]: (Unintelligible sentences.)

19 UNIDENTIFIED SPEAKER: [REDACTED] is saying her name is  
20 [REDACTED] and she lives on residence [REDACTED] and she lives  
21 (inaudible).

22 [REDACTED]: (Unintelligible sentences.)

23 UNIDENTIFIED SPEAKER: (Inaudible.)

24 [REDACTED]: (Unintelligible sentences.)

25 UNIDENTIFIED SPEAKER: This is the only home [REDACTED]

1 has known, and she's very independent. But closing  
2 Lanterman will take away a lot of her independence.  
3 [REDACTED]: (Unintelligible sentences.)  
4 UNIDENTIFIED SPEAKER: Now she's talking about the  
5 keys.  
6 [REDACTED]: (Unintelligible sentences.)  
7 UNIDENTIFIED SPEAKER: If they take her keys away,  
8 she won't have a key.  
9 [REDACTED]: (Unintelligible sentence.)  
10 UNIDENTIFIED SPEAKER: Thank you. I'd like to call  
11 speaker number 90.  
12 UNIDENTIFIED SPEAKER: They wanted to come and they  
13 did not want to leave until they got to talk.  
14 This is [REDACTED]. (Inaudible) what she wants to say.  
15 She works across the street in donations. She lives on  
16 residence [REDACTED].  
17 UNIDENTIFIED SPEAKER: Thank you. We'll call  
18 speaker 92.  
19 MS. ROOS: Hi. My name is Myra Roos [phonetic],  
20 and I'm a Senior PT on residence 30. And I'm advocating  
21 for our clients. [REDACTED] was number 91. She's changed  
22 her mind about coming. But [REDACTED] has privilege to be on  
23 grounds. She goes to the canteen, to the snack shop to  
24 buy her coffee. She works -- she works at Community  
25 Industry and Donations. She has run of the place.

1 I don't know anyone that works here that does not  
2 [REDACTED]. She'll stand out front and stop people and ask  
3 for cigarettes all the time. By closing Lanterman you  
4 will be taking away her independence. This is the only  
5 home she knows, and she has run of the place. Where are  
6 you going, [REDACTED]? I'm going to go get coffee. She  
7 won't be able to do that out in the community. She has  
8 no safety awareness.

9 And she advocates for her -- all her friends on the  
10 residence. When one of her peers was at the hospital on  
11 55, she would go visit her and bring back info. Oh,  
12 she's doing better. She's going to come home tomorrow.  
13 We knew everything that was going on from [REDACTED].

14 And closing Lanterman would just be devastating to  
15 her. I don't think she would make it in the community.  
16 Thank you.

17 UNIDENTIFIED SPEAKER: Thank you. I'm going to the  
18 teleconference, see if you have any questions or  
19 comments. Do you have any questions or comments on the  
20 teleconference?

21 UNIDENTIFIED SPEAKER: If you do have a comment  
22 from the phone lines, please press star one. And we  
23 just have the comment from Harry Wang.

24 UNIDENTIFIED SPEAKER: Where are we at with  
25 numbers?

1 UNIDENTIFIED SPEAKER: We still have a couple more.

2 UNIDENTIFIED SPEAKER: Okay. Thank you.

3 UNIDENTIFIED SPEAKER: Let's call speaker 92.

4 MANDY: I'll try to speak fast so I can cover all  
5 that I have to say. My name is Mandy, and I've worked  
6 here at Lanterman for 27 years. Well, first, you know  
7 that Lanterman closing is due to the State's huge  
8 financial mess (inaudible) in the 32 years of living in  
9 the state of California.

10 I'm not opposed to clients living in the community  
11 in appropriate homes for them. In the past -- in the  
12 past couple of years I've had the opportunity to visit  
13 quite a number of community care homes with the clients  
14 here, and I've seen some outstanding homes that would  
15 suit the clients.

16 But I do not feel that Lanterman is the  
17 developmental center to close. We are told that  
18 Lanterman's infrastructure is falling apart.  
19 (Inaudible) that Lanterman has remodeled the residences  
20 back in the early '80s. There has been extensive  
21 plumbing work, electrical work, removal of asbestos, air  
22 conditioning, heating work, a huge water reservoir  
23 built, (inaudible) repairs, residence buildings re-  
24 roofed, floors replaced. In some residences paint -- in  
25 some residences painting interior and exterior

1 maintained and beautiful, sidewalks repaired, residences  
2 brought up to ADA standards. Also, a new audiology  
3 building, patios redone and beautiful, some patio fences  
4 heightened in preparation for (inaudible) clients, which  
5 we never received. The building and construction of  
6 Freedom Park with a stage. The repair and replacement  
7 of the floor here in this auditorium. And Memorial Park  
8 just outside.

9 This is just to name those that I can remember at  
10 this time that has occurred with my 27 plus years of  
11 working at Lanterman. I'm not sure, but there's much  
12 more that I can't remember at this time. I have seen,  
13 witnessed and been a part of numerous positive changes  
14 that have occurred here at Lanterman.

15 Before the Legislature agrees to close Lanterman, I  
16 would like to ask please that they come and see  
17 firsthand all that Lanterman has to offer the  
18 developmentally disabled population in comparison to  
19 Fairview. Also, in the State -- if the State cannot  
20 come to see it, but preferably someone who can look at  
21 it objectively without thinking of the money that it  
22 sells and brings to the State of California.

23 I've seen Fairview's grounds, but only stepped into  
24 one building. I hear that Fairview has a lot to be  
25 desired. I believe an independent objective comparison

1 is necessary.

2           Some examples of what we have at Lanterman that  
3 cannot be substituted or that cannot -- or that we  
4 cannot deprive our clients of, or that Fairview may not  
5 and in some cases do not have, our detached -- that  
6 Lanterman has detached (unintelligible) due to the  
7 mandated money management training. Rusty Camp has  
8 stables and pets with more areas of accommodation to  
9 accommodate (inaudible), a freedom café for off  
10 residents and/or off detached socialization and purchase  
11 training. Community Industries where clients inside  
12 Lanterman and off grounds come to work.

13           Other assets of Lanterman offer the enormous park-  
14 like grounds that we have here, a multi-sensory room  
15 designed especially for the deaf and blind individuals  
16 in program four. The building of the Richardson Park  
17 structure.

18           I hear that Fairview does not employ many teaching  
19 assistants, which we have quite a number here. Also,  
20 Fairview do not hire orientation and mobility  
21 specialists for the adjustment (inaudible) of  
22 population. I hear that they have -- that they have  
23 special ed State teachers, but not adult ed teachers.

24           We have a Main Street with a (inaudible) movie  
25 theater. Main Street temporarily at present is used as

1 a child care clinic. We have huge (inaudible) water  
2 activities facilities, and much more. We have large  
3 recycling facilities that employ many clients. Numerous  
4 greenhouses around the grounds to teach our clients  
5 about gardening.

6 We have a carousel that clients love. The Freedom  
7 Park area for large outdoor activities, equipment -- and  
8 equipped with a food service (inaudible), a wonderful  
9 (inaudible) that accommodates clients who reach  
10 retirement age, with a variety of activities, including  
11 off-grounds trips.

12 We have a large clothing store, the Fashion Center,  
13 where clients shop and get assistance in choosing  
14 clothing and having alterations made as needed.

15 We have a large donations center where a huge  
16 variety of items are donated. And yard sales held --  
17 and yard sales held that raise a lot of money for  
18 clients and client activities. Some of our clients are  
19 employees or employed there and love their jobs.

20 Finally, since I am (inaudible) coordinator here at  
21 Lanterman and (inaudible) is a federal and state  
22 mandate, and here we place high priority on client  
23 involvement. And I hear Fairview does not employ an  
24 activity coordinator, who trains facility staff those  
25 observations on all the residences, assures appropriate

1 materials are available, and much more.

2 UNIDENTIFIED SPEAKER: Can you wrap up your  
3 statement, Mandy, please? (Inaudible.)

4 MANDY: Okay. It makes the most sense that we  
5 open -- that we keep open the developmental center that  
6 has the most appropriate and has the most to offer our  
7 clients here at Lanterman.

8 UNIDENTIFIED SPEAKER: Thank you. I'd like to call  
9 speaker 93.

10 MS. BROWN: Hello. I'm Terry Brown. I've been a  
11 psychiatric technician for the past five years. I'm  
12 [REDACTED]'s group leader. This is [REDACTED]. Say hello.

13 [REDACTED]: Hello.

14 MS. BROWN: When he heard about the closure, he was  
15 very, very upset. I mean I've had to reassure him on a  
16 daily basis that he's going to be cared for. And he  
17 would like to say a few things about it just to voice  
18 his opinion.

19 [REDACTED]: I want to stay at Lanterman.

20 MS. BROWN: Why is that? Why do you want to stay  
21 at Lanterman?

22 [REDACTED]: Because it's my home, too.

23 MS. BROWN: He really firmly believes it. And I  
24 urge you guys, like honestly, if this was your father, I  
25 mean he's a 73-year-old man. He's lived here for 54

1 years. If this was your father, who lived in his home  
2 54 years, and someone said, there's a budget crisis, and  
3 you know what, it may not be your fault, but we don't  
4 have room for you anymore, and we're going to move you  
5 somewhere else, would you want that for your family  
6 member? I don't think so. And I know you don't.

7 But really, I really feel that this population, the  
8 developmentally disabled, should not be the ones we  
9 sacrifice because (inaudible). They don't have a say  
10 when the laws are passed. They don't have a vote in  
11 this society. So when it comes to their rights, I  
12 firmly believe that this population should be left  
13 alone. Let them live here.

14 There are many elderly gentlemen who are just like  
15 [REDACTED] who will not adapt to community living  
16 facilities at all. Right, [REDACTED]?

17 [REDACTED]: Right.

18 MS. BROWN: (Inaudible.)

19 [REDACTED]: I want to stay at Lanterman.

20 MS. BROWN: I know you do. Thank you.

21 UNIDENTIFIED SPEAKER: Thank you very much. I'd  
22 like to call speaker 94, please. Speaker 94. Speaker  
23 95. Good evening. Thank you for allowing me this  
24 opportunity. I (inaudible) at Lanterman for a short  
25 time, but Lanterman has been a part of my life, my

1 entire life, I guess I could say. My mother served as  
2 an RN for many years here and touched a great many of  
3 the lives. And so when news of this closure came to us,  
4 it was definitely very personal.

5 But I also want to say on behalf of the clients who  
6 we serve, you know, they don't really have the say in  
7 terms of budget outcomes. And at the end of the day,  
8 their lives are going to be impacted beyond our jobs or  
9 careers, and soon they'll be left with who will be  
10 taking care of and guiding them.

11 So I think that we could look at the pros and cons  
12 as a logical argument. The simple prose that came from  
13 a letter that you had proposed to us on January 29th was  
14 that the infrastructure was weak, the buildings were  
15 aging, that the costs in this economic climate were not  
16 appropriate any longer.

17 But there are many questions that were raised from  
18 that. And I hope that the Department of Developmental  
19 Services, the State of California, and those who are  
20 taking this information today will bring these questions  
21 forward.

22 My first question is, when you're writing this --  
23 the closure plan, were we considered? In this 200-page  
24 document, are we really, really benefiting the supports  
25 and services for our clients in the future by placing

1 them in the community, or is that just a short-term  
2 answer to satisfy us immediately?

3 How has this closure plan also looked at the long-  
4 term emotional well-being if an individual prefers  
5 (inaudible) they're happy with the environment they're  
6 currently living in?

7 The next question I have, how does this closure  
8 plan address the transition medically, psychologically,  
9 and the 24-hour care that says, yes, in the community it  
10 can be, but is it really, or what are the outcomes of  
11 that? Is there something that we can be shown as we  
12 move our individuals forward into this next transition?

13 Will this closure plan really consider the  
14 individual client, or is a generic client being used?  
15 When we think about a generic client, we look at the  
16 simple terms of maybe how some individuals with  
17 developmental disabilities are living. But each  
18 individual has a voice. Each individual has needs.  
19 Each individual is unique. A generic answer will not  
20 suffice. I hope that the plan addresses those issues.

21 Fourth question I have is will this closure plan  
22 have a time limit? You say two years. But is two years  
23 really in the best interest, again, of the individual?  
24 If we're putting times on things, then we may be  
25 rushing.

1           The fifth question I have to the Department of  
2 Developmental Services is what is the real goal in the  
3 future in terms of the Department? Is the goal of the  
4 DDS to really do away with these centers? Then these  
5 plans need to address this moving forward for all  
6 centers incorporated. Because there's not just one  
7 Lanterman. There's many Lantermans or Sonomas or Agnews  
8 in the past. The transparency just as you're asking  
9 your employees to convey, it's important that the  
10 Department conveys that transparency as well.

11           The national unemployment is at 10 percent. The  
12 state of California also works with the Employment  
13 Development Department. As moving us, all us employees,  
14 out, what is the plan for us? Or again, is there a  
15 generic answer only going to be supporting?

16           And lastly, we say that we're building partnerships  
17 and supporting choices. Will that be included in the  
18 plan? Is that being followed? Because closing  
19 someone's home is not supporting a choice. And those  
20 who are in opposition of this closure are not in  
21 partnership with this legislation. Because great hearts  
22 in reservation is held back (inaudible).

23           I thank you for this opportunity, and I hope that  
24 these questions can be answered and addressed.

25           UNIDENTIFIED SPEAKER: Thank you. I'd like to call

1 speaker 96.

2 UNIDENTIFIED SPEAKER: Hello. My name is  
3 (unintelligible). At first I never thought that I would  
4 choose this (inaudible). Working with these individuals  
5 at the community (inaudible) and all the things that  
6 have been done there, it broke my heart. I promise I'll  
7 make the change (inaudible). And that's why Lanterman.  
8 I see Lanterman for what its treatment and the things  
9 that community cannot and may not and will never provide  
10 or offer to our (inaudible). And we see many  
11 discrimination and prejudice in the community. However,  
12 you will not see these things at Lanterman. And our  
13 clients need it. As you all know, most of our clients  
14 do not welcome changes. Please reconsider (inaudible)  
15 about closing Lanterman. It is worse of jeopardizing  
16 the stability, happiness, well-being and their lives.  
17 Thank you.

18 UNIDENTIFIED SPEAKER: I want to go to the  
19 telephone line to see if (inaudible).

20 UNIDENTIFIED SPEAKER: If there are any comments  
21 from the phone lines, please press star one. We do have  
22 a comment from the line of Heloise Allison. Please go  
23 ahead.

24 MS. ALLISON: Thank you. Excuse me. My name is  
25 actually Eloise Allison. And my uncle, [REDACTED], has

1 been in Lanterman since 1946. Excuse me. It's a little  
2 emotional for me.

3 He is unable to recognize most of his family  
4 members, but that doesn't stop you from really needing  
5 to take into consideration each person's specific needs.  
6 He is an escape artist. He has been at Lanterman. It's  
7 been the only place he has never been able to leave.  
8 And it is for his own safety.

9 And his family been very, very grateful for the  
10 care that he has received there over the years. And  
11 with the longevity that runs in our family, it remains  
12 extremely important that he can continue to receive the  
13 same quality of care that he receives there.

14 And so I just very, very strongly urge that, as  
15 everybody else has already urged, that the individual  
16 needs are kept into consideration. It's so very, very  
17 important. And I guess that's all for now. Thank you  
18 so very much for your time.

19 UNIDENTIFIED SPEAKER: Thank you.

20 UNIDENTIFIED SPEAKER: Okay. Thank you. And our  
21 last speaker, 102. Ninety-seven. That's okay. We had  
22 you down here a different number.

23 UNIDENTIFIED SPEAKER: (Inaudible.) I hope not. I  
24 don't feel that old. But I (inaudible) California a  
25 long time ago. And I would like to address my comments

1 just briefly to the reputed leaders of California  
2 Department, Legislature, or otherwise.

3       When I came out here, a lot of people were coming  
4 out here, like I, from the Midwest, New Jersey, from  
5 Ohio, from all over the Union. They came out to go to  
6 our free junior colleges and finish up, or go to the  
7 state colleges. And they stayed around and they built  
8 California into a great state.

9       You know, for the last several years we've had a  
10 reversal of that pattern. A lot more citizens of  
11 California are going to other states now. Nor are  
12 citizens of other states coming out here. I think the  
13 kind of conversation we're having here is related to  
14 that phenomena. I think something's being lost in  
15 California, something really important.

16       I was here Saturday and I was really disappointed.  
17 I know there was a lot of talk about costs, about saving  
18 a few dollars here or there. But I didn't hear hardly  
19 any talk about what's the value, what's the most value.  
20 I didn't hear any talk about vision. I'm really  
21 disappointed in our Department that we haven't been able  
22 to come up with a vision that would make it totally  
23 unthinkable to even begin to talk about closing  
24 Lanterman.

25       This is such a tremendous resource. It's done a

1 lot of good in the past. It's doing a lot of good now.  
2 And I'm not here to defend either the past or the  
3 present. I'm probably the most severe critic here of  
4 the way you do a lot of things. And part of that, I  
5 think, falls on the Department. Because we've  
6 acquiesced. And everybody comes from the outside and  
7 tells us how to do this thing, and so a long of us feel  
8 so burdened down. If you would free us up to do the  
9 work the way we do best, you'll see an even better  
10 Lanterman.

11 But I want to say this: We don't want to  
12 (inaudible), but we are losing something tremendous if  
13 we give up the future of Lanterman. If we -- this place  
14 should be -- this should be a win-win situation, not  
15 some kind of a combat over money and if we lose, win.  
16 This -- the continuation of this place should be very,  
17 very valuable to the community placement facilities.  
18 This place should be a hub around which the community  
19 can bring people for treatment, for training.

20 We've heard a lot. We've heard from Mt. SAC.  
21 We've had offers from Cal Poly. There is so much  
22 that -- more that can be done here to make this Center  
23 great and a beacon throughout the nation. And I think  
24 we really need to come up with that vision. And I do  
25 think that Lanterman is hands down, hands down the most

1 valuable center that we have in the southern half of  
2 this state. Are we going to sell it off now when it's  
3 worth a fraction -- not a fraction, but 50 percent of  
4 what it was in 2005, and a lot less than it'll be in  
5 2015?

6       You know, I just want to say to you and to the  
7 leaders of California, take a look at this situation.  
8 Take a look at our state. Take a look at what we can do  
9 to create a better vision. If you do that, I don't  
10 think you'll close this place. I think you'll expand  
11 it. I think you'll make it greater. And I do think  
12 it's a moral issue.

13       I want to echo again the comments of the man of  
14 God, the Catholic chaplain. This really is an ultimate  
15 test (inaudible) Department or the Legislature. This is  
16 an ultimate test. We really are taking care of the  
17 people who are the most needy, the least able to take  
18 care of themselves.

19       Myself some day, I would like to hear the words  
20 that when I was hungry, you gave me food. When I was  
21 thirsty, you gave me drink. When I was a stranger, you  
22 invited me in. When I was without clothing, you clothed  
23 me. I certainly don't want to hear the other side of  
24 that. It's hard for me. Because when I was hungry, you  
25 gave me nothing to eat. When I was thirsty, you gave me

1 nothing to drink. When I was a stranger, you didn't  
2 invite me in. When I needed clothing, you didn't clothe  
3 me.

4 Now, I know there's places in the community that  
5 are great. But this is a situation where we need other  
6 sources. A source that we are and that once was will  
7 never ever be regained by this state. And this state  
8 has lost enough already. I think we need to go forward  
9 with a new vision.

10 UNIDENTIFIED SPEAKER: Thank you. I'd like to go  
11 back to the telephone and see if there's anybody that  
12 would like to speak or has a comment.

13 UNIDENTIFIED SPEAKER: If there are any comments  
14 from the phone lines, please press star one. We have no  
15 comments in queue.

16 UNIDENTIFIED SPEAKER: Is Harvey still available?  
17 We can give him two minutes for a follow-up if he's  
18 still on the line.

19 UNIDENTIFIED SPEAKER: Harvey is no longer on.

20 UNIDENTIFIED SPEAKER: Okay. Thank you.

21 UNIDENTIFIED SPEAKER: Okay. We're going to take a  
22 pause if you want to get up and stretch for a moment.  
23 And we'll resume in 10 minutes.

24 (Recess taken.)

25 UNIDENTIFIED SPEAKER: We'd like to get everybody

1 to be seated, please. We'd like to go back to the phone  
2 line to see if there's any additional callers with  
3 comments or questions.

4 UNIDENTIFIED SPEAKER: Thank you. And if you do  
5 have a question on the phone line or comments, please  
6 press star one. And we have no questions in queue.

7 UNIDENTIFIED SPEAKER: Okay. Thank you.

8 UNIDENTIFIED SPEAKER: Okay. Thank you. At this  
9 time we are closing the public hearing on the proposed  
10 closure of Lanterman Developmental Center. For the  
11 record, the time is 6:53. On behalf of the Director of  
12 the Department of Developmental Services, I'd like to  
13 thank you for your input to insure a quality future for  
14 the residents, families and employees of Lanterman  
15 Developmental Center.

16 As the closure decision is being considered, we'd  
17 also like to thank you so much for taking the time out  
18 of your day, and I know many of you have traveled a  
19 long, long ways to get here, and many of you have been  
20 here many, many hours.

21 Patricia, would you like to say anything?

22 UNIDENTIFIED SPEAKER: I'm just wondering if  
23 there's anyone else that wants to speak.

24 UNIDENTIFIED SPEAKER: Does anybody else have any  
25 comments they'd like to state? Come on up. We'd like

1 you to go to the podium.

2 MS. GOMEZ: Hello. My name is Lo May Gachow-Gomez  
3 [phonetic]. I work in Nutrition Services here at  
4 Lanterman. And everybody here calls me Cricket  
5 (inaudible). And basically, what I had wanted to tell  
6 you was to talk about normalization. That's been the  
7 goal here at Lanterman ever since I've been here going  
8 on 22 years and 3 months. My husband's been here 32  
9 years. We love our clients here dearly. They're more  
10 than clients. They're family and friends, very good  
11 friends. If I could take them home, I would. Before I  
12 had a family, they were my family.

13 About 13, 14 years ago there was talk of us  
14 closing. Many employees left and (inaudible). I was  
15 talking with my staff and I went back to the kitchen and  
16 we were all saying, oh, it's just a job. I went back  
17 down to my dining room and I bawled because this is more  
18 than a job. It is a home here. I love my clients, as  
19 do the majority of people that do work here.

20 But back to the normalization. Our goal is  
21 normalization. If they go to places like Fairview, this  
22 is normalized there. They don't have the freedom of  
23 rights and movement that they do here. The clients are  
24 more institutionalized there. The quality of life will  
25 go downhill. The majority of clients placed out in the

1 community or in facilities will die.

2 If you have a heart, if you have a child, a mother,  
3 a brother, a sister, a son, a daughter, think about what  
4 you would want for your child, your mother. Who knows  
5 what tomorrow holds. (Inaudible) befall us all.

6 Tomorrow someone could be in an accident, a dear loved  
7 one, and you may not be able to take care of them. You  
8 would want the best, too.

9 I see what happens. Many of my clients have gone  
10 out to the community over the years. It's not a good  
11 thing. If they go out, they're going to be going  
12 backwards. Clients have gone out. They come back here  
13 visiting. They look disheveled. They look homeless.  
14 They want to come back. They can't come back.

15 At Fairview -- some years ago a friend of mine had  
16 to go work at Fairview for a while (inaudible). When it  
17 came to licensing, people were out golfing instead of  
18 doing the licensing job that they should have been.  
19 They were out being wined and dined.

20 Please, don't send our clients to places like this  
21 where they don't have the care that we have here. They  
22 don't have the eyes and the hands-on for the clients  
23 like we do have here. If you do, please, go visit  
24 places like this before you do something like this.  
25 Look at our -- look at our facility, if you want to call

1 it that, versus the others. Please, think about what  
2 you would want for your loved ones. I love my friends  
3 and my family here. Please, do what's best. Thank you.

4 UNIDENTIFIED SPEAKER: Does anybody else have any  
5 comments or have any questions? I mean comments.

6 UNIDENTIFIED SPEAKER: I just have a question. How  
7 are we to get a copy of this hearing?

8 UNIDENTIFIED SPEAKER: Are we going to have a copy  
9 of it?

10 UNIDENTIFIED SPEAKER: I don't know. We'll have  
11 to --

12 UNIDENTIFIED SPEAKER: I don't believe we can.  
13 We'll have to get back on that.

14 Well, we'd like to thank everybody for coming out  
15 again. And how many people have been here for five  
16 years? How about ten years? How about twenty years?  
17 Twenty-two? Twenty-four? Twenty-five? Twenty-six?  
18 Wow, a lot of people there have been here a long time.  
19 Lots of service.

20 Let's check the phone lines one more time. Is  
21 there any caller with questions? Do we have anymore  
22 questions on the teleconference line?

23 Okay. Well, at this time we are closing out this  
24 hearing on the proposed closure of Lanterman  
25 Developmental Center. For the record, the time is

1 7:00 p.m.

2 On behalf of the Director of the Department of  
3 Developmental Services, I would like to thank you for  
4 your input to insure a quality future for the residents,  
5 families and employees of Lanterman Developmental Center  
6 as the closure decision is being considered. Thank you  
7 all for taking the time to come out and share your  
8 feelings with us, and have a safe drive home.

9 (Hearing adjourned.)

10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

