

California Health and Human Services Agency

Department of Developmental Services



**DRAFT Plan for the Closure of
SONOMA DEVELOPMENTAL CENTER**



**September 15, 2015
DRAFT**

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**I.
EXECUTIVE SUMMARY**

The closure of Sonoma Developmental Center (SDC) will impact all who live or work at the DC as well as their families, friends, and the local community. Together, SDC's residents, history, highly specialized workforce and unique natural and community assets are significant factors indicating that the closure of SDC will be a very different experience than prior closures. The well-being of the residents and employees of SDC remain the top priority for the Department of Developmental Services (the Department) throughout the closure process. Acknowledging that change will be difficult, the Department is committed to developing positive options for both the residents and employees, and supporting them in meaningful ways, as well as engaging with the public to determine potential future uses of the SDC campus.

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

The input received from stakeholders is the first essential phase of the closure planning process. If the Plan is approved, stakeholder input will continue to be critical as the closure process evolves. The Department values the input received so far from SDC families and the dedicated group of community partners that have assembled as the SDC Coalition and their Transform SDC effort. We will continue to work with the Coalition to identify ways that the county and their partners can help realize the transformation of services delivered.

Consistent with statutory requirements, the Plan identifies the essential policies and strategies that will be utilized to:

- Achieve a safe and successful transition of individuals with developmental disabilities from SDC to other appropriate community living arrangements as determined through the individualized planning process;
- Support employees with future employment options by generating or identifying job opportunities, providing assistance, counseling and information, and working closely with the affected bargaining units; and
- Consider the future use of the SDC property.

Federal funding of services for individuals with intellectual and developmental disabilities and the aging infrastructure of the SDC campus are significant challenges to establishing homes and services on-site, which the majority of commenters indicated was their preference. DDS will continue to examine these issues as community resources are developed, and with SDC's families and the larger Sonoma community, explore future services that could be provided at SDC.

The Department is not precluding any potential future uses for the SDC property; however, at this time, we cannot support the development of resources onsite concurrent with the closure process. As the closure process for individuals is driven by the IPP, it is too soon to determine which communities SDC residents will move to, what community needs will be once Regional Centers identify and develop additional services and what service needs are feasible at SDC in the future given SDC's significant infrastructure issues.

Below is a summary of commitments made in the following draft closure plan:

The Residents of SDC

- **Health Resource Center/Clinic Services**
 - The Department is committed to continuing to provide, at SDC, key specialized health care/clinic services currently received by SDC's residents on an ongoing basis throughout the transition process, and until necessary services are established and operational in the community. These services include, but are not limited to, medical, dental, adaptive engineering, physical therapy, orthotics, mental health, and behavioral services.
- **Safety-Net Services**
 - In line with the DC Task Force recommendations and state and federal shifts in how services are provided to people with developmental disabilities, the Department is working with RCs to develop safety-net services in the community including, but not limited to: Enhanced Behavioral Supports Homes (EBSHs), Community Crisis Homes (CCHs), and delayed egress/secured perimeter homes.
- **Crisis Services at SDC**
 - SDC will continue to operate the Northern STAR home at SDC during the closure process. SDC residents, as well as individuals currently living in the community will have access to crisis stabilization services as needed. Although Northern STAR is not currently certified by CMS, and is therefore ineligible for federal funding, the Department will pursue independent federal certification as the transition plan for SDC moves forward. DDS will evaluate the ongoing need for the Northern STAR home as part of the closure process.
- **Community Oversight**
 - Ongoing oversight and monitoring must occur to ensure that the quality of care and services continues to meet the needs of persons served after

transition, and as much data as possible should be readily available and accessible to families and decision makers.

The Employees of SDC

- Community State Staff Program (CSSP)
 - The statewide expansion of the CSSP will allow state staff to follow individuals they work with at the SDC into community settings to provide continuity of care. Regional Centers and the Department are very supportive of this program and are actively encouraging the use of the CSSP for the closure of SDC
- DDS is committed to further exploring incentives for retention of employees that stay through the end of closure and will be discussing potential options with CalHR and appropriate bargaining units.

The Land of SDC

- **Future services at SDC**
 - The Department and DGS are committed to working with the Transform SDC Coalition, Sonoma County and other interested parties to identify potential options for the future use of the SDC campus.
- **Surplus Property Provisions**
 - The Administration and the Department recognize the SDC property's incredible natural resources, historic importance and value to our service delivery system. It is not the intention of the state to declare SDC's property as surplus, but instead to work with the community to identify how the property can best be utilized.

II. INTRODUCTION AND PLAN DEVELOPMENT PROCESS

This “Plan for the Closure of Sonoma Developmental Center” (Plan) is submitted by the Department of Developmental Services (Department or DDS) pursuant to Welfare and Institutions Code sections 4474.1 and 4474.11 (**Attachment #**). The Plan identifies the essential policies and strategies that will be utilized to:

- Achieve a safe and successful transition of individuals with developmental disabilities from Sonoma Developmental Center (SDC) to other appropriate living arrangements as determined through the individualized planning process;
- Support employees with future employment options by generating or identifying job opportunities, providing assistance, counseling and information, and working closely with the affected bargaining units; and
- Consider the future use of the SDC property.

This Plan is the first step in a closure process that has multiple, overlapping phases including stakeholder engagement, the development and approval of a closure plan, resource development, annual budget processes and individualized transition planning through the IPP process. This Plan is a guiding document that is not intended to detail where each individual who lives at SDC will move, what services each individual will need, or the specific transition activities they require. Those decisions will be made by each individuals’ Interdisciplinary Team (ID Team), using a person-centered approach and documented through the Individuals Program Plan (IPP) process.

Planning for the closure of SDC is ongoing and resources that currently exist in the community, or that still need to be developed, are being identified to meet the needs of persons residing at SDC, one person at a time.

We appreciate the knowledge and experience of our DC employees, many of whom are second and third generation workers. Their specialized expertise is highly valuable and we will look for ways that this expertise can continue to benefit SDC residents. The Department of Developmental Services (Department) recognizes the importance of building resources for the successful transition of individuals in our DCs, as well as the importance of retaining dedicated, professional staff throughout the closure process and afterwards, to ensure a safety-net for the people we serve.

The closure of a DC is not a task the Department undertakes lightly. SDC is scheduled to close by the end of December 2018. There are many challenges associated with this goal, as well as opportunities for review and adjustment as we move forward in closure. The safety of the individuals in transition is paramount and the necessary services and supports will be in place before a resident transitions to the community.

BACKGROUND

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

Since the passage of the Lanterman Act in 1969, the role of the State-operated Developmental Centers (DC) has been changing. DCs are no longer the only alternative available to families of children with intellectual and developmental disabilities who are unable to be cared for at home. A system of community alternatives has developed and now serves approximately 290,000 consumers, including many with complex medical and/or behavioral needs that mirror the needs of individuals who live in DCs. Today, providing services in the least restrictive environment appropriate for the person is strongly supported by state and federal laws, and court decisions. Additionally, the trailer bill to the Budget Act of 2012 (Assembly Bill [AB] 1472, Chapter 25, Statutes of 2012) imposed a moratorium on admissions to DCs except for individuals involved in the criminal justice system and consumers in an acute crisis needing short-term stabilization. The DC resident population has dropped from a high of 13,400 in 1968, to a projected total of 1,035 in 2015-16.

Given these changes in the system, efforts have been underway to reconsider how services should be provided to the populations currently served in the DCs, and what role the State should have in providing those services. In 2013, the Secretary of the California Health and Human Services Agency established the "Task Force on the Future of the Developmental Centers" (DC Task Force) to develop a master plan for the future of DCs that addresses the service needs of all DC residents and ensures the delivery of cost-effective, integrated, quality services for this population. The DC Task Force consisted of a diverse group of stakeholders including: consumers, consumer advocates, regional centers, community service providers, organized labor, families of developmental center residents, members of the Legislature and staff from DDS. Between June and December 2013, Task Force meetings were held that were open to the public. The primary focus was to identify viable long-term service options for the health and safety of developmental center residents and to ensure that appropriate quality services are available. The DC Task Force gathered facts, shared opinions, analyzed information and developed six thoughtful recommendations for the future of the developmental centers.

The DC Task Force's six recommendations were detailed in the "Plan for the Future of Developmental Centers in California," issued January 13, 2014¹. In their report, the DC Task Force recommended that the future role of the State should be to operate a limited number of smaller, safety-net crisis and residential services. Additionally, it was recommended that the State should continue serving individuals judicially committed to the State for competency training (the Porterville DC-Secure Treatment Program [STP]) and providing transition services (the Canyon Springs Community Facility). The DC Task Force also recommended developing new and additional service components, including development of enhanced behavioral supports homes (EBSHs) and exploring utilization of DC assets to provide health resource centers and community housing through public/private partnerships. The last recommendation of the DC Task Force was to convene an additional task force to address how to make the community system stronger.

The need for the system to evolve became more pressing when residential units at SDC were found to be out of compliance with federal standards and the state was notified that the federal funds for those units would cease. The state was able to negotiate a settlement with the federal government to continue SDC's federal funding for a limited amount of time - contingent on adherence to the Agreement's Statement of Tasks².

The process of transforming the DCs and developing specialized community resources, while supporting the transition of each DC resident into integrated community settings will be an involved process. As the population in the DCs has declined, the average acuity level of individuals remaining at DCs has increased considerably. Each person has his or her own unique set of significant and complex needs, often requiring specialized medical and/or behavioral services. The Lanterman Act requires those needs be addressed using a person-centered approach to support personal quality of life. Key components of effective planning for an individual's future and successful transition from an institutional setting, as recognized by the DC Task Force, include:

- A comprehensive person-centered Individual Program Plan (IPP), developed through a robust Interdisciplinary Team process;
- The development of quality services and supports delivered in the least restrictive environment possible, taking into consideration the comprehensive assessment and consistent with the IPP;
- Priority for the health and safety of each person;
- Access to health and mental health services, including coordination of health care, access to health records, and medication management; and
- Recognizing that, for the residents of the DCs, the DC has been their home and community, where their relationships are, and where they have lived for many years. Changes in their living arrangements must be done very carefully, with thorough planning and by investing the necessary time.

1 Available online at <http://www.chhs.ca.gov/DCTFDocs/PlanfortheFutureofDevelopmentalCenters.pdf>

2 The full text of the settlement agreement and attachments are available on the DDS website at: <http://www.dds.ca.gov/SonomaNews/>

While the focus of the DC Task Force was on the future of the DCs and how to best serve the DC residents going forward, its efforts will provide long-term improvements in community services that will benefit the service system generally. Additionally, the Developmental Services Task Force (DS Task Force) was established in July of 2014, consistent with “Recommendation Six” in the DC Task Force Plan and in response to Governor Brown’s message in the 2014-15 Budget Act. The DS Task Force was charged with examining services for the developmentally disabled in the community. The DS Task Force has been working to develop recommendations to strengthen the community system in the context of a growing and aging population, resource constraints, availability of community resources to meet the specialized needs of clients, and past reductions to the community system. Workgroups of the DS Task Force have so far focused on issues around community rates and Regional Center operations.

The 2015 Budget Act includes \$49.3 million (\$46.9 million General Fund) to begin development of resources to support the transition of SDC residents. These resources will fund the initial development of homes to support consumers, provide additional training for providers, and develop additional programs such as supported living services, day or employment services, crisis services, and transportation support and services. This funding will also be used for state coordination of the closure. Initial investment, development and coordination activities are tied to the existing Community Placement Plan (CPP) processes and are not intended to minimize family input. In order to keep within the proposed closure timeline, some activities must start immediately using the resources provided in the 2015 Budget. Family input, through the IPP process, will help identify future resource development.

Furthermore, new federal rules affecting where home and community-based services (HCBS) are delivered became effective last year, and will require homes and programs to meet new criteria in order to qualify for federal funding under the federal Medicaid program (called “Medi-Cal” in California). This will influence the development of community-based services for individuals living at SDC, as well as the potential for future use of the property at SDC for housing and services. HCBS are long-term services & supports provided in home and community-based settings, as recognized under Medi-Cal. These services can be a combination of standard medical services and non-medical services. Standard services can include, but are not limited to: case management (i.e. supports and service coordination), homemaker, home health aide, personal care, adult day health services, habilitation (both day and residential), and respite care. States can also propose “other” types of services that may assist in diverting and/or transitioning individuals from institutional settings into their homes and community.

The California Department of Health Care Services (DHCS) has developed a Statewide Transition Plan (STP) submitted to the Centers for Medicare & Medicaid Services (CMS) on August 14, 2015. The STP describes how the State will come into compliance with the new Federal Home and Community-Based (HCB) setting requirements. States have until March 17, 2019, to implement the requirements for home and community-based settings in accordance with CMS-approved plans.

The final rule supports enhancement of the quality of HCBS, adds protections for individuals receiving services, and provides additional flexibility to states that participate in the various Medicaid programs authorized under section 1915 of the Social Security Act (the Act). Highlights of the final rule include:

- Defines person-centered planning requirements;
- Defines and describes the requirements for home and community-based settings appropriate for the provision of HCBS
 - Nursing facilities, Institutions for mental diseases, Intermediate care facilities for individuals with intellectual disabilities, Hospitals, other locations that have qualities of an institutional setting, as determined, by the Secretary of the federal Department of Health and Human Services are not defined as home and community-based settings for Medicaid reimbursement purposes.
- Additionally the regulations specify the types of settings that CMS presumes to have the qualities of an institution as:
 - Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
 - Any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution; or
 - Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS

We are strongly committed to ensuring the provision of quality care both at SDC and as individuals transition to community-based services. The closure of SDC is a next step in the state's process of transforming how services are delivered to individuals with significant service needs. As the state moves towards closure for all of the remaining DCs, including SDC, local stakeholder processes will continue to be used to inform processes, monitor changes and make recommendations for the most effective use of available resources.

PLAN DEVELOPMENT PROCESS

On May 14, 2015, the SDC closure was proposed as part of the May Revision budget proposal. The announcement began a multi-faceted process to develop this Plan and, pursuant to a new law passed as part of the Governor's budget (Welfare and Institutions Code Section 4474.11), submit a closure plan to the Legislature by October 1, 2015, so that legislatively-approved closure activities can begin in the current fiscal year. Under this new law, the Department may develop community resources and utilize funds allocated for that purpose as part of the annual Budget Act enacted through the 2015-16 Regular Session of the Legislature. Implementation of this closure plan following the 2015-16 fiscal year is contingent upon legislative approval as part of the legislative budget process during the 2016-17 Regular Session of the Legislature. A plan submitted pursuant to Section 4474.11 may be updated during the legislative review process.

The Department made it a priority to meet in-person with as many stakeholders as possible to hear their concerns, perspectives and issues to inform the Plan. Recognizing the time limitations of the planning process, meetings were held with residents, families, employees, unions, advocates, regional centers, providers, local government officials, state legislative representatives, and other organizations from May through September. In addition, the Department corresponded with staff, families, members of the Legislature, federal and local government representatives, and the broader developmental services stakeholder community. Letters that were sent to notify interested parties of the closure announcement are provided in **Attachment #**.

On July 18, 2015, the first of two formal public hearings was held in Sonoma at the local high school. The hearing was well attended with 87 stakeholders providing testimony. In addition, DDS received written input from 315 stakeholders. The second public hearing, scheduled for September 21, 2015, will provide an opportunity to update stakeholders on the progress of the plan development and allow for comment on the draft plan so modifications can be made before it goes to the legislature on October 1, 2015.

The input received from the hearing and various meetings is summarized in Chapter IX, and the written correspondence is contained in **Attachment #** (a separately bound document).

The Department has coordinated with impacted state departments and the Association for Regional Center Agencies. The Department scheduled a meeting for Bargaining Unit employee representatives to provide information and receive feedback. The closure of SDC was an agenda item discussed at the Olmstead Advisory Committee and State Council on Developmental Disabilities meetings. The Department also consulted with Disability Rights California (DRC) and reached out to provider groups, consumer groups, community representatives and local government. Unique to SDC, the Department has worked with a diverse group of community partners through the SDC Coalition and their Transform SDC effort, since first being invited to join in March 2014. DDS' ongoing participation allowed us to better understand the desires and needs of the local community, even before closure was announced, and to act as a resource to this vital community organizing effort. A detailed list of all stakeholders contacted has been compiled and is provided as **Attachment #**.

The closure of SDC will significantly impact many lives, especially the residents who benefit from the care and services provided at SDC. The general sentiment communicated to the Department during public hearings and in written comments, predominantly by families, employees and community partners, is that SDC should not close entirely, but instead services should be rebuilt and reimagined on SDC's property to continue to provide services that will benefit the residents of SDC, all people with ID/DD and the general Sonoma community. Advocates and regional centers support closure and emphasize the need for individualized program planning, expansion of community resources, appropriate funding and the inclusion of individuals in everyday community-based settings.

The input received from stakeholders is the first essential phase of the planning process. If the Plan is approved, stakeholder input will continue to be critical as the closure process evolves. Efforts and activities require meaningful communication and coordination as progress is made, and the Department will rely heavily on continuing stakeholder involvement. As identified later in this Plan, DDS intends to establish three advisory groups for future input and guidance toward a smooth and successful closure. Additionally, the Department values the input of the dedicated group of community partners that have assembled as the SDC Coalition and their Transform SDC effort, and will continue to work with the coalition to identify ways that the county and their partners can help realize the transformation of services currently delivered at SDC.

The local Regional Centers are committed to working with consumers and families throughout the process of identifying and developing community resources. Local RCs have already been meeting with families and the Parent Hospital Association (PHA), and several have representatives that are actively involved with the SDC Coalition. The RCs appreciate the input received so far and are already responding to specific requests such as:

- Helping families learn more about supported living
- Working with the county and SDC to get a better understanding of where families want their loved ones to live in the future
- Identifying ways to help families see and learn about different residential and service models
- Developing trainings for SDC employees who want to learn more about opening a community home or service

PLAN APPROACH

The Plan builds on several innovative strategies which contributed to previous DC closures, as well as embracing new models of care recommended by the DC Task Force to meet the complex needs of the individuals who live at SDC when they move into the community. The licensure category for facilities to serve individuals with enduring medical needs has been expanded statewide, as has the Community State Staff Program (CSSP) to allow state staff to follow individuals they work with at the DCs into community settings. Specific to the closure of SDC, the Department is also working with RCs to develop EBSHs, Community Crisis Homes (CCHs), secure perimeter/delayed egress homes and ensuring DC families are aware of self-determination as a potential option for consumers and their families to have more freedom, control, and responsibility in choosing services and supports to help them meet objectives in their Individual Program Plan. Overall, these new community services and supports will provide meaningful choices and reliable services to consumers transitioning from SDC.

The overriding priority for this Plan is to meet the individual needs of each resident while he or she continues to live at SDC, through every aspect of transition into another living arrangement, and ongoing thereafter. An individualized process is essential for proper planning and assessment of needs, and will include key persons in the resident's life.

Efforts will focus on identifying or developing services and supports to meet the specific needs of each resident, and ensuring the quality of those services through monitoring and oversight functions. Residents will not move from SDC until appropriate services and supports identified in their IPP are available in the community.

The Department is also committed to the continued employment of SDC employees during the closure process. They will be supported in a number of important ways aimed at generating and identifying future job opportunities. As a priority, the Department will concentrate on methods to retain employees within the developmental disabilities services system. In 2014, Welfare and Institutions Code (WIC) 4474.2 was amended to allow employees to be able to work in the community with residents who are transitioning from any DC, including SDC. The statewide expansion of the Community State Staff Program (CSSP) allows any DC resident, even those not under a closure plan, to benefit from the continuity of care and the experience of DC employees. The Department will also communicate job information and assist employees with job-search preparation and endeavors. Throughout the closure process, the Department will work closely with the affected bargaining units and tailor assistance efforts to address employee circumstances and the Sonoma area's job market.

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

LESSONS LEARNED

The Department recognizes the need to learn from past experience and has the benefit of being able to examine “lessons learned” from the relatively recent Agnews (2009) and Lanterman (2014) Developmental Centers closures for applicability to the closure of SDC. Recognizing that each DC closure is a very different experience informed by different resident populations, different surrounding communities and different employment and service options, some common themes presented themselves.

An informal assessment compiled from a variety of parties involved with the Agnews closure process identified that the use of the Community State Staff Program was essential to building support for and the effective carrying out of transitions for Agnews residents. Pay inequities between state staff in the community and community staff, although workers had the same responsibilities was an issue. Carefully negotiated rates or reimbursements were suggested as possible ways to enhance the CSSP in future closures. It was also noted that overnight visits proved to be very helpful for clients with behavioral challenges in order to feel comfortable with the move; the use of Non Profit Organizations (NPOs) in acquisition and development of homes worked well; families and clients had the opportunity to visit the housing models which helped with the decision-making of residential options and ease concerns about transition; early planning and a strategy for working with health plans and a payment system are as important as developing housing arrangements; it is important to start day programs immediately upon the client arriving at the behavioral/medical home, to enable a living pattern to be established; and it was suggested that it would be helpful to have an

Occupational Therapist (OT) involved during the planning stages of remodel or construction projects, as knowledge of the clients' needs would be beneficial during design phase. Families were not interviewed as a part of this assessment; however anecdotal evidence since the closure suggests that most families are very pleased with their loved ones' transitions.

Many Lanterman families expressed that they are very pleased with their loved ones' new homes and described their loved ones as "very happy." Families expressed that their loved ones' physical, medical, emotional, spiritual and social needs are taken care of in the community and they have built strong, trusting relationships with staff in the homes. Staff in the homes are described as "caring," "competent," "consistent," "compassionate," "tops," and "quality." Families like the physical attributes of the homes (clean and truly homelike, good adaptations for people with disabilities, necessary specialized medical equipment is right in the home) and appreciated that homes were built in "nice areas" or near their homes, enabling more frequent visits. Many families shared instances of personal growth experienced by their loved ones since moving to the community (speaking for the first time, enhancing their vocabulary, learning new skills, participating in new activities, reduction of behaviors or outbursts, etc.). Also shared was that access to medical care has not been a significant barrier, and in instances where there were delays, the Regional Centers were able to take care of it.

Other issues raised by Lanterman families that the Department has taken note of are: there may be a need for National Core Indicator process improvements to ensure movers and their families are able to participate; funds should be made available now to address community issues experienced by LDC movers, and for future movers; high staff turnover and low pay continue to be issues in community-based homes; concerns about dental care, especially sedation/general anesthesia dentistry; cross-training of community staff should start sooner in closure, so the DC staff who know residents the best are the ones training their counterparts in the community, not just the staff left at the end of closure; day program services need to be developed specifically for DC movers, as they present unique challenges standard day programs may not be able to address; and families overwhelmingly felt there should be consistent coordination/approval of services between all 21 regional centers so that the same types of services can be available anywhere they are needed and easily accessed by families. RCs' different usage of some service types and varying vendorization and approval processes have troubled some families and consumers that moved from Lanterman.

Together; SDC's residents, history, highly specialized workforce and unique natural and community assets are significant factors indicating that the closure of SDC promises to be a very different experience than prior closures. The Department recognizes the unique challenges and opportunities presented by the closure of SDC and will continue to work closely with stakeholders for the best possible outcomes.

Focusing foremost on ensuring the lifelong health and safety of SDC's residents, followed by protecting the interests of SDC's employees and responsible utilization and

stewardship of SDC's land, this Plan for the Closure of Sonoma Developmental Center is presented for consideration and approval by the Legislature.

III. SONOMA DC RESIDENTS

The highest priority of the Department in developing this Plan is to ensure the continued health and safety of the SDC residents during and following their successful transition to appropriate living arrangements identified through the individual planning process. The Plan is informed by significant data and information about the men and women who reside at SDC (Attachment #) and important input received from meetings with residents, family members, employees and local interests; the public hearings; and extensive correspondence received via email, by mail or through the online submission form made available on the DDS website (Attachment #).

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

DEMOGRAPHICS

Level-of-Care and Services Provided at SDC: SDC currently provides services to residents under three levels-of-care. The facility is licensed as a General Acute Care Hospital with distinct licenses for an Intermediate Care Facility (ICF) and Nursing Facility (NF). As of May 1, 2015, 406 people were in residence at the facility with 181 individuals (approximately 45%) living on one of ten NF residences and the remaining 225 (approximately 55%) residing on one of the facility's 12 ICF residences. The third level-of-care is provided on the Acute Care unit where residents are transferred to receive short-term medical and nursing care when they experience an acute health care condition. The census on each of the NF or ICF units ranges from 1-25 residents.

Regional Center Communities: SDC is primarily a resource to the Northern California area with about 98% of the individuals who reside at the Center being served by a northern area Regional Center (RC). Four RCs are responsible for the majority of individuals living at SDC, with the other RCs having 10 or fewer in residence: 128 residents (32% of SDC's population) are served by RC of the East Bay, 104 (26%) are served by Golden Gate RC, 86 (21%) are served by North Bay RC, and 55 (14%) by Alta California RC. The numbers of residents served by the remaining northern area RCs are: 10 (2%) by Far Northern RC, 10 (2%) by San Andreas RC, 6 (1%) by Redwood Coast RC, and 3 (<1%) by Valley Mountain RC. Residents served by non-Northern California RCs are: 1 (<1%) by San Diego RC, 1 (<1%) by Tri-Counties RC, 1 (<1%) by South Central Los Angeles RC, and 1 (<1%) by North Los Angeles RC. The

population by RC is summarized in **Attachment #.**

Length of Residence: The majority of residents have lived at SDC for many years with 62% having resided there for more than 30 years. The breakdown on the length of stay for the remaining residents shows 23% have made SDC their home for 21-30 years, another 8% for 11-20 years, 4% for 6-10 years, and 3% for 5 or fewer years.

Age: SDC's population is older, with more than 90% of the residents over age 40. People aged 65 years or older make up 23% of the population, with the oldest being 91 years of age. There are no children less than 18 years of age at SDC and only 1 resident is under 21 years of age.

Family Involvement: About 75% of the resident population at SDC as of May 1 has identified family connections and involvement: 156 (38%) are conserved by family, and 149 (37%) have family representatives. An additional 47 (12%) are conserved, 36 (9%) access advocacy services, and 18 (4 %) have no identified representative. All individuals are identified as needing assistance in making life and care decisions.

Gender and Ethnicity: The resident population at SDC is 59% male and 41% female. Eighty-six percent (86%) of the population is White, with 6% Black/African American, 3% Hispanic/Latino, and the remaining 5% identified as Asian, Pacific Islander, Filipino, or Other.

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

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

Seventy-one percent (71%) of the consumers who reside at SDC have profound intellectual disability and 21% have severe intellectual disability. The remaining 8% are persons who have been assessed with moderate, mild, or other levels of intellectual disability. Some residents also have mental health issues, with 29% identified as having a significant impact. A majority of consumers have additional disabilities including 55% of the population with epilepsy, 23% have autism, and 51% have cerebral palsy. In addition, 64% of the residents have challenges with ambulation, 81% have vision difficulties, and 26% have a hearing impairment.

Primary Service Needs

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

their primary need:

Significant Health Care Services: This includes the need for intermittent pressure breathing, inhalation assistive devices, tracheotomy care, or treatment for recurrent pneumonias or apnea. Significant nursing intervention and monitoring are required to effectively treat these individuals. One hundred nine (109) of SDC's residents (27%) have significant health care needs as their primary service need.

Extensive Personal Care: This need refers to people who do not ambulate, require total assistance and care, and/or receive enteral (tube) feeding. Ninety-two (92) residents of SDC (23%) require extensive personal care as their primary service need.

Significant Behavioral Support: This need addresses individuals who have challenging behaviors that may require intervention for the safety of themselves or others. Eighty (80) residents (20%) have been identified as requiring significant behavioral support as their primary service need.

Protection and Safety: This refers to those individuals who need a highly structured setting because of a lack of safety awareness, a pattern of self-abuse or other behavior requiring constant supervision and ongoing intervention to prevent self-injury. One hundred twenty-five (125) of the residents (30%) require highly structured services as their primary service need.

Low Structured Setting: This service need addresses those consumers who do not require significant behavioral support or intervention but do require careful supervision. No one residing at SDC (0%) was identified in this category.

PLANNING FOR RESIDENT RELOCATION PERSON BY PERSON

Stakeholder input has been significant regarding the closure plan and more specifically as it relates to the men and women who live at SDC. The vast majority of input has come from families of SDC residents and members of the SDC Coalition and their Transform SDC effort. Overall, input received has noted significant concerns and /or opposition to the closure. However, many have indicated that, as it appears that the closure is going to proceed, a number of issues must be addressed to ensure the continuity of specialized services and development of new models of service on the grounds of SDC. Based upon the lessons learned from previous closures, the recommendations shared by those providing input to the Department on this proposal, and the Department's obligations under the CMS Settlement Agreement, the following stakeholder priorities have been included as primary foundations for this plan:

- Decisions will be based on individualized transition planning, that includes family members, to ensure safe transitions for each individual living at SDC. Closure will not occur until appropriate services, as identified in each individual plan, are available in the community and all residents have moved.
- Community resources, including residential and day services, must be developed.

- The specialized medical and dental services currently available at SDC will remain available via a health resource center until equivalent services are identified, or where lacking, are developed within local communities.
- Behavioral and crisis support services will continue to be available at SDC during the closure process as development of safety-net services occurs.
- Ongoing oversight and monitoring must occur to ensure that the quality of care and services continues to meet the needs of persons served after transition, and as much data as possible should be readily available and accessible to families and decision makers.

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IV. TRANSITIONS

Individualized Planning Process

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

Additionally, every person has had a comprehensive assessment completed by their Regional Center which identifies the persons choices, preferences and the types of community-based services and supports needed to ensure a successful transition to a community setting. This comprehensive assessment will be updated on an annual basis until the person has transitioned to the community.

SDC is assisting the men and women who live at SDC prepare for their maximum participation in the IDT process by discussions with them on the closure proposal, education of their choices and increasing their opportunities to explore and visit the community options. A town hall meeting was also held with the persons at SDC to discuss the closure, items that are important to them during the closure as well as the supports and services they will need.

The IPP, Individual Transition Plan and related transition activities are all part of a coordinated and fluid planning and execution process that is flexible to meet each individual consumer's unique needs. Team members exchange information; perform and participate in assessments; document findings, recommendations and outcomes; and carefully coordinate the transition from the developmental center to the community. An intensive person-centered IPP process will be utilized to initiate transition planning for each SDC resident. The SDC staff and local regional centers will work together to ensure the men and women who live at SDC, and their families, become actively engaged in evaluating community options.

Exploration and Identification of Living Options

The transition process begins with the already existing IPP as mandated in the Lanterman Act and continues as IDTs meet to identify each person's goals and objectives, and services and supports based upon their assessed needs, preferences and choices. SDC will work with individuals, family, IDT, and where appropriate other participants, to review transition options using the clients' IPPs.

SDC will increase the opportunities for more individuals to participate in community tours and experience living options. SDC will coordinate “meet and greet” introductions to potential providers so that the person, their family and providers can see if a specific option identified through exploration activities has the potential for success. The IDT will consider currently available alternative placements for persons at SDC whose post – discharge needs match the services available and transfers are made as appropriate.

Transition Planning Process

Once a person has had a successful “meet and greet” and determines they want to pursue that specific living option, the transition planning process will begin. Typically this includes visits to the prospective home, planned meetings between the proposed vendor and the person, spending time in the home, meeting other individuals who already reside in the home and meeting the staff. Each of these activities will be driven by the person’s interest, needs and outlined in the initial planning meeting.

As part of the transition planning process, the IDT will start an Individual Transition and Health Transition Plan as well as a Specialized Behavior Plan and Safety Plan for the person, when applicable.

- Individualized Health Transition Plan

An individualized health transition plan (IHTP) will be developed by the planning team for each resident transitioning from SDC. The IHTP will include the person’s health history and current health status by the person’s medical staff. The person, involved family members, conservator, authorized representative and /or advocate may participate in the development of the IHTP. The IHTP will provide specific information on how the individual’s health needs will be met and the health transition services that will be provided, such as occupational therapy, respiratory therapy and other specialized health procedures. The IHTP document will assist the team in assuring all of the necessary health supports are in place prior to a move from SDC.

- Specialized Behavior and Safety Plans

As part of the transition planning process, the ID Team will develop Specialized Behavior Plans that include components related to client safety for clients who have significant behavioral support needs, many who currently have rights restrictions or the use of highly restrictive methods such as psychoactive medications. Where indicated by the Comprehensive Assessments, specialized behavior plans will be developed to assist new service providers in understanding the needs of the individual and to adequately provide the needed behavioral supports in the new settings.

Familiarization (Cross-training) Activities

The IPP will include specific activities for familiarization of new staff with the details of

the Comprehensive Assessment, Individual Program Plan, Specialized Support Plans and any informal or personalized knowledge from the SDC staff who know the individual best. This may include activities such as meetings with the IDT and providers (including, but not limited to: Residential, Day Services, Vocational, Health Care, Behavioral Health and any other provider needs as identified in the transition plan) to exchange information specific to that individual's' transition plan.

Cross-training of provider and SDC staff is accomplished via visits by SDC staff to the community providers or vice versa, simulated training situations, or actual observation of daily activities and programming across support settings. Through the stakeholder input process, SDC employees identified that extensive, repeated cross-training is necessary to build relationships and rapport between new staff and clients as well as to address complex needs and procedures. License and liability issues that prevent hands-on cross training between placement sites during transition may need to be addressed.

Transition Review Meeting (TRM)

A TRM is held to review and finalize a client's Individual Transition and Health Transition Plan. Once the initial transition plan has been implemented and when all members of the IDT are satisfied that the arrangements agreed upon in the planning process have been implemented, will meet the person's needs and the person is prepared to move, the ID Team meets for a Transition Review Meeting (TRM). The TRM is held at the conclusion of the transition process and is where the IDT sets a placement date. TRMs must occur no less than 15 days prior to the planned move.

Monitoring Resident Transition

During the process of developing the Plan, and in reviewing stakeholder input, many individuals communicated a concern over the process that will be used for the monitoring of transitions from SDC. While there is a transition process currently in place today at SDC, there were many practices learned from the previous closures that provided a smooth transition for all involved. As a result of the previous closures successes, the Department has determined the need for a Resident Transition Advisory Group to be established for SDC as well. This advisory group will evaluate the current transition process in place for residents at SDC and make recommendations to the Department for enhancements to improve upon the process. Previous transition practices that have worked well will be shared with the Advisory Group to assist in their evaluation.

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

Additionally, the Department is in the process of contracting with an independent external organization with proven capabilities in quality assurance systems in the ICF/IID environment. They will be responsible for the development of a monitoring plan

and implementation of quality assurance performance indicators. The independent monitor will also conduct frequent monitoring of conditions at SDC with the emphasis on provisions of Active Treatment, Quality Health Care outcomes, Behavioral Health outcomes and Client Protections.

Additional specialized monitoring of the transition process and outcomes will be developed by the independent monitor based on information gained during the transition process.

The Department will also develop and implement a detailed quality assurance plan that will be maintained over the time of SDC's closure. This system will include a quality oversight and internal monitoring system with tools and a data system. This will be applied by both internal and external reviewers.

In line with employee and family input, the Department recognizes the importance of ensuring that residents continue to be well served by staff familiar with each person's needs throughout the closure process. It is also essential that each resident's transition planning team involve the participation of knowledgeable staff. As was learned during previous closures, due to an unexpected departure of knowledgeable employees, significant effort was required on the part of the Department to stabilize the care and services during the final months of closure. The Department is committed to providing diligent monitoring and progressive planning for the evolving needs of the residents and employee departures.

Follow-up to Ensure Service Adequacy

The Department currently operates three Regional Resource Development Projects (RRDP), including one at SDC (Sonoma Regional Project, or SRP). Consistent with the previous closures, SRP staff will remain involved with persons moving from SDC into the community and will provide a core quality assurance function. After a person has moved to his or her new community-based home, SRP in coordination with the regional center completes a number of face-to-face visits with the individual. These visits have been enhanced for additional monitoring to occur during the transitioning process through closure. This includes a scheduled visit to occur following an individuals' move from SDC at intervals of 5 days, 30 days, 60 days, 90 days, 6 months, and 12 months. Additional visits, or assistance with follow-up activities or guidance occur as necessary to assure a smooth transition.

In addition, the regional center is directly involved in the actual transition of the individual to his/her new home. For anyone residing in out of home placement they will complete a face to face visit at least quarterly. Anyone moving from SDC to the community will receive enhanced regional center services for at least two years. Individuals who move to an ARFPSHN or an EBSH will receive enhanced clinical staffing in the home and oversight by the regional center and the Department that is statutorily required for those models of care. Additional visits, supports, and training are provided to the individual and/or the service provider on an as-needed basis.

QUALITY MANAGEMENT SYSTEM

Use of a thorough and transparent quality management system (QMS) to ensure safe and successful transitions from SDC and ongoing quality care is not only required of the Department, but was also widely stated as a need by many stakeholders. Over the past 15 years, California has moved steadily toward a more integrated, value-based quality management and improvement system that produces desired consumer outcomes. The statewide QMS is based upon the Centers for Medicare and Medicaid Services' (CMS) Quality Framework. At the core of the model is the consumer and family. Quality management starts with establishing clear expectations for performance (design), collecting and analyzing data to determine if the expectations are met (discovery), and finally, taking steps to correct deficiencies or improve processes and services (remediation and quality improvement).

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

In addition to the statewide QMS and Regional Center quality management processes, an active quality management system is in development and will be maintained by the Department (in conjunction with regional centers) to monitor consumers' quality outcomes and satisfaction and identify areas that may need improvement. The QMS strategy for the SDC closure will be enhanced by building upon the existing DDS and regional center quality assurance systems and reflect the Department's obligations under the CMS agreement. The focus of this strategy will be on assuring that quality services and supports are available prior to, during, and after transition of each person leaving SDC. Specifically, the SDC QMS will include the development, implementation, and monitoring of service provider performance expectations, individual outcomes and systemic outcomes and process measures including:

- The development and monitoring of individual health transition plans for every SDC resident.
- Enhanced monitoring by regional center clinicians (where required in the Individual Program Plan).

- An additional year of regional center case management at a 1:45 caseload ratio.
- Establishment of a Quality management Advisory Group (QMAG) specific to SDC.
- Annual family and consumer satisfaction survey through National Core Indicator project for all individuals transitioning from SDC and their families.
 - The NCI survey addresses key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. There is a face-to-face/in person interview for individuals receiving services and a mail in, survey for families or conservators. NCI surveys are anonymous.
- Onsite visits and interviews
 - Once fully implemented, the SDC QMS will enable regional center staff, clinicians, and other professionals, SDC Regional Project staff, and other involved parties that visit the home to assess individuals and service providers based on the established service provider expectations and individual outcomes, and input findings into a data tracking system. The Department is in the process of determining the data system needs.
- Review of IPPs
 - Regional Center staff will review IPPs for content and quality to ensure that person-centered planning objectives, health and safety issues and the services and supports identified through the transition process are being met.
- Semi-Annual Risk Management Reporting by the DDS risk management contractor that will include:
 - Special Incident Reports - The number and rate of reportable incidents among people moving from SDC. As required by title 17, Section 54327 of the California Code of Regulations, vendors and long-term health care facilities report occurrences of suspected abuse, suspected neglect, injury requiring medical attention, unplanned hospitalization and missing persons, if they occur while a consumer is receiving services funded by a regional center. In addition, any occurrence of consumer mortality or a consumer being a victim of a crime must be reported, whether or not it occurred while the consumer was receiving services funded by a Regional Center.
 - Changes in residential settings – Instability in residence may indicate potential care issues. Changes in the type of residential setting may also indicate changes in service needs. Data on residential settings from the Client Master File (CMF) and Purchase of Service (POS) data will be used to identify changes in residence type.

- Changes in skills of daily living, challenging behaviors and personal outcomes - Monitoring elements tracked through the Client Development Evaluation Report (CDER) for potential deterioration or improvement over time. The CDER is completed at the time of transition and at least annually once a person has moved to the community.

Essential to the Sonoma Quality Management System is the establishment of a SDC Quality Management Advisory Group (QMAG). Representation on the SDC QMAG will include consumers, parents and family members of current and former SDC residents, regional centers, the State Council on Developmental Disabilities, and Disability Rights California. The SDC QMAG will be established in October/November 2015.

The QMAG will provide guidance to the Department and regional centers in the refinement of the SDC Closure Quality Management system. On an ongoing basis, the QMAG will inform the Department and regional centers on findings from their review of the data collected on the quality of services being provided to former SDC residents. SDC's Independent Monitor (required by the CMS agreement) will also inform SDC's QMS. The QMAG is a potential avenue for SDC families to interact with, and hear from, SDC's independent monitor that is required under the CMS agreement. During the stakeholder process to inform this plan, family members specifically requested the sharing of information by, and with, the independent monitor throughout the closure process.

Once formed, the QMAG will have the opportunity to review and give input on the outcome and process measures required for SDC's closure. Stakeholders have suggested timelines for placement reviews, additional measures of success and refined processes. Stakeholders also provided the Department with another state's legislation that details reporting requirements and process measures for follow-up studies of individuals who have moved out of that state's developmental centers and psychiatric hospitals. The department will work with the QMAG and other stakeholders to review all proposals for appropriateness, viability and potential incorporation as enhancements to the QMS system for SDC are decided on.

ADVOCACY SERVICES

The Department will work on maintaining the Volunteer Advocacy Services (VAS) program until final closure and then transitioning the services to the community. The VAS program, funded by the Department and implemented via an interagency agreement with the State Council on Developmental Disabilities, is designed to provide advocacy resources and assistance to persons living in state-operated facilities, including Sonoma, who have no legally appointed representative to assist them in making choices and decisions. In addition, at the request of legally appointed representatives, volunteer advocates will assist those representatives in advocacy efforts. Consumers accessing these services come both through their own requests as well as referral by the DC based upon their need for assistance and/or representation and the lack of other available resources. Services range from facilitation of consumer

involvement in social and recreational activities, to attendance with the consumer at program planning and other meetings impacting services and supports for the consumer. When a consumer receiving services from VAS moves from Sonoma to the community, VAS continues to monitor the move and subsequent services and supports for six months after the move, and identifies advocacy assistance services for the consumer from community resources.

Welfare and Institutions Code (WIC) section 4433 (b) (1) requires the Department to contract for clients' rights advocacy (CRA) services for all individuals with developmental disabilities living in developmental centers (DCs) as well as for all consumers residing in the community. The Department has accomplished this by contracting with Disability Rights California (DRC) through its Office of Clients' Rights Advocacy (OCRA) for the clients' rights advocacy for all individuals outside DCs served by regional centers. The Department has an interagency agreement with the State Council on Developmental Disabilities (SCDD) to provide advocacy services for residents of the DCs. When a person moves out of SDC, the OCRA CRA assumes the responsibility for the clients' rights advocacy services of the individual within the regional center catchment area of their residence. The CRA at the DC (provided by SCDD) remains in place until the last resident at the DC is transferred from the DC into a community placement.

Additionally, WIC section 4418.25 facilitates coordination between the DC and community CRAs by requiring regional centers to provide copies of each DC resident's comprehensive assessment or update no less than 30 calendar days prior to each resident's Individual Program Plan (IPP) including the time, date, and location of the IPP to the OCRA CRA for the regional center. The OCRA CRA may participate in the meeting unless the consumer objects on his or her own behalf. This allows the OCRA CRAs to become familiar with DC residents prior to their move from the DC and to work collaboratively with the SCDD CRAs at the DC to provide advocacy services as appropriate to each resident.

The Department will continue monitoring the health, safety and wellbeing of persons transitioning from SDC to the community. As with previous closures, the expectations and a clear process will be in place for post-placement monitoring and required documentation. State employees, regional center staff and providers will share the responsibility in assuring identified outcomes are met while providing and accessing resources to make community living successful.

COMMUNITY RESOURCE DEVELOPMENT

The Department has initiated discussions with all of the affected regional centers regarding the role of the Community Placement Plan (CPP) in the proposed closure of SDC. Statutorily, the goal of the CPP is to provide supplemental funding to regional centers to enhance the capacity of the community service delivery system so that individuals with developmental disabilities are afforded the opportunity to live in the least restrictive living arrangement appropriate to their needs. Developing community capacity through the CPP process provides some of the necessary resources to assist

in moving people from developmental centers. CPP encompasses the full breadth of resource needs including, but not limited to, development of both residential and day services.

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

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

The Department proposes, with the collaboration of the regional centers, to focus community resource development on efforts that reflect stable community residential arrangements. In addition to consideration of existing and successful community living options, such as supported living services, adult family homes and family teaching homes, Intermediate Care Facilities, and Community Care Facilities, a specific focus will include the development of homes adapted to meet the unique and specialized medical, physical, and behavioral needs of SDC residents including:

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

Since the opening of the first ARFPSHN home in 2007, this residential model has shown remarkable success in meeting the needs of some of our most medically fragile consumers that transitioned from a developmental center. There are now thirty-eight ARFPSHN homes in operation statewide. With the statutory changes in AB 1472 (Chapter 25, Statutes of 2012), this model of residential care is now available for any person currently residing in a developmental center who has an IPP that specifies special health care and intensive support needs that indicates the appropriateness of placement in an ARFPSHN.

The ARFPSHN model of care, which includes: specific staffing requirements relative to 24/7 licensed nursing (Registered Nurse, Licensed Vocational Nurse, Psychiatric Technician); DDS program certification; and mandatory safety features (fire sprinkler system and an alternative back-up power source), was necessary to fill a critical gap in the existing state community living residential licensure categories. To live in an ARFPSHN, the consumers' health conditions must be predictable and stable at the time

of admission, as determined by the individual health care plan team and stated in writing by a physician. In addition to 24/7 nursing supervision, the law requires:

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

Some residents at SDC may need enhanced licensed nursing care. The ARFPSHN model will provide one option for these SDC residents to move to a home-like, community-based setting. Not everyone who lives in a Nursing Facility (NF) residence at SDC will need an ARFPSHN home. There are specific eligibility criteria that must be met to live in a ARFPSHN and alternative residential models are available that address ongoing medical needs such as: Specialized Residential Facilities and Intermediate Care Facilities (ICFs), which are health facilities licensed by the California Department of Public Health (CDPH) to provide 24-hour-per-day services. There are three types of ICFs, which all provide services to Californians with developmental disabilities; ICF/DD-H (Habilitative), ICF/DD-N (Nursing) and ICF/DD-CN (Continuous Nursing). More information on ICF program types is available online at: <http://www.dds.ca.gov/LivingArrang/ICF.cfm>.

With the statutory changes in October 2010, this model of residential care is now available for any person residing in a developmental center at the time of proposed placement who has an IPP that specifies special health care and intensive support needs indicating the appropriateness of placement in an ARFPSHN.

Enhanced Behavioral Supports Homes (EBSHs)

An EBSH is a community care facility (CCF) certified by DDS and licensed by DSS as an adult residential facility or a group home that provides 24-hour nonmedical care to individuals with developmental disabilities who require enhanced behavior supports, staff, and supervision in a homelike setting. EBSH's have a maximum capacity of 4 consumers, but could have fewer. Enhanced behavior services and supports means additional staff supervision, facility enhancements or other services and supports beyond what is typically available in other licensed CCFs, to serve individuals with challenging behaviors in a home-like setting rather than an institution. EBSHs provide intensive behavioral services and supports to adults and children with developmental disabilities who need intensive services and supports due to challenging behaviors that cannot be managed in a community setting without the availability of enhanced

behavioral services and supports, and who are at risk of institutionalization or out-of-state placement, or are transitioning to the community from a developmental center, other state-operated residential facility, institution for mental disease, or out-of-state placement. EBSHs are staffed 24/7 with professional staff and undergo a certification process by the Department, similar to the ARFPSHN certification process.

Currently, 18 EBSHs are scheduled to be developed through FY 2015-16 and additional EBSHs will be developed each fiscal year during the pilot project period. There are not currently any EBSHs that are operational, as EBSH emergency regulations are still pending. The Department has been working with DSS on regulations for EBSHs and expects them to be released in October 2015. The Department is encouraged by the possibilities this model offers to address unmet needs in the community and assist with enhancing safety-net services statewide.

Community Crisis Homes (CCHs)

A CCH is a facility certified by DDS and licensed by DSS as an adult residential facility, providing 24-hour nonmedical care to individual with developmental disabilities in need of crisis intervention services who would otherwise be at risk of admission to the acute crisis center at FDC or SDC, out-of-state, a general acute care hospital, an acute psychiatric hospital or an institution for mental disease. Staffing requirements will meet all statutory requirements for use of behavior medication interventions including seclusion and restraint. A CCH is authorized to have a maximum capacity of 8 consumers. However, in response to feedback gathered through the 2014 DC Task Force Implementation Workgroups, the Department is looking at developing four, 4-bed CCHs instead of the originally proposed two, 8-bed homes given stakeholder concerns that 8 people in a crisis home were too many.

CCHs differ from the Acute Crisis Units at SDC and Fairview DC in that they are located in communities throughout the state and do not require a commitment under Welfare and Institutions Code 6500. CCH's require enhanced staffing and supervision and enhanced staff qualifications. A significant benefit of CCHs is that the homes can accommodate immediate admission for individuals in acute crisis, whereas admission to the acute crisis units at FDC and SDC can be a more prolonged process.

Currently, 3 CCHs are projected for development, including one in North Bay Regional Center. CCH regulations are pending and are expected to be released after the EBSH regulations.

Delayed Egress Homes and Secure Perimeter Homes

H&S Code sections 1267.75 and 1531.15 authorize residential facilities utilizing delayed egress devices to also utilize secured perimeters. Delayed Egress/Secured Perimeter homes were developed as residential options affording a degree of security not previously available in the community outside of locked institutional settings. As part of the state's provision of safety-net services in new ways, these homes are designed for

individuals who are difficult to serve in the community who, due to difficult to manage behaviors or a lack of hazard awareness and impulse control, would pose a risk of harm to themselves or others.

Though often referenced together, it is important to note that you can have a Delayed Egress home that does NOT have a Secured Perimeter. Delayed Egress and Delayed Egress/Secured Perimeter models offer two levels of security to meet significant needs in the community. Delayed egress provides the first level of security, while the addition of a secured perimeter provides an increased level of security to protect the safety of the residents and others. “Delayed egress” means the use of device in a residential facility that precludes use of exits for predetermined period of time, not to exceed 30 seconds. “Secured perimeter” means there are fences around a facility utilizing delayed egress devices and meeting prescribed requirements, such as the requirement that the need for the service be part of an individual’s IPP, that the home meet fire and building codes, that the home provide proper training regarding use and operation, and that the secure perimeter not substitute for adequate staff. A residential facility or group home utilizing delayed egress devices and having six or fewer residents may install and utilize secured perimeters. A limited number of Delayed Egress/Secured Perimeter homes serving individuals designated as incompetent to stand trial pursuant to Penal Code Section 1370.1 and who are receiving competency training may have as many as 15 residents.

In establishing program standards for secured perimeter and delayed egress homes, requirements and timelines were established for the completion and updating of a comprehensive assessment of each consumer’s needs, including the identification through the IPP process of the services and supports needed to transition the consumer to a less restrictive living arrangement, and a timeline for identifying or developing those services and supports. The Health and Safety Code establishes a statewide limit on the total number of beds in homes utilizing both delayed egress devices and secured perimeters.

Currently, 25 delayed egress homes are in development and six have been completed. Fourteen Delayed Egress/Secured Perimeter homes are in progress and three have been completed and are expected to be licensed in October 2015. Both of these residential models offer the opportunity to be sited on acreage, adjacent to open space areas, or offer outdoor space to residents, which was identified as a key interest of stakeholders.

Supported Living Services (SLS)

SLS consist of a broad range of services to adults with developmental disabilities who, through the Individual Program Plan (IPP) process, choose to live in homes they own or lease themselves in the community. Many adults that have lived in developmental centers have chosen SLS because it fits their personal needs.

SLS is designed to further develop individuals' relationships, inclusion in the community, and work toward their short and long-range personal goals. Because there may be life-long concerns, SLS are offered for as long and as often as needed, with the flexibility required to meet a persons' changing needs over time, and without regard solely to the level of disability.

Typically, a SLS agency works with the individual to establish and maintain a safe, stable, and independent life in his or her own home. The guiding principles of SLS are found in Section 4689(a) of the Lanterman Act. DDS's regulations for SLS are found in Title 17, Division 2, Chapter 3, Subchapter 19 (Sections 58600 et seq) of the California Code of Regulations (CCR).

Proposed Community Resource Development

At this time, through FY 2015-16 CPP approvals (regular and SDC-specific), there are a total of 286 residential projects in progress throughout California. This represents a 1,233 bed capacity in development. Sixty-nine percent (845) of these beds in progress are intended for use by individuals transitioning from a Developmental Center, while 31% (388) of these beds are meant for individuals who are transitioning from other living arrangements in the community, or from out-of-state or Mental Health Rehabilitation Centers (MHRC) or Institute for Mental Disease (IMD) facilities.

Just over half of the 286 projects in progress are owned by a Non-Profit Housing Organization (NPO). This development is in line with the Department's goal to expand housing opportunities for consumers to live in integrated community settings. NPO-owned homes separate the ownership of the home from service delivery, so a provider can be changed without having to move residents. NPO-owned homes are restricted for use by regional center consumers by real estate deed restrictions or restrictive covenants that are applied to the property.

The 286 projects in-progress are made up of a variety of residential types in an effort to develop for different needs. The 286 projects consist of:

- 185 Specialized Residential Facilities (SRF)
- 39 ARFPSHNs
- 18 EBSHs
- 18 Crisis Related Facilities
- 13 Supported Living Services (SLS)
- 7 Community Care Facilities (CCF)
- 4 Intermediate Care Facilities (ICFs)
- 2 Family Teaching Homes (FTH)

Since FY 2005-06, a total bed capacity of 1,659 has been developed through CPP. Additionally, 92 non-residential CPP projects are currently in progress including day programs, dental programs, training programs, transportation and other services.

Self-Determination Program

In October of 2013, Governor Edmund G. Brown Jr. signed into law the Self-Determination Program, which will provide consumers and their families with more freedom, control, and responsibility in choosing services and supports to help them meet objectives in their Individual Program Plan. As authorized in Welfare and Institutions Code, Section 4685.8, "the Self-Determination Program (SDP) is a voluntary delivery system consisting of a mix of services and supports, selected and directed by a participant through person-centered planning, in order to meet the objectives in his or her Individual Program Plan (IPP). Self-determination services and supports are designed to assist the participant to achieve personally defined outcomes in community settings that promote inclusion."

Implementation of the Self-Determination Program is contingent upon approval of federal funding and budget neutrality. The Department of Developmental Services (DDS), in consultation with stakeholders, drafted a 1915 (c) Home and Community-Based Services (HCBS) Waiver application that was submitted to the federal Centers for Medicare and Medicaid Services on December 31, 2014. In August, at the request of the federal government, new language was added to the Self-Determination Program (SDP) Waiver application describing how homes and settings where SDP participants will reside and receive services meet the requirements of the federal home and community-based settings rules that became effective in March 2014. The required 30 day comment period for the revised application concluded on September 7, 2015. The Waiver application will be formally resubmitted to the Centers for Medicare and Medicaid Services after reviewing comments received and making any changes to the application in response to the comments.

Once the SDP waiver application is approved by CMS, it was suggested by stakeholders that all DC residents have self-determination available as an option. Upon approval, the SDP will be implemented for up to 2,500 participants during the first three years. The initial 2,500 enrollees will be selected at random from a pool of interested parties who have participated in a Regional Center information session. After this three year phase-in period, the program will be available to all consumers, contingent upon cost neutrality and renewal of the SDP waiver to include increased enrollment.

DDS has committed to providing targeted outreach and training regarding the Self-Determination Program for DC residents to increase awareness of this option for coordinating services after residents move from the DC.

ACCESS TO HEALTH AND MEDICAL SERVICES

SDC provides the full range of medical, dental and behavioral services required by residents. Close attention will be paid to ensuring there is capacity to provide required comprehensive health services in community settings and that a process is in place to assure access and a seamless transition. Northern California regional centers have established productive partnerships with local health plans that provide medical resources for consumers currently in the community. As of July 1, 2015, all of SDC's

residents were Medi-Cal eligible, with 91% dually covered by Medicare, and a very small percentage having additional private insurance coverage. Medi-Cal and Medicare coverage will allow SDC residents to access existing health services in the community.

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

The health care planning and development will ensure:

- Access to the full array of required services by qualified providers, including primary health and specialty medical care, optometry and ophthalmology, pharmacy, support services such as occupational and physical therapies, and the provision of medical equipment and supplies.
- Comprehensive case management is provided to each consumer which includes coordination and oversight of their individualized health services to assure the provision of all services identified as medically necessary by their primary care physician.
- Coordination among the regional center, the health plan and other health service providers to ensure efficient access to quality services.

Health Resource Center/Clinic Services

As an additional measure of bridging the transition from SDC into the community, and to provide the continuity of medical care and services to SDC residents, and as requested by stakeholders, the Department is proposing to operate health resource center/clinic services at SDC. The goal is to provide medical, dental and behavioral services to current and former SDC residents. The Department is currently assessing needs; availability of staff and resources; options for operation as a Federally Qualified Health Center (FQHC) in partnership with Sonoma County, or other partner organizations; reviewing the potential for educational partners and if there are opportunities to create a “teaching” center/clinic.

In accordance with WIC Section 4474.1(g)(12), the following summary describes where services will be obtained that, upon closure of the DC, will no longer be provided by SDC:

As of August 2015, the three most local regional centers (North Bay Regional Center [NBRC], Regional Center of the East Bay [RCEB] and Golden Gate Regional Center [GGRC] served a combined total of over 34,000 individuals in the community. Each regional center is responsible for coordinating most, or all services received by each individual, depending on their living arrangement and

needs. These services include residential, day, work, health care, behavioral, specialty equipment, psychiatric, and other services. To ensure that the needs of each individual who transitions from SDC are met, the involved regional centers will continue to leverage existing relationships with community-based professionals and service providers, and will develop new services through their Community Placement Plans where unmet needs are identified. Services to be obtained will be individualized, based on the IPP process.

DRAFT

V.
SONOMA DC EMPLOYEES

SDC's workforce is a dedicated group of employees that consistently demonstrate specialized skills, caring and an investment in the best outcomes possible for the people they serve. Families and friends of SDC's residents overwhelmingly recognized the abilities and devotion of SDC's staff in their comments. In the employee meetings conducted to gather input on what elements SDC staff would like to see included in the closure plan, the employees of SDC demonstrated their selflessness and dedication by putting aside their own needs, and instead talked about the needs of the people they serve. This clear demonstration of selflessness and dedication validates the Department's deep appreciation for the work SDC's staff does every day. It is the intent of the Department to help mitigate the impact on employees of the closure of SDC. In support of this commitment, employees will be:

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

EMPLOYEE COMPOSITION

Time Base and Years of Service

As of August 29, 2015, there were 1,365 employees at SDC. Of these employees, 88% are full-time, 5% are part-time, and the status of the remaining 7% are intermittent, temporary, or limited-term.

Almost one-half of the employees, 41%, have worked at SDC for 10 years or less. Forty percent (40%) of the staff has been employed at the facility between 11 and 20 years. The remaining 19% have worked at SDC for 20 years or more.

Demographics

Sixty-three percent (63%) of the workforce is made up of women. Fifty two percent (52%) of the total workforce is 50 years of age or older and 20% of employees are between 43 and 50 years of age.

Employees at SDC are from diverse ethnic backgrounds. The number of employees who identify themselves as Hispanic and Caucasian is similar with each group representing 52% of the SDC workforce. The next most predominant group,

representing 7% of the workforce, are employees who identify themselves as African-American followed in decreasing numbers by Asian employees who represent 5% of the workforce, Filipino employees representing 34%, and the remaining 2% of staff identified themselves as “Other.”

Classifications

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

Direct Care Nursing: The direct care nursing staff makes up 48% of the employee population and includes those employees who are assigned to shifts and fulfill required staffing minimums for providing direct care services to the men and women residing at SDC. These employees are primarily registered nurses, psychiatric technicians, psychiatric technician assistants, and trainees or students.

Level-of-Care Professional: The level-of-care professionals make up 8% of the total employee population and include physicians, rehabilitation therapists, social workers, teachers, physical and occupational therapists, respiratory therapists, vocational trainers, and others who also provide a direct and specialized service for the consumers at SDC but are not in classifications included in the direct care nursing minimum staffing ratios.

Non-Level-of-Care and Administrative Support: The remaining 44% of the employee population includes those who are in non-level-of-care nursing positions but provide other direct services to consumers, and also administrative support. This includes dietary employees such as cooks and food service workers, plant operations staff, clerical support, personnel and fiscal services employees, health and safety office staff, quality assurance reviewers, and all facility supervisors and managers.

Employee County of Residence

SDC employees primarily live in one of 19 counties:

- 45% reside in Sonoma County
- 31% live in Solano County
- 7% reside in Napa County
- 5% live in Contra Costa County
- 3% Alameda County
- 2% Marin county
- 2% Sacramento County

Only 5% of employees reside in a county other than one of the 7 identified above.

PLANS FOR EMPLOYEES

The Department is committed to the establishment and implementation of employee supports that promote workforce stability and provide opportunities for employees to determine their future. Employee retention during the closure and transition process is, and will remain, a high priority to assure continuity of services and to protect our most valuable resource, the expertise and commitment of a dedicated workforce. Employees have suggested, and the Department will further explore the possibility for, retention bonuses, state service credit opportunities and the ability to guarantee positions or specialized training for employees that stay through the end of closure.

The Department has conducted several employee forums to provide opportunities for staff to ask questions and provide input for consideration in the planning process. In addition, notification of the proposed closure and a request to meet with the Department to gather input for the development of the closure plan was sent to the union representatives of: California Association of Psychiatric Technicians (CAPT); American Federation of State, County, and Municipal Employees (AFSCME), Service Employees International Union (SEIU) ; and the Union of American Physicians and Dentists (UAPD); California Statewide Law Enforcement Association (CSLEA); Association of California State Supervisor (ACSS); International Union of Operating Engineers (IUOE); and the Professional Engineers of California Government (PECG).

Representatives of American Federation of State, County, and Municipal Employees (AFSCME), California Statewide Law Enforcement Association (CSLEA), Association of California State Supervisor (ACSS) and California Association of Psychiatric Technicians (CAPT) participated in a July 20, 2015, meeting where the Department shared information on the closure of SDC, discussed the needs of the employees to be considered in the planning process and accepted input for the closure plan. At this meeting the unions urged the Department to:

- Examine the pros and cons of statewide layoffs vs. geographic layoffs
- Explore retention bonuses, ideally ones that are “PERS-able” or incentive packages to encourage retirements, including service credits
- Examine the possibility of employees to receive a lump sum payout after closure of their accrued time as a gesture of goodwill and incentive to stay through closure
- Discuss with CalHR why DC systems are different than other systems and in need of special dispensations to allow the flexibility needed for scheduling and layoff processes as DCs move through closure
- If appropriate, minimize reapplication or transfer processes and screenings
- Consider flexibility for start times and transfer positions – special arrangements

to hold positions open were very helpful in previous closures

- For people transferring to other state service positions, identify ways to have start dates after the closure of SDC without reflecting a separation in state service
- Create a safety-net to help with level of care staff deficiencies experienced during the closure of Lanterman DC
- Incentivize CSSP to ensure robust participation
- Create clinic services on site at SDC to include medical, dental and adaptive engineering, that would serve the larger community as well as the SDC population in transition
- A suggestion was made to create a 50-bed unit at SDC and similar facilities throughout the state to serve people who are “too difficult” to serve in the community.

Additional suggestions raised by employees through stakeholder meetings and comments submitted include:

- Training specific to positions in the community, as well as assistance with identifying how skills are transferable to community positions and identifying equivalent job titles, roles and responsibilities in community-based positions.
- A dedicated CalPERs person to field questions from SDC employees, or an increased presence on campus to facilitate discussion and answer questions
- A specialized survey and outreach to other departments with equivalent positions for OPS and firemen to identify lateral move opportunities in this very specialized and unique service area
- Formal succession planning and cross-training should occur in-house so that as people leave, the employees assuming that role are already familiar with and have been trained on the job for more than the standard 3-5 days currently afforded. Desk manuals and documentation of procedures were also encouraged, as well as rotating people through positions or using people in temporary assignments.
- Positions in the STAR crisis home, or any other services to be developed on site should be based on seniority and ability to meet minimum qualifications.
- Outside registries should be used throughout closure to assure appropriate staffing levels.
- Job fairs are helpful to staff and should be conducted.

- The Department should explore the possibility of enabling people who are getting ready to retire, but would also be interested in continuing on as an RA, be able to do so without having to be away for 6 months first. It was suggested that this could be a good incentive to people who are looking to retire, but whose skills SDC could presently use.

EMPLOYEE CAREER CENTER

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

Employees suggested that the hiring of an individual (or individuals) trained specifically as career counselors for the Career Center would be ideal. Career Center staff should demonstrate the specialized skill sets and expertise necessary to guide people through career changes and be fully trained to assist with all aspects of job searches.

It was also suggested by the employees and SEIU that the Career Center open as soon as possible. The Department will be working to open the Career Center by the end of the year, and add services and capacity as needs are identified and resources become available.

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

- Regional center presentations on various opportunities for serving individuals with developmental disabilities in community settings, and related requirements
- Individual and group career counseling and planning sessions
- Special speakers on topics of interest
- Training to support the development of new job skills and certifications identified as necessary in the community such as Certified Nursing Assistant (CNA) and Direct Support Professional (DSP) training programs
- Workshops on topics such as interviewing techniques and resume writing
- Computer access for job searches and online application submission, including instructions on how to save application information to facilitate applying for many different positions without having to re-enter application information every time
- Up-to-date lists of job opportunities within the state, counties, cities, and regional center systems and geographic area surrounding SDC

- Informational sessions on finding and taking exams with other state agencies and navigating the state job market utilizing DROA, SROA and transfer and reemployment eligibility
- State of California layoff process and procedures
- Coordination of job fairs for prospective employers of SDC's employees
- Retirement and benefit workshops in collaboration with the California Public Employees' Retirement System (CalPERS)
- Personnel-related Q&A sessions

POTENTIAL JOB OPPORTUNITIES FOR DEVELOPMENTAL CENTER EMPLOYEES

On behalf of Sonoma's employees and in accordance with WIC 4474.1 (d), contact is being made with Sonoma County, regional centers served by the developmental center, and other state departments using similar occupational classifications for development of a program to place staff of Sonoma, as positions become vacant, or in similar positions operated by, or through contract with the county, regional center or other state departments. Contact has already been made with the Department of State Hospitals, Department of Veterans Affairs, Department of Motor Vehicles, Employment Development Department, Department of Corrections and Rehabilitation, Department of General Services, Department of Social Services, Department of Public Health, Department of Health Care Services and Department of California Human Resources, and Department of Finance. Furthermore, DDS contacted all 21 Regional Centers, including the 12 that serve the men and women who live at SDC, to establish a partnership for the hiring of SDC employees through the Community State Staff Program.

Additionally, The Department has reached out to the Employment Development Department's office in Santa Rosa in partnership with Sonoma County Job Link Rapid Response, to assist with the provision of reemployment services. These entities could provide comprehensive services as specified in the Workforce Investment Act (WIA) and assist SDC in providing Career Center services that include education and information related to interview skills, resume preparation, unemployment benefits, the California Training Benefits program, credit counseling and Employee Assistance Program services.

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

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

Employees at SDC have learned and developed, a wide range of special skills that make them effective in providing services and supports to persons with developmental disabilities. In California, most employees have to complete a training program and/or pass a licensing exam administered by the State and in addition, these professionals have developed a repertoire of expertise beyond their formal education that is invaluable in working with persons with developmental disabilities. Because a great number of SDC's employees have committed many years of their lives to providing services and supports to this special population, it is hoped that many of them will be interested in continuing their service to individuals with developmental disabilities in the years ahead. Staff expertise surveys are being conducted to assist in identifying unique skills, abilities, and specialized training that state staff have accumulated over their careers. State employees' survey input will help better distinguish services that could be provided in other settings. The Department will continue to work with employees throughout the closure process to identify the resources and assistance they believe they will need.

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

State Staff in the Community

In June 2014, the Department received authorization (through SB 856, Chapter 30, section 845.1, Statutes 2014) to expand the Community State Staff Program (CSSP) statewide to support any consumer who has transitioned out of any developmental center or to deflect admission to a Developmental Center. State employees work through contracts established between Developmental Services and either a regional center or service provider. Contract employees maintain their salaries and benefits and the vendor/contractor reimburses the State for the cost.

While the expansion of the program no longer links it to a particular developmental center closure, the CSSP remains a critical support for consumer transitions and continuity of staff. To establish the change, collective bargaining units typically used for Community State Staff contracts were notified, and the Department of Developmental Services and CalHR bargained new agreements with CAPT and SEIU for a number of bargaining units to participate in the program. The new agreements cover the employee selection process, the provision of ongoing supervision, and employee rights and representation.

Experience with previous closures has led to the development and refinement of various options and improvements in services and supports, particularly in the area of crisis

management. The Department anticipates developing a stronger partnership with regional centers and providers, utilizing state staff's knowledge and expertise in the area of nursing services, home management, crisis intervention, and behavioral support. On August 19, 2015 Santi J. Rogers, the Director of DDS, sent a letter to the Executive Directors of all 21 Regional Centers encouraging them to seek information about the new statewide Community State Staff Program (CSSP). (Attachment #)

The CSSP can maintain familiar staff for transitioning developmental center residents, and enhance individuals' services by bringing the depth of experience a developmental center employee has into the community service system. The department provides extensive staff training and orientation to prepare employees for transition to community-based services. Through this program, the specialized knowledge, skills and abilities of the state staff are shared with co-workers thereby enhancing service continuity. SDC employees have suggested the Department explore the possibility of establishing pools of employees within CSSP that can rotate through temporary assignments in the community and the DC to facilitate transitions.

Through the stakeholder input process, employees indicated that trainings on how the CSSP works, who can use it, how contracts function, etc. would be very helpful. Much of this information is currently posted on the DDS website³, and the Department will work to schedule additional trainings at SDC in response to this request. The Department will also assess the possibility of rate exemptions, or process enhancements that could assist in improving vendor participation in the program.

Recently updated education and outreach materials on the CSSP will continue to be refined for clarity and to address common questions and concerns for both employees and potential contractors.

Opportunities at Other Developmental Centers

Job opportunities at other Developmental Centers will be available for some time, but will be more limited than previous closures as Porterville Developmental Center in the General Treatment Area (PDC GTA) and Fairview Developmental Center (FDC) begin implementing their closure plans. Some opportunities at Canyon Springs (CS) State Community Facility and in the Secure Treatment Program Area of Porterville (PDC STP) will continue as long as those services are offered. Sonoma employees have the opportunity to apply for these positions as desired. Other transfer rights may be negotiated through the collective bargaining process related to closure discussions. It is expected that the Department would implement a Department Restriction of Appointment (DROA) process, as needed, which would provide hiring priority for Sonoma employees for departmental advertised vacancies.

Departmental transfer provides the benefit of retaining employees in the IDD service system and provides for some flexibility through negotiation of transfer dates to retain critical staff or adequate staffing during the closure.

3 CSSP Information can be found online at: http://www.dds.ca.gov/DevCtrs/DCInitiatives_Community.cfm

Private Sector Service Provider or Support Staff

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

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

- **Surplus Status**

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

- **State Restriction of Appointments**

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

EMPLOYEE ACCESS TO INFORMATION

It is recognized that accurate and timely communication throughout the closure process is essential. Communications within all levels of the SDC organization will take place to ensure that all employees are kept informed about progress on the closure and about available job opportunities. Throughout the closure process, the Department and Executive team at SDC review potential additional avenues for effective communication. Key methods of current communications with SDC's employees include:

SDC's Eldridge Press Newsletter: SDC's quarterly employee newsletter will continue throughout the closure process and will include an Executive Director's message and updates on the closure, recognition of staff, community happenings, announcements and other related items of interest. The frequency of the newsletter can be increased, as appropriate, to ensure timeliness of key information.

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

Management Rounds: The SDC Management team conduct residence and department rounds on all shifts which allows the employees to share any comments, concerns or ask questions related to the progress of the closure. Answers to questions that are of broad interest will be made available to all employees.

Weekly Transformation Updates: The Executive Director communicates weekly to all SDC staff in regards to SDC transformation and closure topics. The updates include any questions received during the week, information about upcoming meetings, and any additional items that should be communicated to all staff to ensure they have knowledge of closure activities. Questions are received via the SDC suggestion box, email and or phone calls. It is also expected that Managers, Unit Supervisors and Department heads print the weekly email and post in their respective work areas for all staff to see. Additionally, these updates will be posted on SDC's intranet.

Communication Line: SDC employees have access to a communication line that can be called at any time of the day and the caller may state any concerns, comments or questions. The information goes to the Executive Director, and questions will be responded to as quickly as possible. Messages to the communication line can be anonymous, or individuals may identify themselves for a return call. Answers to questions that are of broad interest will be made available to all employees in the weekly transformation updates.

Website: A dedicated webpage addressing the transformation of SDC has been established on the DDS website. Accessible at <http://www.dds.ca.gov/SonomaNews/>, the webpage provides notices and information to all interested parties regarding the closure and transformation of SDC. There will be a direct link to this dedicated webpage on the SDC intranet to ensure easy access for employees.

STAFF SUPPORT ADVISORY GROUP

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

FOSTER GRANDPARENTS AND SENIOR COMPANIONS

Important services are provided to residents of SDC through Senior Corps, a Federal grant program administered by the Corporation for National and Community Service that pairs volunteer Foster Grandparents and Senior Companions with persons in need of comforting, companionship and mentoring. As of May 1, 2015, one hundred sixty-five (165) persons of SDC currently receive services from forty-eight (48) Senior Companions and seven (7) Foster Grandparents.

The Foster Grandparents and Senior Companions are low-income senior citizens who are recruited from the community and paid a small stipend. Combined with extensive training and supervision, they bring their knowledge, skills and experience to the role, serving an average of four hours per day. The Foster Grandparents and Senior Companions help in the classroom take residents on outings and participate in special events such as birthdays and holidays.

Although they are not state employees, the Foster Grandparents and Senior Companions are an integral part of the SDC community and will be kept informed of the SDC closure status and of future opportunities that may exist for them to serve regional center clients in community settings. A regional center sponsor to administer the SDC Foster Grandparent and Senior Companion Programs will also be explored as part of the SDC closure process.

VI. SONOMA DC BUILDINGS AND LAND

HISTORY

Sonoma Developmental Center (SDC) is the oldest facility in California established specifically for serving the needs of individuals with developmental disabilities. The facility opened its doors to 148 residents on November 24, 1891, culminating a ten-year project on the part of two prominent Northern California women who had children with developmental disabilities.

In 1883, Julia Judah and Frances Bentley were responsible for forming the California Association for the Care and Training of Feeble Minded Children. Its aim was "to provide and maintain a school and asylum for the feeble-minded, in which they may be trained to usefulness."

The first facility was opened in May 1884, at White Sulphur Springs near Vallejo. Beset by problems, the association petitioned the California legislature for assistance, and a bill was passed calling for the creation of the California Home for the Care and Training of the Feeble Minded. The new board chose a 51-acre site in the town of Santa Clara to handle twenty residents.

When the Santa Clara home became inadequate a few years later, the legislature appointed a commission and appropriated \$170,000 to purchase land, construct facilities and handle commission expenses. The commission included Captain Oliver Eldridge, after whom the community of Eldridge is named. Following lengthy legislative battles over the proposed funding, the commission selected the present site: a 1640-acre parcel which featured an ample water supply, drainage, and two railroad lines that passed through the property.

The facility at Eldridge has undergone many significant changes, including four name changes. In 1909, the name was changed from the California Home for the Care and Training of the Feeble Minded to the Sonoma State Home. In 1953, Sonoma State Home became Sonoma State Hospital; and in 1986, the name was changed to Sonoma Developmental Center. Over the years, the facility has expanded several times, including two major expansions: A thirteen million dollar expansion program was initiated in 1948, and another five million dollars was appropriated in 1956. The most recent renovation took place between 1979 and 1982, during which all the living units were renovated at a cost of about one million dollars per building, primarily to improve safety, privacy and individualized care.

Many changes over the last 110 years include attitudes, philosophies, values, and beliefs in regard to the treatment of developmentally disabled people. There is one constant that ties the present and the future to every epoch of the Center's history: as society's understanding of developmental disabilities has improved, SDC has consistently responded by improving services. SDC remains committed to the continuous improvement of its comprehensive array of therapeutic services.

UNIQUE AND SPECIALIZED SERVICES OF SONOMA DC

The Department recognizes the unique and specialized services provided at SDC. There are many professionals at SDC that have decades of experience in their field, specialized to persons with complex medical needs and behavioral supports. Some of the specialized services unique to SDC that are currently being provided include:

- Customized positioning equipment and shoes by the adaptive technology department staff
- Specialized dentistry utilizing sedation by dentists experienced in working with people with intellectual and developmental disabilities
- Specialized health clinics that address the medical complexities and the complications that are attributed to physical abnormalities of the persons with intellectual disabilities
- Acute crisis behavior stabilization
- Water treatment professionals

CURRENT PROPERTY DESCRIPTION

Sonoma Developmental Center (SDC), located on approximately 900 acres near Glen Ellen in Northern California, opened in 1891 and as of May 1, 2015, serves 406 people with developmental and intellectual disabilities.

SDC is one of four State-operated facilities within the California Department of Developmental Services (DDS) and is committed to a culture of respect, high-quality services, active treatment, teamwork, continuous improvement, and positive outcomes. SDC's primary customers are the people who reside at the center, their families, advocates, employees, and other developmental services providers.

The SDC campus is comprised of acres of land, lakes and various structures including a residential campground, store/cafeteria, post office, petting farm, sports fields, swimming pools, equestrian program and picnic areas. In 1999, 670 acres of land were transferred to the California Department of Parks and Recreation and are now part of Jack London State Park, and 2007, 41 acres were transferred to Sonoma County Regional Parks.

LEASES

SDC currently has five active leases through which underutilized space is leased to other parties. Leases include:

<i>156,250 sf</i>	<i>Challenge Sonoma Ropes Course</i>
<i>5,184 sf</i>	<i>Sonoma Ecology Center</i>
<i>4,050 sf</i>	<i>Horizon Tower</i>
<i>3,080 sf</i>	<i>Eldridge Store/Department of Rehabilitation</i>
<i>600 sf</i>	<i>US Post Office</i>

All of the leases extend between 2015 to 2036 with short-term cancellation notices which can be exercised by either party.

INFRASTRUCTURE AND ENVIRONMENTAL ISSUES

Vanir Study

In 1996, DDS began developing Strategic Plans to help guide decisions involving the future of state developmental centers. To assist in developing strategic plan goals, the Department hired Vanir Construction Management, Inc., to conduct a system-wide Master Planning and Condition Assessment project. Under that effort, SDC, along with the other developmental centers, underwent thorough land, infrastructure, seismic, and facilities assessments. The study report was published in 1998 and included recommendations for corrections, by facility. The report ended with a recommendation for system-wide renovations at a cost estimate of \$986 million – at that time. This cost was less than \$1.469 billion (in 1998) for full system-wide facility replacement but only slightly more than the estimated cost for full code updates and corrections at \$967 million, also estimated in 1998. Costs today would be significantly higher. The report concluded that SDC's physical and functional condition, like the other developmental centers, was significantly inadequate to address the then-current codes and to be structurally viable for the long term. Site surveys and existing documentation were used to develop a database of obvious deficiencies and minimum corrections needed.

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

The Department has followed a prudent plan for the past several years to use the limited funds available to fix only the most serious deficiencies that could impact consumer health and safety or major operations of facilities and has avoided large scale renovations or construction of new buildings.

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

- **Fire and Life Safety and Residential Deficiencies:** SDC has a large number of waivers granted in the late 1970's and early 1980's for variances to the 1967

building and life safety codes. The understanding at the time was that gradually the waived conditions would be remedied, either with building remodeling or replacement. Due to the cost of such work, SDC is still operating under these waivers today, many of which relate to lack of required windows, exits and corridors; problems with corridor and door widths for evacuation; problems with heating, ventilation and air conditioning return air ducts; and corridors used as return air plenums. Additionally, the poor electrical distribution system, corroded piping and feeble sewer system facility wide have been a health safety concern.

- **Seismic Safety Deficits:** All major buildings on this site have been reviewed and have had Seismic Risk Levels assigned. Buildings at Sonoma Developmental Center were reviewed during the seismic risk evaluations performed by the Department of General Services (DGS), under the State Building Seismic Program. DGS structured their evaluation to identify the most significant buildings in terms of population at risk and type of use. DSA assigned Risk Levels ranging from Level I to Level VI. A building designated as 'Level I' is expected to have nearly perfect performance during an earthquake. 'Level VII' indicates buildings that are considered unsafe in their current condition (even without an earthquake) and should be vacated immediately.

At SDC, 118 buildings were reviewed. Risk levels were assigned for 46 buildings totaling 944,990 square feet (74% of square footage at Sonoma D.C.). The results of the evaluation are as follows:

Risk Level VII	1	Risk Level III	23
Risk Level VI	8	Risk Level II	0
Risk Level V	13	Risk Level I	0
Risk Level IV	1		

Seventy two buildings totaling 339,000 square feet, (26% of square footage) have not had a risk level assignment. The evaluation was structured to identify the most significant buildings in terms of population at risk and type of use. Smaller one-story structures were excluded due to funding limitations. Where there are repetitive building types, only one unit was reviewed as representative of buildings of that type.

- **Americans with Disabilities Act (ADA) Compliance:** As Title II of the ADA applies to departments and agencies of a State; SDC is also subject to the provisions of Title II. The nature of the facility operation is that staff is highly involved in the day-to-day lives and activities of consumers with disabilities, and assisting persons with disabilities is a critical component in the care and treatment of this population. In 2001, the Department entered into a contract with Carter & Burgess, Inc., in conjunction with National Access Consultants, LLC, to conduct surveys, assess physical barriers, prepare survey reports, and prepare Transition Plans to address the issues of facility accessibility for persons with disabilities, in accordance with requirements of the Americans with Disability Act

Accessibility Guidelines (ADAAG) and California Administrative Code Title 24. The survey areas included all portions of the buildings that are used by consumers, visitors, or the general public. Areas that were primarily utilized by employees, such as central corridor staff restrooms in residence buildings and doors to staff offices, were analyzed. Similarly, parking facilities, which are primarily utilized by staff and the public, were also examined. Generally, ADA required maintenance and repairs have been requested and approved by priority through the special repair process. Some of the access compliance projects have been addressed and completed, but major work remains due to lack of funding.

- **Kitchen and Food Service Deficiencies:** Vanir recommended that air conditioning be provided to the main and residential kitchen; walk in refrigerators and freezers do not maintain correct temperatures and should be replaced; new food production equipment, such as agitator kettles, pump-fill stations, blast chillers, atmospheric steamers, high temperature dish machines, and an air compressor need to be added to increase efficiency, safety, better space utilization, and code compliance; a refrigerated truck should be purchased for safe delivery of milk and other food products; residential kitchens should add, replace, and/or upgrade equipment to provide correct hot and cold food temperatures.

The same problems continue today. The main kitchen was constructed in 1954 and has been in service since. Equipment continues to deteriorate, is obsolete, and has become increasingly inefficient. The ventilation system is obsolete and the lack of air conditioning in the kitchen remains a serious issue. The loading docks and lifts are worn and aged and pose safety risks to employees who work in the kitchen. The electrical infrastructure is insufficient in providing power in desired locations to accommodate new equipment. The general construction of the kitchen is concrete. Because of the structure and the high number of problems, renovation would not be cost-effective and replacement would be a priority if the facility were to remain open.

Residential and Programmatic Space: Despite deficiencies in residential and programmatic spaces, there have been efforts to repair, maintain and correct them through special repairs and facility operations budget. Some of the major functional inadequacies include the following:

- Congested bedrooms limiting space for care, storage and hence not meeting code requirements for size and privacy; some rooms have less than full-height walls and house up to four people per room.
- Insufficient electrical outlets, lighting, and inadequate voice/data outlets in nurse stations; medical units lack nurse call systems and adequate space for mobility and medical equipment and supplies.
- Bathing areas are too small for staff to easily maneuver and transfer consumers, work around tubs and toilets, use lifts and specialized equipment, and to allow for storage of individual grooming and hygiene supplies.

- Space for separate simultaneous consumer activities is unavailable in living units, therefore requiring the transportation of consumers to activities and training in older vacant buildings that were designed for other purposes and are not optimally configured.

2012 Property Assessment Study

The most recent assessment of the Sonoma property was done by DGS Real Estate Services Division (RESA): DGS Infrastructure Study in 2012. This assessment includes an Infrastructure Capacity Assessment, which reviews sewers, water, gas, electricity and storm drainage systems. An Environmental Site Assessment, which identifies areas of potential environmental concern such as the presence of hazardous materials and potential contamination sources, will need to be done. Some of the recommendations from the infrastructure study include:

- **Water System:** Sonoma DC's source of water for its own use comes from Fern Lake and Lake Suttonfield. These lakes are dependent upon seasonal diversions from several sources including Mill Creek, Asbury Creek, Roulette Springs, and Sonoma Creek.

Water is pumped from Sonoma Creek to fill Lake Suttonfield and Fern Lake reservoirs. Water from Mill Creek and Asbury Creek is gravity fed to Fern Lake. Water from Roulette Springs is fed directly to the on-site water treatment plant through a series of collection boxes and pipes.

Sonoma DC's on-site water treatment facility can be fed from either Lake Suttonfield or Fern Lake. The treatment plant has a daily production capacity of approximately 1.3 million gallons per day. The water is treated prior to distribution and potable use for Sonoma DC's facilities and fire protection requirements. Water diversions from the creeks are monitored via water meters installed at their intake structures and reported annually to the State Water Resources Control Board (SWRCB). Water diversion from Sonoma Creek is limited by two existing water diversion licenses that were granted by SWRCB to Sonoma DC in the 1930s (License Numbers 2451 and 3082).

The gravity fed "hillside sources" of Mill Creek, Asbury Creek, and Roulette Springs provide water through riparian and pre-1914 water rights. Appropriated water rights from the 1930s licenses for Sonoma Creek provide approximately 748 acre feet of water diversion annually.

In 2006, local storms washed out both hillside creek sources which have since been repaired with modern facilities. Historically, SDC has relied on the hillside sources as a primary source as the Sonoma Creek diversion facility was removed due to fisheries concerns in the 1990's and the associated pump house facilities were only modestly effective due to the in creek diversion facility removal. In 2011/2012 SDC began a two phase project to repair/replace the

Sonoma Creek diversion facilities. Phase One involved the repair and rejuvenation of the pump facilities and has been completed. Phase Two involves the repair/replacement of the in-stream diversion facility and has yet to be started.

There is a Mutual Aid Water Loan Agreement between the State of California, Department of Developmental Services, SDC, and the Valley of Moon Water District (VOM), a county water district location in Sonoma County, for emergency water loans due to distribution services interruptions.

- **Sonoma Creek Intake**

DDS proposed a project and study to replace the existing Sonoma Creek water diversion intake structure that supplies water to the pump station for subsequent pumping into the two on-site water storage reservoirs at SDC. The intent of this project was to enable SDC to sustain healthy water supply to our clients, ensuring proper environmentally-safe usage of the creek waters and maintaining the state's valuable infrastructure. This project will be considered as part of the ongoing discussion regarding the future use of SDC's land.

- **Sewer & Drainage System:** Areas of concern and potential projects in the sanitary sewer and storm drainage pipeline systems were identified in a site survey by the Department of General Services (DGS) in May 2012. The existing sanitary sewer system on the Sonoma campus is composed of buried vitrified clay pipe (VCP) throughout the campus and cast iron piping in the buildings. The storm drainage system is composed of buried reinforced concrete. The original pipelines of both the sanitary sewer system and the storm drainage system were installed between the 1920s and the 1960s, with the exception of a major relining project that occurred approximately 15 years ago. Due to the age of the pipelines, the topography and condition of the soil, and the extensive mature trees throughout the campus, the system is clogged in many locations with tree roots and mud. Maintenance efforts to snake the pipes often cause further cracking and deterioration of the system. The lack of forceful and adequate drainage of waste and rainfall away from the buildings is a health concern for the consumer residents and day-use occupants at those locations, all of whom are in nursing facility programs, have continuous needs for nursing care, and have fragile immune and respiratory systems. Pipeline replacement in 11 areas throughout the campus was recommended by DGS during their site review in May 2012. The sewer and waste piping are showing signs of failure in three buildings the Nelson Treatment Center (NTC) units Powers/ Parmelee, and Johnson/Ordahl. The two story buildings are constructed upon concrete slab foundations, making repairs to the waste lines inaccessible. Fixtures won't drain and are unable to clear because the pipes are rotted through and dirt has plugged the drains. In 2011 the waste piping was replaced in an identical building Regamey/ Empanan built in the same year as the Johnson/Ordahl building. Waste pipes below the concrete slab were found compromised and leaking under the building slab. It is believed the same situation exists in the

aforementioned buildings because each building is experiencing reoccurring problem stoppages in the waste piping. All of the buildings listed above excluding the NTC building were constructed in 1959. The Johnson/Ordahl and NTC buildings house multiple clients and have staff present 24 hours a day. The Powers and Parmelee buildings are off-site training sites for the ICF clients and are occupied during daytime hours by consumers and staff. These NF Residences are the only usable NF units at Sonoma and are critical to the facility operation. Eventually, in 2013 the Regamey/ Emparan building sewer lines were replaced.

- **Environmental Conditions:** The facility has not experienced any notable problems with soil settlement. The older buildings have 9' deep footings and the foundations are in good condition. A project was done to improve site drainage. An assessment team visited the site during a week of heavy rainfall and saw only a few areas that indicated drainage problems.

Roads on campus are the State's responsibility to maintain. The only exception is Arnold Drive, the County road that bisects the campus. The majority of buildings at Sonoma are made of cast concrete walls and roof. Many buildings have full or partial basements, and some have two stories above grade. Most interior walls are formed of hollow clay block, others are formed of metal studs with lath and plaster. The cooling towers were manufactured by Baltimore Aircoil, one per chiller, installed in the late 1960's. The tower contains asbestos (transite), and appears to be in good condition, though it is reported to be undersized. Soil settlement has caused some failure of the transit pipes. The piping is buried underground, It is being replaced with PVC as repairs are made. Natural gas use on the campus is limited to the cogeneration plant and boilers, the Kitchen (ovens and cooktops), and the Swimming Center. Abatement of asbestos containing pipe insulation has been done in selected areas. Asbestos and lead paint abatement is addressed during repair and construction projects.

Special Repair Priorities

- **Special Repairs:** There have been numerous improvements of building and infrastructure, through the use of Special Repairs funds to ensure health and safety of SDC consumers and staff. These repairs range from plumbing and roof replacement to replacement of fire alarm systems to renovation of recreation yards. In spite of these improvements, there is still a need to address critical issues affecting the facility. The special repair projects for Fiscal Year 2015-2016 have been identified for SDC which includes these critical aspects:
 1. Repair/ Replace Electrical Distribution Cables Feeders #1 and #2
 2. Install Isolation Valves Chilled Water System
 3. Replace Pipes and Media Water Treatment Filtration System (Phase 2)

4. Replace Chamberlain and Nelson X-Ray NTC Storage Building Roofs
5. Road Repair (facility wide).

Sonoma has spent approximately \$4.5 million in special repairs over the past five fiscal years, and additional funds have been used over the same period from its facility maintenance budget.

Last year's major priority projects included:

Crisis Home Conversion:

To create a crisis home, the Judah building was remodeled to be more homelike. This process included plan approval, electrical work, replacing appliances, replacing flooring and installing a breakfast counter, screening in the yard, a personal alarm system, viewing panels in the dining room door and a new nursing station enclosure.

Water System Repairs:

Components of the water system had to be replaced and repaired; including water treatment and water heater systems.

Roofing:

Extensive water damage required roofs to be replaced in 3 residential buildings.

Upgrade Fire Alarm Systems:

Fire alarm systems have been upgraded in 17 residential buildings.

Upgrade Electrical Systems:

Upgrade Electrical Systems; upgrading electrical panels and adding required electrical outlets at Regamy/ Empanan, Cromwell, Johnson/ Ordahl, and Nelson buildings.

Current Top Priority Special Repairs

Switchgears Replacement:

Replacement of the Primary Distribution Electrical System: this project consists of replacement of switchgear, controls, and equipment at the main electrical substation for Sonoma Developmental Center. Many of the exiting components are no longer available. The medium voltage switchgear throughout SDC has reached the end of its service life, and has lost the ability provide a reliable source of power to the facility. Project includes temporary backup electrical power for the facility during construction. The bid award process is being completed for this project, and the construction phase will be underway in the near future.

Replacement of Feeder 1 and 2:

In 2012, Department of General Services (DGS) identified the need for critical repairs and replacements necessary throughout the major electrical power systems at SDC. The study recommended replacing Feeder 1, 3, and 4, replacing the main utility meter and the existing 12,000 Volt Medium Voltage Cables power distribution infrastructure. These feeders and infrastructure provides heating and cooling throughout the facility including critical building such the Acute Hospital, consumer residences, the main kitchen and the boiler/chiller plant. The infrastructure is over 35 years old and is prone to deterioration of their insulation casings which causes short circuits, cable failures, transformer failures and fires.

A cell tower is built on SDC property through a DGS land lease and their services will include SDC, Cal OES, Cal Fire, etc. DGS recently reviewed the project documents and determined that SDC Feeder 1 has a very high risk of failure which could occur at any time with or without the tower attaching to it. This poses an increased risk to the medically fragile consumers at SDC, even in the event of a short-duration power failures, consumers are at risk of their medical equipment not functioning or experiencing uncomfortable temperature changes.

FUTURE OF THE SONOMA DC LAND PROCESS

Consistent with stakeholder input, the Administration and the Department recognize the incredible natural resources, historic importance and value to our service delivery system of the SDC property. It is not the intention of the state to declare SDC's property as surplus, but instead to identify how the property can be best be utilized.

Historically, in most circumstances surrounding the closure of a developmental center, the Department reports the property to DGS as excess land. DGS then determines if there is another state use for the property. This process resulted in Lanterman Developmental Center's property being acquired by the California State University System, as was Camarillo State Hospital. Some land from Agnews Developmental Center was maintained for historical preservation, and the main portion was offered for sale, based on the use needs of the local community.

If DGS determines that there is no state need for the DC land, the property is included in the annual omnibus surplus property bill. After the Legislature has declared the property surplus, DGS takes the lead in determining the future use of the property and arranging for its sale, transfer, or disposition, in accordance with Government Code sections 11011 and 11011.1 concerning surplus state property.

**VII.
SONOMA COUNTY RECOMMENDATIONS ON FUTURE USE**

The Department looks forward to continuing our dialog with Sonoma County to identify partnership opportunities to realize new and innovative ways of delivering specialized services to the people of SDC, Sonoma County and possibly Northern California. The Department has worked closely with Sonoma County since March of 2014 when we were asked to join the SDC Coalition and their Transform SDC effort, of which Sonoma County representatives are part of the leadership team. Upon request and where possible, the Department has provided information, guidance and data to the coalition. Additionally, a meeting was held with Sonoma County officials, representatives of the Department of General Services (DGS) and DDS on September 9, 2015, in Santa Rosa. This meeting allowed for review of Sonoma County's recommendations, provided overviews from affected county departments, and DGS provided a synopsis of the surplus property process, followed by DGS and DDS representatives answering questions.

The Sonoma community is extremely concerned about the future of the SDC and the impact closure will have on current SDC residents. The county, working with their coalition of local stakeholders, is interested in identifying ways to preserve SDC's health services for Sonoma County and North Bay residents, as well as preserving critical environmental resources. Additionally, the county notes that SDC is the largest employer in the Sonoma Valley, employing approximately 1,300 members of the community. Sonoma County and the coalition are also focused on how to meet the needs of these employees who rely on the SDC for their livelihood, and do not want to lose the specialized expertise of these employees. The full text of Sonoma County's recommendations under consideration by the Department can be found **in Attachment ##.**

VIII. IMPACT OF THE CLOSURE OF SONOMA DC

The closure of SDC will impact all who live or work at the DC as well as their families, friends, and the local community. The well-being of the residents and employees will remain the top priority for the Department throughout the closure process. While change will be difficult, the Department is committed to developing positive options for both the residents and employees, and supporting them in meaningful ways, as well as engaging with the community to determine the future uses of the SDC campus.. Integral to this process is continuing to work closely with stakeholders to anticipate and address issues timely, and in a way that mitigates any adverse impact. Closure brings opportunities for improving people’s lives, utilizing community resources, and maximizing the benefit of the property of the DC. .

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

Impact on Residents and Their Families

Each resident will participate in planning for his or her own personal future and will transition to an alternative living option that meets personal preferences, interests, and needs. Regardless of location, all will receive the services and supports identified in their IPP.

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

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

The SDC Parent Hospital Association (PHA) is not in favor of closure, is concerned about the level of care available in the community and is advocating for the continuation of key services on site at SDC. The PHA’s complete position statement is included at the beginning of **Attachment #**.

Impact on Employees

The impact of the closure of SDC on employees will be mitigated as much as possible through a multi-faceted program designed to help staff obtain alternate job

opportunities. This program is discussed in detail in Chapter III of the Plan and includes a variety of services and outreach activities to be conducted and coordinated through the SDC Career Center. The Department will encourage SDC employees to voluntarily transfer to vacancies within the Department. The CSSP has been expanded statewide and now is available to SDC employees. This program will create job opportunities in the local community where employees can apply their experience and skills, and continue providing services to former SDC residents. In addition, the Department will provide information, training and encouragement for SDC employees to consider movement into the private sector to become service providers for persons with developmental disabilities living in the community.

Impact on the Community Surrounding SDC

SDC is located in a rural area at the edge of the town of Sonoma that has approximately 9500 residents. SDC is the largest employer in the area and it is unclear as to what specific economic effects the closure will have at this time. The people who live and work at SDC come from all parts of Northern California. While many of the persons moving to the community may not live in the Sonoma County area, resources will be developed to serve those who stay locally. The employee living demographics vary, 45 % of the employees reside in Sonoma County while the second largest place of residency is Solano County with 31 %. See Chapter III. for more details on employee composition.

STATUTORILY REQUIRED STATEMENT OF IMPACT ON REGIONAL CENTER SERVICES

The statute governing closure requires the plan to address the impact on regional center services. Below are statements from the Association of Regional Center Agencies and the Northern California regional centers that serve all but 13 of SDC's residents:

Association of Regional Center Agencies

The Association of Regional Center Agencies (ARCA) and its member regional centers support the proposed closure of Sonoma Developmental Center and are prepared to work with the Department and others to develop necessary resources to ensure that the planning and closure activities result in positive outcomes for every affected consumer. The successes of the recent Agnews and Lanterman Developmental Center closures are an example of how well-planned and collaborative efforts can achieve such outcomes.

Regional centers were established to develop local community-based service systems as an alternative to costly state-operated institutions. Prior to the establishment of regional centers, 2,000 to 3,000 California families annually sought admission for an individual to one of the state's developmental centers. Prior to the passage of the Lanterman Act, developmental center care was the only alternative available to families in need of support regardless of the level of

need or type of support desired. The regional center system was established in response to families who were eager to keep their loved ones with developmental disabilities in community settings. Thus, from their inception, a primary regional-center function has been to deflect individuals from placement in state developmental centers by creating community-based alternatives, and to transition those living in state developmental centers into the community.

The regional-center system has, obviously, been very successful, as evidenced by the steady decline in the number of individuals living in institutions and the closure of four large state developmental centers since the mid-1990s. In 1968, there were 13,355 individuals living in state developmental centers and a legislative committee at that time reported "...that thousands of children are on waiting lists for State hospitals..." Today the developmental centers serve less than 1,100 individuals, despite the state's general population increase from 19.4 million in 1968 to almost 39 million in 2015. Thus, since the establishment of the first regional centers, the number of individuals in California residing in developmental centers has been reduced from one in 1,453 of the general population to one in 35,649 today. However, the costs of placing and maintaining individuals with medical and/or behavioral characteristics in the community are not insignificant, although much less than serving these same individuals in state developmental centers.

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

Regional Center of the East Bay

Regional Center of the East Bay (RCEB) provides supports and services to over 18,000 individuals with developmental disabilities and their families in Alameda and Contra Costa counties. RCEB serves the largest number of residents (one hundred twenty-five) at Sonoma Developmental Center. We sincerely appreciate the opportunity to provide comment on the proposed closure of Sonoma Developmental Center as it greatly impacts our clients, their families, and our community.

On behalf of RCEB, we wish to express our strong support for the Administration's proposal and plan to close Sonoma Developmental Center. This represents another important step in the movement nationally and in California to ensure that every individual with a developmental disability has the opportunity for a good life in their home community.

California has made great strides over the years in making it possible for every individual even those with challenging needs to live in integrated community settings. The recent successful closures of Agnews Developmental Center and Lanterman Developmental Center demonstrates the willingness and the ability of our community service system to welcome and support former developmental center residents back to their home communities.

Regional Center of the East Bay was one of three primary regional centers that participated in the closure of Agnews Developmental Center. We are very proud of the success of that effort; success that we gauge by a high rate of satisfaction of former Agnews residents and their families. We believe it is important that the plan of closure of Sonoma Developmental Center be patterned after the successes of both Agnews Developmental Center and Lanterman Developmental Center closures.

Regional Center of the East Bay intends to work in close collaboration with the staff at Sonoma Developmental Center, the residents of Sonoma Developmental Center and their families to ensure the successful transitions to community life. In addition, Regional Center of the East Bay will work in partnership with the Department of Developmental Services, the Administration and the legislature, again to ensure the very best outcome.

While Regional Center of the East Bay supports the closure of Sonoma Developmental Center, we believe the timeline for closure by December 31, 2018 as contained in the Governor's 2015-2016 May Revision is challenging. Regional Center of the East Bay will do our very best to develop all the resources needed in the community to serve our remaining 125 clients who reside at Sonoma Developmental Center. However, it is critical that regional centers have sufficient time and funding to ensure that a full complement of high quality services and supports are ready and in place for every resident of Sonoma Developmental Center to be placed in the community. The health and well-being of the residents who remain at Sonoma Developmental Center must always come first and foremost.

We are strongly committed to ensuring that everyone who moves from Sonoma Developmental Center has a great life in the community through a comprehensive and responsible transition. This includes contracting with capable and experienced service providers, developing a comprehensive health and dental care plan in the community, and strong quality assurance and monitoring of all services developed in the community. As the State moves forward the closure of developmental centers, the planning process must ensure that residents are provided continuity of service.

Sonoma Developmental Center employees are an important resource that will be essential to ensuring the smooth transition of ongoing services to residents

moving from Sonoma Developmental Center into the community. Regional Center of the East Bay will make every effort to recruit and retain State staff to ensure a successful transition to the community. In addition, Regional Center of the East Bay will pattern its efforts after the successful transitioning of clients into the community as a result of the closure of Agnews Developmental Center. Finally, Regional Center of the East Bay will develop innovative community resources that meet the unique needs of residents of Sonoma Developmental Center.

We are encouraged by the strong partnerships that have been and continue to be developed between the developmental centers, regional centers and Sonoma Developmental Center. Further, Regional Center of the East Bay has begun to meet with family members of Sonoma residents who are greatly concerned about the closure of Sonoma Developmental Center. We will continue to meet, to listen and together explore living options that will meet their loved ones needs in the community. We look forward to working with the Department of Developmental Services, the Administration and the legislature to ensure a successful closure that improves the lives and ensures the well-being of every resident of Sonoma Developmental Center.

San Andreas Regional Center

San Andreas Regional Center supports the decision of the State of California to close the Sonoma Developmental Center.

San Andreas Regional Center was intimately involved in the closure of Agnews Developmental Center in Santa Clara and provided leadership to the community in all phases of that project. Closing a developmental center requires a comprehensive, thoughtful, and inclusive approach that takes into account the needs and concerns of the center's residents and their families, center employees, regional center representatives, community advocates, service providers, and the State Council on Developmental Disabilities regional offices.

The State must ensure that sufficient fiscal support is provided to the regional centers to develop the array of living arrangements and services planning teams deem required to meet the residents' needs during and after their transition from Sonoma Developmental Center. Meeting the timelines and requirements set by the State will require the appropriate funding to both develop and maintain these services. As San Andreas Regional Center learned during the closure of Agnews Developmental Center, the closure of a developmental center requires a two-to-three year development period to ensure a smooth transition for center residents. In San Andreas Regional Center's experience, the use of Sonoma employees' expertise in the development and maintenance of these services will provide continuity of care that will allow for stable living arrangements and full integration into the residents' home communities.

Far Northern Regional Center

Far Northern Regional Center will work to develop individualized, appropriate living options and daily supports for the residents currently living at Sonoma Developmental Center. The high quality services that we will develop will help provide needed quality supports for those currently living in the community that have similar needs and challenges.

In our efforts to develop innovative and stable community supports needed to successfully serve our Sonoma population, we would remind policy makers that the community must receive support for the development of permanent housing and that the rates paid to our service providers must be sufficient to hire staff at a living wage. These two components are critical for success.

North Bay Regional Center

North Bay Regional Center supports the California Department of Developmental Services (DDS) decision to close Sonoma Developmental Center (SDC). It is the goal of our service system and our regional center to provide the personalized and specific services that will support the success of our clients in the community. We stand on the shoulders of giants in this State because of the implementation of the Lanterman Act, which began this civil rights movement nearly 50 years ago. During the past 10 years NBRC has successfully moved over 100 clients who were residing in state-operated Developmental Centers. This occurred at a pace of approximately 10 clients each year. Moving clients from these institutional environments into the community has been carefully planned and implemented, and often required development of resources in the community to meet their specific needs. These successful moves depend on a highly functioning group of community providers and their staff, working with the clients and their families, community support systems, and our own staff to ensure the acceptance and cooperation of each client. This is a time-sensitive, engaging process that typically spans a timeframe of two or more years. As these clients transition into community involvement and activities, we typically see both expected and unexpected positive developmental outcomes as they begin to embrace their new-found freedoms. This is our constant goal for all of the clients we serve, especially those currently housed in institutional settings.

Our greatest concern during this process is for the well-being of the residents at SDC. A great portion of the allotted time is required in order to secure and develop the large number of new resources required to meet the needs of these individuals in their future community settings, while insuring their health and safety during and subsequent to this process. Due to the complexities and extended timeframes involved in development of these resources, as well as the clients' adaptation to these significant changes, the proposed closure date of December 2018 is an unrealistic timeline. Our Community Placement Plans enumerate all the complex tasks that are involved. The comprehensive assessments that were recently

completed, along with the individual program plans for each client lay out the paths we must follow for successful transitions. We are encouraged by the public statements made by DDS Director Santi Rogers that SDC will not close until every resident has appropriate resources to meet their needs.

As North Bay Regional Center makes every effort possible to meet the needs of SDC residents we seek additional and ongoing DDS support by, (1) providing additional funding for our Operations to allow us to develop the many resources we are committed to create. While there appears to be sufficient support for the development of purchased services, the support of our operations does not keep pace with the allocations that have been funded for prior Community Placement Plans (CPP) and is insufficient to keep pace with the closure plan. Case Management, Resource Development, Quality Assurance, and Project Management positions are needed that far exceed the CPP closure funding, training for quality assurance for providers and staff, as well as the sustainability of that effort is another added cost; ; (2) providing regulations by the end of the current calendar year for the specialized living arrangements that have been legislated to meet the needs of individuals with intensive needs. These living arrangement types have been included in our CPP for the past 1-2 years, but development cannot begin until regulations are provided; (3) supporting rate reform for currently vendored services. While there are some sufficient CPP rates for a few service categories (most notably for specialized residential settings) there are many other community services necessary to provide a full network of support that are not available due to insufficient reimbursement rates. These are especially wanting for day programs, behaviorists, psychiatrists, and other therapists. Additionally, because of low Medi-Cal rates our clients are often refused service by community practitioners. This is especially true for dental services, where Denti-Cal rates and tedious reimbursement processes discourage most providers. We implore the State to provide enhanced rates of reimbursement for clinical and therapeutic services for our clients through the Medi-Cal managed care system. We will work closely with our provider, Partnership Health Plan, to affect the timely and appropriate provision of these badly needed services through enhanced provider reimbursement rates.

One of the biggest barriers to our success is the availability of appropriate housing. With the recent boom in residential real estate in the bay area, finding and securing housing is a huge challenge. In review of all the regional centers submitted SDC closure plans, there is a combined need for 90 housing units to be developed in the bay area within the next three years. This is well beyond the current capacity of our non-profit organizations (NPOs) due to financing. Our preference for development of housing (in whatever form factor) is that it be acquired and owned by a (NPO) affiliated with the regional center system, as opposed to being owned by the service provider.

This method of ownership provides that the property will be perpetually dedicated for service to our clients. Our NPOs are dedicated to this proposition and indeed provide hundreds of homes throughout the bay area at this time. In addition to the

challenge of time that this method of ownership requires (approval by DDS at multiple stages of acquisition and development), there is the challenge of financing. Our NPOs now scramble to find financing from commercial institutions that often do not understand or have any compulsion to accommodate their financing needs. We strongly urge the State and DDS to immediately develop a scalable funding source and mechanism that supports our NPOs, which to this point have been widely ignored by DDS. We suggest a state-sponsored lending pool of capital that underwrites these purchases by our NPOs. We also suggest streamlining the DDS CPP Housing Guidelines which are a huge deterrent and process-drag for our NPOs.

Another situation that requires support and flexibility is that of State employment. We sincerely appreciate the Legislature's approval of a State-employment process and pledge our support. For the good of our clients in facilitating a successful transition is the positive impact of a SDC staff person following the client into the community as a care giver. One of the barriers to success is the pay differential between the State caregiver and the community care giver. There is often a situation where the two are working side by side with the client and the State caregiver is earning twice the hourly compensation as their community counterpart. We strongly suggest that DDS consider this when setting rates for the community care provider and require that provider to pay comparable rates to their staff. This would need to be supported by and reflected in the rates. Setting employment standards should be paired with this increase in line staff compensation, including training and certification.

North Bay Regional Center is committed to working collaboratively with all stakeholders involved in the SDC closure. We envision strong partnerships with the families of the SDC residents, SDC staff, and DDS staff as key to providing successful outcomes for the residents. This community in the North Bay is very involved with this process and many seek a voice in how this process will proceed. Once the DDS plan is submitted to the Legislature, we strongly suggest that there be sufficient opportunities for public input, so that the Legislature and DDS can develop strategies and tactics that are in harmony with and support community collaboration. Additionally, we ask for the support of DDS leadership to include our input and expedite the processes at DDS and SDC suggested herein.

Alta California Regional Center

Statement coming

Golden Gate Regional Center

Statement coming

**IX.
INPUT RECEIVED ON THE PLAN**

SUMMARY OF PUBLIC COMMENTS *(To date, will be updated after second hearing & comment period)*

As specified in Welfare and Institutions Code section 4474.1, the Department has welcomed public comment regarding the SDC closure for consideration and inclusion in the Plan. The Department held and participated in many meetings to obtain verbal and written input from stakeholders. (Refer to Attachment # for the list of contacts.) A public hearing was held on July 18, 2015, from 10 a.m. until 5:00 p.m. at Sonoma Valley High School. Verbal input was received by 87 speakers at the hearing and many individuals who could not stay long enough to testify left written comments, or submitted them at a later date. In addition to the verbal testimony, approximately 315 written submissions were received by DDS through September 1, 2015. (Attachment #) Of the 315 written submissions, # are identified as residents at SDC, ## are identified as family members of residents at SDC, ## are identified as SDC staff, ## are environmental advocates, volunteers and members of the surrounding community, and ## did not indicate an affiliation. Many individuals provided input multiple times using various methods of correspondence. *(Final tallies will be included in the 10/1/15 version)*

The majority of public comments received from family members and members of the community stated resources don't exist in the community to appropriately serve their loved ones. The Parent Hospital Association (PHA) does not support closure, but in recognizing that closure is likely to occur, identified and are advocating strongly for fundamental elements of transitions and services to continue on-site. The PHA's complete position statement titled "Essential Elements of a Plan for Closure of Sonoma Developmental Center" is included at the beginning of Attachment #.

The longevity in years of residency; the age of residents; a perceived lack of oversight in the community; and the acuity of nursing, medical, and behavioral supports were the greatest areas of concern. There was emphasis on the significance of stability for consumers and their sensitivity to changes in the environment, staff support, and social groups. There were concerns about consumers experiencing multiple moves. The importance of all services in the community having experienced and knowledgeable care providers, diligent oversight, and financial stability was expressed by many interested parties with and without affiliation to the developmental center.

Comments in favor and/or acceptance of closure were generally the minority opinion of people who chose to submit comments, and viewed SDC's closure as an opportunity to facilitate consumer involvement in communities beyond the developmental center. There were references to successful transitions into the community and the benefits of living in a less-restrictive environment. There was interest in ensuring individualized transition planning; continuity of relationships with peers and staff; honoring consumer and family choices; ensuring standards of care and oversight for safe and secure

environments; and access to transportation, nursing, medical, dental, psychiatric, behavioral, and social and recreational services. There was considerable support for the Community State Staff program as well.

The Department received a variety of proposals for alternatives to closure such as downsizing the facility while maintaining residential operations, developing transitional housing for residents, developing permanent housing for residents and converting the campus to a resource center that would provide access to specialized services for consumers living in the community. There were requests for the Department to identify SDC as the one developmental center to remain open as an option for those who cannot be served in the community. Proposals also included reusing the site as an equestrian center and several comments were made in support of a mixed-use housing project called “Jack London Meadows” that would use about 80 acres of the SDC campus. Copies of these proposals are included in Attachment ##.

Recommendations were made that centered on the idea of selling or leasing portions of the property to generate funds for continued and/or expanded services for people with developmental disabilities, with emphasis on proceeds being earmarked for the community service system, not the General Fund. There were requests to develop portions of the campus for housing and rehabilitation of veterans; as a skilled nursing facility; to provide assisted living or other housing for senior citizens, individuals who are homeless, individuals with Alzheimer’s disease or dementia issues; and many people indicated an interest in seeing the property used as a local training center and educational facility to enable more people to learn the key skills exhibited by SDC’s current employees to benefit the community service system as a whole.

Objections to the short timeframe indicated for closure and the contents of the Plan were also a common theme, and there were many statements praising and urging continued legislative staff involvement with SDC prior to making the decision on the closure plan. Many commenters requested that Governor Edmund G. Brown, Jr. visit SDC before any further decisions regarding SDC’s closure are made.

Consumer Input

A PowerPoint presentation intended to help educate consumers at SDC about the closure of SDC and to solicit input was shared with interested SDC residents at a town-hall meeting, through other existing advocacy meetings at SDC and via interactions with SDC social workers. A similar PowerPoint, modified for consumers who are already in the community, was posted on the DDS webpage and distributed to the six primary regional centers and the statewide Consumer Advisory Committee (CAC), allowing input on the plan from a diverse group of consumers living in the community. The PowerPoints were designed to be easy-to-read and enhance the ability for people with developmental disabilities to provide input on the Plan.

SDC residents expressed things they liked about living at SDC, such as: employment and the ability to earn money to spend however they see fit was a significant theme of the input collected at the town-hall meeting, the trusting relationships developed and

maintained with staff, having visitors whenever they wanted, the Farm and animals, holiday events, the bell choir, church, the swimming pool, tram, buses, the merry-go-round, and having the doctors come to visit. When asked what was important to them if they moved, answers included: having a new house to live in, who they were going to live with, being able to visit the farm and animals, keeping the merry-go-round, and hopes that they could come back to camp at Camp Via. Some expressed concerns with who was going to take care of them (cook, laundry) and keep them safe, finding housing fast enough, and where the animals and the merry-go-round were going to go. SDC residents also expressed concerns about what was going to happen to the SDC land, the Farm, and where all the staff were going to go.

Residents living in the community were asked what would be important to them if they were moving from SDC. They expressed the desire to know what was going on to prepare, meet staff and visit the new home before they actually moved, and to have a safe place to live with helpful staff in an understanding community. Many said having a job and fun things to do during the day, the ability to see family and friends, and staying healthy were also important. In preparation for moving, they indicated an interest in training on abuse prevention and community safety, and help in developing their cooking, finance, and housekeeping skills. Consumers in the community suggested that self-advocates could help SDC residents in these areas, as well as teaching self-advocacy skills to people moving from SDC.

RESPONSE TO COMMENTS AND SUGGESTIONS RECEIVED

The stakeholder input received through the Department's collaboration with stakeholders was extensive, thoughtful and heartfelt. Many stakeholders, especially family members of the men and women who live at SDC offered a variety of ideas, options and suggestions based on the essential services they see their loved one receiving at SDC and their past experiences in the community.

The Department recognizes that the changes proposed for SDC are difficult. How the Federal government funds services for people with developmental disabilities and the aging infrastructure of the SDC campus are significant challenges to establishing homes and services on-site, which the majority of commenters indicated was their preference. The Department will continue to work through these issues with SDC's families and the larger Sonoma community.

The following section includes some of the significant themes and ideas expressed by stakeholders through the comment process and responses from the Department.

1) SDC should remain open and/or new admissions should be allowed.

In line with the recommendations of the DC Task Force, the closure of SDC became law when the budget was passed in June 2015. Due to the declining population of the DCs, the decertification of SDC and resulting agreement with CMS, and the changes in how federal and state governments deliver services to people with ID/DD, and the challenges of maintaining aging facilities, SDC

cannot continue services in its present form. Additionally, a moratorium on new admissions became law with the budget trailer bills in 2012. This means that by law, the Department is not allowed to accept new admissions to any DC in California, including SDC.

- 2) The closure plan should include services for people who have been deflected to inappropriate living situations such as RC clients in jail, at acute psychiatric facilities, have been recommended to be demitted from their home due to behavioral issues, are living in temporary housing such as a homeless shelter, hotel, or other such arrangement.**

As required by law (WIC 4474.1), this closure plan is specific to the needs of the individuals who live at SDC. The Department and regional centers work hard to find and maintain appropriate living arrangements for all of the individuals we serve and recognize that individuals involved in the criminal justice system represent a particular challenge. In 2012, the Department implemented a statewide specialized resource service (SSRS) list that tracks the availability of specialty residential beds and services. This has helped reduce the number of individuals finding themselves in inappropriate living situations. Also, when allocating funding for CPP, priority is given to the development of needed statewide specialty services and supports, including regional community crisis homes. Additionally, new models of service are now available that will further reduce inappropriate placements, including delayed egress homes, EBSHs, CCHs and secure perimeter homes. These models allow Regional Centers to develop residential options to meet a variety of different, significant needs in ways that our system has not been able to before. In addition to these community-based options, the state is looking at how we can fulfil our role, as defined by the DC Task Force, in providing safety-net services to individuals with significant service needs.

- 3) The timeline to close SDC is too fast and arbitrarily set.**

Closing SDC by December 2018 is an ambitious goal that is reflective of California's shift away from delivering services at DCs and our ability to optimize federal funding reimbursements. The Department and Regional Centers are committed to developing appropriate resources and only moving people when those appropriate services and supports – as identified by each person's ID Team – are available.

- 4) Rename SDC so "Developmental Center" isn't in the name; downsize the buildings onto a smaller parcel of SDC's land; find a way to ensure housing on-site for all of the remaining residents' lifetimes; given the local housing crisis (affordability and existing inventory), new homes should just be built at SDC; build all new, updated housing for residents on site.**

As identified by the DC Task Force and consistent with Federal rules, services can't continue at SDC in their present form, which includes congregate living.

Federal rules have made clear that clustered housing and services will not qualify for funding. Relocating individuals to different areas of the DC, or building a series of small homes for all of the residents does not bring the center into compliance with federal rules - the residents of SDC would still be segregated, not integrated with people who don't have disabilities, which is the ultimate goal of the state and federal government.

Additionally, SDC has significant infrastructure problems. Upgrading the facility would cost, at a minimum, hundreds of millions of dollars to develop homes or services that would likely not be eligible for federal reimbursement.

5) Don't just use SDC for people with ID/DD, use it to house veterans, homeless people, seniors, people with dementia or Alzheimer's, the mentally ill and other populations in need.

DDS is responsible for, and has the expertise in serving people with ID/DD. Our system is not designed to serve the other populations stakeholders identified as in need. The Administration is open to alternative uses of the SDC property moving forward, although these uses must be evaluated in the context of an extremely aged infrastructure.

6) Explore mixed use housing, expand Harbor Village model to SDC, use the land to provide housing and other specialized services (medical, dental, behavioral, specialized equipment) to people w/ DD in perpetuity.

As evidenced by the developments at Fairview Developmental Center, DDS has worked to establish mixed-use housing on current DC property; however, such proposals are subject to budget deliberations and legislative discussions. We look forward to continued conversations with stakeholders and more specificity about what interested parties can bring to the table.

Consistent with the DC Task Force recommendations and stakeholder input, in the next section of the Plan (Chapter IX), you will see that the Department is proposing a health resource center/clinic services to meet the specialized service needs for people in transition. Periodic review of clinic services will be established to allow the Department to assess the need for, and the continued viability of, services on site.

Another possible option suggested by stakeholders is the establishment of some of the specialized service model homes on site, such as EBSH's with delayed egress, or ARFPSHNs. Challenges to developing services onsite include aging infrastructure, licensure and code issues, and the scope of potential projects is limited by adherence to CMS regulations/funding requirements. The Department will continue to explore prospective funding mechanisms and partnerships to ensure continuity of services for the residents of SDC, as well as those in need in the community.

7) Expand SDC’s Crisis Center to serve more individuals.

The Department will continue to provide crisis services on campus via the Northern STAR program. This Northern STAR program meets a current need of the system. The Department will periodically review and assess the continued appropriateness, viability, and need for crisis services at SDC as community resources are developed and new models of care come online.

8) Ensure comprehensive assessments are comprehensive and consult people who know the individual best.

Each regional center is required to complete comprehensive assessments for their individuals in DCs. Each RC has different processes to complete the comprehensive assessments. Whether or not the assessments are truly “comprehensive” is a subjective measure. Family member and conservators have the opportunity to review comprehensive assessments through the IPP process.

Additionally, the transition planning process allows for any member of an individual’s support network to raise concerns they feel the comprehensive assessment does not address through the ID team and IPP process. The Department and SDC support the inclusion of families, staff familiar with the resident, professional personnel, foster grandparents/senior companions, teachers, rehab therapists and any other individuals with close relationships to the individuals who live at SDC in the process of identifying the services and supports an individual will need to be successful in the community.

9) Comprehensive transition planning is necessary, should be flexible, should reflect that SDC has been people’s home for decades and should include medical, dental, behavioral, mental health, therapeutic and recreational needs, community outings, special events, maintaining established social connections and acclimation to new environments or processes.

Transition planning is flexible to reflect any necessary changes and addresses an individual’s needs, including that for many residents SDC is the only home they have ever known. Thoughtful and careful transitions are the goal of all parties involved and individuals will not be moved until all services and supports needed are in place and operational. The extensive transition process and monitoring outlined in this plan are designed to address the above-mentioned concerns through the IPP process and with the ID Team. Please see Chapter III of this plan for a detailed description of the transition planning process.

10) A comprehensive plan to address access to spiritual services in the community is necessary.

Summarize and reference full text of included proposal from chaplains

11) Appropriate funding is required to develop and maintain services and supports necessary for community placement.

The services and supports people receive under the Lanterman Act are an entitlement. The Department will continue to make annual budget proposals reflective of community need to ensure safe and successful transitions. DDS proposals will be informed by RC requests through the CPP process and ongoing assessments of needs through the required annual comprehensive assessment updates.

12) There needs to be enhanced monitoring and data collection of the community experiences encountered by people moving from SDC.

The existing quality management processes of the Department and Regional Centers address many of the concerns raised by stakeholders commenting in this area. Oversight in the community is robust and includes multiple safeguards from multiple entities to ensure client safety. The Quality Management Section of this plan (page #) provides a summary of the outcome and process measures currently used, minimum timeframes and requirements for visits, as well as all of the different entities that are involved in oversight after transition. The CMS Agreement requirements, and the establishment of a SDC QMAG group will guide this oversight. Layered on top of these protections are the safeguards and quality controls that providers have in place.

To improve transparency, the Department will also review how best to make data and information collected in the community available to family members and other interested parties. The Department has made note of the PHA's request to include monitoring for all information currently tracked at SDC and will assess, if possible, how best to capture that data in the community including:

- Use of restraints
- Use of seclusion
- Use of emergency psychiatric meds
- Significant injuries received during behavioral episodes
- Any unexplained injury
- A mortality review of all deaths

13) Can Camp Via be rehabbed and used for RC services, or other community organizations?

The Department is willing to discuss opportunities for public/private partnerships for the provision of community services.

14) Families want loved ones placed close to them.

Families are encouraged to talk with their RC service coordinators and ID Teams to make sure desires about home location, potential roommates and any other consumer and/or family concerns and requests are known and addressed through the transition planning process.

15) An organized system to support former DC families and allow them to continue their advocacy for loved ones should be created.

Regional centers offer several different opportunities for family engagement and advocacy. The Department will ensure that involved regional center directors discuss opportunities to explore additional methods of engagement. Additionally, the PHA can continue to be a valuable resource and support system for SDC families once everyone has moved from SDC. The Lanterman Developmental Center Parent' group still meets, provides information to their members and advocates on behalf of the individuals who moved from Lanterman.

DRAFT

X.
PROPOSED FUTURE SERVICES AT SDC

Based on input from stakeholders including SDC residents, their families and conservators, local legislators, the Sonoma County Board of Supervisors and the SDC Coalition and their Transform SDC effort, the Department is reviewing the continuation of some key services and programs at SDC. The services outlined below will allow the Department to maximize the expertise currently available at SDC to benefit the people we serve now, and as they transition into the community.

The Department will continue to work with stakeholders and other appropriate entities to determine how best to address some of the overarching constraints that could affect these proposals, including the following issues described earlier in this plan:

- CMS Home and Community-Based Waiver regulation changes
- Federal funding requirements related to the Sonoma settlement agreement
- Infrastructure and code issues related to the age of SDC's buildings

CRISIS SERVICES

Consistent with a recommendation by the DC Task Force, the Department established an acute crisis center in January 2015 at SDC to provide short-term crisis stabilization for up to five individuals with developmental disabilities in a home environment separate from the other SDC units. Admission to the Northern STAR (Stabilization, Training, Assistance and Reintegration) unit is based on specified criteria due to an acute crisis with the overarching goal of providing person-centered treatment that will expedite the person's return either to their prior residence, or a more suitable community-based residential setting, ideally within 90 days but no longer than one year from the date of admission.

The Department intends to continue operation of the Northern STAR unit during the transition process. SDC residents, as well as individuals currently living in the community will have access to crisis stabilization services as needed. Although Northern STAR is not currently certified by CMS, and is therefore ineligible for federal funding, the Department will pursue independent federal certification as the transition plan for SDC moves forward.

The Northern STAR currently functions as a “facility of last resort” where individuals experiencing behavioral or mental health crises can receive appropriate stabilization services. While the unit meets an immediate system need, as new model care homes (e.g., enhanced behavioral supports homes and community crisis homes) are developed in the community it will be important to reevaluate the ongoing need for Northern STAR.

HEALTH RESOURCE CENTER/CLINIC SERVICES

The DC Task Force also recommended exploring a workable model for a health resource center that would address the health needs of individuals after they transition into the community and for individuals with intellectual and developmental disabilities already living in the surrounding community. Consistent with prior closures, the Department will be working to provide health services to residents during the transition and while health care resources are developed in the community. Continuing services include, but are not limited to, medical, dental, adaptive engineering, physical therapy, orthotics, mental health, and behavioral services.

The Department, with assistance from affected regional centers, will monitor services available through managed care plans and the establishment of other community health care services to ensure that appropriate supports are being developed.

As services are developed in the community, the Department will periodically reevaluate possible options for ongoing health care on the SDC campus. Options that could be considered include a state/county partnership to develop a federally qualified health center, similar to a number of facilities already in operation in Sonoma County.

COMMUNITY STATE STAFF PROGRAM INCENTIVES

The transition of well-trained, experienced SDC staff into the community will be integral to assuring continuity of care and successful outcomes for residents as they move into community living arrangements. The Department, working with the regional centers that serve SDC residents, will begin reaching out to service providers to encourage them to hire current SDC employees and will be examining potential incentives to make the community state staff program more attractive to service providers.

FUTURE LAND USE

The Department and DGS are continuing discussions with the Transform SDC Coalition, Sonoma County and other interested parties regarding potential options for the future use of the SDC campus.

**XI.
MAJOR IMPLEMENTATION STEPS AND TIMELINE**

ACTIVITY	DATES
The May Revision Budget is released, including direction to close SDC.	May 14, 2015
Initial meetings with: <ul style="list-style-type: none"> • Family members of DC residents • Transform SDC Coalition • Employees and their bargaining unit reps • SDC residents • Local officials/legislators • Sonoma County • Regional centers • Other stakeholder groups 	May – September 2015
Work with Regional Centers regarding Community Placement Plan (CPP) development and community capacity in regional center catchment areas	May 2015 – closure
Coordinate with DHCS, Agency, CDPH & DSS	May 2015 – closure
Public Hearings on the proposed closure of SDC and on the draft closure plan	July 18, 2015 and September 21, 2015
Implement a process to ensure timely notification to stakeholders and appropriate entities regarding closure activities, including development of a Web site	May 2015
Work with local Managed Care Plans ensuring availability of health services	October 2015 – closure
Submission of the SDC Closure Plan to the Legislature	October 1, 2015
Legislative Budget Hearings/Testimony	TBD
Release emergency regulations for Enhanced Behavioral Supports Homes (EBSH's)	October 2015
Establish and convene Advisory Groups for: <ul style="list-style-type: none"> • Resident Transition • Quality Management • Staff Support 	October/November 2015
Initiate individualized transition planning process	August 31, 2015 – closure
Develop and implement individual health care plans for residents	July 2010 - closure

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Assist SDC employees by providing information, training opportunities, job fairs, and employment announcements	May 2015 – closure
Plan for the deployment of state employees to community services and work with regional centers and providers to determine numbers and types of state employees who may be interested and for what functions	2015
Transition of residents from SDC	2015 - closure
Establish a SDC Business Management Team to develop a plan for the administrative and physical plant activities of closure	2016
Maintain existing health resource center/clinic services at SDC to provide transition services and ongoing care	2015 - closure
Establish SDC consumer specific MOUs between health plans and regional centers	2015-16
Official closure of SDC *After all residents have moved	December 2018
Post-closure clean-up activities at SDC	Initial months following closure
Warm shutdown begins for areas of SDC not still in use	Upon closure and while DDS is responsible for the property

XII. FISCAL IMPACT

DDS's Fiscal Year (FY) 2015-16 budget for Developmental Centers (DCs) is \$515.6 million (\$295.1 million GF) and contains funding to provide care and treatment for 1,035 (May Revision total average in-center population for FY 2015-16) residents and the operation and maintenance of three DCs and one state operated community facility (SOCF). The Sonoma DC share of the FY 2015-16 total budget is \$164 million (\$98 million GF) which is at a level to provide sufficient services and supports to the 392 (as of July 31, 2015) residents of Sonoma. The budget and allocation is developed based on population, the unique client characteristics, number and type of medical units, facility square footage and DC's acreage. The DDS budget also provides funding for regional center (RC) operations, purchase of services for consumers living in the community, and statutorily required Community Placement Program (CPP) plans to increase community capacity for the placement and transition of DC residents. The CPP funds services to allow for the deflection of consumers from entering a DC.

The decision on where a resident will relocate will be made on an individual basis through the Individual Program Plan (IPP) development process. The Department, working with the regional centers, is currently anticipating the transition of approximately 80 Sonoma DC residents into community living arrangements in FY 2015-16. Generally, the cost of transition of residents into community settings is covered by CPP funding. Subsequent details and costs associated with the transition of residents into the community will be included as part of the budget development process and included in the DDS fiscal estimates.

The Department as part of the budget process will identify closure costs. Based on the Lanterman DC closure experience, the following items are costs that are anticipated:

- Enhanced staffing and retention of staffing at the facilities required to ensure the health and safety of residents as related to all transition activities and for the required staff resources to prepare the facility for warm-shut down, and other closure activities related to transfer of clinical records, historical archiving, equipment disposition, etc.
- Resident relocation costs and overtime associated with workload to oversee resident transfers to new living arrangements.
- Staff leave balance cash-outs and unemployment insurance costs. The Department will be required to "cash out" accrued vacation, annual leave, personal leave, holiday credit, certified time off (CTO), and excess time for employees separating from state service due to retirement or layoff. It is anticipated that incremental employee layoffs will occur throughout the closure process. The need for layoff will depend on the resident population and the identification of excess positions by classification.

- Provision of peer informational sessions for residents at Sonoma DC.
- The establishment of a Career Center at Sonoma DC to assist interested employees in preparing for and securing alternative employment.
- Processing, settlement and closing of permanent and stationary Workers' Compensation claims that are still open. The settlement and closure of Workers' Compensation claims prior to closure, maximizes the potential to leverage federal funds and offset some GF costs.

Sonoma DC Property and Land

As part of the closure process, the Department is working with DGS and soliciting input from stakeholders on their ideas for future uses of SDC's land, infrastructure, and services. Overarching themes from stakeholders during discussions of the Sonoma DC closure include an emphasis on innovation, clearly defining the state's role as a provider of safety-net services and identifying ways to transform Sonoma DC by determining future uses of the buildings and land. Different than previous DC closures, stakeholders are suggesting the Sonoma DC property operate as a facility of last resort with specialized housing, continue operating Crisis Services, and Health Resource Center/Clinical Services to include medical, dental, Adaptive Engineering, Physical Therapy and behavioral services.

It is premature to provide a detailed distribution of the DDS budget between the DC and community program based on the proposed closure of SDC. Therefore, this plan includes high-level assumptions that will be followed by a more detailed fiscal breakdown within future Governor's Budgets and DDS Estimates, based on the latest assessment of resident needs and community capacity. Also, there are no assumptions associated with the ultimate disposition of the SDC property.

The Department is responsible for maintaining the physical plant until the final disposition of the property is decided. The period often referred to as "warm shut-down" is for a period of time until provisions are made for the continued operations of the clinic, crisis homes, and other services being provided post closure.

As part of the Headquarters (HQ) budget, there will be workload to support the closures and administrative back-up support for critical DC activities as staff attrition occurs. DDS cannot accurately propose distribution of available resources between the DC and community-based systems until resident needs and community capacity are more fully assessed. As was necessary in the closure of Lanterman and Agnews, flexibility will be required to move funding between items of appropriation within the Department's budget during the closure process.

REGIONAL CENTER/COMMUNITY COSTS

The Department is committed to ensuring the availability of necessary services and supports for Sonoma DC residents transitioning into the community. The RC costs will be funded from CPP resources, as reflected semi-annually in DDS Estimates released in January and May, as part of the Governor’s Budget and May Revision. The six RCs with the majority of residents transitioning into the community from SDC currently receive approximately 62 percent of the total 2015-16 CPP funding between regular and SDC additional CPP funding. The initial RC costs associated with the proposed closure of Sonoma DC were detailed in the 2015 May Revision, and will continue to evolve as more information and data are finalized. The costs include:

- Community resource development, including residential, day services and related RC staff resources;
- Purchase of Service funding for the ongoing provision of services in the community; and
- Staff resources to coordinate dental and health services in the community, enhanced case management, and quality assurance functions as well as closure functions

FUNDING

DDS cannot accurately distribute the resources between the DC and community-based systems until resident needs and community capacity are more fully assessed. Such redistributions will be part of the budget process and reflected in the DDS fiscal estimates. The CPP funding for the affected RCs will be focused, to the extent possible, to achieve a successful and complete resident transition from Sonoma DC to a community setting.

XIII.

LIST OF ATTACHMENTS *(attachments are still being compiled & organized and will be included in the October 1, 2015 version)*

- 1 Statutory Requirements for the Closure of a Developmental Center: Welfare and Institutions Code sections 4474.1. and 4474.11
- 2 Letters Announcing the Closure of SDC
- 3 Written Input and Proposals Received (separately bound document)
- 4 Stakeholders/Organizations Contacted
- 5 Resident Characteristics
- 6 SDC Developmental Center Population by Regional Center
- 7 Characteristics of SDC Employees
- 8 SDC Classifications Identified by Bargaining Unit
- 9 Letter from Director Rogers Re: CSSP