

California Health and Human Services Agency

Department of Developmental Services



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



October 1, 2015

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I. EXECUTIVE SUMMARY

This “Plan for the Closure of Sonoma Developmental Center” (Plan) was prepared pursuant to Welfare and Institutions Code (W&IC) sections 4474.1 and 4474.11 for submission to the Legislature for approval. It provides important data and information concerning the Sonoma Developmental Center (SDC) residents, the employees, the families and other stakeholders, and the facility land, buildings and leases. It identifies pertinent information on related initiatives and requirements that will have a bearing on services and resource development directly involved in the transformation process. It presents the principles, priorities and commitments of the Department of Developmental Services (the Department or DDS) during the progression toward closure. The Plan formalizes the comments received from stakeholders throughout the Plan preparation process, including those received in meetings and hearings, and through written comments from organizations, associations and individuals. The closure process may involve new policy and/or fiscal issues, and each must be thoroughly vetted, developed and presented publicly for approval, as appropriate and as closure progresses. The Plan captures a point-in-time perspective that will change and evolve with greater dialog and experience so that the best possible outcomes can be achieved for the individuals served, the SDC employees and the Sonoma community.

The closure of SDC will impact all who live or work at the developmental center (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 will remain the top priority for 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 or other living arrangement, as appropriate, 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 transition planning process will be used to ensure services and supports are appropriately coordinated and in place when the individual moves into his or her new home.

The input received from stakeholders is the first essential phase of the closure planning process. 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. If the Plan is approved, stakeholder input will continue to be critical as the closure process evolves. The Department will work with the SDC 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 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.

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 resource needs will be identified and developed by Regional Centers (RC) to support SDC residents in the community; what services will need to be provided by SDC during transition; and, what services may be needed and feasible at SDC. The inability to receive federal funding or support for segregated services and institutionalized individuals with intellectual and developmental disabilities, along with the remote location and 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. As this Plan is further developed, DDS will continue to work with SDC's families, the larger Sonoma community, and the Department of General Services (DGS) to explore future services that could perhaps be provided at SDC.

Below is a summary of important commitments made in the following Plan:

The Residents of SDC

- **Health Resource Center/Clinic Services**
 - The Department will provide key specialized health care/clinic services at SDC, currently being 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.

- **Behavioral Services**

- In line with the "Task Force on the Future of the Developmental Centers" (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 services in the community for individuals with challenging behaviors, 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 (Stabilization, Training, Assistance and Reintegration) 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 and as specified in law. Although Northern STAR is not currently certified by the Centers for Medicare and Medicaid Services (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 will be accomplished by implementing a quality assurance plan and a stakeholder advisory group. Data will be made available and accessible to families and decision makers for this purpose.

The Employees of SDC

- **Community State Staff Program (CSSP)**

- The statewide expansion of the CSSP will allow state staff to follow the individuals they work with at SDC into community settings to provide continuity of care. RCs 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 employees to stay at SDC through the end of closure, and will be discussing potential options with the California Department of Human Resources (CalHR) and appropriate bargaining units.

The Land of SDC

- **Future services at SDC**
 - The Department and DGS are committed to working with the SDC Coalition, Sonoma County and other interested parties to identify potential options for the future use of the SDC campus.

- **Property Disposition**
 - 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 was prepared pursuant to W&IC sections 4474.1 and 4474.11 (Attachment 1) for submission to the Legislature for approval. It provides important data and information concerning the SDC residents, the employees, the families and other stakeholders, and the facility land, buildings and leases. It identifies pertinent information on related initiatives and requirements that will have a bearing on services and resource development directly involved in the transformation process. It presents the principles, priorities and commitments of the Department during the progression toward closure. 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 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.

The Plan formalizes the comments received from stakeholders throughout the Plan preparation process, including those received in meetings and hearings, and through written comments from organizations, associations and individuals. The closure process may involve new policy and/or fiscal issues, and each must be thoroughly vetted, developed and presented publicly for approval, as appropriate and as closure progresses. The Plan captures a point-in-time perspective that will change and evolve with greater dialog and experience so that the best possible outcomes can be achieved for the individuals served, the SDC employees and the Sonoma community.

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, individualized transition planning through the IPP process, and review and modification of the closure plan through the annual budget 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 individual's Interdisciplinary Team (ID Team), using a person-centered approach and documented through the IPP process.

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 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 the quality of services.

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 of the Plan as we move forward. Important to the ongoing planning process is the identification of resources that currently exist in the community and that still need to be developed, that meet the needs of the persons residing at SDC. The safety of the individuals in transition is paramount and the necessary services and supports will be in place before a resident transitions to a more normalized community setting.

BACKGROUND

Pursuant to existing law (W&IC, 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 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 DCs 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 DCs 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 (May Revision total average in-center population).

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 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, RCs, community service providers, organized labor, families of DC residents, Members of the Legislature, and staff from DDS. Between June and December 2013, DC 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 DC 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 DCs.

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 the 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 [Porterville]-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 services for individuals with challenging behaviors, 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 another 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 CMS 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 moving away from the DCs and developing specialized community resources, while supporting the transition of each DC resident into integrated community settings, will be dynamic and challenging. 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:

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/>

- A comprehensive person-centered IPP, developed through a robust ID 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 dental, health and mental health services, including coordination of health care, access to health records, and medication management; and
- Recognition 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.

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 2014, consistent with “Recommendation Six” in the DC Task Force Plan and in response to Governor Brown’s message in the Budget Act of 2014. The DS Task Force was charged with examining services for individuals with developmental disabilities 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, the availability of community resources to meet the specialized needs of consumers, and past reductions to the community system. To date, workgroups of the DS Task Force have focused on issues around community rates and RC operations.

The Budget Act of 2015 includes \$49.3 million (\$46.9 million General Fund) to begin development of community 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 since they include development of services and supports already identified through the existing IPP process. In order to keep within the closure timeline, some activities must start immediately using the resources provided for 2015-16. Additional family input through the IPP process will further define future resource development.

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 the future use of the property at SDC for housing and services. HCBS are long-term services and supports provided in home and community-based settings, as recognized under Medi-Cal. These 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, habilitation (both day and residential), and respite care services. 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. In general, settings and services that have the qualities of an institution will not be supported.

The California Department of Health Care Services (DHCS) has developed a Statewide Transition Plan (STP) submitted to CMS on August 14, 2015. The STP describes how the State will come into compliance with the new federal home and community-based settings 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. 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;
- Identifies 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 for individuals while they reside at SDC and as they 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 toward closure for SDC and potentially other DCs, stakeholder engagement 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. The announcement began a multi-faceted process to develop this Plan pursuant to W&IC section 4474.11, which was passed as part of a trailer bill to the Budget Act of 2015 (Senate Bill [SB] 82, Chapter 23, Statutes of 2015). The new law requires that a closure plan for at least one of the DCs be submitted to the Legislature by October 1, 2015, so that legislatively-approved closure activities can begin in the current fiscal year. Additionally, the Department may develop community resources and utilize funds allocated for that purpose as part of the Budget Act enacted through the 2015-16 Regular Session of the Legislature. Implementation of this closure plan following 2015-16 is contingent upon legislative approval as part of the legislative budget process during the 2016-17 Regular Session. A plan submitted pursuant to W&I Code section 4474.11 may be modified during the legislative review process.

Consistent with the May Revision, the Department moved forward with developing this Plan for the closure of SDC. The Department made it a priority to meet in-person with as many stakeholders as possible, hear their concerns, perspectives and issues, and inform the Plan. Recognizing the time limitations of the planning process, meetings were held with residents, families, employees, unions, advocates, RCs, providers, local government officials, State legislative representatives, and other organizations from May through September 2015. 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 2.

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 was held on September 21, 2015, at the Renaissance Lodge at Sonoma. It provided the opportunity for the Department to receive comments on the draft plan so modifications could be made before this final Plan was formally transmitted to the

Legislature. Forty-seven individuals commented at the second hearing and an additional 40 written comments were received by the Department through September 23, 2015.

The input received from the hearings and various meetings is summarized in Chapter IX, and the written correspondence is contained in Attachments 3-A and 3-B (separately bound compilations of stakeholder comments).

The Department has coordinated with impacted State departments and the Association of 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 (SCDD) 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 DDS 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 during the Plan preparation process is provided as Attachment 4. Additionally, Attachment 5 provides the calendar of the activities and meetings that took place.

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 developmental disabilities and the general Sonoma community. Advocates and RCs 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 SDC Coalition to identify ways that Sonoma County and their partners can help realize the transformation of services currently delivered at SDC.

The RCs 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 services (SLS);
- Working with Sonoma County and SDC management to gain 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; and
- Developing training 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 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, CCHs and Delayed Egress/Secured Perimeter homes. Efforts are underway to ensure DC families are aware of self-determination as a potential option for individuals and their families to have more freedom, control, and responsibility in choosing services and supports to help them meet objectives in their IPP. Overall, these community service options 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 the 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. Services may include, but are not limited to, residential, day, vocational, health care, behavioral

health and dental services. The transition planning process will be utilized to coordinate the timely delivery of services so that they coincide with the individual's move.

The Department is also committed to assisting 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, W&IC section 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 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 XII.

PARAMETERS AND PRINCIPLES THAT WILL GUIDE IMPLEMENTATION

There are important parameters and principles that will affect future planning and implementation efforts as the closure of SDC progresses. The parameters and principles that must be considered and appropriately addressed include:

- Meeting the needs of the SDC residents, now, during transition and ongoing through quality services, and ensuring their health and safety;
- Enabling the active and meaningful participation of the consumers, families, consumer representatives, advocates, RCs, the Sonoma community and other interested parties throughout the closure process;
- Being in compliance with federal and State laws, and applicable court decisions;
- Being in compliance with the settlement agreement entered into by various State entities and CMS that requires the California Parties to address compliance issues at SDC and achieve appropriate community or other placements for residents of the affected SDC units, so that federal funding will continue, as specified in the agreement;
- Implementing and being in compliance with the new federal regulations for HCBS.
- Effectively using State funds and maximizing federal funds for the short- and long-term costs associated with the delivery of services and the closure of SDC; and

- Implementing this Plan as approved by the Legislature through the legislative budget process, including any future modifications.

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) DC (Agnews and Lanterman, respectively) 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 stakeholders, 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 CSSP was essential to building support for and the effective carrying out of transitions for Agnews residents. Pay inequities between state-employed staff in the community and other community staff having 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 residents with behavioral challenges in order to feel comfortable with the move; the use of Non-Profit Organizations (NPO) in acquisition and development of homes worked well; families and residents 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; the importance of starting day programs immediately upon the individual arriving at the behavioral/medical home, and thereby establishing a living pattern right away; and it would be helpful to have an Occupational Therapist (OT) involved during the planning stages of remodel or construction projects, as knowledge of the residents’ needs would be beneficial during the design phase. Families were not interviewed as a part of this assessment; however, information shared by families since the closure indicates that many families are very pleased with their loved ones’ transitions.

Many Lanterman families also expressed that they are very pleased with their loved ones’ new homes and described their loved ones as “very happy.” Families conveyed 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 is 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 RCs were able to effectively address the issue.

More recently, a letter was received from the Parent Coordinating Council & Friends for Lanterman urging the Department to suspend placements out of SDC (implement a “moratorium”) until there is conclusive evidence that “equal or better” services and supports are available in the community.

Other issues raised by Lanterman families that the Department has taken note of are: there may be a need for National Core Indicator (NCI) process improvements to ensure movers and their families are able to participate; funds should be made available now to address community issues experienced by Lanterman movers, and for future movers; high staff turnover and low pay continue to be issues in community-based homes; concerns exist about the availability of 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 and approval of services among all 21 RCs so that the same types of services can be available anywhere they are needed and easily accessed by families. Different usage of some service types and varying vendorization and approval processes by RCs 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. SDC 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 6) 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 (Attachments 3-A and 3-B).

The following sections specifically identify the overall demographics of the population residing at SDC. Following chapters describe 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, 405 people were in continuing residence at the facility with 181 individuals (approximately 45%) living on one of ten NF residences and the remaining 224 (approximately 55%) residing on one of the facility's 11 ICF residences. The census on each of the NF or ICF units ranges from 1 to 25 residents. An additional ICF residence provides services where area individuals in crisis are admitted to receive short-term stabilization and return to a community setting. 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.

RC 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 RC. Four RCs are responsible for the majority of individuals living at SDC, with the other RCs having ten or fewer in residence: 128 residents (32% of SDC's population) are served by RC of the East Bay, 103 (25%) are served by Golden Gate RC, 86 (21%) are served by North Bay RC, and 55 (14%) by Alta California RC. The remaining 8% of residents are served by other RCs: 10 by Far Northern RC, 10 by San Andreas RC, 6 by Redwood Coast RC, and 3 by Valley Mountain RC, with San Diego RC, Tri-Counties RC, South Central Los Angeles RC, and North Los Angeles RC serving one resident each. The population by RC is summarized in Attachment 7.

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 to 30 years, another 8% for 11 to 20 years, 4% for 6 to 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.

Family Involvement: About 75% of the resident population at SDC as of May 1, 2015, has identified family connections and involvement: 156 (38%) are conserved by family, and 148 (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 identified as White, with 6% identified as Black/African American, 3% identified as 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 residents 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 need 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-one (91) residents of SDC (22%) 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 need refers to those individuals who require 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 (31%) 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 informed this Plan:

- Decisions will be based on individualized transition planning, which 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.
- 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. Data will be made available and accessible to families and decision makers for this purpose.

IV. TRANSITIONS

INDIVIDUALIZED PLANNING PROCESS

The closure process will be designed to ensure a safe transition for each resident. In developing each person's IPP, as mandated in the Lanterman Act, the ID Team will meet to identify each person's goals and objectives, and the services and supports that will be provided based upon the resident's assessed needs, preferences and choices. The meeting includes the resident; the legally authorized representative, family and/or advocate; identified staff from the DC and the Regional Resource Development Project; one or more RC representatives, including the RC service coordinator; and others invited by the resident or his or her authorized representative. DC team members include staff that provides direct services to the resident, including physicians, nursing staff, psychology staff and ancillary staff, as indicated based on their involvement with the individual.

Every person has already had a comprehensive assessment completed by their RC that identifies the person's 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 inform the process and 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 ID Team process by having discussions with them on the closure proposal, providing education regarding 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 and related transition activities are all part of a coordinated and fluid planning and implementation process that is flexible and ongoing to meet each consumer's unique needs during and after transition. ID Team members exchange information; perform and participate in assessments; document findings, recommendations and outcomes; and carefully coordinate the transition from the DC to the community. Beginning August 31, 2015, the person-centered IPP process is now more focused on transition planning for each SDC resident. The SDC staff and local RCs are working together to ensure the men and women who live at SDC and their families become actively engaged in evaluating community options.

Through the ID Team process, SDC and RCs will work with individuals, families and, where appropriate, other participants, to review transition options based on each individual's assessed needs, preferences and choices, including such options as SLS and the Self-Determination Program. 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.

Once a person has had a successful “meet and greet” and it is determined a specific living option should be pursued, the transition planning process will include 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. The transition planning process is flexible and will be tailored to each person’s interests and needs, as determined by the ID Team.

As part of the transition planning process, the ID Team will begin preparing an Individualized Health Transition Plan (IHTP), as well as Specialized Behavior and Safety Plans for the person, when applicable.

- Individualized Health Transition Plan

A comprehensive IHTP will be developed by the ID Team and incorporated into the IPP for each resident transitioning from SDC. The IHTP will include the person’s health history and current health status provided 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 will assist the ID Team in assuring all of the necessary health supports are in place prior to the move from SDC.

- Specialized Behavior and Safety Plans

Where indicated by the IPP, the ID Team will develop a comprehensive Specialized Behavior Plan that will be incorporated into the IPP. Also as indicated, it will develop and incorporate a Safety Plan that includes components related to safety for consumers who have significant behavioral support needs, who currently have rights restrictions, or who may need the use of highly restrictive methods such as psychoactive medications. The Specialized Behavior Plan and the Safety Plan will assist new service providers in understanding the needs of the individual and adequately providing the needed behavioral supports in new settings.

Familiarization (Cross-Training) Activities

The IPP will include specific activities for familiarization of new staff with the details of the comprehensive assessment and the IPP, including the Specialized Behavior Plan,

along with any informal or personalized knowledge from the SDC staff who know the individual best. Activities may include meetings with the ID Team and providers (including residential, day services, vocational, health care, behavioral health and any other provider identified in the transition plan) to exchange information specific to that individual's transition plan.

Cross-training of community providers by SDC staff is accomplished through in-person visits of SDC staff or the provider (at the provider's location or at SDC), 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 consumers as well as to address complex needs and procedures.

Transition Review Meeting

Once the initial transition plan has been implemented and when all members of the ID Team 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 holds a Transition Review Meeting (TRM). At the TRM the ID Team reviews and finalizes the consumer's IPP, including the transition plans, the IHTP, the Specialized Behavior Plan and the Safety Plan, as applicable. The TRM is held at the conclusion of the transition process and is where the ID Team sets a placement date. TRMs must occur no less than 15 days prior to the planned move.

Monitoring Resident Transition

During stakeholder input for preparation of this Plan, many individuals communicated a concern over the process that will be used for the monitoring of transitions from SDC. While there is a transition planning process currently in place today at SDC, there have been various practices utilized during previous closures that helped to achieve successful transitions. As a result of this prior experience, the Department has determined the need for a Resident Transition Advisory Group (RTAG) to be established for SDC as well. The RTAG will include membership from the SDC Resident Council and representation from parents and family members, the involved RCs, and DDS. This advisory group will evaluate the current transition planning process in place for residents at SDC and make recommendations to the Department for enhancements. Previous transition practices that have worked well will be shared with the RTAG to assist in the evaluation.

Additionally, the Department is in the process of contracting with an independent external organization with proven capabilities in quality assurance systems in the ICF/Individuals with Intellectual Disabilities (IID) environment to serve as an independent monitor. This independent monitor is required by the CMS agreement and will be responsible for the development of a monitoring plan and implementation of

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

The Department will also develop and implement a detailed quality management plan for SDC that will be maintained during the closure process. It will include a quality oversight and internal monitoring system with tools and data, and a stakeholder advisory group, as described in the Quality Management System (QMS) section, below. The QMS 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 ID Team involve the participation of knowledgeable staff. As was learned during previous closures, due to the early 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 management of staffing levels to ensure the needs of the residents are met.

Follow-up to Ensure Service Adequacy

The Department currently operates three Regional Resource Development Projects, including one at SDC (the Sonoma Regional Project [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 RC, 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. Scheduled visits occur following an individual's move from SDC at intervals of 5 days, 30 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 RC is directly involved in the actual transition of the individual to his or her new home. Anyone moving from SDC to the community will receive enhanced RC case management for at least two years. For example, for anyone residing in out-of-home placement, the RC will complete a face-to-face visit at least quarterly. Individuals who move to an ARFPSHN or an EBSH will receive enhanced clinical staffing in the home and oversight by the RC 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.

A summary of established monitoring activities is provided in Attachment 8, Transition and Oversight of Residents Moving from Lanterman Developmental Center to the Community.

Contingencies for Meeting Consumer Needs

Once placement has occurred, the Department is committed to support consumers so that they can successfully continue their community placement. As part of the transition planning process, the ID Team will identify any known or anticipated issues or challenges the consumer could experience in their new setting, and where indicated, develop a contingency plan of provisions that might be needed to support the individual in the community.

Throughout the placement process, several monitoring and follow up activities are conducted by the RC and the SRP, as described above. This ongoing effort allows for identification of any issues that may be arising with the placement and help ensure timely intervention. As needed, the RC or SDC will provide for additional resources to support the individual in their new home. SDC staff may render necessary services in order to complement the community resource. If post-placement monitoring and support efforts are not successful, an additional assessment process under W&IC section 4418 may be initiated, and SRP may arrange for other services as resources permit in order to assist a consumer's adjustment in the community or in an effort to prevent return/readmission.

While SDC is open, and when an individual's legal status permits, prior residents of SDC may be placed on provisional placement for a period of up to one year. The length of the provisional placement may be less in those cases where the court's authorization of placement at SDC expires before that date or when the facility closes. Such a placement affords a right of return to SDC at any time during the provisional placement period when an adequate standard of care cannot be maintained in the particular placement. Upon the request of the RC, the provisional placement return process may be utilized when a consumer experiences challenges that cannot be resolved in the community setting.

QUALITY MANAGEMENT SYSTEM

Use of a thorough and transparent 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 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).

RCs have a strong foundation in quality management activities based upon requirements in statute and regulation. For example, RCs 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 RC regularly reviews Special Incident Report information and implements actions to decrease risks to health and safety while honoring consumer choice, community integration and independence. Regular in-service trainings are provided to RC staff. RCs 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 RC has a 24-hour response system wherein a duty officer can be reached after hours.

In addition to the current statewide QMS and RC quality management processes, an active SDC QMS in development and will be maintained by the Department (in conjunction with the RCs) 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 RC quality assurance systems and incorporate 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 the IHTP for every SDC resident;
- Enhanced monitoring by RC clinicians (when identified in the IPP);
- An additional year of RC case management at a 1:45 caseload ratio;
- Establishment of a Quality Management Advisory Group (QMAG) specific to SDC;
- An annual family and consumer satisfaction survey through the NCI 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;
- On-site visits and interviews
 - Once fully implemented, the SDC QMS will enable RC staff, clinicians, and other professionals, SRP 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;

- Review of IPPs
 - RC 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:
 - Reportable Incidents – The number and rate of reportable incidents among people moving from SDC will be captured and reported using Special Incident Reports. 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 RC. 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 RC;
 - Changes in residential settings – Data on residential settings from the Client Master File (CMF) and Purchase of Services (POS) data will be used to identify changes in residence type. Instability in residence may indicate potential care issues or may indicate changes in service needs; and
 - Changes in skills of daily living, challenging behaviors and personal outcomes – Elements tracked through the Client Development Evaluation Report (CDER) will be monitored for potential deterioration or improvement of the consumer 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 SDC QMS is the establishment of a QMAG. Representation on the SDC QMAG will include consumers, parents and family members of current and former SDC residents, RCs, the SCDD, and DRC. The Department anticipates establishing the SDC QMAG by November 2015.

The QMAG will provide guidance to the Department and RCs in the refinement of the SDC QMS. On an ongoing basis, the QMAG will inform the Department and RCs on findings from their review of the data collected on the quality of services being provided to former SDC residents. The independent monitor will also inform the SDC QMS. The

QMAG is a potential avenue for SDC families to interact with, and hear from, the independent monitor. During the stakeholder process for 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. Subject to available funding, the Department will work with the QMAG and other stakeholders to review all proposals for appropriateness, viability and potential incorporation as enhancements to the SDC QMS are decided.

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 SCDD, is designed to provide advocacy resources and assistance to persons living in state-operated facilities, 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. The residents access these services through their own requests as well as through 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 resident involvement in social and recreational activities, to attendance with the resident at program planning and other meetings impacting services and supports for the resident. When a resident receiving services from VAS moves from SDC 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 individual from community resources.

W&IC section 4433(b)(1) requires the Department to contract for clients' rights advocacy services for all individuals with developmental disabilities living in DCs as well as for all consumers residing in the community. The Department has accomplished this by contracting with the DRC Office of Clients' Rights Advocacy (OCRA) for clients' rights advocacy for all individuals outside DCs served by RCs. The Department has an interagency agreement with the SCDD to provide advocacy services for residents of the DCs. When a person moves out of SDC, the OCRA Clients' Rights Advocate (CRA) assumes the responsibility for the clients' rights advocacy services of the individual

within the RC catchment area of their residence. The SCDD CRA remains in place at the DC until there are no residents remaining at the DC.

Additionally, W&IC section 4418.25 facilitates coordination between the DC and community CRAs by requiring RCs to provide copies of each DC resident's comprehensive assessment or update no less than 30 calendar days prior to each resident's IPP meeting, including the time, date, and location of the IPP meeting to the OCRA CRA for the RC. 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 well-being 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, RC staff and providers will share the responsibility in assuring identified outcomes are met while providing and accessing resources to make community living successful.

V. COMMUNITY RESOURCE DEVELOPMENT

The Department has initiated discussions with all of the affected RCs regarding the role of the CPP in the proposed closure of SDC. Statutorily, the goal of the CPP is to provide supplemental funding to RCs 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 DCs. The CPP encompasses the full breadth of resource needs including, but not limited to, development of residential homes, community crisis facilities and teams, clinical support services, transportation, training, and day and employment services.

The CPP process will involve careful planning and collaborative efforts of the Department, SDC, RCs, and the SRP. The services and supports needed by each individual, including, but not limited to, living options, day and employment services, health care services and other supports, will be identified through the ID 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 his or her 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 RCs, 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 SLS, Adult Family Homes and Family Teaching Homes, ICFs, and Adult Residential 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 Facility for Persons with Special Health Care Needs

Since the opening of the first Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN) home in 2007, this residential model has shown remarkable success in meeting the needs of some of the most medically fragile consumers that transitioned from a DC. There are now 38 ARFPSHNs 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 DC who has an IPP that

specifies special health care and intensive support needs that indicate the appropriateness of placement in an ARFPSHN.

The ARFPSHN model of care 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); and was necessary to fill a critical gap in the existing State residential licensing categories. To live in an ARFPSHN, the consumer's 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 RC 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 (DSS) licensure of the homes, which includes criminal background clearance, Administrator orientation, annual facility monitoring visits and complaint resolution.

Some residents at SDC may need 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 an NF residence at SDC will need an ARFPSHN home. There are specific eligibility criteria that must be met to live in an ARFPSHN home and alternative residential models are available that address ongoing medical needs such as: Specialized Residential Facilities (licensed by DSS) and ICFs (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>.

Enhanced Behavioral Supports Homes

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. EBSHs have a maximum capacity of four consumers. 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. 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 DC, 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 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 Fall 2015. The Department is encouraged by the possibilities this model offers to address unmet needs in the community and assist with enhancing behavioral services statewide.

Community Crisis Homes

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

CCHs differ from the acute crisis units at Fairview and SDC in that they are located in communities throughout the State and do not require a commitment under W&IC section 6500. CCHs 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 Fairview and SDC can be a more prolonged judicial process.

Currently, three CCHs are projected for development, including two in North Bay RC's area. CCH regulations are pending and are expected to be released after the EBSH regulations.

Delayed Egress and Delayed Egress/Secured Perimeter Homes

Health and Safety 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. 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. At this time, Delayed Egress/Secured Perimeter homes do not qualify for federal funding.

Though often referenced together, it is important to note that a Delayed Egress home does not necessarily have a secured perimeter. Delayed Egress and Delayed Egress/Secured Perimeter models offer two different 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 a device or devices in a residential facility that precludes use of exits by the consumer for a predetermined period of time, not to exceed 30 seconds. "Secured perimeter" refers to secured perimeter fences around a facility utilizing delayed egress devices that meets 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 to staff regarding use and operation, and that the secured 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 Delayed Egress and Secured Perimeter 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 four 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 consists of a broad range of services for adults with developmental disabilities who, through the IPP process, choose to live in homes they own or lease themselves in the community. Many adults who have lived in DCs 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 is offered for as long and as often as needed, with the flexibility required to meet a person's changing needs over time, and without regard solely to the level of disability.

Typically, an 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 the Lanterman Act at W&IC section 4689(a). DDS regulations for SLS are found in Title 17, Division 2, Chapter 3, Subchapter 19 (section 58600 et seq.) of the California Code of Regulations.

Proposed Community Resource Development

At this time, through 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 DC, while 31% (388) of these beds are meant for individuals who are transitioning from other living arrangements in the community, from out-of-state, or from Mental Health Rehabilitation Centers or Institutions for Mental Disease.

Just over half of the 286 projects in progress are owned by an 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 RC consumers by real estate deed restrictions or restrictive covenants that are applied to the property.

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

- 185 Specialized Residential Facilities
- 39 ARFPSHNs

- 18 EBSHs
- 18 Crisis Related Facilities
- 13 SLS programs or agencies
- 7 CCFs
- 4 ICFs
- 2 Family Teaching Homes

Since 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 2013, Governor Brown signed into law the Self-Determination Program (SB 468, Chapter 683, Statutes of 2013) 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 IPP. As authorized in W&IC section 4685.8(c)(6), “ ‘Self-determination’ means a voluntary delivery system consisting of a defined and comprehensive 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 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, in consultation with stakeholders, drafted a 1915(c) HCBS Waiver application that was submitted to CMS on December 31, 2014. In August 2015, at the request of CMS, new language was added to the Self-Determination Program Waiver application describing how homes and settings where 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 CMS after reviewing comments received and making any changes to the application based on the comments.

Once the Self-Determination Program 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 Self-Determination Program 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 RC information session. The Department of Finance (DOF) may approve an increase in the number of enrollees served during the first three years, conditioned upon cost neutrality and renewal of the 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 RCs 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 RCs will work together to review the comprehensive, individualized medical and support plans in place for residents. DDS will work with DHCS, the 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, but not limited to, 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 for 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; and
- Coordination among the RC, 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, 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; and reviewing the potential for educational partners and, if there are opportunities, to create a “teaching” center/clinic.

In accordance with W&IC section 4474.1(g)(12), the following summary describes where services will be obtained that, upon closure, will no longer be provided by SDC:

As of August 2015, the three most local RCs (North Bay RC, RC of the East Bay and Golden Gate RC) served a combined total of over 34,000 individuals in the community. Each RC 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 RCs will continue to leverage existing relationships with community-based professionals and service providers, and will develop new services through their CPPs where unmet needs are identified. Services to be obtained will be individualized, based on the IPP process.

VI. SDC 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; and
- Provided with opportunities to enhance their job skills.

EMPLOYEE INFORMATION

A summary of employee characteristics is provided in Attachment 9 and selected information is described below.

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% is intermittent, temporary or limited-term.

Forty-one percent (41%) of the employees have worked at SDC for ten 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 Caucasian represents 40% of the workforce. The next most predominant group, representing 36% of the workforce, is Filipino. The remaining employees are, in descending order of representation: 10% Hispanic, 7% African-American, 5% Asian and 2% identify themselves as American Indian, Pacific Islanders or "Other."

Employee County of Residence

SDC employees primarily live in one of 19 counties:

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

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

Classifications

A wide range of employees provide services to people residing at SDC. The employees are categorized by various civil service classifications and represented by different bargaining units, as reflected in Attachment 10. 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. They include 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.

SPECIALIZED SERVICES OF SDC

The Department recognizes the unique and specialized services provided at SDC. There are many professionals at SDC who have decades of experience in their field, specialized to persons with complex medical needs and behavioral supports, as well as maintaining SDC's facilities. Some of the specialized services unique to SDC that are currently 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 developmental disabilities;
- Specialized health clinics that address the medical complexities and the complications that are attributed to physical abnormalities of persons with development disabilities;
- Acute crisis behavior stabilization; and
- Water treatment professionals.

PLANS FOR EMPLOYEES

The Department is committed to the 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 of retention bonuses, state service credit opportunities, and the ability to guarantee positions or specialized training for employees that stay through the end of closure. These types of employee benefits potentially require legislative authorization and funding, and may be subject to collective bargaining.

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 the: California Association of Psychiatric Technicians (CAPT); American Federation of State, County, and Municipal Employees (AFSCME); Service Employees International Union (SEIU); Union of American Physicians and Dentists (UAPD); California Statewide Law Enforcement Association (CSLEA); Association of California State Supervisors (ACSS); International Union of Operating Engineers (IUOE); and the Professional Engineers of California Government (PECG).

Representatives of AFSCME, CSLEA, ACSS and 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 using a statewide layoff process versus 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 receiving 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 flexibility in 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;
- 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; and
- 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 include:

- Provide 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;
- Identify a dedicated California Public Employees Retirement System (CalPERS) person to field questions from SDC employees, or have an increased presence on campus to facilitate discussion and answer questions;
- Conduct a specialized survey and outreach to other departments with equivalent positions for Office of Protective Services investigators and firemen to identify lateral move opportunities in these very specialized and unique service areas;
- Perform formal succession planning and cross-training 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 three-to-five days. Desk manuals and documentation of procedures were also encouraged, as well as rotating people through positions or using people in temporary assignments;
- Staff the Northern STAR crisis home, or any other services to be developed on-site, based on seniority and meeting minimum qualifications;
- Use outside registries throughout closure to assure appropriate staffing levels;
- Conduct job fairs for staff since they are very helpful; and
- Explore the possibility of enabling people to stay who are getting ready to retire, but would also be interested in continuing on as a Retired Annuitant, by changing the requirement that they have a break in employment for six months after retiring. This change was suggested as an incentive for 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, assist them as needed in identifying their future interests, and equip them with knowledge 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 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:

- RC 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 and Direct Support Professional 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 RC systems and the Sonoma area;
- Informational sessions on finding and taking exams with other State agencies and navigating the State job market utilizing the Department Restriction of Appointments (DROA) process, the State Restriction of Appointments (SROA) process, and transfer and reemployment eligibility;
- The State layoff process and procedures;
- Coordination of job fairs for prospective employers of SDC employees;

- Retirement and benefit workshops in collaboration with CalPERS; and
- Personnel-related Question and Answer sessions.

POTENTIAL JOB OPPORTUNITIES FOR SDC EMPLOYEES

On behalf of SDC's employees and in accordance with W&IC section 4474.1(d), contact is being made with Sonoma County, RCs, and other State departments using similar occupational classifications for development of a program to place staff of SDC, as positions become vacant, or in similar positions operated by or through contracts. Contact has already been made with the Department of State Hospitals, Department of Veterans Affairs, Department of Motor Vehicles, Employment Development Department (EDD), Department of Corrections and Rehabilitation, DGS, DSS, CDPH, DHCS, CalHR, and DOF. Additionally, DDS contacted all 21 RCs, 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 CSSP.

The Department has reached out to the EDDs 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 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 the Employee Assistance Program.

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 examination administered by the State. 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 staff members have accumulated over their careers. State employee 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 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 under CSSP, as described below.

State Staff in the Community

In June 2014, the Department received authorization (SB 856, Chapter 30, Statutes of 2014, section 845.1) to expand the CSSP statewide to support any consumer who has transitioned out of any DC, or to deflect admission to a DC. State employees work through contracts established between DDS and either a RC 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 is restricted to a particular DC closure, the CSSP remains a critical support for consumer transitions and continuity of staff. To establish the change, appropriate collective bargaining units were notified. The Department 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 RCs 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 RCs encouraging them to seek information about the new statewide CSSP (Attachment 11). The DDS CSSP Coordinators are scheduling one-on-one meetings with interested RC teams to discuss the RC staffing needs and the expertise that the Department can provide through CSSP. The Department will be scheduling informational sessions for SDC employees to increase their awareness of the CSSP.

The CSSP can maintain familiar staff for transitioning DC residents, and enhance individuals' services by bringing the depth of experience a DC employee has into the

community service system. In addition, the CSSP offers consultative and administrative services in the areas of mobile crisis intervention and deflection services. The Department provides extensive staff training and orientation to prepare employees for 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. 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. The Department will also assess the possibility of rate exemptions, or process enhancements that could assist in improving vendor participation in the program.

Opportunities at Other DCs

Job opportunities at other DCs will be available for some time, but will be more limited than previous closures as the General Treatment Area at Porterville and Fairview begin implementing their closure plans. Some opportunities at the Canyon Springs Community Facility and in the Porterville STP will continue as long as those services are offered. SDC 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 will implement a DROA process, as needed, which would provide hiring priority for SDC employees for advertised departmental vacancies. Internal Department transfers provide two important benefits: employees remain in the development disabilities service system; and there is some flexibility to manage transfer dates so that critical staff remain at SDC during closure.

Private Sector Opportunities

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 community service providers. In partnership with local RCs, the Department plans to sponsor meetings that provide SDC employees with information regarding service needs, resources and vendorization. Additionally, opportunities to become a RC employee will be shared.

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

Opportunities at Other State Departments

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 this Plan and CalHR approval of the Staff Reduction plan, SDC employees with permanent status become eligible for “surplus status,” which will afford them many of the same benefits as the SROA program described below. With “surplus status” an 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. A non-SROA candidate may only be hired over someone with SROA status in rare circumstances where specialized knowledge to perform the job is required and approval is granted by CalHR. Employees are guaranteed a minimum of 120 days of SROA status but it may be longer with CalHR approval. DDS will be engaged in discussion with CalHR for possible flexibility in the layoff process to ensure the safety of the consumers 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 the management team at SDC review potential additional avenues for effective communication. Key methods of communications with SDC employees will 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 members conduct residence and department rounds on all shifts, which allow employees to share any comments or concerns, and 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 by email to all SDC staff regarding the 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 it 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, 165 residents at SDC were receiving services from 48 Senior Companions and 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. They will be kept informed of the SDC closure status and future opportunities that may exist for them to serve RC consumers in community settings. Establishing a RC sponsor to administer the Foster Grandparent and Senior Companion Program in the community will also be explored as part of the SDC closure process.

VII. SDC LAND AND BUILDINGS

GENERAL DESCRIPTION

SDC is located on approximately 900 acres near Glen Ellen in Sonoma County. It opened in 1891 and, as of May 1, 2015, served 405 people with developmental disabilities. The SDC campus is comprised of acres of land, lakes and various structures including a residential campground, a store/cafeteria, a post office, a petting farm, sports fields, swimming pools, an equestrian program and picnic areas. Currently, there are approximately 140 structures that consist of approximately 1.3 million square feet of space at the facility.

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

HISTORY

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 for 20 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 1,640-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, the Sonoma State Home became the Sonoma State Hospital; and in 1986, the name was changed to the Sonoma Developmental Center.

In 1997, pursuant to Government Code section 14670.10 (SB 1418, Statutes of 1996), an approximate 300-acre conservation easement was conveyed to the Sonoma County Agriculture and Open Space District covering lands above the 1,100 foot elevation level of the upper watershed property on the western boundary of the center. In 2002, the above referenced parcel along with an additional 250 acres of land down slope from it was transferred to the California Department of Parks and Recreation and is now part of Jack London State Park. In 2007, 41 additional acres located on the property's eastern boundary adjacent to Highway 12 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:

- Challenge Sonoma Ropes Course (156,250 square feet [sf])
- Sonoma Ecology Center (5,184 sf)
- Horizon Tower (4,050 sf)
- Eldridge Store/Department of Rehabilitation (3,080 sf)
- United States Post Office (600 sf)

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

Major upgrades to resident living space last occurred between 1979 and 1982, during which all of the living areas were modified at a cost of about \$1 million per building, primarily to improve safety, privacy and bedroom space. Since then, other studies have been conducted to determine what additional infrastructure changes would be needed to modernize the facility, or bring SDC into compliance with changing regulations.

Vanir Study

In 1996, DDS began developing strategic plans to help guide decisions involving the future of the DCs. To assist in developing strategic plan goals, the Department hired Vanir Construction Management, Inc. (Vanir), to conduct a system-wide Master

Planning and Condition Assessment project. Under that effort, SDC, along with the other DCs, underwent thorough land, infrastructure, seismic, and facilities assessments. The Vanir 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 the \$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 of \$967 million, also estimated in 1998. Costs today would be significantly higher due to inflation since the Master Planning and Condition Assessments were conducted almost 20 years ago. The Vanir report concluded that SDC's physical and functional condition, like the other DCs, was significantly inadequate to address the then-current, more modern codes 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 were identified.

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 DCs. 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 DCs. As the DC 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 the facilities, and has avoided large scale renovations or construction of new buildings.

The most significant findings of the Vanir study relate to kitchen and food service deficiencies that remain largely unaddressed today. Vanir recommended that air conditioning be provided to the main and residential kitchens; walk in refrigerators and freezers that 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; and residential kitchens should add, replace, and/or upgrade equipment to provide correct hot and cold food temperatures.

The current main kitchen was constructed in 1954 and has been in service since then. Equipment continues to deteriorate, or become obsolete, and the workspace has

become increasingly inefficient compared to modern operations. The ventilation system is outdated and the lack of air conditioning in the kitchen can be a serious issue when high temperatures occur. The loading docks and lifts are worn and aged, and require attention to ameliorate any safety risks to employees who work in the kitchen. The electrical infrastructure is insufficient to provide 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.

Fire and Life Safety and Residential Deficiencies

SDC has a large number of waivers granted in the late 1970s and early 1980s 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 the 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. Any new construction on the SDC site would likely necessitate full compliance with current codes.

Seismic Safety Deficits

Buildings at SDC were reviewed during the seismic risk evaluations performed by DGS under the State Building Seismic Program in 1994. DGS structured its evaluation to identify the most significant buildings in terms of the population at risk and type of use. DGS assigned Risk Levels ranging from Level I to Level VII. 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.

All major buildings at SDC have been reviewed and have had seismic risk levels assigned. A total of 118 buildings were reviewed. Risk levels were assigned for 46 buildings totaling 944,990 square feet (74% of square footage at SDC). The results of the evaluation are as follows:

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

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 Compliance

As Title II of the Americans with Disabilities Act (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 members are 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 Title 24 of the California Code of Regulations. 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 funding limitations.

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 funding. 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 allow for storage of individual grooming and hygiene supplies.

- Space for separate and 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 SDC property was the DGS Infrastructure Study in 2012 performed by the DGS Real Estate Services Division (RESO). 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:** SDC's primary water supply for its own use comes from Lake Suttonfield and Fern Lake. These lakes are dependent upon seasonal diversions from several sources including Mill Creek, Asbury Creek, and Sonoma Creek. These reservoirs collectively store approximately 670 acre feet of usable water supply. SDC also maintains a Mutual Aid Water Loan Agreement with the Valley of the Moon Water District, a county water district location in Sonoma County, for emergency water loans due to distribution services interruptions.

Water from Mill Creek and Asbury Creek is gravity fed to Fern Lake. Water is pumped from Sonoma Creek to fill the Lake Suttonfield and Fern Lake reservoirs, and SDC's on-site water treatment facility can be fed from either. Water from a fourth source, Roulette Springs, is fed directly to the on-site water treatment plant through a series of collection boxes and pipes. It is one of the other sources of water for SDC's own use and the only year round source of water beyond what is stored in the reservoirs.

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 SDC'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 SDC 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 up to approximately 748 acre feet of water diversion annually.

- **Sewer and Drainage System:** The existing sanitary sewer system on the SDC 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 a major relining project occurring approximately 15 years ago.

A May 2012 DGS site survey found the sanitary sewer and storm drainage pipeline systems were clogged in many locations with tree roots and mud. Since maintenance efforts to snake the pipes can cause further cracking and deterioration of the system, the survey recommended pipeline replacement in 11 areas throughout the campus; however, some buildings are constructed on concrete slab foundations, making access to the waste lines more expensive to repair and the buildings unusable for residential services

Special Repairs

SDC 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. Special repair funds are prioritized to ensure the 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 living areas. Even with impending closure, there is still a need to address immediate issues that could affect the safety or health of those who live and work at the facility during the course of the closure process. Special repair projects for 2015-16 have been identified for SDC which include these vital needs:

- **Switchgear Replacement:** The replacement of the electrical switchgear and controls is necessary to ensure power continues to be available to equipment and systems supporting consumers' health and well-being during the closure period. Much of the medium voltage distribution cabling system, including the switchgear, has reached its end of service life, placing SDC at risk of losing the ability to provide a reliable source power, and immediate connection of emergency power.
- **Replacement of Other Electrical Infrastructure:** In 2012, DGS identified the need for crucial repair and replacement of the power systems at SDC, including feeder lines, the main utility meter, and power distribution cabling infrastructure. The infrastructure is over 35 years old and deterioration of the insulation casings can cause short circuits, cable failures, transformer failures and fires, causing increased risk to the facility. The feeders and infrastructure provide for heating and cooling throughout the facility and power licensing-required systems for the

Acute Hospital, consumer residences, the main kitchen and the boiler/chiller plant. Additionally, a cell tower has been installed on the property through a DGS land lease to support SDC, Cal OES, Cal Fire, and other local services. In a recent review related to the project, DGS determined that a power failure could occur at any time with or without the tower attaching to the power infrastructure. In the event of short-duration power failures, consumers are at risk of their medical equipment not functioning or experiencing uncomfortable temperature changes.

There have been other improvements of building and infrastructure to ensure availability of services. 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 three residential buildings.
- **Upgrade Fire Alarm Systems:** Fire alarm systems have been upgraded in 17 residential buildings.
- **Upgrade Electrical Systems:** Electrical systems were upgraded, including upgrading electrical panels and adding required electrical outlets at Regamy/Emparan, Cromwell, Johnson/Ordahl, and Nelson buildings.

Environmental Conditions

An Environmental Site Assessment, which identifies areas of potential environmental concern such as the presence of hazardous materials and potential contamination sources, will be completed as part of the closure process.

VIII. IMPACT OF THE SDC CLOSURE

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 priorities 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.

There is not a single viewpoint as to how the closure will impact SDC residents and their families, employees, the community and the RC system. For many SDC residents, their families and SDC employees, closure imposes unwanted changes in their lives. For others, closure brings opportunities for improving people's lives, increasing community resources and options promoting community integration, and/or maximizing the benefit of the SDC property. To ensure everyone's views are represented, all written correspondence received regarding the closure is provided in Attachments 3-A and 3-B. Additionally, public comments, consumer input and Sonoma County input are summarized in Chapter IX.

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 RC system in California, residents moving out of SDC into the community will receive the full range of necessary services consistent with the consumer's IPP, including person-centered planning, access to specialized services, service coordination and case management, and quality of service monitoring from employees of the local RC. New service models, in particular the new residential facility licensure category for individuals with significant behaviors (EBSH), will provide greater opportunities for some residents to live in the community.

The 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 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 position statements are included in Attachment 3-A.

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 VI 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 9,500 residents. SDC is the largest employer in the area with more than 1,300 employees. It is unclear as to what specific economic effects the closure will have at this time, although stakeholders note the economic impact could be significant.

The people who live and work at SDC come from all parts of Northern California. While many of the residents moving to the community may not live in the Sonoma County area, resources will be developed to serve those who choose to 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 VI for more details on the employee composition.

STATUTORILY REQUIRED STATEMENTS OF IMPACT ON REGIONAL CENTER SERVICES

The statute governing closure requires the plan to address the impact on RC services. Below are statements from the Association of Regional Center Agencies and the Northern California RCs 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 SCDD 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

Alta California Regional Center (ACRC)'s vision is a community where individuals with intellectual and/or developmental disabilities are valued members who are treated with dignity and respect. We currently have over fifty clients residing at Sonoma Developmental Center (SDC), most of whom have lived at Sonoma for over forty years. ACRC maintains active involvement with all of our clients that reside in the state developmental centers and diligently prepare for their transition back into our local communities. This preparation includes thoughtful comprehensive assessments of our client's individual needs accounting for their safety, individual choices and goals, as well as those needs expressed by their conservators and families. ACRC advocates for all of our clients living in the least restrictive and most inclusive environment possible while also recognizing that the individuals exiting out of the state developmental centers require support for extremely challenging medical, behavioral and psychiatric service needs. We believe the short timeframe that has been suggested for the closure of SDC will create some unique challenges relating to developing sufficient high quality services to meet all of our client's needs in the community. However, ACRC is committed to working collaboratively with SDC, DDS, and our community service providers to fulfill every individual need of our clients residing in Sonoma.

In order to best address our client's needs, it is imperative that sufficient funding be made available for community based service providers to ensure the ongoing stability and most importantly, quality of life of these individuals. As the State of California moves away from the institutionalization of individuals with developmental disabilities, it is critical to remember that individuals with these challenging service needs are not going to stop requiring effective supports to maintain their health and safety. Additionally, as we have seen our regional center population grow, we have new clients that are dependent on these same types of supports. It is absolutely mandatory that funding for services be commensurate with the diverse needs of our clients. ACRC would encourage additional thoughtful legislation be supported by the Department of Developmental Services and the regional centers to expand and create innovative service models for individuals with challenging service needs such as what has already been done with the creation of the Adult Residential Facilities for People with Specialized Healthcare Needs and the Enhanced Behavioral Support Homes. We look forward to working with the Department, and through careful planning and development, believe it is possible to create the very best quality of life for our individuals as they transition out of Sonoma Developmental Center.

Golden Gate Regional Center

Golden Gate Regional Center (GGRC) supports the Administration's commitment to collaborate with the impacted regional centers in order to develop quality stable community living situations for people currently residing at Sonoma Developmental Center (SDC).

Currently 103 of the individuals served by GGRC reside at SDC. They include 48 individuals living at the skilled nursing facility and 55 individuals living at the intermediate care facility. Because many of these individuals have complex needs, the process of preparing to serve them successfully will also be complex. The impacts on the GGRC service system and community will rest largely on the following issues:

1. Adequate Funding

a. Regional Center Operations

Essential to the regional center's ability to successfully support this policy will be adequate dollars for the regional center to provide assessment, person-centered planning, service coordination, clinical support, resource development and quality management.

b. Capitalizing real estate acquisition and development

GGRC's catchment area is unique among the regional centers due to the cost of real estate. This effort to establish homes in perpetuity within the catchment area can only be successful with considerable resources and support from DDS along with timely responses to regional center requests from DDS, including necessary approvals. In the alternative, development outside the catchment area could be achieved at a lesser cost but would require significant collaboration with North Bay Regional Center, DDS and, most importantly, the individuals who reside at Sonoma DC and their families. Finally, there are opportunities to develop needed housing on the grounds of SDC (See # 5 Housing Resources on the SDC Campus).

c. Building a rate and regulatory infrastructure that supports quality and stability

Currently the system of rates for community services is resulting in diminished services rather than expanded services. Data on the failure of services in the system due to inadequacy of rates has been presented to the Administration and the Legislature. There will need to be a significant investment in updating rates or quality providers will not be available to serve people currently or potentially living in the community. Reform must include the elimination of the median rates as this policy is disastrous for the high-cost areas of the state. Rates

must also encourage the transition of human resources currently in the developmental center into the community system.

2. Person-centered thinking and collaboration

Thorough assessments and true person-centered thinking is required to assure that the unique needs of individuals are addressed. Moreover, the process of planning for individuals to move into the community requires coordination between GGRC and SDC as any movement includes opportunities to maintain friendships, create staffing stability by planning for the transition of staff, and has implications for the consolidation of programs at SDC.

3. Commitment to the development of services and supports that meet federal CMS requirements

The GGRC Board of Directors will be adopting policy intended to create a roadmap for services and supports to transition beyond the current system. This will include components that are crucial to the transition of individuals from SDC: transportation, health, self-determination, quality management, employment, community relations/first responders, and housing. Each of these components will include consideration of the unique needs of people with autism, people with dementia, and the elderly population with emerging medical concerns and/or behavioral challenges that are disproportionately represented at SDC. As these policies are adopted by the Board, they will be forwarded to the Administration for guidance regarding specific implications for SDC closure.

4. Attention to the interaction between service model design and the transitioning of staff from SDC

DDS, in collaboration with the regional centers, will need to review service models to determine if modification will be required to better include the existing staff at SDC in the provision of community services.

5. Creation of Housing resources on the SDC Campus

While the GGRC community has the most expensive real estate in the country, GGRC in partnership with its NPO (Brilliant Corners) has been able to develop housing. But the costs continue to rise to the point of being cost prohibitive. The current SDC campus lends itself to development of inclusive mixed-use housing much like the current and planned developments on Fairview grounds. (Reference 2015-16 Budget trailer bill language for housing development at Fairview). Such a development could access Housing Tax Credits, Historic Tax Credits, Veterans' Homeless Housing Program in addition to the Community Placement Plan funding. Housing could be planned for and built by private developers while SDC is closing and made available for individuals for whom the environment and community are most appropriate.

The impact on the GGRC area is particularly challenging given the current timelines for closure. All of the foregoing issues will need to be addressed accordingly. GGRC will make every attempt to meet the timelines while its first commitment is to a person-centered process that focuses on safe, healthy, stable and high-quality community services for each individual.

IX. INPUT RECEIVED ON SDC CLOSURE

SUMMARY OF PUBLIC COMMENTS

As specified in W&IC 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 4 for the list of contacts and Attachment 5 for the meetings.) On July 18, 2015, the first of two formal public hearings was held from 10 a.m. until 5:00 p.m. at Sonoma Valley High School⁴. 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 355 written submissions were received by DDS through September 23, 2015 (Attachments 3-A and 3-B). Of the 355 written submissions, 3 are identified as residents at SDC, 182 are identified as family members of residents at SDC, 35 are identified as SDC staff and volunteers, 69 are members of the surrounding community and/or environmental advocates, 36 were other interested parties, and 30 did not indicate any affiliation. Several individuals provided input multiple times using various methods of correspondence.

The majority of public comments received from family members and members of the community stated resources do not exist in the community to appropriately serve their loved ones. The PHA does not support closure, but in recognizing that closure is likely to occur, identified and is advocating strongly for fundamental elements of transitions and services to continue on-site, including, in particular, safety-net services. The PHA's complete position statement titled "Essential Elements of a Plan for Closure of Sonoma Developmental Center" and their subsequent comments on the draft plan are included at the beginning of Attachment 3-A.

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 SDC.

Comments in favor and/or acceptance of closure were generally the minority opinion of people who chose to submit comments. Of these individuals, many view SDC's closure as an opportunity to facilitate consumer involvement in communities beyond SDC.

⁴ Transcripts of the public hearings are available online at: <http://www.dds.ca.gov/SonomaNews/>

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 CSSP 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 DC 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 3-A.

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, or 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 time frame 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 Brown visit SDC before any further decisions regarding SDC's closure are made.

A second public hearing was held on September 21, 2015, from 9:00 a.m. to 4:00 p.m. at the Renaissance Lodge at Sonoma to provide the opportunity for the Department to share the direction of the plan with stakeholders and receive comments on the draft plan, so modifications could be made to the final Plan. Forty-seven individuals provided comments at the second hearing, either by phone or in person and about 42 submitted comments online or via email. Overall, comments received at, and following, the second hearing reflected continued praise for the services currently received at SDC; the need for services to be established at SDC in perpetuity, further concerns that the proposed closure timeline is too short, requests that the plan needs to include safety-net

services and a better description of what happens if individuals “fail” in the community, requests that the Department address the emotional and spiritual needs of individuals in transition, and stakeholders continued to advocate for building homes and services on-site to serve the individuals at SDC, as well as those in the community that may have parallel needs.

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 RCs 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 Plan⁵.

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; the tram; the 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; to 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.

5 The Consumer Outreach PowerPoint is available online at: <http://www.dds.ca.gov/SonomaNews/>

SONOMA COUNTY INPUT

The Sonoma County community is extremely concerned about the future of SDC and the impact closure will have on current SDC residents. The County, working with the SDC 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 SDC Coalition are also focused on how to meet the needs of the employees who rely on 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 3-A.

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 Act of 2015 was enacted in June 2015. Due to the declining population of the DCs, the decertification of SDC and resulting agreement with CMS, the changes in how federal and state governments deliver services to people with developmental disabilities, and the challenges of maintaining aging facilities, SDC cannot continue services in their present form. Additionally, a moratorium on new admissions became law with the trailer bill to the Budget Act of 2012 (AB 1472, Chapter 25, Statutes of 2012). This means that by law, the Department is not allowed to accept new admissions to any DC in California, including SDC, except for very limited purposes as specified in law (individuals committed through the criminal justice system or court-ordered for acute crisis services to Fairview or SDC).

- 2) The closure plan should include services for people who have been deflected to inappropriate living situations such as jails and acute psychiatric facilities, have been recommended to be evicted 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 (W&IC section 4474.1), this closure plan is specific to the needs of the individuals who live at SDC. The Department and RCs 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. The SSRS 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 Secured Perimeter homes. These models allow RCs 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 it should fulfill the role, as recommended by the DC Task Force, of 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 RCs 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 cannot 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 SDC into compliance

with federal rules--the residents of SDC would still be segregated from, not integrated with people who do not have disabilities.

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 developmental disabilities; 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 developmental disabilities. 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 the Harbor Village model to SDC, use the land to provide housing and other specialized services (medical, dental, behavioral, specialized equipment) to people with developmental disabilities in perpetuity.

As evidenced by the developments at Fairview, DDS has worked to establish mixed-use housing on current DC property; however, such proposals are subject to budget deliberations and legislative authorization. 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 X), 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 EBSHs with delayed egress, or ARFPSHs. Considerations for developing services on-site include aging infrastructure, licensure and code issues, and the scope of potential projects is limited by adherence to CMS regulations and funding. 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 RC is required to complete comprehensive assessments for the individuals they serve in DCs. Each RC has different processes to complete the comprehensive assessments. Whether or not an assessment is truly "comprehensive" is, in part, a subjective determination. Family members 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/IPP process. The Department and SDC support the inclusion of families, staff familiar with the resident, professional personnel, Foster Grandparents/Senior Companions, teachers, rehabilitation therapists, chaplains 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 IV 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.

Many stakeholders indicated that there is a need to address the spiritual well-being of SDC's residents through transition and on an ongoing basis once they have transitioned to the community. The opportunity to attend religious services in the community was identified as a potential challenge by several stakeholders. Commenters on this subject noted that access to spiritual care is a legal right and could facilitate smoother transitions. SDC's chaplains summarize this issue well and recommend the establishment of traveling chaplains, possibly through the CSSP, in a proposal submitted to DDS and available in Attachment 3.

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 RCs 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 consumer safety. The QMS section of this Plan (Chapter IV) provides a summary of the outcome and process measures currently used, minimum time frames and requirements for visits, as well as all of the different entities that are involved in oversight after transition. (Refer to Attachment 8.) The CMS agreement requirements, and the establishment of a SDC QMAG, 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 medications
- 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) There should be a moratorium on placements from SDC until “equal or better” services are in place to include, but not limited to, day and vocational programs, medical, dental and mental health services, durable medical equipment provider/repair services, crisis management, access to religious services and daily access to a park-like setting.

A moratorium on placements out of SDC is unnecessary and contrary to law. Individuals are transitioned out of DCs even in the absence of a closure plan. Under current law, Department policies, and as stated throughout this Plan, the Department and RCs do not transition individuals out of a DC until the appropriate services and supports, as determined by each individual’s ID Team, are in place in the community. “Equal or better” services, when compared to DC services, is a vague and subjective standard. Instead, the Lanterman Act provides that community services must be determined to be appropriate to meet the resident’s individual needs through the IPP process.

A moratorium would prevent placement out of SDC of individuals for whom appropriate community services and supports have been identified and are available. Moreover, a moratorium on placements from SDC would violate residents’ rights not only under the Lanterman Act but also under federal law, including the Americans with Disabilities Act. It would also violate the CMS agreement.

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

RCs offer several different opportunities for family engagement and advocacy. The Department will ensure that involved RC Directors discuss opportunities to

explore additional methods of engagement. Additionally, the PHA could continue to be a valuable resource and support system for SDC families once everyone has moved from SDC. The Lanterman parent group still meets, provides information to their members, and advocates on behalf of the individuals who moved from Lanterman.

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 HCBS regulation changes;
- Federal funding requirements related to the SDC settlement agreement with CMS; and
- 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 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, as specified in law. 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 transformation plan for SDC moves forward.

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., EBSHs and CCHs) 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 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 RCs, 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 the need for health care services on the SDC campus. Options that could be considered include a state/county partnership to develop a FQHC, 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 RCs 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 CSSP more attractive to service providers.

XI. FUTURE USE OF THE SDC LAND AND BUILDINGS

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

Significant concern regarding the future use of the SDC land and buildings has been expressed by various stakeholders before and during the Plan preparation process, including family members, key community representatives and legislative members. Also, the future use of DC assets generally was a primary focus of the DC Task Force and has been an ongoing topic of discussion. There is significant stakeholder interest in preserving DC assets, either for use by current DC residents and/or the community services system generally, and continuing to provide services on-site. Also, there is strong interest in carefully preserving the natural resources and open space of SDC property for the community's benefit.

The Department has worked closely with Sonoma County since March 2014 on future services and use issues 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 SDC Coalition. Additionally, a meeting was held with Sonoma County officials, and representatives of DGS and DDS on September 9, 2015, in Santa Rosa. This meeting included a review of Sonoma County's recommendations, overviews from affected County departments, and a synopsis from DGS of the surplus property process, followed by DGS and DDS representatives answering questions.

Sonoma County has provided significant and thoughtful recommendations for repurposing the SDC property. A complete copy of "Sonoma County's Comments Regarding the Draft Closure Plan and Future Use of the Sonoma Developmental Center's Property" is provided in Attachment 3-A.

THE PROCESS TO CONSIDER THE FUTURE USE OF SDC PROPERTY

The normal surplus property process will not be used for SDC. Consistent with stakeholder input, the Administration and the Department recognize the natural resources, historic importance and value to our service delivery system of the SDC property. DDS and DGS will continue to work with the community to identify how the property can best be utilized after closure, rather than follow the normal surplus property process. The necessary assessments and engagement with stakeholders will be an involved process that will take some time to complete.

There will be many considerations for evaluating the various proposals for services to be delivered on-site after closure, including but not limited to: the ongoing need for the services by current SDC residents and the developmental disabilities community generally; the limitations of the infrastructure as described in this Plan and determined through future assessments; the location and accessibility of the services; the ability to support and sustain services through adequate partnerships and funding streams, including federal funding considerations; and the compatibility of the services with current State and federal laws and regulations. Services that have been suggested for potential development include:

- A Health Resource Center/Health Clinic as an FQHC
- Crisis services
- Integrated housing
- Safety-net medical and behavioral services

The Department is unable to make any commitments regarding the future use of the SDC property as part of this Plan, but will work with State, regional and local stakeholders, and federal funding agencies, during the closure process to explore potential options in greater detail.

**XII.
MAJOR IMPLEMENTATION STEPS AND TIMELINE**

ACTIVITY	DATES
The 2015 May Revision is released, including the recommendation to close SDC.	May 14, 2015
Meetings with: <ul style="list-style-type: none"> • SDC residents • Family members of SDC residents • Employees and bargaining unit representatives • Transform SDC Coalition • Local officials/legislators • Sonoma County • RCs • Other stakeholder groups 	May – September 2015
Work with RCs regarding CPP development and community capacity in RC catchment areas	May 2015 – closure
Coordinate various aspects of the Plan with DHCS, Agency, CDPH and DSS, including but not limited to housing development, licensing, managed care and federal funding.	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 Website	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 concerning the SDC Closure Plan	TBD
Legislative approval of the SDC Closure Plan	TBD
Release emergency regulations for EBSHs	October 2015
Establish and convene Advisory Groups for: <ul style="list-style-type: none"> • Resident Transition • Quality Management • Staff Support 	October/November 2015

Focus on individualized transition planning as part of the IPP development at SDC.	August 31, 2015 – closure
Develop and implement IHTPs, Specialized Behavior Plans and Safety Plans for residents, as appropriate	August 31, 2015– closure
Assist SDC employees by providing information, training opportunities, job fairs, and employment announcements	May 2015 – closure
Coordinate the deployment of SDC employees to the CSSP/community services. Work with RCs and providers to determine numbers and types of state staff who may be interested and for what functions	2015
Transition residents from SDC	2015 – closure
Solicit input from interested stakeholders to identify potential post-closure services at SDC	October 1, 2015 until resolved
Establish an 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, TBD
Establish SDC consumer specific MOUs between health plans and RCs	2015-16
Official closure of SDC	December 2018
Post-closure activities at SDC	Initial months following closure
Warm shutdown or areas of SDC not still in use	Upon closure and while DDS is responsible for the property

XIII. FISCAL IMPACT OF SDC CLOSURE

The DDS 2015-16 budget for DCs is \$515.6 million (\$295.1 million General Fund) and contains funding to provide care and treatment for 1,035 residents (May Revision total average in-center population for 2015-16) and the operation and maintenance of three DCs and one state-operated community facility. The SDC share of the 2015-16 total budget is \$164 million (\$98 million General Fund) which is at a level to provide services and supports to the 392 (as of July 31, 2015) residents. The budget and allocation is developed based on population, the unique client characteristics, number and type of medical units, facility square footage and SDC's acreage. The DDS budget also provides funding for RC operations, purchase of services for consumers living in the community, and statutorily required CPP to increase community capacity for the placement and transition of DC residents, as well as services 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 IPP development process. The Department, working with the RCs, is currently anticipating the transition of approximately 80 SDC residents into community living arrangements in 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 in the DDS fiscal estimates.

SDC COSTS

The Department will identify SDC closure costs as part of future budget processes. Based on the Lanterman closure experience, the following items are costs that are anticipated for SDC:

- Enhanced staffing and retention of staffing at SDC required to ensure the health and safety of residents during all phases of closure, to prepare the facility for warm-shut down, and to perform other closure activities related to the transfer of clinical records, historical archiving, equipment disposition, etc.
- Resident relocation costs and staff 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 SDC.
- The establishment of a Career Center at SDC 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 General Fund costs.

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 the time it takes until the Department is no longer responsible for the property. Costs are associated with warm shutdown, and there may be other costs involved in the continued operations of services being provided post closure. Such services must be evaluated and may be proposed in future budget cycles if they are determined to be necessary.

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 SDC closure include an emphasis on innovation, clearly defining the State's role as a provider of safety-net services and identifying ways to transform SDC by determining future uses of the buildings and land. Different than previous DC closures, stakeholders are suggesting the SDC property operate as a facility of last resort with specialized housing, crisis services and a Health Resource Center/Clinical Services to include medical, dental, adaptive engineering, physical therapy and behavioral services. There are no assumptions at this time associated with the ultimate disposition of the SDC property.

DDS HEADQUARTERS COSTS

As part of the DDS Headquarters budget, there will be workload to support the closure and administrative back-up support for critical SDC activities as staff attrition occurs. DDS cannot accurately propose distribution of available resources between SDC 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 SDC 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% of the total 2015-16 CPP funding between regular and SDC additional CPP funding. The initial RC costs associated with the proposed closure of SDC were detailed in the 2015 May Revision, and will continue to evolve as more information and data are known. The costs include:

- Community resource development, including, for example, residential, day and employment services, and related RC staff resources;
- Purchase of Services 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.

The CPP funding for the affected RCs will be focused, to the extent possible, to achieve a successful and complete resident transition from SDC to a community setting.

FUNDING

DDS cannot accurately distribute the resources between SDC 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.

XIV.
LIST OF ATTACHMENTS

- 1 Statutory Requirements for the Closure of a Developmental Center: W&IC sections 4474.1 and 4474.11
- 2 Letters Announcing the Closure of SDC
- 3-A Comments from Organizations and Associations Submitted Via Email and U.S. Mail
- 3-B Comments from Individuals, Families and Online Submissions
- 4 Stakeholders/Organizations Contacted
- 5 Calendar of SDC Closure Plan Development Activities
- 6 Resident Characteristics
- 7 SDC Population by Regional Center
- 8 Transition and Oversight of Residents Moving from Lanterman Developmental Center to the Community
- 9 Characteristics of SDC Staff
- 10 Number of SDC Employees by Classification and Bargaining Unit
- 11 Letter from Director Santi J. Rogers Re: CSSP

Attachment 1

State of California

WELFARE AND INSTITUTIONS CODE

DIVISION 4.1. DEVELOPMENTAL SERVICES

**PART 2. ADMINISTRATION OF STATE INSTITUTIONS FOR THE
DEVELOPMENTALLY DISABLED**

CHAPTER 1. JURISDICTION AND GENERAL GOVERNMENT

§ 4474

4474.1. (a) Whenever the State Department of Developmental Services proposes the closure of a state developmental center, the department shall be required to submit a detailed plan to the Legislature not later than April 1 immediately prior to the fiscal year in which the plan is to be implemented, and as a part of the Governor's proposed budget. A plan submitted to the Legislature pursuant to this section, including any modifications made pursuant to subdivision (b), shall not be implemented without the approval of the Legislature.

(b) A plan submitted on or before April 1 immediately prior to the fiscal year in which the plan is to be implemented may be subsequently modified during the legislative review process.

(c) Prior to submission of the plan to the Legislature, the department shall solicit input from the State Council on Developmental Disabilities, the Association of Regional Center Agencies, the protection and advocacy agency specified in Section 4901, the local regional center, consumers living in the developmental center, parents, family members, guardians, and conservators of persons living in the developmental centers or their representative organizations, persons with developmental disabilities living in the community, developmental center employees and employee organizations, community care providers, the affected city and county governments, and business and civic organizations, as may be recommended by local state Senate and Assembly representatives.

(d) Prior to the submission of the plan to the Legislature, the department shall confer with the county in which the developmental center is located, the regional centers served by the developmental center, and other state departments using similar occupational classifications, to develop a program for the placement of staff of the developmental center planned for closure in other developmental centers, as positions become vacant, or in similar positions in programs operated by, or through contract with, the county, regional centers, or other state departments, including, but not limited to, the community state staff program, use of state staff for mobile health and crisis teams in the community, and use of state staff in new state-operated models that may be developed as a component of the closure plan.

(e) Prior to the submission of the plan to the Legislature, the department shall confer with the county in which the development center is located, and shall consider recommendations for the use of the developmental center property.

(f) Prior to the submission of the plan to the Legislature, the department shall hold at least one public hearing in the community in which the developmental center is located, with public comment from that hearing summarized in the plan.

(g) The plan submitted to the Legislature pursuant to this section shall include all of the following:

(1) A description of the land and buildings at the developmental center.

(2) A description of existing lease arrangements at the developmental center.

(3) A description of resident characteristics, including, but not limited to, age, gender, ethnicity, family involvement, years of developmental center residency, developmental disability, and other factors that will determine service and support needs.

(4) A description of stakeholder input provided pursuant to subdivisions (c), (d), and (e), including a description of local issues, concerns, and recommendations regarding the proposed closure, and alternative uses of the developmental center property.

(5) The impact on residents and their families.

(6) A description of the unique and specialized services provided by the developmental center, including, but not limited to, crisis facilities, health and dental clinics, and adaptive technology services.

(7) A description of the assessment process and community placement decision process that will ensure necessary services and supports are in place prior to a resident transitioning into the community.

(8) Anticipated alternative placements for residents.

(9) A description of how the department will transition the client rights advocacy contract provided at the developmental center pursuant to Section 4433 to the community.

(10) A description of how the well-being of the residents will be monitored during and following their transition into the community.

(11) The impact on regional center services.

(12) Where services will be obtained that, upon closure of the developmental center, will no longer be provided by that facility.

(13) A description of the potential job opportunities for developmental center employees, activities the department will undertake to support employees through the closure process, and other efforts made to mitigate the effect of the closure on employees.

(14) The fiscal impact of the closure.

(15) The timeframe in which closure will be accomplished.

(Amended by Stats. 2015, Ch. 23, Sec. 5. (SB 82) Effective June 24, 2015.)

State of California

WELFARE AND INSTITUTIONS CODE

DIVISION 4.1. DEVELOPMENTAL SERVICES

**PART 2. ADMINISTRATION OF STATE INSTITUTIONS FOR THE
DEVELOPMENTALLY DISABLED**

CHAPTER 1. JURISDICTION AND GENERAL GOVERNMENT

§ 4474

4474.11. (a) Notwithstanding any other law, on or before October 1, 2015, the Department of Developmental Services shall submit to the Legislature a plan or plans to close one or more developmental centers. The plan or plans shall meet the requirements of subdivisions (c) to (g), inclusive of Section 4474.1, and shall be posted on the department's Internet Web site. The department may develop community resources and otherwise engage in activities for transitioning developmental center residents into the community, and utilize funds allocated for that purpose as part of the annual Budget Act that is enacted at the 2015–16 Regular Session of the Legislature. Implementation of a plan following the 2015–16 fiscal year is contingent upon legislative approval of the plan as part of the legislative budget process during the 2016–17 Regular Session of the Legislature.

(b) A plan submitted to the Legislature pursuant to this section may subsequently be modified during the legislative review process. Modifications may include changes based on stakeholder and county-designated advisory group comments, as well as recommendations made by the county in which the developmental center is located.

(Added by Stats. 2015, Ch. 23, Sec. 6. (SB 82) Effective June 24, 2015.)

Attachment 2

DEPARTMENT OF DEVELOPMENTAL SERVICES

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



June 4, 2015

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

Since the passage of the Lanterman Developmental Disabilities Services Act (Lanterman Act), the role of the state-operated Developmental Centers (DCs) has been changing. Providing services in the least-restrictive environment appropriate for a person is strongly supported by state and federal laws and court decisions. As a result, efforts have been underway to build community capacity and determine what role the state should have in directly providing services to individuals now living in the DCs. The need for the system to evolve became more pressing when, recently, residential units at the Sonoma Developmental Center (SDC) were found to be in violation of federal requirements and the state was notified that the federal funds for those units would cease. The state is attempting to negotiate a settlement with the federal government to continue, for a limited amount of time, SDC's federal funding.

Consistent with the call for the transformation of DC services, the May Revision to the 2015-16 Governor's Budget proposes legislation to begin closure planning for the remaining state developmental centers, including SDC in Eldridge, California. If approved, the proposal calls for the closure of SDC by the end of 2018, followed by the closure of Fairview DC and then the non-secure treatment portion of Porterville DC by 2021.

The closure plans will build on some aspects that proved to be successful in the closures of Agnews and Lanterman DCs, but will also include innovative community service models and the maintenance of a state-operated safety-net. Efforts will focus on:

- Working closely with local regional centers to build community capacity reflective of residents' needs through the Community Placement Plan (CPP) process and funding.
- Achieving the safe and successful transition of DC residents to other appropriate living arrangements as determined by the individualized planning process and formalized in the Individual Program Plan (IPP).
- Utilizing some DC assets to continue and refine state-operated safety-net services that may include crisis centers, small-scale integrated housing, clinical services, and other necessary services for individuals with developmental disabilities.

"Building Partnerships, Supporting Choices"

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 planning process for SDC will involve stakeholder meetings and one or more public hearings, as well as the other requirements outlined in the Welfare and Institutions Code for the closure of a developmental center. At this time, the Department is anticipating submitting a Closure Plan for SDC to the Legislature by October 1, 2015, for review and approval. Extensive input from consumers, family members, employees, regional centers, advocates, service providers, public officials and other interested parties will help inform the October 1st Closure Plan. Contributions from the Sonoma Coalition will be key as the Department looks to identify alternative uses for the SDC campus and examines the viability of transferring the unique and specialized services found at SDC to support individuals living in the community. The Legislature will review and may modify the proposed Closure Plan prior to its approval.

Funding has been proposed for the Fiscal Year (FY) 2015-16 budget to allow the Department and regional centers to begin the process of developing community resources specific to the needs of the men and women who reside at SDC prior to approval of the Closure Plan for SDC. An initial investment of \$49.3 million (\$46.9 million General Fund) of CPP funds has been proposed for FY 2015-16. Future investments will be determined through the FY 2016-17 and subsequent budget processes.

The closure of a DC is not a task the Department undertakes lightly. We are strongly committed to ensuring the provision of quality care both at SDC and as individuals transition to community-based services. The closures proposed in the May Revision are the next steps in the state's process of transforming how services are delivered to individuals with significant service needs. We look forward to engaging SDC's stakeholders to develop a comprehensive Closure Plan specific to the unique needs of the men and women who reside at Sonoma.

Sincerely,



SANTI J. ROGERS
Director

DEPARTMENT OF DEVELOPMENTAL SERVICES

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



June 8, 2015

Dear Residents, Family Members, Guardians and Conservators:

As you may know, the May Revision to the Governor's 2015-16 budget proposes legislation to initiate closure planning for the remaining three state developmental centers, including Sonoma Developmental Center (SDC). This proposal needs to be voted on by the California Legislature and signed by the Governor before it becomes law. However, if you have been following the news, you know that it is highly likely that approval for the closures will be given. The closure of SDC is expected to occur by the end of 2018 and a closure plan will be submitted to the Legislature for approval by October 1, 2015.

As residents of SDC and those closest to them, the Department of Developmental Services (Department) would like to invite you to a meeting to get your thoughts on what you would like to see included in the Sonoma Closure Plan. **Please join the Department, the SDC Executive Team and representatives of local Regional Centers on Saturday, June 27th at 10:00 a.m. in the Wagner Building.** We will be available to answer questions, hear concerns and otherwise obtain your input to help inform the development of a Sonoma Closure Plan. Your long and valued involvement with your family member and SDC makes you uniquely qualified to provide important insight on the content of this plan.

There will be additional opportunities for you to provide input. Department staff will continue to make themselves available to family and community members, the Parent Hospital Association, and other interested parties. A public hearing will be held at SDC in July and written comments will be accepted through September 1, 2015. We will also be setting up a web page specific to the SDC closure where you will be able to get the latest information and submit comments online. As details are finalized on these other opportunities for input, we will make them available to you and other stakeholders.

We are strongly committed to ensuring the provision of quality care both at SDC, and as individuals transition to community-based services. The Department is just beginning the multi-phase planning process as specified in Welfare and Institutions Code section 4474.1. Your participation, feedback and opinions are essential to the development of a comprehensive, thoughtful Closure Plan that best reflects the needs of the men and women who live at SDC.

"Building Partnerships, Supporting Choices"

Residents, Family Members, Guardians and Conservators
June 8, 2015
Page two

Every family member is invited to the meeting and we sincerely hope for your participation. We look forward to seeing you on June 27th.

If you have any questions, please contact Cindy Copping in our Developmental Centers Division at (916) 651-3230, or cindy.copping@dds.ca.gov.

Sincerely,

A handwritten signature in cursive script that reads "Santi J. Rogers".

SANTI J. ROGERS
Director

Attachment 3

Written Input and Proposals Received

The Department has received significant input to inform this plan, as well as comments on the draft plan that was made available to stakeholders in mid-September. Due to the volume, Attachments 3-A and 3-B are provided as separately bound compilations of stakeholder comments.

Attachment 3-A

Comments from Organizations and Associations Submitted Via Email and U.S. Mail

Attachment 3-B

Comments from Individuals, Families and Online Submissions

Attachment 4

Attachment 4: STAKEHOLDERS/ORGANIZATIONS CONTACTED
May 2014 – September 2015

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

<p>Consumer Organizations and Individuals including:</p> <ul style="list-style-type: none">• SDC Resident Council• Consumers residing within the local Northern CA region• People First of California, Inc.• DDS Consumer Advisory Committee
<p>Parent Organizations and Individuals including:</p> <ul style="list-style-type: none">• Parent Hospital Association (PHA)• SDC Families• CASH/PCR
<p>Employees and Employee Organizations including:</p> <ul style="list-style-type: none">• SDC Employees• California Association of Psychiatric Technicians (CAPT)• American Federation of State, County, and Municipal Employees (AFSCME)• Service Employees International Union (SEIU)• Union of American Physicians and Dentists (UAPD)• California Statewide Law Enforcement Association (CSLEA)• Association of California State Supervisors (ACSS)• International Union of Operating Engineers (IUOE)• Professional Engineers of California Government (PECG)
<p>Local, State and United States Government including:</p> <ul style="list-style-type: none">• Congressman Mike Thompson• Senator Mike McGuire• Senator Lois Wolk• Assembly Member Bill Dodd• Assembly Member Jim Wood• Assembly Member Mark Levine• Assembly Member Tony Thurmond• Legislative Policy and Budget Committee Staff• Sonoma County Supervisor Susan Gorin• Sonoma County Supervisor Efren Carillo• Sonoma County Administrator Veronica Ferguson• Sonoma County Department of Health Services

- Sonoma County Agricultural Preservation and Open Space District

Provider and Advocacy Organizations:

- Disability Rights California (DRC)
- State Council on Developmental Disabilities (SCDD)
- Olmstead Advisory Committee
- California Disability Community Action Network (CDCAN)
- The ARC of California
- California Supported Living Network
- California Disability Services Association

Regional Center Organizations including:

- Association of Regional Center Agencies (ARCA)
- Alta California Regional Center (ACRC)
- Far Northern Regional Center (FNRC)
- Golden Gate Regional Center (GGRC)
- North Bay Regional Center (NBRC)
- Regional Center of the East Bay (RCEB)
- San Andreas Regional Center (SARC)

State Departments including:

- Department of State Hospitals
- Department of Social Services
- Department of Motor Vehicles
- Department of Veterans Affairs
- Department of Health Care Services
- Department of Public Health
- Department of Corrections and Rehabilitation
- Employment Development Department
- California Department of Human Resources
- Department of General Services
- Department of Finance

Attachment 5

SDC Closure Plan Development Activities

As of September 1, 2015

MAY 2015	JUNE 2015	JULY 2015	AUGUST 2015	SEPTEMBER 2015	OCTOBER 2015
THURSDAY, MAY 14 Closure Proposed	Wednesday, June 17 DDS, SDC & RC Mtg. in Oakland	Saturday, July 11 PHA Mtg. at SDC 10:00 a.m.	Monday, August 3 SDC All-Employee Mtg. 3:00 p.m. Wagner Bldg	TUESDAY, SEPTEMBER 1 Final Date for Public Comment Submissions	THURSDAY, OCT. 1 Closure Plan Due To Legislature
Friday, May 15 DDS call with affected RCs and ARCA 8:30 a.m.	Friday, June 19 Secretary Dooley Mtg. w/ PHA, Coalition & Local Legislators 2:00 – 4:00 p.m. SDC	Tuesday, July 14 DDS meeting with SCDD 1:00-4:00 p.m. Sacramento	Friday, August 7 SDC Coalition Mtg. w/DDS 10 a.m. @ SDC	Thursday, September 3 SDC All-Employee Mtg. 3:00 p.m. Wagner Bldg.	
Tuesday, May 26 DDS, SDC & RC Mtg. 9:00 a.m. Walnut Creek	Wednesday, June 24 Sonoma Coalition Mtg. 9:00 – 11:00 a.m. Glen Ellen Firehouse	Saturday, July 18 1st PUBLIC HEARING 10:00 a.m. -5:00 p.m. Sonoma Valley High School Pavilion 20000 Broadway Sonoma, CA 95476	Monday, August 10 LDC Lessons Learned Mtg. w/ PCC & LRP @ FDC	Wednesday, Sept. 9 DDS, DGS & Sonoma County Reps. Meeting 10:00 a.m. to noon Santa Rosa	
Wednesday, May 27 Services Subcommittee Mtg. of the Sonoma Coalition 11:00 a.m. to 1:00 p.m. Santa Rosa	Secretary Dooley Mtg w/ Local Legislators unable to attend on 6/19 9:00-10:00 a.m. Sacramento	Monday, July 20 DDS Meeting with Labor Unions 2:30 – 4:30 pm DDS HQ, Room 360	Thursday, August 13 Sen. McGuire & Sup. Gorin Mtgs. - SDC Employees: 10 a.m. at the Gazebo - SDC Families: 1:30 p.m in Wagner Bldg.	Saturday, September 12 PHA General Meeting 10:00 a.m. Wagner Bldg.	
Friday, May 29 Employee Mtg. @ SDC 10:00 a.m. Wagner	Saturday, June 27 DDS/SDC/RC Informational Mtg. for Families 10:00 a.m. to noon Wagner Bldg. @ SDC	Monday, July 22 DDS meeting with ARCA 9:00 a.m.	Friday, August 14 SRP/RC Liaison Meet & Greet; Noon – 1:00 p.m.	Monday, September 14 DDS, SDC & RC Mtg. in Sacramento Legislative Staff Briefing on Draft Plan Sacramento	Thursday, October 17 Transform SDC Community Workshop Hanna Boys Center 9am to 1pm
		Monday, July 27 DDS, SDC & RC Mtg. in Walnut Creek	Thursday, August 20 SDC Consumer Town Hall <i>Time & Location TBD</i> Community Town Hall Hosted by Rep. Thompson, Sen. McGuire, Assm. Dodd, Sup. Gorin; 6:30 – 8:30 p.m. Altamira Middle School	Tuesday, September 15 Draft Plan Released	
			Wednesday, August 26 Briefing on property process w/ DGS for local Legislative Reps.; 3-5 p.m. in Sacramento	DDS mtg. with SCDD Sacramento	
			Friday, August 28 DDS and DRC Mtg. @DDS	Monday, September 21 2nd PUBLIC HEARING for Input on Draft Closure Plan 9:00 a.m. to 4:00 p.m. The Lodge at Sonoma	Saturday, November 7 PHA General Meeting with DDS 10:00 a.m. Wagner Bldg.

*Items shaded in light blue are DDS/SDC events; lavender are CHHS events; light green are Sonoma Coalition events; light orange are Legislative events and light yellow are PHA events.

Attachment 6

SDC Resident Characteristics

Sex	Total	%
Male	239	59%
Female	166	41%
Grand Total	405	100%

Ethnicity	Total	%
White	347	86%
Black/African American	23	6%
Asian/Pacific Islander/Other	18	4%
Hispanic/Latino	12	3%
Other	5	1%
Grand Total	405	100%

Age Range	Total	%
23-29	9	2%
30-39	27	7%
40-49	60	15%
50-59	152	38%
60-69	109	27%
70-79	34	8%
80-89	11	3%
90>	3	1%
Grand Total	405	100%

Years @ SDC	Total	%
3-5	10	2%
6-10	14	3%
11-20	33	8%
21-30	93	23%
31-40	37	9%
41-50	95	23%
50>	123	30%
Grand Total	405	100%

Primary Language	Total	%
English	377	93%
Other	28	7%
Grand Total	405	100%

Level of Intellectual Disability	Total	%
Profound	288	71%
Severe	85	21%
Moderate	26	6%
Mild	6	1%
Grand Total	405	100%

Service Needs	Total	%
Significant Health Care Services	109	27%
Extensive Personal Care	91	22%
Significant Behavioral Support	80	20%
Protection and Safety	125	31%
Low Structured Setting	0	0%
Grand Total	405	100%

Staffing Program	Total	%
Continuing Medical Care	208	51%
Autistic	62	15%
Physical Development	48	12%
Behavior	38	9%
Sensory Deprived	24	6%
Physical/Social Development	15	4%
Social Development	6	1%
Dually Diagnosed	4	1%
Grand Total	405	100%

Diagnosed Conditions	Total	%
Epilepsy	222	55%
Cerebral Palsy	206	51%
Autism	94	23%
Dual Diagnosis	143	35%
Hearing Deficit	106	26%
Vision Deficit	328	81%
Ambulatory	145	36%

Attachment 7

**SONOMA DEVELOPMENTAL CENTER POPULATION
BY REGIONAL CENTER
MAY 1, 2015**

Regional Center	NURSING	INTERMEDIATE	TOTALS
East Bay	62	66	128
Golden Gate	48	55	103
North Bay	38	48	86
Alta	25	30	55
Far Northern	1	9	10
San Andreas	5	5	10
Redwood Coast	0	6	6
Valley Mountain	1	2	3
San Diego	0	1	1
Tri-Counties	0	1	1
South Central Los Angeles	0	1	1
North Los Angeles County	1	0	1
TOTALS	181	225	405

Attachment 8

Transition and Oversight of Residents
Moving from Lanterman Developmental Center to the Community
(Revised 10/17/12)

It is the highest priority to ensure the safe and successful transition to the community of Lanterman Developmental Center (Lanterman) residents who have been recommended for placement through the individual planning process. The process is multi-faceted and includes close monitoring.

I. Pre-placement Process

Placement decisions for each resident are made by an interdisciplinary planning team and reflect the needs of the individual. If a resident is recommended for transition to the community, community-based services are identified and a comprehensive transition process is coordinated by state staff, including:

- Day visits to community service providers, including the proposed residence, supervised by staff who knows the resident well.
- Overnight visits or weekend visits to the residential placement when the transition is proceeding successfully.
- If problems arise or it appears that community providers are not able to meet the individual's needs, the process is delayed or stopped until identified problems can be resolved.
- A minimum of 15 days prior to community movement, the planning team meets to ensure that all services, including medical services, are ready to help ensure a smooth and safe transition.

II. Post-Placement Monitoring

Upon an individual's move to a community living arrangement, state staff, in cooperation with the Regional Center (RC), closely monitors the placement to ensure a smooth transition. Provisions are in place for the protection of consumer health and safety through the Department of Developmental Services (DDS), the RCs, the Department of Social Services (DSS), the California Department of Public Health (CDPH), and the Department of Health Care Services (DHCS).

- State staff provides follow-up 5 days, 30 days, 60 days, 90 days, 6 months, and 12 months after the move.
- State staff, in coordination with the RC, provides additional visits, supports, and onsite training to the consumer and/or the service provider as needed to address the individual's service needs.

- During the first year of transition, the individual may return to a developmental center if necessary for health and safety reasons.
- The RC conducts a face-to-face visit every 30 days for the first 90 days after the move and quarterly thereafter, or more frequently as determined by the Individual Program Plan. At least two quarterly visits are unannounced.
- The RC conducts Quality Assurance reviews every six months or more frequently, as needed.
- The RC directly supports the consumer during transition with specialized staff, which may include a Health Care Community Specialist, an Oral Health Care Coordinator, and a Behavioral Health and Other Clinical Specialist.
- During the first two years of transition, the consumer receives enhanced RC case management.
- The RC conducts Individual Program Plan reviews at least annually or as needed. In addition, the RC conducts an Individual Program Plan review within 30-days of a request.
- Each individual moving from Lanterman has an individual health transition plan that identifies his or her primary care physician, dentist, and all other specialty health care providers.
- DDS reviews and certifies program plans for Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHN), and any changes must be approved by the RC and DDS.
- DDS conducts an onsite visit of each ARFPSHN at least every six months, or more frequently as needed.
- A medically fragile consumer transitioning from Lanterman to a DSS-licensed ARFPSHN is visited by a RC registered nurse at least monthly, or more frequently as appropriate. Annually, at least four of these visits are unannounced. In addition, the consumer is seen by his or her primary care physician at least every 60 days or more frequently if specified in the consumer's individual health transition plan.
- DSS conducts unannounced visits to community care facilities.
- CDPH conducts unannounced licensing and recertification visits of health care facilities.
- DDS and the DHCS conduct joint onsite reviews, at least biennially, of each RC and selected providers. Visits include consumer record reviews; interviews with the consumer, service providers, and RC service coordinators, quality assurance staff and

clinical staff; and physical plant reviews; to assess consumer health and safety, satisfaction and adequacy of service provision.

- DDS conducts daily reviews of Special Incident Reports to ensure consumer health and safety, and identify potential trends in incidents.
- The Quality Management Advisory Group (QMAG) consists of family members, consumer advocates, Disability Rights California, and RCs, among others. The QMAG's function is to advise on the development of quality assurance enhancements for individuals moving from Lanterman, and to review and monitor the quality of services provided to consumers who have moved from Lanterman. A key enhancement for Lanterman is the Visitor Snapshot, which provides a means to collect information and observations on service quality from the family and friends of the consumer.
- Individuals who move from Lanterman into the community are contacted and asked to participate in the National Core Indicator (NCI) study. The NCI study uses a nationally validated survey instrument that allows DDS to collect statewide and RC specific data on the satisfaction and personal outcomes of consumers and family members.

Attachment 9

CHARACTERISTICS OF SONOMA'S STAFF			
TOTAL		08/28/15	
		# OF STAFF	% OF STAFF
		1305	100%
Gender	Male	486	37%
	Female	819	63%
Ethnicity	American Indian	1	0%
	Asian	65	5%
	Black/African American	94	7%
	Filipino	474	36%
	Hispanic	131	10%
	White	517	40%
	Pacific Isl	4	0%
	Other	19	1%
Age	43 - 50	98	8%
	50+	637	49%
*Work Status	# OF TOTAL STAFF @ SDC	1397	
	Permanent Full-Time	1211	87%
	Permanent Part-Time	64	5%
	Permanent Intermittent	10	1%
	Temporary/Limited-Term	20	1%
	Retired Annuitant	92	7%
Classification	Direct Care Nursing	645	49%
	Level-of-Care Professional	88	7%
	Non-Level-of-Care/Administrative Support	572	44%
Years of Service	10 Years or Less	560	43%
	11 - 20 Years	542	42%
	20 Years or More	203	16%
Residency (list all counties where employees live)	Alameda	22	2%
	Contra Costa	28	2%
	Douglas, NV	1	0%
	Lake	4	0%
	Los Angeles	1	0%
	Marin	11	1%
	Mendocino	2	0%
	Merced	1	0%
	Napa	33	3%
	Orange	2	0%
	Placer	2	0%
	Sacramento	26	2%
	San Bernardino	3	0%
	San Diego	1	0%
	San Francisco	2	0%
	San Joaquin	5	0%
	San Mateo	3	0%
	Santa Clara	24	2%
	Solano	470	36%
	Sonoma	658	50%
	Sutter	1	0%
	Ventura	1	0%
Yamhill, OR	1	0%	
Yolo	2	0%	
Yuba	1	0%	

*The data in this category represents all employees including Retired Annuitants (RAs), whereas other categories exclude RAs

Attachment 10

**Number of SDC Employees by Classification and Bargaining Unit
As of September 1, 2015**

Classification	BU	Number of EE's
A COORD NUR SVS	S17	5
A DIR OF DIETETICS	S19	2
A INFO SYS AN	R01	1
A TECHN LGY SP	R20	7
ACCOUNTING TECH	R04	1
ACCT I/SP	R01	1
ASO GOVRL PROG ANL	R01	11
ASO PERSONNEL ANLT	R01	2
ASSISTANT SEAMER	R15	1
AST HOSPITAL ADMR	M01	1
AUTO EQUIP OPER I	R12	11
AUTO EQUIP OPER II	R12	1
AUTOMOBILE MECHANC	R12	1
AUTOMTV POOL MGR I	S12	1
BEAUTY SHOP MANAGR	R15	2
BLDG MAINT WORKER	R12	6
C.E.A.	M01	3
CARPENTER I	R12	5
CARPENTER SUPVR	S12	1
CATHOLIC CHAPLAIN	R19	1
CH OF PLANT OPR I	S12	1
CH OF PLNT OPR III	S12	1
CHIEF ENGINEER I	R13	1
CLIN SOC WORK	R19	11
CLINCL LAB TECHGST	R20	1
CLOTHING CENTR MGR	S15	1
COM PRG SP I	R01	2
COM PRG SP II	R01	3
COM PRG SP IV	S01	1
COOK SP I	R15	4
COOK SP II	R15	3
COORD NUR SVS	M17	1
COORD OF VOLUNT SV	S20	1
CUSTODN	R15	59
CUSTODN SUP III	S15	1
DENTAL ASSISTANT	R20	2
DENTAL HYGIENIST	R20	1
DENTIST	R16	2
DIR OF DIETETICS	S19	1
DSPATCHER-CLERK	R04	5
ELECTRICIAN I	R12	2
ELECTRICIAN SUPVR	S12	1
EXEC SEC I	R04	1
FIRE CHIEF	S07	1
FIRE FIGHTER	R07	8
FOOD SERV SUPVR I	S15	7

Classification	BU	Number of EE's
FOOD SERV SUPVR II	S15	1
FOOD SVS TECH I	R15	92
FOOD SVS TECH II	R15	28
FUSION WELDER	R12	1
GROUNDSCOOPER	R12	5
H GEN SVS ADM I	S01	1
H GEN SVS ADM II	S01	1
HEALTH REC TEC III	S04	1
HEALTH REC TECH I	R04	2
HLTH & SAF OF	S01	1
HLTH REC T II SP	R04	3
HLTH SVS SP	R17	14
IND PROG COORDNTR	R19	11
INVESTIGATOR	R07	6
LAB A	R11	1
LAB REL ANALYST	E97	1
LAUNDRY WORKER	R15	2
LEAD GROUNDSCOOPER	R12	1
LICENSED VOC NURSE	R20	33
LMTD EX&A P C/I C	R01	1
LOCKSMITH I	R12	1
MAINT&SRV OCCP TRN	R15	8
MAT & STORES SP	R12	1
MD DIR/ST HOSP	M16	1
MED SUPLY TECH	R11	2
MG SVS TECH	R01	10
NURS CON III SP	R17	1
NURSE INST	R17	3
NURSING COORDINATR	S17	4
OCCUPTNL THERP AST	R20	1
OCCUPTNL THERPS	R19	7
OFF ASST/GEN	R04	15
OFF ASST/TYPE	R04	7
OFF OCCUPATION CLK	R04	1
OFF TECH (TYPING)	R04	20
PAINTER I	R12	6
PAINTER SUPERVISOR	S12	1
PATIENT BEN&IN O I	S01	1
PEACE OF I/DEV CT	R07	3
PERSNL SP	R01	7
PERSNL SUP I	S01	1
PEST CONTROL TECHN	R12	1
PHARM SVS MGR	S19	1
PHARMACIST I	R19	6
PHARMACY TECH	R20	4
PHY THERPS I	R19	1

Number of SDC Employees by Classification and Bargaining Unit

Classification	BU	Number of EE's
PHYSICAL THERAPY A	R20	2
PHYSICIAN&SURGN	R16	14
PLUMBER I	R12	2
PLUMBER SUPERVISOR	S12	1
PODIATRIST	R16	1
PROG ASST DEV D PR	S18	5
PROG DIR DEV D PRG	M18	4
PROG TECH II	R04	1
PROP CONT II	R04	2
PROTESTNT CHAPLAIN	R19	1
PSY TECH INSTRUCT	R18	2
PSYCH TECH A	R18	190
PSYCH/HF-CLINCIAL	R19	15
PSYCHIATRIC TECH	R18	206
PUB HLTH NURSE II	R17	1
RAD TECH	R20	1
REGIS DIETITIAN	R19	6
REGISTERED NURSE	R17	154
REHAB TH ST F/DANC	R19	1
REHAB TH ST F/MUSI	R19	7
REHAB TH ST F/REC	R19	9
RES ANLY II GENERL	R01	1
RESP CR PRACTNER	R20	2
SOCIAL WORK ASSOC	R19	1
SPEECH PATHLOGST I	R19	2
SR CL LAB TECH	R20	1
SR ELECTRICAL ENGR	R09	1
SR LIB/SP/RCC	R03	1
SR MECHANICAL ENGR	R09	1
SR OCCU THERP	R19	3
SR PERSNL SP	R01	1
SR PSY TECH	R18	59
SR PSYCH/HF/SUP	S19	1
SR RAD TECH/SP	R20	1
ST INFO SYS AN/SP	R01	1
ST INFO SYS AN/SUP	S01	1
STAFF SER AN (GEN)	R01	5
STAFF SVS MANGER I	S01	1
STAT ENG	R13	9
STDS COMP COORD	S01	2
STF PSYCHIATRST	R16	1
STF SVS MGR II/SUP	S01	1
SUP CL LAB TECH	S20	1
SUP GROUNDSPR II	S12	1
SUP HOUSEKEEPER II	S15	2

Classification	BU	Number of EE's
SUP REGISTERED NUR	S17	3
SUP SPEC INVEST II	S07	2
SUP SVS A/INTERPRE	R20	1
SUPERVISING COOK I	S15	1
SUPERVISNG COOK II	S15	1
SUPG HOUSEKEEPER I	S15	4
SUPVR OF BLDG TRDS	S12	1
SVS A-CUSTODN	R15	2
T/ST HOSP/ADULT ED	R03	6
T/ST HOSP/S H D D	R03	10
TEACHING A	R20	12
TRACTOR OPER-LABOR	R12	1
TRAINING OFFICER I	R01	1
UNIT SUPERVISOR	S18	25
UPHOLSTERER	R12	1
WAREHOUSE MANAGR I	S12	1
WAREHOUSE WORKER	R12	1
WATER&SEWG PLT SPR	R13	1
Total		1305

Attachment 11

M e m o r a n d u m

Date: August 19, 2015

To: REGIONAL CENTER EXECUTIVE DIRECTORS

From: Office of the Director
1600 9th Street, Room 240, MS 2-13
Sacramento, CA 95814
(916) 654-1897

Subject: Community State Staff Program

In a recent June 4, 2015, letter, I discussed the closure of the remaining Developmental Centers (DC) and addressed the components that will be necessary to focus our efforts in achieving a successful closure plan for Sonoma Developmental Center (SDC). Since it is critical that we work together to look for ways to support the men and women as they transition from the DCs into community-based services, I encourage you to seek information about the Community State Staff (CSS) Program and consider using it as a tool to promote natural transitions. More information on the CSS Program can be found on the Department of Developmental Services (DDS) website at: http://www.dds.ca.gov/DevCtrs/DCInitiatives_Community.cfm.

The use of the CSS Program has extended the relationships of former DC consumers with their families to promote the continuity of care during and after the transition into the community. The CSS Program also continues our partnership with consumers as they move to new settings.

The CSS Program coordinators listed below will be contacting your regional center soon and we hope you and your staff will take the opportunity to review the benefits of the CSS Program. We look forward to working with each of you as we expand the CSS Program statewide.

If you have questions or need further information, please contact Northern Regional CSS Coordinator, Maggi Haller, at (916) 654-2420 or Maggi.Haller@dds.ca.gov or Southern Regional CSS Coordinator, Sandy Middleton, at (714) 668-7603 or Sandra.Middleton@fdc.dds.ca.gov.



SANTI J. ROGERS
Director

cc: Dwayne LaFon, DDS

"Building Partnerships, Supporting Choices"