

STATE OF CALIFORNIA  
DEPARTMENT OF DEVELOPMENTAL SERVICES  
PUBLIC HEARING ON THE TRANSFORMATION  
OF SONOMA DEVELOPMENTAL CENTER  
JULY 18, 2015



**Northern California Court Reporters**

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1           **KAREN FARIA:** I'm sure because this is all day long, people will be coming and  
2 going throughout the time we have allotted for this public hearing. Hello and welcome.  
3 Welcome to all of you that are here in the audience and welcome to the people who are  
4 joining us via the phone line. And DDS Department of Developmental Services is very  
5 happy that we can accommodate everybody who is interested today. No matter what  
6 point in the 124-year history of Sonoma Developmental Center, it has been an integral  
7 and interconnected entity in the life of Sonoma Valley of this Valley of the Moon. And  
8 over time, it has become an iconic entity for those who know it from personal  
9 experience, for those who know it from secondhand experience, for those who know it  
10 just from a kind of lazy drive down the shady part of Arnold Drive. Today, as it is  
11 inevitable in all organizations, change is coming to SDC. We are here today to assist  
12 that change through a democratic process. Democracy demands participation from its  
13 people. And that's what we're going to do today. All of us here and on the phone are  
14 going to participate in that change by describing what we think the future should be for  
15 both the physical plant, for the services and for whatever other concern that all of you,  
16 all of us may have for SDC's future. If we do that, we will be helping a process that  
17 takes us from an impersonal piece of legislation into a very personal, very meaningful  
18 process of hoping that we address the needs of those people who live here in the  
19 community of Sonoma Valley and those who have and have a need for the services that  
20 are provided here in Sonoma Valley. We welcome you and we welcome your  
21 participation. We are pleased that you are here. We are anxious to hear your ideas,  
22 your concerns, your preferred future for Sonoma Developmental Center. On behalf of  
23 the thousands of individuals starting in 1891 who have made Sonoma their home, who  
24 have passed through the doors of that facility, we welcome your participation in change.  
25 Thank you. And I would now like to introduce Cindy Coppage.

1           **CINDY COPPAGE:** Thank you, Karen. Good morning. Thank you all for  
2 coming today, and it's so good to see you here. And my name is Cindy Coppage. And  
3 we are here today to listen to your input on the proposed closure and transformation of  
4 Sonoma Developmental Center. With me today are Aleana Carreon and Jorge  
5 Fernandez. We know him as JJ. And we are the hearing officers today that will be  
6 facilitating this public hearing. We want to express our appreciation and thanks to  
7 Sonoma Valley High School for allowing us to use their facilities here today. We also  
8 would like to acknowledge and thank the Sonoma Parent Hospital Association for  
9 providing the refreshments which are located in the back. Feel free to get up and enjoy  
10 those. Restrooms are located over here to my left, your right. And drinking fountains  
11 are also in there. We would also like to acknowledge the exits in case we have an  
12 emergency evaluation. Just make note of the exits. We have several. I would now like  
13 to introduce the Department of Developmental Services representatives. And first I  
14 would like to introduce the Director, Santi Rogers. Next, John Doyle, our Chief Deputy  
15 Director. Dwayne LaFon, who is the interim Deputy Director for Developmental  
16 Centers Division. He's in the back. Fariba Shahmirzadi, who is the Assistant Deputy  
17 Director for administrative operations in the back also. Eric Gelber, the Assistant  
18 Director for Legislation and Regulations. He's in the back. I'd like to also introduce Amy  
19 Wall, the Assistant Director for Developmental Center Closure. She's over at the media  
20 table. Nancy Lungren, Assistant Director for Communications. And you've all heard  
21 from Karen Faria, the Director -- Executive Director of Sonoma Developmental Center.  
22 Thank you. We would also like to acknowledge some of our local elected officials who  
23 are present here today and who have requested an opportunity to speak before  
24 individual public comments. I would like to first introduce Senator Mike McGuire. Next  
25 we have Assembly Member Bill Dodd. And also here today is Supervisor Susan Gorin.

1 We would also like to acknowledge Tracy Krumpfen from Senator Wolk's office and  
2 Ezraha Chaaban from Assembly Member Dodd's office. Thank you all for coming. This  
3 public hearing is being audibly recorded as you can see. For the record, it is now 10:15  
4 a.m. on July 18th, 2015 and we are here at Sonoma Valley High School Pavilion in  
5 Sonoma. As you are aware, Senate Bill 82 signed by Governor Brown on June 24th  
6 requires the Department of Developmental Services to submit a plan or plans to the  
7 Legislature by October 1, 2015 to close one or more of the Department's three  
8 remaining developmental centers. As stated in previous communications from the  
9 Department, efforts are underway to submit a plan to the Legislature by October 1st to  
10 close Sonoma Developmental Center by the end of 2018. This public hearing is set in  
11 accordance with the provisions of Welfare and Institutions Code 4474.1(f) which states,  
12 "Prior to the submission of the plan to the Legislature, the Department shall hold at least  
13 one public hearing in the community in which the developmental center is located with  
14 public comment from that hearing summarized in the plan." Notices of this hearing were  
15 distributed to numerous interested groups, individuals via mail, email, posted online,  
16 noticed in local newspapers, distributed to news media, and hard copies were posted on  
17 local bulletin boards. A sign language interpreter is being provided for those who need  
18 and like -- and you'll notice she's signing right here. If you're not close, feel free to move  
19 over so you have easy visibility of the interpreter. The Department of Developmental  
20 Services welcomes your input regarding the closure and transformation of Sonoma  
21 Developmental Center. At this hearing, as designees of the Department, we will be  
22 receiving your comments. We have set up an operated assisted conference line for  
23 those who weren't able to come. And they will be given an opportunity to speak. And  
24 we'll alternate with you -- people who have elected to speak here today will alternate  
25 with the conference line. We are here to listen and to document your input. The public

1 hearing is not structured as an interactive process. And as a result, the hearing officers  
2 and representatives of the Department will not be responding today to any statements  
3 provided. The Department will consider all oral statements made during this meeting. It  
4 will also consider written statements submitted at today's hearing which should be  
5 placed in the box on the registration table. If you didn't notice that when you came in, if  
6 you have any written comments please feel free to drop them in the box. We also will  
7 accept input by email and all the other addresses listed on your agenda. And I believe  
8 you were -- received a handout. And on the back side there is information about where  
9 to send your input. You can submit it to the Department's website or send it by mail. All  
10 input must be received no later than 5:00 p.m. on September 1, 2015, in order for it to  
11 be considered as part of the development of the Sonoma closure plan. This hearing is  
12 being digitally recorded. And the information received today, both verbal and in writing,  
13 will be reviewed and summarized for inclusion in the plan. With that said, we will begin  
14 by the hearing by having Aleana Carreon review with you the protocols for these  
15 proceedings to ensure that everyone is comfortable speaking and is heard. Aleana?

16 **ALEANA CARREON:** Thank you. Good morning. Individuals providing  
17 comments will not be sworn in, nor will there be questioning of presenters. Hearing  
18 officers and Department representatives will not be responding to any comments made  
19 or questions posed during the public hearing today. Each person wishing to speak  
20 should have obtained a three by five speakers card and signed the speakers only sign-  
21 in sheet at the registration table over to the left. And the cards should have your  
22 speaker number and your name printed on it. For the convenience of the speakers  
23 today, the front row up here has been reserved for people to wait their turn as their -- as  
24 your speaker card number is close to being called. As those seats are vacated, then  
25 the next speakers can take the seat as they awake their turn. When the hearing officer

1 calls out the number on your three by five speakers card, please approach the  
2 microphone right here and leave your card in the basket to the right of the -- to your left  
3 of the microphone. If you're unable to come forward or need assistance, please wave  
4 your hand and we'll bring the microphone to you. Before presenting your comments to  
5 us, please state your first and last name and the -- your organization, affiliation, if any,  
6 for the record. Speak clearly into the microphone. And each speaker will have the  
7 opportunity to speak for up to five minutes to present his or her comments. This will  
8 allow ample time for those who wish to speak afforded that opportunity. You will be  
9 given a signal when you have two minutes left and when your time is up, at which point  
10 you'll need to close your statement. The signs will be right up here at the front so you'll  
11 see them closely. Teleconference speakers will be rotated in periodically and given the  
12 same amount of time to speak. I would like to request the audience remain quiet so that  
13 we can assured that there's a clear recording of the proceedings. And please silence  
14 your cell phones. Also, be courteous to the speakers by holding side conversations  
15 outside the room. There is exits around the room. In the interest of maintaining the  
16 confidentiality and the privacy for the men and women who live at Sonoma, we ask that  
17 you not use specific consumer names or provide personal, medical or other confidential  
18 information when making your comments. The time allotted for comments will end at  
19 5:00 p.m. Since this is such a long period of time and many of you may have other  
20 commitments for today, you're welcome to leave after you've had the opportunity to  
21 speak or you may stay if you wish to hear the testimony provided. Okay. So Senator  
22 McGuire, if you'd like to approach the microphone, you're welcome to address the  
23 group.

24 **UNIDENTIFIED FEMALE SPEAKER:** Wait. Excuse me. We have a question.  
25 Does that mean we can't mention our own family member's name? Is that what you just

1 said?

2 **UNIDENTIFIED MALE SPEAKER:** Yeah.

3 **UNIDENTIFIED FEMALE SPEAKER:** Or their medical issue?

4 **UNIDENTIFIED MALE SPEAKER:** Yeah.

5 **UNIDENTIFIED FEMALE SPEAKER:** Does somebody want to answer that?

6 **UNIDENTIFIED FEMALE SPEAKER:** Come on.

7 **UNIDENTIFIED MALE SPEAKER:** I mean --

8 **UNIDENTIFIED FEMALE SPEAKER:** That's why we're here.

9 **UNIDENTIFIED MALE SPEAKER:** That's why -- yeah. That pretty much

10 sterilizes the entire (inaudible.)

11 **ALEANA CARREON:** Well, the reason that we request just for the protection of  
12 our residents at Sonoma. Amy, would you like to --

13 **AMY WALL:** Confidentiality and privacy practices that we have to do at the  
14 Department -- you're welcome to say it. But please note that this is a public forum and  
15 that we can't be responsible for whatever information goes out with that. So we have a  
16 responsibility to the people that we serve to keep those clients -- so when we have the  
17 transcript of this, it will be redacted. So we are just saying if you can minimize that, it's  
18 probably better overall. But you're certainly welcome to reference individual concerns  
19 that you have definitely.

20 **UNIDENTIFIED MALE SPEAKER:** You also said that there would only -- there  
21 would be at least one hearing.

22 **AMY WALL:** Yes.

23 **UNIDENTIFIED MALE SPEAKER:** Is there a possibility that there will be more  
24 (inaudible)?

25 **AMY WALL:** Yes. Right now, we're looking at having a second hearing

1 sometime in September to review the draft plan. But if need be, we can do other  
2 meetings or hearings as needed.

3 **UNIDENTIFIED MALE SPEAKER:** Thanks.

4 **SENATOR MCGUIRE:** Well, good morning. How is everybody doing? It is  
5 good to see you today. First of all, I just want to say thank you to much for allowing us  
6 to be here. My name is Mike McGuire. An honor to be able to represent the majority of  
7 the Sonoma Valley in the State Senate. And I want to just start out by saying know that  
8 this is an extremely difficult time for all involved. We have heard from many of you  
9 expressing significant concern, anxiety, frustration and anger. And the SDC has been  
10 home to many of the 405 residents for decades. And what we have heard also, it's all  
11 the residents know. And while there have been challenges throughout the Center's  
12 history, we have heard time and time again the positive impact the SDC has had on  
13 residents, the positive impact the SDC has had on families and employees. I want to  
14 recognize that this transition is not at all easy. But I think that we can promise you  
15 today that we're going to make this process transparent, collaborative. And I think that  
16 we can all agree whether you are a family member, a member of the Department or the  
17 Legislative team that is here today that we must put the needs of residents first and at  
18 the top of the priority list. We'd like to just cover a few points. And most importantly, I'm  
19 looking forward to hearing from all of you today. First of all, while the State is needing  
20 to conform to federal funding standards, I'm a personal believer that we can't allow  
21 arbitrary deadlines to trump a careful, deliberate and well thought out planning process.  
22 The fact is this. There is no developmental center in the State of California that has  
23 closed in 3-1/2 years like is being proposed for Sonoma. The normal timeline is five  
24 years which is why I say we can't put arbitrary deadlines in front of the needs of  
25 residents. We cannot and will not allow residents to be moved until their wellbeing is



1 assured, services are available in the community and homes are established. As we  
2 know, nearly 50 million has been allocated to begin this transition process. Out of that  
3 50 million, 46 million has been allocated in this year's budget that would be directly used  
4 for housing. What we also know, that would provide enough space for about 200  
5 residents and there is much more work to do in the years to come. And I want to assure  
6 you today is just the start of the discussion. Now we had planned in addition to what the  
7 Department is going to be moving forward with, working with Assembly Member Dodd,  
8 Supervisor Gorin, Senator Wolk, Senate member Levine and Senate member Wood --  
9 we have planned three additional meetings in August --

10 **UNIDENTIFIED FEMALE SPEAKER:** Mr. Schmidt?

11 **SENATOR MCGUIRE:** Hot dang. We have planned three additional meetings in  
12 August which will drill down deeper into the transition. I would like to talk about the  
13 three right now. On August 13th, we are collaborating with the PHA on private meetings  
14 with families. We're going to have a second meeting on the 13th where we're going to  
15 be meeting with employees. The Department is in the loop on those meetings and we  
16 have been told that they're going to also be attending. And then on August 20th there is  
17 going to be a town hall related to the Sonoma Developmental Center process. This  
18 meeting is going to be open to all residents of the community to ensure that all are on  
19 the same page regarding the transition plan, timeline, budget, services needed, et  
20 cetera. The August 20th date will be open to all residents in the County of Sonoma.  
21 And we will make sure that it is well advertised. And this is going to be independent of  
22 the meetings that are being planned by the Department. I'm going to wrap up by saying  
23 your legislative team here in the North Bay is unified and is speaking with one voice.  
24 And I'm grateful to be working with Assembly Member Dodd who is here today, Levine  
25 and Wood along with Senator Wolk. And we are especially grateful for the work that

1 has gone in from the County of Sonoma and Supervisor Gorin. And I do want to take a  
2 moment to publicly acknowledge here as well. Finally, we have codified that community  
3 resident and families will be involved in the stakeholder process in the months to come  
4 through Trailer Bill Language in this year's state budget. The Trailer Bill Language  
5 states that, "Stakeholder input will be robust throughout this process and that the  
6 County of Sonoma will also have a seat at the table regarding the transition. " I'd also  
7 like to take a moment to thank Congressman Thompson for his work, of course, County  
8 Health Services and the Departmental of Developmental Services as well and I've had  
9 several meetings with Mr. Rogers, and I know that's going to continue in the months to  
10 come. Finally, thank you. Thank you for your willingness to work with us. Thank you  
11 for allowing us to be here today, and I'm looking forward to hearing from all of you as  
12 well. Appreciate the opportunity.

13 **ALEANA CARREON:** Next, we have Assembly Member Dodd. If you'd like to  
14 come up and share your comments?

15 **ASSEMBLY MEMBER DODD:** You know, I think that Senator McGuire really  
16 eloquently put forward the case that the legislative team is presenting to the  
17 administration. We've had opportunities to speak with Secretary Dooley and her staff  
18 and Santi and others and really have voiced our concerns, you know, about the  
19 residents and, as Mike said, first and foremost their safety, first and foremost, their  
20 future and their ability to safely transition. I think there's another point that I'd personally  
21 like to make that I'd like to see the SDC remain some sort of resource into the future.  
22 We've got dedicated employees that are trained that have these skills and expertise.  
23 And I think that's something that I would like to see them consider as well. And I think --  
24 I too would like to thank Susan Gorin and the SDC team here from Sonoma County and  
25 the work that they're doing representing the local communities. And finally, I think just

1 to echo what Senator McGuire said, I want to thank all of you for -- you know, I know  
2 this is a really traumatic time. I've been to PHA meetings, at least two, and heard you  
3 loud and clear. And I know that this day is not, you know, something that is -- well, it  
4 gives you an opportunity to speak. But I know it's -- you'd rather be probably be doing  
5 something else and just keep the status quo. But thank you for working, you know, with  
6 the Department. And my office, like Mike's, remains open. We're going to stick with this  
7 all the way along. And yeah, we've just got an absolute commitment to the -- to the  
8 residents in SDC. Thank you.

9 **ALEANA CARREON:** Thank you, Assembly Member Dodd. Next, we have  
10 Susan Gorin to share her comments.

11 **SUSAN GORIN:** Well, when I was elected 2-1/2 years ago, never in my wildest  
12 dreams did I think that I would be involved in such a complex, emotionally wrenching  
13 land use and resident issue. But here we are. I want to let you know first of all thank  
14 you so much to the incredible work of our legislative team currently and previously.  
15 Because we've had nothing but cooperation and respect and intense conversations and  
16 support on how we can be working together to transfer and think about the future of this  
17 incredible site. Our association with the Department of Developmental Services actually  
18 started with Senator Noreen Evans who convened a group of the State delegation and  
19 the coalition team members and the county to talk about what is happening at the  
20 Center and how we can form a collaborative relationship in moving forward both from a  
21 communication perspective and a work product perspective. It was at that beginning  
22 meeting that I had great conversations with John Doyle and Secretary Dooley, and we  
23 were talking. We knew in our guts that the Center would close at some point. And at  
24 that time, we were talking about maybe five years. And I said, oh, that's too short.  
25 Never in my wildest dreams would I have imagined that the Governor and the

1 Legislature would come out with a plan that would dictate closure in three years. As  
2 Mike McGuire emphasized, never has the Developmental Center closed in that short of  
3 time. And I give credit to Secretary Dooley and the members of the Department for  
4 emphasizing that the Center will not close in an arbitrary timeline, that patient welfare  
5 comes first. And the needs of the staff follow with the welfare of the residents. Before  
6 my election, there was a group of folks who organized the Coalition to Preserve  
7 Sonoma Developmental Center, Sonoma Land Trust, Sonoma Ecology Center, Sonoma  
8 Mountain Preservation. I quickly joined the group because there were six different  
9 county departments and agencies working in the Coalition. It shifted a little bit in that  
10 first year to not emphasize just the incredible integrity of the land to recognize what the  
11 Developmental Center has been to the lives of the residents and the employees who  
12 have been working there for generations. And the focus of our coalition now is  
13 regarding and in trying to ensure the welfare of the residents and the employees. We  
14 will follow up with some letters from the County and from the Coalition with more  
15 specifics about what we need to see in any transformation plan, transition plan. But to  
16 give you a broad brush, what we would like to see at the very most basic level is  
17 emphasizing some of the comments that Assembly Member Dodd and McGuire -- and  
18 Senator McGuire talked about. It's look at the welfare of the residents. Absolutely, that  
19 comes first. We do not want to see them transferring into the community in housing that  
20 is constructed or developed far away from their families. We want to ensure that the  
21 services that they need, the 24/7 services, are present in the community before any  
22 transition happens. We need to and welcome the partnership of the State and the  
23 Regional Centers in looking at the site of the Sonoma Developmental Center as an  
24 opportunity site. We've been working all along at crafting and carefully nurturing the  
25 relationships. We think that this is an opportunity for housing the clients of the Regional

1 Centers, for constructing a resource center, a clinic specializing in the needs of  
2 developmentally disabled adults, not only at the Center but North Bay wide, building on  
3 the skills that are currently at the Sonoma Developmental Center on adaptive shoe,  
4 wheelchair, durable medical equipment, transitional housing, crisis stabilization, and of  
5 course the care homes. We know -- we're so challenged to construct affordable  
6 housing anywhere in the North Bay. Here, we have a site. Here are the homes of the  
7 residents. Here, we have an opportunity to craft those partnerships and move beyond  
8 the little boxes that will not allow this and that and the other thing, but to create the  
9 homes for long term, to honor the rich history and the care taking. And we'll provide  
10 more details about that. But concurrently, people recognize the incredible value of the  
11 site itself. As Senator McGuire talked about, the therapeutic nature and the rich history  
12 of this site providing industry and hiking opportunities, outdoor opportunities, we know  
13 that this is the last intact watershed in Sonoma Valley. We know that it is constrained, it  
14 doesn't have major highways providing ingress and egress to the site. We know that we  
15 have a declining water table in the Valley so that we simply can't drill more wells willy  
16 nilly. All of that combined makes it very clear that we, as a coalition and a community,  
17 need to be united in advocating for annexation of the undeveloped land to the State  
18 Park and Regional Park to keep that open space for community and for residents. And  
19 we hope that we can work with our legislators to do that concurrently with any transition  
20 planning. But we're -- we know that we can provide a home for services. We know that  
21 we can annex the land and keep that open for public access. But we as a coalition are  
22 also working and talking with potential community partners about what would make  
23 sense to be co-located on the site given all of those constraints. We need the  
24 opportunity, we need the time, we need the partnerships, we need our support from the  
25 State and the Governor and our legislators and our great legislative team. We will

1 create a terrific new beginning for the Sonoma Developmental Center. Thank you all for  
2 being here and for your passion.

3 **ALEANA CARREON:** Thank you, Supervisor Gorin. We will be -- we will  
4 continue by starting the public comment portion of the hearing. So I see the speakers  
5 are in the front row. So will Speaker One please approach the microphone and state  
6 your first and last name and affiliation, if any?

7 **NEAL FISHMAN:** Do you want me to use the microphone?

8 **ALEANA CARREON:** Yes, for the record.

9 **NEAL FISHMAN:** Hello?

10 **ALEANA CARREON:** There it is.

11 **NEAL FISHMAN:** Good morning. My name is Neal Fishman. I'm a Board  
12 member of the Sonoma Land Trust and have sat in on many of the SDC meetings over  
13 the last couple of years. And I've come to understand some of the issues affecting both  
14 residents of SDC as well as the recreational habitat issues on the site. So we get it.  
15 We know that you have marching orders to close SDC and save the State some money.  
16 We also know that operators of community care facilities as well as many families and  
17 healthcare professionals have lobbied hard for a couple of generations to bring this  
18 about. It's their sincere belief that private care homes confer a greater degree of  
19 autonomy and respect for individuals than do institutions. But I've also come to believe  
20 through many conversations, especially with Kathleen Miller, that there are some  
21 individuals that do better in institutional settings or at least in settings with highly  
22 experienced and trained staff. These types of situations are not readily available for  
23 either permanent or crisis placements. But the great cost of keeping the SDC campus  
24 opened trumps the fact that it does offer services for this special breed of resident albeit  
25 in an institutional setting. So you're set to close the place. Our coalition asks you to

1 consider an alternative, one that saves the State money, still gives great care to this  
2 special population and also meets the County's and local citizens' aspirations for the SC  
3 property. But to get to this place, you will have to change what you're doing. You may  
4 have to open your eyes and step out of the box that you're in based on your agency and  
5 department roles. Here's the bottom line first. If SDC closes and this precipitates a  
6 process to sell the SDC property to the highest bidder, there will be hell to pay from a  
7 local perspective. There will be permit and planning issues from the County. The local  
8 community will come unglued. Any developer or vineyard interest that tries to do  
9 something on that site should automatically add ten years to their timeline. The price for  
10 the property the State will get when they put it up for sale will be very low due to this  
11 development uncertainty. Instead, the State should make its money on this site by  
12 using it for what the community is fully prepared to see it used for, for uses similar to  
13 those from its long history as a care institution and at a higher level than today. Our  
14 coalition wants to see a reuse plan for the SDC site done now while there are still  
15 residents on the property and in time to help those most vulnerable secure housing and  
16 staff that can deal with their healthcare issues on site. We're not wedded to an  
17 institutional setting necessarily. Private providers using experienced staff and new  
18 facilities built on the SDC campus is one possible solution. These and off-site providers  
19 could then use medical facilities on the site that could remain there. Additionally, the  
20 community maybe open to ancillary facilities that also help the bottom line for the State,  
21 perhaps some workforce housing or very limited commercial businesses. We also want  
22 to open the site for more recreational uses by the community. And we want the wildlife  
23 corridor that runs through the site protected and expanded. We know that you also  
24 want these things as possible. But your process does not allow for this to be fully  
25 integrated with the closure plan which is directed more at the current residents and how

1 to remove them from the site than it does to find alternatives that might keep them on-  
2 site. At the same time, the State wants to find a long-range disposition of the property  
3 that also returns the most money to the State in the surest, fastest way. But currently,  
4 this is not within the DDS jurisdiction or the statutory closure process. So we have our  
5 agenda: keep residents in good situations with skilled staffing, open the site for  
6 recreation, keep wildlife habitat, ensure appropriate development of the site that does  
7 not overload community resources or hurt the other causes. You have yours: close  
8 the institution, save money, place residents as best as possible given the available non-  
9 institutional alternatives. Am I done? Oh, my God. That happened quickly. Well, all  
10 right. Two more minutes?

11 **ALEANA CARREON:** Your time -- your time is up.

12 **NEAL FISHMAN:** Okay.

13 **ALEANA CARREON:** If you could wrap up your statement --

14 **NEAL FISHMAN:** All Right.

15 **ALEANA CARREON:** -- that would be great.

16 **NEAL FISHMAN:** Well, the environmental side of this issue could well have just  
17 waited for SDC to close and then done a full court press on the Governor and the  
18 Legislature and probably get what we wanted. But we've chosen to step out of our  
19 boxes and work together with workers, residents, parents to develop a holistic approach  
20 to SDC. I urge you as people, not the titles you hold, to do the same thing working with  
21 us in the community. Thank you.

22 **ALEANA CARREON:** Thank you. You can put your statement in the box as  
23 well for their records if you'd like. Okay. Okay. Speaker Two, please approach this  
24 microphone.

25 **BRIAN [REDACTED]:** Good morning. My name is Brian [REDACTED]. I'm the



1 conservator and [REDACTED] who has been a resident at the Sonoma  
2 Developmental Center since 1958. First, I want to thank our Supervisor Susan Gorin for  
3 her tireless work and hundreds of hours of work bringing together so many of us who  
4 have taken interest in the wellbeing of the residents and the staff and the precious site  
5 and for also bringing experts from county government to many of the meetings to help  
6 us create a vision for the future of the Developmental Center. I also want to  
7 acknowledge everything that Senator McGuire and Assemblyman Dodd and their staff  
8 are doing. We're enormously grateful for your good fight to protect the services for the  
9 developmentally disabled at SDC. Before I thank the friends of Transform SDC, I'd like  
10 to tell you a little bit about [REDACTED] so that this is all real and not some abstraction. I  
11 read in records that [REDACTED] has an IQ of [REDACTED], she has severe [REDACTED]  
12 [REDACTED]. She's had a [REDACTED] in the past and she has friends and a community  
13 and a home, and it's the Sonoma Developmental Center. And the natural beauty there,  
14 which I consider one of the most special places of all the earth as far as nature is  
15 concerned, gives her the calmness and the beauty that helps her in her daily life. And I  
16 know all of us who've been there all recognize that. Let me give you a couple of  
17 examples of how she's affected in her daily life and why the Center is so vital to her and  
18 why it's so complicated and frightening for me to think about designing a plan which I'm  
19 not very qualified to do. She entertains herself by watching people, listening to music  
20 and interacting with the objects in her toy collection. She spends a lot of time walking in  
21 and out of the front door observing the comings and goings of others and she likes  
22 being outside on a nice day. She is especially attached to the senior psychiatric  
23 technician who has a two-year certificate from a community college and has worked  
24 with her for 14 years. Most of the staff where she lives have been dedicated to her and  
25 love her and they've been with her for ten to 25 years. [REDACTED] tends to do things over

1 and over. She does not like change. When she rides in a vehicle she's anxious and  
2 grabs the back of the seat ahead of her. And many times, she will not leave the cottage  
3 where she lives because she does not prefer change. She does not like to go  
4 shopping. She is very comfortable where she lives and has her special rituals and  
5 routines that she does not like to be disrupted. She expresses discomfort when she is  
6 crowded or in an unfamiliar situation by lifting her arms up as a form of self-protection  
7 and to keep others from her space. When she is anxious, there's some self-injurious  
8 behavior, picking at herself and placing her hand on her head as if to protect herself.  
9 And so those are just some of the basics about her daily life. There's been an  
10 acknowledged value that I know we all share in transparency and collaboration. And I  
11 want to talk briefly about those as well as the closure plan. There has been a total  
12 absence of collaboration on the part of DDS in this process. You, meaning the friends  
13 of SDC and Transform SDC, modeled collaboration at the meeting in early May when  
14 you worked with the Center for Collaborative Policy. We broke out into work groups.  
15 We came back with proposals. And we all played an active role in developing priorities  
16 that day. From the outset, what we've seen from DDS is tell us your comments and  
17 questions, we will pat you on the head, thank you very much. And that's what we're  
18 doing today. Were the unions asked to outline what their goals and issues are today?  
19 Was PHA asked to speak at the outset and present their goals? And we as family  
20 members and you as friends of SDC do not know all of the technical details that are  
21 essential if we're to build a good plan. Simply asking us a family members what do you  
22 want when we have no expertise is not an ideal way to proceed. The Department  
23 prefers not to work with us collectively in a collaborative process but instead to divide  
24 and conquer and deal later with concurrent -- well, not with concurrent, with later  
25 possible exploration of whether there will be a medical and crisis center on site and

1 what other uses might be there, how the habitats might be preserved. We do not  
2 expect that or accept that and we ask our legislators to demand collaboration. I got a  
3 letter from DDS two weeks ago that said they would be willing to collaborate as we did  
4 with the Center for Collaborate Policy, two weeks ago. I've heard nothing. I don't know  
5 whether it was a genuine offer or not. But that's the only way we can really dig deep  
6 and together come up with the best possible plan. Those of you in the community, the  
7 friends of the Land Trust and Transform SDC who have noticed us and our families,  
8 have accepted us and are taking an interest in our issues, this is mysterious to us. We  
9 have always felt isolated and vulnerable. And we are deeply grateful for you. And we  
10 cannot thank you enough for participating in this process. Every family member of  
11 SDC, please join me in applauding the -- applauding the friends in this community of  
12 Transform SDC. Thank you.

13 **ALEANA CARREON:** Thank you. Speaker Number Three, please approach the  
14 microphone and state your name and affiliation, if any. Thank you.

15 **HAROLD [REDACTED]:** Yes. My name is Harold [REDACTED]. I have [REDACTED]. I  
16 know of several children that I've followed over the years, 20 some odd years now. [REDACTED]  
17 [REDACTED] is in his thirties. I phoned the State representative who mailed me the very first  
18 letter. And I told this nice young woman that I had hoped that if I'd ever opened such a  
19 letter that I would have passed. I take it very seriously about how these people are  
20 treated. And I do underline people. They are precious. They are -- they cannot defend  
21 themselves. I come from a blue collar world. I probably sound like it, and I'm proud of  
22 it. I see what happens. As a professional line driver, when I approach that first stop  
23 sign, I watch the world take a backseat to the grim reaper that goes on in the rest of  
24 society. It's a haven. It's a haven for me. I enjoy it like up on the north east. They  
25 have little tranquil societies. And these clients, patients, whatever you label them, I call

1 them people, continuity is the most important thing that any medical trained technician  
2 or doctor will ever repeat. What would be the best thing we could do for this child or  
3 person? Continuity of living, people around them. And I underline the people around  
4 them; the excellent staff that Sonoma has visioned me over the years. I have never had  
5 a negative thought about the people. They know what kind of a person I am. I've said it  
6 many, many, many times in the hundreds of meetings. I've said it to the judges when  
7 we have the two-year annual placement. And I'd hoped maybe that some of that got  
8 down on paper for the record because I'd named some names. The outside  
9 environment, I challenge you -- I talked to Ms. Beverly Sills before she died. Her son is  
10 in an excellent facility. So is Sylvester Stallone's. But it is out of the reach of anybody  
11 in this room, I would assume. [REDACTED] has been here at Sonoma and he's been  
12 delivered elsewhere. May I say mildly that it was -- we found a great place, and I'm  
13 paraphrasing but using the correct words. We'd go look. It was abominable. Let me --  
14 let me illustrate here. Antioch, he ended up having a seizure on the site. I was in  
15 Washington State on the job. My father was with my wife looking at a potential  
16 placement. They had cribs and a bed in a small house in the back of the building that  
17 had laddered bars that hinged over the top. My wife went ballistic. Now my wife, I  
18 should underline here, has been -- is a special ed director at the high school level and  
19 now at the school district level in Hayward. He had a seizure. He was airlifted to  
20 Children's Hospital. And when he woke up from the valium that they gave him IV, he  
21 looked at my father and he said, [REDACTED], what happened? He has -- I'm going to  
22 diverse here. I want to change directions real quickly. Years ago, we've -- us [REDACTED]  
23 have fought to Coffelt lawsuit. If the Coffelt lawsuit was a legitimate entity brought up by  
24 whoever, the Coffelt family, I'm sure they were the plaintiffs and the State were the  
25 defendants. The plaintiffs won. My argument with that winning is that the public

1 environment is not -- and I say not, extremely not, the most least restrictive environment  
2 for a potential person that is basically at the whim and will of anybody walking by.

3 **ALEANA CARREON:** Your time is up. Please wrap up your comments.

4 **HAROLD [REDACTED]:** Okay. I want to thank most of all the staff at Sonoma that  
5 has made [REDACTED] life -- allowed me to sleep at night and allowed him to flourish to at  
6 least the ability that he has. And I want to thank all you for being here. My wife and [REDACTED]  
7 attended the first two meetings and this was my turn because I stayed away for good  
8 reasons the first time. Thank you very much.

9 **ALEANA CARREON:** Thank you. Okay. We're going to go to the telephone  
10 now.

11 **OPERATOR:** Okay. We have a comment from the phone lines from Norm  
12 [REDACTED]. Please go ahead. Okay. Excuse me. Norm [REDACTED], your line is open for  
13 (inaudible). Please go ahead.

14 **NORM [REDACTED]:** Yes. Can you hear me?

15 **OPERATOR:** We can hear you now.

16 **NORM [REDACTED]:** Okay. Again, I'm a relative of -- at the Sonoma -- I have  
17 various concerns. And I'm going to talk quickly because I have several. Workers, a lot  
18 of the workers in the Regional Centers are minimum wage, they have a high turn-over,  
19 a lack of training. They're not credentialed or certified. Also, if you do the initial training  
20 and the high turn-over, then the new people coming in are not trained. I think there  
21 should be some type of credential or certified program like the SDC, they have to a  
22 minimum training. And so therefore anyone who works in the Regional Center has to  
23 be trained by someone from the SDC up to five years after the closure, monitoring.  
24 There's been a lack of study or at least publication and transparency in terms of what  
25 were the problems in the past. I think there needs to be put out to us about what the

1 problems were in the past and what is done to resolve them. There also needs to be a  
2 monitoring in terms of the progress of the Sonoma Development Center closing in terms  
3 of when people start to be transitioned, they have to identify, you know, what are the  
4 problems -- and this goes for both prior to and during -- in terms of hospitalization, what  
5 are the arrests, what are the deaths. So therefore -- and then what are the path  
6 forward, the key learnings so that we can improve upon them. We need to know what  
7 happened in the past and we need to know what's happening currently. And so far  
8 when we request this information it's not being provided. There also needs to be an  
9 Ombudsman where if there -- the relatives are having problems during this transition  
10 that they can go to especially with problems in the Regional Centers. Then there also  
11 needs to be a record, and this record needs to be posted and published quarterly like,  
12 you know, what were the complaints made, where were the issues found and what was  
13 the corrective action taken. Otherwise, what we have now is a divide and conquer. You  
14 have people experiencing individual circumstances and it's not apparent to the rest and  
15 is not apparent to the whole of all the problems that are -- that are happening. There  
16 has to be communications to the relatives and to the parents about what's going on.  
17 An important part of that is publishing. There are unique problems within individual  
18 people. And so you can redact or you can, you know, not say the names. But you need  
19 to know what's going on.

20 **ALEANA CARREON:** Two minutes.

21 **NORM [REDACTED]:** We also need to know there's this talk at the last conference of  
22 June 8th where they have the emails and website. Not all people have emails or a  
23 website. I requested at that time that they -- that information that you were posting on  
24 the website that you provide it to the people. Nothing was done. You talk about you  
25 want to work together in a collaborate. But when we raise issues like that, nothing is

1 done. Therefore, you need to solicit the people and the relatives of how they want to  
2 receive the information. If they want to receive an email, if they have an email, or they  
3 want to go online, fine. For those of us who don't have it, you need to send us the  
4 information.

5 **ALEANA CARREON:** Thank you.

6 **NORM [REDACTED]:** Also, in terms of the transition plan that happened at last time -  
7 - that happened at Agnew and they talked to us about it and put down the website, we  
8 need to see it. But we also need to see more than just what was the initial transition  
9 plan. We also need to see what were the upgrades to the transition plan, how they  
10 develop as it goes along. Again, my understanding, there were a lot of problems at  
11 Agnew. But you're not communicating any of that to us. Again, you talk about the  
12 collaborativeness and working together and want to make this the best possible. But  
13 basic things like communication and basic things like sharing and informing us what to  
14 do or what has happened is not being done. Also there's not a process where we can  
15 go to that a person is going to specifically work with us like an Ombudsman. We hear  
16 about the transition coordinator for the Sonoma Developmental Center who's the same  
17 transition coordinator from Agnew's. But this is the same transition coordinator --

18 **ALEANA CARREON:** Caller, your time is up.

19 **NORM [REDACTED]** -- who has a vested interest in how it appears --

20 **ALEANA CARREON:** Your time is up. Please wrap up your comments.

21 **NORM [REDACTED]:** -- that the transition is going. And therefore I question whether  
22 she's going to work like an Ombudsman who is interested not in the transition but is per  
23 se --

24 **ALEANA CARREON:** Caller, your time is up.

25 **NORM [REDACTED]:** -- but is interested in meeting the needs -- and that's their

1 whole job -- meeting the needs of the parents and the relatives to make it happen as  
2 opposed to trying to look good.

3 **ALEANA CARREON:** Okay. Caller, your time is up. We're going to have to end  
4 this now.

5 **NORM [REDACTED]:** And is she trying to look good because again where are the  
6 key (inaudible) from the previous closures? How come we have to go to a parent who  
7 have problems to get that information? That speaks volumes in terms of the lack of  
8 transparency and the lack of trying to share what actually happened and trying to make  
9 it as efficient as possible.

10 **ALEANA CARREON:** Excuse me. Caller?

11 **NORM [REDACTED]** Yes.

12 **ALEANA CARREON:** Caller?

13 **NORM [REDACTED]:** Change is inevitable. But we're here to try --

14 **ALEANA CARREON:** Your time is up.

15 **NORM [REDACTED]:** -- to ensure that the change that is being done is actually done  
16 to help.

17 **OPERATOR:** This is the operator. Your time is up. I'm going to have to  
18 release your line.

19 **NORM [REDACTED]:** Thank you.

20 **OPERATOR:** Sorry. And also if anyone else has a comment, please press star  
21 one. We have a comment from the line of Robert [REDACTED]. Please go ahead.

22 **ROBERT [REDACTED]:** Yeah. This is Robert [REDACTED]. My wife [REDACTED] and I are the  
23 [REDACTED] conservators of [REDACTED] who was a resident of [REDACTED]. He's been at the  
24 FDC since 1971 when he was 11-1/2 years old. And we are both in our eighties,  
25 gravely concerned about what will happen to [REDACTED] if the SDC (inaudible.) [REDACTED]



1 presents a bizarre array of problems, mainly behavioral. He has a lot of special needs.  
2 He has numerous allergies. And that's peanuts and even to soy. And as the --  
3 currently, the staff at [REDACTED] watches this very carefully and makes sure that he doesn't  
4 accidentally get something he shouldn't. But he -- if something gets to him, he becomes  
5 gravely ill. Secondly, he has -- well, I guess maybe I should have said first he's totally  
6 nonverbal and has been. He's never said a word in his whole 55 years of life. For  
7 dental care, [REDACTED] requires both sedation and restraint which he now gets at the SDC.  
8 And I don't know of any dentists anywhere else who would provide this sort of service.  
9 He also has a problem with elopement. [REDACTED] will escape and return to the unit. This,  
10 of course, elopement problem existed at home. In fact, one of the things that prompted  
11 our placing him was the -- he started getting returned home by the [REDACTED] Police  
12 when they found him sitting on the streetcar tracks on [REDACTED] Avenue. (Inaudible) also  
13 (inaudible) and some other problems. He also has pica. He puts everything in his  
14 mouth. As a child, somehow he got lead poisoning as a result of this. And while many  
15 of the experts that we took him to said gee that looks like lead poisoning but that  
16 couldn't be possible, it wasn't until he got to SDC that anyone ever actually tested him to  
17 see this. We have -- we have done everything we could. We've taken [REDACTED] to UCSF  
18 for evaluation. We've taken him to the Langley Porter Clinic for evaluation, taken him to  
19 the child -- to a program for the retarded at (inaudible) Hospital in San Francisco and we  
20 took him and placed him in ARC programs and then the school district programs. And  
21 none of them were able to handle or solve any of his problems. Meanwhile, we  
22 (inaudible) came to find out -- we looked at various programs. We've been active in the  
23 --

24 **ALEANA CARREON:** Caller, you have two minutes.

25 **ROBERT [REDACTED]:** -- developmental development area. My wife served on the

1 State council and both as a member and Chair. And I served on the Board of Golden  
2 State Regional Center. And in all of our looking around and during those periods and  
3 before and after, we did not find any place where there were -- that would handle  
4 (inaudible) problems except the Sonoma Developmental Center. And I just hope and  
5 pray if indeed SDC is closed an effort is made to create a facility that can adequately  
6 treat (inaudible) like [REDACTED] and are adequately staffed with trained personnel and that  
7 this is done before SDC is closed and people like [REDACTED] our sent out to be bounced  
8 from one daycare home to another. I think sometimes I hear people talk as if they  
9 disclose at SDC all these facilities will just spring up like magic. But that's not going to  
10 happen and it needs to be done before people are released. Thank you very much.  
11 Bye.

12 **ALEANA CARREON:** Thank you.

13 **OPERATOR:** Okay. Once again, if you have a comment or testimony, please  
14 press star one. We do have a comment from Jeff [REDACTED], conservator [REDACTED]  
15 [REDACTED]. Please go ahead.

16 **JEFF [REDACTED]:** Yes. I don't want to repeat the previous callers. I fully support  
17 and ditto their comments and concerns. [REDACTED] has failed out in the community  
18 between her two stays at Sonoma. And it is at Sonoma where she has received a very  
19 consistent care, caring care of a good competency and especially in the healthcare. My  
20 concern is when she is placed out in the community, quote, she will become isolated out  
21 of the community. These people who are the ones left and most severe are going to be  
22 the odd person out. They will be isolated. And their healthcare is going to be very  
23 fractured. They will be -- I know [REDACTED] will be one of a thousand in a (inaudible)  
24 where she will be the difficult one. At Sonoma, everything is streamlined specifically for  
25 their needs and care. It's going to be very detrimental to [REDACTED] and also I have a

1 [REDACTED] who is a resident at Sonoma. It's going to be very detrimental to their care,  
2 wellbeing to be moved out of this community, Sonoma, where they are. And I'm very  
3 concerned. It's been obvious. You look at the numbers and if you visit Sonoma over  
4 the last few years that they have been in the process of slowly closing down. And  
5 nothing has been done to prepare for this until right now. And it's still in the talking  
6 stage. And that again concerns me for the health and welfare of these residents that we  
7 have at Sonoma. And that's all I have to say for now. Thank you.

8 **ALEANA CARREON:** Thank you, caller. Okay. Caller Number Four, can you  
9 come up and approach the -- I'm sorry, Speaker Number Four, and state your name and  
10 affiliation, if any, for the record. Thank you.

11 **DAVID MORELL:** Thank you. I'm David Morell. I'm on the Board of Directors of  
12 the Sonoma Ecology Center. I'd like to start out by diverting from what I had and some  
13 prepared remarks to note the extraordinary of the coalition we're building locally  
14 between the parents and advocates for the residents and the professionals from the  
15 Sonoma Land Trust and from our organization at the ecology center, and that that  
16 collaboration needs to set a bar for the State of California. I say this as a former State  
17 official, a political appointee of the current Governor in his previous tenure as Governor.  
18 It's critical that the State of California come up to the bar we've set locally here with the  
19 county, with the residents and their advocates and with the environmental experts. I'd  
20 also add that I fully endorse the kinds of comments made by our colleague as the first  
21 speaker from the Land Trust. Our organization's expertise is in land, water and  
22 biodiversity. We've provided local high quality science-based information and technical  
23 support to our community for over 25 years. For 16 of those years up to today, our  
24 offices for the ecology center are out SDC. We know its lands intimately and we have  
25 helped SDC and the State with many projects and issues over the years assisting the

1 State to make critical choices. Let me emphasize the place is remarkable. It is the  
2 heart of one of the last remaining wildland corridors across Sonoma Valley, connecting  
3 large protected core habitat areas on both sides of our valley. The corridor connects  
4 habits in Point Reyes seashore and State parklands on the coast with the new, just  
5 days old Berryessa Snow Mountain National Monument to our east, two of the most  
6 biodiversity rich areas in all of California. This corridor is key to protecting life in these  
7 places especially in this time of ecological challenge and what I call global weirding  
8 rather than global warming. SDC supports water resources including two year-round  
9 tributaries to Sonoma Creek and Sonoma Creek itself right outside our offices on the  
10 campus, a critical stream for the entire Bay area region, hosting some of the species  
11 that are so critical. The watershed area provides water for the land and life found on the  
12 SDC campus, for all of the facilities on SDC and provides crucial groundwater recharge,  
13 flood mitigation and flow of water for much of Sonoma Valley. SDC itself has an array  
14 of habits with a remarkably rich mosaic of plant and animal species. Just consider the  
15 range. Redwood forests, oak woodlands and savannas, grasslands, riparian forestry  
16 and its lakes and wetlands. These habits support the endangered spotted owl, the rare  
17 California red-legged frog and lots of other animals that I could name. But of course the  
18 time is very short. And the time, of course, is short to put together a comprehensive  
19 plan that works, that works for the residents, that works for Sonoma Valley, that works  
20 for this critical piece of our ecology. The time is critical. Less than two minutes. The  
21 land provides another function that is less understand but increasingly seen as vital to  
22 people and health. And we heard about this from one of the speakers who preceded  
23 me before our telephone additions. It offers a place for residents to be aware of and in  
24 nature. We understand that this has dramatic therapeutic benefits to current residents.  
25 However services are developed on the site through this complex transition process, we

1 feel this therapeutic aspect is crucial to preserve for the -- for the residents. As we've  
2 grown to understand the lands of SDC, we've also grown to understand its residents,  
3 their families and the expert care-givers who support this most vulnerable population of  
4 California's citizens. We feel it's a primary function of this transition process to assure  
5 that services to support this population be developed on this site. And let me close by  
6 just noting a couple personal notes before I do run out of time. I have the extraordinary  
7 pleasure as a father to have five children, two adopted, three natural-born. One has  
8 developmental needs, not at the level of your families, but in special education services.  
9 Another is a Harvard med graduate. So there's a vast range. And that reflects the kind  
10 of community we have here in Sonoma Valley. And again I close, at zero minutes, by  
11 challenging our colleagues of the State of California to work with us, not push us, to  
12 work with us to create a transition plan that works for the residents and the critical  
13 ecology of Sonoma Development Center. Thank you.

14 **ALEANA CARREON:** Thank you. If speakers six through ten choose, you may  
15 come up and sit in the front row. Speaker five please? Please state your name for the  
16 record.

17 **MARY [REDACTED]:** Can you hear me? The question is can you really hear  
18 me. My name is Mary [REDACTED]. [REDACTED], resides in Sonoma. I'm also a PHA  
19 Board member. [REDACTED] has been in Sonoma. She'll be celebrating her 56th year in  
20 [REDACTED]. I want you to hear this loudly. A doctor told [REDACTED] your [REDACTED] will never  
21 live past the age of five. [REDACTED] is going to be [REDACTED] this [REDACTED]. She suffers from  
22 deafness. She suffers from severe mental retardation. She's a gentle soul. If indeed  
23 we're going to close Sonoma, which I totally object -- I've spoken in many meetings,  
24 gone to Sacramento along with Kathleen Miller and all of our PHA friends over and over  
25 saying the same things, begging don't close this marvelous facility. So indeed if I have

1 to prepare for the worst case, these are the issues I'd like to see handled if indeed  
2 there's such a thing as a group home other than [REDACTED] group home that she's  
3 resided in in Sonoma. Care needs to be provided by trained doctors, trained dentists  
4 and the incredible trained staff [REDACTED] has had the privilege of being cared for by for  
5 the last 56 years. A small example, in May [REDACTED] had a loss of appetite. That's an  
6 odd thing for her. She loves to eat, as do I. Her staff folks noticed this, this is an odd  
7 thing. Her doctor quickly diagnosed it. Remember, [REDACTED] doesn't speak. We've  
8 never spoken to [REDACTED]. The doctor quickly diagnosed it, had some tests. She had her  
9 gallbladder removed all within the matter of two or three weeks. Constant  
10 communication to me, excellent job done by outside doctors who came in and removed  
11 the gallbladder, and then she had a couple of days in what's known as the general  
12 acute care center at Sonoma. There will be no GACs in the community. And the sad  
13 thing that I've heard of, as I've gone to the -- our regional meetings, when we have our  
14 IPPs -- we have two meetings a year, a six-month and a yearly -- all of our doctors are  
15 there, our nurses, all of the special trained staff. There will be no doctors at any of [REDACTED]  
16 [REDACTED] future IPPs. I can't imagine that. No one will know her health. No one will  
17 know. It'll be guesswork. [REDACTED] requires sedation for simple things, dentistry,  
18 anything medical or she'll push you away. She's strong. She also needs to have her  
19 toenails cut. All of us take it for granted. We can cut our toenails. Some of us, as we  
20 get older, including me, it's not so easy either. We can get a pedicure perhaps. She  
21 needs special shoes. There won't be those special shoes or those folks in Sonoma who  
22 make the shoes in the community. Again, I'm trying to show you what should be in the  
23 community, and I'm not number two. I could go to a thousand but I'm limited to five.  
24 What about a daycare program? Will it be in the community? Will there be recreational  
25 outings, special holiday types of events? These are in no particular order, although

1 medical for all of us is tops. Safety, will she be safe in a group home, in a community  
2 that may not welcome her? What about fires, home invasions? A lot of these group  
3 homes aren't in the best of areas. She can't hear. Who will take care of her if there's a  
4 home invasion? What about abuse? Not by the staff but perhaps some of the  
5 neighborhood who's watching her. [REDACTED] has elopement issues. Even in her little  
6 wheelchair, she'll try to get out. Last but not least, religious freedom, a right of all of us  
7 to practice, a right that's kind of going away in this day and age along with keeping  
8 Sonoma open. Religious freedom, why do I say religious freedom for someone who  
9 has the mind of an 18-month year old? Because for as long-- sorry. As long as I've  
10 known [REDACTED], she's always looked up. She looks up because that's her real home.  
11 She knows what's up there and there is a religious freedom in Sonoma. There's little  
12 services and she enjoys it. [REDACTED] looks up for a reason. She knows her real home.  
13 I know her real home. My goal is if we ever make that home together is to talk to [REDACTED]  
14 [REDACTED]. I thank you for listening. And those were my issues. Thank you.

15 **ALEANA CARREON:** Thank you. Speaker number six, please approach the  
16 microphone and state your last -- first name and last name and your affiliation, if any.

17 **JOHN MCCALL:** Good morning. My name is John McCall and I'm a -- excuse  
18 me -- land acquisition and program manager for the Sonoma Land Trust. I have to  
19 leave in a few minutes to pick up my daughter at camp. She's up in Mendocino so I'm  
20 sorry that I can't stay for the rest of the day and listen to what all of you have to stay. I  
21 live in Glen Ellen. I've lived and worked in the Valley for ten years. And in my role with  
22 the Land Trust, I primarily work on conservation projects in the Sonoma Valley and  
23 Sonoma Mountain region. So the Developmental Center is home for me as well. SDC  
24 has been a defining institution for Sonoma and the State for 125 years. There have  
25 been 23 governors if you count Jerry Brown twice who have served since Robert

1 Waterman become governor in 1891. That struck me as just how long this place has  
2 been here and how many people have presided over it and dealt with budgets every  
3 year and helped keep this place going. With Governor Brown proposing closure by  
4 2018, we need to make some choices over the next few years that honor this incredible  
5 legacy and the remarkable natural lands that surround the developed campus.  
6 Because time is limited today, I want to focus my testimony in outlining how the Land  
7 Trust and the Sonoma Developmental Center Coalition which Susan Gorin chairs is  
8 going to provide input into the closure plan and the discussion around future uses of the  
9 property. Today we're just submitting these general comments. By the September 1st  
10 deadline, we'll submit much more detailed written comments, as Susan referenced,  
11 addressing many of the different aspects of closure and the potential reuse ideas for the  
12 property. In addition to our comments as an organization, we're lucky enough to have a  
13 consultant team that we've been working with now for most of the year. You heard  
14 about the Center for Collaborative Policy who has been helping to facilitate community  
15 dialogue around the future of the site. What we're working on over the next basically  
16 two months is to develop a feasibility study for different use scenarios for the campus.  
17 And then we'll look at models from all over the country and maybe even all over the  
18 world of other facilities that have gone through these kinds of transitions and use  
19 changes and we'll submit a draft by September 1st and then a final draft in -- later in  
20 September. Based on the community workshop that we held in early May -- and I know  
21 many of you were there, we think we have something close to a vision statement that  
22 we didn't make this up, this is distilled from a thousand post-it notes and 300 comment  
23 cards and a dialogue that's been going on for months. I'm just going to read it. This is  
24 not -- no one has agreed to this. It's the flavor of what I think is a vision for the future of  
25 SDC. Create a public/private partnership driven by community ideas and values that



1 showcases the site's history, maintains critical services for the developmentally disabled  
2 and preserves the natural resources and open space of the site. You're going to hear  
3 that over and over again today. And we call these -- the pillars of this whole effort are a  
4 new regional hub for housing and healthcare services for the developmentally disabled  
5 population and a protected and intact natural landscape. We think this is a vision for the  
6 majority of Sonoma residents. So under the current law, DDS has to hold this hearing.  
7 When I looked at the law it was unclear to me what this is -- what is supposed to  
8 happen from this hearing. Right now, the laws said that really DDS has to just  
9 summarize public comment. Because of the work of Senator McGuire, Assemblyman  
10 Dodd, the county, our other legislators, there were major changes put into the -- through  
11 the budget process into how DDS needs to work with the community, in this case,  
12 Sonoma. And I think that the staff here today, Director Rogers, Secretary Dooley, have  
13 all -- they've been using the word transform. They used it in the Task Force Report that  
14 was issued in January of last year and they used it on their website and they're using it  
15 for today's hearing. And I'm going to take that as a good sign. That's not -- language is  
16 very important. And closure has a set of implications, and transform has a very different  
17 set of implications. So we're looking forward to the creative and collaborative  
18 conversation over the next couple months. The other thing that our legislative  
19 delegation ensured is that when the county makes recommendations on future uses of  
20 the property that those have to be fully considered. So I think we have an opportunity  
21 here through community work to have the county and Susan's leadership bring  
22 something forward formally to the State, again in a very short timeframe, but we think  
23 we can do it. I haven't gotten -- I don't have to keep talking just because you haven't  
24 given me the hook yet. So thank you, thank you for holding this hearing. Thank you all  
25 for being here today. And it's been such a pleasure to work with Kathleen and all the

1 families. It's opened my heart and eyes around this issue too. So thank you.

2 **ALEANA CARREON:** Thank you. Speaker number seven, please approach the  
3 mic and state your first and last name and affiliation, if any.

4 **JUDY [REDACTED]:** My name is Judy [REDACTED]. I've lived here in  
5 Sonoma for 32 years, I think. And before I say what I had written, I really want to thank  
6 those who have spoken before me especially about their daughters, their sisters, their  
7 sons. It's very, very emotional and very beautiful. It's part of who we are in Sonoma.  
8 And I wanted to start by saying that a community is more than just a group of people  
9 living in one place. I looked it up online and there was a definition by the business  
10 dictionary that described it as a self-organized network of people with a common  
11 agenda, cause or interest who collaborate by sharing ideas, information and other  
12 resources. And I think that the imminent closing of Sonoma Developmental Center has  
13 created a new sense of community here in Sonoma Valley, one in which the residents  
14 recognize that status quo cannot exist, but that action without time for careful thought  
15 could lead to decisions that would forever harm our valley. As a result, numerous  
16 stakeholders have already come together to begin an envisioning process that would be  
17 economically sound, maintain critical services for existing clients and would preserve  
18 the open space and natural resources that characterize the property and are enjoyed by  
19 so many. We only ask for time to do it right. And there are two primary issues at stake,  
20 people and land. The sudden closing of the Sonoma Development Center may make  
21 financial sense but it does not make humanitarian sense. It is not just about the  
22 residents who have lived there for decades and require specialized care. It's also about  
23 their families -- which we've heard today -- and about the employees who work there  
24 and their families. That becomes a number not in the hundreds but in the thousands.  
25 The community needs additional time to complete its planning for a transformation of

1 the property and the facilities into an economically viable alternative to the current  
2 situation. We need to address the needs of developmentally disabled patients by taking  
3 advantage of the expertise of the SDC staff and the specialized therapies and mobility  
4 devices that they have already perfected. The potential impact of a transformed SDC is  
5 enormous and need not be confined to those who are currently being served. Our other  
6 concern is the land itself. Not only is it aesthetically pleasing, it has value far beyond  
7 what we see with our eyes. Its waters are critical to the replenishment of the ground  
8 aquifer that serves our valley. It is a critical ecological lynchpin for the wildlife whose  
9 habitats have already been imposed on. Its varied habitats can become the focus of  
10 numerous scientific studies such as serving as the field site for a study on the impacts  
11 of global change. It can provide access to numerous educational and recreational uses.  
12 It and the SDC are jewels that need to be cherished and protected. Thank you.

13 **ALEANA CARREON:** Thank you. Speaker number eight, please approach the  
14 mic and state your first and last name and any affiliation.

15 **JIM [REDACTED]** Hi. My name is Jim [REDACTED]. And [REDACTED] is a 56-  
16 year old man who's resided at Sonoma for the last 30 years of his life. I apologize for  
17 not looking at you but I want to read my statement so I can get it in before the five  
18 minutes is up. [REDACTED] is severely developmentally disabled. He has a behavioral  
19 disability in the form of autistic disorder with no ability to care for himself and a limited  
20 ability to express his wants and problems. He has always lived in a locked facility due  
21 to his lack of hazard awareness. Familiar staff and persons are important to his  
22 behavior and it's one of the main reasons he's done so well at SDC. Moving him to a  
23 community-based housing with unfamiliar people and surroundings would be  
24 catastrophic to his physical and mental wellbeing. [REDACTED] also has significant medical  
25 disabilities. He's wheelchair bound and also suffers from seizures and is at risk for

1 choking as a result. At SDC, [REDACTED] currently receives the following care. He has access  
2 to 24-hour medical care. He has individualized 24-hour one-on-one care by staff,  
3 monitoring by a primary care physician, nursing care, a neurologist, a podiatrist for foot  
4 issues, a dermatologist, a physical therapist, psychiatrist, psychologists. He has a  
5 vocational therapist. He works at a job every day. He also needs oxygen available if  
6 necessary due to seizures, and specialized equipment such as a shower chair, a  
7 wheelchair and a gate belt. There's no way this level of service or anything close to it  
8 can be provided at a community-based housing setting. There's no way professional  
9 level staff necessary to deal with [REDACTED] will be afforded to him in a community home. I  
10 fear he'll end up just being over-drugged and restrained at a community setting. His  
11 entire life, he's always been evaluated at every annual review as inappropriate for  
12 community-based housing. Now suddenly at the age of 56 the State of California has  
13 determined that he's all of a sudden appropriate for community housing, not based on  
14 any objective evaluation of [REDACTED] needs, but rather solely based on the State's  
15 desire to save money. In my opinion, it's unconscionable that the physical and mental  
16 wellbeing of [REDACTED] and the other residents of SDC is being put at risk to save a few  
17 dollars. If the State is determined to close the developmental centers, I would like to  
18 suggest the following alternative options. We all know that a certain percentage of the  
19 residents at SDC, whatever that number is, are not going to make it in community-  
20 based housing. In light of that, what is the contingency plan for those residents that do  
21 not make it? You can't put them in the streets or just shuffle them from one community  
22 residence to another. In my opinion, the State needs to keep at least one  
23 Developmental Center open for residents who do not have the ability to make it in the  
24 community setting. If that is too much to ask, at a minimum the State could keep open  
25 a regional medical clinic, a crisis clinic and behavioral clinic with professional staff to

1 assist the community housing with residents who are not adjusting well, and these  
2 individuals would have some place to go and receive proper treatment. The backup  
3 contingency plan for those residents that cannot successfully transition needs to be in  
4 writing and should be included in the closure plan that's going to be forwarded to the  
5 Legislature on October 1. A closure plan without such a backup contingency is flawed,  
6 irresponsible and should not be approved. You simply cannot send a closure plan to  
7 the Legislature without a backup plan for the people like [REDACTED] who will  
8 inevitably fail in the community setting. With regard to the closure plan, are the families  
9 going to receive a copy of it for review before it is sent to the Legislature for approval?  
10 We should get it well in advance so that we can address any concerns we have prior to  
11 its approval. Moreover, how can the closure plan be sent to the Legislature for approval  
12 in just two months when there are no currently determined appropriate alternative living  
13 arrangements for our loved ones? How can the Legislature -- how can they determine  
14 the closure plan is appropriate if they do not know what specific alternative living  
15 arrangements are available and exactly what resources and services are available or  
16 not available at these locations? It seems like we're putting the cart before the horse.  
17 In my opinion, finalization of alternative living arrangements for each resident should be  
18 determined concurrent with the submission of a closure plan. I think the State should  
19 voluntarily collaborate with the parents regarding all these issues. But if the State is  
20 going to proceed to approve a closure plan with any of the these facilities even being  
21 constructed yet nor any specifics how they're going to be staffed or where the residents  
22 are going to be moved, then I think the Parents Association should consider taking legal  
23 action against the DDS and seek an injunction against the closing of SDC until such  
24 time as the -- until such time as the State has detailed exactly what housing and  
25 services are going to be provided to each resident and what type of contingency facility

1 the State is going to provide to those individuals who fail because they're totally  
2 inappropriate for community-based housing. And I'd just like to conclude, I'm here  
3 fighting on behalf of [REDACTED] because [REDACTED] can't fight for himself. And I  
4 assume that's why all of you are here because your family members can't fight for  
5 themselves. And I just want to say if you're going to do it, we got to get organized, be  
6 active and fight as a group. Because individual complaints aren't going to move the  
7 DDS, I don't think, to do anything. So, you know, let's get active and do something  
8 about it. Thank you.

9 **ALEANA CARREON:** Thank you. We're going to -- we're going to take a  
10 phone call.

11 **OPERATOR:** Okay. Once again on the phone lines, if you have a comment or  
12 testimony please press start one. We do have a comment from Carla [REDACTED] who is the  
13 conservator for [REDACTED]. Please go ahead.

14 **CARLA [REDACTED]:** Yes. Hi. My name is Carla [REDACTED]. First of all, it's really been  
15 difficult hearing the speakers. So I hope you can all hear us fine. I'd like to say a few  
16 things. First of all, SDC gives 24-hour care including medical. And you can't get that -- I  
17 can't get that out here. My [REDACTED] took [REDACTED] to all types of schools and programs  
18 before SDC and none of them could help. SDC is the only place to care for [REDACTED].  
19 This is their home. Stop trying to close it and sell it for the damn land to put more  
20 wineries. This is a historic place and site. What does this State consider a home? I  
21 would like them to give me that definition. [REDACTED] has been here for 50 years. And if  
22 that is not a home, then what the hell is? Also what does the State consider a  
23 community? We are a community. And if they don't understand that, then they need to  
24 get off of their tail ends and come up here and view it and see for their eyes how  
25 beautiful and loving this place is and how much care they get. [REDACTED] has been in the

1 Special Olympics. You don't get that out there. She has done so many different things  
2 being there as a resident than she would out here. People forget that the residents here  
3 are human beings. We need to remember that. She receives excellent care. I lost my  
4 [REDACTED] and I do not want to lose [REDACTED] due to a lack of knowledge and training and  
5 experience at one of these so-called community homes. It makes no sense to me.  
6 Over the years I have read in various newspapers of the horrible treatment of the  
7 disabled such as being chained to a fence, sitting in feces and urine, rapes, beatings  
8 and unnecessary use of drugs to make them lethargic so they don't have to bother with  
9 them. It's easy for the people in Sacramento to make this decision of closing our  
10 community home when they have no loved ones here. Because if they did, we would  
11 not be having this hearing or meeting today. I appreciate your time. And again I just  
12 want to reiterate I would like to know what we can do to keep this open. As I said, this  
13 has been [REDACTED] home for 50 years and I know other people have been there just  
14 as long if not longer. This is their home. [REDACTED] is nonverbal. [REDACTED] is non-  
15 hearing. Like the gentleman said prior, she has to be for medical appointments, dental  
16 appointments, restrained and medicated. You don't get that out here. I just don't  
17 understand where they're coming from. This is -- like I said, this is -- this has been  
18 around for 124 years. I mean come on, what the heck? If it was their home of their  
19 loved one I'd like to know what the hell they would be doing.

20 **OPERATOR:** And we have a comment from Bob [REDACTED], a conservator [REDACTED]  
21 [REDACTED]. Please go ahead. Your line is open, sir. Bob [REDACTED]? Gee, I'm not hearing  
22 you. Bob [REDACTED], please unmute your phone.

23 **BOB [REDACTED]:** Sorry about that. Yeah. I have a -- I'm a conservator and I'm  
24 [REDACTED]. He just got moved last month from [REDACTED] to [REDACTED] and  
25 really appreciate the great care that he is receiving at SDC. My main concern is that

1 like the last woman commented, it is really hard to hear the comments or the -- yeah,  
2 the speakers and various speakers at the -- there. And I was just wondering if it would  
3 be possible maybe in the future to have it be -- amplification put directly into the phone  
4 line rather than hearing the echoes and so on in the room. It's almost impossible to  
5 hear. Thank you.

6 **ALEANA CARREON:** It's another call.

7 **OPERATOR:** We'll move on to the next person, Tonya [REDACTED], a [REDACTED].

8 Please go ahead.

9 **TONYA [REDACTED]:** Tonya, your line is open. Please unmute your phone.

10 Tonya [REDACTED], are you able to hear me? Please unmute your phone. Okay. We don't  
11 hear anything. No one else is in queue. If anyone else does have a comment, please  
12 press star one. Releasing the line for Tonya. We don't hear anything.

13 **ALEANA CARREON:** Okay. We'll go to speaker nine.

14 **OPERATOR:** Okay. We'll take your comments from Carla [REDACTED], conservator.

15 Please go ahead.

16 **CARLA [REDACTED]:** Yes. I wanted to mention also that I know a lot of people feel  
17 that they can try to -- oh, well, you're just a [REDACTED], you're not the [REDACTED] so we can try to  
18 persuade you, et cetera, et cetera. There's no persuading here. That's all I wanted to  
19 say. And she is [REDACTED]. Just because I didn't give birth to her does not mean I don't  
20 give a dang about her. I love and care for her, and I do. And she is in the best place  
21 she could possibly be. It was a hard decision for [REDACTED] to make. They did make  
22 it. We're [REDACTED] now. And like I said, when and if the time comes for [REDACTED]  
23 passing it is to be at SDC. That was their wish. That is my wish. She's in the best  
24 place. And I do want to add thank all of you for having this meeting, hearing, and also  
25 especially to all of the technicians that care for [REDACTED] and all the other staff, the



1 doctors, the social workers. You all do a tremendous job, a wonderful -- and I just want  
2 to thank you from the bottom of my family's heart. You are in -- you're a part of our  
3 family. And for all of your work, you probably don't get recognized as much as you  
4 should. But you sure do in our family. Thank you all so much for the lovely work that  
5 you do. You truly care for your job. This is not an easy job. And we really appreciate it.  
6 Thank you.

7 **ALEANA CARREON:** Thank you.

8 **OPERATOR:** Again, if someone -- if someone has a comment or testimony on  
9 the phone lines, please press star one. We have no one in queue right at this time.

10 **ALEANA CARREON:** Okay. We'll go to speaker number one. Please state  
11 your first and last name and affiliation, if any.

12 **MIKE [REDACTED]:** Hi. My name is Mike [REDACTED]. I'm a PHA Board member.  
13 [REDACTED] lived at SDC for over 40 years before he passed away in 2009. And  
14 I'm the conservator of a gentleman named [REDACTED]. I've been coming to SDC  
15 virtually my entire life. I know the campus, the staff, many of the residents and been  
16 blessed to see such compassionate care that allows these people to -- these people  
17 with such profound and numerous disabilities to live long, happy and productive lives.  
18 But that all changes now. [REDACTED], [REDACTED], is nonverbal. He uses a specialized  
19 wheelchair with assistance for mobility. He's [REDACTED]. He's undergone  
20 treatment for [REDACTED]. He needs highly skilled nursing care on a continual basis.  
21 He enjoys day programs. He enjoys music. And he and his longtime roommate, the  
22 notorious [REDACTED], are fast friends. And his staff and his family -- his staff and his  
23 friends truly are his family. And I know that they treat him as an extension of theirs.  
24 You can see it in everything that they do. I want to thank the legislative people for being  
25 here. I want to thank Susan Gorin and especially Kathleen Miller for their tireless work

1 on behalf of the residents. They're a true inspiration to people. And I appreciate your  
2 presence here today. And I know for many of you or for all of you this is a really boring  
3 and very perfunctory process. It's a formality and you'd probably be, you know -- rather  
4 be virtually anywhere else. It's something that you do because you have to do. It's  
5 something that you do so you can say you did it. And trust me, I'd rather be anywhere  
6 else myself. But here we are. So the decision to close SDC and virtually all the other  
7 congregate care facilities has been inevitable for quite some time. And the next time  
8 that DDS actively collaborates with stakeholders will be the first. There's plenty of  
9 blame to go round. But suffice it to say that Federal and State bureaucrats decided a  
10 long time ago to make it difficult and ultimately impossible to keep these facilities open.  
11 And they've achieved this through a combination of punitive and redundant oversight  
12 and a deflection policy aimed at driving the cost per client number through the roof while  
13 maintaining a very high level of care for the lucky few that remain here. And those few  
14 residents will never live a full life like they do here in a community setting. Many will die  
15 during the transition and soon after. And all developmentally disabled people from here  
16 on out will have one less choice. This is the kind of agenda and outcome drive policy  
17 that is all too prevalent at all levels of government, I think. And I know it intuitively that,  
18 you know, this will be a difficult process with many casualties and deaths involved. I  
19 know it intuitively. But you have hard numbers. You have mortality statistics and lots of  
20 other stuff that you will never share with us. You probably have projections, target  
21 numbers, that kind of thing. The point is this is really about money and power and  
22 politics for a lot of you people. These are the things most of you are more  
23 knowledgeable than I am about. It's what you know. It's what drives you. And it --  
24 perhaps it's what you're passionate about. All I can speak to is the tremendous sense  
25 of loss and sorrow that I feel for this community. Once SDC is closed the people who

1 live and work there will never have this again. And my wish is that you all could feel that  
2 same sense of loss and sorrow. And I'm not really here to judge anyone. My faith tells  
3 me not to do that. You know, that's God's job. But I also believe that we will all be held  
4 accountable for our choices, our decisions and probably more importantly our motives.  
5 So thank you for your time. Enjoy the rest of your weekend. Be safe. Do something  
6 fun. I know this can't be much fun for you.

7 **ALEANA CARREON:** Thank you. Speaker number ten, please come up and  
8 state your first and last name and affiliation, if any.

9 **JANICE [REDACTED]:** My name is Janice [REDACTED]. I've been coming back and forth  
10 to Sonoma Development Center for 50 years. [REDACTED] has been here. He's nonverbal.  
11 When I brought him he was two years old. They said if you don't take him where he has  
12 24 hours care he will die. So Sonoma was the next logical place. After being here for a  
13 couple years, they felt he was progressing enough that he could be in a community  
14 setting. And so they suggested a home that was closer to my home. So I okayed it. It  
15 was a black woman, which in those days back then, I was -- I considered them to be a  
16 mammy maybe. And [REDACTED] would get a lot of love from one of these mammies from  
17 the south. However, they told us, you know, you had to wait a month or so before so  
18 they could get acclimated before you could go to visit them. So I waited a month. And I  
19 called. And the woman said no, no, no, we need more time. I said okay. So I waited  
20 another month. No was still the answer. So then I called the social worker. And she  
21 went there. And she couldn't get in. Well, the next thing I know, they had to call the  
22 police to get in. And they got in. And as you might imagine, the kids were not taken  
23 care of like they should have been. [REDACTED] was left laying in a crib sucking his hand so  
24 bad that his bone almost showed through. When they took him back to Sonoma, his  
25 ward there, they actually cried because he had made so much progress. It takes so

1 much time for them to learn. [REDACTED] is 50. And last year he made his first strides in a  
2 makeshift walker that they made for him. He wouldn't get that in a home. They  
3 reported the lady. They took her license away. And I happened to work for the Bureau  
4 of -- a medical place up in Sacramento, Bureau of Patient Accounts. And I sent my  
5 own self a bill. Well, I told somebody I was going to call the Sacramento Bee and I'm  
6 going to tell them what kind of homes that they're putting these children in. Well, the  
7 next thing I knew, my boss called me in the office and said they took her license away,  
8 that should be enough, because if you go any further your job is in jeopardy. Because,  
9 you know, I was a [REDACTED] and I needed my job so I did not do anything. But I  
10 said the woman should be in jail because they have this house with ten kids in there.  
11 How much are they paying these people to take care of kids which they really don't do?  
12 They shove them in a room and let him kind of just lay there, I mean feeding them, I  
13 guess. I don't know what her procedures was. But obviously it wasn't any good. So he  
14 came back and he lost everything that he had learned. I have pictures above his bed of  
15 him standing, him crawling, him holding hands with his sister and his father. He never  
16 did it again. And 50 years later, he's now able to -- he hears music. They are providing  
17 him with music. He's a music lover and he hears the music and he can pedal down to a  
18 room and grab the man's leg. I don't know that he knows anything else, but he knows  
19 music. Now where is he going to get that? You know, they say it's going to cost 49  
20 million dollars to make facilities for these people. If they would take that 49 million and  
21 fix these places up, they wouldn't have to go anywhere else. And then they have, I  
22 guess, college-schooled people taking care of them. They don't need college-schooled  
23 people. They need people with a heart. And I -- [REDACTED] has had the same caretaker  
24 for ten years. She knows his every mood, everything. Just two weeks ago, they called  
25 me and said he needs a tooth extracted. And I'm thinking to -- well, that's fine, it's a

1 danger for him. But I thought if he was somewhere else and he's nonverbal and they all  
2 make noises, hum, hum, how are they going to know that he's got a tooth that is really  
3 going to make him sick if they -- he can't speak. So those are the kinds of things that  
4 we need. They can't replace what they have here. I can come here any time of the day  
5 or evening and that floor, I could eat on. I have never seen him unkempt, wet in a  
6 diaper or anything. So seeing is believing. The legislators need to get over there and  
7 look at these kids in the nursing facilities and say you cannot give them what they have  
8 here. For 50 years it's their home and don't take it away.

9 **ALEANA CARREON:** Thank you. Speaker number 11, please state your first  
10 and last name and affiliation, if any.

11 **BECKA [REDACTED]:** Hi. I'm Becka [REDACTED]. And I'm part two. He is [REDACTED]. And  
12 actually he's -- yeah, he's been here 50 years. And I grew up here too. And it's true, he  
13 -- we would play on the lawn and he could hold my hand and he can walk. And after  
14 that, it was no more. He won't -- if he leaves here, he'll die. We went to a meeting last  
15 week and the report was the mortality rate just from the move is 80 percent death. So I  
16 figured before that he was going to pass very soon. And now I'm thinking it's going to  
17 be a lot sooner if they do move him. Even though they have brains of less than a year  
18 or a little more and they don't know us [REDACTED] so much, they do know their  
19 caretakers. And their -- and their caretakers talk to him and they know what their  
20 sounds mean and they make them laugh. And I've got pictures of [REDACTED] with hats  
21 on and laughing. And they do a lot of good activities. They just don't let them sit and  
22 lay. They take really good care of them. I do agree with [REDACTED], why can't they take  
23 that 49 million and fix what they have here and add medical facilities like dental and  
24 autistic facilities since that's such a big deal now and a respite for people who have  
25 autistic children or people that have such severely hard children. And the guy was

1 talking about the environment. It sounds like if the government wants it they're going to  
2 take it. I have -- we live on about a thousand-acre ranch. And the train wanted to run  
3 their track through our property. They took it. We have red-legged frogs like he was  
4 talking about and we can't dig a hole unless you get a permit. But here if they want to  
5 take it and you have a red-legged frog they're going to do it anyway. So it just sounds  
6 like that's how it's going to be. If they want it, they're going to take it. Let's see. So I  
7 just think they should make this a better place. And they haven't admitted anybody -- I  
8 was surprised to hear that the one person's [REDACTED] was 26 because I didn't think they  
9 admitted anybody that was maybe 40 and younger. So that was nice that they haven't  
10 admitted any younger patients for a long, long time. But they could have a lot of good --  
11 I'm nervous. You know, they can make the special equipment here and they can make  
12 a lot of good use with the buildings that they already have here if they just take that  
13 money and fix them up. Putting them in cities is bad. Oh, is my time up? Oh. Putting  
14 them in cities is bad because they will get home invasions or they'll get taken advantage  
15 of. I mean you can't even keep the schools safe from getting their computers taken.  
16 And this is -- they won't get the care that they get here. And so if SDC closes and [REDACTED]  
17 [REDACTED] has to leave, we'll be burying him very soon. Thanks.

18 **ALEANA CARREON:** Thank you. Okay. We're going to go to the phone.

19 **OPERATOR:** Okay. And from the phone lines, we do have a couple of  
20 comments. And just to let you know if anyone else has a comment, please press star  
21 one. We have a comment from the line of Tonya [REDACTED] -- I'm sorry if I pronounced  
22 that wrong -- for a [REDACTED]. Please go ahead. Sorry. Just a moment please. Okay.  
23 Your line is open. Tonya?

24 **TONYA [REDACTED]:** Yes. Thank you very much. These are my concerns. I  
25 have two, which the first one is will there be a group that oversees the care centers that

1 take in our family members. How long will be they be in place, this watch group? And  
2 also I'd be very interested to know what their qualifications will be. A second concern I  
3 have is that at Sonoma Hospital, the patients have -- they have a whole professional  
4 staff in place to meet all of their needs. And I'd like to know how this will be handled  
5 after they're dispersed to different locations in the State. And so my other thing is that  
6 will this information be made available to the families. And those are my concerns.

7 Thank you very much.

8 **ALEANA CARREON:** Thank you. Next call?

9 **OPERATOR:** Okay. And we have a comment from the line of John [REDACTED], co-  
10 conservator. Please go ahead.

11 **JOHN [REDACTED]:** I have -- I have a long list of things I'd like to talk about. First of  
12 all the comprehensive assessment that was done on [REDACTED], I would call it a joke. It's  
13 been revised -- or the first one to the revised one, quite a difference. And the  
14 Lanterman Act calls for choice. I don't feel, and my other co-conservators don't feel,  
15 this is a choice and especially in the homes where there's no support like the prior lady  
16 that just spoke. We have the IPPs. And, you know, there's a lot more accountability  
17 that I see coming from outside the SDC. SDC in itself is a community. You know, [REDACTED]  
18 [REDACTED] has been there 59 years. It's a great living environment for her. She's a hundred  
19 percent voiceless. There's no communication with her, an IQ of [REDACTED]. She's got [REDACTED]  
20 issues along with elopement and choking. You know, at times she has problems eating.  
21 So the everyday care is absolutely critical for somebody like this. And I'm worried about  
22 her wellbeing, her safety and abuse especially when there's few staff in these outside  
23 homes to account for such things. Also, I know PHA is working on getting the mortality  
24 rates for the community which has never been brought forward. I understand it's  
25 coming down the road which I would love to see the numbers on that. Also in the

1 community, I think anybody would like to know her specific doctor or dentist and, of  
2 course, nurse and any -- everyday staff which should be licensed. I don't know what the  
3 criteria for their qualifications and such -- also, there should -- there should be  
4 something that's developed where people that are unsuccessful going to the community  
5 living at Sonoma. There's talk about individual structures or slash homes at Sonoma.  
6 That would be a fantastic thing. Also, developing a clinic there for such folks. Let's see.  
7 I've got a couple more and then I'll be quiet.

8 **ALEANA CARREON:** Two minutes, caller.

9 **JOHN [REDACTED]:** I'm sorry. I'm going over my notes. It would be nice to see  
10 individual homes on Sonoma. I want to see similar type of clients with -- other clients  
11 have been referred to a home in the community that I don't think they're a good match.  
12 If they're going to live with each other for a long period of time, they should be similar  
13 type of clients. And let's see. And I want to stress the IPP. I think that is invaluable  
14 which I know people have talked about earlier and, you know, along with psychologist,  
15 the doctors being there that know [REDACTED]. And it might also -- one last thing, at  
16 Sonoma there's an equestrian program. [REDACTED] is able to ride horseback riding which  
17 is one of her few pleasures in life. There's a choice of church and services that people  
18 are not -- will not be taken to in the community as they -- you know, they are not  
19 compatible with the normal folks there. And then, of course, the daycare -- oh, I'm  
20 sorry, the day school program at Sonoma is nice. It's really -- and let's see. And finally,  
21 I'm a hundred a percent against closing Sonoma. I know it doesn't look good, but I'm  
22 very, very strong about not closing it. These people are voiceless. They might have  
23 been there for years. If the place is (inaudible) when -- after the Trailer Bill that was  
24 passed where they banned new people to come in, I'm sure the population would be  
25 much --



1           **ALEANA CARREON:** Caller, your time is up. If you could wrap up your  
2 comments please?

3           **JOHN [REDACTED]:** And I'm guess I'm out of my five minutes.

4           **ALEANA CARREON:** Yes.

5           **JOHN [REDACTED]:** And thank you very much.

6           **ALEANA CARREON:** Thank you. Okay. Next caller?

7           **OPERATOR:** Okay. And once again, if anyone has a comment on the phones,  
8 please press star one. We have no one in queue right at this time.

9           **ALEANA CARREON:** Okay. Okay. Speaker number 12, please approach the  
10 mic and state your first and last name and affiliation, if any.

11           **RENEE [REDACTED]:** Hi. My name is Renee [REDACTED]. I'm the conservator for  
12 [REDACTED]. I strongly oppose the decision to close the Sonoma Development  
13 Center. I'm very disappointed in Governor Brown's decision to close the three  
14 remaining Developmental Centers. He is not the same person he was when I worked at  
15 DDS when he -- the first time around with him. I'm not sure how he became whatever it  
16 is he did. The story of [REDACTED], she is a -- has been a resident of the  
17 Developmental Center since 1966. And it's the only real home she knows. In 1985, my  
18 [REDACTED] and [REDACTED] contributed approximately ten thousand dollars to a pilot  
19 program which would use the staff of Sonoma Developmental Center. So they built a  
20 home that they thought this would be the home for the rest of her life. It turned out that  
21 it lasted five years. When my [REDACTED] got a phone call from a staff member saying your  
22 [REDACTED] is no longer with us, we called the police. She was taken away in handcuffs.  
23 She was found -- from the jail she went to the Ross Crisis Center, and my [REDACTED] found  
24 her in a four point restraint. For those of you who don't know what it is, it's tied to a  
25 chair or a bed with your arms and legs. [REDACTED] had never needed any type of that.

1 Her behavior never warranted any of that before. It was due to DDS, the staff from  
2 Sonoma Development Center. The funding ran out and then the regional center had it  
3 turned over to somebody else and therefore people were hired at minimum wage who  
4 were not qualified to care for her. I really don't see any difference in it now. So in 1990,  
5 we were able to get [REDACTED] through a lot of fast talking and get her back to Sonoma where  
6 she needed to be. And SDC is the only home she knows as is the same for the friends  
7 that she lives with. It is her community. It is their community. The staff there are well-  
8 trained professionals, compassionate, patient, and they know the needs of the  
9 individuals there. This is the least restrictive and safest environment for those currently  
10 living at SDC, also for many of those who have left. Some have left. And who knows  
11 whatever happened to them? Governor Brown's signing of this bill to close SDC has  
12 taken away these residents' rights to choice, choice to live in the least restrictive  
13 alternative and safe home. The proposed alternative of placing these individuals within  
14 community facilities does not address all of their needs for success and a least  
15 restrictive lifestyle. We, as individuals, have the right to choose where we would like to  
16 live and how we would like to live out our lives. This choice has been taken away from  
17 these residents. They are human beings and dealing with challenges from birth, not  
18 challenges brought on by choice. It is our job as humans on this earth to protect those  
19 who cannot protect themselves. The social injustice is a fact that we are failing them all.  
20 I challenge everyone to walk a day or even an hour in their shoes. Go to SDC before  
21 making these decisions. I know from personal experience that many people making  
22 some -- these decisions have never stepped inside Sonoma Developmental Center or  
23 any other developmental center or maybe any other community facility or spent any  
24 time with residents. There currently are not the facilities available with the same least  
25 restrictive and safe offerings as in SDC. People talk about that it is an institution. It is a

1 community. An institution can be a small home with four or five people in it because  
2 those people don't get anywhere. They're lucky if they get out of their bedroom. They  
3 can't even really sit out in their front yard whereas my [REDACTED] -- she has bipolar  
4 disorder along with developmental needs -- she can run out into the front of her home  
5 and be upset and have a fit and say eff you, B-I-T-C-H. Can she do that in the  
6 community? I was talking about that with a friend of mine who has a developmentally  
7 disabled son that lives in the community. And he said, oh, my, she can't live in a  
8 residential area, she wouldn't have the freedom to run outside. No, she would not.  
9 Therefore, it is not the least restrictive alternative for [REDACTED]. And what will happen  
10 during the transition of these individuals being removed?

11 **ALEANA CARREON:** Your time is up. Please wrap up your comments.

12 **RENEE [REDACTED]:** What will happen in their transition? And yes, like she  
13 said, they will fail. The community will fail them. Now number 13 is my [REDACTED].

14 **ALEANA CARREON:** Yes.

15 **RENEE [REDACTED]T:** And I'm going to speak for my [REDACTED] --

16 **ALEANA CARREON:** Okay. Speaker 13?

17 **RENEE L [REDACTED]:** -- Pearl [REDACTED]. She is [REDACTED] and conservator.

18 She is very against the closing. The one thing that both she and I really want is the  
19 safety net. There needs to be a safety net provided by SDC on medical to provide  
20 medical, dental, behavioral support for the disabled. This is key for the people who are  
21 well trained in caring. We need housing for those who are successful in community  
22 facilities -- who are not successful, excuse me. They need to provide the housing for  
23 those who are not successful in the community. We want services developed now.  
24 They need to be developed now, not later, so that these people who the community fail  
25 have a place to go. We want our views and those views of the community and coalition

1 to be heard and considered in making a plan for the future of SDC. Also, the problem  
2 with the community, as I spoke about [REDACTED] problem, my other has a letter  
3 thanking the then-director for saving her life, for putting her back at SDC. And there are  
4 options on the table that I hear rumblings about, but not a lot. We both have heard to  
5 make housing available for current residents to still live there and to build -- you know,  
6 to build smaller homes and to work collaboratively with other associations trying to  
7 make a even livelier community out there than what is already there. I want everyone  
8 here to really think about the people who live there and their individual rituals, their  
9 routines, the guy who walks up two blocks to sit and watch cars go by and waves, the  
10 guy who has a rock pile. Where he's going to find -- who's going to give him a rock  
11 pile? Most of you know how I mean. And [REDACTED], she can either come and greet you  
12 hi, how are you, what's your name, or maybe something else that wouldn't be so  
13 appropriate. And she has available to receive equine therapy, swimming, great day  
14 programs and they are free to come and go as they please and they have religious  
15 freedoms. These individuals, what have they done to deserve this at this point in their  
16 life? It's a poor trick to pull on their parents when they believed that they were safely set  
17 for life. We must all stick together to protect these innocent lives. And we should all be  
18 cooperatively working together, but it seems we're not. My [REDACTED], she beg -- I beg you  
19 as parents, relatives and friends to become conservators so that you have a stronger  
20 voice. Please do not fall for the line, "We have the perfect place and better take it  
21 before it's gone." These facilities are not out there in the community in reality. Strongly  
22 demand your need to have everything your individual is currently getting at SDC and  
23 make sure that that safety net is still at SDC for when the community fails them. These  
24 individuals deserve our trust, love and respect. Stay strong and do not let them use the  
25 FUD factor, fear, uncertainty and doubt. Shame on them for doing that to us. Shame.

1 It seems we are just a special interest group with little following. We hear more about  
2 noise from leaf blowers than we do this social injustice. When did sensibilities  
3 supersede the welfare and wellbeing of those who most need it? What are we investing  
4 in? I challenge each and every one of you here today and the Legislature, those people  
5 who are not here and the Governor to hear our pleas, their screams and fear each and  
6 every day, every night when you close your eyes and every day when you awake and  
7 look in the mirror. I want you to feel the pain as we friends, relatives and staff feel every  
8 day with this heartbreaking situation. Thank you.

9 **ALEANA CARREON:** Thank you. Speaker number 14, please approach the --

10 **OPERATOR:** Carla [REDACTED], conservator of [REDACTED]. Please go ahead.

11 **CARLA [REDACTED]:** Yeah. Hi. I wanted to mention and make a couple of  
12 comments. First of all, I agree with everybody is saying. In the outside, so-called  
13 outside community where all of us live, I don't understand why they would even want to  
14 consider that considering where they're at. We have to worry about home invasions,  
15 drive-by shootings, et cetera. And thankfully, we don't have to worry about that where  
16 they're at, which to me is saying they're safe. So that's not even a consideration. Also,  
17 it seems the Governor does not care which is a big disappointment. Why is it the first  
18 thing that they cut is things for -- that are required for the disabled and the elderly, the  
19 senior citizens? I would like the Governor to come and talk with all of us and look into  
20 all of our eyes, parents, grandparents, aunts, uncles, siblings and tell us why this is so  
21 important to him or the State when it's a no-brainer. You hear everything everyone has  
22 said, and basically we're all saying the same thing. We are advocates for our family.  
23 They cannot communicate. They are safe. This is their home 50 plus years. Let them  
24 be. They're not doing anything wrong. It's hard enough for you or me to have to pick up  
25 and move, and we can communicate. They can't. This is the only home they know. It

1 just does not make any sense to me at all as well as to any of you, I know. We're all in  
2 the same boat. I think we should come together like we have been, maybe get our own  
3 type of flag or something and keep protesting and let them know we're not going to  
4 stand for it and, you know, let everybody know about us, let everybody know about us,  
5 you know. We need to do something. And they need to keep this place open. It's a no  
6 brainer. And I just would like someone to try to explain to me the reason being outside  
7 of real estate, is the only thing I know. I appreciate it. I do have a co-conservator that  
8 (inaudible) but he's a little shy. But we're all in the same boat unfortunately. And I'm  
9 hoping we can all be in the same boat on the -- on the better side where we don't have  
10 to have these conversations anymore and we all will have peace of mind knowing all of  
11 our family members will be able to stay here indefinitely as it was back in the day when  
12 you originally brought them there. We never had a -- who would have thought that this  
13 would have been a consideration? [REDACTED], I miss them terribly, and it's only  
14 been a few years. They would be so heartbroken. I'm heartbroken. This is just -- this is  
15 [REDACTED] home. This is the only home she knows. And everybody who works there is  
16 so dedicated and professional and they're caring. And they luckily have been -- we  
17 have been fortunate that a lot of the workers have followed her if she has gone to other  
18 units and stuff, which helps, a familiar face.

19 **ALEANA CARREON:** Caller, you have minutes.

20 **CARLA [REDACTED]:** Different surroundings but a familiar face, you know. And they  
21 truly do care. And as people have stated before, they do so many things with them that  
22 they're not going to be able to do out here. As I indicated before, we have to worry  
23 about thugs out here. They'll rob you for no reason. A friend of mine was just leaving  
24 someone's house after having a breakfast, a brunch, and they got robbed at gunpoint.  
25 They don't know by looking at them that they can't communicate. So what are they

1 going to do? Take a gun and beat them upside the head with it? I mean there's lots --  
2 so many more things we have to worry about being out in our so-called community.  
3 Hell, I don't want to be in my community. I'd rather be in their community, you know.  
4 It's a better community. Everybody seems to care more. Out in this community, nobody  
5 really cares. All they care about is themselves. And again, home invasions, stabbings,  
6 et cetera. It's just really bad and really scary. And I don't understand why this is even  
7 being considered. Thank you again for your time. I do appreciate it. And thank you for  
8 our president. We couldn't do this without you. We love all of you.

9 **ALEANA CARREON:** Thank you. Okay. Speaker number 14, please state  
10 your first and last name and affiliation, if any.

11 **BILL [REDACTED]:** Hello. My name is Bill [REDACTED]. And [REDACTED] has been here at  
12 Sonoma for 49 years. When he was just a baby we had him -- we took him over to  
13 Stanford University to have him evaluated. And at that time, the doctors there told us  
14 that he probably wouldn't live beyond the age of 14. There was nothing they could do  
15 for him. Well, thank God we found Sonoma Development Center. This is the greatest  
16 place in the world for these kids, for these people who cannot speak for themselves and  
17 for these people who deserve some help, some respect. Years ago when Governor  
18 Ronald Reagan was in place here, he was going to close Sonoma Development Center.  
19 Well, we got together just like we're going here. If we get together, we can be strong  
20 and we can push some of these politicians out of the way and take care of our own.  
21 Because they're not going to do it. They're not interested. All they want is the land. All  
22 they're interested in is making some money. So Sonoma is such a great place. [REDACTED]  
23 has had the best, the very best of care all these years. As a matter of fact, about 30  
24 years ago they decided they were going to try to mainstream some of these children.  
25 And so they took [REDACTED] out in a school bus to a regular school. Well, he got so filled with

1 stress that he had seizures and they had to take him to a hospital to save him. So this  
2 is their home. We should not allow them to go out of this place unless we have a  
3 suitable alternative. It just would be the crime of the century if this Sonoma  
4 Development Center was closed. So I just thank you all for being here, for all the State  
5 people, for all the efforts you're making. But we've got to continue to stay together. And  
6 we have to demand that all of these great things they're going to have for our [REDACTED]  
7 are in place before they are released from Sonoma, not two or three or five years from  
8 now. We want to see these essential services in place, like a health clinic, dental  
9 services and a crisis facility. We need to have these things in place before these  
10 children leave Sonoma. Don't let it happen. Pass the word around. We're doing a  
11 really poor job of publicizing this closure. I can't understand why the whole county of  
12 Sonoma isn't here today to object to this closure. Thank you.

13 **ALEANA CARREON:** Thank you. Okay, speaker number 15?

14 **UNIDENTIFIED FEMALE SPEAKER:** She's coming back from (inaudible.)

15 **ALEANA CARREON:** Okay. Okay. We'll go to speaker number 16.

16 **UNIDENTIFIED FEMALE SPEAKER:** We're together, 16 and 17.

17 **ALEANA CARREON:** Okay. Okay. Come on up.

18 **UNIDENTIFIED FEMALE SPEAKER:** (Inaudible) that way.

19 **ALEANA CARREON:** Sure. Yes. Each of you please state your first and last  
20 name. Please.

21 **BEVERLY [REDACTED]:** I'm Beverly [REDACTED]. I'm a member of Parent Hospital  
22 Association. And [REDACTED] has been here 37 years -- or she will be [REDACTED].  
23 She's been here 25 years and lived at home before that. She has severe [REDACTED]  
24 and is in the bottom one percent of those diagnosed with that. She is [REDACTED]  
25 [REDACTED]. She is totally nonverbal. She has severe [REDACTED]. If you



1 try to dress her with clothes that are not loose and you're not careful, you can break her  
2 arm. Her bones are very fragile. She has e [REDACTED]. She has lived at Sonoma for the  
3 last 25 years. Some of the comments and concerns about the closure are the following.  
4 There needs to be a safety net of services maintained at Sonoma. The following  
5 services must be permanently, not temporarily, available at the SDC site after closure.  
6 A, adaptive equipment services to create and maintain specialized wheelchairs,  
7 specialized shoes and other adaptive equipment for people with extreme physical  
8 disabilities. [REDACTED] has a custom-made seating arrangement for her wheelchair  
9 made at SDC which is not available in the community at this time. When we did look at  
10 the community recently for a place to get them done, they did not have the ability to  
11 make such a chair like the one [REDACTED] has, and expressed absolutely no interest  
12 in being able to provide the service. [REDACTED] body changes due to the cerebral  
13 palsy and she has to have modifications made to the seating arrangement on her chair  
14 on a regular basis. B, [REDACTED] also has specialized shoes made at SDC. They use  
15 a mold for her foot to design the shoes. She needs those shoes for warmth and  
16 protection even though she doesn't walk. C, there needs to be a dental clinic to provide  
17 dental services for people who cannot get such services in the community. I have  
18 heard at a court hearing of a resident who had been moved almost a year prior to that  
19 hearing and was still unable to get dental services. These services, they're supposed to  
20 be in place prior to placement as required in the Lanterman Act. I have heard of cases  
21 where a client has not been able to get dental services for a number of years and was in  
22 pain. [REDACTED] needs some medication prior to being treated, and it's essential she  
23 be able to get routine dental care. D, there are other services which should be available  
24 at the clinic located on SDC land which others have been addressing and will continue  
25 to address. The clinic should be open permanently not just a year or two after the

1 closure as you did after the Agnews closure. At that clinic closure at Agnews, I've been  
2 told by the regional center where [REDACTED] is affiliated that they had problems with  
3 getting dental care and also psychiatric care after that and are still having a problem  
4 getting those services for a number of their clients. And they should have those  
5 services before they ever get placed. They should be in the community already. We  
6 must provide services to these people who are the most vulnerable in our society. Two,  
7 DDS must actively and publicly coordinate with parents, families and conservators as a  
8 group before the start of the closure to ensure that all the necessary services are  
9 provided after the closure. DDS listened to families from Lanterman and recorded their  
10 comments as they're doing today. But as far as I understand it, they then did not follow  
11 through with working with the families at all. DDS needs to have a dialogue with the  
12 families and coordinate with them and not just listen to them and not interact. And they  
13 should be negotiating with them which would be true collaboration. Just listening to us  
14 is not collaboration. Thank you.

15 **ALEANA CARREON:** Thank you. Okay. Speaker 17, please state your first  
16 and last name.

17 **GARY [REDACTED]:** Yeah. My name is Gary [REDACTED]. My wife Beverly has just  
18 described [REDACTED] who lives at Sonoma Developmental Center. And  
19 given her comments --

20 **UNIDENTIFIED FEMALE SPEAKER:** We can't hear you.

21 **UNIDENTIFIED MALE SPEAKER:** Can you (inaudible) the mic.

22 **GARY [REDACTED]:** Sorry. Can you hear me now?

23 **UNIDENTIFIED FEMALE SPEAKER:** (Inaudible.)

24 **GARY [REDACTED]:** All right. I want to speak about the provision for oversight and  
25 transparency that must take place after closure if closure, in fact, does take place.

1 Currently, the federal government and the -- and the Department of Social Services  
2 provide detailed oversight of Sonoma Developmental Center. Currently, the federal  
3 government provides no oversight of the regional centers. And the oversight provided  
4 by the state is inadequate. In addition, there is no detailed public accounting of the  
5 results of community care relative to ICF and NF clients, and no way for parents and  
6 conservators to organize on their own to advocate for their loved ones when they are  
7 under community care. The following steps must be taken and maintained to provide  
8 adequate public supervision of the care given to our loved ones. Number one, DDS  
9 must actively and transparently supervise the performance of the regional centers with  
10 annual public meetings and annual public reporting of the following items as related to  
11 ICF and NF clients. These items are mortality, hospitalizations, emergencies, police  
12 interaction and incarceration, and finally money spent by regional centers on legal  
13 action against parents and conservators. Two, DDS and regional centers must  
14 cooperate with parents and families -- with parents, families and conservators of ICF  
15 and NF clients so that they are able to contact each other and organize into groups both  
16 within the regional center areas and statewide to advocate for their loved ones. We  
17 have that ability at Sonoma. We insist on it if Sonoma is to be closed. Three, DDS  
18 must ensure that the Department of Social Services provides the same level of  
19 oversight including unannounced annual visits to individual ICF and NF homes as DA --  
20 as the Department of Health and Human Services and the federal government now do  
21 for Sonoma Developmental Center. The current practice of refusing to make public,  
22 basic data relative to the success of failure of the care provided has got to stop. And  
23 the ability of parents, families and conservators to organize must be established for ICF  
24 and NF clients who cannot speak for themselves. Closure cannot be used to reduce  
25 the -- to reduce the level of oversight and transparency, thus putting lives at risk. We

1 are entitled to this information. We are entitled to organize. And no one has the right to  
2 stop us.

3 **ALEANA CARREON:** Thank you. Did speaker number 15 return?

4 **UNIDENTIFIED FEMALE SPEAKER:** No.

5 **ALEANA CARREON:** No. Okay. I invite speakers 18 through 21 to come up  
6 and sit here if you choose. Speaker number 18 is next. Is speaker number 18 here?  
7 Speaker number 19?

8 **DAVID [REDACTED]:** Hi. My name is David [REDACTED]. I'm on the PHA Board and have  
9 been for the better part of a decade. [REDACTED] Mike spoke about [REDACTED]  
10 [REDACTED] who spent most of his adult life here, well, at SDC, until his death in 2009. I  
11 don't have any prepared remarks so I'm just going to kind of speak off the cuff here.  
12 There's been a bunch of terminology thrown around. One term is resource. And, you  
13 know, we all realize what a resource Sonoma Developmental Center is. Can everybody  
14 hear me okay? Okay. Yeah. It's an ecological resource. It's a natural resource. But  
15 most of all it's a resource of care and compassion for our family. And that needs to be  
16 the top priority. And I cannot see -- I cannot foresee a time when SDC -- you can shut  
17 down SDC, okay, you can close Sonoma Developmental Center. Call it something else.  
18 Call it the Sonoma Valley Center for Developmental Excellence or whatever other name  
19 you want to give it. But, you know, like Shakespeare said, you know, a rose by any  
20 other name, you know. And that's what's got to be preserved here. You know, that's  
21 why we're all here. You know, you know our speaking points. You know, we've gone  
22 over them. Everybody has gone over the same points again and again and again. So  
23 I'm pretty sure everybody here knows what our -- what our issues here. There are  
24 those out there that would have us look at the developmental center, Sonoma  
25 Developmental Center and every other one as an institution. And they want you to do

1 that for a reason because there's a negative spin on the word institution. Okay. An  
2 institution, you know, what does that mean? You know, you got people in restraints,  
3 leather restraints maybe. Maybe you've got shirtless guys with executioner hoods  
4 giving care to your relatives or may doctors giving lobotomies to people. I don't know  
5 about any of you but I can say for myself that I'd much rather have a free bottle in front  
6 of me than a prefrontal lobotomy. Just thought I'd keep it a little bit light there. Anyway,  
7 I want to -- you know, I want to channel a couple of presidents here, a former president  
8 and probably a future president. I don't like DDS. I don't love DDS. I don't like DDS.  
9 But there are parts of that DDS that I do like. The staff at SDC, they're part of DDS and  
10 we love them. They're family. They've been family to our family, and they're family to  
11 us by extension. I don't come from Sonoma. I'm from Sacramento. But I feel myself to  
12 be a part of this community just because of my involvement here. And it's going to  
13 continue. We have a coalition now, you know. To the people who work at SDC who  
14 work for DDS, I feel your pain and I know you feel my pain. That's the former president  
15 that I'm channeling. I'm sure you know who that is. But they're conflicted, you know.  
16 The staff are conflicted because they have the loyalty and the care that they give to our  
17 residents and they also work for DDS. You know, that's got to be tough for them, you  
18 know, and they deserve our support and our love. Also, it takes a village. That's the  
19 future president. I'm sure you can probably tell who that is too. But exactly -- what do  
20 you mean two minutes? I'm going to stand up here as long as I want to stand up here.  
21 No. I'll be done in a second. We have a coalition. We have a strong coalition. And I  
22 want to thank the Sonoma Valley Coalition under the leadership of Supervisor Gorin,  
23 and also the legislators too. Mike McGuire and the others, they've been nothing but  
24 supportive and helpful. And we're going to continue to work with them and collaborate  
25 with them as I hope we will with DDS. And I want to see DDS -- I want to see SDC

1 transformed, not closed, transformed into a center of excellence. That's it.

2 **ALEANA CARREON:** Thank you. Speaker number 20?

3 **HELEN [REDACTED]:** I don't know if I can be heard.

4 **UNIDENTIFIED MALE SPEAKER:** There you go.

5 **HELEN [REDACTED]:** Okay.

6 **UNIDENTIFIED MALE SPEAKER:** Is that better?

7 **HELEN [REDACTED]:** Yes. Thank you. I'm Helen [REDACTED]. And I'm an emeritus  
8 Board member of PHA and (inaudible.) [REDACTED] spent the best years of his life here at  
9 the Sonoma Developmental Center. I'm an RN and a graduate of university school. But  
10 nothing in my training prepared me for [REDACTED]. [REDACTED] had the best of prenatal  
11 care by -- and was -- had no physical anomalies. He looked -- he was a beautiful  
12 looking baby. But as he developed and I kept him at home, he was hyperactive, he was  
13 destructive. And at the time I was divorced. And I said to myself how can I be able to  
14 do the best for [REDACTED] here with the limited resources that I have. So I began looking  
15 at the community. And I was dismayed at what was out there. There was nothing that I  
16 thought was adequate. And I definitely could not afford it. So I began considering the  
17 alternative and somebody told me about Sonoma Developmental Center. And there  
18 was a huge waiting list, over a hundred people on that waiting list. And I thought how  
19 am I going to handle this. So I called my legislator who at the time was Bob Matsui.  
20 Bob Matsui put [REDACTED] at the head of the list. And I thought I could -- I missed [REDACTED]  
21 terribly and I thought that was -- I mean it hurt me very badly to see him leave us at  
22 home. But in the end, it was one of the best decisions of my life. And I want to mention  
23 a couple of facts maybe. Our Governor is not a parent.

24 **UNIDENTIFIED FEMALER SPEAKER:** He is now.

25 **HELEN [REDACTED]:** And I think that he needs to go back and reconsider some

1 of the hurt that he has imposed upon us. Because many of the people sitting in this  
2 room are elderly parents just like myself. And I know, according to the Robert Strauss  
3 report --Dr. Robert Strauss wrote a paper and it develops through his research the  
4 definite relationship before -- of premature death after the -- our children are placed in  
5 the community. And that's a fact that's still -- it's true now. He said there was an 80  
6 percent chance of early and premature death if our kids were placed in the community.  
7 I'm glad -- I'm sorry that my child is gone. But in a sort of (inaudible) kind of way, I think  
8 I am spared some of the agony that you people, parents and friends here will be going  
9 through. Thank you very much.

10 **ALEANA CARREON:** Thank you. We have speaker number 21. Speaker 21?  
11 Speaker 22? Oh, are you speaker 21?

12 **BETH [REDACTED]:** I'm 22.

13 **ALEANA CARREON:** Twenty-two, come on.

14 **OPERATOR:** Okay. Ladies and gentlemen on the phones, if you have a  
15 comment or a testimony, please press star one. Please press star one if you have a  
16 comment or a testimony.

17 **BETH [REDACTED]:** Should I go ahead?

18 **OPERATOR:** No one is queuing up right now.

19 **UNIDENTIFIED MALE SPEAKER:** If there's somebody in the queue, real quick  
20 you can let them know.

21 **BETH [REDACTED]:** Oh, sure.

22 **UNIDENTIFIED MALE SPEAKER:** Thank you.

23 **BETH [REDACTED]:** She said no one is in the queue.

24 **ALEANA CARREON:** Okay. Go ahead. Go ahead. Go ahead.

25 **OPERATOR:** Okay. We do have someone from the phone lines. And we have

1 a comment from the line of Patricia [REDACTED]. Please go ahead.

2 **PATRICIA [REDACTED]**: Yes. This is (inaudible) Patricia. And I haven't heard  
3 anything said about there's some transition box. I can't hear very well though I've got to  
4 say that Bob [REDACTED] sure said it like it is. The sound system is terrible except for when  
5 your (inaudible) and the phone. We just can't hear out here. Anyway, at Sonoma  
6 Developmental Center (inaudible) [REDACTED] was. He was very conditioned to  
7 submit to regular medical exams. You know, will staff there (inaudible) knew what was  
8 important in a medical situation. (Inaudible) than happened later when the was in  
9 Sacramento in a home. What happened is that it was a considered a violation of his  
10 civil rights. He need (inaudible) when he needed it. He realized this. He wasn't that  
11 dumb. He fought it. He fought going to the doctor. He didn't have tests when he  
12 needed them. There were psychiatric drugs that he was on that were causing  
13 (inaudible) psychosis. Not in the four years that I know that he was in the community  
14 did he have. In fact, you know, I think (inaudible). But Sac Alta California Regional  
15 Center was really terrible. Although it was in a good home of his own, was good -- was  
16 in a good day program, the health situation was absolutely tragic. It was terrible. And  
17 that led directly to his death, his early death in a really ridiculous way. According to UC  
18 Davis Hospital (inaudible) where I took him myself, even though I'm the old -- I'm one of  
19 those [REDACTED] that's still alive -- but this is just a terrible situation to think about. And I  
20 would like people to realize that -- consider the psychological changes that are -- they're  
21 common, it's common for people to not want to go to the doctor. And (inaudible) they're  
22 certainly not going to. So thank you. That's it.

23 **ALEANA CARREON**: Speaker 22?

24 **BETH [REDACTED]**: Hi. My name is Beth [REDACTED]. I've lived in Sonoma Valley for  
25 over 30 years. I am a special education teacher. I've worked in three different



1 California State hospitals or developmental centers and I've also worked for the  
2 community and in the community over a 35-year period. Like many of you, most of you  
3 here, I'm strongly opposed to closing Sonoma Developmental Center. While I recognize  
4 some individuals are successful in community homes, after 30 years of very active  
5 community placement, in part because of the Coffelt suit, the patients who remain there  
6 now have extremely severe medical or behavioral problems that cannot be met in the  
7 community. One of my own students was a very medically fragile young man. He had  
8 a good quality of life at Sonoma Developmental Center. He used a communication  
9 device every day. He attended a local high school. And then he was placed in a  
10 community home over his treatment teams' objections. When he was placed, we made  
11 -- we offered our help, our advice and asked them to call us any time. They never  
12 called us. One of his other teachers happened to call to see how he was doing and he  
13 we found out he was in the hospital. He had been taken to the emergency room. He  
14 was in the hospital. He was later put in a nursing home. And this was young man was  
15 just about 20. He was put in a nursing home and then he died. And all this happened  
16 in less than a year's time from his placement. He died far away from those who'd cared  
17 for him all his life. And this only happened about ten years ago. So this is not some  
18 ancient history and now the homes are better or more better equipped. This was fairly  
19 recent. There are unique and beneficial services at SDC and they're not available in the  
20 community. It will be a travesty if these are lost. Services such as custom-made  
21 wheelchairs, custom shoes, as well as medical, dental and behavioral support to the  
22 developmentally disabled, these are desperately needed in our communities. These  
23 should remain at SDC permanently and they should be provided to the broader  
24 population of Northern California. And SDC, as others have said, should also continue  
25 to provide housing and treatment for those who are not successful in community

1 facilities. This property has belonged to the people of California for over a hundred  
2 years. It should be preserved to continue to serve some of our most vulnerable citizens  
3 and expanded to serve the mentally ill, house the homeless, provide internships for  
4 college students and more. I strongly urge you to utilize the views of the Sonoma  
5 community and the Coalition in making a plan for the future of SDC. Thank you.

6 **ALEANA CARREON:** Thank you. Has speaker 15 returned?

7 **UNIDENTIFIED FEMALE SPEAKER:** No.

8 **ALEANA CARREON:** No. Okay. We'll go on to speaker number 23.

9 **NANETTE [REDACTED]:** Hi. My name is Nanette [REDACTED], and [REDACTED]  
10 has been a resident of Sonoma for over 25 years. First of all, I want to say that I hope  
11 that this hearing is not just checking the box but actually that the input that you get from  
12 this is actually going to impact your actions. And so a little bit about [REDACTED] is he is  
13 severely [REDACTED] due to [REDACTED] and [REDACTED]. He is also  
14 considered medically fragile and -- fragile and requires constant monitoring and  
15 medication management. My older brother and myself are his co-conservators. But  
16 because he's nonverbal, we are also his voices here. And from the day that he came to  
17 Sonoma over 25 years ago, he has received nothing but exemplary, professional, loving  
18 care here. They've always been able to -- the staff has been tremendous. They're just  
19 very gifted and we love them. Any issues that had come up, the staff has worked to --  
20 they've collaborated effectively with each other and with us to come to resolutions of the  
21 issues. And it's all happened at the facility. We've had the doctors there, the  
22 psychologist, the staff. Everybody has been there to work together. And one of our  
23 fears is that in the community we're not going to have that. And so I'm -- that's one of  
24 the criteria that needs to happen is that there has to be immediate availability of all  
25 those disciplines to effectively deal with situations that arise. I am -- we are totally

1 against the closure of Sonoma. And particularly the unique and vital services that  
2 Sonoma does provide to its residents, those need to be in place. They can't just be  
3 farmed out to who knows where. A little bit about the community placement, before  
4 [REDACTED] came to Sonoma he did have two community placements. And both of them were  
5 disastrous for him. The first place, there was significant physical abuse of him resulting  
6 in him being in the hospital for a couple months. And then the second one, he also  
7 ended up in the emergency room due to significant medication mismanagement by the  
8 attending psychiatrist and staff members. Nothing like that has ever happened at  
9 Sonoma. And so -- is that my two minutes? Okay. Okay. Yes. So safety net, maybe  
10 there's two things here. One, if things don't work out in the community there does need  
11 to be some safety set for those individuals that it just doesn't work for. There has to be  
12 things in place. Second of all, there has to be oversight of these places. How can we  
13 as family members make comfortable decisions for our loved ones when all we hear are  
14 horror stories? I thought maybe we were unique. But time and time again through  
15 various meetings, you hear of all these horrible stories in the community. Where are the  
16 regulations? Where is the enforcement? That needs to happen. Let's see. And blah,  
17 blah, blah. The medical and dental care again is critical. [REDACTED] needs to be sedated for  
18 any kind of procedure, any kind of dental procedure, even the toenail clipping as well.  
19 So that needs to be available and it can't be available just occasionally or whenever  
20 somebody gets around to it. It has to be just like you and me. When we need it, we get  
21 the care that we need. So thank you.

22 **ALEANA CARREON:** Thank you. So we're at speakers 25 through 29. If you  
23 want to move up to the front row and be ready to present, you're welcome to do that.  
24 We'll take speaker number 24 right now.

25 **RUTHANNE [REDACTED]:** Thank you. My name is Ruthanne [REDACTED], and I'm

1 speaking today on behalf of [REDACTED], for whom Sonoma Developmental Center has  
2 been home and community the past 60 years. At the July 11 meeting for family  
3 members, guardians and conservators, we were told repeatedly that the Department of  
4 Developmental Services has no choice but to use a primary place -- as a primary  
5 placement criteria, facilities with four to six beds since housing with more beds would be  
6 deemed congregate, hence, disallowed. Since that meeting, I've looked at the  
7 Lanterman Act and I have found nothing that specifies four to six-bed boarding houses.  
8 I did see Section 4418.3(a) which states, and I quote, "It is the intent of the Legislature  
9 to ensure that the transition process from a developmental center to a community living  
10 arrangement is based upon the individual's needs." I am gratified by the Act's  
11 admonition that an individual's living arrangements should be based on that individual's  
12 needs. And I urge you to pay special attention to the wording "a community" which  
13 recognizes the reality that multiple communities exist. Indeed, I count myself a member  
14 of several including the Sonoma Developmental Center community. The good  
15 intentions of the Lanterman Act are indisputable. Unfortunately, the best of intentions  
16 can sometimes have dire results. Certainly, that was the case for [REDACTED] when [REDACTED]  
17 [REDACTED] placed her in a convent boarding school for educating the developmentally  
18 disabled. Five years old at the time, [REDACTED] had a vocabulary of over two dozen  
19 words and [REDACTED] [REDACTED] hoped that with skilled teachers she would learn more. Instead,  
20 she was so traumatized by her loss of [REDACTED] and all that was familiar to her, she lost  
21 every single word and has been completely nonverbal since. Because [REDACTED]  
22 regressed rather than advanced, the nuns deemed her non-educable and she was  
23 transferred to Sonoma State Hospital. This second dislocation traumatized [REDACTED]  
24 even more severely. And sadly, the staff in 1956 was not as enlightened as at Sonoma  
25 Developmental Center today. So when [REDACTED] unhappiness was manifested in

1 behavioral issues, she was drugged and straightjacketed, leading to more trauma. As  
2 conditions at Sonoma Developmental Center improved, so too did [REDACTED]. And her  
3 past three decades in the care of professional, compassionate and affectionate staff  
4 have been stable and happy. Now, about to turn [REDACTED], she is facing dislocation yet again.  
5 Nonverbal and with an attributed IQ of [REDACTED], there is no way to explain to her why she  
6 will be losing everything and everyone familiar to her. With her suffering such profound  
7 loss, we would be fools not to anticipate that her behavioral issues, ameliorated through  
8 decades of stability, will resurface. Doubtless, this will be true for other long-term  
9 residents. So the SDC closure plan must include plans for dealing with client trauma  
10 and resulting behavioral issues. In all likelihood, family members will be the only  
11 remaining constants in a resident's life. So the plan must include the stipulation that  
12 when requested, a resident will be relocated close to a family member. The closure  
13 plan must be committed to the concept that there is no one definition of community.  
14 Also, to the provision of services that are appropriate to the needs of individuals as  
15 stated in the Lanterman Act and confirmed in the US Supreme Court Olmstead Ruling.  
16 Neither the Lanterman Act nor the Olmstead Ruling sanctions any lessening of services.  
17 So the closure plan must include guarantees of the same level and quality of  
18 coordinated services that SDC residents currently receive. These services must  
19 already be in place and readily accessible, not mere promises. Finally, I would remind  
20 you that the Department of Developmental Services exists to serve the developmentally  
21 disabled, not the Legislature or the Governor. As such, it is your responsibility to ensure  
22 the rights of the developmentally disabled. These rights include --

23 **ALEANA CARREON:** Please wrap up your comments.

24 **RUTHANNE [REDACTED]:** These rights include the right, and I quote, "to make  
25 choices in their own lives including but not limited to where and with whom they live,"

1 which means --

2 **ALEANA CARREON:** Your time is up, speaker. Would you please --

3 **RUTHANNE [REDACTED]:** (Inaudible.)

4 **ALEANA CARREON:** Yeah. I'm sorry.

5 **RUTHANNE [REDACTED]:** Which means the plan must ensure that SDC residents  
6 are placed where it suits them and not to fit into the unrealistic time table for closure or  
7 any other such measure. Thank you.

8 **ALEANA CARREON:** Thank you. Okay. We'll take speaker number 25 please.

9 **LAURIE [REDACTED]:** Hello. My name is Laurie [REDACTED]. [REDACTED], is a client at  
10 Sonoma Developmental Center. He's been there since 2006. And I just want to say  
11 that the care at Sonoma has been excellent. The staff is well trained and they know  
12 how to deal with his behaviors. He is well-monitored by the staff, the doctor, the  
13 psychologists and RN. And he also -- he is nonverbal. He's [REDACTED]. He has [REDACTED]  
14 [REDACTED] and he wears a [REDACTED]. Whenever he gets upset, he pretty much  
15 beats himself up. And we've been very happy with him there. Before 2006, he was in  
16 the -- in group homes and it was a nightmare. He was in several of them. And there  
17 was one that there was a fire. There was one that there was gunshots. One of the  
18 clients was shot. And he was at one that controlled him with psychiatric meds. He was  
19 so doped up that he was constipated and he was bleeding. And he ended up in ER.  
20 And every time there was a problem if he was hitting himself, they would call 911 and  
21 they'd call ER and then he -- they would take him to ER or a psychiatric facility. And  
22 then they would put him in restraints and drug him up. And also they had a crisis home  
23 in the community at that time. And every time they needed it, it was full so they couldn't  
24 take him to the crisis home. And what's important to us is that he's in a safe  
25 environment and where we don't get calls all the time that [REDACTED] is in the ER or in the

1 psychiatric facility. And if -- I'm really opposed, strongly opposed to Sonoma closing  
2 because I think it's an excellent facility. And I think that they need to have a unit where  
3 clients that can't be -- can't be placed in group homes in place before if they do close  
4 Sonoma. But I just want to say -- thank the staff at Sonoma for their excellent care of  
5 taking care of [REDACTED] and also the other clients. Thank you.

6 **ALEANA CARREON:** Thank you. Speaker 26? Is speaker 26 here? Speaker  
7 27?

8 **SYLVIA [REDACTED]:** Hi. Can everybody hear me? My name is Sylvia [REDACTED]. And I am a  
9 co-conservator of [REDACTED] -- [REDACTED]. [REDACTED], Nancy and Frances are  
10 here today to support this testimonial. [REDACTED] is [REDACTED]. He cannot speak.  
11 He's nonverbal except for a few words that he learned when he was a child. He came  
12 here when he was six. He can say mother, father and sometimes sister in Chinese. So  
13 that's pretty good for him. He's understood it all these years. He's been here since six.  
14 So he -- it's 50 years. Okay. He can't walk. He requires a wheelchair with a seatbelt  
15 and helmet to transport himself from place to -- excuse me -- place to place. He  
16 requires a pacer, a pacer walker to perform his tasks and for standing so he's not  
17 standing too long and, you know, his muscles do not continue to atrophy. He requires  
18 constant one-on-one supervision. And that's 24 by 7 to prevent -- everybody has put  
19 that right, right, self-injurious behavior. And he falls due to his [REDACTED]. One thing that  
20 really struck me about the SIB and what had happened many years ago was that he  
21 decided to put his head through the window. And when he did that, he cut himself right,  
22 I think like a quarter of an inch from his carotid artery. He would have died if the staff  
23 did not react as quick as they did. He went to the hospital and got stitched up. And,  
24 you know, that was a very trying time. And that's why he requires the constant one-on-  
25 one supervision. He can't -- he needs assistance to the bathroom, bathing and

1 everyday lifestyle. So I just want to continue on with some of the stuff that he's been  
2 doing here because I think it's important that people hear it over and over especially the  
3 Legislature which half of them have left. But, you know, [REDACTED] needs to occupy  
4 himself by engaging in all these different activities. We're talking about folding laundry,  
5 shredding paper, assisting in cooking activities because that's what he likes, okay, and  
6 setting the tables, taking the laundry out of the dryer. His quality of life right now, he  
7 likes it. And, you know, he needs to continue to learn the sign language. He knows  
8 how to sign language in Coke because Coca Cola -- because he likes it. He wants to  
9 enjoy playing with his Lite-Bright, being able to prepare food, assist with cooking and  
10 drinking, coffee, his favorite foods and performing quality activities to keep him busy.  
11 He also enjoys his time with his favorite consistent staff. And I can't say enough like  
12 everyone has. The staff is great. Okay. And it's important for [REDACTED] to continue in  
13 activities, outdoor activities, and being outdoors, participating in the tram rides. I don't  
14 think he's going to get that in the outside facilities. Okay. And then continuing his  
15 education, knowing that he can buy with money. He can't count it but he knows that if I  
16 give you money, you'll give me a hamburger. Okay. So those are all the really  
17 important things for him. Now since I have two minutes, I wanted to focus on a couple  
18 of things that I had jotted down. And I think everybody has talked about his before. I  
19 don't understand why it is not possible to transform a section of the Sonoma  
20 Developmental Center to house the 405 residents, the medical services, the clinics, the  
21 training centers and the needs of the residents. The infrastructure, experienced, skilled  
22 workers are all at the SDC. If the Sonoma Developmental Center name is an issue,  
23 change the name of the facility. Renovate the facility. Use the 49 million dollars.  
24 Obtain the license that's necessary for the new facility and ensure that it's compliant  
25 with the law. Why are we decentralizing the services, separating the residents from



1 what they know and from their favorite staff? Why can't we build a state of the art group  
2 facility at the SDC where the infrastructure can be renovated, the services retained, the  
3 staff retained, crisis and medical center or clinics developed on site. The residents at  
4 the SDC, many of them, as I've heard, cannot speak or if they can, it's very limited.  
5 Therefore, the conservators and the family members speak on their behalf. So  
6 collectively, family members and the conservators have a stronger voice and the power  
7 to effect change as a group. Individually, we lose that power to make the best decisions  
8 for our family members. This is that divide and conquer concept. I just want to reiterate  
9 that conservators and family members should not react quickly because leaving  
10 immediately may not benefit the SDC residents in the long run. We need to hear --

11 **ALEANA CARREON:** (Inaudible.)

12 **SYLVIA [REDACTED]:** -- and understand a transformation plan, gather all of this  
13 information to make an educated decision for our loved ones. Just one more minute.

14 **ALEANA CARREON:** Speaker, your time is up.

15 **SYLVIA [REDACTED]:** Yeah, one more minute. One thing that I want to know is --

16 **ALEANA CARREON:** Your time is up.

17 **SYLVIA [REDACTED]:** -- we've talked about all of these action items; I want to see in the  
18 next public hearing --you guys have jotted down and captured the minutes, all the  
19 questions that are asked. Can we go by and cover them in the next public hearing all of  
20 the points, point by point, with all the questions that were aske?

21 **ALEANA CARREON:** Please wrap up.

22 **SYLVIA [REDACTED]:** Thank you.

23 **ALEANA CARREON:** Thank you. Speaker 28?

24 **UNIDENTIFIED FEMALE SPEAKER:** Hi.

25 **ALEANA CARREON:** And if we have future speakers up to speakers 35, if you

1 want to move up close to be prepared to present, that would be a good idea.

2 **UNIDENTIFIED FEMALE SPEAKER:** Hi everyone and thanks for getting it out  
3 this long today. I'm here on behalf of my [REDACTED], one of whom is [REDACTED]  
4 who's been at SDA for 60 years. Can you hear me okay or not?

5 **UNIDENTIFIED MALE SPEAKER:** Pull it a little closer.

6 **UNIDENTIFIED FEMALE SPEAKER:** All right, a little closer like this. Is that  
7 better? Yes. And I had a very nicely scripted agenda I was going to share with you all  
8 that was compiled by my siblings and myself during this week. But most of the high  
9 points have been hit. As you know, we would like to see a transformation of SDC, not a  
10 closure. And if the DDS' agenda was to bulldoze everyone and splinter them, they're  
11 doing a very good job of that because I feel like the family members at SDC feel like  
12 they are being bulldozed. The things that were important to us was improved  
13 transparency between the state, the developmental center and the regional center,  
14 which in my personal opinion could be doing a much better job. Transparency between  
15 all of these, vision and creativity, collaboration, partnership and accountability, all of  
16 which have been covered today here. A few things that -- or a couple of things that may  
17 not have been touched on -- well, let me back up a moment. Continuity has been a  
18 trend that you've heard here today. I think it's fair to say that the majority of residents at  
19 SDC will undergo severe dislocation shock. [REDACTED], speaking personally, the tiniest  
20 change just is such a difficult transition for her. She is finally in a place where her life is  
21 calm, well cared for. The tiniest change is noticed, reported to the family immediately.  
22 The Tuesday before 4th of July, my co-conservator [REDACTED] were contacted saying that  
23 her behavior was a little off, she was very agitated. And within that day, co-  
24 conservators were notified, it was looked into. When I visited on July 3rd with one of my  
25 [REDACTED], we bumped -- we just happen to bump into the psychiatrist, the

1 psychologist, the social worker on the unit. They all knew about it. They knew that it  
2 was under control but it was being monitored and watched. And someone quipped  
3 maybe it's because her red shoes were taken away because they needed little  
4 extenders placed on them. And everyone knows [REDACTED] favorite color is red. The  
5 littlest things set them off. It's disruptive to their schedule. Thank you. Two minutes.  
6 So the two things that I have not heard come up -- oh, first of all, I want to say  
7 community placement just is a ridiculous term because they are in a community right  
8 now. And the other thing that I'd like to bring up is keeping peers intact. Many of these  
9 people such as [REDACTED] has a very favorite peer. We would hope that consideration is  
10 taken during the placement process if it comes to that -- and I won't say community  
11 placement. But if they are ever forced to move away from SDC, that consideration is  
12 taken into creating hubs or groups of people, that way also centralizing services.  
13 Another thought that came up amongst my siblings was to have sort of a mobile medical  
14 unit so even if homes are placed in groups whether it be in Marin County, which I  
15 understand there are going -- there are no placements available nor will there be, which  
16 is really a bummer for us -- that if there are group homes developed maybe Novato, why  
17 not? I'm not sure, or Petaluma. If the regional centers could work a little more fluidly  
18 amongst the regions. [REDACTED] peer is in a different regional center. They are buds.  
19 They are together like every waking moment. And in closing, because I know I will have  
20 to get off this podium soon, is right now [REDACTED], and I think most people here at SDC  
21 have the least restrictive environment they could possibly ever imagine. [REDACTED] does  
22 not like to be indoors. She's outdoors all the time. She sits in the bus stop. She  
23 collects leaves. At work, she shreds paper. She's a doer. She wants to be engaged,  
24 active and needs that.

25 **ALEANA CARREON:** Please wrap up.

1           **UNIDENTIFIED FEMALE SPEAKER:** Yes. And I just forgot my thought when I  
2 saw zero moment -- zero minutes left. But anyhow, thank you for your time. And I want  
3 to encourage you to consider Sweetwater Spectrum in Sonoma and also Therapeutic  
4 Living Centers for the Blind in Reseda, California as examples of what might be a model  
5 home for SDC. Thank you very much and thank you to the legislators. And especially  
6 all the staff at SDC, we would be lost without you. Thank you.

7           **ALEANA CARREON:** Thank you. Speaker 29? Is speaker 29 here? Speaker  
8 30?

9           **FATHER TOM [REDACTED]:** Finally. I've waited a while. I'm Father Tom  
10 [REDACTED]. I suspect you can hear me. My voice usually carries. These are not my  
11 notes. But I brought these -- I brought this sheaf because this is the result of the IPP,  
12 the individual program, that [REDACTED], for whom I'm a conservator as well as [REDACTED],  
13 that they provide. [REDACTED] has been previously before he was at Sonoma Developmental  
14 Center, in the community. No such document ever happened in any of his community  
15 placements or, for that matter, when he lived at home. And he lived at home with us for  
16 quite a while. And he -- this is the result of painstaking work on the part of professional  
17 people with whom [REDACTED] has regular, virtually daily interaction, not just care-givers, but  
18 psychologists, psychiatrists, MD, RN. This is a professional group that takes care of  
19 and has concerns for [REDACTED]. [REDACTED] is now 51 years old. And I'm afraid for him. I'm 83  
20 but I'm afraid to die because I'm worried about what's going to happen. Now [REDACTED]  
21 is a co-conservator so the worst disasters will not happen. But on the other hand, [REDACTED]  
22 can receive communion now at the chapel, at the developmental center. He can't  
23 receive communion otherwise. And I will be able, as long as I'm alive, to consecrate  
24 some bread and wine for him to have communion. When I'm dead, who's going to do  
25 it? If there is no religious service at the developmental center, his First Amendment

1 rights, freedom to practice his religion, will not be in existence. And that's not the  
2 important one. People talk about an institution. It's politically correct not to have  
3 institutions anymore. [REDACTED] does not know he's in an institution. He doesn't know what  
4 an institution is. He is -- he knows his roommates. He knows the staff. He knows  
5 where he's living. He just knows the home he had at Sonoma Developmental Center.  
6 That's all he needs to know. I know that -- I've already been told [REDACTED] is nonverbal, he  
7 has non-measurable intelligence. I guess seven IQ, from what I hear today, is what  
8 they use when they can't measure. And that's what they've said [REDACTED] might have. He is  
9 not capable of speech, hazard awareness or any of these things. He needs constant  
10 help. And he needs the opportunity for socialization and his -- virtually his own -- only  
11 socialization is with fellow -- is with the caregivers because they're the ones he prefers.  
12 He will ignore everybody else. I urge you to have something -- there is nothing -- I've  
13 already been told by the regional center that there is no place in the community for [REDACTED],  
14 that it does not exist. There is no such place and they have no plans for any such  
15 place. Until we develop a plan for some other place, for Heaven's sake, leave it be.

16 **ALEANA CARREON:** Thank you. Speaker 31?

17 **CARMEN [REDACTED]:** Hi. My name is Carmen [REDACTED]. [REDACTED]. She's  
18 legally blind. She has a mentality, I was told, of an 18 month old baby. She's a happy  
19 18 month old baby. Anybody that takes her by the hand she will follow. And I shudder  
20 to think what will happen when she's out of the community. Anybody can take her and,  
21 God forbid, do awful things. And that keeps me awake. I didn't think I would ever be in  
22 this position or [REDACTED] would ever be in this position when I placed her here at age five.  
23 That was the hardest, horrible experience that I have ever felt. I remember when my  
24 husband and I were looking through the backdoor as she was being led by the hand. I  
25 remember her little red outfit that I had put on her. And it broke my heart. And it breaks

1 my heart today. I don't know -- I'm not a good speaker, but I did have to come today to  
2 voice my concerns. I leave it up to the good Lord upstairs to create a miracle perhaps,  
3 and this won't take place. Thank you.

4 **ALEANA CARREON:** Thank you. We have a caller. We have a call in, a call  
5 take from the conference line

6 **OPERATOR:** Okay. Ladies and gentleman on the phone, if you have a  
7 comment or testimony, please press star one. And we do have one from Bill [REDACTED],  
8 [REDACTED] conservator. Please go ahead.

9 **BILL [REDACTED]:** Yes, hi. This is Bill [REDACTED]. And my wife Carol and I are so  
10 dedicated to the cause that we are calling you from Maui, Hawaii right now. And  
11 (inaudible) is concerning. [REDACTED], who is 46, is a resident at Sonoma  
12 Developmental Center. He's on the [REDACTED]. And he's been at SDC  
13 since 1989. We are, of course, very concerned about the closure of Sonoma  
14 Developmental Center for several reasons. One is that [REDACTED], when he was placed with  
15 SDC, this was an emergency placement because the facility -- the community facility  
16 that he was in was closed in January of 1989. So we know what community placement  
17 is like. The concerns that we have are that we definitely do not feel that -- was it -- the  
18 Department of Developmental Services is capable or is even aware of these lovely  
19 residents at SDC and that they do not, in our view, conceive of the -- of the welfare of  
20 our residents like [REDACTED] going out into the community where his health, (inaudible)  
21 health nor any guarantee of professional help such as we have been receiving at  
22 Sonoma Developmental Center all these years. We firmly believe that DDS is driving  
23 this closure simply because of monetary reasons and not because of the care of our  
24 (inaudible) or concern thereof of the individuals (inaudible) at SDC. Those clients like  
25 [REDACTED] are incapable of living independently in the community without the great

1 professional care that they already receive here. We are extremely concerned about  
2 that. And we definitely (inaudible) that DDS is aware of or even concerned about --

3 **ALEANA CARREON:** You have two minutes left, sir.

4 **BILL [REDACTED]:** -- any kind of -- any kind of medical care. And what's going to  
5 happen to the 400 -- nearly 400 or so residents of SDC now who are going to be simply  
6 placed in the community when there are no -- in our opinion, there are no community  
7 care homes that have the professional people, quality and assurance that this  
8 continuation of care will occur?

9 **ALEANA CARREON:** Thank you. We're going to take a one-minute pause  
10 while the --

11 (Off the Record.)

12 **ALEANA CARREON:** Our next speaker is speaker 32. Please state your name  
13 and affiliation, if any, for the record.

14 **ROSEMARIE [REDACTED]:** My name is Rosemarie [REDACTED]. [REDACTED] is [REDACTED].  
15 My [REDACTED] just spoke. And I believe that there is a place -- I believe that there are  
16 people who are rightfully placed in group homes. My [REDACTED] and I would talk about --  
17 she'd see people on the bus who were living in group homes and were on their way to  
18 work laughing with their friends or their brothers. Remember the brothers? And they  
19 would get off the bus and go to work. And then later in the day, they'd get back on and  
20 go back home. And that works for them. And they live in the community and they  
21 participate in the community. Those are the people that should live in the community.  
22 That is not [REDACTED] and those are not the people that live in Sonoma. Sonoma is a  
23 community for them. People watch over them. People take care of them. And us  
24 families are welcome there and we participate in partnership with their caregivers for --  
25 to make the best decisions for their health and care and for their development. As our

1 family contemplates the horrible reality of [REDACTED] losing her community and being  
2 forced into a board facility, we are using this time to request that [REDACTED] and her  
3 fellow residents continue to receive the needed services that they -- that they use to  
4 survive, to live, and where they don't exist, that they be established. [REDACTED] has very  
5 special medical needs. She is profoundly [REDACTED]. She is a severe [REDACTED]. She is  
6 also [REDACTED]. When she -- as many others have testified, when she goes to the dentist she  
7 needs sedation. Her medical -- her medical condition is very fragile so her medications  
8 must be closely monitored. Any change affects her profoundly. When she was moved  
9 from the last cottage where she lived to where she lives now, and that was many, many  
10 years ago, she had severe seizures. And this happened over a period of time and it  
11 was -- and it was a very difficult move for her. I cannot imagine what it would be like to  
12 make another kind of move especially into the -- into another community. We need the  
13 -- we need this constant medical attention. We need the facilities that provide these  
14 services to remain open as many people have said. And I hope that this meeting is a  
15 meeting where you really are listening to what these needs are and what we really need  
16 for our family members, and that we hope that you will truly collaborate and work with  
17 us as we go through this transition. And I also want to thank the people of Sonoma for  
18 welcoming and -- our family members into your community, for always allowing them to  
19 participate in all the activities that happen around here. And [REDACTED] has enjoyed  
20 these things. She loves going out. And I also want to thank the staff. A staff member  
21 that took care of [REDACTED], what 24 years or something, just came up and spoke to [REDACTED]  
22 [REDACTED]. That's the kind of community we are. And I just want you to understand how  
23 important it is for our family members to really be happy, it really takes all these things.  
24 Thank you.

25 **ALEANA CARREON:** Thank you. Speaker 33?



1           **MISTI** [REDACTED]: Hello. Oh, I'm going to be loud. I'm going to back up. My name  
2 is Misti [REDACTED] and I work for Sonoma County Agricultural Preservation and Open Space  
3 District. And I am a very proud member of the SDC Coalition and mostly because I've  
4 dedicated my career to protecting land for people and for wildlife. And that work takes  
5 heartfelt dedication and passion. And I have never seen so much of it as I have in this  
6 room and every time I've attended a coalition meeting with the families and the  
7 representatives of the folks that you're speaking of, the residents of the center. It is not  
8 the component of the work that I understand as well. But it drives me to be part of a  
9 process that helps find a solution that will protect the land for the natural systems and  
10 the wildlife and also the services for the residents. So many of you have done an  
11 amazing job being compelling and talking about the folks, the people that live at the  
12 Developmental Center today. And I thought I'd try to do a little bit of a job of  
13 representing the other voiceless beings that live and rely on their survival of the land at  
14 the center. And folks have talked about the water and the systems that provide humans  
15 and animals what they need to survive. But also Sonoma Mountain itself is becoming  
16 isolated, an island of habitat, because development is surrounding the base of the  
17 mountain. And there's really only one place that has been benefitting movement of  
18 wildlife that need a bigger area than just Sonoma Mountain to survive, and that is the  
19 Developmental Center. And it's been kind of an accidental process. It's not why the  
20 state has maintained the land the way it is. And the residents of the Center and the  
21 wildlife that live there have been living in harmony. They've been benefiting from each  
22 other. The Center itself has benefitted the wildlife because they're able to survive and  
23 move and take advantage of other areas of the county. And it sounds to me very much  
24 like the land has been providing a huge benefit to the residents there because they love  
25 to be outside and it sounds like it's a huge benefit to their health and welcoming. I'm

1 really here just to ask that the state work with the Coalition that has come together, an  
2 unlikely coalition of folks that have come together to look for solutions that will be both  
3 beneficial to the natural land itself and to the residents and the people that live off of the  
4 land and in the Center and really need that to survive. And I think that's it. Thank you  
5 so much.

6 **ALEANA CARREON:** Thank you. Speaker 34? And speakers up to maybe  
7 speaker 40 might -- if you're wanting to move up to the front, you're welcome to do that.

8 **TERI [REDACTED]:** Yes. Good afternoon. My name is Teri [REDACTED]. I've lived in  
9 Sonoma Valley for 27 years. I'm here both to represent myself personally and I'm also  
10 the North Bay Regional Director for Greenbelt Alliance. So I'll make some professional  
11 comments and then some personal comments. First the professional, which is that  
12 Greenbelt Alliance is a regional bay area nonprofit organization that works primarily to  
13 support our greenbelt and open space protection around the bay area and also smart  
14 growth to make sure that as we grow, that growth goes into the footprints of our existing  
15 cities and towns. Greenbelt Alliance supports the policies and platforms of the  
16 Transform Sonoma Developmental Center Coalition, particularly the requests and  
17 requirements from the parents, from the Sonoma Ecology Center, the Sonoma Land  
18 Trust, Sonoma Mountain Preservation and, of course, the larger community who is all  
19 touched by what happens out there. Greenbelt Alliance urges these three key points  
20 that are outlined. I won't go into detail because many people have already done so to  
21 ensure that with the State of California and the community that there is a collaborative  
22 process, that onsite housing and health services are continued to be providing for the  
23 folks that live out there right now, and that the natural resources, particularly the wildlife  
24 corridors, as Misti talked about, are protected for the long term, and to also remember  
25 that this greenbelt also provides a community separator in Sonoma Valley from the

1 north and south end of the valley. Now taking off my Greenbelt hat and just talking  
2 about Teri [REDACTED] as a resident of Sonoma Valley, I would just like to share some of the  
3 indirect benefits from the Sonoma Developmental Center that I've experienced over 25  
4 years. So these aren't the main issues here today, but I thought they'd be worth  
5 mentioning. They kind of fall into three areas. One is understanding, tolerance and  
6 education. The second is public health, and the third is community fabric. So when I  
7 first moved to Sonoma Valley in 1998 to work for the local Sonoma Index Tribune, I  
8 knew nothing about the Sonoma State Hospital, I knew nothing about developmentally  
9 disabled people. And one of my first assignments was to go out there and meet with  
10 some of the parents. And it was a very enlightening and I must say also unsettling  
11 experience I had no experience with. And over the years, I've indirectly, you know,  
12 encountered folks who worked out there. I didn't know what a psych tech was. And I  
13 ran into many psych techs over my life in Sonoma Valley. And I began to appreciate,  
14 understand and be educated about the developmentally disabled folks who live at the  
15 Developmental Center and the ones who are in our community. And that enabled me to  
16 talk about this -- the people and the functions at the Developmental Center in a more  
17 intelligent way and become sort of an ambassador as much as I could. Part two is that  
18 the Developmental Center lands are also providing a public health benefit. People are  
19 out there walking, hiking, riding their horses. It's really an extension of the regional park  
20 even though it's not officially that. But people are out there all the time, families,  
21 peoples of all different ages. So it really does provide a public health benefit and also,  
22 you know, clean air, clean water. And when there was a proposal in the 1990's for an  
23 orchard to be sold off and developed into a vineyard, we had a major outcry from the  
24 community. We worked with the State to stop that. And some of the same people are  
25 here today. So we all love that property and we will defend it. And lastly, it's part of the

1 community fabric. I mean the Sonoma Ecology Center is out there now. There are all  
2 kinds of events that used to occur, not so much anymore. But there used to be, you  
3 know, runs and riding events and ride and tie and all kinds of things over the years that  
4 the whole community was part of. I'm looking at my notes There's one other point I  
5 wanted to make on that. Oh, yes. Okay. And there are other -- you know, there are  
6 12-step programs that meet out there. So there lots of things that are happening at the  
7 Developmental Center that enhance the community beyond its core mission. So I urge  
8 the State to work closely with the parents and the Coalition to transform the Sonoma  
9 Developmental Center. Thank you.

10 **ALEANA CARREON:** Thank you. Speaker 35?

11 **KAREN [REDACTED]:** Hello everyone. My name is Karen [REDACTED]. I'm a resident of  
12 Sonoma but I'm probably the newest resident. I haven't been here 27 or 30, 40 years.  
13 My husband and I moved here three years ago. I'm here today just to express my  
14 concern. I don't know anybody who is currently in the facility for care. I don't know  
15 anybody who works there. I don't know anybody who knows anybody who's in the  
16 facility or who works there. But I think as learning -- trying to -- trying to learn our way  
17 around Sonoma -- and we off of Arnold Drive -- we'd be driving past it learning our way  
18 around, finding our favorite in Glen Ellen. And when we would get close to the SDC,  
19 you know, we could tell it was someplace special just in our hearts. I hadn't read  
20 anything about it at the time, hadn't seen anything in the news. But we knew when we  
21 were close to there that it was a special place. We'd always slow down. We'd always  
22 look at the buildings, look at the grounds. And I think that's why I'm here today because  
23 you know that it's special. We know the difference between right and wrong. And we're  
24 raised that way to know the difference between right and wrong. And this is wrong. We  
25 need to take care of the special people that are there that will -- that will not do well if

1 they're not kept there. I mean forget the money. There's always money to do the right  
2 thing. So I'm not related to Governor Brown either as you can probably tell though I  
3 have been a fan of his. This is wrong and I'm glad to hear everybody come here and  
4 speak. And I'll try to do whatever I can to get the train back on the right track. Thank  
5 you.

6 **ALEANA CARREON:** Thank you. Speaker 36? And speakers 40 to 45, you  
7 might want to move up closer if you would like.

8 **HEATHER STAHELI:** Hello. I'm Heather Staheli from AFSCME 2620. We  
9 represent the psychologists, social workers, rehab therapists, chaplains, dieticians and  
10 numerous other mental health professions that work at the Developmental Center. And  
11 I want to thank you, first of all, to the family members for having expressed your  
12 appreciation for the work that we do. It's not always easy but it is usually rewarding.  
13 And it's particularly rewarding when we hear from the family members that their work is  
14 acknowledged. Thank you. There isn't much more to say that the family hasn't already  
15 said. We are also very concerned about the placement of the individuals that would be  
16 moving out of the Developmental Centers. As we know, the community placement  
17 settings are failing. They are closing in large numbers. They are not funded enough  
18 and they do not offer the support system that the developmental centers do. We're very  
19 concerned about that and looking at ways that potentially our workers may be able to  
20 support those systems if the -- if the patients, in fact, are moved out into the community.  
21 As a rehab therapist, I'll well aware of the need for goal-oriented treatment. We do do  
22 the parties. We're constantly being told we're the party people. But the reality is, is that  
23 we do assessments and evaluations and we determine the needs of the patients and  
24 what best suits their needs and what will they respond to best. And those are not  
25 treatment interventions that you're going to get in those community settings. So we'll be

1 continued to be here as much as we can as long as people are listening to remind  
2 everybody that we need to provide for these patients in the communities wherever that  
3 community is and where the best place for them to be is. Thank you.

4 **ALEANA CARREON:** Thank you. Speaker 37?

5 **ANITA [REDACTED]:** Hello, everyone. My name is Anita [REDACTED], and I'm a  
6 homecare worker. And I've been with IHSS since 2004, so I've been doing it on and off  
7 most of my life. My father worked out at Johnson A at the SDC. We went fishing, we  
8 went hiking, we went camping. We went to the fairs. We went on the training. We  
9 went fishing and swimming, all kinds of things. I volunteered out there as a child, a  
10 young adult. I have a mildly disabled 32 year old son with his -- is with his father in  
11 Sacramento. I have no idea how he is, how he's doing, what he's doing because he  
12 doesn't call me. His father won't allow him to. And this really is hard because I've seen  
13 all the good that comes out of that facility in our community. Knowing as a homecare  
14 worker and doing a lot of that stuff that they do out there and not having that experience  
15 and equipment available to me at a home facility is a big difference. Because I would  
16 love to have that kind of experience and love to have that kind of equipment that would  
17 help me provide the extreme best quality care that they deserve in a home facility. They  
18 don't have that if they leave. I had ten years taking care of an MS client. We have to do  
19 many things. The simplest little task like cutting their food to bite-sized pieces,  
20 monitoring their medication, doing their peri-care. And if you don't know what peri-care  
21 means, it means wiping their privates, keeping them clean, free of sores. If they sit too  
22 long, they get a sore, heat rash. Putting on and off their socks, their shoes, their  
23 underwear, their clothing, everything, getting them safely in and out of bed, in and out of  
24 the shower, on and off the toilet. There's all kinds of things I know how to do, feeding  
25 tube, catheterize, you know. And I have just IHSS. That's not a certified licensed like a

1 CNA. I just mainly learned it from hands-on experience and from the goodness of my  
2 heart. And I can earn 15 dollars an hour which the Board of Supervisors has neglected  
3 to include us, then I don't think it's fair for those clients, the residents, the people at  
4 SDC, to be pushed out into a facility that won't pay the minimum wage as a homecare  
5 provider. So thank you very much.

6 **ALEANA CARREON:** Thank you. Speaker 38?

7 **JIM [REDACTED]:** Hi. I'm glad to be here, really glad to be anywhere as they  
8 say at this point. And I'd better make it legal.

9 **ALEANA CARREON:** Would you please state your name and affiliation?

10 **JIM [REDACTED]:** I just -- yeah, Jim [REDACTED]. And I have a special relationship  
11 to Sonoma State Hospital as we call it, well, the feeble minded home from way back.  
12 My dad, with the Depression -- I was born in the Depression. And my dad was in the  
13 three Cs and couldn't find a job anywhere. He applied up here at Eldridge and he  
14 became a grocery man or parts man for the main hospital. And after six months, my  
15 family was invited up and we lived in Glen Ellen for 30 years. And I was away for 30  
16 and came back for 30 again, and working on that last 30. So we -- there was something  
17 I heard on the radio this morning too especially appropriate. And I don't know how  
18 many know about it, that there suddenly turned out to be quite a shortage of mentally  
19 handicapped personnel to help people. And I don't know if Obamacare is taking that  
20 into consideration. But we've been having a lot more problems to have these all people  
21 distributed into little healthcare centers. But anyway, I went to high school, to junior  
22 college, Santa Rosa, and came out. And I was going to going to go to Berkeley but we  
23 had no money. And I'd been working at a -- at Paradise out by Morton's as their  
24 lifeguard. And suddenly, I had a chance to go to work at Eldridge on August 3rd, 1952 -  
25 - or is it -- 1951, it was. And it's documented there. And all kinds of things began to

1 open up. I started at King College which was the premier, the old folks' place. And I  
2 had one month there and then one month down in Malone which was a lot more less  
3 qualified people. And then I got to go up to Goddard Hall where the young kids were.  
4 And thanks to the personnel that were -- helped to guiding me there, we started a little  
5 Boy Scout Troop informally. And I could take 30 or 40 kids up into the Fern Lake and  
6 up to see the grandmother redwood up there and then pick some cherries and at the  
7 right appropriate times. Sonoma State Hospital is a treasury of abundance of not only  
8 the personnel that it but the talent. And so during the beginning of the war, my folks  
9 served as sky watchers and they both worked at the State Hospital. And then they both  
10 went to work at Mare Island. Came back after the war and returned to the State  
11 Hospital. And then I finally found that I couldn't enlist because of a x-ray condition and  
12 there wasn't much employment, I thought, well, I'll go to Berkeley and I was accepted at  
13 Berkeley. But I had no money to go to Berkeley. So that's when I got as a hospital  
14 attendant. I was one of the last hospital attendants before they started psychiatric  
15 technicians. And so luckily I started when I did because the technicians made 175 a  
16 month and I was getting 200. And, of course, they had part-time at school but they  
17 were learning their profession and I'd had to learn on the wards and driving the drugs  
18 around for the different wards and working in the laundry and occasionally up at the  
19 harvesting fruit. So I had a little bit of training everywhere. And so it was a wonderful  
20 source for young people to really find out what life was all about and what responsibility  
21 was. And you could see so many people needed help. And you had no recognition of  
22 that in prior years until you became familiar with Sonoma State Hospital. At the time we  
23 had over 3000 employees and also 3000 patients at the time. And I got to take them on  
24 trips down to San Francisco. And one occasion, I was authorized to take one patient  
25 from Goddard Hall, about 14 years old, and they had a facility, an outside facility down



1 there on Highway 9 down by -- oh, okay.

2 **ALEANA CARREON:** Your time is up, sir.

3 **JIM [REDACTED]:** So I got to take him in and I saw the cramped conditions, the  
4 smelly conditions where about eight kids were on an upper floor. And when I came  
5 back with my report, they followed up and pretty soon he was back in Goddard Hall and  
6 we could hiking with the rest of us. So I've -- a lot of favorable things to say about  
7 Eldridge and almost nothing negative. Thank you.

8 **ALEANA CARREON:** Thank you. We're going to go to conference call line now  
9 for a call-in.

10 **OPERATOR:** If you have a comment or testimony on the phone lines, please  
11 press star one and we can open your line. Okay. We have no one in queue at this  
12 time.

13 **ALEANA CARREON:** Okay. We have speaker 15 who is back. If speaker 15 is  
14 available to come, please approach the microphone. Thank you.

15 **MARY [REDACTED]:** I had to go to a birthday first, a one-year-old birthday party. I  
16 had to go to a one-year-old birthday party.

17 **ALEANA CARREON:** Just state your name and affiliation please.

18 **MARY [REDACTED]:** Oh, my name is Mary [REDACTED]. I live here in town. And I  
19 am not connected to the Developmental Center except knowing about it. But I had one  
20 thing I wanted to share about the history of dealing with institutionalized patients of  
21 various -- whether they're mentally ill or developmentally challenged. That happened in  
22 the 60's with the war on poverty. And it's the antithesis of what's going on here. In the  
23 60's, the president at the time who was Johnson made a war on poverty and that  
24 included people in mental hospitals and people who were in schools for the  
25 developmentally -- slower folks. And it was to clean up the situation there, create a

1 better environment and get people out who would be out. And I know that through Jane  
2 Adams' Hall House they ran programs through the -- through the Chicago -- University  
3 of Chicago. And they trained people to go into the institutions, let's say mental health  
4 institutions, and identify those people who could move out and be on their own and  
5 could be in a hallway. And it was all done in a very healthy way. And over the years,  
6 that became the movement. But what's going on here seems to be the antithesis of that  
7 to me. I think what they're expecting you to do and what is happening is a horrific thing.  
8 And I was very appalled that one person stood here this morning who's a voted person  
9 in our community and said something about, oh, then we'll do this, then we'll do this,  
10 then we'll do this. He was just -- he wasn't listening. And I'm -- my hope is that he'll  
11 understand how deeply committed the government was at one time to making the best  
12 possible environments for people. And they really did improve them. Maybe they  
13 closed too many doors but there are certainly people now in life I know where I worked  
14 in San Francisco on the streets who could use support or use a halfway house. But I  
15 just wanted to say a little of that history because I was part of it. And it can't be  
16 forgotten. It shouldn't be forgotten. And I -- anyway. If any of you are in any  
17 committees that I could join, I would certainly do it because I would like to, you know,  
18 keep something going that I know would favor what's going on for those folks there.  
19 That's all.

20 **ALEANA CARREON:** Thank you. Speaker 39?

21 **MARC VICTORIA:** Thank you very much. Marc Victoria, AFSCME Local 2620.  
22 I know somebody was already up here before and talked about the different people that,  
23 you know, work at Sonoma. So I don't want to go through everybody that we represent.  
24 And a lot of what I was going to say has already been said so I will try to keep this short.  
25 So for decades, the Sonoma Development Center has served the residents and

1 community of Sonoma. We need to ensure that arbitrary deadlines do not trump the  
2 needs of clients and the staff that have served those clients. We need to ensure that  
3 services are available prior to closure and that patients have opportunities to continue  
4 work with a staff that they are comfortable with and have developed relationships for  
5 many years. I've worked with many unions in my past and am surprised by our  
6 members are constantly focused and prioritize the needs of their clients they serve over  
7 the traditional ideas that we all have of what union members think of. They are first  
8 clinicians then caretakers then union members. So it's up to me to ensure that their  
9 needs are voiced. Their needs are to be -- there needs to be an assurances that clients  
10 currently being served by the Sonoma Developmental Center are placed in secure and  
11 safe environments. We need to make sure that there needs to be a mandate that  
12 allows for additional transparency requirements, that community providers must meet  
13 that are similar to those that the Sonoma Developmental Center currently comply with.  
14 This includes understanding that, you know, when restraints, mechanical, manual or  
15 pharmaceutical are being used, when injuries occur to staff and to clients, we need to  
16 review injuries and other deaths and we need to make sure that the staff that are out in  
17 the community are qualified and trained to be able to treat and be, you know, with those  
18 individuals. We need to continue to look at State options to provide services that are  
19 lacking in the community at the current site of the Developmental Center. We'd like to  
20 make sure that a community State staffing program is used for our staff members,  
21 retraining and further a more open communication process in the handling of the  
22 closure. Thank you.

23 **ALEANA CARREON:** Thank you. Speaker 40?

24 **SEAN CAREY:** Hello ladies and gentleman and thanks for hanging in there to  
25 some of the last speakers. I know we appreciate it. My name is Sean Carey. First and

1 foremost, I'm a licensed clinical social worker with the State of California. And I have  
2 the honor and privilege to be the president of the American Federation of State County  
3 and Municipal Employees, Local 2620. I would like to run through a few more of the job  
4 descriptions that are represented by our Local. We have social workers, psychologists,  
5 rehab therapists, art, dance, music and recreation. We have chaplains, dieticians,  
6 individual program coordinators, an occupational therapist, audiologist, a pharmacist,  
7 physical therapist and speech pathologist. And why did I subject you to that long list?  
8 These are professionals that have dedicated their lives to helping the State of California  
9 and members of the most critical need. And they have found themselves here at  
10 Sonoma. And one thing I'd like to share with you that they'd share with me in the  
11 meetings that we've had once we heard that the closure is going on, and this is uniform,  
12 that their first concern is for the clients that they take care of. They are a wonderful  
13 group of people. I have been honored to represent them and to hear what they have to  
14 say. And that's what they said. They said it's clients first. And I can tell you  
15 unfortunately we just went through this exact same thing down in Lanterman and  
16 unfortunately had to sit in while they closed that facility. And the one thing that the  
17 employees said there was the exact same thing, as long as my clients are taken care of,  
18 I will be okay. And they were okay. We found places for them to work and we'll do it  
19 again. But they don't believe this is the best. And, you know, maybe this is saying that  
20 could resonate with you. But you can only get so much wine out of a grape. We have  
21 closed enough facilities. There is a group of individuals that needs this type of care and  
22 they're -- we're running out of facilities. And if we lose them, we'll never get them back.  
23 There's nothing wrong with choice. Why not give another choice? Sure, we can help  
24 revamp it. And I don't know, is Brian Farrell still around? He was like the second  
25 speaker.

1           **UNIDENTIFIED FEMALE SPEAKER:** He left.

2           **SEAN CAREY:** Okay. Well, Brian asked do the union know, have they been  
3 included. And I can tell you no, we have not. There's a couple of other unions that are  
4 getting ready to come up and here and speak. And I've talked with my brothers and  
5 sisters and they weren't notified. We would love to help to make it a better place.  
6 That's what we do. Because like I said earlier, first and foremost I am a licensed clinical  
7 social worker. I did this to make the State better and to protect those who need service.  
8 We're absolutely committed to that. We'll take care -- as a union, we'll take care of our  
9 own. We want to make sure that the clients are taken care of. And I've got a little bit of  
10 bad news when it comes to that. We also have the privilege to represent -- they're  
11 called licensing program analysts. And their job is to go out into the community and  
12 look at these care homes that are being provided. And you may not know this, but we  
13 are 50th out of 50 states in how we look at those group homes. They only go out every  
14 five years. That's the worst in the entire country, California. It's a shame. So AFSCME,  
15 we put a bill together so that this would at least be annual which would put us on par  
16 with other states which, I don't know, as a Californian I don't like to be on par. I think we  
17 should get the standard. But some states actually do their investigations quarterly. But  
18 we put in a bill to do this yearly because that's going to be the facilities that they're  
19 sending your children and your family members to every five years to look at them. It's  
20 not enough. Unfortunately, the bill couldn't get done. And the reason is, is there's not  
21 enough LPAs, licensing program analysts to go out and inspect these homes. So that's  
22 part of the environment that you're sending your family members to. So hopefully, we  
23 can maintain these kind of fervor and make sure that these facilities are kept up to par  
24 and they do get the service. I have my concerns as you do. But, you know, together --  
25 and now that we are together and we've made some faces, some acquaintances, rather

1 than have everybody picked off by individual and by family and one by one, maybe now  
2 we can stand together and make a -- make a difference. Thank you.

3 **ALEANA CARREON:** Thank you. Speaker 41?

4 **COBY PIZZOTTI:** Hi. I'm Coby Pizzotti. I'm with the California Association of  
5 Psychiatric Technicians. I've heard a lot of you guys talk about psychiatric technicians  
6 and your interactions with them over the years. And that's really encouraging that  
7 you've all had very positive experiences. I'd just like to say a couple of things about my  
8 membership. There is a lot of our members that work out at SDC that have been there  
9 for 20, 25, 30 years. And they've grown up with the residents. They're no longer the  
10 people that they take care of. They're their family members. They care for these  
11 people on a daily basis. It has been one of my duties as the lobbyist for the Psych  
12 Tech's Association to fight the closures. And we have done that with my brothers, Marc  
13 and Sean and SEIU and, you know, UAPD, the other labor unions, as hard as we could.  
14 Unfortunately, we're in a position now where it seems like the die is cast. So we now  
15 have to focus in a different direction. And that is transforming the Developmental  
16 Center into something that we can use. And I think one of the things that we really need  
17 to focus on is ensuring that services are still maintained at the facility, medical, dental,  
18 you know, creating special devices. Those services are not found in the community.  
19 That's the problem. I was at several budget hearings with Director Rogers and with my  
20 colleagues, Marc and Heather. And we heard time and time again at the budget  
21 hearings that the community provides are not -- they don't have the money to keep their  
22 doors open. The constant, constant testimony stating that their services are no longer  
23 going to be offered in the community because they can't afford to. Well, if that's the  
24 case then why are the hell are we shutting down SDC? It makes absolutely no sense at  
25 all. And so if that -- if we're now in the position, then we now have to make sure that the

1 facilities are going to stay open for a place of last resort. There has to be some kind of  
2 no-eviction policy facility where individuals don't get bounced around from home to  
3 home in order to maintain some sort of stability. We have to have a place where the  
4 individuals can't get kicked out just because a provider doesn't want to have to deal with  
5 them. And we've heard that time and time again. So the parents have let us know that  
6 that's a big concern. We personally feel that's a huge concern. One of the concerns  
7 that we have is where the individuals go. We would love to follow the individuals into  
8 the community with them. We'd love to be able to do that. The community State  
9 staffing program is an opportunity for us to do that but it has to happen. It absolutely  
10 has to happen. And it has to be longer term than what was offered at the Lanterman  
11 closure. The Lanterman closure offered a two-year program. It never materialized.  
12 Nobody from the Psych Techs Association was offered a job from the Lanterman  
13 closure to go into the community and follow the clients. So these are types of things  
14 that need to be worked out. They need to be resolved. And that has to happen before  
15 any sort of plan to close the facilities starts formulating. You have to have answers.  
16 And I'm not hearing any. So thank you.

17 **ALEANA CARREON:** Thank you. We have a caller on the conference line.

18 **OPERATOR:** Sorry for the delay. One moment please. We do have a question  
19 from the line of Delores [REDACTED] for [REDACTED]. Please go ahead. Oh, it's not -- okay,  
20 here it is. There it is. Your line is open now. I apologize for the delay.

21 **DELORES [REDACTED]:** Okay. Thank you. Okay. I'm speaking for [REDACTED]  
22 who is in (inaudible.) She's 66 years old and she's been there 59 years. And that's  
23 home to her. She's nonverbal, cannot communicate in any way. Her IQ is probably  
24 less than [REDACTED]. She has [REDACTED] and she has -- she has eloped from the area. We need a  
25 choice. We need to get doctors, dentists, medical care and equipment and people who

1 know her. And she can't go into a board and care. It just -- they couldn't -- they  
2 wouldn't know how to take care of her. And anything outside of Sonoma, we need a  
3 community that would be -- that could handle her. And I hope that you can give us  
4 choice and bring us something that is like Sonoma. Thank you for letting me speak.

5 **ALEANA CARRION:** Thank you.

6 **OPERATOR:** And then we do have another one from the phone lines. And if  
7 anyone else -- they can press star one. We have a comment from the line of Carla  
8 [REDACTED] -- I'm sorry if I pronounced that wrong -- conservator for [REDACTED]. Please go  
9 ahead. The line is open.

10 **CARLA [REDACTED]:** Can you hear me?

11 **OPERATOR:** Yes. Now we can.

12 **CARLA [REDACTED]:** Sorry. I have my mute on. What the woman prior to me said, I  
13 agree with 110 percent. That is [REDACTED] pretty much too. Is there anything we can do  
14 to keep our facility open where we can still have our clients stay there? I mean I don't  
15 understand why they have to or want to close the whole facility. It's something that I  
16 think we all need to take into consideration. You know, this is a great place. This is --  
17 most of the clients held there, I believe, is their only home or the only home that they  
18 really know because they have been there for so many years. Do we have anything on,  
19 you know, on that, that we can maybe try to do to keep it for our family members? And  
20 also I wanted to say -- I'm sorry. I wanted to thank our president, Kathleen Miller, for all  
21 of her time and effort as well as everybody else on the Board. So if we can come --  
22 have any conversation about that, that would be great. Because the majority of us want  
23 to keep it open. And for the few that don't want it open, well, then you don't have to stay  
24 there. But don't make it hard for any of us. That's all.

25 **MS. CARREON:** Thank you.



1           **OPERATOR:** No other questions -- comments from the phone lines?

2           **MS. CARREON:** We'll go to speaker 42.

3           **WENDY [REDACTED]:** Good afternoon. Goodness. I'm glad to see all of you  
4 are still here. It's been a long day. My name is Wendy [REDACTED]. I am the co-  
5 conservator for [REDACTED]. [REDACTED] is 89. [REDACTED] is 94 in a convalescent  
6 home, a war hero shot down over Germany as a Jewish boy and evaded Nazis. And he  
7 really thought that he was going to go to his grave knowing [REDACTED] would be well taken  
8 care of. He's a wee bit disappointed in our government. I just got to say that on his  
9 behalf. [REDACTED] is 57 years old. He started here at age five. He is [REDACTED]. He is [REDACTED].  
10 He is [REDACTED] and he is severely retarded. So he doesn't get to the benefit with horseback  
11 riding and art projects. I mean he does some hands-on things. But his life is pretty  
12 closed. And his care is very severe because of his needs. He's had many, many  
13 operations and he's been covered well here at Sonoma. That being said, knowing that  
14 he has maybe got to go out into the community, we fear, just like the rest of you do, for  
15 our loved ones and their safety. In his IPP, he's also -- it's also noted that he's got a  
16 very high [REDACTED]. That's kind of scary out there for those of you who know what I'm  
17 talking about. So I want to wrap up some solutions. I've been in conversations with  
18 many parents. And there is a program out there that has been put together, a proposal  
19 rather called the Jack London Meadows. Some of you may have heard about it. I know  
20 it's been in conversation for a while. And the conversation is why can we not build on  
21 some property here that's supported by public and private to put together homes for our  
22 loved ones and our future people. We've got a -- we've got folks out there that  
23 unfortunately are still going to be born retarded. What are -- what are they going to do?  
24 Where are they going to go? What, we're just going to get rid everything, they have no  
25 place to go? So [REDACTED], quick story, did move out of here during the Reagan years

1 for a brief stint to a lovely place called Laurel Hills in Sacramento. And for those of you  
2 who heard me speak a couple weeks ago, one day we were called, he was out on the  
3 lawn of this facility in Sacramento because IRS had come in and padlocked the building  
4 and taken everybody out of the building and left them on the lawn waiting for buses to  
5 arrive to send them off into the wild blue yonder. It took us two months to have  
6 Assemblyman Tom Hannigan find ██████████ who coincidentally ended up here. And  
7 he has been here ever since. The fail safe system out there is terrible. And if this place  
8 closes, we have no fail safe anywhere. So the thought is the Jack London Meadows  
9 would be ADA compliant. It would be an opportunity for our State to actually do  
10 something really special. All of the communities across the -- across our nation are  
11 dealing with budget cuts. Wouldn't it be so great if California created a model for  
12 excellence to keep our people safe, build these group homes, perhaps bring on a  
13 hospital, perhaps bring our veterans over who need a place to live, and maybe can ever  
14 volunteer and give them -- or give them jobs and still have this lovely serene land and  
15 the Sonoma community taking care of that? So my proposal is let's take Ms. Dooley  
16 and Mr. Santi and Susan Gorin, who's wonderful, and all these other people and the  
17 GSA and the PHA and all of our legislators and the Sonoma Land Trust has done so  
18 much, let's put them all into a little room with some of -- some of -- a coalition of parents  
19 or conservators and let's come up with a plan. We've got 49 million dollars. I don't  
20 know how that's going to be distributed to you and you and you and you and you and  
21 you and you and you. But I do know that if we took that 49 million and maybe put that  
22 into a facility, we could have a center model of excellence that would make you all  
23 happy. And it would make, I think, our State Capital proud. And I think it would make  
24 California shine. Just my thoughts.

25 **ALEANA CARREON:** Thank you. Speaker 43? And if speakers 44 through 50

1 would like to move up to the front row, you're welcome to do that.

2           **ARTHUR LIPSCOMB:** Hello. My name is Arthur Lipscomb. I'm an attorney with  
3 Disability Rights California. Disability Rights California supports the development of --

4           **ALEANA CARREON:** Could you please state your name?

5           **ARTHUR LIPSCOMB:** My name is Arthur Lipscomb. I'm an attorney with  
6 Disability Rights California. Disability Rights California supports the development of a  
7 transition plan which will ensure that developmental center residents can successfully  
8 move to the community. Because California has successfully closed other  
9 developmental centers, there is extensive experience which demonstrates that we know  
10 how to do this right. Some key elements of a successful plan include one, individual  
11 decision making. Decisions concerning the transition of each developmental center  
12 resident is made by that individual's individualized planning team. As part of the  
13 transition process there is an individual healthcare plan developed for each resident.  
14 Two, monitoring of the transition process. Advisory groups are established to monitor  
15 the transition process including quality management and other critical areas. Three,  
16 additional regional center and clients' rights advocacy staff. Additional staff positions at  
17 each regional center who have clients living in Sonoma Developmental Center to help  
18 ensure that each individual's health and safety -- and a successful transition. This  
19 includes additional service coordinating staff, program development staff and  
20 specialized resources such as health coordinators. We also support additional clients'  
21 rights advocates who can support consumers and their families in identifying  
22 appropriate community homes and work to illuminate a very successful transition. Four,  
23 targeted community placement plan funds to develop community homes. Identification  
24 of targeted community placement plan funds which will ensure the development of  
25 appropriate community placements tailored to the needs of developmental center

1 residents. These CPP funds will ensure that residents' needs are appropriately  
2 assessed and sufficient funding is devoted to the development of housing and  
3 community resources. In the past, this has included the development of adult  
4 residential facilities for persons with special health needs, for example, 962 homes, the  
5 new behavioral and crisis homes that were included in the 2014 budget Trailer Bill and  
6 the development of delayed egress and secure perimeter facilities. Five, include  
7 components in the DC Task Force Report. We recommend that any plan address the  
8 elements identified in the developmental center Task Force Report including acute crisis  
9 facilities, small transitional facilities for individuals with behavioral challenges and the  
10 development of additional homes to meet the needs of individuals with enduring health  
11 needs. Six, use of self-determination to facilitate choice. Any plan must include a  
12 thoughtful transition. One way to assist with the transition will be to ensure that state  
13 developmental center residents have access to the self-determination program  
14 authorized by the Welfare and Institutions Code Section 4685.7. Seven, ensure a  
15 strong community system which shall be California's safety net. We encourage  
16 investment in the community services including -- a system including rate adjustment as  
17 a critical means to ensure both the successful implementation of developmental center  
18 closure plans and compliance with federal requirements to avoid any loss of Medicaid  
19 and other federal funding. We know that individuals can successfully move from  
20 developmental centers to the community, in part, because of our advocacy work to help  
21 ensure successful transitions. As an example, I want to share the story of [REDACTED].  
22 About the time [REDACTED] was placed in a state developmental center, President Nixon  
23 returned to Yorba Linda and Jerry Brown was elected the youngest governor of  
24 California. For many reasons including attitudes and culture that are slow to change, no  
25 one helped [REDACTED] explore ways to become more independent as is his right under the

1 Lanterman Act. Our staff successfully advocated for [REDACTED] to get support to live in the  
2 community. In the fall of 2014, he moved into an apartment. At the time he moved,  
3 people thought [REDACTED] was afraid to go places to be out in public. Today, he is now on  
4 the go every day, loves interacting with his community including exploring big box stores  
5 via elevators, and when he arrives home he calls out where is [REDACTED] new bedroom.  
6 The closure of Sonoma Development Center is an important step in the decades long  
7 process of community integration for our citizens with developmental disabilities. After  
8 40 years, [REDACTED] finally got his opportunity to take the step. With safe and thoughtful  
9 (inaudible) transition planning, others will be able to do the same. Thank you.

10 **ALEANA CARREON:** Thank you. Speaker 44?

11 **UNIDENTIFIED MALE SPEAKER:** No, I'm 46.

12 **ALENA CARREON:** Speaker 44?

13 **ELIZABETH [REDACTED]:** Hi. My name is Elizabeth [REDACTED]. I actually work  
14 at SDC. I started full time there probably about nine months. And I'm actually here not  
15 because I'm an employee. I'm here because I want to advocate for the clients.  
16 Because I see every day, day in and day out, the angels that work for these people, that  
17 help these people. They just do a wonderful job there. And it's just -- it's really  
18 heartwarming. You know, if you walk into a skilled nursing facility in the outside world, a  
19 lot of times -- we just had a friend in one. And what did we have? All your -- the smell  
20 just overpowers you. At SDC, never, never have I smelled anything bad there. But  
21 anyway, what I want to start with is the fact that the State does not belong in the  
22 business of running a business. They don't know how to run the place. In my  
23 profession, I have seen this way too much. So I'm really, really trying to advocate for,  
24 you know -- let's try to get maybe private enterprise to get in there; the State, to keep  
25 the land, the State to keep the whole thing, but private enterprise to come and manage

1 it. If we had -- they could -- they could make a run of it. We wouldn't have the issues  
2 that we have now. You know, monetarily, God only knows what happens, you know,  
3 between what goes out and what comes in. I have no clue. I'm going to stay out of that  
4 part. But we do have an entire city over there. We have a post office. We have a  
5 grocery store. We have a restaurant. We have a swimming. We have -- we have  
6 everything that we need to make a city. What I -- what I would see is, you know, we  
7 could have a skilled nursing facility. We can have assisted living. What elderly -- how  
8 many elderly persons do you know that would love to work in the orchard up there, you  
9 know, or out of the farm? I remember when I first started, I remember there was a guy  
10 was going out into the outside world. And it's really sad. He said what's going to  
11 happen to my horse. And it was just so pitiful. He couldn't ride his horse anymore. So  
12 anyway, let me see what other notes do I have that I can still see. If we have to have  
13 smaller homes, why not just tear down what you have and rebuild it or remodel what we  
14 have? There are all kinds of possibilities in that realm. We don't have to go out there,  
15 you know. The community -- this is a community. Let's see. What else? Oh, and our  
16 founding mothers would probably be rolling in their graves right now knowing this, you  
17 know, that this place is going to be closed or possibly closed. And then the other thing  
18 is also we have a friend I went to visit last Christmas. And they said, oh, you work at  
19 that place. I said yeah. And he says, oh, it's so bad there. And I said no, you need to  
20 learn what really is over there, not listen to the media. But what I do want to close with  
21 is the State does not belong in the business of running a business. So thank you. I just  
22 wanted to put my two cents worth in.

23 **ALEANA CARREON:** Thank you. We have a conference call. Okay. I guess  
24 we're going to go to speaker number 45.

25 **HELEN [REDACTED]:** My name is Helen [REDACTED], and I am a citizen of

1 Sonoma. And I am here representing a group of people who call themselves the  
2 Sonoma Supporters of SDC. We are clergy people -- not me, but I represent some  
3 clergy folks, some neighbors and lots of friends. And I'm going to apologize because  
4 what I'm going to read has already been said. But I'm going to read it anyway. How we  
5 take care of our developmentally disabled and mentally ill people across the country has  
6 been a failure. And we are poised to dismantle one of the few systems and places that  
7 has been successful for over a hundred years. The regional centers which are  
8 supposed to take over the care of these fragile people are not ready to accept all the  
9 clients that are there. They have -- they admitted themselves that they are not ready to  
10 take them nor are they capable of taking and putting all these people in these little  
11 homes. They don't -- also don't have the money. Real estate in California, as you all  
12 know, is very, very expensive. But where we have all these buildings over at the  
13 Sonoma Developmental Center, some of them that are -- need to be replaced, some of  
14 them that need to be rehabilitated or reconfigured to take care and place these folks in  
15 little homes like the speaker before me was saying, why can't we do that? I don't  
16 understand it. Some of the people that have moved into these little homes have not  
17 done well at all as you have heard. And they don't need to be placed out in the  
18 community because they're already in a community. What's driving this whole thing is  
19 two things, money, the lack thereof, and that they have to comply with the Olmstead  
20 and the Lanterman Acts which say that you have to put these folks into the least  
21 restrictive environment. But that is also a myth. When these folks get put out into those  
22 little homes, they are not going to be able to be and have the freedom that they have  
23 over at SDC. I got my two minutes signal, so I'm going to jump to the back end here.  
24 And these are some of the suggestions that were mentioned over at the May the 2nd  
25 meeting. Couldn't SDC offer to the UC Davis and the junior college system for the study

1 of mental illness and developmental disabilities? That could be done. Couldn't SDC  
2 provide post-grad medical training to doctors and dentists in how to provide medical and  
3 dental care to the disabled? I met a doctor over at Vintage House and he told me that  
4 they don't get this kind of training in medical school. Some of the buildings that are not  
5 being used could be rehabilitated and provide some housing for the homeless people or  
6 for the veterans. SDC could open up their health clinic to the outside communities as  
7 well as repair service for all the medical equipment. A (inaudible) like trust could be  
8 established and partner with some private enterprise as Wendy had implied. The farm  
9 could be renovated. The people could be put out there to work, and they would enjoy  
10 that. And some of the products could be sold in the neighborhood. Another concern,  
11 and we don't know what Sacramento has in mind, is the incredible property. SDC is a  
12 scenic jewel, a thriving wildlife corridor and needs to be protected and preserved just  
13 like the people that are there. So I say do not close SDC. I don't want to hear that  
14 word. Transform it, for Heaven's sakes. We have a wealth of ideas. All that it takes is  
15 willpower. And yes, the government doesn't know how to run a business. Thank you.

16 **ALEANA CARREON:** Thank you. We have speaker 46.

17 **DAVID GRABILL:** Good afternoon. My name -- my name is David Grabill. I'm  
18 here on behalf of the Sonoma County Housing Advocacy Group which has advocated  
19 for housing and related services to lower income people, to seniors, to people with  
20 disabilities for more than 15 years. And I came late to this issue. But some folks have  
21 asked me to come here. And I find a lot of what I hear extremely troubling. A couple  
22 points, this development center should not be closed. And if the Governor wants to try  
23 to close it, I think it's important for people to go beyond this kind of forum and to get out  
24 there and if necessary lie down in the streets to say this place cannot be closed. Okay.  
25 But there's some legal strategies that we might want to try before then. The process of



1 what happens to the SDC needs to be collaborative. It hasn't been. You heard that the  
2 unions have not been included. Other community groups have not been included. I  
3 don't know how the families -- the degree or inclusion the families feel has been allowed  
4 or what kind of response the State agencies involved will make to what's been  
5 presented here today. I fear, knowing how State agencies work, that this will get on a  
6 DVD somewhere and be put on a shelf and gather dust for 20 or 30 or 50 years. And  
7 that's not a planning process. Stakeholder groups should be involved, fully involved in  
8 the process. And they need to be given information and data that DSS and other State  
9 agencies have to help have a meaningful role in that process. So if DSS has  
10 information about the closure process at other development centers, the outcomes that  
11 resulted from those processes to the severely disabled residents in those facilities, and  
12 we all know there are residents who, yes, can, if given the proper training and services  
13 can get out and work, ride the bus and whatever. But we also know that a significant  
14 percentage of those residents can't. We need that information. Why can't they? What  
15 can be done to provide the same level of services and care and housing in a -- in  
16 another place that they're getting now? And that's what -- isn't that what Lanterman  
17 says? They shouldn't be reduced in services and care. And that's what Olmstead says,  
18 although it says you've got the least restrictive environment. There's nothing that I can  
19 see restrictive about the Sonoma Developmental Center. And they've always welcomed  
20 the community in and the residents to go out. And I fear that's going to change. That  
21 doesn't happen in group homes. I've had a lot of experience with the North Bay  
22 Regional Center. They do some very good work. They also do some lousy work. And I  
23 have no confidence that they're going to be able to take on any significant role in  
24 transitioning anybody out of the Sonoma Development Center. You've heard people  
25 say there is no housing in the community available for these folks, none. Well, they're

1 going to be out of there if the Governor has his way in two years. And where are they  
2 going to be? What's doing to be done? My goodness. All right. My time is up. We're  
3 going to stay involved in this. We hope other folks here also stay involved. I'm troubled  
4 by that guy from Disability Resources who says they -- they're okay with the closure  
5 basically. And I want to ask where does their money come from. Does it come from  
6 DSS? Does it come from the regional centers? You know, if he's a patient advocate, if  
7 they're patient advocates and they good work with an individual basis, why are they  
8 saying, oh, well, yeah, we don't question closure, we're going to -- we're going to make  
9 sure they get a get program. What kind of program is going to provide housing when  
10 there's no housing available? Anyway, thank you very much.

11 **ALEANA CARRION:** Thank you. Speaker 47?

12 **BRUCE [REDACTED]:** Yeah, Bruce [REDACTED].

13 **ALEANA CARRION:** And just state your name.

14 **BRUCE [REDACTED]:** I'm Bruce [REDACTED]. I'm here -- I have a severely mentally ill [REDACTED]  
15 that I'm the caretaker for the last 20 years. There is no housing available anywhere for  
16 him, no housing in our community. I've looked at places. The places you do look at are  
17 sad. I've also seen older people in homes. You go in these private little homes. They  
18 smell like urine. They don't take good care of them. This private home business is BS.  
19 They're not going to get taken care of well. You have a place right here that could be  
20 fixed up and used. The reason I'm here is because Ed Roberts -- does anybody know  
21 who Ed Roberts is? He's the father disabilities in our -- in our country. And I lived with  
22 him for a year. And at the time I didn't know I would have a mentally ill [REDACTED]. I saw his  
23 mother take care of him and fight for him. He became head of disabilities under  
24 Moonbeam, Governor Brown. We need little Moonbeam back. We need someone to  
25 go say, hey, Governor, Ed is talking through people because he's dead. And the

1 Governor gave a beautiful speech at his funeral so I think the Governor has a heart. I  
2 don't think he's getting the right information. He needs to come listen to you people and  
3 we can save money. It's cheaper to keep it. That's the whole point. You're going to get  
4 out -- these private homes are going to make a lot of money. Oh, yeah, I know the  
5 people. They get the private homes. They do that staff. They don't -- you can't go and  
6 oversee those people and see if they're doing a good job. Plus, these people are not  
7 like Ed. They can't think. Some of them can't think at all. So this guy from -- that gave  
8 the example of somebody that can get out and live on their own, yeah, there's one. And  
9 that's why this law was made and now it's being abused and used to get -- to shut these  
10 places down saying, oh, they've got rights, they've got rights to live in the community.  
11 Well, us people said this is a community here. That's a beautiful community so it's a --  
12 they're lying to us. And it's cheaper to keep this place and start building houses to get  
13 the government money back. Plus, I want more services. I want services for  
14 Alzheimer's. If you're the lone caretaker, you never get a break. I can't go anywhere.  
15 [REDACTED] is getting worse and worse. When I die, who will take care of him? He can't go  
16 to any family members. It's me now. There's Alzheimer's patients with -- maybe that  
17 wife can take her husband there and get off for a week because you need respite when  
18 you're the only caretaker. So where are those helps? So I want more. I don't want  
19 less. We need more and not less. So somebody tell the Governor if you go see him  
20 that Ed is alive and being channeled through people and we need his help again like he  
21 did before. Thank you.

22 **ALEANA CARREON:** Thank you. Speaker 48? And speakers up to 48 through  
23 55 can come to the front if you would like.

24 **MARGY [REDACTED]:** Does this flatten out, the angle. There we go. Hi. I'm Margy  
25 [REDACTED]. I'm a Sonoma County resident. I have served as a member of the SDC Coalition

1 for the last couple of years at the request of Supervisor Gorin, and bring a background  
2 in real estate and sustainable communities to our coalition's revision subcommittee.  
3 Having participated in our May 2nd workshop, I request that DDS include a vision and  
4 mission statement for a transformed SDC into your plan that reflects the ideas that  
5 came out of that May 2nd workshop. Specifically, I'd like to focus my testimony on the  
6 community vision to create public private partnerships that would maintain housing and  
7 the critical services on-site for the developmentally disabled, preserve the natural  
8 resources and open space, promote other community serving uses that diversify and  
9 enhance the valley's economy and establish a model for self-sufficiency. I request a  
10 collaborative process between the county and the state in order to take the necessary  
11 time to really get it right. There is likely a need for inter-agency across departmental  
12 cooperative at the state level because this site is such a gem. In order to transform  
13 SDC into a sustainable community, we're looking to integrate three pillars. We have the  
14 people, the human capital, the land, the natural capital, and also the ecosystem  
15 services and the financial capital. We need to integrate those three as we move  
16 forward. I'm developing a list of questions that are detailed and I will be submitting them  
17 before the deadline. But I'd like to thank Kathleen Miller of PHA, the Sonoma Land  
18 Trust, the Ecology Center and Amy Walls' participation in the coalition and the  
19 continued engagement of community stakeholders in this transition. Thank you.

20 **ALEANA CARREON:** Thank you. Speaker 49?

21 **KAREN [REDACTED]:** In the interest of time, I'm going to read the majority of my  
22 testimony. My name is Karen [REDACTED]. I'm [REDACTED] and conservator for a resident at  
23 Sonoma Developmental Center. [REDACTED] came to Sonoma Developmental Center  
24 when she was 15 years old after services, medical, therapeutic, regional center and  
25 private care services in our [REDACTED] county of [REDACTED] completely failed her. The State

1 of -- or her needs overwhelmed them. The State of California is making one of the  
2 biggest policy -- public policy mistakes its ever made. This Governor and the  
3 Legislature put forward this move to close the developmental centers through the least  
4 public of the legislative and policy methods, the May revised budget and subsequent  
5 Trailer Bills. This all, after months of parents and conservators and interested parties  
6 being assured that there were no plans to close Sonoma Developmental Center. At the  
7 same time, real estate analyses, legal analyses and reports were being written at DDS.  
8 In this rush to close Sonoma, DDS, the Legislature, the Governor are at risk of failing to  
9 put in place the licensing supervision and vender caretaker training requirements that  
10 will provide a layer of protection for our vulnerable family members. I know from looking  
11 that as of today you do not have enough alternative facilities or day programming to  
12 absorb the care of our Sonoma Developmental Center residents, let alone those from  
13 Porterville and Fairview. And if you think this will be in place in 36 months, that would  
14 be laughable if it weren't so sad. The founders of Sonoma Developmental Center with  
15 the surrounding streams and hills were decades ahead of their time when they selected  
16 Eldridge as the site of the home, both residential and therapeutic for some of this state's  
17 most vulnerable citizens. This community -- and yes, indeed, Eldridge is a community --  
18 provides a respite from the noise and pollution and (inaudible) that many of our family  
19 members, including [REDACTED], simply do not have the wherewithal to handle. You  
20 heard about the young man -- or the man who walks around the grounds daily visiting  
21 his favorite bus stop, streams and rock piles who will simply wither away in a different  
22 setting. There is [REDACTED] who walked herself sane over the course of six months  
23 on Sonoma grounds. She left her unlocked unit early in the morning and returned late  
24 at night, sometimes under State Police escort, when medications and her hormonal  
25 system went terribly wrong. There are others who are pushed about daily in

1 wheelchairs or strolled with caretakers to visit plants, shrubs and animals. They absorb  
2 the healing nature of this property. In 1981, the founders of this center knew Sonoma  
3 Valley and this piece of property in Eldridge had the potential to heal and support those  
4 in need of society's support. [REDACTED], who is also the [REDACTED] of a Vietnam era  
5 MIA, needs and is entitled to an opportunity to live like other people without disabilities,  
6 and at Sonoma, she does. She works in Santa Rosa five hours a day in a -- in an  
7 integrated vocational setting. She strolls around Glen Ellen, Sonoma, Santa Rosa and  
8 meets people that she knows and who like her. To DDS and our legislative partners, go  
9 back to the drawing board. Work with your families and with the people of this county  
10 and not just with statewide advocacy groups and provider groups. Talk to us about  
11 what needs -- transform this center into something truly remarkable. But if you close,  
12 put in place the licensing requirements for community centers, create a stabilization  
13 center, make certain that you maintain the medical, dental and adaptive equipment  
14 services available. Don't simply transfer your responsibilities to the local level to  
15 warehouse our family members in your idealized version of local communities just  
16 waiting to invite our family members to the next neighborhood barbeque or church  
17 social. Create, and this is important, permanent Ombudsmen and vendor oversight  
18 programs. Profits should not come at the expense of [REDACTED]. And if you're  
19 sending our community members into the community, don't think you can do it on the  
20 cheap. They and those born into the future with similar needs require an array of  
21 services, stable environments, skilled caregivers. And this costs money whether it's  
22 Sonoma Developmental Center or an apartment in the Tenderloin of San Francisco.  
23 The State and this government and the Legislature and the Department of  
24 Developmental Centers truly have an opportunity to transform Sonoma. However, if in  
25 an Orwellian sense you use the word transform --

1           **ALEANA CARREON:** Please wrap up.

2           **KAREN [REDACTED]:** -- you are hurting not only [REDACTED] but -- who has thrived  
3 here, but you are putting her and all others at risk.

4           **ALEANA CARREON:** Thank you. Speaker number 50?

5           **ELLEN [REDACTED]:** My name is Ellen [REDACTED]. I've lived in Glen Ellen for 47  
6 years, 38 of which I've lived next to the State Hospital and have hiked there since my  
7 children were little. They were hiking from the time of babies on. And it greatly  
8 enriched their lives. I don't have children at the State Hospital. I'm not a parent. I'm  
9 just a concerned community member. I'm a retired nurse practitioner and I've had some  
10 contact with them, with the developmentally disabled as my patients in the past. I would  
11 say that if you think you're going to put people in the community in Sonoma Valley or  
12 possibly even Sonoma County, you should think again. We are losing our low income  
13 housing and our neighbors to vacation rental buyers from outside the community. We  
14 have -- in Sonoma Valley alone, we have 850 licensed vocation rentals. On my quarter-  
15 mile street we have seven including mine as just to be full disclosure. Most of them are  
16 from out of town owners who are not on the property. It's created immense problems in  
17 this county and they are -- Sonoma County and specifically Sonoma Valley, Glen Ellen  
18 and Kenwood are nationally known as the place to go now for vacations and to be --  
19 and to buy a property. So you are not going to find any property to build on. And you've  
20 got this amazing piece of property that already exists that the State already owns that  
21 could be run a lot more economically and serve the current residents. And I would say  
22 if you don't hear and have the compassion to listen to what the parents of this  
23 community are telling you about how their children are not going to survive in the  
24 outside community even if you could find them housing here, then shame on you and  
25 shame on Jerry Brown for pushing this. I think he's being influenced by big money.

1 And he's forgotten his compassion. I would -- thank you. I would like to give just one  
2 example. I have a friend who is an autistic -- retired autistic teacher. And she was  
3 called in to Sweetwater which when you look at their website, it has all the best  
4 intentions of providing alternative housing and a wonderful program for autistic adults.  
5 Well, that -- the community in Sonoma was bought and paid -- they bought a block of  
6 property in Sonoma, the parents of these young adults who are from Marin. Thank you.  
7 They had to -- they wanted to bring their own regional center up here to run the facility.  
8 But North Bay insisted, since it was in Sonoma, they were going to take it over. They  
9 hired people that are incompetent that had no training. They might have been nice  
10 people but it was a complete disaster. And my friend was called in last fall to fix it.  
11 They had to get rid of a lot of the people that worked there because they have no idea  
12 of how to work with autistic people. And this is just an example of what's going to  
13 happen if you put these people out into these for-profit homes where the -- where the --  
14 first of all they're under -- probably underfunded and the people that own these homes  
15 get to keep anything that they don't spend on housing the disabled. So in conclusion I  
16 would just say we need to get Jerry Brown over here. We need to have him listen to the  
17 parents and the community members. And we need more legislators to be involved in  
18 making a sensible decision about this. Thank you.

19 **ALEANA CARREON:** Thank you. Speaker 51?

20 **GINA [REDACTED]:** Good afternoon. My name is Gina [REDACTED]. I'm a 29-year  
21 resident of Sonoma Valley, a former neighbor. I lived around the corner from the  
22 Sonoma Developmental Center. And I am the Area One trustee on the Sonoma County  
23 Board of Education. And the speaker two speakers ago, number 49, her [REDACTED], as a  
24 resident of Sonoma Developmental Center, went through and graduated from our  
25 special ed transition program out of Santa Rosa. We were also a vendor at SDC prior



1 to its losing its accreditation and we can't -- the county office can't be a vendor to a non-  
2 accredited facility. That said, before I do want to acknowledge and thank the Sonoma  
3 Valley Unified School District and Sonoma Valley High for use of this wonderful facility.  
4 And if you are a taxpayer in Sonoma Valley, this is your bond tax payer dollars at work.  
5 But I'm here today really for one simple message. I want to tell Governor Brown, Health  
6 and Human Service Secretary Diana Dooley and the Department of Developmental  
7 Services, listen to the families. They know best. They know the services that their  
8 family and loved one member needs. They know SDC better than anybody. This fast  
9 track closure is arbitrary, unrealistic and unfair. It will lead to the early demise of people  
10 who have a right to as long as a life of a person is capable of living. As a former  
11 neighbor of the Sonoma Developmental Center in the late 80's, my first four years living  
12 in Sonoma Valley, my husband and I lived in the Madrone Apartments around the  
13 corner. So we frequently walked through the property when it was vibrant, lots of  
14 residents. It is part of our community. The idea that it is an institution is ludicrous.  
15 We've seen it. I've toured it more recently than all those years ago when I toured it then  
16 also. Back in the late 80's as a reporter at Channel 50, I remember the Coffelt case  
17 because I covered it as a reporter. I was -- I lived around the corner. That's why they  
18 assigned me that story. TV 50 News doesn't exist anymore. So it breaks my heart to  
19 see where we are today, to see that we are in this place of saying, oh, no, community  
20 services out in the community is the least restricted environment. No. We all know the  
21 least restricted environment for the current residents of Sonoma Developmental Center  
22 is those beautiful grounds and that wonderful place that exists today. And like all of us  
23 we are long term Sonoma Valley residents -- and I don't really know if there's very many  
24 of you here right now -- but we all -- if you've lived here you know people who've worked  
25 there, you've got friends, family, neighbors. These are highly competent, skilled, caring

1 people. They need to continue to provide that level of care. We need to continue to  
2 have a place where it provides housing, to keep the medical services, the dental  
3 services, the equipment services, the shoemaker. Those services don't exist out in the  
4 community. They need to continue to at Sonoma Developmental Center, not just for the  
5 records but for others out in the community like Sweetwater Spectrum's clients who may  
6 need those services too. So in conclusion, I just want to say what I started out with,  
7 listen to the families. Thank you.

8 **ALEANA CARREON:** We'll go with speaker 53. Is speaker 53 here? Speaker  
9 54?

10 **DENISE [REDACTED]:** Hello. My name is Denise [REDACTED]. My name is Denise  
11 [REDACTED]. And I am [REDACTED] and conservator to -- hi. Okay. Thank you. A [REDACTED] and  
12 conservator for a [REDACTED] who has resided here for 40 years. Not to repeat anything  
13 that's been said over and over, I won't go into the details of why she's here or how she's  
14 managed these last 40 years. But I would like to say -- and I'll stick to my notes for this  
15 -- that as this closure progresses, and I know it's going to make a tremendous transition  
16 into a site that we won't recognize. But we have to keep in mind that it's essential,  
17 imperative that we keep the services, the medical, the dental, neurological and behavior  
18 social support systems and all of the other services that have just been mentioned  
19 before I stood up here and before that even. Those have to be maintained now. They  
20 have to stay in place. They have to provide a continuity of care. And they have to be  
21 here for -- as a central resource, not just for residents here, a central resource for others  
22 in the community and outside. Also, there must be a plan in place to create housing  
23 accommodations for those individuals whose situations require them to return to a  
24 facility like Sonoma Development Center that can't make it out in the community. Let's  
25 see. One of the last things I have written is that from my point of view, the State of

1 California -- the decision made by the officials in the State of California to radically alter  
2 the quality of services to our developmentally disabled individuals across the board  
3 shows a lack of experience, short and long planning, and wisdom beyond belief. Our  
4 State government representatives have failed us. Some of our developmentally  
5 disabled clients will do well -- like we heard the story about [REDACTED] -- to the changes in  
6 services. But for those with fragile medical conditions requiring close monitoring and  
7 proposed changes, those situations as they stand do not create a viable alternative.  
8 And that's it.

9 **ALEANA CARREON:** Thank you. Speaker 55?

10 **RICHARD [REDACTED]:** Good afternoon. I'm Richard [REDACTED]. I'm president of  
11 [REDACTED] Family Group at SDC. And I'm going to hold on my comments in that my brother  
12 and sister-in-law are here and they have some prepared comments that they would like  
13 to comment. So when number 57 comes up, please welcome them.

14 **ARLENE [REDACTED]:** I'm actually 56, but it's okay. So my name is Arlene [REDACTED].  
15 Sorry about my horse voice today. I come here wearing two hats. I spent most of my  
16 adult professional life working with people with disabilities, seniors and formerly  
17 homeless families to help them be independent and keep and retain housing and other  
18 services. I currently do home visits and assessments on a daily basis with homebound  
19 seniors in Sonoma County. I'm very familiar with the lack of services for those folks, but  
20 I'm also familiar with the services, the board and cares, the skilled nursing and the  
21 independent living programs for people with developmental services. And I'm here  
22 today that based upon both my professional experience and my personal experience  
23 with [REDACTED], who has been here at SDC for over 50 years, Sonoma  
24 Developmental Center is the least restrictive environment for [REDACTED] and most of the  
25 people remaining here. I feel that if [REDACTED] is forced to leave SDC, he will be at high risk

1 for being assaulted, arrested, injured or will die very quickly. He simply will not be able  
2 to cope with that radical shift into any kind of a community environment. I'll give you  
3 some examples. When my husband and I are out with [REDACTED], which we often are in the  
4 community, at parks and public places, we notice that people react with fear at [REDACTED]  
5 appearance and his behavior. I'm always shocked by that. But I have to remember that  
6 [REDACTED] has profound developmental, mental -- developmental, mental, behavioral and  
7 physical disabilities. The Stanford Binet test says his IQ is around [REDACTED]. He has very  
8 limited communication skills. He communicates primarily by grunts and groans. He  
9 makes gestures that appear threatening and aggressive and scare people. Last  
10 weekend, we were at a picnic in Depot Park. [REDACTED] was seated at a picnic table with us.  
11 He turned around to look at a family with two young girls on their scooters. The next  
12 thing I know, the six foot tall father is glaring at [REDACTED] and me and I'm saying I'm watching  
13 to make sure he doesn't grab them. So I tried to explain but it didn't work. [REDACTED] has  
14 severe [REDACTED], an [REDACTED]. He sort of looks like the [REDACTED]  
15 except he can't speak. He has scabs on his face and scalp from pre-cancer. He has  
16 challenges with [REDACTED] and balance. He's [REDACTED]. He has [REDACTED]. The SDC  
17 staff is skilled and patient with [REDACTED] despite his resistance to personal hygiene. And I just  
18 can't say enough about the staff. In the community, if we go into a store with [REDACTED], it's  
19 important to know that he loves anything he can wind and unwind like string, tickets at  
20 the carnival. Anything that looks interesting, [REDACTED] will borrow which is his concept of  
21 stealing. And he'll stuff it in his backpack or his pockets. When we're in a store, [REDACTED]  
22 leans over the counters and begins growling and grunting, and it disturbs the cashiers,  
23 the other customers, security. [REDACTED] also lacks safety awareness when he's crossing a  
24 street or in a parking lot. He doesn't notice cars going by. At SDC, everyone drives  
25 carefully. They watch for all of our folks. Out in the community that won't happen. [REDACTED]

1 has always has a fear of doctors. Even the dosages of sedatives will not calm him  
2 down for any kind of procedures. His beloved SDC doctor, Dr. [REDACTED], has managed to  
3 continue to provide care for [REDACTED] [REDACTED] and other -- including surgeries that he's  
4 had to have. I don't think [REDACTED] will receive that level of care at all in the community  
5 because I see what's happening when I'm out there doing home visits and the very lack  
6 of medical care for the most fragile folks in our community. I really support the vision of  
7 community collaboration. It seems to me we can share the SDC site in a lot of ways. I  
8 love the idea of creating a model for services and residential care for people with  
9 developmental disabilities. I love the idea of sharing it with veterans. I love the ideas of  
10 environmental preservation and all of the things that have been talked about. And I just  
11 urge all of the people making decisions about the closure to think about the most  
12 profoundly disabled adults and please do so carefully and with heart. Thank you.

13 **ALEANA CARREON:** Thank you. Speaker 57? Is it speaker 57?

14 **UNIDENTIFIED MALE SPEAKER:** I waive my time.

15 **ALEANA CARREON:** You waive your time. Okay. Thank you. Speaker 58?  
16 And if speakers 59 through 65 would like to come forward and have a seat on the front,  
17 you're welcome to do that. You could just drop it there. Please state your name and  
18 affiliation with Sonoma if you would please.

19 **LAURA [REDACTED]:** Hello. Good afternoon. This is -- my name is Laura [REDACTED],  
20 and my [REDACTED] has been in the SDC for 53 years. Earlier today you heard [REDACTED]  
21 [REDACTED] and [REDACTED] speak. I don't like the word closure. I am an advocate of keeping  
22 Sonoma Developmental Center open. I also think that we are so fortunate to have our  
23 [REDACTED] here because there's other developmental centers that have closed, and in none  
24 of those communities did they have the support of the people of Sonoma. We feel so  
25 fortunate that [REDACTED] is here. And we love and appreciate the people of Sonoma. And

1 they're kind. They're compassionate. They're accepting. We've always been welcome  
2 here and so has our [REDACTED]. We are -- want to say thank you to all of the caregivers, all  
3 of the doctors, all of the staff. We'd like to thank Kathleen Miller, our PHA president, for  
4 her outstanding leadership and support. We would like to see all of these residents live  
5 out the rest of their lives here. It is the least restrictive environment for all of them. And  
6 they're happy. They're well taken care of. And we just can't imagine them anywhere.  
7 And we know that we've heard other speakers from Sweetwater that came and spoke to  
8 us. Before that was created, they traveled extensively throughout the State. And there  
9 is no community in California that will welcome these folks and support them the way  
10 that the people of Sonoma -- and I'm very proud to live here now. So thank you.

11 **UNIDENTIFIED MALE SPEAKER:**

12 **BOB PHILLIPS:** Good afternoon. My name is Bob Phillips. I work for a state  
13 agency, the State Council on Developmental Disabilities. And it's mission is to help  
14 ensure that there's good public policy to enable people with developmental disabilities to  
15 live the lives they want and get the services they need to live. What I came here today  
16 to do is read a letter to Santi Rogers. And this is testimony from the chairperson of the  
17 State Council on Developmental Disabilities. Her name is Dr. April Lopez. So this letter  
18 was written just yesterday. And it was written after Director Rogers came to the State  
19 Council meeting last week. So I'll just read it. "Dear Director Rogers, thank you for  
20 addressing the State Council on Developmental Disabilities at our July 14, 2015 to  
21 discuss the plans to close the Sonoma Developmental Center, one of California's  
22 remaining institutions. As you know from the spirited dialogue regarding the proposal,  
23 many of our council members have questions regarding how the plan shutdown will be  
24 handled. We want to be assured that the physical and emotional needs of all  
25 transitioning individuals are being properly met. The Department is required to seek the

1 State Council's input in respect to the closure, and we are eager to offer our  
2 perspective. With that in mind, some of the concerns raised in the meeting include the  
3 following." So then there's a list of comments, Mr. Rogers. Thank you. "How will be  
4 the process be monitored? Will healthcare and other supports be available for clients  
5 before and after the transition to community living? Will regional center case managers  
6 make sure clients are aware of all available services and supports? Will regional center  
7 case managers have enough time to devote to this massive undertaking? Will there be  
8 enough group homes available to handle the transition and needs? Will the community  
9 housing options be affordable? Who will advocate for the people transitioning into  
10 community settings? Will there be outreach to the local community informing them of  
11 what is happening and seeking their cooperation? What will be the disposition of the  
12 land and other assets at Sonoma once the shutdown is complete? How will the money  
13 that was spent on the Developmental Center be spent on people with intellectual and/or  
14 developmental disabilities in the community in the future? We invite the plan your  
15 department is drafting to address these questions. Please come to our September 15,  
16 2015 State Council meeting to preview and receive feedback on the draft plan. Thank  
17 you again for your time and consideration. We look forward to continued  
18 communication as we both seek to protect the rights and wellbeing of those individuals  
19 who are about to enter a community setting at last." Signed, again Dr. April Lopez,  
20 chairperson. And I'd just like to say quickly it's been a privilege for me to come here  
21 today and to listen to everybody and hear what's being said today. Again, thank you  
22 very much. And hope for everything turns the very best for all of the residents that are  
23 here.

24 **UNIDENTIFIED MALE SPEAKER:** Speaker number 60?

25 **UNIDENTIFIED FEMALE SPEAKER:** I'll have to find my (inaudible.)

1           **UNIDENTIFIED MALE SPEAKER:** That's okay.

2           **KIMBERLY D [REDACTED]:** Hi. My name is Kimberly [REDACTED]. I'm the [REDACTED] of a  
3 resident of SDC on [REDACTED] for 40 years. We just got back from SDC. He's in the  
4 hospital, the GAC with a little bit of pneumonia but he's perking up. And his doctors are  
5 just wonderful there. Thank you. I want to stress that what we want as loved ones of  
6 residents of SDC is collaboration with the Department for the transformation of SDC.  
7 That's what we want. We want collaboration. We do not want to be treated as if our loved  
8 ones don't matter. And if you removed [REDACTED] today he would die. And if you  
9 remove him in a year, it probably would cause his death. And if you remove him in two  
10 years, maybe he'd have a fighting chance if he stays healthy all that time, but probably  
11 not. I did research paper on the closure of SDCs or developmental centers around the  
12 country. And it showed that the mortality data for the movers in California from  
13 development centers in 1992 through 1999 had a mortality rate spike of 47 percent. Now  
14 that's a long term follow up scientifically done with matched life expectancy rates of  
15 people who stayed in the -- in the SDC. That data also needs to be collected on these  
16 movers because the former data I was just speaking of showed that the ones who  
17 moved later are at greater risk than the overall population is. So we're talking about a  
18 higher risk. So, you know, that's almost 50 percent increase risk of death just from  
19 moving. And it's basically because of lack of continuity of care. What we'd like to see  
20 too is a community where there's more than one quote, unquote, home near each other  
21 so that the staff and the residents can support each other, so that it is a place kind of  
22 like Sweetwater where you're not rejected by the community that you're plunked into.  
23 Let's see. What else do we want? We want -- okay. I think that's it. I have my  
24 research paper. I'm going to be submitting that in writing. And, you know, I think if we  
25 don't get collaboration from the DDS this being a very special closure situation -- we're



1 not Lanterman, we're not Agnews. We are Sonoma Development Center. And if we  
2 don't start getting collaboration with the Department, then we're going to legally go after  
3 it with a class action lawsuit. Thank you.

4 **UNIDENTIFIED MALE SPEAKER:** Speaker number 61?

5 **TOM [REDACTED]:** Hi. My name is Tom [REDACTED] and I'm a resident of  
6 Sonoma Valley and have been for 26 years. And I came here in a wheelchair in a really  
7 bad state after a motorcycle wreck, so I associate Sonoma Valley with healing. But I  
8 don't -- I don't associate what's going on right now with healing. I have a letter to DDS  
9 and I'd just like to read it. I strongly object to the closure of developmental centers.  
10 Experience to date with much higher performing individuals who have been  
11 maneuvered out of centers and into the general community shows that some will be  
12 successful but some will be subjected to a 24-hour lockdown, some will go to jail or  
13 psychiatric prisons, all will have choice removed from their lives, all will receive a  
14 fraction of the healthcare mandated by the State, and some will die. You know it and  
15 we know it. So simply put, I think we have state-sponsored euthanasia. And that is  
16 wrong. It's wrong morally, ethically, professionally and probably legally. The speed of  
17 your plans and the critical condition of the majority of remaining residents at a SDC will  
18 make it a whole lot worse. The financial argument is bogus. A major share of the  
19 budget saved through closure will simply be shuffled to other departments, emergency  
20 service, police departments, sheriffs, hospital emergency centers, detention centers,  
21 prisons and a lot of attorneys. It's already happening. You know it and we know it.  
22 Your action will remove some of the choices and levels of healthcare mandated in other  
23 legislation. You know it and we know it. It seems time for a class action lawsuit  
24 defending the legal rights of the people you are trying to condemn to urban prisons,  
25 inadequate healthcare and possible death. And then maybe the people of California will

1 know it too. And hopefully, they'll say no to the closure of developmental centers.  
2 Wouldn't it be fantastic if in October of November when DDS has to go back to the  
3 Legislature that they could say, yeah, we got a plan, but it's going to mean 200 people  
4 lose healthcare, 150 will be in a really serious condition, 50 will probably die and here's  
5 the plan but you better sign off on that? But here's a different plan. Wouldn't it be  
6 fantastic if the transformation that the coalition are talking about could actually be  
7 adopted, really adopted by DDS? Thank you.

8 **UNIDENTIFIED MALE SPEAKER:** Speaker number 62? If speakers in the  
9 number 60's could come up to the front row please. Thank you. Hi.

10 **JERI [REDACTED]:** Hi. My name is Jerry [REDACTED]. I work with PHA but I'm  
11 here today to give my personal comments as a resident of Sonoma Valley and  
12 supporter of Sonoma Developmental Center. Before I read my written comments, I  
13 would just like to say that everybody who's spoken today has raised important concerns  
14 and asked important questions. And for DDS and Mr. Rogers, you have a responsibility  
15 to address those concerns and answer those questions specifically, not just be here  
16 today and take them down and file them away in some addenda to a closure plan that  
17 may very well already be finished. So I just wanted to add that before I read my  
18 comments. I'm not a very good public speaker. I do not support the closure of  
19 California's remaining developmental centers. And I am distressed that these decisions  
20 are being driven by money and not -- excuse me -- the welfare of this state's  
21 developmentally disabled residents. At the very least, if plans for closure of Sonoma  
22 Developmental Center go forward, appropriate housing and community supports and  
23 services must be developed and made operational as residents are moved from the  
24 center, not after. If the proposed three-year closure timeframe is not sufficient, then  
25 more time for transition must be extended. Finally, if the Department of Developmental

1 Services and the State of California will not defend and support the developmentally  
2 disabled either to the federal government or in its own actions, it seems inevitable and  
3 necessary that citizens of California take collective action and sue for preservation of  
4 choice. Thank you.

5 **UNIDENTIFIED MALE SPEAKER:** Speaker number 63?

6 **RENE [REDACTED]:** Hi. I'm Rene [REDACTED]. I work at SDC and I love  
7 working there. And so from that point of view, I love the people that live there. I would  
8 love to continue to work there. I have a -- my concern is that people are moving out  
9 right now. And earlier it was said that there would be a plan to make sure that those  
10 people had what they needed. And I want to know who's going to make sure that they  
11 have what they're needed -- what they need when they're moving out right now. I'm  
12 concerned that there's a pressure for the clients to be moved and that that won't always  
13 be -- there won't always be somebody, an advocate. We can't always do it, and I don't  
14 know if people are always going to listen to the family. So who is the other person that's  
15 going to come in and make sure that they get what they needed? Because that's what's  
16 being promised. Thank you.

17 **UNIDENTIFIED MALE SPEAKER:** Speaker number 64? How about 65?

18 **CAROL [REDACTED]:** Hi. My name is Carol [REDACTED]. And I am the [REDACTED] of [REDACTED]  
19 [REDACTED] who resides on [REDACTED] at SDC. She is [REDACTED], has  
20 [REDACTED] and cannot communicate except maybe by touch, a smile or tears. Just  
21 before [REDACTED] was born, I used to drive through here with my family and I used to wave  
22 at the gentlemen at the bus stop. And I thought what a beautiful place this was. My  
23 daughter's grandmother and grandfather even worked at SDC. She worked in the trust  
24 office and he was a baker. Little did I know that I would have [REDACTED] that would  
25 wind up out here. Now I don't want her to leave. She was admitted by my pediatrician

1 a couple of weeks before her third birthday. She's 51 years old and she's been here at  
2 Sonoma Developmental Center for 48 years with excellent care from all who have cared  
3 for her. She is happy here, safe and very well cared for. And I wish it to remain that  
4 way. I'm sorry. [REDACTED] was out in the community years ago. She was only around five,  
5 six years old. She was not well cared for. It was disastrous. She was neglected and  
6 abused. She was burned and she wound up with a broken leg because the caretaker  
7 put her on top of a chest of drawers to change her and left her and she fell off. I'm  
8 against SDC closure and concerned for all the very vulnerable family members that we  
9 have here. A lot of things have already been said. And we need to make sure that we  
10 have everything place for this move. We need the medical. We need the dental. We  
11 need the behavioral support, some place to house them if it doesn't work out and some  
12 place to repair durable medical equipment. And we need these services now. I firmly  
13 believe that this is all about politics, money and greed. Thank you.

14 **UNIDENTIFIED MALE SPEAKER:** Speaker number 66?

15 **MOLLY [REDACTED]:** My name is Molly [REDACTED]. I prepared my comments in writing  
16 to make sure that I've captured everything I want to say today. [REDACTED], is a  
17 resident at SDC on [REDACTED]. He is someone we generally refer to as behavioral. And  
18 clinically, we would say he is dual diagnosis, [REDACTED]  
19 [REDACTED]. He has resided in one of the State development centers for the majority of his life.  
20 This is because private placements have not been able to meet his needs. They have  
21 failed him in medication and crisis management. With each failure, he has had the  
22 safety net of a State-run developmental center there to catch him and more than once  
23 to bring him back from the brink of disaster, meaning that he was under-medicated,  
24 over-medicated and treated by those who were completely unfamiliar with his  
25 circumstances. So given that, it should be no surprise that I fear for his future. I want to

1 take -- thank the team from DDS for coming to listen to our concerns today. But I ask  
2 you to do more. I'm on the PHA board and I fully endorse its recommendations for a  
3 transformation of this facility. I ask you to incorporate these recommendations into your  
4 closure plan. I realize they do not fit the model that you have used in the past, but I  
5 remind you that as representatives of our state government, you should strive to serve  
6 the best interests of our citizens and not to just do what is expedient or easy. Where  
7 necessary, as it is here, you should seek to be creative, think outside the box and take  
8 the extra effort to really solve problems. This community has done much of the  
9 homework for you. You need only be willing to reject the same plans for closure that  
10 have been used in the past and to recognize a new and better approach. This is true  
11 collaboration. With respect to [REDACTED], this means not abandoning him to the same  
12 models that have failed him in the past. Instead, please acknowledge that there is a  
13 continued role for the State to provide a safety net for him and others like him. His  
14 place of last resort should not an acute psychiatric facility, a hotel room, jail, nor a  
15 private secure placement with no expertise or treatment plan. Let me be clear, a  
16 delayed egress secured perimeter facility may as well be a small private locked prison  
17 for in practice that is what it will provide to [REDACTED]. This may be a cheap and easy  
18 fix, but it does not meet our moral and legal obligations. It would not be the least  
19 restrictive for [REDACTED] and would certainly be far more restrictive than [REDACTED], an  
20 unlocked unit on an open several-hundred acres. I ask that you concurrently develop a  
21 State-run, zero reject facility on this site, maintain and expand as necessary the crisis  
22 center on this site, develop and maintain a permanent health clinic with DD expertise for  
23 all of those who need it on this site, preserve the land for the residents and the  
24 community on this site, actually include these components in your closure plan. I ask  
25 that you please do what's best for [REDACTED], the residents at SDC and others like them

1 who desperately need these services to survive. Thank you.

2 **UNIDENTIFIED MALE SPEAKER:** Speaker number 67? Speaker number 68?  
3 Speaker number 69?

4 **MILTON [REDACTED]:** Hi. It's been a long day. My name is Milton [REDACTED]  
5 and I live in Mill Valley and I have a [REDACTED], [REDACTED], who has been here for 37 years. We  
6 had some wonderful stories I heard here today and I don't want to repeat them. I agree  
7 with virtually everything that was said there. So just let me tell you a few things about  
8 [REDACTED]. He was born disabled in [REDACTED]. We  
9 kept him at home until we he was three years old. And then we found a board and care  
10 place in Westchester County which turned out to be a disaster. And after a couple of  
11 weeks we realized all they were interested in was getting the money every week and he  
12 got no care whatsoever. He stayed in a bed most of the time really. So we moved him.  
13 We moved him to Willowbrook State Hospital out on Staten Island, the infamous  
14 Willowbrook because it became a scandal later on the way they were treating people.  
15 You couldn't visit anyone there unless you called in advance for a few days and say you  
16 were coming. The doors were always locked. The place was dirty and there was no  
17 real effort to treat these people as human beings at all. In 1971, I moved to San  
18 Francisco. And we kept in touch with [REDACTED] in visits that we made to the City. By that  
19 time, Willowbrook had become such a scandal that the State, New York State decided  
20 they would close it. And they started moving toward that. And when I heard that, I  
21 thought, well, maybe I could get [REDACTED] to transfer here. I never thought I would be able  
22 to do it. But I asked and they said yes. They assigned two guards to put him on a  
23 plane and flew him into San Francisco, went through the Golden Gate Regional Center  
24 out to SDC. And I was amazed at the difference between these two institutions. Here, I  
25 can come anytime I want. No procedure is ever given to [REDACTED] without my signing off

1 on it. And the staff -- it's just a wonderful place to be really. And it should really not be  
2 closed. California should really be proud of SDC, not closing it. And it occurred to me  
3 that perhaps what we ought to do is take a leaf out of the civil rights book and organize  
4 a march on Sacramento. I know it's difficult to change decisions that were made here.  
5 But we can try. And I hope we will. Thank you.

6 **UNIDENTIFIED MALE SPEAKER:** Speaker number 70? Speaker number 71?  
7 If we could ask speakers number 72 through 75 to come to the front row.

8 **MICKEY [REDACTED]:** My name is Mickey [REDACTED] and I'm the neighbor of Ellen  
9 [REDACTED] who spoke earlier about vacation rentals and her love of the wild places on  
10 SDC. My family bought a place right on Asbury Creek just north of SDC in 1944. And  
11 we have seen this facility all those years go through the changes it's gone through from  
12 home for the feeble minded to the Sonoma Hospital and then to the Developmental  
13 Center. And every time along the way until just recently it's been more and more and  
14 more inclusive with the community. I have to tell you a few short reasons I'm so  
15 supportive. I'm on the coalition for the transformation partly because of my longevity  
16 and being so close to a lot of people at the center. One of the wonderful things that this  
17 whole valley has -- this whole valley has benefited from is the fact that the center was  
18 such a wonderful place for bright young people to come to work like Jim [REDACTED] back  
19 there, that we -- I even know the former mayor of Tiburon who was a neurologist at  
20 UCSF who came up here, retired and volunteered there at the center. And my parents'  
21 doctors were both from the center, retired. It's the wealth of capital that has come into  
22 this valley. Because of those fragile people and the people that love them, it cannot  
23 even be -- I'm going to break up -- it cannot even be imagined. And I hope it stays.  
24 Thank you.

25 **UNIDENTIFIED MALE SPEAKER:** Speaker number 72?

1           **BARBARA** [REDACTED]: My name is Barbara [REDACTED]. I'm the conservator and  
2 [REDACTED]. And [REDACTED] moved to the Sonoma Developmental  
3 Center community on November 14th, 1957. He was four years old. [REDACTED] and  
4 [REDACTED] felt it provided the best environment and hope for [REDACTED] further development and  
5 growth. I believe it has. [REDACTED] is happy and healthy. I'm able to visit him and take him  
6 from walks in his wheelchair out in the sun and along the beautiful grounds of the SDC.  
7 He is loved and cared for by the professional, dedicated and trained team of people.  
8 His medical care is superb. His medical and behavioral issues are provided for with a  
9 minimum of drugs and restrictions. There are many special events and trips which [REDACTED]  
10 enjoys, parades, concerts, trips to the fair, parties, dances, time outside enjoying to feel  
11 the sunshine, wind and the sounds of nature. The loss of this community of care and  
12 support would be tragic. If [REDACTED] is taken away from the Sonoma Developmental Center,  
13 his home of 57 years, my greatest fear is the loss of his care team. The Sonoma  
14 Developmental staff is a group of trained and loving individuals who have chosen to  
15 pursue a profession dedicated to the care of their clients at the Developmental Center. I  
16 fear that in the community facilities, the pay and benefit levels of the staff will not allow  
17 for a strong team of caregivers. There's a vital need for trained professionals to be  
18 compensated at a level that enables them to make this a career not a temporary job. If  
19 the SDC closes, what is the long-term commitment to fair compensation to the  
20 hardworking professionals who now care so well for our loved ones? I support the  
21 concept of transforming SDC. There's a shortage of trained staff, housing and support  
22 services in the community. Use what you already have at the SDC. Expand and open  
23 up the medical, dental and equipment services to our friends and neighbors who live in  
24 the community. Build some new housing on SDC land. Retain the wonderful staff we  
25 already have. Share the grounds and the beautiful natural habits with the neighboring



1 parks and communities. Share the wealth and resources of this beautiful place. Let  
2 [REDACTED] and his friends at the SDC remain in their community and spread the resources  
3 here to benefit a wider community. Transform the Sonoma Developmental Center. Do  
4 not tear apart our wonderful community here at the center. Share its resources, beauty  
5 and love with more people. Thank you.

6 **UNIDENTIFIED MALE SPEAKER:** Speaker number 73?

7 **JEANETTE [REDACTED]:** Good afternoon. Jeanette [REDACTED], retired nurse, RN,  
8 PSN, PHN. I've also worked in the community-based homes with autistic children and  
9 young adults, developmentally disabled, schizophrenia and occasional psychotic  
10 episodes. And I had the time of my life. We had more darned fun going places, doing  
11 things, putting in a garden. I loved them. I remember them by their names to this day,  
12 and it was several years ago. And [REDACTED] might have been one of my patients. I'm glad  
13 to -- it's a small world. It's possible. So I'm glad to know [REDACTED] is doing great. I have  
14 grave, grave concerns regarding the disabled and the elderly in our society. I believe  
15 my beloved country is bankrupt. We are quickly becoming a third world country. The  
16 more facilities that close, the more we lose our humanity. Each and every human being  
17 deserves respect and to be treated with dignity despite their IQ, whether it can be  
18 measured or not measured. The most important word I've heard today in this meeting is  
19 the word compassion. Without compassion, we have nothing. And the word -- also the  
20 word community. The development center is their community. It's their home. Some of  
21 them don't quite perhaps fully realize that it's their home, their community. But if they're  
22 taken out I think you'll see the signs and symptoms. Yes, it does take a village. It takes  
23 a lot of good people to take care of each other. And that's what we're here for. I'd like  
24 to speak to Governor Brown. I hope he's listening to every word said here today and  
25 that he pays attention. Money is not the bottom line. It's not. That's not why we're

1 here. If he sold out, if he sold his soul to the devil, God help him. I always thought Jerry  
2 was a really good person. If he's been paid off, Jerry, please wake up. When I heard  
3 the words eminent domain -- because there's been so much eminent domain where  
4 people try to take away from the people that don't have -- I didn't know what eminent  
5 domain meant. But all I could think of was God is still on the throne. I don't know if you  
6 see any connection there but in my brain that's what I thought of. I came here today to  
7 network. I wanted to find out if I could tour the facility which I never have. And I wanted  
8 to find out if I could become a foster parent to one of the residents who needs a home.  
9 Because I've always wanted to be a foster parent. And I'm not working any longer so I  
10 wanted to work at that and be on a one-to-one with a foster child. I can't do heavy lifting  
11 anymore. But we can certainly probably have a lot of fun. Thank you so much.

12 **UNIDENTIFIED MALE SPEAKER:** Speaker number 74? Speaker number 75?

13 **WANDA SMITH:** I think I'm the last one, right?

14 **UNIDENTIFIED MALE SPEAKER:** No. We've got some more.

15 **WANDA SMITH:** Okay. I don't know about you guys, but I feel like I've been run  
16 through an emotional wringer and I've only been here since two. My name is Wanda  
17 Smith. I'm the executive director of a nonprofit called CEPEC. I'm here representing a  
18 number of people and organizations who would like to see a multi-use oriented facility  
19 on the land surrounding the main campus of the Sonoma Development Center. We  
20 envision a park for the public that will provide extended amenities, unique in Sonoma  
21 County and the west coast. They include hiking and horse riding trails and arenas that  
22 are safe, monitored and maintained daily, a variety of equestrian therapy venues for the  
23 disabled including children and veterans, a museum to exhibit Sonoma County's rich  
24 equine history, that of the SDC and local wildlife and habitats and their care, participant  
25 and spectator facilities for world class horseshows, an equine critical care veterinary

1 hospital, an education center with degreed and certification programs, youth job  
2 shadowing programs and a North Bay emergency center. These amenities can be  
3 provided by CEPEC, a nonprofit organization, that has been working on this project for  
4 the past five years. The CEPEC team is composed of professionals from 65 mainly  
5 local companies and organizations that can design and implement the facility. CEPEC  
6 has the support of many residents, equestrians, businesses, service organizations and  
7 national associations. It will support open space, a wildlife corridor and expand the use  
8 of the SDC by providing public recreation, competition, education as well as property  
9 restoration and preservation. CEPEC is expected to create over a thousand local jobs  
10 during construction, 200 when fully operational, and a quarter of a billion dollars in  
11 annual revenue for Sonoma County. We hope that the people here from Sacramento  
12 can assist in making this vision a reality. Thank you for your time.

13 **UNIDENTIFIED MALE SPEAKER:** We're going to take a call. Oh, we're going  
14 to take a call. You'll be next after the phone call.

15 **UNIDENTIFIED FEMALE SPEAKER:** Are you going to take a call?

16 **UNIDENTIFIED MALE SPEAKER:** You can sit up here if you want.

17 **OPERATOR:** Yes. I do have a statement from the phone lines. And that is from  
18 Anna [REDACTED]. And she's a [REDACTED] of a resident. Please go ahead.

19 **ANNA [REDACTED]:** Okay. Can you hear me?

20 **UNIDENTIFIED MALE SPEAKER:** Yes.

21 **ANNA [REDACTED]:** Hello?

22 **UNIDENTIFIED MALE SPEAKER:** Yes. We can hear you.

23 **OPERATOR:** Yes. We can hear you.

24 **ANNA [REDACTED]:** Okay. My name is Anna [REDACTED]. And [REDACTED], [REDACTED], has  
25 lived at SDC for nine years. He was committed there on W&I Code 6502 as a quote

1 developmentally disabled person who is a danger to self and others in need of a  
2 developmental center placement. It is with grave concern we, [REDACTED] family, are  
3 following the intent to close SDC. [REDACTED] live with us, his family, until he was 22 years  
4 old. He enjoyed full inclusion. And in spite of his developmental delays, he had a life  
5 full of meaningful learning and activities until his outbursts became more and more  
6 frequent and intense. Group home after group home placements failed and led him  
7 several times handcuffed to crisis centers and once to a two-week imprisonment.  
8 Eventually, none of the group homes wanted him nor felt they were equipped to be able  
9 to deal with him. And truly, they were not able to support him through his enormous  
10 outbursts. There is absolutely no comparison between the staff at those group homes  
11 and the staff has the worked here at SDC for years that has both the training and the  
12 long-term experience. Being handcuffed and whisked off to crisis centers and jail left  
13 [REDACTED] seriously traumatized. He had no idea why he was in jail nor is he verbal  
14 enough to ask questions or ask for help. In the process, he was also placed on huge  
15 amounts of medications. When he arrived at SDC, he was shaking like someone with  
16 incredibly advanced Parkinson's. He would not set a single step outside the house.  
17 And it has taken years at SDC to slowly make him feel safe once again. As a family, we  
18 have deeply appreciated SDC and its staff. It has been a haven and the least restrictive  
19 environment for [REDACTED]. Here is our vision. We are asking that you will preserve at  
20 least a smaller part of SDC for those for whom community placement would be  
21 disastrous. SDC is a magnificent land which has been set aside specifically for those  
22 with special needs. When a society has the nobility to set aside such beautiful land so  
23 that the most vulnerable of its members can live protected and yet with freedom, it is a  
24 legacy we need to respect and preserve. Here is my vision for a best possible  
25 environment on the current location of SDC. First, keep the land. It already exists and

1 it exists for those with special needs. It does not need to be purchased or established.  
2 The community around SDC lives in Harmony with it. There is no nimby and not in my  
3 backyard here. Second, convert existing buildings or build houses that are Lanterman  
4 compliant and are more homelike with five to eight residents in it. You will have to  
5 invest money into creating homes somewhere. Why not here? Third, use some of the  
6 land for organic gardening or farming. We know of the benefits of gardening for mental  
7 health.

8 **UNIDENTIFIED MALE SPEAKER:** Two minutes.

9 **ANNA [REDACTED]:** And healthy food is something incredibly important for our  
10 sons and daughters and family members. Four, save the village-like setting that allows  
11 clients to have safe space. In most cases, what's called a community setting is the  
12 most isolated way of living where clients are confined to a single house and require  
13 transportation to work places and day programs. Five, keep the staff as a team. They  
14 know clients well and can optimally collaborate. Six, allow clients when they're in crisis  
15 to stay in their homes at SDC and receive support through the staff that's most familiar  
16 with them. Every night my heart as [REDACTED] is haunted by the fear that [REDACTED] will end  
17 up in jail again, and so many others with disabilities and mental illnesses already are.  
18 Whoever is there of you in politicians and DDS people, I appeal to you that you do not  
19 become co-culprit in creating a disastrous future for our family members. Think of the  
20 legacy that you as individuals want to leave. On behalf of [REDACTED] and others, I ask  
21 that you keep a part of SDC open. I never ever want to see [REDACTED] in an orange  
22 jumpsuit again. Thank you so much.

23 **OPERATOR:** And If anyone else on the phone lines would like to make a  
24 statement at this time, please press star one. I do have one -- I do have some more.  
25 Just a moment. Yes. And we'll go to the line of Dennis [REDACTED].

1           **DENNIS** [REDACTED]: Yes.

2           **OPERATOR**: Please go ahead.

3           **DENNIS** [REDACTED]: Hello. I wish we could name Sonoma Development  
4 Center a sanctuary city where our loved ones could be left alone. Since that is not a  
5 possibility, I will address what is happening now. My wife, Bernadette, and I have [REDACTED]  
6 [REDACTED], who is 47 years old and has been in Sonoma Developmental Center  
7 for 43 years. At [REDACTED] annual planning conference, we repeat our vehement  
8 opposition to her placement in the community. As the saying goes, one size does not fit  
9 all. If felt that her placement in the community would be beneficial, we would certainly  
10 be open-minded about it. However, in her case, no way. Besides her various health  
11 issues, [REDACTED] does not talk, she has no hazard awareness, she doesn't know a red  
12 light from a green light, she does not react well to change, she has no concept of money  
13 whatsoever. And I could go on. We strongly object to the closing of Sonoma  
14 Developmental Center. On June 27th, I listened on the phone to the concerns of other  
15 parents and relatives, and we fully understand where they are coming from. In the  
16 community, is there going to be adequate medical and dental facilities, staffing  
17 ,compared to Sonoma Developmental Center such as high turnover of employees, low  
18 wages, skill levels and compassion for types of patients, adequate monitoring with  
19 community facilities and other important concerns? Besides the other issues  
20 mentioned, we are gravely concerned about [REDACTED] being placed in the community  
21 facility where there is automobile traffic. And the door may be locked/unlocked and she  
22 could wander out and be hurt or killed. No threat exists now at Sonoma. On June 27th,  
23 I heard from the Department of Developmental Services about loss of federal funds  
24 since they only like the word community and not developmental centers. How cruel. If  
25 Sonoma Developmental Center is to be closed, there needs to be adequate medical,

1 dental and behavioral services like Sonoma. There needs to be adequate backup  
2 housing for those who don't function well in the community. These services must be  
3 addressed now. The views of family members and the Sonoma community must be  
4 incorporated into the recommendations for Sonoma and closure. Finally, I understand  
5 the date of closure is December, 2018 but patients may be transferred earlier. If that  
6 occurs, and I certainly hope not, why not (inaudible) feedback evaluations through the  
7 system like purchases from seller on eBay or Amazon.com. What I mean is this can be  
8 useful for a family to hear about prior community placements for a particular location  
9 from other families. This would supplement a tour of the facility by parents, relatives,  
10 information from the Department of Developmental Services.

11 **UNIDENTIFIED MALE SPEAKER:** Two minutes.

12 **DENNIS [REDACTED]:** I would leave out Department of Developmental Services  
13 and suggest that it be run by the Parents Hospital Association. Thank you for providing  
14 us with the opportunity to provide our input on this grave matter. Thank you.

15 **UNIDENTIFIED MALE SPEAKER:** Thank you.

16 **OPERATOR:** And I have another statement from the line -- I have another  
17 statement from the line of Russell [REDACTED] who is [REDACTED] of a resident. Please go  
18 ahead.

19 **RUSSELL [REDACTED]:** Hi. My name is Russell [REDACTED]. And [REDACTED], has  
20 been a resident there since 1986. He was formerly resided in Agnews before Agnews  
21 closed down. And [REDACTED] was able to get him transferred to Sonoma  
22 Developmental Center after the closing of Agnew. [REDACTED] lived with us in her our  
23 home as long as we were able to take care of him. But unfortunately, when he was  
24 around 11 or 12, his developmental disabilities became such that we were no longer  
25 able to care for him in our home. And [REDACTED] -- one of the hardest things she ever

1 did was to have him admitted to Agnews. But as it turned out, it's been, you know,  
2 Agnews and then later Sonoma has really been the only possible place for him to  
3 reside. And it's turned out to be the best solution for him. Back in 1995, I believe it  
4 was, an attempt was made to place him in the community. And it failed and he was  
5 sent back to Sonoma. And one of the words used by the case worker was it was a  
6 fiasco. And we all knew then, you know -- and [REDACTED] sentiment at the time was  
7 always that if he could be at home we would have him at home. But it's just an  
8 impossibility. Now, you know, I've been to two of the previous meetings. I was unable  
9 to come today but I've been listening to it so eloquently expressed by so many of the  
10 people there, the family members. And [REDACTED] is in the same situation as so many  
11 of them. He's there because he needs that kind of supervision and care by trained staff.  
12 He will not be -- function in a community, in a community situation. And my worry is if  
13 they try to place in some place like that and he -- and he -- and when he gets frustrated  
14 and he exhibits violent behavior, where do they put him then and where do they look to  
15 to put him next if a place like Sonoma Development Center doesn't exist. I cannot  
16 stress strongly enough to the people who are making these plans that this type of facility  
17 is needed for a certain level of the patients and the residents that live there. And you  
18 cannot expect that these residents will be placed in the community and thrive or even  
19 survive. And my prayer is that somewhere along the line in the powers that be and the  
20 people that are making these decisions will come to understand this after listening to all  
21 of the parents and families that have spoke here today and realize there's a real need  
22 for this type of facility and not to turn their backs on the people that don't have --

23 **UNIDENTIFIED MALE SPEAKER:** -- a powerful lobby and that don't own any  
24 politicians in Sacramento. But I hope hopefully somewhere they can find a heart there  
25 in the people that are making these decisions. Because heart is needed here. I won't



1 go on. I know it's been a long day. And my heart goes out to all of the family members  
2 there. And I pray that sometime between now and December that somebody -- that  
3 some kind of a solution is going to be found to help these people who are in the most  
4 need. Thank you very much.

5 **UNIDENTIFIED MALE SPEAKER:** Thank you. Speaker number 76? And if  
6 number 77 and 78 could come up front. Thank you.

7 **TERESA [REDACTED]:** My name is Teresa [REDACTED]. [REDACTED] has been a  
8 resident at Sonoma Developmental Center for 40 years. Lately, I see him and he looks  
9 happier and healthier than I've ever known him to be. And I'm grateful to everybody  
10 who works at SDC. And I'm grateful to really dedicated people that work in this field. I  
11 particularly want to thank Kathleen Miller. As president of the PHA, she's been tireless.  
12 As a member of the PHA, I support the recommendations one hundred percent. Three  
13 years ago, I moved to Petaluma from San Mateo County. And because of that, I've  
14 spent a lot more time on the grounds of the Developmental Center. And I've come to  
15 feel that this property is sacred and that it's always been sacred. I'm sure it was sacred  
16 to the Native populations before the home was opened in 1891, 1892. And for the  
17 reason, among many reasons, I would ask the DDS to do everything they can to keep  
18 this property alive in such a manner. This is a nationwide loss to the mentally ill. It's not  
19 just [REDACTED]. It's not just your family. It's nationwide. And on the news this past  
20 week, I hear them talking about so many people being in prison. And yet if 20 percent  
21 of the people in prison in this country are mentally ill, that's 500 thousand people. So  
22 we've closed institutions and we've moved them into much harsher and much worse  
23 institutions. And this isn't okay. Thank you.

24 **UNIDENTIFIED MALE SPEAKER:** Speaker number 77? Speaker number 78?

25 **CASEY [REDACTED]:** Hello. I'm Casey [REDACTED]. [REDACTED] is a resident at SDC.

1 And while I may not have as much experience knowing about the centers and I certainly  
2 haven't worked in one, I have known [REDACTED] for as long as I've been alive. And I've always  
3 known him to be happy because he lived at SDC. He can walk around the hundreds of  
4 cares there, something I don't think he could do in town. He has many trained staff who  
5 are happy to work there. He has unique medical -- he has unique medical,  
6 psychological problems that can be treated there that cannot be treated in any other  
7 place that I could know of, that anyone could know of. I am rather concerned how  
8 quickly we seem to be closing this valuable resource. It's really only a couple of years  
9 which is very concerning to me. And I feel that we should attempt to keep it open  
10 forever and open it back up to new arrivals. But if we don't, there are several services  
11 we need to keep. We need to keep a medical clinic on the grounds and we need to  
12 keep dental services. We need to keep the ability to adapt equipment for these  
13 residents in Sonoma. We need -- we should try and keep our valuable -- all the  
14 valuable staff that works there assembled in Sonoma and not just scatter them to the  
15 winds for them -- leaving them to try and find other jobs. We should try and keep all --  
16 everything we have already assembled in one place. It doesn't seem very wise to just  
17 let it all go. And what will happen to the land and all the resources on it concerns me.  
18 We don't need more development in this area, I feel. And I don't think it would be very  
19 wise to give it away to such. Thank you for listening.

20 **UNIDENTIFIED MALE SPEAKER:** Speaker number 79?

21 **UNIDENTIFIED FEMALE SPEAKER:** Hi. It's my turn. All right. I am what is  
22 called the sweeper. I come kind of close to the end and kind of -- so therefore my  
23 problem is everything I say you've already heard. But that's okay because I think a lot  
24 of it bears repeating. I'm not going to talk about [REDACTED] because I don't have a lot of  
25 time. But also I'll probably cry and I don't want to do that. But I am going to talk about

1 SDC. None of us -- well, I think there was one person here today that supported  
2 closure out of how many? And I've been counting. I've been keeping a count. And that  
3 person sitting right there, a nice gentleman, is basically a paid staff for a law firm that  
4 takes that position because that's basically who they are. So everybody else is like let's  
5 keep it. But I don't think it's going to happen anyway. So I'm going to talk about what  
6 needs to happen and what the future of SDC does need to look like. I think you've  
7 heard from some of us today, but I want to be really clear because we're counting -- we  
8 want that medical clinic, we want a county clinic that's going to stay open, we want a  
9 county clinic that's going to have dental, we want it to have medical services for  
10 probably the local people that have a primary care provider that really oversees these  
11 individuals. Because if we don't have that critical primary care provider that talks to the  
12 staff wherever the clients are living, they're not going to make it. And I think we already  
13 know that. And we have examples of that. We also want that medical equipment piece.  
14 We want the behavioral piece. And are willing to roll up our sleeves and work with you  
15 to make sure that it happens. We want the zero reject facility. We don't want just a  
16 place -- we also want the crisis facility and we want it to stay there. And we think it's  
17 working really well. We'd like to see it be a little easier getting folks in there and a little  
18 faster. Because I think the regional centers -- and Bob is shaking his head yes -- are  
19 going to be frustrated if they can't get folks in quickly. And we're going to be frustrated if  
20 they end up down south or they end up in acute psychs or they end up in hotel rooms or  
21 other places where we know very well they should not be. But we also want that zero  
22 reject facility. And these are all services that were addressed the DC Task Force. And  
23 we're sort of -- I consider that task force a promise. I think it was a promise to us. If  
24 you're going to come along and you're going to close these places down against all the  
25 wonderful testimony that you've heard today and how much people love the centers --

1 and I'm one of those people -- then please honor the commitment of that task force.  
2 And we want to see it honored at SDC grounds. And the other thing we want to see is  
3 we want to see you get started right now. Because if you don't, it's not going to be done  
4 by the time you already move our people out. You guys are on a fast track here. So  
5 the other part of that is we have really good staff and they're wonderful and they're  
6 trained and they're experts. And the only way to keep them is to work now on  
7 developing these services concurrently with transferring our people out . You've got to  
8 develop concurrent services. You've got to get that medical clinic going. We're not  
9 interested in a transition medical clinic. No, no. We want a permanent medical clinic.  
10 So concurrent services at SDC is the road head. But we're also very strong supporters  
11 of that open space. Those are our coalition partners and we recognize that that open  
12 space is critical. It's critical to the community. It's critical to future generations. It's  
13 critical to wildlife. And nobody has talked about the fact about how critical it is as a  
14 water recharge site. It's the last open land in the area, and the water gets to percolate  
15 back down into the ground water. So all of that is very critical, and we want the open  
16 space maintained. But we know that that's going to be wonderful for the people who are  
17 healing there in the zero reject site and the people who are healing there in the crisis  
18 facility because they're going to get out and move and get around every day. So what  
19 we're also worried about, and you've heard it over and over and over again -- you've  
20 heard all of us talk. I've been keeping a little tally of who says what. But are you going  
21 to listen? I mean, you know, let's face it. We have a little bit of history with DDS saying  
22 collaboration is really the ability of -- our ability to talk, this is collaboration, and then you  
23 go away and you kind of ignore what we said and you do what you want. We don't see  
24 that as true collaboration. What we see as collaboration, guys, is if we come to you and  
25 we say, okay, we want this dental clinic and you say, well, that's a problem, how are you

1 going to fund that, then you tell us, you let us know. And then we come back to you  
2 with a couple proposals and you say, well, this will work but that won't, come on, and  
3 together we make that plan, together we make that path forward. It's not you go away,  
4 you take all this and you do your thing. Okay. So that's the kind of collaboration we  
5 want. And I really do want to thank everybody for coming out today and speaking and  
6 waiting and waiting through hours to testify. I know you guys have been here all day,  
7 and we appreciate that very much. And I think that's all I'm going to say today. Thank  
8 you.

9 **UNIDENTIFIED MALE SPEAKER:** We're going to take some calls. Operator,  
10 go ahead.

11 **OPERATOR:** Okay. Steven [REDACTED], your line is open. Please go ahead.

12 **STEVEN [REDACTED]:** Yeah. I just wanted to say that I think it's -- you know, I'm  
13 curious if they want to close it because, you know, where are they going to put  
14 everybody. It's just -- I mean I just have the fear, you know, there's not enough places  
15 to put everybody. So that's all I wanted to say.

16 **UNIDENTIFIED MALE SPEAKER:** Thank you.

17 **UNIDENTIFIED FEMALE SPEAKER:** Operator, are there anymore callers?

18 **OPERATOR:** No.

19 **UNIDENTIFIED FEMALE SPEAKER:** Okay. Thank you.

20 **UNIDENTIFIED MALE SPEAKER:** Speaker number 80?

21 **JOE [REDACTED]:** I'll put that up there. Good afternoon. My name is Joe  
22 [REDACTED]. I have [REDACTED] who currently lives at [REDACTED]. When I was  
23 12 years -- when I was about 12 years old, [REDACTED] was born, [REDACTED]  
24 [REDACTED]. Everyone knew immediately that she was not normal and that  
25 her life was in jeopardy. [REDACTED], being very good Catholics, had her baptized within

1 hours. [REDACTED] has [REDACTED]. She was born with [REDACTED] and very,  
2 very poor muscle tone. The doctors said she might not develop more than the  
3 strength needed to sit up and that her life expectancy of a [REDACTED] child at that  
4 time was about 12 years. Well, [REDACTED] taught us that doctors and experts are not always  
5 right. She taught us never to underestimate the power of the human will. You see,  
6 having [REDACTED] to play with, she didn't stop at having the ability to sit up. We  
7 had her walking at 18 months. She is now over 50 years old, clearly surpassing the  
8 original life expectancy. When she was about eight years old, by the time she was  
9 about eight years old, [REDACTED] had moved out. [REDACTED] was a very strong and  
10 strong-willed, which is another family trait, young girl. She was rapidly becoming much  
11 more than [REDACTED] was able to handle without the rest of us to help her. So [REDACTED]  
12 [REDACTED] made the very difficult but ultimately very right decision to place her at what was  
13 then called Sonoma State Hospital. [REDACTED] and I are realists. I can clearly  
14 remember a visit to [REDACTED] at Sonoma where we all played with her, took her into town for  
15 an ice cream cone, which she wore more than she ate, and then we returned her to her  
16 cottage where she was very happy. There were several other children being visited by  
17 their families. And the children, the others cried when their families left. [REDACTED]  
18 explained to me, to us, that unlike [REDACTED], who was blessed by being so profoundly  
19 [REDACTED], which was the term they used at that time, that [REDACTED] could not conceive of the  
20 sadness that we were leaving. All she could do was to enjoy playing. [REDACTED] is  
21 profoundly disabled. She is now 110 pounds of happy determination and strength and  
22 marginally controlled with a brain of a child under two years old. And she likes to be  
23 loud and to seek attention. She is totally [REDACTED], mostly [REDACTED] in the other. Her  
24 vocabulary is limited and she cannot form simple sentences. Forty years of wonderful  
25 care at SDC means that she is toilet trained. She can eat about 80 percent of what's

1 put in front of her, wearing most of the other 20 percent. And she can dress herself.  
2 She still likes to hug you. And being the very sly person that she is, she'll sometimes  
3 surprise you by not letting go. She participates in many of the activities available at her  
4 cottage but not all of them, not all of them. She generally refuses to go on field trips.  
5 She is afraid of new places, of unsteady ground, of being separated from her group.  
6 We are realists. The State sees SDC as about 800 acres of prime real estate dotted  
7 with buildings that have endured 50 years of deferred maintenance and populated by  
8 several hundred people who are on the farthest edges of the Bell curve of normalcy. It  
9 recognizes there are financial costs to meeting these obligations, meeting the  
10 obligations to these people, the frailest of the frail and the frailest in the State. It is  
11 looking to shift the costs and risks onto the private sector by placing our loved ones in  
12 private group homes. We understand what they want to do and why they want to do it.  
13 But we are afraid. A typical group home is about three thousand square feet which may  
14 seem very large to us. But we're free to enter or leave it. A person like [REDACTED] who is  
15 afraid to leave it or a person with other disabilities who cannot leave it will soon realize  
16 how small such a place can be. [REDACTED] could easily end up with less real roaming around  
17 space in the day than is granted to a prisoner at San Quentin. Although [REDACTED] needs  
18 are quite simple in some respects, she does socialize with the several dozen peers in  
19 her cottage and interacts with the SDC caregivers. In a group home, she would likely  
20 be isolated from the other clients because of her extreme limitations. Loneliness kills.

21 **UNIDENTIFIED MALE SPEAKER:** I'm sorry. Your time is up. If you could wrap  
22 up your comments. Thank you.

23 **JOE [REDACTED]:** Okay. We're realistic. We hear how well community  
24 placement has worked for others but those were the children that knew how to be sad.  
25 [REDACTED] is not like that. She is truly, like I say, at the far edges. And the general

1 community is not the community where she needs to be. The State may close SDC  
2 which is not what we would like, but our focus is that the State not further diminish the  
3 quality of life of our loved ones. It should not impose a greater risk on those least able  
4 to handle it and should not create an unsafe living environment. Thank you, and thank  
5 you for indulging me and (inaudible.)

6 **UNIDENTIFIED MALE SPEAKER:** Speaker number 82?

7 **JUDITH [REDACTED]:** I find it a little difficult to follow that. So please bear with me.  
8 Yeah. I think -- is this -- this is okay?

9 **UNIDENTIFIED MALE SPEAKER:** Yeah.

10 **JUDITH [REDACTED]:** All right.

11 **UNIDENTIFIED MALE SPEAKER:** Get closer to the mic.

12 **JUDITH [REDACTED]:** Should I be closer?

13 **UNIDENTIFIED MALE SPEAKER:** Yeah.

14 **JUDITH [REDACTED]:** Is this -- this is better? Okay. Ladies and gentlemen, I'm  
15 speaking today as a concerned citizen and a voting resident of Sonoma Valley.

16 **UNIDENTIFIED MALE SPEAKER:** Can you state your name and affiliation?

17 **JUDITH [REDACTED]:** Oh, I'm sorry.

18 **UNIDENTIFIED MALE SPEAKER:** Thank you. It's okay.

19 **JUDITH [REDACTED]:** My name is Judith [REDACTED]. I'm a resident of Sonoma County.  
20 I love just outside the City of Sonoma and I'm speaking about the proposed closure of  
21 the SDC. While I recognize the State of California's need to conserve and raise  
22 revenues, I am appalled at the Governor's recent decision to require that a plan for  
23 closure of the SDC be completed by October 1 of this year with closure to occur by  
24 2018. This decision was taken even though the Governor and his staff knew of the in-  
25 progress multi-level effort to develop a new vision for the SDC as well as efforts in the



1 Legislature to devise a reasonable timeframe for its closure. While the directed timeline  
2 is not reasonable, I understand we have to deal with the new reality. So the remainder  
3 of my comments focus on what should be done with the land, the facilities and the  
4 people, both clients and staff that comprise the SDC. Like most of those speaking  
5 today and submitting comments, I have a number of concerns and suggestions. One, it  
6 is extremely important that the State, Sonoma County and its residents collaborate in a  
7 public private partnership. This will allow us to determine and envision the best future  
8 for SDC together in a deliberative thoughtful way. Do you have a process in place to  
9 ensure such collaboration, and if not, do you plan to create one? Two, it is absolutely  
10 critical that SDC's open space, natural resources and habitat lands be preserved.  
11 Preserving this land is essential to maintain wildlife corridors and a connection among  
12 habitat in the Mayacamas Mountains, Sonoma Valley, Sonoma Mountain and the Marin  
13 coast. It is also an important recreational resource for Sonoma. This property is  
14 unique. Selling it off for development without safeguards in place to protect it would be  
15 shortsighted and morally reprehensible particularly since the State, as its current owner,  
16 could transfer the open space, watershed and habitat lands to State and local parks for  
17 stewardship and expansion of public use at little to no cost. Three, a number of critical  
18 services for the developmentally disabled now exist at SDC and at few, if any, other  
19 locations in California. To the extent possible, these should be preserved, broadened  
20 and adapted for use by special needs patients including those, if the State really does  
21 transfer them, to be transferred from SDC to community facilities, or at worse, the State  
22 needs to determine how these services will be provided in community facilities before it  
23 terminates these services at SDC and also consider provide job placement assistance  
24 for the many employees at SDC who will lose their livelihood. Four, the buildings and  
25 grounds provide an opportunity to a multi-use public/private facility along the lines of the

1 Presidio in San Francisco. This should be seriously concerned -- considered rather  
2 than selling off this portion of the land for development. And finally, you may not be  
3 aware that Sonoma County and the Sonoma Valley have an urgent need for low income  
4 and transitional housing as well as a responsibility and mandate to care for the many  
5 homeless in our area. Some of the buildings at SDC could easily be repurposed for this  
6 use and should be. Thank you.

7 **UNIDENTIFIED MALE SPEAKER:** Number 83? If you could state your name  
8 and affiliation.

9 **ROBIN [REDACTED]:** I'm Robin [REDACTED], and I'm a resident of Sonoma County.  
10 While I understand and applaud Governor's Brown's efforts to balance the California  
11 State budget, I do not support the early closure of SDC. Our community is working very  
12 diligently to assure a smooth transition for this amazing facility. First, rather than having  
13 it fall prey to developers, the Sonoma County -- the Sonoma Land Trust is working to  
14 transition the property into a park, a possible Sonoma Valley site for a satellite  
15 community college facility as well as maintaining facility for the remaining  
16 developmentally disabled current residents. I believe it would be cruel to move them at  
17 this time. Their families do not believe they would get adequate care anywhere else in  
18 the same vicinity. And, of course, they need to be close to their families and need  
19 continuity of trusted caregivers. Please allow the facility the time to complete this  
20 transition and please recall how the community rallied behind the projected closure of  
21 Jack London State Park to successfully find a way to keep it open and to improve it in  
22 the process. Please give us a chance to do the same with the SDC. Thank you.

23 **UNIDENTIFIED MALE SPEAKER:** Speaker 91? Please state your name and  
24 affiliation.

25 **SCOTT [REDACTED]:** Go up like that? Hi. My name is Scott [REDACTED]. My affiliation

1 with the Development Centers goes back to before they were called Development  
2 Centers in 1928 when my great-grandfather was institutionalized at Agnews State  
3 Hospital. That's where he spent the last years of his life. [REDACTED] [REDACTED] was  
4 placed at Sonoma Development Center after he cooked his brain with malaria as a  
5 volunteer for the Peace Corps in the 60's. He was a young married man with a bright  
6 future ahead of him and spent a good 40 years at the SDC. I have known the area  
7 since I was a small child. As people have said earlier today, it was a special place. As  
8 a 20 plus years Sonoma County resident, I've spent more hours hiking there. I've  
9 enjoyed the buildings and the grounds. In addition to all that, I have a degree in  
10 planning from Stanford University. And I look at this property in a way that other people  
11 may not. So I'm going to bring up a couple things and try and tie a few ends together  
12 that I've heard today. I worked as a planner for the Central Petaluma Specific Plan  
13 which includes the housing that you see going in in downtown Petaluma, the theater  
14 square district. Right now, over in Petaluma there's the Rivertown Revival going on  
15 which is a public space. We saved a big historic structure there, the livery stable. And  
16 it's now one of the most popular events, annual events in the county. It's attended by, I  
17 don't know how many thousands of people. I'm obviously not against development. I  
18 was raised by a real estate developer. But he was a man with heart and with vision and  
19 with a sense of culture, class and pride in his work. I had a lot of hope back in May after  
20 hearing people speak, after feeling like we were being given an opportunity to work as a  
21 community to create a viable alternative that did include patient care, continued,  
22 expanded, whatever. There are a lot of options out there. And I honestly feel like I read  
23 back in the paper I think last month like I was handed a piece of stinky fish wrap that  
24 hadn't touched a fish. Because when I read about political moves like this being done, I  
25 have to start to wonder what's going on here. Question marks come up in my head.

1 And I was trained to look into this. I was trained in how it's done. I've worked in it. I  
2 know how it's done. I know how backroom deals are done. That's how my dad was at  
3 dinner every night at six o'clock. He went down and sat down with the boys before the  
4 political wrangling. I hate these meetings. I hate these meetings. I feel like I'm doing  
5 like pointless -- we should be filling hot air balloons. It would be more effective. I feel  
6 like I'm being given window dressing time in the aftermath on the like stage at the  
7 Titanic or something to entertain the passengers. I'm sorry. But I still have hope. I'm  
8 just one of these dogged weirdo 11th hour people who, you know -- from what I hear  
9 there are goon squads going around. I call them good squads. That's my term for  
10 them, coming from the State, going around telling people in the horse program they'd  
11 better be ready to pack up in six months. Wait a minute. We just started a massive  
12 awesome, amazing community kind of charrette to come up with something. What  
13 happened? Why are we having the rug pulled out from under us? So I'm going to back  
14 off and kind of take a little tangent. I'll come back to this. But Sonoma was voted the  
15 friendliest destination by Conde Nast Traveler or something like that last year, the  
16 friendliest city. And I say I've grown up around here. I've been coming up here since I  
17 was two. My mom brought me up here to meet Juanita of all people. And Juanita liked  
18 me. Okay. So I know I got a ghost on the other side. She's giving me goosebumps  
19 right now and she's got like a -- excuse my French -- rooster on her shoulder that's  
20 bigger than anybody's. Because she's in a bigger container now and she knows all the  
21 big roosters. I get kind of whoo, whoo sometimes on these things. I like to bring in my  
22 angels because my mom didn't talk about God or religion or anything like that. But I  
23 know there are a lot of SDC angels out there, former patients, former employees, the  
24 people who planned this place. I'm starting to wonder if evolution is going backwards.  
25 It seems to have in Governor Jerry Brown's life. He seems to be more focused on the

1 legalese. I know he's got a lot of pressure, but I'm wondering why this, why now, why  
2 such a hurry. I come up with one word. It's water. I hear rumors. I am going to put out  
3 an unsubstantiated rumor now that the State has spent a million dollars on water testing  
4 equipment to figure out how much was in that reservoir. If anybody knows if that's true  
5 or not, I'd like to know. But that's a priority that they've spent a million dollars on. That  
6 says something to me. Okay. Sonoma was voted the friendliest city. I ask myself why.  
7 Why is this town so friendly? Why is it different than St. Helena and Napa and --

8 **UNIDENTIFIED MALE SPEAKER:** If you could wrap up your comments now.

9 Your time is up.

10 **SCOTT [REDACTED]:** -- okay, Healdsburg. It's from people who have lived in and  
11 because that developmental center is here. I'm going to give one quick example and I'll  
12 get off of here. [REDACTED] is a kid who runs the bike shop at -- on Napa Street there by  
13 Second and Third. He's a friendly guy. He went to Dunbar School, raised in Glen Ellen.  
14 He's a friendly guy because the people around him were friendly, goodhearted people  
15 who were there in that community, because they lived there too, to work for these  
16 people, where they could make a lot of money doing something else. Now the angels  
17 like that kind of stuff. [REDACTED] is one of the ambassadors. People from all over the world,  
18 all over the country come here. He set up that free bike program. If anybody has gone  
19 to Tuesday market and parked their bike they know [REDACTED]. He's a tall, skinny, curly-  
20 headed kid. He's the product, he's the thing, he's the -- he's the type of person that gets  
21 us voted the friendliest city. And we don't have that, if we don't have friendly good  
22 people around, we turn into Healdsburg or St. Helena. Thank you very much. That  
23 stuff is not for sale. The Governor is not going to sell it to a developer. But I think we  
24 need to back up to have a process where we have that community process back where  
25 we take it back and say if this going to be transformed, let us have this process, let us

1 do this process, let us do the planning, let us do the environment requirements. If they  
2 don't give it to us, why don't we just get together, pool some of our money, take a risk  
3 and do it ourselves. But since it has to, I guess, it would be that the State institutes  
4 restraining and a voc rehab program in one of the buildings on site, you know, reequip  
5 it, put the necessary equipment in and all that. You know, just gut it and then put all that  
6 stuff in. And then retrain them in some kind of -- I'm not sure what, but like something  
7 like, say, a factory making safety parts to put together for the safety devices in these  
8 group homes, you know. Instead of contracting out to these people that are, you know,  
9 building stuff for these group homes, you know, which is expensive, I'm sure, you know,  
10 build them on site at the developmental center so, you know, these people can keep  
11 their jobs. Because, you know, the State Legislature has to be convinced that Sonoma  
12 can't take over a thousand people all at once, you know, on the unemployment lines.  
13 Just can't -- this valley can't take it. So, you know, I just -- they -- that's just one thing  
14 along with, you know, numerous other things that were suggested in like, you know,  
15 parks, JC satellite, you know, homeless shelters, you know, what have you. But my  
16 main thing is that these workers need to keep their jobs somehow. Because it's just  
17 going to sink the economy in the valley if, you know, the State is not willing to do that.  
18 So, that's what I got to say about it. Thank you. Thank you.

19 **UNIDENTIFIED MALE SPEAKER:** Thank you. .

20 **SANTI ROGERS:** Hi, again. My name is Santi Rogers. I'm the director of the  
21 Department of Developmental Services. We made a pledge to hear everyone and we  
22 will continue to do that to five o' clock. But I noticed a number of you who have sitting  
23 here a long, long time are starting to move closer and closer to the doorway. And I want  
24 to, on behalf of our department, Department of Health and Services Agency Secretary  
25 Diana Dooley, we want to thank you for your participation and the continued

1 participation that we expect that is forthcoming from all the words that you shared and  
2 some very clear directions you've given us. Those of us who have worked in the -- this  
3 huge system for many, many years -- this is my 46th year of service in working here and  
4 down the street a little bit for a year as Director of Sonoma Developmental Center and  
5 four other developmental centers -- I understand how important every word that you're  
6 sharing with us is going to be considered. And how we formulate all that and share it  
7 back is yet to be determined. But we will do just that. And the timeframe, as you've  
8 already heard, is a truncated, fancy term for a very short timeframe. But it is a dynamic  
9 process and I think each of the other subgroups, some of the leadership from this  
10 geographic area, the incredible leadership, community leadership, has suggested is that  
11 other ideas will be added together and we will respond to those. And that's -- and even  
12 in -- and I'll go on the wire here. But even during this process of the deadline for -- as  
13 already established, that is for the Legislature to look at and other adjustments to  
14 whatever's being recommended. We'll also make changes. It's always in our history  
15 that that occurs, always in our California history, for those of us who are historians. And  
16 I thank you for all of you who have already -- and pass it on to the folks that have  
17 already left for your contribution. And we'll still be here. I just wanted to make sure not  
18 everybody left the room. Thank you.

19 **OPERATOR:** And I have a comment on the phone lines from Philip [REDACTED],  
20 whose [REDACTED] is a resident. Please go ahead.

21 **PHILLIP** [REDACTED] Hi, my name is Phillip [REDACTED]. I'm [REDACTED] of a  
22 resident client over on [REDACTED]. I just wanted to start by saying I think California is going  
23 to regret closing their developmental centers sometime in the future. They may not yet  
24 for 20 years or whatever, but there'll be a time. I think it's a huge mistake. There are  
25 some individuals that are better served in this environment versus out in the community.

1 My main point that I wanted to bring up is for IPS clients. They need a place or places  
2 where they could be placed where they cannot be refused service. And I'm talking  
3 about something other than just an emergency placement in some facility that has some  
4 temporary timeframe. There are going to be individuals out there because of their  
5 behavioral problems, whatever, that placement may not work in a traditional community  
6 home. And that's all I have to say. Thank you.

7 **UNIDENTIFIED MALE SPEAKER:** Thank you.

8 **OPERATOR:** There are no other comments in queue at this time.

9 **UNIDENTIFIED MALE SPEAKER:** Speaker 93?

10 **UNIDENTIFIED FEMALE SPEAKER:** I'm going to read this for Dr. Anne  
11 French, who's a doctor on Malone and Lathrop. She couldn't be here today. "Dear  
12 legislators, you've heard the stories from individuals and their families who don't want to  
13 live in institutional settings. And you've heard the rare sensationalized stories of abuse  
14 in institutions. And you've heard from the Kennedys and Geraldo Rivera after their 1965  
15 circus snapshot of life within institutions. You have not heard from the parents or their  
16 families that choose to live in institutions who rely on the safety net for their children and  
17 siblings. You have not heard their harrowing stories of life in the community, including  
18 death, suffering and jail. At SDC, we have watched the care within institutions far  
19 exceed -- sorry, the care given in the community. The families that chose to stay with a  
20 developmental system so many decades ago have worked diligently to improve all  
21 aspects of care, a 360 degree change from the 1965 snapshot rehashed over and over  
22 by the righteously indignant. The patients that live at Sonoma Developmental Center  
23 have a community. They have staff who they are familiar with and who they love.  
24 These staff are the ones who know how to get a patient with profound intellectual  
25 disability to smile and to bring joy to their lives. They are also often the people who



1 know how to properly feed a patient so that they don't choke. The patients who remain  
2 in the developmental centers are often the most difficult to place, either for their medical  
3 needs or their behavioral needs. It is a grave breach in both ethics and societal  
4 responsibility to cast them out of their home and out of their community against their  
5 will. You're stripping them of a safety net that has kept them healthy and happy.  
6 Instead, I urge you to meet with the families and the staff to figure out how to provide  
7 the level of care and community that these patients have and deserve. It is a violation  
8 of human rights to not keep your covenant with these patients and their families. Any  
9 patient or family that wants to live in the community has a right and come pursue that  
10 choice. What about the patients and families who choose a developmental center?  
11 Keep in a mind that when abuse or death happens at SDC, there are layers of oversight  
12 and licensing. When an abuse or death happens, there's very little scrutiny. No one is  
13 held responsible for the deficiencies in the community. It's pretty hard to enforce all the  
14 regulations in a dispersed delivery of care system. We must not turn our backs on  
15 those vulnerable members of our society. This is an opportunity for California and the  
16 federal government to become a model of excellence instead of creating yet another  
17 government sponsored human rights catastrophe. SDC can continue to serve as a  
18 resource in providing specialized medical care to a uniquely vulnerable population. It  
19 can continue to serve as a safety net for the small percentage of people who can't be  
20 moved without destabilizing their medical or psychological health as well as for the  
21 individuals for whom community living has proven exceedingly difficult. Just because  
22 the percentage of people that require such specialized services is very small doesn't  
23 mean we should allow these individuals to be transitioned into settings that may  
24 threaten their health and wellbeing. It's easy to ignore a minority without a voice,  
25 especially when drowned out by the voices of the Department of Justice and disability

1 rights agencies who continue to purport that they are the only ones who know how to  
2 advocate for the intellectually disabled. Please do the right thing and take responsibility  
3 for these vulnerable individuals who could be your daughter, son, brother, sister or  
4 cousin. Start by sitting down with the family members and staff of the individuals living  
5 at Sonoma Developmental Center." Signed Anne French, MD, staff physician at  
6 Sonoma Developmental Center, sister to a brother with Down's System -- Down's  
7 Syndrome and citizen of California.

8 **UNIDENTIFIED MALE SPEAKER:** Speaker number 94?

9 **CARRIE BROWN:** Hi, my name is Carrie Brown. I'm reading this letter on  
10 behalf of the dentists at Sonoma Developmental Center, Ron Miller and Steven Okawa.  
11 Okay. "As the population at SDC decreases with a projected closure date of 2018,  
12 clients will have a difficult time obtaining dental care in a community setting. Dentists in  
13 the community are neither sufficiently trained nor properly equipped to handle the  
14 specialized patient population. Those are that fortunate enough to be able to receive  
15 treatment in the community, especially those that require care in a hospital setting,  
16 usually must wait up to two years to be seen for routine dental care. Dental school such  
17 as Arthur A. Dugoni School of Dentistry and the dental school at UCSF are not  
18 equipped to handle the influx of developmentally disabled clients anticipated for  
19 community placement. Most private dental offices as well will not be able to handle the  
20 anticipated demand for dental services. The purpose of this proposal is to offer to  
21 continue dental services to the developmentally disabled population as they transition  
22 into the community and to offer dental services to those clients already in group homes  
23 through the various regional centers. The Sonoma Developmental Center Dental Clinic  
24 has been involved in the dental care of this patient population for decades and  
25 possesses highly skilled clinicians and staff well versed in the care of these clients. The

1 dental clinic at SDC is structured and already up and running in the treatment of this  
2 clients with experience in a wide range of services it can offer. Most private dental  
3 offices do not have the ability or training to provide sedation dentistry or outpatient  
4 general anesthesia. This is a service that many of the developmentally disabled  
5 patients require in order to receive optimal dental care. Most patients that require this  
6 type of care typically must wait up to two years to be seen in a hospital setting. The  
7 SDC Dental Clinic provides this service to those clients that require it in a timely fashion.  
8 In addition to the general dentists on staff who are capable of providing dental care in  
9 these various settings, we also have specialists in oral surgery and endodontists on  
10 staff that are well versed in the dental care of the developmentally disabled population.  
11 Within this specialized care setting, the SDC Dental Clinic is capable of providing  
12 excellent optimal and timely dental care to this very special patient population." Signed  
13 Ronald Miller, DDS and Steve Okawa, DDS. Thank you.

14 **OPERATOR:** And if there are any additional questions on the phone lines --  
15 questions, if there are any additional statements, please press star one. Thank you.  
16 And I do have a comment from the line of Caroline [REDACTED]

17 **UNIDENTIFIED MALE SPEAKER:** Go ahead.

18 **OPERATOR:** Please go ahead. Oh, she must have -- Ms. [REDACTED], if you wish to  
19 ask a question please press star one or if you have a comment. Well, she took herself  
20 out of the queue so apparently not. And again, if there are additional comments on the  
21 phone lines, please press star one at this time. Thank you. And we'll go to the line of  
22 Caroline [REDACTED] who's a friend of [REDACTED]. Please go ahead.

23 **CAROLINE [REDACTED]:** Hello?

24 **OPERATOR:** Yes. Your line is open. Please go ahead.

25 **CAROLINE [REDACTED]:** Oh, okay. Thank you. I'm addressing the closure or my

1 concerns with the closure of the Sonoma Developmental Center in Eldridge. I'm  
2 advocating for the clients and residents that are already there. I think closing this would  
3 prevent -- present a great hardship not only to them and their families but to many other  
4 persons involved in them. The care that they receive there is what they need, constant  
5 oversight and monitoring by professionals so that they have access to immediate  
6 attention when needed. If they were taken and put into a private home, this would not  
7 be available to them at all, as you -- as you can probably imagine. In a private home,  
8 appointments would have to be made. They would have to be transported, many things  
9 that would make this a real hardship and definitely impossible way to carry them out  
10 following the existing care that they're getting now. I really strongly advocate for them  
11 and I really would like this to be reviewed and addressed within a conscientious manner  
12 so that everyone concerned can have an outcome that would be safe and caring for  
13 these -- the people living there, the residents and others and their families. Thank you  
14 very much. And I hope that this will help in the cause that's going on. Thank you.

15 **UNIDENTIFIED MALE SPEAKER:** Thank you.

16 **OPERATOR:** And I have another comment. And that's from the line of Dayton  
17 [REDACTED], who's a [REDACTED] of a resident. Please go ahead.

18 **DAYTON [REDACTED]:** Yeah. I was just calling to voice my concerns. I think you  
19 can speak to law enforcement all over the State and see that there's a need for not  
20 shutting down like the developmental centers but if anything expanding them. [REDACTED]  
21 [REDACTED] has been there for 56 of his 60 years and he gets wonderful care. He gets all of  
22 the -- they have medical and dental right there. They have people set up for everything,  
23 trained professionals, caring people. I can't imagine him going to one of these boarding  
24 places out in the community. There's just too many problems with those. And I really  
25 want to keep that Sonoma Developmental Center open. I hope there's some way

1 somehow that we can do that. Because that's what these people need. And so the  
2 community. So there's just too many folks walking around out in the communities that --  
3 some of those boarding house things just don't work out. So hopefully we'll be able to  
4 make something work. And I appreciate you letting me be heard. Thanks.

5 **UNIDENTIFIED MALE SPEAKER:** Thank you.

6 **OPERATOR:** Thank you. And I have no further questions.

7 **UNIDENTIFIED MALE SPEAKER:** I'm sorry? Can you repeat that? That's it?  
8 Operator, can you repeat that?

9 **OPERATOR:** I'm sorry. I have no further comments in the queue.

10 **UNIDENTIFIED MALE SPEAKER:** All right. Thank you. At this time -- at this  
11 time, we are closing the public hearing regarding the closure and transformation of  
12 Sonoma Developmental Center. For the record, the time is 5:03 p.m. Thank you.

13 **OPERATOR:** And ladies and gentlemen, that does conclude the conference for  
14 today. Thank you for your participation and using AT&T executive teleconference  
15 service. You may now disconnect.

16 [END HEARING]

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1 TRANSCRIBER'S CERTIFICATE

2  
3 I certify that the foregoing is an accurate transcript from electronic sound  
4 recording of the Public Hearing on the Transformation of Sonoma Developmental  
5 Center held on 7/18/15 to the best of my ability.  
6

7 Dated September 6, 2015, at Sacramento, California.  
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12 CYNTHIA L. WILLMETT, Transcriptionist  
13 Northern California Court Reporters  
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