



Final Transcript

STATE OF CA DEPARTMENT OF DEVELOPMENTAL SERVICES: DDS SDC Public Hearing on the Draft Plan

September 21, 2015/9:00 a.m. PDT

SPEAKERS

Karen Faria
John Doyle
Cindy Coppage
Aleana Carreon

PRESENTATION

Karen Hello. Good morning. My name is Karen Faria and I am the Executive Director of Sonoma Developmental Center and we wish to welcome you here this morning. DDS really is pleased to have you here and participate in the public hearing for the draft of SDC Sonoma Developmental Center's Closure Plan.

Two words in that previous sentence are very important: draft and plan.

This is a draft that has been published and it is subject to change based on

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your comments here today. DDS welcomes and really seeks your input and so very pleased that you are here. This is also a plan. It gives general policy direction and allows for adjustments as the needs of the men and women we serve at Sonoma Developmental Center evolve and also it allows for adjustment as the legislature makes budgetary decisions.

A public hearing is an honored tradition of our democratic process. It helps bring into focus the diverse wishes of all the stakeholders. Yet, as is the nature of the democratic process, not all issues will be resolved nor will all concerns be addressed today. Still, it's a valuable process and it will bring valuable information together, which will add to how the democratic process develops the closure plan.

Please be aware that there are regulations and laws and legislation that define how a closure plan and its process is to proceed. And it does set parameters for what can be included in a closure plan. Yet, DDS is very encouraged by the input that they have already received and are looking forward to what the input will be today.

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So, with that, we are ready to begin and I would like to take this opportunity to introduce the Chief Deputy Director of the Department of Developmental Center, John Doyle.

John

Thank you, Karen. Good morning everyone. My name is John Doyle. I'm the Chief Deputy Director of the Department. I am standing in for Santi Rogers, our Director. He is on the way, but traffic being what it is in the Bay area, he is going to be late.

As Karen said, and I'd just like to reiterate, the plan that has been submitted is a draft plan. The plan doesn't include public comments that we received so far. The public comments that we received are voluminous. So, instead of attaching all that now, we're going to submit that with the final plan to the legislature on October 1st.

We've briefed members, local members, on the plan and have heard from at least one member that there is some real dissatisfaction with what we proposed. We understand that people may be unhappy with components of the plan. What the plan includes is what the administration believes is possible now. We've made a commitment to continuing to look at the property to see what works best for the community going forward and

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what will be needed for the residents that we currently serve as things move forward.

As Karen said, this is also part of a democratic process. The plan that we submit is the administration's plan to the legislature. It doesn't mean that it will be the final plan that is approved by the legislature. So, to the extent you have concerns or issues with the plan, we are happy to hear them today and we will include those comments in the draft that we submit or the final plan that we submit to the legislature.

Again, the legislature has the ability to change the plan, make modifications to it as the process goes on. I would just remind you of that fact that this is again a draft and it is not set in stone and it is the administration's proposal.

So, with that, I'll turn it over to Cindy Coppage. Thank you.

Cindy

Thank you, John. Good morning. Welcome to the second public hearing on the proposed closure and transformation of Sonoma Developmental Center. Today we will be receiving your input on the draft closure plan. My name is Cindy Coppage of the Department of Developmental Services

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and here with me are Aleana Carreon and JJ Fernandez of Sonoma Developmental Center and we are the hearing officers today.

The rest rooms, you may have noticed, are on my left as you come in on your right and there is water in the back of the room if you should need that and just make note of the exits outside, too, for an emergency evacuation.

Today is also the 13th Annual Remembrance Day ceremony, which will take place at Sonoma Developmental Center at the Butler gazebo. We will be pausing this hearing at approximately 1:55 to observe a moment of silence to pay our respects to and honor those who died, especially those who were never memorialized, while in residence at state hospitals and developmental centers.

I would also like now to introduce the other Department of Developmental Services representatives that are here today. Dwayne LaFon, Interim Deputy Director for the Developmental Centers Division; Fariba Shahmirzadi, Assistant Deputy Director for Administrative Operations; Dawn Percy, Interim Assistant Director for Program Operations; Eric Gelber, Assistant Director Legislation and Regulations; Amy Wall,

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Assistant Director for Developmental Center Closures; and Karen Faria, who you've heard from already, the Executive Director of Sonoma Developmental Center.

We'd also like to acknowledge the presence of Supervisor Susan Gorin and Chris Rogers from Senator Mike McGuire's office. Thank you for coming.

This public hearing is being audibly recorded and for the record it is now 9:15 a.m. on September 21, 2015 and we are at The Lodge at Sonoma, the Sonoma ballroom here in Sonoma.

As you are aware Senate Bill 82 signed by Governor Brown on June 24, 2015 requires the Department of Developmental Services to submit a plan or plans to the legislature by October 1, 2015 to close one or more of the Department's three remaining developmental centers. As stated in previous communications from the Department, efforts are underway to submit a plan to the legislature by October 1, 2015 to close Sonoma Developmental Center by the end of 2018. A draft plan was made available for review on the Department's website on September 15th and

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there are some copies available at the registration desk if you would like to have a copy.

This is the second public hearing, which is set in addition to the provisions of Welfare and Institutions Code 4474.1F stating, "Prior to the submission of the plans to the legislature, the Department shall hold at least one public hearing in the community in which the developmental center is located with public comments from that hearing summarized in the plan." Notices of this hearing were distributed to numerous interested groups and individuals via email, mail, posted online, notice in local newspapers and distributed in the news media.

A sign language interpreter has been provided and is over here to the right for those of you who are attending. Please move over closer to that area if you need to utilize those services. Please feel free to move to that direction whenever it's convenient.

The Department of Developmental Services welcomes your input regarding the draft of Sonoma Developmental Center closure plans. At this hearing as designees of the Department, we will be receiving your comments. We have set up an operator-assisted conference line for people

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to call in and we'll periodically alternate receiving input from those present here and those calling in on the conference line. We are here to listen to and document your input. The public hearing is not structured as an interactive process and as a result the hearing officers and the representatives from the Department of Developmental Services will not be responding today to any statements provided.

The Department will consider all oral statements made during this hearing. It will also consider written statements submitted at today's hearing, which should be placed in the box on the registration table outside or submitted directly to the Department of Developmental Services at the address indicated on your agenda or submitted by email submitted through the Department's website or sent by mail. All input must be received no later than 5 p.m. on September 23, 2015 in order for it to be considered as a part of the development of the Sonoma closure plan.

This hearing is being digitally recorded and the information received today, both verbal and in writing, will be reviewed and summarized for inclusion in the plan.

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With that said, we will begin the hearing by having Aleana Carreon review with you the protocols for these proceedings to ensure that everyone is comfortable speaking and is heard. We'd also like to recognize acknowledge the presence of Becky [indiscernible] Congressman Thompson's office and Logan Pitts from Assemblymember Dodd's office. Thank you for coming.

Aleana

Good morning. Individuals providing comments will not be sworn in nor will there be questioning of presenters. Hearing officers and department representatives will not be responding to any comments or questions posed during the public hearing today. Each person wishing to speak should have obtained a 3X5 speakers card and signed the speakers only sign-in sheet at the registration table that's outside of the room. The card should have your speaker number and your name printed on it.

For the convenience of speakers today, the front row right up here has been reserved for people to wait their turn as the speaker card numbers is close to being called. As these seats are vacated, the next speakers can take the seat as they wait their turn.

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When the hearing officer calls out the number on your 3X5 speaker's card, please approach the microphone up here and leave your card in the basket to the right of the podium. If you're unable to come forward or need assistance, please wave your hand and we'll bring a microphone to you.

Before presenting your comments to us, please state your first name and your last name and the organization affiliation if any for the record. Speak clearly into the microphone. Each speaker will have the opportunity to speak for up to five minutes to present his or her comments. This will allow ample time for those of you who wish to speak to be afforded that opportunity. You will be given a signal when you have two minutes left and when your time is up at which point please close your statement. The time keepers are up here with their five minute and two minute signs.

Teleconference speakers will be rotated in periodically and given the same amount of time to speak. I would also like to request the audience to remain quiet, so that we can be assured that a clear recording of the proceeding occurs. Please silence your cell phones. Also please be courteous to speakers by holding side conversations outside of the room.

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The Department has the responsibility to protect the privacy of the people that we serve when making the transcript of this hearing public. In the interest of maintaining the confidentiality and privacy of the men and women who live at Sonoma, we ask that when you make comments, please minimize the use of specific consumer names or personal medical or other confidential identifying information. Any confidential information and details that are included in the testimony will be redacted to protect the individual's privacy.

The time allotted for comments will end at 4 p.m. Since this is a very long period of time and many of you may have other commitments for today, you are welcome to leave after you've had the opportunity to present your comments or please feel free to stay if you wish to hear the testimony provided.

Okay, so we'll begin now with the public comment portion of the hearing, so speakers one through six can sit up here. I think we have three of the folks here now and speaker one should please proceed to the microphone here and state your first and last name and affiliation for the record.

Mark

Mark [REDACTED], I'm a licensed psychologist in private practice in this area.

You should have a light here. The Department of Developmental Services

has made a good effort to address the many concerns outlined in the

hearings held previously and to the issues outlined in written testimony.

They are to be complimented in that they did attend to the significant

differences that would need to be considered from the closure of Sonoma

Developmental Center as opposed to the closures of Agnews and

Lanterman especially considering differences in environment, urban

versus rural, the differences in available community resources, large city

resources versus small communities, the difference in community

commitment to the facility, strong local involvement and the third largest

industry in the community versus the ones in the south. But I do have

further comments and concerns however hedging your bet.

Although DDS spoke to many concerns, they use government speak and

hedge comments in most areas. In the area of transparency they noted as

they would supply the information to the degree that they were financially

able. This is the same loophole that they've been using for the past 20

years for not supplying the information that has been requested and

required of the DCs for years.

They also agreed to maintain the services that were recommended by the taskforce on the future of DCs, but they indicated that they would only be involved with those for the clients until the closure had occurred.

Untried solutions for behavioral issues, DDS has placed almost all of its faith in the use of untried categories of behavioral homes including community crisis homes, enhanced behavioral homes, delayed egress homes and secured [indiscernible] delayed egress homes. Mostly the regulations for these homes do not distinguish them from other level four or negotiated rate homes. They do not ensure training of the staff or staff training. The DDS has relied on unlicensed, unqualified ABA providers to be the major resource of the behavioral management and consultation excluding behavioral resources.

Through overreaching encroaching vendor regulations, the DDS has complicated, if not made it impossible for licensed psychologists at the DCs to work at these new homes with their current clients, by having vendor regulations for behavior management consultant and other physicians that are interpreted by regional centers in very much strict and limited ways. Even when their decision was appealed, one regional

center's executive director just chose to ignore the appeal even though by law they are required to respond in 60 days.

People with ABA backgrounds are certainly qualified to do a five behavioral analysis and can affect change with many individuals. However they are not qualified in the general area of behavioral psychology, review of psycho-active medication and the effects on behavior, multiple diagnostic assessments and with complex and severe behavior problems that require more expert opinion and review.

Ignores the facts, DDS in the plan ignores the finding that other states have been required to close existing large institutions relatively quickly, for example, Virginia. By hiding behind these requirements that only focus on the closure of the DCs in this plan, they're able to disregard the 200 individuals that they serve that are in jail even as they plan to place clients who are likely to add to this number.

Ignore the other states that are required to attend to these individuals in jail as a part of the closure plan, the mobile crisis crews will be required to be provided. Regional crisis homes are run by the state as a placement of last resort for the courts and it guarantees an adequate safety net. DDS also

ignores the negative outcomes of a rapid closure of a DC even with concerns expressed by the LDC, Lanterman parents' organization and some of the data that was used to review the closure outcomes.

In the study done by mission analytics of the process of the LDC there were several issues with their analysis, including procedural methods that compromise the comparison of the community versus the DC seeders. Their understanding of the actual data derived from the seeders especially were not ratio data, the analysis of mean data and the mistake of not using individual change data all contribute to an analysis that it's not worth very much.

Ignores the future, the plan does not provide for ongoing training and development of professionals to provide services in the future. The plan leaves no room for inappropriate research in the overall success of the closure of the DCs. When I talked privately with providers, they always ask what should they do when they have a crisis with a client and maybe DDS should be the one they should be asking.

Aleana

Thank you. Speaker number 2. Please state your name and affiliation if any and put your card in the basket please. Thank you.

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Brian

Good morning. My name is Brian [REDACTED]. I'm [REDACTED].

I'm here today as [REDACTED] advocate. The Superior Court of Sonoma County has granted me the absolute right and the duty to choose where [REDACTED] lives. The United States Supreme Court in the words of Justice Ruth Ginsberg has also recognized that I have the right and responsibility to choose where [REDACTED] lives. And DDS's un-strategic plan recognizes that I have the right to choose where [REDACTED] lives.

I will explain why SDC is my choice and why if that is not possible, I advocate for the transformation of SDC to ensure that [REDACTED] has the very best possible services and care and enjoys the best life possible, but I'm not here today to talk about my own legal rights and responsibilities. I'm here to tell you about [REDACTED] and I'm here to ask you to consider along with me whether DDS's process has been a sham.

Who is [REDACTED]? Will she benefit from so-called community integration? Where will she feel and be safest? Where will she be most comfortable and flourish? Let me tell you a little bit about her medical condition. She has [REDACTED]
[REDACTED]. She often hyperventilates when

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she encounters something new or unfamiliar her IPP reflex that routine and familiarity are necessary for her wellbeing. They become rituals for her in fact and I'm here today seeking your help in protecting [REDACTED] and preserving as much as I can of her routine and what is familiar at SDC one of the chosen spots of all the earth as far as nature is concerned.

I want to thank coalition members for their commitment to the wellbeing of SDC residents and the land, which California all of us wisely chose as the best place to provide care and services for [REDACTED] and the other residents at Sonoma Developmental Center. Coalition members, you're not required to be here. For you it is a choice unlike for me for other family members DDS nonprofit and care provider, you have a choice. You have decided to stand with us. We are humbled by and grateful for your interest in our loved ones. And to our elected officials in particular Supervisor Gorin is here this morning, thank you for your courage in fighting for the best possible services for our family members. We are not alone.

DDS claims the power to evict [REDACTED] to destroy her community and all that is familiar and precious to her. DDS claims the right to violate [REDACTED] right to choose her own home. DDS claims the right to tear apart

safety net and makes no promise of equal or better services outside SDC. History shows that DDS's past closures have harmed many residents not all. I don't make that claim. As I object to all of the major recommendations of the DDS report for reasons that I will explain.

has at SDC many unique services and benefits that cannot be duplicated elsewhere. For example her primary care physician has been caring for her for 16 years. For 15 years he could not conduct a physical examination because she's tactilely defensive. This year he was able to do that. She needs Dr. to be her primary care physician for the remainder of her life.

New situations cause her extreme anxiety. I'm not making these concerns up. They are in her IPP. I do not want to suffer. It was wrong and unjust for large congregate living facilities to be the only option. Now in the name of savings, freedom and community integration and one size fits all DDS seeks to swing all the way in the opposite direction.

Think of how absurd this is with regard to senior citizens. How many of our families have had to face decisions about whether congregate living

for our mom or dad or a spouse or other loved ones or a board and care home would be more appropriate? We enjoy the freedom to choose and that applies to [REDACTED] and the other residents at the Developmental Center. Also it's a fundamental right of all Americans.

There's no claim by DDS the closure will result in equal or better services outside SDC. DDS carefully avoids making that claim since they know better than anyone that they could not show it to be true. The DDS report only claims that there will be adequate services outside. DDS never strives for problem solving for excellence. It only tries to avoid legal violations, which is the lowest possible standard that exists in America and they well know it.

They even so boldly declare at Page 62, "as specified in welfare and institutions code Section 4474.1 the department has welcomed public comment regarding the closure." Excuse me? You have to cite a statute to say that you will listen to family members about the wellbeing and safety of their siblings and their children. I do not understand how you think that the world you live in it makes no sense and it is contrary to what's right.

Let's look at what a sham process this is. We asked for collaboration when after the first meeting it was obvious that DDS is not capable of that. They say tell us your questions and comments. They put their heads down. Someone takes notes. No one is listening. No one interacts. No one comes out after the public has commented and say let's talk about that some more. You might be interested in reading this. Let's work. None of that ever happened.

They promised in writing and I will be providing to the media today that they would collaborate with us in the same fashion as the coalition did on May 2nd when we all broke out into groups. The agenda was developed by the stakeholders. There was a professional facilitator. That's how real problems get solved and that's how care gets improved.

Aleana

Please wrap up, sir. Time is up.

Brian

Ms. [REDACTED] has granted me two minutes of her time and I intend to use it. Thank you very much.

Okay, there's a section at I believe it's Page 12 of the draft closure report about lessons learned. Let me tell you the truth about that because you

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will not find it in the report. First of all, there are some vague references to Agnews and I will be providing a report from the most knowledgeable person about the closure at Agnews which highlights 24 preventable deaths among many other problems that occurred due to the closure of Agnews.

But with regard to Lanterman, I have specific personal knowledge. I went there about a month ago for a lessons learned meeting. At that meeting parents one after another looked at the director of the Department of Developmental Services and other officials and said you know what we must have a moratorium because the safety net wasn't there when our family members left. If you read Page 12 the Department gives itself I'd say a B+/A- for the excellence of the closure and services provided after the closure at the Lanterman Center.

I will be providing a letter to the media today and in the record from the board of directors of the Lanterman families calling for a moratorium on any closure at Sonoma Developmental Center because the safety net was not there for them and they know it's not there for our family members either. If you read the report they give themselves a B+ or A-. They were in the room when the parents demanded a moratorium.

What did they do when the parents demanded that? They looked down nervously at the table or did not respond to a mother whose son over 30 years ago was in a catastrophic accident, is paralyzed and has the mental functioning of a three-month-old child and they refused to look at that mother or answer her demands that there be a moratorium imposed.

In summation we cannot have adequate services for our family members based on this report. We will not leave the Sonoma Developmental Center until there are equal or better services in the community and there's conclusive proof of that. To achieve that we must have access to the highly skilled uniquely qualified trained and dedicated staff both the direct care staff and the medical and other health care professionals at Sonoma Developmental Center. The only way to do that is through a health clinic and crisis center at SDC. There must be a last resort behavior facility there and staff continuity. You cannot ignore the legislature, the courts and the public and we will not allow it.

Aleana

Speaker 3.

Joan

My name is Joan [REDACTED]. I'm a resident; I'm a member of the coalition here for the transformation of SDC. I applaud the passion with which the last speaker spoke. My comments will be much briefer. My experience a little bit less, but nevertheless important. For ten years I was an adult ed teacher at the Developmental Center and I had the privilege of working with the NF patient and I'm here today to advocate for them all of which have no ability to speak for themselves. And I would like to advocate that in revisioning the SDC that we make a place, a special place, and facility designed to care for those people who are profoundly handicapped.

Let me tell you just a little bit about the classes that we had that have of course been discontinued. I've watched cut after cut over the years until now the classes that we provided for these clients no longer exist and there has been nothing to replace them. And now we're faced with this further cutback, the actual displacement of these people out into the community.

I want to tell you a little bit of why I think that the present at SDC is important to their very survival. The classes that I taught were designated as sometimes sensory awareness or simple repositioning these clients were for the most part in bed all day. And they would be brought to our class, which has uplifting environment. Sometimes we'd listen to music.

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Sometimes they may have a foot or a hand massage, maybe a visit from some animals from the junior farm that they could touch or smell or feel. They were always welcomed and greeted and touched. Sometimes we would strap all their wheel beds or wheelchairs once a week and take them for a ride around Eldridge.

Aleana Two minutes.

Joan They were simple things that we did, but they were very important I think to their wellbeing. Moving these clients into community homes is just— seems to me out of the question. Their needs are enormous and their condition is very fragile, so it is my hope that in revisioning the SDC that we keep these clients' needs in mind and carve out a place within the campus where they can remain. Thank you.

Aleana Thank you. We're going to go to the telephones. Operator, is there any speakers on the line?

Moderator Thank you. (Operator instructions.) I have a question or comment from Carla [REDACTED], your line is open.

Carla

Yes, hi, how is everybody? My [REDACTED] has been at SDC for 51 years.

This is a community; I'm not understanding why government or whoever, the Lanterman Act, is not comprehending this. I live in a different community that they want to put [REDACTED] and all of our other family members in and to be honest I don't want to be in this community. It's scary. Where they're at, they're safe.

Also this has had a lot of havoc on me. It's affecting my health, my sleep. I'm depressed. I get newspaper articles showing the abuse in these so-called outside community homes. The death rate is higher, how they're drugged. They just sit there. The people are not trained as they are at Sonoma. We are so lucky to have the staff that we do, the doctors, the caregivers, aka technicians. I know names are always constantly changing on titles.

I just don't understand why we have to even be having this meeting over and over. If people want to pull their family members out, that's fine, but don't punish all of us. All of us who are at these meetings whether it be by phone or in person are happy with the living—my God, I can't think I'm so nervous, with how our family members are living and how they are being treated, and we see it. We see that they are happy.

there's no way in heck she could understand. I can't talk with her. She can't hear. She can't talk. She has seizures. She has a lot of other things going on with her as well, so basically it's a toddler in an adult body. She doesn't understand this can harm her, etc. I know if she was put in one of these homes within three years if that she would be gone. I've already lost both . I do not need to lose another family member for no unnecessary reason. I know we're all going to die one time or another, but to have it happen because of the move it just makes no sense to me.

She's very familiar with her surroundings. She is very happy there. I have, just like the gentlemen the second speaker—by the way, that was awesome. I have the right. I'm her advocate and conservator to say where lives and it is where she is living and I would like her to remain there until the day the good Lord decides to take her, not because of not being treated correctly.

SDC has done an amazing job taking care of her. She's very familiar with this place. Dr. is an awesome doctor. She needs especially trained doctors, technicians, caregivers. I'm sorry for keep “uhming” I kind of get

a little nervous. The status of me and [REDACTED] has no way of understanding what they're trying to do to uproot her and change her whole life as something she's been again over 50 years living there. What the woman said prior about the classes being cut, that is very true. They weren't doing anything with [REDACTED] after that happened until we had one of the meetings and they started putting her back in classes.

This Sonoma does so much with them. They take them to the county fair. They will have them do ceramics. Even if they can't, they'll help them or paint things. They just do all kinds of things and I can't think right now. [REDACTED] has been in the Special Olympics we've held at Sonoma or Santa Rosa. You don't get this outside.

Trust me all of us who live in the other community that they want to put them in, we all know it's scary out here. You never know if you're going to get shot at and I don't care where a person lives. That's how it is. It's scary out here, raped, just to name a few things, mugged. Our family members they can't hear; they can't talk. They don't understand. They're sitting ducks and I don't understand the logic. Call me stupid, because I don't understand this, but I don't. I would love for the governor who

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signed this so-called bill to get off his tush and come on up there and see how beautiful it is and how cared for and loved for they are.

I consider the members of SDC my family as well not just [REDACTED]. They are all in my family and I want to thank everybody, and I want to do whatever I can do with everyone else to keep SDC open and for [REDACTED] and everybody else's family member to have the existing life lived there. Thank you for your time.

Aleana If you just wrap up your comments.

Carla. I'm done. Thank you for your time.

Aleana Thank you. Is there another caller on the line?

Moderator I'm showing no further calls at this time.

Aleana Okay, speaker number 4, please.

Jim Hi. My life almost revolves around the goings on at Eldridge. We know that this is a hearing room, but do the powers that be really listen? I

worked in government for 44 years, state and federal and I know the difficulty in getting the word across. Do people really listen? Or sometimes they make up what they think they're listening to.

I might just mention I was a county geologist in Santa Clara County for 21 years. And in 1989 there were many, many evidences that there would be a large earthquake within a week. I put that in the newspaper and talked to a number of my professional [indiscernible] and the World Series quake happened. I called this the World Series quake and within a week I was suspended for panicking the public, and yet no one with the government has ever been able to precisely predict a large earthquake. That's just one aspect.

I was allowed to return to work if I—after almost three months if I promised I would no long predict quakes on county time. And that's when I started a newsletter, but meanwhile in all these years and I've been retired now since 1994 and I retired when I was good and ready.

My father came to Eldridge in 1936 as a storekeeper, stores of mechanical material and that was during the Depression and it was a marvelous experience for a little six-year-old and my tiny little sister to move up to

the valley of the moon. And we've had property ever since there and I was most pleased to return for my retirement years.

And that state hospital turned out to be a blessing not only for the patients, but for many of the people that could experience how it is to help people in need. And the first paid job I ever had was as a hospital attendant. I was one of the last hospital attendants to be appointed in 1951 and then they started the psychiatric technician program and if I had started about a month later, I would have made \$20 a month less. Instead of \$200 a month, it would have been \$180 because they were spending a lot of their time at school learning how to proceed with the mental patients.

Long ago that was a house but it was a home for the feeble minded. And when I was there as the hospital attendant, it was Sonoma State Hospital and I got to work with the mailroom taking prunes and fruit with the kids. We even had a summer camp and they had very good schooling system going with teachers there. And I was on a bright ward and I was so able to lead a Boy Scout troop. It was not official troop, but we had about 20 kids and we all had a little cap and we hiked, did fishing, turned over rocks and looked to see what we would find in there. We had almost 1,300 acres that we could roam about and I never lost a kid and we had a buddy

system. We had to blow the whistle and you and your partner had to raise your hand together. It was as I say the first paid job I ever had.

And [REDACTED] became in charge of three different wards and helped to break them in as they started, so the state hospital has been a very good part of my life.

Aleana Please wrap up your comments.

Jim And I just can hardly believe that it would be treated like it has been in recent years because those patients—I was brought down to a deportation case in San Francisco where one of the kids that the boys was on our ward, he was going to go to this private room. As I went down to San Francisco and here on the second floor were about ten kids in one room and it was a horrible condition. When I came back I reported to the superiors that this was no place for anybody from our ward to be brought up on it and he was immediately transferred back.

That's the type of thing I'm concerned about for the 400 kids of patients that are still left there. There's no way they can have treatment that they now have and I've seen it and I know how good it could be. We were at

the golden age of Sonoma State Hospital when we had all these special facilities and it was rewarding and I was enjoying it so much and seeing I was really accomplishing something, I almost didn't go back to school. I was there for six years and thanks to a couple of the supervisors who said Jim there's more to life than working here, so I went on and I became engineering geologist number 58 and I still keep my license.

Aleana Please wrap up your comments, please.

Jim That's all. I'm glad I had this opportunity to speak to you and bring a little bit more to your attention.

Aleana Thank you. Speaker 5.

Gina My name is Gina Cuclis and I am the area one trustee on the Sonoma County Board of Education for the County Office of Education. For many years we were a special education vendor at SDC prior to losing its accreditation and therefore we can no longer provide services because of that. I'm also a 29 year resident of Sonoma Valley and I used to live further down the street and around the corner from SDC in the late '80s.

You know the closure plan makes a lot of real nice general promises about services in the community, but as I could tell I read it and I'm not convinced and I know of course a lot of us here today are not convinced because there's really no evidence. There's little evidence that DDS and the regional centers are prepared and capable to provide the services needed in the next three years. That's why it's imperative that there should be no plan to move people out until it's known for sure that all services can be in play prior to moving the SDC residents out in the community.

Of course, we've heard a lot about that today, the medical services, the general services, the gay services, even religious services. Those must be in place and there must be clear evidence that they're capable of doing that.

Next when I walk through the SDC property or even just drive through it, there's a tranquility; there's a special feeling on that property. That is a place of healing and a place of caring. That's why it's the perfect location for a permanent health clinic, not simply a temporary, but a permanent health clinic for all clients of regional centers and even beyond other

people who need very specialized care. It could be a really world class location for real specialized health services. Let's do that.

Next I want to talk about housing. We know we have a housing crisis in Sonoma County, the North Bay, the Bay area all around California. We need to have SDC be a place that provides housing. Perfect, we don't have to go and buy expensive land, expensive land that doesn't exist again in a tranquil, wonderful setting. The plan ought to talk about housing for developmentally disabled people and disabled people using that property.

And the last point I want to make is about transparency and I mean transparency all through this process. All decisions and all discussions about what happens in the future of the Sonoma Developmental Center property, buildings and land need to be made in public, full public disclosure, no groups meeting in private, not just small invitation-only, in public, public discussions, full conversations. All voices deserve to be heard.

And that's my last comment and thank you very much for coming and having this hearing today in Sonoma.

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Aleana Thank you. Speaker number 6 and if speakers 7 through 11 want to come up and sit in the front row, please feel free to do so.

Marilyn My name is Marilyn [REDACTED] [ph]. I'm nobody, who are you? I really feel that we're stuck between a rock and a hard place by Ronald Reagan way back who was involved in the Lanterman Act and the Federal Government with the Supreme Court ruling on the Olmstead decision to provide wonderful freedom for all the people in the realm, the many who are really so badly disabled they can't make reasonable choices. And the time has come to swing the other way. We've swung so far over one way to give everybody freedom, so they're all in prison now being treated worse and having more restrictions they would be in these old so-called insane asylums, which they've closed down systematically around the United States.

Here we have this gorgeous piece of property, these unspeakably poorly kept property by the state of California. The delayed maintenance is shocking, but things can be patched up, fixed up, repaired, replaced, repurposed, and we could have a fascinating beautiful new model for this 21st century. I think it's important that we get some legislation, because these people are just doing their job. This is the law. This is how it goes.

We've closed all these other developmental centers, so we've got to close this one. It's like they have blinders on both legally because of this law and because we're doing the book. We're doing the Lanterman Act and this has to change and this is where we need our local people who do wonderful things starting with our supervisor, Susan Gorin, who is a humane human being wanting humane humanity.

I have a nephew who's been in the prison system. He's nuts and he's 300 pounds of nutness and he has no ability to make a rationale idea for himself. And I have a daughter who has problems and I do have to deal with her with compassion, a loving heart. I can't say you're nuts; that doesn't go over well with anybody who wants to be called or labeled.

These kind of things have to change and putting people in prison—there's a huge population of mentally ill people in our prisons. And then there are the veterans who need places and here we have this gorgeous thousand acre and 200 acres that have housing on it to be used for this purpose or used for people with mental illness. It shouldn't be used for colleges or for resorts or anything like that. It ought to be used for which it was designed originally, which it was for that was for people with

developmentally disabled, but it also maybe could be stretched for other kinds of people who have mental illness.

Myself, I'm moving toward I can't remember things. I'm very addled, so I'd love to be there and I can be in the orchard and walk around and enjoy the beauty of that property, which is gorgeous. And to throw the baby out with the bath, which is what unfortunately these poor ladies that the people are in charge of is a disservice to California. It's a disservice to the United States. We could be a model for all the other institutions that are still even halfway open throughout the United States, so I think it's time for really a transformation and not a closing. Thank you.

Aleana Thank you. We'll go to the phones now. Operator, is there another speaker?

Moderator Thank you. (Operator instructions.) One moment please. I'm showing no one in queue at this moment.

Aleana Okay, thank you. Okay, speaker number 7.

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Susan

Good morning. As many of you know, I'm Supervisor Susan Gorin, chair of the board of supervisors representing with great glee and delight representing Sonoma Valley. I've poured my heart and my soul into representing you and the discussions regarding the future of the Developmental Center. As you know I chair with a great leadership team the coalition to preserve the Sonoma Developmental Center and I want to thank everybody from DDS and their constancy, their participation, their listening, holding public meetings here, outreach to the county and hearing what we had to say.

And yet the plan that was revealed was as I predicted and forecast and yet profoundly disappointed that many of our comments, the comments from our families, the comments from our employees, the comments from the county and the comments from the coalition have been put on the back burner or simply ignored.

I do need to acknowledge that we are all in a agreement at the state level and at the community level the uniqueness and the specialness of this site is overwhelming. This is not like the other developmental center sites.

We have special qualities not the least of which is it's the oldest and holds a very deep revered position in our heart.

We also are in agreement that so many people thrive in community placement and yet we know because this is one of the last developmental centers that many residents have transferred in here. They're medically complex, fragile, behaviorally challenged. We also know that the status of our housing inventory makes it incredulous for us to believe that we are going to find community placement that meets the needs of our residents, our employees, and that the services will be provided when we hear continuing themes from our service providers and our regional centers that in fact the services are underperformed, unskilled, unavailable and not affordable.

So here we have once again a plan that says close the center, shut it down. Our residents will be fine with some mention of the community placement that has been developed or will be developed, but no indication as to where the community placement will be. It could be in southern California. It could be it in the Central Valley. It could be San Mateo and that does our community members and our family members no good whatsoever.

And we talk about transferring the skilled employees, where are they going to go? They have to sell their homes. They have to transfer. They may not be able to afford the home and the only other choice they have is retirement. That's not acceptable. We have over 1,200 skilled employees ready, able and willing to continue to provide services on the site, third or fourth generation families continue to work as employees on the site. This is no way to treat our families and our employees.

I do appreciate the fact that you have started to articulate some of the challenges of redeveloping this site. We're not all together and aware of the fact that this is a very aging, aged, one would say dilapidated, facility. Just the quick surface level reading of the sewer and the water system leads me to say why has the state shirked its responsibility in making upgrades to the facility before now?

So as we are advocates in the coalition for continuing services, thank you for at least showing a little bit of the direction towards that. And as we advocate for housing on this site what we see in the closure plan are really reasons why you can't do it, why we can't do it. We can do it. It takes time. It takes money to make the community placement; I'm not sure where that's going to be yet. We could do it on this site. Every single

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jurisdiction has gone through replacement of water and sewer lines, upgrades of housing at facilities. We can do this collaboratively, but it takes a partner on the other side of the table willing to help us move forward. We will be working with our elected representatives and DDS. We look forward to that continuing conversation.

This is not the end of the conversation. I will be there. The coalition will be there. The county will be there to lead the way and to have the conversations to lead towards that transformation. We know it can be done. Thank you.

Aleana

Speaker number 8.

Chris

Good morning. My name is Chris Rogers. I'm the Senior District Representative for Senator Mike McGuire.

Logan

Good morning. My name is Logan Pitts. I'm a Field Representative for Assemblymember Bill Dodd who represents SDC in the state assembly. He couldn't be here today and neither could Senator McGuire, but this is an extremely high priority for them, so they asked us to be here and read

this joint statement. My colleague Chris is going to go ahead and read that.

Chris

“Thank you all for being here today and a special thank you to the residents, families and staff for their voices in this process. We know it hasn’t been easy, but we have been continually impressed by the passion and commitment you all have shown to this incredible institution. Let us begin by saying just how disappointed we are with the draft plan that has been put forward by the Department. This report is inadequate and lacks the specific details that we as a community expect and quite frankly were led to believe would be delivered last week.

“We already know that the Sonoma Developmental Center is home to the state’s most medically fragile residents and we know that in past transitions some residents have struggled to succeed in community placement. It is unacceptable that this draft plan lacks any details about contingency planning for these residents and others who may not thrive in the community. This report essentially takes a wait and see position on care, wait and see if residents struggle or fail in the community and then act to make necessary changes implemented. This reactive approach is

unnecessary contrary to good medical practice and does not respect the residents.

“Unfortunately the closure plan specifically rules out the possibility of concurrent transformation. We must plan for services on the campus now and not wait for closure. Representatives for the Department have always told us the potential for housing onsite would be evaluated within this plan not after it closed. We refuse to accept this assessment and will work with the Department to find viable options for transformation. We cannot allow services to lapse and vital staff resources to relocate.

“With that said, we understand that this is just a draft plan and we’ll continue to work with the stakeholders to fill in the details and the glaring gaps. We are grateful that the Department has incorporated into the plan some of the priorities brought forward by SDC families, residents and community leaders from Sonoma County. Their commitment to dental, behavioral and specialty services on the site through the closure process is a vital component of ensuring that the residents are placed in the best possible situation. We will be fighting for an ongoing medical and specialty hub on the SDC campus including keeping dental and behavioral

services in perpetuity and we'll work with the Department to review the possibility of a federally qualified health clinic onsite.

“As suggested in the governor's taskforce on the future of the developmental centers, we will be pushing the transition of the Developmental Center into a placement of last resort for those who may not do well in community placement. We need to ensure that the staff who are taking care of our families for decades are taken care of themselves. We need to make sure they are employed in this community and have the opportunity to keep working with SDC's residents.

“We understand that the regional centers have not had a rate increase since 2009 and we need to continue to push the governor to adequately fund our state's developmental services. We're also pleased to see the Department's commitment to keeping the land from entering surplus status and that the local community will decide how it is used. We must continue to push to allow the residents who have lived on this land for decades to have continued access to it as well.

“Our offices will continue to fight for those who call the Developmental Center home. Once finalized this plan will come to the legislature where

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you can be sure that our entire delegation Senators McGuire and Wolk and Assemblymembers Dodd, Wood, and Levine will be hyper-focused on ensuring that the draft plan guarantees the safety of SDC's residents. Thank you."

Aleana

Thank you. Speaker number 9, please.

Helen

Hello, my name is Helen [REDACTED], and you have seen my face up here before and you will probably continue to see it. I am here today to protest the death sentence that has been weeded out to SDC and its residents. It makes absolutely no sense to me for us to be spending \$60 million to put forth a facility for the mentally ill in a prison and at the same time to spend \$49,000 in closing a facility that has all the requirements that are necessary to take care of fragile populations such as this.

Over the years the word asylum has gotten a very bad connotation, but if you will look at your dictionary what it says there is that it is a temple, a sanctuary, a refuge for the people who are in need and this is what we have at SDC. We have a sanctuary there, a sanctuary that is populated by the most needy people in our society. I don't have a loved one there. I have 392 loved ones there.

The First Congregational Church of Sonoma has recently signed a resolution in support of transforming SDC, transforming it according to the plans that have been laid out so carefully by the Parent Hospital Association, by a coalition, by the people that attended the May the 2nd meeting over at Vintage House. The richness of the comments and the suggestions for making this SDC a viable operation are numerous and yet it has been all ignored. Nothing that we are saying here is going to make a darn bit of difference unless we just keep on plugging away and trying to get through to these people in the state that we cannot close a place that is working beautifully.

Sure it has had its problems. I defy anyone to tell me that other institutions have not had their problems, but these are not a reason to close it, to ignore the expertise of the 1,200 people that supply the help there. I'm asking you people here today don't give up. I will not give up until the door is bolted. I intend to keep on pursuing the ear of the governor and all the legislatures.

We have a problem, a national problem. Our streets are populated with the homeless with the mentally ill and our prisons are in the same shape.

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Other people can say all of this, too, and it has been already said, but I ask you please don't give up. I for one will not do that.

Aleana Thank you. We will go to the phones. Operator, are there any callers?

Moderator Thank you. (Operator instructions.) I'm showing no questions or comments at this moment.

Aleana Thank you. Speaker number 10.

William Thank you for the opportunity to speak today. My name is William Minor. I'm speaking on behalf of Disability Rights California and also as brother of an individual who used to live in a developmental center.

I want to start by saying that the Disability Rights California supports the plan to close the Sonoma Developmental Center. I know this isn't a popular opinion among many people in this room today, but I'm struck by the comments here and themes and how much we all really want the same thing. We want a plan that is thoughtful and transparent. We want a plan that emphasizes the health, the safety and the wellbeing of all Sonoma residents and their individual choices. We want a plan that keeps people

safe and this can work. It can and it shouldn't be easy, but it can work. I think we can do this right.

Now part of my job is to represent people at developmental facilities who live in developmental centers who want to move and through this work I often encounter the misconception out there that my clients are somehow different or more disabled than people living in the community today. But the truth is that my clients are really no different than the tens of thousands of people that are supported in community settings, successfully supported in community settings, many of whom have complex medical or behavioral needs. Successful community placements, they happen every day.

I've also seen that when the right supports are in place, the right supports, thoughtful supports are in place, people thrive. The subsequent reductions in difficult or sometimes destructive behaviors really only tell half the story because new pathways to grow and to develop are also powerful examples of how lives can change. I've seen this with my clients. I've seen this with the clients or our organization.

I've seen this with my own brother. When they told my family many years ago that is his developmental center will be closing, I remember being scared. I was scared about who could possibly take care of him and where he could possibly live. And for many years my family was told that his developmental center was the least restrictive placement and that there was no way that he could survive out there.

I can no longer really remember where the source of that fear arises because for the past 17 years he has been supported by the same provider in a home of his own. He's been empowered, included, embraced in his own community. And was it a difficult transition? Yes, it was difficult. Change can be really hard, but things are better. I can say the reason they are better is because of where he lives and how he is supported.

It all started with a plan and the plan that DDS submitted. It's a good start, but I say we can still work to make it better. This means that the immediate start of truly individualized thoughtful transition planning so that when it's time to implement the plan people can move without uncertainty, without delay. And it means homes developed based on where people want to live and not just solely based on the geographic regions to which their regional center happens to belong.

We need strong stakeholder oversight into the transition process, and that oversight needs to include the voice of people with developmental disabilities. Their voice is crucial. It means additional clients' rights advocates that support residents and their families through their transition process to help identify appropriate homes, to help overcome barriers to placement, and to continue to provide advocacy support to people after they move.

It really means the expansion of a strong community safety net and one that can respond to crises in ways that promote and support maximum independence and dignity. Better rates for our providers particularly those providers who have demonstrated success in helping people move from developmental centers into integrated community settings. To do what we can to eliminate unreasonable delays in the rate approval process when higher rates are needed.

Lastly, we need a commitment to really find creative ways to keep demand in the system. This could be through the provision of short-term acute crisis placements for people who need that support. It can mean through the development of fully integrated housing or other specialized

services that can meet the needs of all of our residents with disabilities in the community.

I want to end by saying that the closure of Sonoma Developmental Center, it's an important step in a decade's long process of community integration for all of our citizens with developmental disabilities. Disability Rights California looks forward to working alongside the Department, the legislature, the regional centers and Sonoma residents and their families to makes sure we do this right. Thank you, again, for the opportunity to speak.

Aleana Thank you. Speaker number 11. If speakers 12 through 16 would like to come up to the front row, you are welcome to do that.

Wendy Good afternoon. I'm Wendy [REDACTED]. I'm here as the conservator [REDACTED] for [REDACTED]. I have been wooed by Alta Regional Center. The people over there are amazing, and heartfelt, and loving, and caring, and they have absolutely nothing to offer. There's nothing out there for [REDACTED]. There's no place developed. There's a promise someday, somehow, perhaps. Let's get together and talk. Tell us what you want; we'll hopefully get you what you want.

What I want, truly, is a safety net for [REDACTED]. He is [REDACTED]. He is [REDACTED]. He is [REDACTED]. He is [REDACTED]. He is [REDACTED]. He is structured, and he's been here about 90% of his life. I hate to say it, he's very happy, and he's very healthy, and he's secure here.

The transformation makes the most sense to me. Building homes, buying homes out in the community whether it be Sacramento where housing is a wee bit cheaper or buying or building homes here in Sonoma County where it's ridiculously off the charts expensive, or Marin County. Let's face it, folks, housing is expensive. The cost that the DDS is saying that our kids cost or family members cost, I believe, clearly, has to do with the amount of upkeep and maintenance of our dilapidated buildings that they're in; the plumbing, the sewers, the water. It's a mess over there. The buildings are a mess.

If we could transform Sonoma, we've got property, building modular homes, making them seismic, having the staff that's already here, the dentists, the doctors, the psychologists; they're here. The maintenance people, they're here. The fire, the water, the sewer, the parks, the

recreation, oh my, God, it's all still here and if we can keep our family members, the ones who choose to stay here.

██████ has no choice. He has no voice. He cannot speak for himself. He does not know what he wants because he is diminished capacity beyond. He does menial tasks over, and over, and over. We need to address those folks; the folks that are medically challenged. We have an entire infrastructure right in Sonoma. The staff. All we have to do is build it, and they will come.

I don't understand why we're worrying about taking the amount of money that the state has set aside in hopes that they can develop something for each of our loved ones when we can take the money that's set aside and develop a place that is absolutely pristine, in a gorgeous tranquil setting where our loved ones can be safe with the doctors, and the psychiatrists, and psychologists, and nurses, and technicians that they know and trust.

██████ knows everybody by smell. The smell of their feet or the touch of their watch. That's about it.

I would love to see Sonoma transform. My question is why aren't we? Who do we need to talk to? Do we need corporate America in here? Why

isn't this the structure now? We can build it now while Sonoma goes away and these old buildings, no doubt, need to be taken out; get them done. Supervisor Gorin is in this, I know, up to your shoulders. I don't know how we can help you. But how can we help? What can we do? Let's get it done. Come on folks.

I don't know about you, but all of the rest of you with medically challenged, behaviorally challenged, you know the fear that we're all living especially that there's nothing that anybody can show me that's readily available or even going to be available, and I was told until at least late '17 maybe 2018. Too long for me to wait. Too long for my [REDACTED] and my [REDACTED] to sit and stress over [REDACTED] and worry about his health. I think you're all in the same boat. Probably, many of you feel the same way, at least I hope so. Thank you for your time.

Thank you for Assemblyman Dodd and Mike McGuire, and all the other folks at the State Capital who are in our pocket and trying to help us. We appreciate you as well. Thank you.

Aleana

Thank you. Speaker number 12.

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John

Good morning. My name's John McCall. I work for the Sonoma Land Trust, part of the coalition that has been working for the last year and a half or so on the future of the Developmental Center. We're going to provide more detailed, written comments by the deadline. I would just urge everyone in the audience who's spoken today, who has something to say, the more specific you can be in your comments the more DDS needs to respond to them. To speak from the heart is where this all starts, I get that. But, we need to say Line 47 on Page 12; be specific because the way that we get a response is to be specific. Think about that, please.

We want to thank DDS and Department of General Services, as Susan Gorin said, not only giving us the opportunity to speak but, also, there is a recognition in the plan that this property should not be surplused and that the state should work with the community on the future uses of the site. That is a huge sigh of relief for many of us who are very concerned about the people that live there but also about the future of this land. That opportunity to work together is critical, and I want to thank the state for recognizing that.

However, to my point about being specific, on Page 2 of the plan it says that the state is—I don't have the paper in front of me but basically that for some unstated reason the ability to plan concurrently for the future of the site, future uses on the site along with closure cannot happen. I think we need to know why. That's a statement without support. It's a statement without specificity.

The particular uses that we need to plan for now which have been articulated by several speakers, why can we not have a health resource center on the site that serves the people through the transition process as people move, but also is, someone used the word perpetuity. What is the barrier to planning now for a health resource center that can serve people who live maybe on site but certainly in the community as well?

The other piece around the Northern Star Acute Care Crisis Clinic which is currently there, why can't that stay open? If there needs to be partnerships with the county, with private healthcare providers, let's look at that. If the problem is that the state doesn't want to bear the financial responsibility for those facilities, let's put that on the table and solve that problem. There are needs that current clients and residents have now that

aren't going to go away so let's figure out how we can do this concurrently.

Just two other comments. We need to see everyone's comments. I know that there's going to be an addendum to the final plan, but I would ask that DDS have a repository of everyone's comments online. Now, you've received them all and I want to see them. To wait to see them in a bound addendum is problematic from a number of levels. We all need to see what each other is saying. If we could please get that available, post it online.

In many, many public proceedings when there's a public comment period, those public comments are posted so that you can read everyone's letter. We've all put a lot of heart and soul into this and I think we want to be able to see if our comments were summarized in the plan, as many were, let's make sure that things weren't left out.

Then, my final comment is the Sonoma Land Trust and other groups have commissioned a study by a firm called the Petero Group [ph]. It's called the SDC Transformation Study. You can see it off of our blog site, Transform SDC. It lays out a whole process for—it looked at models

from all over the country, over 20 models of large institutions that have been closed or gone through major transitions, everything from the Presidio, Hamilton Air Force Base, medical facilities.

We commissioned a firm whose specialty is to look at how major institutions have gone through change. There are specific recommendations in there about SDC models for how we could move forward on a transformation plan, how the state could have a partnership with local community groups, with private industry. I didn't see any response or recognition of the submittal of that plan in the closure plan. I'd like to see it recognized and at least some sort of response from the state. Those are my comments. Thank you very much.

Aleana

Thank you. Operator, are there any callers on the line?

Moderator

Thank you. (Operator instructions.) We have a question or comment from Diane [REDACTED]. Your line is open.

Diane

Yes. I was going to write something, but I decided that I will go ahead and speak. I was the administrator of a retirement facility that included assisted living. I know the trauma that the elderly go through when they

have to make a move away from their home. [REDACTED] has been at SDC for 50 years. That is his home. He's profoundly developmentally disabled. He only speaks a couple of words at time and he is hard to understand. Moving him, I think, would cause great anxiety for him. He does not handle changes easily. He is happy and safe at SDC. He can walk the campus. He goes to the ball games.

As far as the staff goes, they have been absolutely excellent. The staff, physicians, psych techs, all of the staff members have been wonderful. I appreciate that fact that staff and security know [REDACTED] so that if he's walking around, and he needs to get back home after dark they know, they will tell him and remind him to get back.

I feel that he is in the least restrictive environment right now at SDC.

What we have experienced, and I worry about this in the community, is that the public is not familiar with developmentally disabled people. [REDACTED]

[REDACTED] gets these lesions on his head and face. He's bent over from the waist. He stuffs his pockets with things, and people are afraid of him when they see him because they do not know him. At least on the SDC campus he is known. He does not communicate clearly and I fear that if he's in the community he may get into some kind of a situation where he

can't defend himself verbally or explain where he's supposed to be, or who he is, and could possibly end up in a jail cell or something.

I also have concerns about contracting services in the community compared to the services that are offered at SDC. I feel that it's going to come at a high cost to the state and the taxpayers. I do not believe that all these contractors in the community are going to cost less than what is provided on the campus there. I ask the state to consider the impact on the community that will occur with closure. Employees having to uproot families, lack of jobs available for those losing employment, and loss of support to local businesses, also. That's mainly what I have to say today. Thank you.

Aleana Thank you. Is there another caller on the line?

Moderator I'm showing not callers at this time.

Aleana Okay. Thank you. Speaker number 13. Okay. Speaker number 14.

W Hi. For the gentleman from Disability Rights, I just want to share; they did not oppose the idea of locked facilities in the community. They're

called delay egress secure perimeter, where our family members have the potential of being locked up, this is not a good option. But anyway, I'm going to go ahead. I'm a little angry today, so you're going to have to forgive me. What I'm going to talk about is not the future let's keep SDC because I really think the closure is coming. I'm going to talk a minute about the process. Okay?

I've been the president of PHA from going on five years. It's been challenging. It's been heartbreaking. But, it's also been inspiring. Many have joined me in the effort to avert the closure of SDC and to ensure the wellbeing of the residents. We, of the Sonoma Coalition, and PHA is part of that coalition, we all believe that working together we could learn somehow to protect the residents, to protect the staff, and to protect the land which is also important.

We of the coalition believe in the transformation of the site, and we included DDS in all of our meetings, and our committee member events, and our community events. We also invited the regional centers in. We invited them to work with us because we believed that collaboration with DDS was the best way to design and achieve a vision where there weren't losers and where a sustainable, transformed SDC was possible.

The recent Sonoma Developmental Center closure plan lets me know that we were wrong. It turns out that DDS has a plan for dealing with folks like us who think that we can make inroads in the business-as-usual mentality that pervades DDS.

Their plan is simple. Step one, pretend to listen. They hold meetings and hearings like this one where people talk, and talk, and share their fears and their ideas. They come to our meetings and events. They're always invited to the PHA general meetings if they wish to come, and often they do. But, we don't get to see behind the veil. The veil of secrecy that pervades in Sacramento is only open to a few, and we are not allowed to see, much less participate in, what they are thinking and planning.

Also, because they have encouraged all this input now they've officially checked those legal boxes that are required for input, and they can allege that they have had input from all the stakeholders. But then, at the last possible minute they rebuild their true agenda, in this case, the closure plan. Often, there is very little time for the rest of us to plan a reaction or even to react to what they present.

Meanwhile, they've gone behind the scenes, and they have worked over legislators and talked to those in power to bring them along with their ideas. So, we face this huge uphill battle.

Step two. They ignore. Too often DDS failed to include, respond to or give credence to any input that might conflict with their plan to move forward with business as usual. This is made easier by the fact that they are now armed with our ideas and visions, and of those who they consider the enemy and that is local community members, local government, local legislators, local community churches and organizations, and, of course, most of all, families of those disabled individuals most affected by their plan.

They can craft reasons now, either real or fabricated, why the ideas for saving services, improving the DDS system, or any new or creative ways of doing business are doomed to fail. Believe me, this listen and then ignore strategy has proven effective time and time again. Perhaps you will see less families here today. I think because they've realized that they're going to be ignored just as I'm probably going to be ignored for the words I'm saying right now.

The SDC closure plan, let's be clear, allows for no concurrent services to be developed during the eviction process of the SDC residents. It allows for no promise of future services for individuals with developmental disabilities on the SDC site. It promises nothing and seems to suggest that the rapid closure of SDC is the plan for moving forward.

It states that the Lanterman closure was a success and that Lanterman families were happy with the closure despite the fact that in a recent meeting with Lanterman families, Director Rogers had to contend with demands of unhappy Lanterman families who expressed alarm over the lack of continuity and lack of supports and services for their family members. Those individuals called for a moratorium on all placements out of SDC until issues were addressed. However, DDS, unfortunately, has perfected the art of ignoring us, those of us who do not go along.

Even though I feel frightened for the SDC residents, I think the coalition remains strong. I think our local voices are not going to be easily stilled. PHA is certainly not giving up. The closure plan does lack decisive clarity on so much of the input, a lot of input that was given to them, on the future of SDC. The plan fails to support but does not rule out permanent

healthcare services at SDC. To be clear, again, we're not interested in a transition clinic. We're interested in a permanent clinic. Okay.

The plan does not state that crisis services will survive closure, but it does not rule it out that they won't. I'm going to focus on the possibilities, and I'm going to work with those who, like me, believe in those possibilities. I choose to see a glass half full at this time. I choose to see a future for our loved ones who are mentally ill where they're not locked up and hidden away. I choose to see a future where individuals with developmental disabilities do have access to dental care, where they can get their wheelchair fixed in a timely manner when it breaks so they won't be stuck in bed, and where behavioral health is not a myth. I choose to see a future where individuals will actually be given a choice. Individuals with developmental disabilities can choose where they live like you and I can. PHA is going to continue to work for that future. Thank you.

Aleana

Thank you. Speaker number 15. Speaker number 16. Speaker number 17.

Beverly

I'm going to mainly speak on two items that are not—

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Aleana Will you please state your name?

Beverly [REDACTED]. I'm a member of PHA and [REDACTED] of a resident at Sonoma. I'm avoiding saying her name so you'll leave my comments in, I hope. In the draft it says that DDS, this is on Page 31, "will work with the Department of Healthcare Services, health plans, and RCs to assess and ensure the availability of needed health, dental, and behavioral services in surrounding communities." That's all it says. There are no details on how they're going to do it.

In particular, the dentists in the community are reluctant to serve or actually refuse to serve many of those who will be coming from the developmental centers or people like those. They're afraid of what's involved with it, lawsuits, and that kind of thing. This includes, even, some of the dentists at dental schools.

The waiting list is now about two years to get dental treatment which is more involved for those—that's for San Francisco area. I assume it's probably about the same or worse elsewhere. If a client has a root canal need, it's not met for at least two years is what that means, so they're sitting there in pain for the two years or, in some cases, longer. I know of

someone who was seven years in pain and continuing. I don't know if they ever got service.

We have also been looking at places to make special wheelchairs. [REDACTED]

[REDACTED] needs a wheelchair that has special seating in it. One place that we called said they wouldn't do it. Just flat out would not do her wheelchair for her. The other two places we have visited, one twice now, described how they could do it but when we asked exactly the process, and how they'd do it, and how it would work for her, we still are waiting on those answers. There are some problems that we have now become aware of after we visited adaptive technology at Sonoma, and I'm not sure they're going to be able to service what [REDACTED] actually needs without her getting problems.

DDS has not given, in the draft, any way they plan to get services that are presently lacking in the community. Those details should be inserted in there somewhere. I don't know how they plan to do that, but they need to get that in there. At a meeting with the regional center along with other family members of people who are living at Sonoma, the regional center people said they were still having problems getting dental care and psychiatric care. Some of those people that they serve are those that were

moved out of Agnews, which was quite a few years ago, and they're now still having trouble. So, that means something.

This draft has no specifics for how to provide these services which are now lacking even for some moved from the DCs. The Lanterman Act says people need to have services in place before they are moved but this doesn't seem to be always happening, and I'm concerned that that's going to be the case for [REDACTED] as well.

The residents still at SDC have great needs, and DDS needs to work to get these services and make a commitment to serve these people properly. I would also like to say I support having a permanent clinic at SDC. Thank you.

Aleana

Thank you. Speaker number 18. If speakers 19 through 24 would like to come up and sit in the front row, please feel free to.

Noelani

Good morning. I'm Noelani Sheckler-Smith. I'm Catholic chaplain at SDC, and I'm here to speak for the spiritual care of the men and women who live there. When we talk about spiritual care, professional chaplains, we are all endorsed and accepted by our religious tradition. There is

currently a Catholic, Protestant, and Jewish chaplain at SDC as mandated by the Lanterman Act. Chaplaincy is actually much more about the spirit than it is about dogmatic—it's not about a dogmatic thing. It's not about taking a wheelchair and putting it in a church so the person can hear a belief system, but they can't understand the verbal way it is presented to them.

Spiritual care is about the core of a person, the energy, and the life force of a person, which everyone has whether they can see, or hear, or walk, or talk. When a person cannot grow in their ego and their ability to have a job that life force is still there, and it goes into their souls. I could tell story after story of how deeply moved I have been by the spiritual awareness, not always healthy, of the people that I serve.

My fellow chaplains and I have written a proposal for continued chaplaincy in the community as people transition out, as hospice chaplains visit homes, as hospital chaplains visit the sick. That proposal, I'm very happy to say, is mentioned on Page 67 of the document.

But, I'm not too sure that means anything is going to happen because the words spiritual care or chaplaincy is nowhere else in the document, and

I'm going to give you some pages to mention. Page 7, other types of services and a paragraph does not include the word spiritual care or chaplaincy. On Page 12 in discussing the Lanterman closure process, the word spiritual is mentioned but nowhere else in the document.

In Page 19, the residents will have daycare, vocational, behavioral health. Chaplaincy and spiritual care is, again, not mentioned. On Page 20, persons are going to have face-to-face visits, they can have face-to-face visit with chaplains, not mentioned again.

Page 31, individualized medical support. Where's the word spiritual? Page 31 again, clinical services. Why isn't chaplaincy included in the concept of a clinic, of clinical services? Page 34, when they talk about the different types of professionals who work at SDC and they talk about the professional people, chaplains are not mentioned.

I would like to see that change and I would like to see an assurance that spiritual care can be provided, meaning support. I have people who have regrets. They have all the same issues everybody else has. That's all I have to say. May this transition be whole. Thank you.

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Aleana Thank you. Operator, are there any callers?

Moderator Thank you. (Operator instructions.) We have a question or comment from Shelly [REDACTED]. Your line is open.

Shelly I'm calling because I'm the conservator for a client at SDC, and I have a question about how the Alta California Regional Center can work with me on finding a home. I have been calling numerous times to leave a message, and I have not gotten a return call from Mr. Jenkins. I'm getting very concerned, and that's all I need to say. I just need to have contact.

Aleana Okay. We'll give you a phone number.

Shelly I have a phone number. I've called numerous times. I have three phone numbers. I've called them all.

Aleana Okay. There's a recommendation from the audience to ask for John Decker.

Shelly John Decker, okay. Thanks. I'll ask for that name.

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Aleana Thank you. Are there any other callers?

Moderator I'm showing no callers at this time.

Aleana Speaker number 19, please. Speaker number 20.

Sue I'm Sue [REDACTED]. I'm [REDACTED] and conservator. I am disappointed and I am very angry. [REDACTED] is here in case I lose my voice. The September 15 draft plan implies that services currently available at SDC will be duplicated in the community. It also implies that decisions will be made using a person-centered approach, one person at a time, safe environment. If those are in fact true statements, why can't DDS support the development of resources on site concurrent with closure of the process? We all know that once they're gone, they're gone.

[REDACTED] who will soon be 60-years-old has severe behavior challenges. His measurable IQ is less than [REDACTED] years. SDC has been his home for 45 years. In all the meetings I have attended, I got the message that there is not anything in the community for severe behaviors over age 69. Those services are at SDC. The [indiscernible] and the quality of life [REDACTED] enjoys at SDC will be difficult to duplicate not to

mention the cost. It's going to take a lot more than what has been allocated to replace the services at Sonoma Developmental Center.

Beyond medical, dental, and behavior psychiatric services on the SDC site, [REDACTED] has a least restrictive environment which is in the Lanterman Act, which is also located in a therapeutic setting. He has his own room and TV. There is consistent hands-on staff trained in behavior management that is aware of [REDACTED] skills. Otherwise, his [REDACTED] behavior will put his life in danger.

Also, staff not familiar with his pronunciation of limited vocabulary and method of communicating is not being understood, he becomes extremely self-abusive. The SDC staff has been resourceful in teaching living skills, vocational training, creative in finding and providing leisure activities and job opportunities. I will not go into the examples of all of the things that [REDACTED] has, the services that are going to be absolutely impossible to replace. I have said them over and over again, and Mr. Rogers knows what they are.

Closing Sonoma Developmental Center is not only inhumane, it is criminal. Thank you.

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Aleana Thank you. Speaker number 21.

Karl Good morning. Thank you for this hearing. I'm a local resident. Forty years ago I worked in a mental hospital back on the east coast and—

Aleana Can you please state your name?

Karl Yes. I'm sorry. My name is Karl [REDACTED], and I live in Petaluma. I'm a retired tax accountant, and 40 years ago I was a psychiatric attendant nurse at Boston State Hospital. The closure of Napa State Hospital, I think, is one of those examples of where people are coming along with the idea of community residency, and there's proven, in large, to be a failure. A friend of mine whose dad was the chief psychiatrist at Napa resigned in protest over the closure of the state mental hospital.

I think if you take a look at what happens when you put people in the community, for example, interface with police. We had a person in San Anselmo who was disturbed. The police were not well trained, and they shot him when he was just mentally disabled. I see this as a real concern for what's going on with this rush to close this facility to now work with

some kind of a transition and to realize that we've already been down this path 40 years ago when they closed Napa State. You wind up with now we're creating mental health wards in custody for prisons which really is just getting back to where we stopped 40 years ago having mental hospitals.

I just wish that there was a way to change this process and the dynamics going forward. I just found out about this closure. I have not been involved. Thank you. Good luck.

Aleana

Speaker number 22.

Coby

Good morning. I'm Coby Pizzotti. I'm with the California Association of Psychiatric Technicians. One of the things that I really wanted to touch base on was how many of you have family members that have been at the developmental center for 20, 30, 40 years? We have staff that has been at the developmental centers for 20, 30, and 40 years. Those staff have become family members to those residents. To kick them out not only hurts our staff but it hurts your family members as well. Without a proper plan to have the staff follow the residents into the community to help them with the transition and with the change should be criminal, in our opinion.

As the leaders of the DDS system know me by now quite well, I have said this time and time again. There needs to be a good, solid, robust community state staffing program, and they have put it into the plan as one of the things mentioned on Page 36. It says, “incentivized community state staffing program to ensure robust participation.” Thank you. I’m glad you heard me.

However, if you turn to Page 71, it says, “community state staffing program incentives. Transition of well-trained, experienced SDC staff into the community will be integral to ensuring continuity of care with successful outcomes for residents as they move into the community living arrangements. The department working with regional centers that serve SDC residents will begin reaching out to service providers to encourage them to hire current SDC employees and will be examining potential incentives to make the community state staff program more attractive to service providers.”

Now, I want you all to be aware I’m the lobbyist for CAPT. I go to all the budget hearings and every single budget hearing that is dealing with the community, they have, the group providers, the community providers have

all said without question that they can't afford to hire psych techs. They can't afford to hire psychiatric technician assistants. They can't afford to pay their own staff \$12 an hour. So, what makes you think that they're going to hire staff coming from Sonoma Developmental Center into their own community group home? No one's going to participate in that program.

Again, what I see in this plan is good that you've mentioned that we need to incentivize the program, but you don't show how you're going to incentivize the program. There was just a special session of the legislature to deal with developmental disabilities in the community and finding some form of funding for the transition. Nothing was accomplished.

Again, tell me, how? How are you going to incentivize this program to be successful? We have lots of members that want to participate in it. We have lots of members that want to follow the people that they love and care about into the community and to continue to care for them. But I just don't see this working unless you do something a little more concrete about it and tell us how you're going to do it. You will not have our support until you show us how. Thank you.

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Aleana We'll go to the phones. Operator, is there a caller?

Moderator Thank you. (Operator instructions.) Carla [REDACTED], your line is open.

Carla Hi. I know I spoke earlier. I have a comment for the gentleman that just spoke. I have a physical disability and for me to go see doctors and for them to treat me for my physical disability, I can verbally communicate where [REDACTED] and others can't, they can't help me, doctors. How are they going to help clients there that are unable to communicate?

We do need a better plan. You guys need to put this all in writing. Not just in writing but we need to talk. We need to have more hearings, more meetings. Also, the workers that are at SDC need to stay with the clients. They know them. Again, [REDACTED] has been there for five decades. If that's not considered a home, then I would like the definition of what that means. Thank you so much.

Aleana Thank you. Is there another caller?

Moderator Showing no one else at this time.

Aleana Okay. Speaker number 23.

Anita Good afternoon, everyone. My name is Anita [REDACTED]. My father worked out at Sonoma State a very long time, 30 plus years, during my childhood. They sold their house and retired and moved out to Kansas in 2001. My father worked out of Johnson A [ph]. I volunteered out there when I was a young child, young adult. I was in a little training movie working with a child that was at a school, El Verano, and she was a mute. I was teaching her counting and sign language, and I was learning at the same time.

To keep SDC open would mean so much to my father. My mom just passed away last month, and I was back home in Kansas to visit with him. Doing this transition is going to be very difficult because my dad's going to be coming out, hopefully, to California for a little while to get reacquainted. We're not sure if he's going to be able to physically stay at home in Kansas and out of five children, we'll have to take turns in taking care of him and make sure he's okay.

SDC means a lot to me. I've gone through there. I've walked over there. I visited over there several times. I've even gone to the little farm. I haven't been out there in quite a while, but I always enjoyed going out

there and just visiting and seeing the people. I always say hello to them when they're out in the public. It's very nice. It's very rewarding.

I have a mildly disabled son, too, who's 32-years-old. You wouldn't know that he was mildly disabled by looking at him but once you start talking to him, you could realize he's a little slow. He's been taking advantage of, he's had car dealers or loans that he's not authorized to sign but somehow they trick him, get him to sign and the bill collectors come after me for the debt. It's not feasible and I have to show them the conservator paperwork for them to realize that okay, we were not doing our job. They took advantage. The debt is unpaid, and it ruins his credit and any chances of survival financially.

I'd just like to keep SDC open and transition as much as possible. It does mean a lot. I hear you all and I have compassion because I'm an in-home support caregiver and getting paid \$11.65 an hour to take care of your loved ones in the community is just not enough to survive. I would love to have more training so I could do that in the near future, but there's no training that I can afford to pay for. Thank you very much for listening and have a good day.

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Aleana Speaker 24. If speaker 25 through 29 would like to come up the front, you're welcome to do that.

Dale My name is Dale [REDACTED]. My wife's name is Enid [REDACTED] over there. Our [REDACTED] name is [REDACTED], and he can do nothing for himself. He can't speak. He can eat and that keeps him alive. He enjoys that. The whole staff at Sonoma knows [REDACTED] because he's been there a long time.

I just wanted to remind you that it was in 1970 that a senator from New York passed a bill. I guess some people came into his office and said wouldn't it be wonderful if all of these poor creatures and the hospitals were let into the community so they could interact with so-called normal people. Since that time I heard that about half of the developmental centers have been closed across the nation and, of course, they're working hard to close the rest of them.

I'm not really quite sure why but I know that our governor has a good nickname that most everybody knows. It's called Moonbeam, and there's nobody crazier than this guy and the governor before him, and the governor before him because all of them are dedicated to closing the developmental centers like Sonoma. In certain parts of the country,

people have worked out alternate things that work well. We know one organization, Elwyn, when they build homes for Agnews, Elwyn was there and took over a number of the homes, and they worked out beautifully.

But, in the general population and general areas it doesn't work out at all. You can ensure, you can believe it that when you loved one, and my loved one goes into the community his life will be shortened significantly. That's murder as far as I'm concerned.

Just one thing I would ask you, consider the possibility of e-mailing our governor, just a nice personal note and lay it on him. Ask him if he's ever been to Sonoma or any developmental centers, if he knows anything about it because he probably doesn't; he has so many important things to do.

I'm just suggesting that you all send an e-mail to Governor Brown, Moonbeam, and make sure that he knows what you think about this situation and if they limit the number of words to his e-mail, send him a regular letter and make him sign for it or make his office sign for it. It's just my suggestion and I'm sure we all have time to do that, but I'm sick

and tired of these politicians that run roughshod over here all the time.

Thank you very much.

Aleana

Thank you. Speaker 25.

Enid

I'm Enid [REDACTED]. I'm [REDACTED] of [REDACTED]. [REDACTED] been here since 1964, and I happen to have a recommendation that I think you're all going to love. I've heard you mention the possibility of this kind of thing.

We have a member, [REDACTED], is a member of our PHA group, and [REDACTED] has been working for years on a plan. It's called Jack London Meadows. It's a plan for using 30 of the 800 acres that we have on the campus of Sonoma. The 30 acres would be devoted to building homes for our relatives. Maybe some homes for staff. Possibly for, if they have enough room, maybe for veterans that need healthcare to fill out the feeling of community because it seems to me that the cry has always been we want them in the community. They need to feel the community. They need to have space.

This is a wonderful plan. I have—is Kathleen still here? She's here?

W She's outside.

Enid I have begged Kathleen to put this plan in the PHA website. So far I haven't had any luck, and I'm going to be asking her today, maybe you could help me by saying put this in the website. If you could see this, you would just be amazed. It's got all kinds of—it's a green project. It's got all kinds of windmill power, and solar power, and so forth. It's very green. It's a great thing, and we need to put pressure on Kathleen and ask her to put this in the website so you can see it. I have a copy here. I will let it run around to anybody who would be interested in looking at it. Thank you.

Aleana Thank you. Let's go to the phones. Operator, are there any callers?

Moderator Thank you. (Operator instructions.) We have a question coming from Shelly [REDACTED]. Your line is open.

Shelly I want to know what the website is for Kathleen that you want me to contact her.

Aleana I'm not sure if you heard that. It's parenthospitalassociation.org.

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Shelly Okay. Do you know the e-mail address for Governor Brown?

Aleana Google it.

Shelly Thank you. Are there any other callers?

Moderator I'm showing no further callers.

Aleana Speaker 26, please. Speaker 27.

Becca Hi. My name's Becca [REDACTED]. My [REDACTED] has been here for 50 years, and [REDACTED] is too upset to talk, so I get to do both. I agree with everything that everybody has said and always learn new things when we come. One of the things that we've been doing is we have to drive two hours, so we stay in town a lot. I've been asking town members what they think of the closure. A lot of them feel very sorry for us, or some of them even say I know [REDACTED], and my mom just retired from there. She took care of [REDACTED] for so many years.

One of them, we just learned yesterday, said SDC was self-supporting prior to the Regan administration. I'm going to Google that and see if I can find anything and if that is true. Too bad we can't transition back to how that was and get SDC back on to being self-supportive in the same way. It sounds like it was a great self-supportive system with the dental and all the benefits they needed. The residents worked and supported their—it sounded like a really great thing. I have permanent bags [ph], so my brain doesn't work too good on these things either.

I didn't like politics before, and now I really don't. I think there are ulterior motives other than the budget to closing this, and it's not for the benefit of our loved ones. If they do close it down and move everybody out I'll be interested to see how fast the homes go up or a golf course comes in or what they do. It would be a shame for this lovely property to get torn down and bulldozed over. There are so many reasons why this is so wrong. What else do I have?

Aleana

Two minutes.

Becca

Two minutes, okay. The residents in Sonoma, they don't want it to happen either. I did learn that [REDACTED] has had an adoptive grandfather

who takes him to walks, so it's beneficial to the community as well in that fact. It is a home. It has been for [REDACTED] for 50 years, and we have not had to worry about the care of [REDACTED].

I'll agree with the bald man who left. We talked to the staff members, too. My mom and I both work for Lawrence Livermore National Lab, and there you don't have to worry about job security. You don't get fired unless it's an act of God.

I'm sure they felt that way, too, until now. They are all worried about their jobs, and I know that's a tremendous stress. Some of them are leaving because of that, and it's a shame. Some of them work two jobs. They don't want to leave, but self-preservation kicks in. It's a terrible thing to worry about how you're going to take care of your family, too, and leave the job that you love and have to get your pay cut in half.

And again, there's so many reasons why this is wrong. We need to make SDC permanent once again and forever like we thought it was just like when we worked at the lab, and these people thought job security. This needs to be home security for these people and have a vibrant home for disabled people like it was before and just not the people that are here now

can be for more than just like they said for veterans, and maybe autistic people that are severe and can't be in community homes.

Aleana Your time's up. You need to wrap up.

Becca Okay. Thank you. I did want to say, anybody who wants to do a class action suit or anything serious, call me and my mom.

Aleana Thank you. Speaker 28.

Theresa My name is Theresa [REDACTED]. I'm [REDACTED] to a resident at SDC. He's been there about 40 years. I remember the Parent Hospital Association. First, I want to say a big thank you to Kathleen who has just been tireless, and I really appreciate what you said today.

I think ever since I've been working, since [REDACTED] was first diagnosed, it was 50 years ago that I first came in contact with Golden Gate Regional Center, and rage has been a part of my life ever since, but she's been tireless in her advocacy.

I wanted to make a comment on the Sonoma Land Coalition, and their comment that I really appreciated was on Page 2 where it says why the state can't do this, that, and the other, why they can't put anything in place while the closure's going on. To take it one step further and not only say why, but go to the assumption that okay, we accept why we can't do this, but if we could do this, this is how we'd do it, and this is what we'd need to have in order to do this. To clearly identify what the obstacles are, and in doing so that way we can overcome, we can work to overcome those obstacles.

I wanted to say thank you to everybody who's spoken. I've learned so much from the people that come and the people that speak. I really value hearing everybody's input. I am, I did think about not coming today because I do feel like I might as well be talking to a brick wall sometimes for all that the state is not listening.

I also concur with Kathleen's statements that they hold these hearings just for the purpose of saying, well, we held these hearings, so we got everybody's input. It's like, but we're now going to move forward and do what we want to do. I'm a Dr. Phil fan, and he's always saying past behavior is a good predictor of future behavior. Based on that, the state

has got a lot of D minuses and F's when it comes to past behavior, and we've certainly got no reason to believe promises that are made.

I'm also a big reader of *The Economist*, and in April—it's the only magazine I consider worth reading oftentimes. In April, they did an article in their international section of the magazine, and it was on this whole closure process. It's kind of a worldwide process of closing institutions, and it talks about a lot of things about how over the past few decades, some rich countries have moved away from housing patients with severe psychiatric conditions in asylums. Goes on to say though the idea was found in some countries, community-based care was not ready before institutions closed.

America is perhaps its darkest example, and the consequences are visible in the criminal justice system. In 44 states, the biggest mental health institution is a prison. We are clearly failing as a country here. I take heart, I take heart that I think we're beginning to realize that.

Our family members, and for those who are, they're a blessing in our lives. We love them. We love them. We love them more than we love possibly anybody, I don't know. And to walk into [REDACTED] [REDACTED]. I

love the residents of [REDACTED], and I love the people that work with them.

They're just God's children. I mean they are God's children.

I've heard people talk about a big concern, and I read this closure plan very quickly. Gee, thanks a lot for giving us a week to submit our comments. It's really not enough time. It's not enough time, and I feel like I'm being really pushed through to read this quickly and to understand this quickly and get my comments in so fast. I view that, that I can't even get two weeks, as you're really not interested in my comments. If you were, you'd give me time to read about it and think about it and write something intelligent.

Aleana Speaking of not enough time, your time is up if you want to wrap up your comments.

Theresa Okay. One thing I didn't see in there which I was concerned about, and it might be there. It may be I missed it was that corporations oftentimes give people incentive pay to stay through the closure. If you put \$50,000 in front of them, and it's usually based on years of service, rather than just rush out and get a job, that's a real concern is that everybody is going.

They have to take care of themselves, and they're going to go out, and they're going to look for work.

So I'd really like to see that. I'd really like to see some real dollars put in front of these individuals based on the number of years that they've worked there that if they do stay through closure that they will receive money. They will receive some significant pay for doing that. I'd like to see that in there.

And last but not least, I will sometimes use the phrase "legal murder" in conversations with people. I recently had somebody ask me what that meant, and I had to think about it. But based on the anecdotal evidence that we hear over and over and over again about the resultant death as a result of clients being moved out into community settings that aren't ready, that's legal murder. That's legal murder, and the government of the United States and the government of California are complicit in legally murdering these residents. Thank you.

Aleana

Thank you. Speaker number 29? Speaker 30? Speaker number 31?

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W

[Audio disruption] [REDACTED], and [REDACTED] [REDACTED] [REDACTED]. We want to say a little about [REDACTED]. We're conservators for her, and she's been up here 59 years, and it's home to her. At her age, I feel it would be very hard for her to move somewhere else when she's been used to this and then the care she gets here. We worry about the doctors, the dentists, and just the help, they know how to handle her.

If she goes out into these homes, we have one right in my neighborhood, and I watch, and I see different people there all the time. They don't have that steady caregiver. They don't have the records they have here in Sonoma.

I mean [REDACTED] has a stack of records on her, all her illnesses and what she's been through here. She can't speak. She's got pica. She's got [indiscernible] issues, and well, she's probably an IQ of about [REDACTED] months actually. The biggest thing is that we hope they will come up with an SDC, an area, a group, where these children can be taken care of right and that they have some choice, not just be put into a board and care where they won't receive the care they get here.

I know in the Lanterman Act I felt they don't follow that. There's supposed to be rights for these children, and I don't feel that they're getting justice in what's going on here in that they're closing Sonoma. If they could even just find a place like that previous lady had said that would be in this area, keep these nurses, these doctors, the help they have here. Then I did see something like another lady had said that just in our front page yesterday where a person was put in prison, and it was a mental problem, and they don't have enough help for these mental people that have mental problems, and they just need someplace like Sonoma. Thank you.

Mary

Yes, I guess so. Here at Sonoma, there is love, unity, and care. We've walked [REDACTED] through the streets right in here, and people that are not in her unit have walked up to us, "Oh [REDACTED], we're so glad to see you." They've known her for years. I mean she's been here like, [REDACTED] said 59 years, and that's her home and to take her away from it is like burning this whole place.

I mean our country is so big. California is so big. I don't know why they have to destroy this. There's so many other areas they could develop, and

this is like just destroying her home, and I just think that's very selfish, but I love [REDACTED].

When I was young, I would play with her until she moved up here at seven years of age. It was so hard to see her come here, and now I see how wonderful the care is and the unity and the love. They know her personally. They know her. They know what she likes to eat, what she likes to do, and they don't have that expertise skill out in the community.

It's a different kind of care out in the community. They don't know. A dentist isn't going to know how to deal with her. Doctors, she can't explain to them how she feels, but they know. They've had so much experience here. I just love her dearly. [REDACTED] and I both love her dearly and want to see her, since she can't express her own feelings, just that she has excellent care.

I feel that as a people that want to overtake Sonoma, I doubt that there's anybody in there that has a child like that. I call them children because to me, they're like children. I'll bet there aren't any that has a child like that because I don't think they would treat them this way. I love [REDACTED], and I'd like to see the best care for her. Thank you.

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Aleana Okay. Number 30 is here. If you'll drop your card in the basket and state your first and last name and your affiliation, if any. Thank you.

W Pardon me.

Aleana State your first and last name and put your card in the basket please.

W Well, I know you all read the papers. This morning, my paper said, "State lawmakers need to help the most vulnerable." There it is, and then there was a boy that got beaten to death and put in jail. I guess he was living in a group home, and he got out somehow. There's stories all over.

There's one in my neighborhood. Her husband had passed away, and the house across the street became available, and the government being so wonderful that they are got the house and made it a group home. This woman lived alone across the street. She woke up one night, and there was a man in her house, in her bedroom, uninvited. If her husband had been alive, that boy would have probably been dead because he would've had a bullet in him probably. The group homes, I guess, are good for

some people, but the Sonoma Developmental Center is wonderful for a lot.

██████ is 56-years-old. He spent most of his life in the Developmental Center. I had him in a private home down in the Valley for a while, and the government stepped in and said, well you can't run this place anymore, it's too good. They're doing too good a job.

So they told me I had to put him in a group home. That was down in Porterville, near Porterville, which I did, and he was just a young boy then. He showed his appreciation by taking his roommate's clothes and putting them in the toilet and pushing the toilet seat and flushing the toilet. They didn't like that, so they told me he couldn't stay there anymore.

So I placed him in Porterville. I thought since he was in a state hospital, I can't live up here in this area. I brought him to Sonoma Developmental Center which was the best thing that ever happened to him.

He thrived. He's doing well. He has many, many problems. He has terrible osteoporosis. He has broken several bones. He can't fall. He does walk backwards and trails. The doctor said maybe that's better when

he falls, he will fall on this part of him and not break something else, but he has a walker that they made for him that fits him, and he can walk on that. When he's unable to do that, he has a wheelchair.

I don't know if he was in a community how he would get along on a walker and a wheelchair. He might not like his roommate. He might put his clothes in the toilet. Who knows? But anyway, the people that take care of him are saints here at the Developmental Center. They use partly sign. He can't see, and he can't hear, so it's a problem. I can't talk anymore. It's so hurtful what the state is doing. I'm sorry.

Aleana Thank you. We will go to the phones now. Operator, are there any callers?

Moderator (Operator instructions.) We have a question coming from Carla [REDACTED].
Your line is open.

Carla Yes, hi. First, I have a question. How do I get a copy of the draft that everyone is talking about? They're saying Page 25, all the comments from different pages. I would like to have a copy of that to read it myself.

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Aleana It's on the Developmental Services website.

Carla Is that the parenthospitalassociation.com?

Aleana It's also there, yes.

Carla Okay. Thank you for that. I also just want to add, and this will be my last time speaking that this is a very, as for many people, I am [REDACTED] conservator. Both my mom and dad had been. We lost my mom over a year ago, so [REDACTED] and I are now orphans.

This is a hard enough decision for [REDACTED] parents to have to make to put [REDACTED] [REDACTED] at Sonoma, very difficult, very, very difficult. As many of all of you know what I'm saying is true.

Ever since my mom passed, we're kind of getting hounded about trying to look for homes for her, and I told her no. I just lost my mom, leave me the heck alone, I need to grieve. This is her home. You guys are asking us to do a really hard decision because I'm going against my mom and dad's wishes, [REDACTED] wishes.

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██████████ is happy. She's thriving. She gets the care she needs that she cannot, repeat, cannot get out here. Everybody who is fortunate enough to have had their family members reside at Sonoma, we are so lucky because these are very special, caring, loving people from Kathleen Miller on down.

I appreciate everything everybody has done and is doing, and I sure hope as long as I have a breath in me, she can continue to live there as well as everybody else's family members can. Because this is such a special place, you could never ever find it outside in another community. Thank you so much for your time. I appreciate it.

Aleana Thank you.

Carla Thank you.

Aleana Is there another caller?

Moderator We have Carol ██████████. Your line is open.

Carol

Yes, my name is Carol [REDACTED], and I have [REDACTED] there that's been there over 20 years. He's autistic, severely autistic, and has behavioral problems. I, too, have not gotten a draft, so I can't refer to any page or any line, but I do want to say that I just agree wholeheartedly with everybody that's talked. Everybody has said everything that I want to say.

I think because I was in law enforcement for 30 years, I know that there is a mental health issue in the society right now. We see it on the news all the time. We see the situations that are going on. This is just with mentally ill people who are functioning in our society, but not really, they're not really functioning, but the system doesn't work there. I know that they are supposed to be reported to law enforcement so that law enforcement is aware that they're going into a mental health situation, or that they shouldn't be receiving guns. But I can tell you that from being a supervisor at a police department for as many years as I have, those systems are failing.

To put our adult children, and again we call them children, into the society that is not ready, they're not ready for the behaviors. Well, just recently, [REDACTED] was—they did try to place him into a home, and I had someone that had been with him since he was in a development center thinking that

he would be happy about that. But he actually threw her across the room, and I was just very fortunate that they didn't call the police because he would've ended up in jail.

Once something happens, it's going to take a heck of a long time for the people out there that don't know anything about our children to be able to react. I know the people that are responsible for having these meetings, and the people that are responsible for closing the facility, I don't think their heart is in it either. I know they're going by what the government, the federal and the state governments, are telling them to do.

So I'm not blaming them, I'm just saying that there is a lot of people out there that have no idea what our government is doing that they are closing our facilities. It's just people making decisions about our children's lives that they know nothing about, about the functioning of the facility, about the people that are working with them, they know nothing about it. Just like—

Aleana

Two minutes.

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Carol Just like when I worked in law enforcement, they make decisions about things they know nothing about. So I appreciate you letting me talk, and I'm with the parents 100%, with the conservators, and thank you for letting me talk.

Aleana Thank you. Okay. Speaker number 33?

W Pass.

Aleana Pass, okay. Speaker 34? Speaker 35? Speaker 37? Nobody is speaking. If speakers 38 through 42 would like to come up and sit in the front, you're welcome to do that. They're all saying the same thing.

Sue Hi. My name is Sue [REDACTED], and I have [REDACTED] that's at SDC. I really am not good at talking, but the gentleman who's not sitting in here anymore kind of inspired me. He went on about how wonderful, so many success stories that he has with people living in group homes. I've ran into so much prejudice since I was a child with [REDACTED]. It's hard. I'm sorry.

M [Indiscernible].

Sue Did I? Very emotional. He made me think about when we went to the fair this year, and we were sitting down to have our lunch, my husband and I. Yes, that gentleman right there, that's the one who inspired me to come up.

We went to the fair, and we were sitting there having our lunch. There was a lady and her two children went to sit down and suddenly they got up. I looked at my husband because we were sharing a picnic table, and I said, "What, we got cooties or something?" My husband nodded his head toward the right of me which I hadn't really noticed, and I looked over, and there was this developmentally person there. That crap goes on all the time, all the time. People, there's a lot of ignorant people out there. They've spoke of people being shot. It's ignorance.

When I lived in Santa Rosa, we had a young man. He really wasn't a boy. I thought of him like a boy, but he was able to live at his parent's house. He was mentally disabled, but functional enough that he could ride a bicycle. He had a job. [REDACTED] was his name.

██████, every Thanksgiving and every Christmas, he lived one street over.

He came over to our house, and I always invited him. I've lived with it, so I have more of an understanding, and everybody who has, has more of an understanding. But a lot of people don't, a lot of people don't live with this.

But one year, we weren't home. ██████ showed up, and the neighbor called the cops on him. He didn't hurt anybody. He hadn't done—he just was walking down the road, and they thought he was freaky, so they called the cops on him. He was harmless. He never did anything to anybody, and I felt really bad. I felt really bad for ██████ because he was just harmless.

But ██████ ██████, I don't know, since I was a child, I had the prejudice, I worry about him, and I fear for him. He's safe where he's at. He cannot live in the community. I would be more than happy if he could live in the community, but he can't.

He takes off. He thinks it's perfectly alright to go into a store and not pay. He doesn't understand he has to pay for stuff. He just wants stuff. He drinks anything he thinks might have alcohol in it which means when he

comes to visit me I have to do a sweep of the bathroom I let him use. I sweep the house. I have to make sure everything is put up that's liquid.

I don't think anybody is going to care enough about him to do that. I don't think they get paid enough. I don't think they will get paid enough, and I don't think they care enough about him. I'm sorry. That's all I got to say. Thank you.

Aleana Thank you. Operator, do we have anybody in the queue?

Moderator Thank you. (Operator instructions.) I'm showing no one at this time.

Aleana Okay. Do we have speaker number 46?

W I'm number 40.

Aleana Are you number 40? Okay. I put it on as 46. Thank you.

Rosemary My name is Rosemary [REDACTED]. I am [REDACTED] of a resident of [REDACTED] [ph].
I just want to express my disappointment in the plan. We had so many opportunities to express our thoughts, our recommendations, our feelings.

We saw heads nodding, the DDS heads nodding, as we talked about the need to learn from our mistakes of all the previous closures that have occurred, and all of that is ignored. I understand that there's a system in place that's going forward regardless of what we say and regardless of what we do. I feel a huge hopelessness that I have no power to do anything for [REDACTED].

As we move forward working with the regional centers and realizing the system that exists out there and how inadequate it is to serve the needs of our families, the system continues to move forward anyway with little attempt to address the things that we have been saying. There are many organizations that have community organizations that have worked with us, have proposed alternatives and suggestions, and ways to create reasonable solutions for this matter to make a difference, to actually address our concerns, and those have been ignored as well.

I just want to let you know that I'm going to continue to fight. Regardless of what happens, I'm not going to allow something to happen without my voice being heard. [REDACTED], I just feel that we need to continue to stick together. We need to continue to speak. We need to continue to put our

voices out there and expand our voice so that people are aware of what's happening to our family members. Thank you.

Aleana Thank you. Operator, do we have any callers on the queue?

Moderator (Operator instructions.) I'm showing no one at this time.

Aleana Thank you. We have no further people signed up to speak right at this moment, so we'll keep the podium open. If you choose to speak, we ask that you please attain a speaker card and sign in at the sign-in sheet. We will keep the hearing open.

Operator, please let us know if you have anybody in the queue.

Moderator Yes, ma'am.

Aleana Thank you.

Moderator Thank you.

[Off-Mic Conversation]

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Moderator Pardon me. I do have someone on line.

Aleana Okay. Go ahead.

Moderator Mary [REDACTED], your line is open.

Mary Yes. My name is Mary [REDACTED]. I've been involved with Parent Hospital Association for well over 20 years. What's happening? It sounds like someone else is talking.

I'm really saddened by the decision to go forth with closing Sonoma Developmental Center, and I'm still hoping that can be changed. There's no way that we can do without this safety net. I'm really distressed by the way it happened.

Over the years, all the years I've been involved, I've been involved over 20 years. I served as nine years as president of PHA and four years prior to that as vice president, and we worked so hard to bring the services at the Sonoma Developmental Center to what they are today. We have everything we need. We have wonderful services.

Yes, from time to time, something bad happened. When it did, it got reported and reported and reported again and talked over and making Sonoma Developmental Center sound like this horrible place which it is not. It's very loving, the absolute best care. I keep thinking about the people who call me, and I know I don't have time to tell you about all of them, but I'll tell you about a few of them.

Like little [REDACTED], when her mother called me, she had been in group homes. She had been in seven different group homes; her mother told me. She had been abused in all of them. At the time she called me, she found a copy of our newsletter; somebody gave it to her.

Her daughter had been in a group home in Santa Rosa. She had fallen and broken her hip, or maybe her hip broke, and she fell. We don't really know, and this happened outside in the yard while they were out to play. She was left lying there because the staff were instructed not to call 911. Sometime earlier, they were instructed not to call 911 because it was too expensive, so nobody called 911.

So then when the staff changed at 3:00, somebody was decent enough to call 911. She was taken to the hospital in Santa Rosa. She was there for

maybe three weeks or something, and then the group home couldn't hold her place because it was more than two weeks.

She was transferred to Sonoma Valley. At the time she called me, she had been in the hospital something like two months, and she was full of bed sores. I told her about Sonoma Developmental Center. She called me back after she talked to the resource center, and the resource center caseworker told her if I put your daughter in Sonoma Developmental Center, I will lose my job.

So I asked her if she knew any legislators, and she did. She knew one legislator. I'm trying to think of his name now. She called him, and we got her in. She even had to go on tube feeding, and she was in the acute care at Sonoma Developmental Center for about almost six months until she was totally back to health. This is a girl who used to dance, who used to walk. She was pretty smart. Here she is in this condition, and she's in a wheelchair and never would be able to walk around again.

Then there was [REDACTED]. The mother called me because she couldn't find help anyplace, and there was nothing really we could do for her except be there for her to help her emotionally. He was autistic. He was a 30-year-

old man at this point. He was autistic and developmentally disabled, probably functioning around five-years-old or something.

He had a little job. He was at the resource center in the beginning. He had a little job as an assistant to a janitor, and he had a run in with his boss, and the boss fired him. He wrote a threatening letter to the boss, stuck it on his door with bubblegum, the work of a five-year-old, right? So the boss called the police, he got arrested.

At the time she called me, he had been a year and a half at Santa Rita Jail. At that point, they were trying to send him to San Quentin. We supported her as much as we could. We looked around and helped her to find an attorney.

They succeeded in sending him to San Quentin. She wasn't supposed to see him for a month or something. She kept calling every day. We called and everything. Finally, a caseworker at San Quentin called her and said, "What is your son doing here? He's a child." It went from there, and she got him out.

These kinds of things—I remember the lady calling me one day sobbing after seeing her severely disabled son in Santa Rosa Jail in handcuffs. It turned out that she eventually got him into Sonoma. And again, she was told, no, no you don't want to go there. They don't have the services. It's just an awful place.

This is all wrong because this closure is based on lies. That's what makes me angry. After all the years, all of us worked on this to make it what we wanted it to be.

So it turned out, he was on the wrong medication. He got into Sonoma Developmental Center. They took him off the medications he was on and slowly got him on the right medications, and the words of his mother, "He will never leave there." Well, it's closing, so unless something happens, he'll probably have to leave there.

But what's going to happen to all of these people? To go back to [REDACTED] who was sent to San Quentin, his mother's words were, "He spent more time in jail than the guy who shot the guy in the bar station." You know, we always hear about the success stories, but let's not forget about these horrible situations. This is only a few because I know I don't have time to

tell you all of them through the 20 years, but I've heard a lot, heard and seen a lot.

We need this safety net. If you're going to change the system, then the system should have been changed before starting this taking people out of Sonoma Developmental Center or not letting them in. It's criminal. It's absolutely criminal to deny people services that will sustain their lives or keep them out of prison when these services are available. It's criminal to do that.

I remember one time Paul [REDACTED] who is a longtime advocate, and they're probably the family that's been at Sonoma Developmental Center the longest. He and I went to the national organization to their initiative which they have every June in Washington DC. I remember when they met with Senator Feinstein's office. Her staff invited us to the Thursday morning breakfast, and we all went.

So I stood up, and I told her why we were there and about Sonoma Developmental Center and how we were hoping to keep it open and everything. She went to the podium, and she said when she was mayor of San Francisco, and Governor Brown at that time, his first time being

governor, and then of course Governor Reagan were taking people out of the developmental centers. She was getting all these calls of complaints.

Well, of course the reason they were calling her is because nobody was returning their calls, and nobody was taking them seriously, so she said she went out and she inspected 40 homes. She didn't send somebody. She went herself to 40 homes. She said what she found was appalling. She saw developmentally disabled children being taken out for walks on leashes. She saw refrigerators without hardly any food, but lots of drugs, and homes that were filthy. She didn't find 1 home in that 40 where she would put 1 of her family members.

I know it has improved somewhat since then, but it hasn't improved enough. And yes, there are some good homes. I actually know of four. That's all I know of. I'm sure there are more, but that's all I know of. But we don't have enough good homes, they all need to be good homes.

Just last month in the newsletter from the *Psychiatric Technicians* newsletter, there was a case where somebody sued the vendor after his son died. His son had seizures, and they didn't give him his medication. When he was in trouble, they didn't call 911, so he died. When the

paramedics got there, somebody was given two other people at that, and he was laying in bed dead.

Aleana Your time is up. Speaker, can you please wrap it up?

Mary I know it is. I know it is. And again, I'm very saddened by the closure. I'm distressed by how it was brought around with, and by demonizing Sonoma Developmental Center that we all love.

██████ lived there for 20 years. When he passed away, I can tell you a lot of his caregivers cried almost as much as I did. There's a lot of love in that place. We will never have it again if this is closed. We will never have that kind of community. Thank you all for listening.

Aleana Thank you. Any other calls on the queue, operator?

Moderator I'm showing no one in queue at the moment.

Aleana It looks like we have no speakers waiting at this time, so we'll continue to receive comments as they come in.

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[Off-Mic Conversation]

Aleana Operator, are you still on the queue?

Moderator Yes, I'm still here.

Aleana Okay. We'll just wait to hear from you if you have any callers.

Moderator Yes, ma'am. I don't show anyone as of yet.

Aleana Okay. Thank you.

Moderator You're welcome.

[Off-Mic Conversation]

Moderator Pardon me, miss?

Aleana Okay.

Moderator Mary [REDACTED], your line is open.

Mary I'm asking the status of the call because I'm at work, and I'm tuning in when I can. Is it still on the call? Or is there a break?

Aleana No. We're just waiting for speakers, so you can go ahead.

Mary Okay. My name is Mary [REDACTED]. [REDACTED] has been at Sonoma Developmental Center for 56 years. You've all heard my speeches on begging to keep it open.

The transitional draft is a draft and really what I felt it was saying starting from Page 1, is we've heard some of your comments. You did include a lot that were said by the families, but we're going to do what we want. I just want to make that comment, and I did have a comment on Page 67 for the chaplain's comments that are pending, but fortunately, had an excellent chaplain speak to address those issues.

I will do everything in my power to ensure [REDACTED] health is kept up. I will visit her and retire early and visit and hound any group home. You will not harm [REDACTED], nor any others that I can see that are in group homes. You should be ashamed for what you're doing. That's all I have to say. You don't care about the emotions, I realize.

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You've lacked compassion throughout this experience. You're doing token kinds of meetings. I understand it. I work for a corporation, but I think even corporations have more compassion than the state of California, including the government, Governor Brown who should have more compassion. I'm angry today like many others, and I have no further comments. Thank you.

Aleana Thank you. Any others in the queue, operator?

Moderator No, ma'am.

Aleana Okay.

[Off-Mic Conversation]

Moderator (Operator instructions.)

Aleana It's for the conference line.

[Off-Mic Conversation]

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W Hi.

Aleana We're so happy to see you.

W [Indiscernible].

Aleana No, you're going to speak at the podium here. We have a speaker who'd like to speak. Speaker 55.

W 55?

Aleana Well, don't worry about that. 55. There you go.

Judy Hi. I feel like this is very intimate and personal. My name is Judy [REDACTED], and my [REDACTED] has lived at Sonoma Developmental Center for over 50 years, for over the last 50+ years.

Obviously, our family is very concerned that he's being taken away, and potentially, there's going to be a disruption in his family which has been the SDC community. Our concerns are just to make sure that, like I'm sure every other family who has a loved one at SDC, that the services that

are going to be provided for him and his living situation will replicate as closely as possible the environment he's had which is nurturing and loving and quiet and peaceful and supportive. He lives an extremely enriched life filled with many activities that have fulfilled him over his 50+ years at SDC. He requires 24/7 custodial care but is very verbal and can definitely make his wants, needs, and desires known to whomever is in his company.

I'm just hoping that whatever future there is will be as peaceful and lovely as he's had, in the future and the support of as many activities. Of course, we're very concerned about his specialized needs for medical care, special equipment, special shoes, adaptive equipment to eat with, special requirements for his skincare which is very specific. Probably preaching to the choir because every resident, I believe, in Sonoma is of course an individual and has very specific needs.

I did hear [audio disruption] Jack London Village that sounded like it would accommodate all the requirements of the Lanterman Act, as well as the disabled rights requirements for mixed housing of abled body and disabled people. It sounds very appealing and optimistic, so hopeful that the transition of SDC could be into something that would continue to support the community that meets the services and then some. Obviously,

there's more and more people in the community that need the very critical, specific care and types of resources that are available to the developmentally and physically disabled that Sonoma now offers.

It seems like that would be just a wonderful resource to continue to have for the community at large. The people that may or may not need to live in the place like that, but have need of the services, whether they're psych services or the physical services, the adaptive equipment, any number of the myriad of fantastic services that are available would be I think quite a shame. I think everybody agrees to lose the expertise and the specialized training that the gifted people that work there now have and hopefully can continue to utilize to serve the population that they've been serving and stay with the families. When I say family, the SDC family that they've been working with and are so familiar with in the years to come. I wish everybody good luck and hope that the outcome is agreeable to everybody. Thank you.

Aleana

Thank you. Operator, do we have any calls in the queue?

Moderator

I'm showing no one at this time.

Aleana Thank you.

[Off-Mic Conversation]

Cindy Good afternoon. We are, as I mentioned at the beginning of the hearing today, we are going to take a pause at 1:55 p.m. which is in about two minutes. Today is the 13th Annual Remembrance Day Ceremony which will take place and is taking place right now at Sonoma Developmental Center at the Butler Gazebo.

And we will be pausing to observe a moment of silence to pay our respect to and honor those who died, especially those who were never memorialized while in residence at state hospitals and developmental centers. So we'll be doing that in about a minute, so I just wanted to let you know.

Thank you for your time as we take a moment to remember those. Thank you. We will continue with the public comments period of our hearing. Is there anybody in the queue, operator?

Moderator (Operator instructions.) I'm showing no one at the time.

Cindy Okay. Thank you. Is there anyone here that has a speaker card that would like to speak, that signed up to speak? I just want to make sure I'm not missing anyone. Okay. Thank you.

[Off-Mic Conversation]

Father [REDACTED] I'm Father Tom [REDACTED]. I have [REDACTED] at Sonoma Developmental Center. He's been living there for a long time, since he was a teenager, and he's now 51-years-old. And I'm 84-years-old, and that's relevant, I think, because I am somewhat afraid to die.

I do have [REDACTED], [REDACTED], [REDACTED], as a co-conservator but he lives way out of state, lives in [REDACTED] at this point and he can't be here and involved as much in [REDACTED] care. I have had a chance to start to peruse this document and I'm disturbed.

I'm mortified and theologically speaking I think the people that produced it are going to end up in hell** because they've lied, they've prevaricated, they have—I don't know how else to describe it. As far as I can make out,

they have completely ignored all the testimony that we have made, that some of us have said and I have been one of those.

I don't see anything of what we said being even so much as addressed. It appears to me that the people in charge of this part of the state of California have decided that they are going to do that which is cheapest, that which is going to serve the needs—not of the residents, not of the disabled people in California.

██████ is totally nonverbal, totally. His intellectual achievement is somewhere around that of a one-year-old. He does not have any sense of value of money; we have proven that. He doesn't know what being compensated for work is. He is totally unaware of any dangers that he might come across.

At Sonoma Developmental Center, he has professional help available all the time. There are psych techs who are always there, who are far better trained than anybody I have ever seen. And ██████ was as a child in a community placement as well as having lived with us for the first few years of his life.

I know that the people who are—many of the people who are running community-placed housing, whatever you call it—are probably sincere and good people, but they don't know. They don't know. They do not have the professional training or knowledge.

█ cannot tell anybody when he's sick. He can't tell anybody when he hurts. All he can do is act it out. The people at Sonoma Developmental Center have been able to understand what he is saying because they are professionally trained and they know how to take care of it.

It's as I say, theologically speaking—the people are ignoring an even pre-Christian understanding of the fact that a society is to be judged by how it treats its most vulnerable population. If this is an example of it, we failed.

Some of us have asked for something to be in place. We have been specifically told if I read this rightly that no, nothing is going to be done to find a possible place/use on the property that now exists where we have a concentration of need of people—PH.D psychologists, which █ has one with an office just down the hallway from where he lives.

A doctor who checks in all the time, regularly—who knows [REDACTED], who is a specialist in people who are unable to speak their needs. He has access to dentistry, sedation dentistry of course because nobody can tell [REDACTED]—okay, we're going to have to hurt you. We're going to have to open your mouth, we're going to have to do something that is for your good but it's going to be difficult.

All medical procedures, even simple ones, he has to be sedated. I don't find any of that available in the community. I have been told already by the people when they're being honest at the regional center that they don't have any place in the community for [REDACTED]. I've talked with them and I can't see that they're planning to develop anything. Maybe they are; maybe there's something they are doing that they haven't told us.

We just had a meeting the other day with them, but they don't have anything in the community for [REDACTED]. There is nothing. Maybe somebody will find something. I can't imagine what it will be. I can't imagine anything like the concentration of professional available help that is now in existence.

Yes, it costs money. Yes, it is expensive. No, I can't afford it myself. I have to depend upon other people who have more money, a bigger tax base to be able to pay for this. Yes, it costs. Yes, it's cheap for the politicians and for those bureaucrats to say, oh let's just close it. We can work out community placement. It'll be enough for them.

A former governor of California once was caught saying that if they have the intelligence of dogs, a kennel should be okay for them. That attitude is still around; they just haven't gotten caught saying it.

We are headed around a road to disaster, personal disaster. I'm not sure [REDACTED] will outlive me if he has to be placed in the kind of community settings that I've seen because he doesn't know any better and he can't look out for himself.

Yes, it will be costly. No, I can't agree and I find it unbelievable that everything that we have said already is being totally ignored. We are told, I understand it that no, we can't work out plans to put something on the grounds before the place is closed. Whoops. We can't?

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Yes, there is space. Yes, we can. It can be done if the bureaucrats want to do it. I guess they don't. I'm disappointed. I don't have to bother to tell them to go to he** because they're going to do that on their own. Thanks for your time.

M Because he doesn't know any better, and he can't look out for himself. Yes, it will be costly. No, I can't agree, and I find it unbelievable that everything that we have said already is being totally ignored. We are told, I understand it, that no, we can't work out plans to put something on the grounds before the place is closed. Whoops, we can't.

Yes, there is space. Yes, we can. It can be done if the bureaucrats want to do it. I guess they don't. I'm disappointed. I don't have to bother to tell them to go to he** because they're going to do that on their own. Thanks for your time.

M Number 59. Please state your first and last name and affiliation.

Robert My name is Robert [REDACTED]. I am affiliated with Sonoma Developmental Center. I've been working as a psychologist for 28 years for the state system. I've been also working for 15 years in the community and 4I [ph]

Group Homes, which is the level where you go in and out of jail if you have difficulty, and you go in and out of developmental centers when that was possible. So I've been working with challenging people in both settings, and I just want to say a little about the difference and what is needed.

I also am following two of our clients that have left the developmental center by their or their families' choice, so I've seen, over the last seven years, my clients in other settings. So I wrote a bunch of this stuff out to try to have some input on the closure plan, and others have said they would like to have seen their input in some fashion so that other people who have shared it, I would have liked to have seen that also. We had more of an active, interactive conversation going on. So these are some of the thoughts that I had.

Basically, I see that we have changed, basically, all of the Developmental Center's orientation to finding the best possible placement for people.

We're no longer trying to maintain the developmental center as—I understand what you've been saying, that we're losing a real resource and we're losing a haven that's been there, but I see, in order to make this transition and to reorient developmental services, that the Developmental

Center should be hiring, actively, more social workers. It's trying to do that. Currently there is no position for a senior supervising social worker. It makes total sense to have more family support, more of somebody to work with, someone with regional project in the social work category, more supervision for the social workers.

That's one of the things I would like to see as a position. It would have to be created. It doesn't exist at this point. It could be filled by social workers or marriage family therapists.

So in terms of moving into housing, there was some useful information in what I could get through of the closure plan, mainly from North Bay Regional Center. They were saying the best thing for a client or one of your children is to own his own place. The second best thing is for it to be owned by the regional center or the family, and North Bay Regional Center is suggesting that that would be a model for the future.

I agree. Okay. If not that, the other thing that people haven't been talking about is it's very helpful to have Section 8 housing. If there's a way for us to immediately put your children and my clients onto the list that they be

available for Section 8 housing and their percentage of [indiscernible]

decreased to something doable, that would be very helpful.

Basically, there's a problem with the state staff. When I saw this going on with Agnews and other places, it seemed like the solution that if it's a state-run house home, there was a state staff in that home. That resolved a lot of parent concerns, but if you're paying the staff from the state twice as much as the other people, you're not going to be able to maintain the home on state staff. North Bay Regional Center has also pointed out that we need to raise the rate of reimbursement for people to the state level, or you won't get that same level of staff.

The most essential feature to take care of someone with developmental disabilities is have stability and long-term caring, and you can't do that if you pay the minimum wage. And I work with people in the Developmental Center and we basically have people that sometimes are working there 20, 30 years, they're making a living wage, they have a way to make, actually, huge amounts of money if they also do huge amounts of overtime.

In the community, those folks that I work with, the competent caring manager people, if they last for two years that is excellent. If they last for six months, that's fairly normal, so it's very hard to maintain high-quality care when you do not have stability in long-term—I have times when I, who am responsible for continuing education in the community, cannot really, in good conscience, do it because the staff is turning over so fast that there isn't enough people to train.

Okay. In terms of my ideas about what you might want to have in the future for the developmental center, I'd like to see us keep not only the star program but an emergency room. General acute, sort of like what is currently there, it would be fairly not easy and probably very expensive, but right now, as you probably know, our clients do not have understanding in emergency rooms, particularly into psychiatric settings. So the Star is a good start with that, but to have another emergency room would be very helpful.

So the other thing is the future of staff is if there's no place where a psychiatric technician can get paid decently to take care of your children, you cannot expect them to continue working in that field. A lot of our folks are psychiatric technician assistants, and if they do not have a way to

be paid well they will not be able to continue doing that, so it would be helpful to have positions that are built into the system where those people have a way to be reimbursed for community care. And right now, as I understand it, there are group home administrators and there's direct service professionals, but there's no place that specifically would house a psych tech. There are nursing physicians, and that's a fine thing, but all those pieces would be helpful.

As someone that's worked in this system, I understand what you're saying and I heard some of the commentary earlier that you don't feel heard, you don't feel responded to, and I have found that the system is slow caring and would like to do the best thing. I would have wished that there would have been a more active response to the input that's already been there, and it seems if they're going to generate a closure plan by October 1st, it's going to be hard to put all this input in there.

But I do want to tell you there's a lot of us that really care about these folks, and part of what would be lost is the semi-family relationship, the caring, and that isn't impossible to have in the community but we need to basically pay people a living wage in order to do that. We can place people immediately, and everybody, if we have the support and the money

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and the funding and the positions and the structure to support it. We do not have that yet, and that's really important. Okay, thank you.

M Operator, are there any callers?

Moderator (Operator instructions.) One moment, please. I'm showing no questions and comments at this time.

M Okay, thank you.

Moderator You're welcome.

M If there are any other speakers, please come forward.

Moderator We do have a question or comment at this time.

M Go ahead.

Moderator Lisa [REDACTED], your line is open.

Lisa Oh, okay. Thank you. I had recently sent another letter commenting on the closure plan, and I wanted to—pardon me?

M Can you please state your name and affiliation, please?

Lisa Oh, my name is Lisa [REDACTED]. I am a friend of a resident, a family friend, at Sonoma Developmental Center, and I have sent a couple letters commenting on the closure plan, and I have attended annual and twice-year meetings for my family friend, who is a resident at the Center. And so I wanted to comment a little bit about what the man before me was talking about in terms of both stability of staffing, highly trained, stable staff, which I echo. It's very difficult to accomplish stability if you're not paying people living wage. And also about the idea of when you put residents into the community where are they physically going to live, and North Bay Regional Center apparently thinks that the residents have access to large sums of family money to buy homes.

I live on the peninsula, and I just see the cost of housing being outrageous, and I don't see families being able to actually buy homes so that their disabled adult offspring can live in those homes. It makes no sense to me. Even homes in East Palo Alto are going for in excess of \$500,000, and

that doesn't even include renovations to the bathrooms and bedrooms, and certainly not necessarily a safe neighborhood where people can go out walking even if they had a caretaker with them.

And so I don't understand how this closure plan is going to be successfully implemented in the time frame laid out because I don't see steps happening in the community to hire, train, pay staffers to maintain staffers to find structures, abodes, where people can live. I would like to know if my assessment is incorrect.

Is there a pot of millions of dollars to buy residences? I'd really like to know that. That would be an encouraging thought. So I don't know. Can someone comment on that? Hello?

M Sorry. [Indiscernible].

Lisa Hello?

M There is no comment during the testimony.

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Lisa Oh, I see. Well, I have really strong concerns about the feasibility of the things that I talked about, and hopefully it's not on the—as the speaker before me said, he says North Bay says the best way to find a place for your offspring to live is to buy them a house, and I don't think that's feasible for most of the residents at the center. That's my commentary.

M Thank you. Operator, are there any more calls?

Moderator There are no further calls at this moment.

M Number 60?

Bonnie I'm addressing you folks, right?

M Yes, if you could state your name, first name, last name, and affiliation.

Bonnie Yes, I will.

M Thank you.

Bonnie

My name is Bonnie [REDACTED]. I'm talking to you. Okay. I have no affiliation with Sonoma Developmental Center. I live in Sonoma Valley for 16 years, and I've driven through there almost every day for many, several years.

I don't know what's been said before today. I just got here, but several years ago, as an example, the state said they were out funds, the state park said they were out of funds, and they had to close two of our parks in the valley, and so some locals got together and formed a new volunteer organization. A couple of the community organizations here that are well funded and maybe not well funded, joined with them, and they opened immediately. The two parks, Jack London and Sugarloaf, we have had more events at those two parks, more educational, nature-oriented, musical that have brought people from all over to enjoy those parks that the state never was able to accomplish.

It's an example of what happens when you allow local communities to band together and do something that they are passionate about and transition Sonoma, the organization of the Sonoma Land Trust and all the other wonderful organizations that are spoken about. What we want to create here is an example of that. It's a prime example. Another example

is down in San Francisco at the Presidio, how that has been reused for the benefit of the community. It doesn't drag on the state.

For years the state has stopped new clients from coming in to Sonoma Developmental Center. Well, how can you expect a thing to not atrophy when you do something like that? Let local communities develop what is important to them to save this land, to develop a wonderful program for teens who get out of the foster care community. Where do they go? They're out in the world at a young age.

A perfect place for them to be, for our veterans who have PTSD who need to have meaningful work, who need to have a place to be in nature to get back to themselves with professionals around them to assist, everything is there. The barns, the land for gardens, it's been done. These models have been done all over this country. When veterans have a garden to work in, they have dogs—even at prisons, dogs to rehabilitate—for pets and for service animals, working with horses. This is the perfect place for a creative reassessment transition of this land that is so valuable to this community.

And if DDS can't see that, is so shortsighted that they just want to close this place without listening to us and without letting us try to do something that we're passionate about—we're smart, probably smarter than the state, I'd have to say, when I've seen what we've done here—then I don't really understand why. Guess it's the legislature that doesn't see, that's putting the pressure on you folks to shut this place down.

You've got to stand up. You've got to say let these people do what needs to be done here to save this place for these clients. If small supposed homes think they can take care of these people, that's a joke.

When you put the clients that are in this place, Sonoma Developmental Center, in a community, in a "home" nobody wants to see them. The neighbors, they're afraid when they go outside and see them. They're uncomfortable with it.

Here they roam around, they get to go out in the trolley that takes them around during the daytime in nature. They get to be out. This is the place for them. You cannot shut this place down.

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There's so many people in this valley that believe in what we can do with good organizations and good volunteers, that it would be a crime to have this place shut down. Let us work and let us make it work. That's what I wanted to say.

M Thank you. Operator, are there any callers?

Moderator One moment. I'm sorry, no callers at this time.

M Okay, thank you.

[Off-Mic Conversation]

M I'm sorry; what's his name? Go ahead.

Moderator One moment. Mr. [REDACTED], if you could press star then one.

M I'm sorry. Can you repeat that?

Moderator There's a Mr. [REDACTED] that just dialed in. I asked him to press star then one on his touch-tone telephone.

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M Okay. Go ahead.

Moderator One moment.

M Go ahead, caller.

Moderator One moment. Mr. [REDACTED], your line is open.

Ernest All right. Hello?

M Hello. Can you please state your first name, last name and affiliation?

Ernest My first name is Ernest and the last name is [REDACTED], spelled [REDACTED]
I'm a [REDACTED] of [REDACTED] who's been a client at Sonoma for the last 57
years.

M Go ahead.

Ernest All right. I'm calling about this upcoming closure because I'm concerned
over [REDACTED]. He's 78 years old and he's extremely backward. He

needs basically 24/7 attention and care. He can't even brush his own teeth after 78 years so he needs that to be supervised. He needs to be supervised when he goes to the bathroom. He has to have all of his food ground up. He needs to be watched all of the time. He needs help with everything. He can't talk. He can't understand and he is basically in a very, very backward state. I'm concerned that moving him to the so called community is not in his best interest.

So what is your response to that?

M I'm sorry, there is no comment. This is just public testimony.

Ernest Well, what are they going to do for that sort of thing? They're not voicing any comments?

M Not at this public hearing. No.

Ernest All right. What good does my having stated what I just stated? Was that recorded?

M Yes. It is recorded.

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Ernest Will that be submitted to the committee's determined placement and that sort of thing?

M It will be submitted to DDS.

Ernest All right. So all I can do is voice my concerns and let it sit at that. Is that correct?

M Yes.

Ernest All right. Well, thank you very much for hearing me.

M Thank you.

Ernest Bye.

M Bye. Operator, are there any other callers?

Moderator I have no callers at this time.

M Thank you.

Moderator You're welcome.

[Off-Mic Conversation]

M If you could please state your first, last name and affiliation?

Joe [REDACTED]. I'm just an advocate for the center. I just think it's a real sad, sad situation that the state kind of pulled together and saved this institution. When I heard about it this morning in the paper—well actually this afternoon I picked up the paper and saw that the hearing was here today. I didn't know exactly what it was but I felt compelled to drive 40 miles just to say that it's a sad state of affairs that the state could not find a way to keep a facility like this open for the mentally and physically handicapped people of the whole North Bay area. I mean, where do they have to go and how are they going to be treated?

Community homes I don't think is the answer for a lot of people. It sounds great. They're going to the community. Who's running those homes? Are they for-profit? Are they non-profit? Who's taking care of

those people? A lot of issues and I just felt compelled that I had to come over here and say that I'm totally against shutting down the facility. There should be some way and they've done it before. The state has chopped them off, Agnews and others.

I'm not involved. I don't have a relative or a family member that's involved. I just thought as a private citizen it was good that somebody put this thing together. I hope maybe it makes a little bit of a difference. People should be able to use that facility for the handicapped, mentally and physically, but they can't because even though when they get sent out into group homes they're not a member, they're not a resident, so they can't even come back and get help. They can't even come back and get help from a facility that's supposed to be taking care of them. Anyway, that's my spiel so thank you.

M Thank you.

[Off-Mic Conversation]

Chris My name is Chris [REDACTED], and my affiliation is just as a general supporter of everything that the SDC provides, its help, its care to its residents and

the employees, many of whom live in the valley, that work there. I just, basically, want to say that if Governor Brown and his allies in the legislature think that the people of the Sonoma Valley are just going to roll over and play dead over this nuclear option that they're planning on, they're wrong.

M Thank you. Operator, are there any calls?

Moderator I am showing none at the moment.

M Thank You.

[Off-Mic Conversation]

Moderator I have someone that would like to speak.

M Go ahead, caller.

Moderator Connie [REDACTED], your line is open.

Connie

Hello, this is Connie [REDACTED] with Autism Society, San Francisco Bay area and a parent of a 28-year-old. I apologize I haven't been able to hear the entire conference. I just joined it, but I just wanted to make some comments that I've been concerned about regarding the sale of the lands at Sonoma.

When they first developed the developmental centers, these lands were supposed to be in perpetuity towards DD community, but I'm hearing all sorts of ideas, rumors, whatever, that the land will be used for many other resources. We're in a desperate crisis right now. You've probably heard this all before, like I said I wasn't on the conference call earlier, but I really want to suggest the following uses. First of all, this land not be granted to be surplus by the state; that it should be used for developmental disability community. As I said earlier, when they first developed this many years ago, this was supposed to be for DD, so I hope they will continue that.

Secondly, affordable housing, obviously we know how desperate people are to find housing. I'd like to see that as part of the plan when the closure happens; that affordable housing for developmentally disabled and others

be on that land. Again, the greater percentage should go to the developmentally disabled in terms of the affordable housing.

Another use that I'd like to recommend is health and dental clinics. This was supposed to happen at Agnews. When Agnews closed, they talked about having a general health clinic for DD and dental, and to my knowledge it never happened. Well, I think it's about time because it's very, very difficult to find physicians and dentists who know how to treat our population. So, I'd really like to encourage that we look at that use.

Thirdly, there is a huge lack of crisis homes for people, especially, with behavioral crises. I know of people that have sat in hospitals, acute care hospitals, for a month because they couldn't find a placement for them. These were people with DD, autism, other issues, and that's a tremendous waste of taxpayer money to be using Medi-Cal or whatever dollars to fund them in an acute care where they shouldn't be. So, I'd like to suggest that we have an emergency crisis home be put on this land, or maybe the building can be remodeled so that that could happen. So, that's another suggestion.

That's my input, you may have heard it already and please excuse me if you have, but I feel really strongly that we need to address this crisis and not just use the land. I've heard things like parks and memorials, and that's great and perhaps we could have a small part of that, but we have huge pressing needs. And I do not believe the state should be selling, like what happened with Agnews, where it was sold and I am sure money put into the general fund. The DD community did not see a lot of that, and that should not happen here. That's my input, thank you very much.

M Thank you. Operator, are there any other callers?

Moderator I have Ana [REDACTED]; your line is open.

Ana Hello.

M Hello, can you please state your first name, last name, and affiliation?

Ana Okay. I'm Ana [REDACTED]; I'm a [REDACTED].

M Go ahead.

Ana Mettler

I am speaking on behalf of [REDACTED] and those who, like him, suffer from intense behavior challenges that have made previous community placements very traumatic experiences, to say the least. I, as his [REDACTED], his advocate, his conservator, his voice, his closest ally, here with request with the rights granted to [REDACTED] and me by this self-determination law that some of the planned enhanced behavioral support homes be built or developed on SDC land.

The draft perceives SDC's aging infrastructure, licensing, and code issues as obstacles to offering some homes and continued medical services on the current site. I challenge you to look at the advantages of working through those obstacles. I challenge you to do what is truly best for some residents such as [REDACTED]. [REDACTED] is extremely sensitive to change; even just moving him from [REDACTED] to [REDACTED] caused a whole year's worth of crisis. Allowing him to stay on SDC grounds will serve him best emotionally.

[REDACTED] benefits tremendously from SDC's truly open space around him. A regular open space does not provide the same kind of safety for him and others. You would not want [REDACTED] to have an emotional outburst near a mom with a small child in a stroller. So, allowing [REDACTED] to stay on SDC

grounds will actually safeguard this kind of least distractive environment for him.

The Northern Star has been successful. You already invested a good amount of money into the renovation. Rather than wasting this investment, keep the Northern Star beyond the transition period, and the draft clearly intends to limit it to the transition period. Follow the model of the Northern Star and renovate, remodel, repurpose, for example, the adjoining Bemis and Corcoran buildings into home-like enhanced behavioral support homes. A few houses on SDC land does not translate into segregation or clustered housing. It translates into guaranteeing the kind of living conditions some residents like [REDACTED] need.

Just as many seniors seek residential environments that are geared towards their needs, and just as preschools and daycares provide specialized services and environments, and just as many expensive gated communities choose to create environments specified to their needs, it should be and actually is the right as guaranteed by the Lanterman Act that our sons and daughters who suffer from intense behavioral challenges be granted the living conditions that best support them.

Every document regarding the future or now closure of SDC speaks of the high importance of the input of the consumer and his family, and yet there is every intention to meet the needs of each client. The draft acknowledges that, "The vast majority of input has come from families of SDC residents," and that "The general sentiment communicated predominantly is that SDC should not close entirely but instead services should be rebuilt and reimaged."

If the well-being of SDC residents and the voice of family is important to you in reality, and not just on paper, then listen to us. Some of our family members need a continued place on the current SDC site and all of the residents need continued specialized medical and dental services on site in perpetuity, not just during the transition as the draft repeatedly suggests. SDC land is sacred; it has been a gift to those who need it, to those who are among the most vulnerable in our society. It is not property surplus.

The Department of General Services should not be allowed to be taking, and this is a quote from the draft, "The lead in determining its future use and arranging for its sale." Selling SDC land and taking it away from those for whom it was safeguarded is in my mind immoral to the utmost.

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We are talking here about [REDACTED] and his existential needs. I am not willing to compromise on his well-being. I am not willing to see him suffer through more traumatic unsuccessful community placements. I and his current staff know what he needs, and I'm telling you, he needs to stay in a beautifully remodeled, [REDACTED] [REDACTED] with a staff who know him, and he needs continued on site medical and dental services. Thank you.

M Thank you. Operator, any other callers.

Moderator I have another question from Connie. Your line is open.

Connie This is Connie [REDACTED], and I just want to make one additional comment that I forgot to make. First of all there's a lot of people, especially in the autism community, and as you know, we're getting more and more numbers of people who are aging up and are going to need services, especially behavioral and especially in view of the HCBS Medicaid Waiver, which I know the state is concerned about. But, I think you really need to look at that, and also look at what is happening in reality right now. We have a lot of people who could be in DCs but are not, and they have the same needs.

So, my additional comment is that we certainly look at medical and dental clinics on this site and other DC sites, but that we don't limit it just to people who are residing in DCs, because there are other people that could've been and should've been maybe in a DC and are not. And so I believe that they need to understand, the state, that we have a lot of needs, and we need that sort of behavioral health and medical and dental clinic, also the housing there.

Finally, I'd encourage you to look at today's newspaper. One of my concerns about the HCBS Medicaid Waiver and the closing of the DCs is that it seems like we're encouraging everybody to go out and be intermingled in the community everywhere. There are problems, just look at the National Autism Society of America just published a letter today and it's all over the news about how a 9-year-old has been—or they were trying to declare him a public nuisance, and there are lawsuits going on. And, certainly, as they get older, this concern could become even greater.

What we really need to do is make sure that Sonoma and others are not just turned over to the general fund. This land is, as she said, a gift, and we need to make certain that it's not just a transition. These needs are

ongoing and they're starting for very young, just look at the news today on what's happening with the 9-year-old. I believe this is partly due to a lack of supports currently to our community and all the cut-backs that we've seen. People's families don't have the proper supports and so it would be a real tragedy to just let this land go to the general fund and continue to ignore this huge problem. So that is what I wanted to say. Thank you very much.

M Thank you.

Moderator One moment. I'm showing we have a call from Karen [REDACTED]. Your line is open.

Karen My name is Karen [REDACTED]. I'm a [REDACTED], conservator of a resident of [REDACTED]. In reading the report, I was struck by a couple of issues; one being that the timeline is too fast and too arbitrary. This is particularly true for Sonoma where there are 36 months, roughly, to affect a monumental change in terms of placement of our family members.

It's unrealistic, especially given the idea that housing prices are what they are now. It does not appear that the residents coming into at least Golden

Gate Regional Center can be accommodated in the present housing stock.

[REDACTED] has very specialized needs. This move will be traumatic, and she can't simply be thrown into an unsatisfactory setting and expect to succeed. So you really need to take another look at that timeline. You simply have to draw out 36 months and see how impossible that timeline is.

The other issue related to that is because of the cost of housing in Marin, San Francisco, and San Mateo counties, it is going to be extremely difficult to find appropriate housing that can be converted to meet the needs of our family members in those three counties. In addition, at least in one of those counties, the medical and dental system is woefully inadequate for anyone that is in the public system, let alone those with developmental disabilities. It is only marginally better in the other two counties. You are taking away not only the behavioral supports, the home, but also the medical care and other healthcare supports that are so needed by our family members.

I noticed in your comments that when in response to the comment of don't just use Sonoma Developmental Center for people with developmental disabilities, and I feel strongly, as other callers have, that this land was

given to the state by a private philanthropist for use for developmentally disabled folks, and that's what the land should be used for. But, there would be ways that the State Department of Developmental Services can work with other departments to use other parts of the land. For example, the California Department of Veterans, some other types of programs.

The comment was made that the Department of Developmental Services, it specializes in developmental disabilities. However, your sister agencies are just down the street, across the hall, or a short drive across town.

There is absolutely no way or no excuse for not exploring ways to more fully use all of the land and therefore have some shared cost savings.

But, again, your timeline remains inappropriate. The housing options must be explored at Sonoma Developmental Center. And with a little innovation, with a little effort to not simply close the center, you can come up with alternatives, you can reimagine the future, because you are putting our family members at great risk and in the end that will be a burden that we family members will share if something happens to our family members, but it will also be on your heads. Thank you.

M

Thank you. Operator, go ahead.

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Moderator I'm showing no further callers.

M Thank you.

Moderator You're welcome.

M Go ahead.

W I heard earlier someone question [indiscernible] about the timeline for [indiscernible] comments. Is there a time, when is the last time to post comments and [indiscernible]?

M Five o'clock on September 23rd.

W Five o'clock on September 23rd. Thank you.

[Off-Mic Conversation]

M Okay, number 63. Please state your first name and last name, and affiliation.

Peter

Good afternoon. My name is Peter [REDACTED] [indiscernible]. I'm an advocate, and in support of Susan Goran and her stance, statements, and intentions in regards to what should be done with this property. I've done plenty of research, and I know that, well most of us know this is all about money, and as Susan Goran pointed out—she used the term “cookie-cutter routine”—this has been going on over and over again, like ducks in a row, like dominoes.

I'm going to tell you something about Susan Goran. She's one of the more intelligent people I've ever met, and she's not in the pocket of anybody. The way we can all know that is because she is challenging the system on behalf of constituents. The probable is the constituents don't understand their own power.

There is no way there are going to be any changes. They are just going to routine this whole thing unless the constituents decide to stand up and stand together in order to change this political weather. We're all sick and tired of what's going on. This is one situation. There are dozens that surround us.

What they're going to be doing, and what they intend to do with these people that are released into different arenas, it's a variety of telemedicine that people are not familiar with. I mean, you've read about things like this, but they don't tell you how they can and do control people through satellites and drones and what have you. They can watch and evaluate. They can do all these things so that they don't have to spend money on caregivers, taking out the personal involvement, which of course is extremely important.

Susan Goran also mentioned that this could be a place for veterans, and the veterans have been maligned and abused since Vietnam. How is it even possible that there are veterans on the street homeless? I know, and perhaps you know, some of them prefer to be on the streets. They wish to be on the streets because they're sick and tired of this system, and the sheep which are the constituents that keep paying into a system that's abusing all of us.

And now we're getting to the point where it's starting to hurt many of us. Before it was the homeless, and people we just kind of wanted to ignore, and now it is an awful lot of people. I am no fan of Jerry Brown. Jerry Brown was involved in the cover-up of the Cabazon Reservation murder

case, because he was involved in making lots of money off the guns and the heroin; for over 40 years. There are plenty of people in law enforcement down south that are upset with him. He has been involved in a lot of dirty things; Jerry “the Jesuit” Brown.

So we’ve got Susan Goran, who is your champion, who’s just going to get bowled over by Jerry and his friends for financial reasons. And they really do not care about meetings like this, unless someone—whoever it might be—might light a fire in your heart to let you understand that no one is going to make a difference; no one is going to make a difference in this world unless it’s you.

I am all things, the spirit sings. I’m the best, I’m the worst, I’m the blessed, I’m the cursed. I be you, and you be me, and we’re here to set it all free. So how do we do this?

Well, they’ve got \$76.6 billion coming through they want to take from you for property taxes. What I’m about to tell you I already shared in San Francisco, Oakland, Richmond, and probably five other locations including Marin, at large events; I’ve made this very public. And everybody I’ve talked to, whether it’s in a group or privately, they shake

their hands and said, why don't we? Why in the world would you give your money to the Federal Reserve and their lawyers?

Ask yourself, were you born to be slaves to bankers and lawyers? And isn't that exactly what's going on? What are they doing for the veterans on the street? They don't care. And as long as you keep paying into their system, I guess that means that you don't care, or you don't understand.

If you've never seen Aaron Russo's *Freedom to Fascism*, look it up and watch it tonight. Aaron Russo, *Freedom to Fascism*. He offered \$50,000 for almost a decade to anybody in this country that could verify that there's a law that says we need to pay income taxes. Five people from the IRS quit because there no such law exists.

We are being buffaloed by bologna through propaganda through the banker owned media. We're the most powerful state in the world, which makes you the most powerful people in the world, which means they've got to maintain your sheep-like qualities with all their propaganda and subliminal sub-phonics through the computers and the cellphones—which is verifiable, this is not conspiracy. This is what's been going on for 30 years.

How is it that we learned about Gandhi, King, and Chavez, and Delores Huerta taking an action until they achieved their goal, and yet when we're in a situation worse than all of them put together we can't seem to know how to tie our shoes? I submit to you—if you want to support Susan Goran and you want to do something that's going to make an impact, you use the power of ten.

You find ten friends and you look them right in the eye, and you say, “I don't want to pay no property taxes to a bunch of lawyers. They didn't earn it. It's my money, and we could use that money right here in this county, could we not?”

Seventy six point six billion dollars; you know what's going to happen if you won't kick that into where they want it to go? Everything will remain the same. They'll say, “Well, we don't have enough money for the homeless, we can't do anything for the veterans, and we're going to have to cut down the Sonoma Developmental Center because we don't have enough money, because you've given all your money to a bunch of godda** lawyers at the Federal Reserve and their associates and minions.

We are an amazing group of powerful people in a very interesting time in a very powerful place. You have the ability to make a change. Contact ten people. Contact a hundred and ask. Do we have any reason to give this money to them? Why don't we just use the money ourselves? In fact, let's use the money ourselves. Out of every thousand dollars, 720 immediately goes to the Fed.

Are we nuts? Are we tired of this? I believe we are. And if it's our money, let's hold onto it. You know darn well if one or two people don't pay then they get dealt with. If we all don't pay, Jerry and those clowns all start pissing their pants.

We have the ability, the right, and the authority to do this in this particular manner. And then we could choose someone, perhaps like Susan Goran, or someone else that's not an official that we trust to keep these funds in a certain place so that we can say, "Okay, let's put \$2 billion over here for this, and \$2 billion over here for that, and \$2 billion for the homeless and the veterans."

My goodness; I did something like that myself, and I couldn't get past \$28 billion. I didn't know what else to do with the rest of the money. But the Fed's got no problem stealing it from you.

What do you think that whole thing was with the bankers and the Wall Street, and all that money going to the bankers? That was a gift from a Bar Association lawyer to the rest of the Bar Association lawyers at Wall Street. It was a gift from a guy named Barry Davis, who goes by the name of Barak Obama. And they're just laughing their butts off about this because they got us all submissively acquiescent with over 100 patented mind control programs that have been imposed on us for over 40 years.

How else would you explain our complacency to such absurdity and lunacy that they're doing? The only people that seem to be able to come in and live in this area any more are lawyers. So, we have 90,000 law enforcement in California; 3% to 5% they say are bad. We have 255,000 bar lawyers. I suggest that 3% to 5% might be good.

All they do are professional thieves, and we are the ones that are paying them. So why should we continue? I submit to you that we can do better. I'm going to go over one or two of my notes—oh, if you haven't been

familiar, this is all part of, this whole thing with taking out this developmental center, I guarantee you is part of something called Agenda 21.

You may look it up. It's funny how the politicians don't talk about it, and yet it is an official program that they're abiding by and following through on. Look up Jerry Brown, Agenda 21, or just Agenda 21 in general.

Part of it is burning the people off the lands. We've lost a lot of firefighters. You've all seen the news, when they said the fires are going so exceedingly hot that it's beyond comprehension. Even the firefighters, and we've lost a lot of them between here and Arizona, that's because they've been laying down chemical accelerants for the last 15 years, 20 years. That's why they're burning so fast.

And you want to burn all the poor people off the land. That's part of Agenda 21. They want you all into the downtown areas so that you can be more controlled; so the poor people can't grow weed out there and have some money. I don't have to make this up. It's all going on.

Firefighters have lost their lives. Jerry Brown knew about this. He is responsible for these lives being lost. He is responsible and behind this whole thing here. Well, I'm no fan of his. I'm no fan of bar lawyers, or Jesuit bar lawyers.

So, I think I've covered a lot. But I think the most important thing, if you really want to support Susan Goran and really make a difference, it will be in making a big issue with our property taxes. I mean, make a list yourself; what could we do with \$76.6 billion besides giving it to a bunch of lawyers?

It's our money. I'm going to emphasize that; it's our money, and there is no true law that says we have to give it to them. And I'll tell you one more thing about that particular item. Law enforcement and the sheriffs will not come knocking on your door, because they're getting screwed just as bad as we are.

Law enforcement is sick and tired of what's going on as well. They have become a subsidiary of the bar association somehow. That's not what law enforcement's all about, and that's why D.C. and all the rest of these

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lawyers don't like Sheriff Richard Mack's CSPOA, which is a constitutional sheriffs' and peace officers' association.

It's a national program. It's pretty impressive; and that's why you haven't heard about it on the news; because the bankers own the news, and they're not going to tell you about this.

M Sir, can you please wrap up your comments? Thank you.

Peter Okay. I have 4 fliers here left out of 300 that I just made and handed out all around the Bay area; if there's anybody here that would like to see what's going on, it's a lot more than just the Developmental Center. For example, did you know that in the East Bay, for the last 6 months, in a warehouse there are 64,000 FEMA 4 person coffins? They're there. Why do you think they're there?

There's a whole lot of other things I have information-wise on this flier, and I only have four, so if there's anybody here that's really in support of Susan Goran's efforts and you want to make a difference I'll offer you one of these four fliers. And I want to thank you for blessing me with a few

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moments of your time. It's just a matter of standing up and being who you are, instead of who we've been taught to be by the system.

I say middle finger the system and arise as an almighty piston. This is the most perfect place in time, and I hope you like my rhyme. Thank you.

M Thank you.

Peter Anybody like one of these fliers?

M Operator, are there any calls in the queue?

Moderator I show no one at the queue at this time.

M Thank you.

[Off-Mic Conversation]

M Operator, are there any callers?

Moderator I'm showing no callers at this time.

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M At this time, we are closing the public hearing regarding the closure and transformation of Sonoma Developmental Center. Thank you for your input on the draft plan to ensure quality future for the residents, families, and employees of Sonoma Developmental Center. For the record the time is 4:01 p.m. Thank you.

M Thank you, operator. I'm terminating the connection.

Moderator Thank you. Have a great day.