

**Department of Developmental Services**  
**Plan for the Closure of Sonoma Developmental Center**

**Attachment 3-B**

**COMMENTS FROM INDIVIDUALS,  
FAMILIES AND ONLINE SUBMISSIONS**

**October 1, 2015**

**This page intentionally left blank.**

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Closing Sonoma Developmental Center Comments  
**Date:** Saturday, September 19, 2015 3:22:05 PM

---

I do NOT agree with the closing of the Sonoma Developmental Center.

The Sonoma Developmental Center is a sacred place. For decades, the dedicated, caring, highly trained staff have been caring for and assisting some of our most difficult, severely physically and mentally challenged people in our society to live their best life possible. And now the State claims it is taking away this sacred place. Just because they say so doesn't make it so. As a person of faith, I believe we the people need to stand up for those who cannot do for themselves. We (the society) need to do this with humility, compassion, and with a moral/ethical conviction to accept our obligation to respect and defend the rights of others, especially those who cannot speak for themselves.

SDC is a sacred place and an ideal place for people and nature to mend, heal, and thrive. Society needs to honor this sacredness by keeping and/or adding social programs, not taking them away. Programs to aid people in need, such as long-term rehab facilities to care for addicts, shelter for the homeless, a school for children who have severe learning disabilities or who find it extremely difficult to function in mainstream schools; update buildings and bring back the highly specialized staff and expand the number of residents where they will get proper care (and not shuffled off to board and care places where staff may be limited and/or unskilled to meet the specific needs of these residents). The sanctity of this area would be enhanced by the inclusion of units for housing environmental and wildlife groups, people working hard caring for Mother Earth and all her creatures.

We cannot continue to close our eyes to people in need. You and I must do everything in our power to lift up the down-trodden, the sick, the poor.

When we protect our sacred places, care for those less fortunate than ourselves, society is elevated. It's not too late to reverse the State's decision to close SDC. You have a voice. Use it!

Kathy Aanestad  
Sonoma, CA

Peace is a daily,  
a weekly, a monthly  
process, gradually  
changing opinions,  
slowly eroding old  
barriers, quietly  
building new  
structures.  
- John F. Kennedy

Dept of Developmental & Developmental Cen Div  
ATT: Cindy Coppage  
1600 9th St Rm 340 MS3-11  
Sacramento, CA 95814  
7/11/15

Dear Ms Coppage,

I think that it is imperative that the Sonoma Developmental Center be replaced by group homes. This is the only way that [REDACTED] could adjust to a new environment.

I am very concerned about the results of the closure.

Thank you for your concern.

Sincerely,  
Shelley [REDACTED]



**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** SDC CLOSURE  
**Date:** Friday, August 14, 2015 10:49:08 AM


---

Hi,

My question is about, **I was PTA** for 13 years and being place in different position as **Office Assistant** **I being Training here for 3 years in this new position** after **Work injury** with who I need to contact to know the process of a new transfer to a other facility with the same position that was giving to me, what is our priority in this for closure as a Injure worker

Appreciate all your information that can be help to

Thank you

To city. Coppag, im working with Jeff  
ROSEN DA. In LA, JACKIE LA Guy to HAVE  
ADULTER PLAK FOR PEOPLE ALL WALK OF  
CITY. SEE I HENCE thing my self, there  
NO ONE IN SAND. PLEASED RECAL SENT  
SO YOU CAN TALK TO JEROME AROSE,  
I WASH to go to search had for many  
IV BEEN KUNING KRAATCH GELING thing ROSE,  
my mailing ADRES + S 460.1.C  


**From:** [John Andres](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Sonoma Developmental Center  
**Date:** Monday, September 21, 2015 12:51:59 PM  
**Attachments:** [SDCSTONE2015.doc](#)

---

Please see the attached document re: the proposed SDC closure.

March 28, 2015

Senator Jeff Stone  
State Capitol, Room 4062  
Sacramento, California 95814

Dear Senator Stone,

I read with interest, an article that appeared in yesterday's editorial section of The Press Democrat, entitled: "Compassion is more than Business as Usual". In it, you described your viewpoint and motivations behind two proposed Senate Bills that you authored: #'s 638 and 639.

Your words covered a lot of ground in regard to your belief that the present system is broken and outmoded, obscenely expensive and counterproductive to an individual's ability to realize his or her potential because the "system" restricts and hinders them from doing so. The solution for the individuals residing at developmental centers in Orange and Sonoma counties, in your eyes, appears to be the increased use of CBOs (Community Based Organizations) who can provide a similar level of care at a fraction of the cost in an atmosphere that will allow the developmentally disabled to thrive in their own community. You mention that the welfare of residents at both facilities has been compromised by a failure to meet health and safety standards, which leaves the impression in the public mind that care is either substandard or nonexistent. With these points in mind, the answer lies in closure and subsequent placement of current residents in the community, correcting the wrongs that have been imposed upon those unable to care for themselves.

All of this sounds like a reasonable solution but the words are faintly reminiscent of those I recall hearing decades ago...words that led to the deinstitutionalization of facilities that were supposedly no longer needed and the promise that the clients, patients or residents could and would receive similar care in the community at a fraction of the cost. It's been over 30 years since this occurred but the issues these changes were meant to address have not been resolved because effective outreach efforts were lacking, much of the actual service provision was provided by individuals who were not properly trained and willing to accept low pay and the CBOs themselves, comprised of agencies who were and are grossly underfunded. Is there a cause to reasonably expect that closure of the developmental centers will somehow be different this time for this target population and is the motivation merely concerned with the individuals and their welfare or is it about *"the State being able to generate new revenues by harnessing the value of the developmental center properties in a manner that respects both local and State goals and criteria"*? In the case of the Sonoma Developmental Center, it sounds like selling off valuable Sonoma Valley property would be a lucrative way to generate a great deal of money rather than have it lay fallow and unproductive.

Today, the line that exists between fiscal responsibility and moral obligation has become clouded and difficult to determine and the mantra of "one size fits all" in the provision of human services, justified through fiscal reform, has traditionally resulted in spotty and inconsistent service to dependant adults and children. The premise that all DC residents would blossom outside of the institutions they presently reside in ignores the fact that their world is comprised of the people, the surroundings and the routine, things they have practiced and been a part of for the greater portion of their existence. Their lives have order and predictability now. Would change in the name of fiscal reform be of benefit and how can the price of these benefits be determined? No one can lay claim to the answer.

The residents at the DCs are there for a reason and it has nothing to do with furthering the institutional way of life. One individual in particular was placed in a series of San Diego community care homes. Through the efforts of that city's Regional Center he was placed at the SDC because his needs required ongoing and intensive medical intervention that was unavailable in his community. In this instance,

placement resulted in the saving of a life that would have surely ended if community placement would have continued. This is an example of one individual benefitting from DC service provision and its obvious his story doesn't stand alone. Would you be willing to take a chance and change his and other's surroundings for the reasons outlined in your article? I surely would not, based upon what you presented.

It might prove well worth your time to visit the DCs and observe, first hand, the work that is being performed around the clock by dedicated individuals whose goal is not to "warehouse" or perpetuate outmoded approaches to treatment but to insure the safety, integrity and potential of those individuals who are, in many instances unable to do so themselves. The community is not equipped to perform these tasks on a consistent basis and its unrealistic to think that closure of the DCs will be the answer to issues that led to the creation of DCs in the first place as a direct result of society's/and the community's inability to address similar issues years ago.

I invite you to the SDC to meet with the individual I mentioned earlier in this letter in order for you to gain a greater understanding of how vital, necessary and appropriate service provision is at the Sonoma facility. It's not about money or land or outmoded mindsets...it's about meeting the needs of a segment of our population that requires intensive service... specialized service that unfortunately does not exist in the community.

Sincerely,

John R. Andres

[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** I totally agree that the developmentally disability centers should not close  
**Date:** Friday, August 21, 2015 1:30:20 AM

---

I agree with the fact that the disability centers in Sonoma county as well as the rest of the places in this entire state of California should stay open, seeing that there are many individuals who have the need for these place throughout this entire state to do this. There would be a total upheaval throughout society, which would cause more problems. Then, because of the fact that there would be so many dissatisfied people there would need to be more people who would be able to handle the various problems, and this would possibly become more time consuming as well as maybe even more expensive as the closures went on throughout this state.

I do understand that there should be budget cuts, although there should be other kinds of cuts so that there may be less of a problem that may require officials to become involved- Anonymous

-----Original Message-----

From: Beverly [REDACTED]  
Sent: Monday, August 17, 2015 11:12 AM  
To: DDS HQ Sonoma Closure  
Cc: [REDACTED]  
Subject: My requests/comments re SDC closure

To DDS,

I am attaching my comments about the proposed closure of Sonoma Developmental Center.  
I am also sending these comments along with possible additional comments not included here to the Governor, to Health and Human Services, to my legislators and some other legislators.  
Beverly [REDACTED]

My name is Beverly [REDACTED]. [REDACTED], will be 37 years old in August. She has severe cerebral palsy and is in the bottom 1% of those diagnosed with cerebral palsy. She is functionally blind and profoundly retarded. She is totally nonverbal. She has severe osteoporosis; if a person tries to dress her with clothes that are not loose and is not careful, it is possible to break her arm. Her bones are very fragile. She has epilepsy. She has lived at Sonoma Developmental Center for the last 25 years and lived at home prior to that.

Some of my comments and concerns about the closure of SDC are the following:

1. The following services must continue to be permanently available at the SDC site after closure and possibly elsewhere throughout the state.
  - a) Adaptive equipment services to create and maintain specialized wheelchairs, specialized shoes, and other adaptive equipment for people with extreme physical disabilities. [REDACTED] has a custom made seating arrangement for her wheelchair made at SDC which is not available in the community at this time. [REDACTED] wheelchair seating arrangement was made at SDC when she was still living at home since no other place in our area (San Francisco) was able to make such a seating arrangement. When we did look in the community recently the place we visited did not have the ability to make a chair like the one [REDACTED] has and expressed no interest in being able to provide that service. [REDACTED] body changes due to the cerebral palsy and she has to have modifications made to the seating arrangement on a regular basis. Her wheelchair is also providing some slowing down of her spinal curvature since other treatments

are no longer working at this point. The regional center has not given me an alternate place to check if they can make a seating arrangement for [REDACTED] at this point. I have been asking for at least three years.

- b) [REDACTED] also has specialized shoes made at SDC. They use a mold of her foot to design the shoes since she cannot wear store bought shoes because of her foot deformities. She needs the shoes for warmth and protection even though she is not able to walk. I am not aware of anywhere in the community that makes such shoes.
- c) There needs to be a dental clinic to provide dental services for people who cannot get such services in the community. I have heard at a court hearing of a resident who had been moved almost a year prior to the hearing and was still unable to get dental services. These services are supposed to be in place prior to placement as required in the Lanterman Act. I have heard of cases where a client has not been able to get dental services for a number of years. [REDACTED] needs some medication prior to being treated and it is essential that she be able to get routine dental care with cleanings at least once a year.
- d) There are other services which should be available at a clinic located on SDC land such as psychiatric services. My regional center director has said that when the temporary clinic at Agnews closed that they were having difficulty getting such treatment.

The clinic should be opened permanently, not just for a year or two after closure as you did with the Agnews closure. At that clinic closure, I have been told by the regional center that they had problems with getting dental care and also psychiatric care and those problems are ongoing even today. We must provide services to these people who are the most vulnerable in our society. It should be possible to keep the clinic open that is already in place especially since there is a great need in the community. DDS and the state should consider establishing such clinics in several locations in the state.



2. DDS must actively and publicly coordinate with parents, families, and conservators as a group before the start of closure to ensure that all necessary services will be provided after closure. DDS listened to the families from Lanterman and recorded their comments as was done at the hearing in July, but has not actively worked with families of those involved. DDS needs to have a dialogue with families and coordinate with them, not just listen to them and not interact and negotiate with them which would be true collaboration. Just listening to families is not collaboration and does not serve the needs of those moving out of SDC as well.
3. I know that many of the workers in the homes are being paid minimum wages. This is a concern because those who work with [REDACTED] will need extra training to deal with her special needs such as her G-tube. The people who will be supervising a home [REDACTED] will be in will be well qualified, but so far it is questionable whether those giving everyday care will have sufficient training. They definitely don't seem to have the training that the psych-techs do at SDC and the homes seem reluctant to hire the well-trained and qualified psych-techs because of the expense. It is a tragedy that such talent may be wasted.
4. The skills that people have at SDC should be preserved by having people from SDC train others with sufficient hours to really do some good.
5. There needs to be better licensing surveys of the community homes. When I looked at an Agnews report quite a few of the homes had been visited for only a short time during a day with the home getting notification in advance of the visit. There should be unannounced visits as well as announced visits to ensure that the appropriate services are actually being provided. The residents being moved from the developmental center, including [REDACTED], are not able to speak and therefore cannot report any discretions happening in the home.
6. The timeline proposed for closure is too short to allow the regional centers to purchase, build, renovate houses for residential housing for those coming out of SDC and is insufficient time to allow for finding employees who are qualified to work in the homes and day programs. The timeline should be a flexible timeline with sufficient time for the regional centers to make proper arrangements for all those being moved from SDC.

Sept 1, 2015

TO: Director Santi Rogers

FROM: Albert [REDACTED] – Conservator for [REDACTED]

Re: Sonoma Developmental Center Closure Plan

[REDACTED] has lived at SDC for 56 years. She has been wheelchair bound for the majority of that time. She is epileptic and has cerebral palsy. Her speech is very limited to a few words and does not understand or comprehend most all conversations. Over the years she has been moved within SDC several times. After each move, her adjustment period is measured in months and years. The number of seizures she experiences increases significantly. The remedy to the increase in seizures was to medicate her more. This 'over medication' led to more seizures and more hospital visits. Her last move within SDC was fortunately to a building with the same floor plan as her previous residence. She did not fully realize she had moved. Therefore her behavior did not change and this move did not put her at risk. Even though my sister is severely handicapped and mentally retarded, she is VERY aware of her surroundings. SDC is her heaven on Earth. Moving her to 'the community' would be her purgatory and a death sentence.

I understand California is in desperate need of reducing their budget. But why is Sacramento and Washington penalizing this particular group of people? They need our help more than most all other groups of people! They are truly "disabled". They are not able to speak for themselves. They are not able to function on a daily basis without continual care and assistance. In my opinion, the community will not be able to provide the level of care or come close to the level of care SDC provides and the people of SDC require. The staff of SDC is family. I'm confident [REDACTED] regards the staff of SDC as family (assuming she understands that concept).

I question the closure of SDC. It is my understanding the approx. 800 acres which SDC resides was donated to the state of California with the understanding that a facility for 'challenged' people was to be opened and maintained by the state of California on ALL 800 acres. If in fact this is true, how can California close SDC? Does California have a conscience? Is moving these very fragile people into the community the best solution? At the very least, allow the proposed creation and construction of an SDC type facility on a portion of the 800 acres.

Thanks for your consideration

Al [REDACTED]

August 24, 2015

Denise [REDACTED]

## Sonoma Development Closure Plan

[REDACTED] has resided at SDC for almost 40 years. She is medically fragile client, as are many other individuals, totally dependent on SDC staff for all daily needs and care.

I am Conservator of [REDACTED]. [REDACTED] has a seizure disorder which is one condition of multiple diagnoses. Her seizure disorder requires continual observation and assessment by trained Neurologists, Advanced Cardiac Life Support (ACLS) trained nurses and physicians to keep her seizures under control. Her fragile seizure disorder is stabilized by a monitored medication regime. [REDACTED] is severely brain damaged. Her disabilities are the result of a near catastrophic illness before one year of age. She is nonverbal, fed through a gastrostomy tube, is confined to her bed or a customized wheel chair, has no purposeful movement and is totally dependent on medically trained staff for all her physical needs. In the past she was excluded as a candidate for community based residential board and care facilities making it necessary for her to reside at SDC. Moving forward with the proposed closure plans for SDC, the projected plan to move her into a proposed SB962 residential facility (no facilities exist at this time in North Bay Regional district) will deny her appropriately licensed staffing, for care and management of seizures, just one of her many debilitating conditions.

Keeping that situation in mind for me and many of my “fellow” conservators, parents and concerned individuals, as the ongoing closure and transformation of Sonoma Development Center continues to progress, it is imperative all medical, dental, neurological, behavioral, crisis management for outpatients and social support systems for the developmentally disabled remain fully staffed and functioning now and in the future as a central resource for our most vulnerable

population. These must be made available now, congruently with the process for closure if it must move forward. Also there must be a plan to create housing accommodations on the SDC site as a safety net for those individuals whose situations require them to return to Sonoma Development Center if the independent community home fails them.

For me the decision by the state of CA to radically alter the quality services to our developmentally disabled individuals across the board shows lack of experience, short and long term planning and wisdom on the part of our State and Federal Government Representatives. Some of our developmentally disabled clients will do well adapting to a change in services but for those with fragile medical conditions requiring 24/7 close monitoring by highly trained medical personnel the proposed changes in a community home care setting, as they now stand, are not a viable alternative. In a community home it remains difficult to find qualified, committed staff members. To para phrase one of our public forum speakers, "Sending our medically fragile clients, who require the high level of care they now receive at SDC, out into community managed board and care homes is an example of euthanasia, California style". Of course the medical advisors on your committee must have apprised you of the results found in the Shavelle, Strauss and Day study in the Journal of Data Science 3(2005), 371-380: "Deinstitutionalization in California: Mortality of Persons with Developmental Disabilities after Transfer into Community Care, 1997-1999" There was 47% increase in mortality rates found when individuals moved out into the community from institutional living as compared to those who remained in the institution.

As we continue our strong opposition to the CA State proposal for closing SDC in 2018, we must continue in collaborative efforts from all sides in exploring ideas and options available to insure continuation of the excellent care received by our family members at SDC. The decision to close SDC was a budgetary one and at this point should not be regarded as irreversible. The decision to close the whole center rather than repurposing existing facilities to accommodate clients with more acute medical diagnoses who require complete care and those most at risk with multiple mental and behavioral disabilities. Our task moving forward needs

to be focused on maintaining services and programs our clients depend on as residents. These should remain available and continue to be available as outpatient facilities after the transformation of SDC is completed. The highly trained state medical staff of MDs, RNs, PTs, OTs, etc. as well as those that build, maintain, and repair of customized equipment now serving the most severely disabled clients need to remain in a central location at SDC or they will need to be duplicated many times over to serve the proposed widely scattered community residences. The cost of these duplicated, scattered resources is wasteful spending of funds.

Considering the complexity of the task to provide all SDC clients with health services their lives and wellbeing depend on, I implore you to reconsider full closure and maintain vital services for those diagnosed with medically and neurologically acute conditions.

Denise [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

September 23, 2015

Denise [REDACTED]

Re: Transformation of Sonoma Development Center

Attention: Cindy Coppage

As the plan to remove all residents from the SDC by 2018 continues to gain momentum I am focused on the fact that homes, day programs, and contracts for services with MDs, RNs, PTs, OTs, and DDS. etc. to provide a continuum of client care do not exist at the present time. Before our family members are moved outside SDC there must be evidence that all services and programs our loved ones depend on as residents at SDC are established and that there are openings for new client placements. No SDC client shall be moved to a community facility until the Regional Center has filled its responsibility in putting needed supports and services in place. SDC must continue to function with staff able to provide the usual high level of care needed by our most severely disabled residents during this ill-advised period of transition.

The highly trained state medical staff as well as those that build, maintain, and repair customized equipment now serving the most severely disabled clients at SDC should remain available in a central location at SDC. The budgetary cost savings by keeping this in place will eliminate the need for these services to be duplicated many times over to serve the proposed widely scattered community residences.

Needed staff education and training as it pertains to individual clients must be completed before any change of residence occurs. A “Safety Net” facility must be available at all times for those individuals whose situations require them to return to SDC if their community home fails them.

Family members and conservators must be assured of unrestricted access to new placement without the necessity of an appointment.

A mandatory monitoring system must be set in place that ensures accountability and evaluates staff performance and client care. Any and all occurrence of and adverse incident must be reported to family member of conservator at the time of the event. Adverse incidents include, but not limited to, medication error, untoward reaction to medication or treatment, any unexplained injury, use of restraints or seclusion or any change in placement from original placement outside SDC.

Considering the complexity of the task to provide all SDC clients with health services their lives and wellbeing depend on, I implore you to reconsider full closure but rather maintain vital services for those diagnosed with medically and neurologically acute life threatening conditions.

Denise [REDACTED]  
[REDACTED]  
[REDACTED]

From: [REDACTED]  
To: [DDS HQ Sonoma Closure](#)  
Subject: SDC Closure Testimony  
Date: Friday, August 28, 2015 12:05:02 PM

---

To Whom It May Concern,

My name is Jill [REDACTED] and [REDACTED] is a resident at Sonoma Developmental Center (SDC). I am writing to express my concerns over the plans to close SDC.

[REDACTED] is a 62 year old male and has been a resident of three developmental centers since he was 7 years old. I cannot express how deeply the closure of SDC will affect [REDACTED] health and quality of life.

[REDACTED] was born without the ability to walk or talk, however, he is a happy-go-lucky guy who enjoys the company of staff, peers, vocational work, music, outings, and a good meal with friends and family. Without the constant care he gets on a daily basis from all the devoted employees at SDC, [REDACTED] world will be severely diminished and I am very concerned about his future. [REDACTED] depends daily on the trained staff to shower, shave, brush his teeth, dress, get to activities, eat meals, enjoy household activities, and prepare for bed.

[REDACTED] worked tirelessly on [REDACTED] behalf until their last breath. They marched on Sacramento in the 1960's and 70's to ensure California provided the best care for the residents who could not speak for themselves. My father served on the Governor's Advisory Board in the 1990's. While on this board, he was an advocate for [REDACTED] and all the other residents. My mother was president of the parent volunteer association and raised money for extra curricular activities so the lives of residents could be enhanced.

SDC provides the community so that the most fragile among us can be cared for, treated with respect, and thrive. The programs residents receive at SDC cannot be replaced in the community. If SDC is closed, residents like [REDACTED] will be ripped from the daily routine they have known for many years and this change will bring about catastrophic results. SDC is home and family. If these residents are scattered throughout various communities the emotional loss will be devastating. These citizens will become disconnected from all they know and from all who know them.

SDC is the one place where all needs, (medical, dental, psychological, physical therapy), can be met immediately. Taking residents away from timely treatment will certainly effect ongoing care and life expectancy.

I beg the State of California to recognize the neccesity for developmental centers and the importance of having SDC remain open.

Sincerely,  
Jill [REDACTED]  
[REDACTED]



**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Education/Training Components of transition/Transformation  
**Date:** Friday, August 14, 2015 10:21:28 AM

---

My name is Adam Basler, currently the Coordinator of Educational Services here at SDC. I have been coordinating day programming here for almost 10 years as a Teacher with a Masters in Special Education. At the SDC forum today, I raised the question of continuing testing of Adult Students (SDC residents) using the CASAS ([www.casas.org](http://www.casas.org))-Comprehensive Adult Student Assessment System, as another metric to ensure quality care and training of residents. I have administered this testing with the SDC population for 8 years and it is an integral piece to qualitatively evaluate an individual's skills and guiding the IPP process. I do not believe this testing happens at every day program/community facility but I would propose this system as an effective way to ensure quality and qualify Day Programs and Homes for grants and other supplemental funding as currently happens at SDC. WIOA-II, Lottery Educations Grants and AEFLA are a few programs that currently contribute to our Budgets for training and I fear they may be lose or overlooked as the Center closes. I would be more than happy to summarize the results the Adult Students we serve here at Sonoma have achieved and how this could translate to better outcomes for all Adults with Disabilities in the community setting- not just those transitioning out of Sonoma DC.

In addition, I have been working on a Task Force for AB:86 with a regional group at the Santa Rosa Junior College with the goal of coordinating Adult Education opportunities for all Adult Learners (W/disabilities and W/O). This task force has devised ways to make the SRJC and its wealth of opportunities more accessible for Adult learners with disabilities.

I am a passionate advocate for this marginalized population and access to meaningful training and supports to ensure they do not end up in Jail or Napa State hospital etc.

If more information would be helpful or you have any questions please contact me! ( Note:I sent this exact message via the Senator's Web site contact form as well)

Sincerely,

***Adam***

Adam Basler, MA  
Teacher &  
Coordinator of Educational Services CPS  
[REDACTED]

***Adam***

Adam Basler, MA  
Teacher &  
Coordinator of Educational Services CPS  
[REDACTED]

**From:** Meg Beeler [mailto:meg@megbeeler.com]

**Sent:** Monday, September 21, 2015 4:37 PM

**To:** DDS HQ Sonoma Closure

**Subject:** Send 400 residents to certain suffering and likely death with inappropriate housing and care?

Dear Director Rogers and Ms. Coppage:

How exactly are you “building partnerships” in making closure plans for SDC?

Your draft plan released 9/15/15 does not contain any of the following:

- Specific alternative plans for the 400-plus residents who are too disabled to survive in community homes.
- Specific, implementable plans for ancillary health services for the Northern CA population to be provided at SDC over the long term, such as dental, short term respite, equipment (wheelchairs and so on) , and all the other needs.
- Attention to the economic impacts of the largest County employer laying off 1200 people.
- A specific path for land transfer to State and County Parks.

All of these are essential aspects of *requests from the local community in every public meeting*. They are all part of the community-derived “Transition SDC” proposals developed over two years by every significant stakeholder in the closure plans (SDC Coalition chaired by Supervisor Gorin). They are obvious humanitarian, economic impact, and resource needs that must be addressed in a closure plan.

To most people, partnership means cooperation. It does not mean fake public meetings where you let people vent and go do exactly what you planned to all along.

The stakeholders who have spent countless person-hours developing ideas for Transition Sonoma (of which I am one, as Chair of Sonoma Mountain Preservation) do not see your draft report as even close to “building partnerships.”

The families of the 400 aging disabled residents are frightened by the non-prospects for their beloveds that the Draft Plan offers by way of ignoring them. It is not “partnership” to provide no options.

The State spends a lot of money retraining people when they are unemployed, but seems to think it is unimportant to consider the training, expertise, and compassion that 1200 SDC employees have built up over time. Is it economically viable for the State’s economy to throw them into the lines of the unemployed?

The land’s resources—water management and conservation, the wildlife corridor, potential for addressing climate change, public access to nature—absolutely need protection

I want to reiterate, as I did in a prior letter 8/31/15, that in order to fully assess and protect these resources, SMP believes it is essential that the State:

- **Coordinate a complete biological and cultural resource assessments of the SDC property** with the California Department of General Services (DGS), the Legislature and the California Natural Resources Agency, that builds on the work of the April 2014 “Sonoma Developmental Center Draft Resource Assessment” and share the data with SDC Coalition and the general public.

- **Work with Sonoma County and the SDC Coalition to prepare a summary of the property's contributions towards the State's environmental goals, including the following areas:**
  - o Water management and conservation
  - o Climate change (note that protecting these lands is fully in accord with Governor Brown's goals for California's response to climate change)
  - o Habitat and natural resource protection
  - o How access to nature benefits public health
- Initiate a collaborative process with DGS, the California Natural Resources Agency, California State Parks, Sonoma County and other stakeholders to **ensure permanent protection of the critical open space lands on the SDC site.**

Finally, we reiterate our support the SDC Coalition's proposed vision statement for the future of SDC:

*Create a public-private partnership driven by community ideas and values that showcases the site's history, maintains critical services for the developmentally disabled, provides opportunities for creative reuse of SDC's assets, and preserves the natural resources and open space of the site.*

If you believe in "partnership" and "community input" and "democracy," you need to incorporate the SDC Coalition written comments, a comprehensive set of recommendations—to:

- Ensure compassionate and appropriate solutions for the well-being of the current residents.
- Honor the collaborative process of widely diverse stakeholders in finding solutions that benefit all concerned.
- Create future job opportunities for SDC employees.
- Set the stage for the permanent protection of the tremendous open space and natural resource assets of the SDC property.

As you have heard over and over in spoken and written comments, the Sonoma Valley community is united in the belief that the State should not simply close SDC, send 400 residents to certain suffering and likely death in the only available for-profit "community" housing, and sell the land as surplus property.

Please listen this time.

Sincerely,

Meg Beeler

Chair, Sonoma Mountain Preservation

[www.sonomamountain.org](http://www.sonomamountain.org)

*Sonoma Mountain Preservation seeks to preserve the scenic, agricultural, and natural resources of Sonoma Mountain; to expand recreational opportunities on the mountain; and to provide a forum for constructive discussion of issues relating to the mountain.*

From: [Lisa Eng Beeman](#)  
To: [DDS HQ Sonoma Closure](#)  
Subject: Sonoma Developmental Center  
Date: Monday, August 31, 2015 3:02:39 PM

---

Hello.

I understand that the Sonoma Developmental Center is due to close, under an aggressive time line. Out of my concern for the severely medically and psychologically fragile patients who reside there, I request that this timeline be reconsidered and extended.

The facilities there could provide a regional dental clinic for the former residents and other persons with developmental disabilities. It is extremely difficult finding dentists who will work with residents with such extensive physical and medical needs--there is a 2-year waiting list for dental care at the University of the Pacific in San Francisco which is the Golden Gate Regional Center provider for routine and emergency dental care for community-based residents.

This would be an opportune time to explore new models of service delivery including the development of clustered group homes on the 900+ acres of the Sonoma Developmental Center including co-located group homes operated cooperatively by Bay Area and Northern California Regional Centers. This land was given to the State of California in the early 1890's as a care center for the developmentally disabled and it should remain so for as long as possible.

Thank you,

Lisa Eng-Beeman, M.S.

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Concern  
**Date:** Friday, August 14, 2015 2:51:07 PM

---

To Whom it May Concern,

With the closure of SDC my concern is the short time span for closure leaving SDC without adequate staff to care for clients and inadequate time to increase and properly train new staff at the Regional Project.

*Candace Beveridge,*  
*Sonoma Regional Project*



**From:** [Cindy Bishop](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Comments of the Sonoma Development Closure Plan  
**Date:** Tuesday, September 01, 2015 4:54:00 PM

---

**To:** Department of Developmental Services  
**Re:** The Closure of the Sonoma Developmental Center

I am extremely grateful to have had the good fortune to work at the Sonoma Developmental Center for 15 years, as Confidential Administrative Assistant for the Sonoma County of Education, which ran about 60 classes for the residents of SDC. It was a life-changing experience, and I can't agree more with Sonoma resident Will Shonbrun's view that "before any decision is reached as to the closure of SDC or the disposition of its client residents, it should be mandatory for those making this decision, from Governor Brown down to the current director of DDS and all in the legislature who support this closure and transfer, to spend one day at SDC and experience for themselves who are those residents living there, some for 30 years or more, and exactly what their lives are like and the people who are and have been caring for them."

I have read four eloquent, highly informative and far-sighted letters to the DDS, including Will Shonbrun's, quoted above, covering very significant points I feel are in urgent need of being conveyed, earnestly imploring all decision-makers to consider what is truly at stake here. I urge you to please read those thoughtful letters carefully, take them to heart, and seriously think about the potentially devastating consequences and possibly life-saving alternatives they are imploring you to consider before moving ahead. In addition to Will Shonbrun's, the three letters I urge you to reflect on are those by my friend and respected colleague Dr. Susan Smile, Staff Physician at SDC; by Deborah C. Nitisaka, M.A., of Glen Ellen, California; and by Bob Edwards.

In closing I ask again that before making any decisions that will profoundly affect the lives of the uniquely beautiful and vulnerable individuals who reside at SDC, you allow yourselves to become more intimately acquainted with them, and with the critically significant issues raised by those named above in their efforts - which I trust you support - to help bring about an outcome for the best benefit of all.

Thank you for your time.

Sincerely,

Cindy Lubar Bishop







[REDACTED]

Department of Developmental Services,  
Developmental Centers Division  
Attn: Cindy Coppage  
1600 – 9<sup>th</sup> Street, WS 3-17  
Sacramento, CA 95814

Dear Ms. Coppage:

This letter is in re: to the proposed closure of Sonoma Developmental Center (SDC) in Sonoma, CA.

[REDACTED] has been a resident of SDC for 50 plus years. I am a co-conservator for him. [REDACTED] is profoundly developmentally disabled with a very low IQ. I am deeply concerned that placing [REDACTED] in the community would be extremely detrimental to his physical and mental well-being. [REDACTED] has great difficulty adjusting to changes, whether they be the living environment, new staffing, changes in schedules. He does best when he understands what is expected, who is asking for his cooperation, and where he feels safest. According to the Lanterman Act, residents should live in the least restrictive environment. SDC is the least restrictive environment and he is allowed to walk around the campus, go to the campus store, and attend ball games on the grounds. He is known on campus by staff members and security. Those individuals know [REDACTED] personality, his mannerisms, and know how to deal with developmentally disabled (DD) individuals.

If [REDACTED] was placed in the community, it would be very difficult for him to understand why he was in a new home, with new staff and people he does not know (and who don't know him). Not only would it be difficult for [REDACTED] and new staff, but people in the community who might see [REDACTED] could be frightened by his appearance, as we have witnessed when taking him out in public. Even though [REDACTED] is not an aggressive person, he does frighten people who are not familiar with DD people because he makes noises and laughs (sometimes for unknown reasons), is bent over from the waist due to arthritis, has pre-cancerous skin lesions on his face and scalp that become large and unsightly. He does not understand that he can't just take something that he wants without permission. If this was done in the community, I fear that someone would turn him in to the police and he would end up in jail. Sometimes when he does not get his way, he can exhibit angry outbursts, which frighten people who do not know him. [REDACTED] basically is a kind person, will be helpful and conscientious in certain situations, and tends to be a loner. [REDACTED] knows his current surroundings, what rules he has to obey such as walking, coming home when it's dark, rules at work.

[REDACTED] has trust issues. [REDACTED] has made strides in trusting certain staff members at [REDACTED], especially Dr. Susan Smile. [REDACTED] has always been afraid of doctors and Dr. Smile is the FIRST doctor [REDACTED] will allow to touch him and apply medication to his skin. She is very attentive to his needs and has even accompanied him to certain appointments off campus (such as surgical and follow-up exams). It would be a travesty for him to lose her as a physician.



I truly feel that placing [REDACTED] in the community would cause his well-being to go downhill, to the point that it could even lead to death, which is a pretty strong statement to make. I do not want [REDACTED] placed in a situation where he might be drugged all the time or where he could be incarcerated due to a misunderstanding of some behavior he exhibited. I also have concerns re: the level of education and training the staff in a community placement have as it relates to working with DD individuals. Even professionals in the community may have trouble dealing with DD individuals only because they have not been trained or had experience in this field. [REDACTED] has had excellent care at SDC by staff members who are well trained to work with the developmentally disabled population. My family is very grateful for this care that is given 24/7.

I ask the State of California to keep SDC open and to allow those DD residents to be able to live their final days in a safe and happy environment at Sonoma Developmental Center.

Sincerely,

*Diane*

Diane [REDACTED]  
Co-conservator for [REDACTED]

Cc: [REDACTED]

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Thoughts on closing.  
**Date:** Tuesday, September 01, 2015 1:50:25 PM

---

To Whom It May Concern:

My thoughts are categorized in two: one is about health care and the other is on the land.

Before I write more, I would like to thank you for listening to the many voices about the future of SDC which will affect many individuals. I will be brief.

I'm hoping that the property of SDC will continue to and improve itself on sustainability, increase its value, and serve the public per California's socio-economical, health, educational, and environmental goals for another 100 years.

On health, I would like a plan that communicates a responsible health care system. Everyone need to be responsible and participate in the delivery and planning of healthfulness and mindfulness: health care paradigms, staff, parents, public at large, and recipients.

Education, training, outreach programs, support systems, and health care deliveries are a few suggested subcategories that can merge together and/or overlap for effectiveness and efficiency.

Audrey Boland, OTR/L  
Specialized Rehab Services

[REDACTED]  
[REDACTED]

Here are some suggestions for some of residential facilities at SDC:

**TEMPORARILY** - until closure - or **Longer term**, if that becomes possible.

1) Permit the Sonoma Severe Weather Shelter (SSWS) coalition to utilize 2 (perhaps more) **residences** for HOMELESS FOLKS in Sonoma - as "permanent" residences

HOW?

1. Have them sign whatever releases, waivers and Hold Harmless Agreements are appropriate.
2. Provide some temporary (think tent & porta-potties) shelter in wooded area (out of sight).
3. Provide each team of workers and future inhabitants with materials, leadership and supervision necessary to re-hab each residence.
4. Upon completion, permit those workers to inhabit the house that they have made habitable. (Note: other cities have GIVEN homes to homeless to reduce the costs of services for the homeless by 67 %!!!)

2) Permit SSWS to re-hab 1or 2 office, commercial or industrial buildings as a temporary, overnight residence for homeless folks on nights when the temperature is below 40 degrees from Oct 15 - March 15 each year.- as the coalition has done in 7 different locations for the past two winters.

3) Consider having legal entities - like FISH - either **purchase or lease** those buildings they have been re-habilitated in the event that all or a portion of the SDC property could be made available beyond the closure date.

NOTE: SSWS is an affiliate of FISH and Sonoma Overnight Shelter. Contact Sandy Piotter at FISH.

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Cc:** [REDACTED]  
**Subject:** closure SDC  
**Date:** Tuesday, September 01, 2015 6:58:35 AM

---

Greetings;

My name is Joan E . Bourg

[REDACTED]

My comments on the closure of SDC follow.

It is hard to imagine this occurring, and it does not seem right !!!!

SDC is more than “ a hospital “ , although it is certainly that, it is a community. My entire family has worked at SDC since the 60’s, with me being the only exception. My grandmother worked the switchboard in the 50’s and 60’s. My mother worked in Chamberlain with Dr’s Holmes and Reed at that time also. My sister started as a volunteer candy striper, going on to become a Psych tech, working numerous wards in her career. My father became a Peace Officer working in Protective Service for over 15 years, and was a card playin, firehouse staple until his retirement in the 90/s. Lastly, my wife has had well over 20 years there, before needing to take another job when Calif recession pay cutbacks forced her hand. She started there as a social worker, working her way into management. She was one of 2 people who started and developed what is now the Quality Assurance Program, or QA, a much needed and intrinsic part of the quality of life issues for clients at SDC.

All these people, and many more, have dedicated much of most of their working lives to assisting those of us less fortunate.

These people should be the focus, not the budget driven decision to close SDC.

SDC has a unique place in the history of this valley. It is more than a facility, it is a town, with it’s own name, Eldridge, and it’s own culture and population. It has it’s own water supply. It has a farm. It has some of the most beautiful land in the entire valley. And it is a place of care for the most fragile amongst us. And we need to maintain this place in our society !

I cannot imagine that each and every client there can find an equal or better placement “ in the community” !!!!!!!  
For that community does not now exist.

I have followed the reports and newspaper articles of each public meeting, as my job has prevented me from attending. If all of the sad comments and trial and error horror stories from families of former closures are true, you have to realize that relocating many of these people is not in their best interest, and may never be. ! How can this be happening ?

Take the gentleman who has thrown rocks, provided for him, from the bridge all day to maintain his delicate peace of mind.. where will he be able to find that kind of environment of geography, understanding, comfort and peace ? Take some of the most emotionally and physically challenged clients, some not able to speak or walk, feed themselves or relate, without the round the clock team care of this hospital .

Where will they find the level of care that matches what they have known their entire lives? I’m not sure these services can be duplicated “in the community “, and it is wrong to think this can occur within the 2+ year time frame, OR AT ALL.

There is a reason that the families of this population are up in arms ! They know what it takes to care for these people. We, as compassionate human beings, must care for the weakest amongst us . “There, before the grace of God, go I” .

As a side note, my sister, the psych tech, recommended that the PT and other skilled training units be kept open at least..! other hospitals, such as Napa State, are not closing. These training programs are already in place and are much needed. I feel that way about a lot of the services at SDC. This little town must keep operating in order to survive for any future changes ! Buildings and grounds, and the history of this important community must be kept up. The phrase “use it or lose it “ applies here.

I hope that the collection of people receiving this information can understand the terror in the hearts of families, whose precious loved one’s lives hang in the balance between a known level of team care crafted over years, and the uprooting and dangerous course of group home placement living. We cannot abandon these people to this difficult, potentially dangerous fate ! Imagine if this was your daughter or son ? what would you want for them  
?????

These citizens deserve our continued care and support in an environment that we made EXCLUSIVELY for them  
!!!!!!!

Please consider these people, and stop this madness. If nothing can be done to stop or reverse this decision ( ??? ) at least extend the closure another 2 or more years to give this process the time and organic development it needs  
?????

thank you for your consideration

joan bourg

“As you do unto the least of these, so you do unto me.”

## On the meaning of development and “Sonoma’s” future...

I

I must have left my heart in the Sonoma Valley that first visit at two years old, brought by my mother to meet the infamous Juanita Munson. She thought I would like the eccentric restaurateur and her unruly menagerie. Apparently I was a hit the cook but not her prized cock who gave me the treatment generally reserved for rivals of his own species. Though I don’t recall that trip, it was the first of many over a lifetime lived in various parts of California that culminated in my finally moving to the home of my hearts’ desire two years ago.

Shortly after arriving here I read that the town had been voted one of the “friendliest towns in the nation” among readers of Conde Nast’s Traveler Magazine. I began to wonder what it was that set Sonoma apart from her neighbors who had grown ever more trendy and upscale—and pretentious—over the years. Was it intentional, somehow guarded or fostered, this easy informal feeling the town was known for? What was the wellspring of this atmosphere?

I pondered these questions as I got to know the city up close, meeting business people and artists, council members and the man on the street. I covered as much territory as I could, mostly by bicycle—one of my favorite ways to get to know a place. In the course of this I became a regular at one of the local bike shops. I got to know some of the staff and met customers from all over the globe. Most of these were there to rent bikes and would often ask for suggestions about local sights or places to eat, wineries to visit, etc. I am always happy when such questions arise, to share my own favorites and hear what other locals recommend.

One mechanic in particular at this shop—Wine Country Cyclery on West Napa—stood out in his consistent good service, humor and willingness to work on my ancient road bike. As I got to know this fellow more, I quickly realized that his commitment to the sport and to cycling in general went far beyond the gearhead machismo typically found in the cycling world (and many others...). His name is Adrian Palenchar.

If you’ve been to the Tuesday night market, you’ve probably seen his perennial grin under curly brown hair and a vintage style cycling cap as he mans the Teen Center’s Bike Valet program. Adrian has not only run this program for the past three years, it was his brainchild. After returning from an extended volunteer trip to Peru, where he and a girlfriend worked with local charities, Palenchar returned to his home with a new appreciation for the abundance in his life. Growing up in Glen Ellen, he realized, he had never known real hunger or any need that wasn’t filled, but that even here among such lavish abundance compared to what he’d seen in Peru, there were those who could be helped.

As a boy in Glen Ellen, Adrian had relied on a bike for transportation and fun, one of many kids to be seen in Glen Ellen in the 1990s. Back then, the ride from Glen Ellen to Sonoma, a trip he now makes almost daily, was a big deal. He and his friends enjoyed, among other local spots, several hundred acres of open space on the Sonoma Developmental Center (SDC) grounds. Here they had a natural laboratory in which to grow and explore. Switching to gasoline and four wheels as once old enough, Palenchar returned to the bicycle as a mode of cheap and versatile transportation while traveling and working as a

teacher in San Francisco. In New York it was almost a revelation to him how easy it was to get out and about, sometimes with the help of trains. With a bike, he says, “you can explore so much more—you can make it happen”. All of this biking led to learning about repairs and eventually to a dream.

In 2011 Adrian brought his idea for “Operation Bicycle” to the teen center and was offered a storage space under the building with access through a low door off the parking lot. In this, well let’s call it what it is: crawl space—Adrian has built a clean, well equipped bike shop that so far has repaired and sold or donated nearly 400 bicycles and repaired hundreds more, provided free or low-cost helmets, lights, parts and equipment to young and low income locals (or any income—no maximum!!). In addition to bike repairs and sales, the program teaches teens to work on their own and other bikes, building confidence, independence, skill and a sense of both responsibility and empowerment. For the past several years, Palenchar and his teen helpers have offered free valet bike parking and repairs at the Tuesday night markets.

So how does all this tie in to a “friendliest” rating for Sonoma? What’s yer point, man? Well, as I see it, Adrian is an exemplar—an outstanding one I’ll admit--of the kind of person, the kind of local in particular—who makes this town stand out from its neighbors. One who has been raised among beauty, fresh air, freedom to move and explore and by people who were motivated by service. Up to about twenty years ago many of the families living in Glen Ellen had one if not several members working at the SDC. Some of these had employment histories going back generations to the founding of the “Home” in 1891. These were mostly people motivated primarily by service. The town itself, though founded by a wealthy 49er, had always been welcoming to “outsiders”, particularly the Chinese, and by the 1990s was made up of mostly small to average sized homes filled with families.

Today, many of the towns’ streets are filled with weekend-only or vacation rental properties. Note the shift in noun-choice, these houses once “home” to a family are now primarily investments, however beautifully designed or decorated. Men like Adrian do not often come out of such “neighborhoods”, for in these hoods, they ain’t no more neighbors, neighbor...Five years from now, when some mountain gal has snagged Palenchar and has him off raising a passel of toothy-grinned progeny, who will know to send the tourists up to Boyes for some of the best Latin cuisine in the state. More importantly, who will care? Our reputation for hospitality is rooted in the strength of our community and particularly of our neighborhoods.

Again, people such as Adrian most commonly arise in places where they are free to meet and play, to grow and learn from one another, from adults other than their own parents or teachers and from the natural world. Most important in this is the role of informal free play, for it allows for a type of learning that no amount of structured activities can replace. In a word, the freedom to explore is the foundation for our dreams. Only a mind that learns to safely push the boundaries of the known could come up with a program like “Operation Bicycle” where none existed before. Only such a one can look into the eyes of a stranger and find there the possibility of a friend, even if only for today. The patients at SDC mostly live in the moment, childlike; is it they who have taught us to be so open. Is not here the soul of hospitality? Honestly is this something we can afford to lose? Do we want to?

One of my early teachers, Elizabeth Terwilliger said that children take care of what they love. If you teach them to love their home and the earth, they will take care of it. Over the many trips I made here in my childhood and youth, whether for hikes or visits to local vintner friends of my parents, to see the ruins of the wolf house or to enter the sacred musty darkness of the old Sebastiani tasting room, one place always stood out in my memory as unique. Whenever we entered the orderly greenness of the SDC, so quiet, almost mysterious, I felt a special awe and wonder. This, I knew, was where [REDACTED] lived. He'd contracted Malaria as a young Peace Corps volunteer in 1970 and had lived there since.

Once I moved to Sonoma County, over 20 years ago, I began to explore this place that had so long fascinated me. I got to know its grounds and trails, its lakes and creeksides, hills and orchards, ruins romantic and otherwise, and more recently since moving here, its people. I run into them everywhere I go now it seems, from local eateries and taverns, meeting people of both professional and working classes and always I find them friendly, open and unpretentious...hmmm...sounds kinda familiar...all of them, to a one, had warm memories and smiling faces as these were recounted.

As an intact watershed with plenty of open land, the SDC represents a development opportunity unparalleled in the North Bay Area. Bland assurances that the land "will not be sold to developers" do nothing to prevent massive new development—all the while protecting habitat, access, etc. There is ample acreage in what are termed "greyfields"—old agricultural or building sites which abound on the property. The excellent work of the Presidio Trust in San Francisco may be a good model in some ways, but anybody who has been to the city in the past several years knows that the construction there has been almost constant.

In the first of what was to be several meetings organized by the Center for Collaborative Policy, I noted to general nods of assent that while this was an excellent model for an urban site like the Presidio and a large, deep pocketed tenant like Lucasfilm, the SDC was unique in one particular, that being its mission and patient population. SDC is not an installation abandoned by those for whom it was built as the case in Military bases around the world. Here we have a "goldmine" of experience, skill and knowledge that makes opportunities for "transformation" of the site line up to see, first and foremost, if they meet the standard of compatibility with existing patient needs.

No developer in his right mind would want to touch this one. Far easier to remove these "obstacles"—oh, of course, seeing that they are well cared-for—or course...

To work within such a constraint requires skill sensitivity and most of all imagination far beyond anything typically found at a convention of real estate developers, the bench of a planning board or even some of the better design schools. It takes a broad and well-educated mind humble enough to admit its own limitations and the possibility of an all-knowing being far superior to itself. It takes the kind of mind found among many Americans approaching the turn of the 19<sup>th</sup> Century—the kind that built the SDC in the first place. One, like Adrian Palenchar's, that is free to dream beyond the "bottom line"



I began with a question: How did Sonoma get to be voted the “friendliest in the nation”? Far as I can see, best way is to get yerself a time machine, go back 125 years and found a place for the weakest members of society--those most vulnerable, many the victims of our industrial economy--and create a place where they are free to breathe fresh air surrounded by beauty, to be engaged in useful, meaningful or creative work and play—in a word—to live. Create a community for these people where the services and facilities they need are near at hand and where they can be among peers and feel “normal” where in larger society they are freaks or outcasts, misfits at best. Bring the best physicians and most compassionate staff you can. Take to heart the dictum that a society may be judged by how it treats its weakest members. Follow that, and in 125 years or so you’ll end up with a place like Sonoma. A place people feel welcome. Not that the climate and the wine don’t help...

### III

It is now late August, fast in the rush of school ramping up and we have a week to get word to the state about what we want to see at the SDC. I don’t know about the rest of you, but I think closing the place down is a stinker of an idea on many levels. In this essay thus far I have tried to lay out the relationship between our town’s reputation for simple but excellent hospitality and the existence in such close proximity of the SDC. For the last 125 years the center has been the single largest employer in the valley and even at times the county. In terms of economic and cultural impact this is of vital significance, though it has diminished of late due to the state’s controls on admission. Attendant to this shrinkage has been a shrinkage of the number of families in Glen Ellen. This has progressed to the point where Dunbar school is only kept open by having students bused in from the springs. Again, once Adrian and his peers are gone, who will know, let alone care about what some tourist wants. “Zombie neighborhoods” don’t tend to produce guys like that.

As for the SDC, let us not deceive ourselves that such a facility is obsolete or that the populations it serves have somehow miraculously disappeared. I would also like to challenge the notion of the “inevitability” of closure. If anything there is a far greater need for such places, as recent articles in the local press attest. There is a large and growing population of autistic young adults in California who, with new or rehabbed housing, could be far better served than by overstressed, worn-out parents, many of whom do the best they can without even the help of a partner. (Here I speak from personal experience, having worked for such families) There is ample space for such an expansion and local partners willing to collaborate with the state.

Sweetwater’s recently opened facility for autistic young adults is one such example. Farming and animal husbandry programs for the disabled now seen as “innovative”, have been touted by celebrities like Temple Grandin and incorporated into Sweetwater’s model with great success. The irony is that such facilities were developed at and have been in continuous use at the SDC for some 100+ years. If the center had been allowed to keep up admissions, places like Sweetwater would be unnecessary. (Imagine, in the land of Bob Canard and MFK Fisher, where the foodie revolution began, what the SDC’s farms might be...) Much as I applaud the efforts of Sweetwater’s developers and staff, even this very well-funded program is having its growing pains--having to “reinvent the wheel” in areas that staff at SDC has had down pat for decades. If the State needs funds to update facilities or create innovative new programs, why is there no serious consideration of public/private partnerships as was done recently with the State Parks system? 125 years of experience and knowledge. Do we simply scrap that and start over, or build on that, bringing in new ideas, energy, persons and resources.

#### IV

The core that remains at the SDC today is a small but rich culture of care and knowledge, skill and experience that could be, to use a culinary analogy, a starter culture for a rich and diverse regrowth of services at the SDC that builds on the current population. Santa Rosa Junior College had a skilled nursing training center at the SDC until just a few years ago. Perhaps it's lost on some, but given the shared architectural style of the old administration building and that of the college's main campus, this beloved relic fairly screams to be rebuilt as such a facility. Wouldn't it be wonderful to see MORE of those who need customized adaptive technologies receive them through people trained in a shop by current AT staff. The governor's proposal, in contrast, though no concrete proposal beyond closure has yet been seen (Um, Jerry...?) could be compared to clear-cutting a forest where a token grove of "old growth" is preserved in order to avoid a political nightmare. The only hints I've had so far are stories of "goon-squads" from Sacramento handing out marching orders to equine program staff and others with a six-month drop-dead date, or that the supposedly cash-poor state has invested in \$1M worth of equipment to test the capacity of Suttonfield reservoir.

In May we, as a community and with Sacramento's blessing, began what we thought would be a year-long process of study and discussion toward a proposed plan for the future of the SDC. Well, somebody had their fingers crossed I guess and trying to get a straight answer out of a career politician...well, good luck.

I have asked and I ask again for you to join me in this, is for a return to the table and the yearlong process we have begun.

--I want a planner to be brought in early in the process to create a General Plan for Eldridge, the "town" made up by the SDC, just as any city is required by law. I propose a planner who is skilled at community involvement and in drawing out the best ideas from all who come to the table--Peter Calthorpe comes to mind given his experience and track record as both a planner and facilitator.

--I want to be able to consider and delve into the very real possibility that the SDC could once again be a model for the world, a state-of-the-art community of autistic/downs/other disabled people, a research and education center, that could be self-supporting, possibly even adding to the state's coffers. This is not pie-in-the-sky but grounded in the present, in the need for better services and facilities for the disabled community in California, and in new technologies like biochar that have the potential to increase environmental health while creating a high-value product.

--I want to come together with ALL interested and bring out such ideas, to create a plan for this site in a way that avoids long, expensive court battles leaving deep and lasting scars in a community. Anyone who has walked through the SDC to Jack London Park, can see that the forests there are so overfull of fuel that a fire would be disastrous. Sensitive and careful forest management could vastly reduce fire dangers while improving forest health and actually making money for the state. Here is the kind of opportunity I see when I look at the SDC—and I am just one person. Do we choose the eventuality of massive fire scarring an overgrown fuel laden forest and possibly worse, or do we choose to do the work to transform this material to dollars with a cherry topper of healthier forests?

--I want an assurance--beyond even what the Parent Hospital Association, the advocacy group begun by families of patients--that the patients, staff, grounds, history and natural environment at the SDC be protected and remain untouched until such a time as a long-range general plan is approved and passes CEQA (California Environmental Quality Act).

The process of creating a general plan for the SDC will, at minimum, give the community an opportunity to participate in its own self-determination and provide a forum in which to bring out the best ideas in a non-confrontational environment. Already, the derailing of this CCP process has resulted in a lawsuit due to the accelerated timeline and lack of adequate replacement housing in the community. Already families are pressured to take placements they don't want. Is this the path we want? The one where patients are pawns in a battle where only the lawyers win? Is this the best we can do?

V

Jerry Brown may be governor, but he works for you and me. If he proposes something we don't like, we don't have to swallow it just because he holds a high office. As his employers—yes, I just said it again: we're the governor's boss!—we tell him what to do, not vice versa. We can swallow whatever he and his backroom buddies have cooked up (hey Jerry, lemme know what you got planned and I'll drop the innuendoes like a hot potato) or we can take the reins and propose our own plan. In the former scenario I give us 5 years to being voted about as friendly as Healdsburg and maybe five more until we reach the level of St. Helena.

I'm not a chicken little and I don't like to be the one saying the sky's falling, because generally, it's not. I do know though that the advances we've made in any area were made by the explorers, those who questioned authority, whether in the Laboratory, at places like the SDC which was instrumental in the cure for Polio, or in the streets, at places like Sonoma, where a new state was born, allowing a nation to fulfill its transcontinental dream. (If this sounds like jingoistic propaganda, let it be known that the author is full aware of the suffering inflicted on those who did not consider this "progress").

What do we want? Who owns our community? Is it just real estate, or ground for something more? As we grow our culture, what do we want to see? More dry creeks and deeper wells because of irresponsible development? Is development strictly the realm of real estate moguls, erstwhile Donald Trumps at worst, caring little for the communities they exploit, or is it something to which each of us is entitled and for which each of us is responsible.

As we mature as a people, a nation and a culture, we have begun to look beyond the "bottom line" and to incorporate things once considered "externalities". In this world, where a dollar-for-dollar comparison can make closing a place like the SDC seem like a good decision, where are the patients? Because they cannot directly express their needs and desires do these not exist? Modern business thinking now embraces two other metrics—environmental impacts and ethics/equity—to create a stronger, sustainable triple-bottom-line. In the old model it may be a bit exaggerated to say that the patients were seen as "externalities" but it is clear to me that their needs are far from central to the Governor's decision to close at such an accelerated pace. Closure may pencil out well in a political climate that calls for leaner government, but Brown and his backroom buddies' short-term gain will be a great loss for all of California--forever.

Sonoma Developmental Center is a Home, a place in which like people live in community, a made family, set apart as one would in a beautiful cabinet created for a collection of delicate figurines or a place of sanctuary for a rare and endangered species. Ideally it is a place for these people to develop freely to their fullest potential. If you one day find yourself limited as these people are, what kind of place would you want to be. Ask, if your child were autistic, would you be able to provide or even find a place where they could find fulfillment and community?

Hundreds of families in California live this struggle every day—for no reason other than that admissions to the SDC were basically eliminated in the 1970's. The result that we see today is again not due to some medical miracle, no "Awakenings" here, it is the direct result of political manipulation and a desire to privatize government resources by selling them off piece by piece as was done in private industry in the US during the 1980s. If we can muster the political will, this can be reversed, and quickly. If we don't try, then it is we ourselves who are the "idiots" for the Greek root of that word indicates "one who refuses to engage in the public discourse".

In closing, there is too much value, both at present and in potential at SDC to let it go with a shrug and mumblings of not being able to fight Sacramento.

--I have outlined very briefly a vision of a renewed, repopulated home for those most needy, those still among us for whom that place was intended.

--I have suggested one planner among many who can help solidify that vision.

--I have shown, by one shining example in Adrian Palenchar, that the kind of person who grows in a culture of service such as exists around a place like the SDC is integral to the sense of humble welcome that keeps people coming back to Sonoma. Need I spell out more clearly the relationship to our dependence on tourist \$?

--I ask you, whatever your views, to take time by September 1<sup>st</sup> to comment on this issue. Links are given below.

There is here a unique atmosphere that combines beauty, history, culture and excellent food and wine in what is still enough of a salt-of-the-earth kind of way to be real. I like that. I want to keep that going. That requires real people, working real jobs, living in real communities. If I feel like being snubbed by a guy in matching orange scarf and sneakers when I say hello I can go to Healdsburg any day. If that's what we have to look forward to in Sonoma without the SDC, I'm one for further exploration.

Scott Braun  
Vintage House  
Sonoma CA  
27 August, 2015

Links:

To send comments to Sacramento to the Dept. of Developmental Services:

Sonoma.closure@dds.ca.gov

To reach the Parent Hospital Association:

<https://www.facebook.com/ParentHospital/posts/1107931699236028>

Aug 30, 2015

Dear Sir or Madam,

[REDACTED], has been living at Sonoma Developmental Center, and before that, at Napa, since she was eight years old. She is now [REDACTED]. She has been placed "in the community" twice during that span of time. Neither placement was successful, and she was, luckily, able to return to the developmental center.

She is severely autistic, and because of that severely retarded. She has never spoken, has no idea of personal safety, the value of money, or other "community" skills. While ordinarily she is well enough behaved, she is a big woman, and strong, and can become aggressive and violent when angry. She is also prone to self-injurious behavior, though this has decreased in the last year or two, possibly because of a change in her drug regimen.

In her last community living attempt, she was placed with a family in San Francisco who had just had a baby. Needless to say, much of their time was given over to the care of their infant. The plan was that [REDACTED] would spend the first half of her day at one of the city-run programs for people like her. Her first day at the "premier" program, she took off all her clothes and behaved in an "unacceptable" manner. She was dismissed from that program. There was a second, somewhat less desirable program, to which she was sent and also found unacceptable. This left her at "home," and largely unattended, for a good part of the day. In my opinion, this was an extremely poor choice. Happily, she was readmitted to SDC.

Her life at SDC [REDACTED] has been very successful. Her behavior, drug regimen, and activities are closely monitored. The staff is attentive and caring. The fact that this is soon to end is heart rending. I am 83 years old and partially blind. I can do very little at this point to oversee [REDACTED] care. Her mother has been dead for 20 years. Though I am [REDACTED] conservator, I feel that her fate is largely out of my hands.

[REDACTED] requires sedation and often physical restraint for such things as dentistry, nail clipping, and physical examination. She requires fairly constant monitoring. How such needs will be met "in the community" is not clear.

For the above reasons, I support the formation of a health center that includes dental, medical, and psychiatric care. I would also support smaller living units on the SDC campus. And of course I most strongly support the continuation of SDC in something close to its current form.

Regretfully,

Stephen [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** SDC Transformation  
**Date:** Monday, August 24, 2015 2:53:22 PM

---

Senator McGuire thanks for your close attention to this issue. Some have suggested and others have agreed that some combined arrangement for the Developmental Center property to be converted to housing and programs for the Veterans that are waiting for a spot at the Yountville Veterans Home. This facility already has many of the amenities they might require.



August 28, 2015

Via Email & U.S. Mail

ATTN: Cindy Coppage  
Department of Developmental Services  
Developmental Services Division  
1600 9th Street, Room 340, MS 3-17  
Sacramento, CA 95814

Re: 2018 Planned Closure of Sonoma Developmental Center – Eldridge, California

Dear Governor Brown and Mr. Santi Rogers:

I write on behalf of myself as well as that of my 67-year-old [REDACTED], who having been born with Down syndrome, cannot verbalize what she feels. SDC is the only home [REDACTED] has known for nearly 60 years and it IS the community she now embraces. For over the past 10 years our family has witnessed [REDACTED] at her most content, engaged, and happiest. We all feel very blessed that she is now in the best phase of her life, thanks to the services and environs of SDC. While outside placement may provide essentials that SDC provides (housing, food, shelter) there are aspects unique to SDC that simply cannot be replicated with outside placement: Staff, Services, Activities, Peers, Environment. Allow me to expound.

Staff

It is uncontested that the SDC staff is highly skilled, trained, committed, and accountable, and they possess what others never will nor can: history and familiarity. Staff, over decades, have learned and developed plans for dealing with [REDACTED] behaviors, moods, likes and dislikes, and to work with her in a symbiotic way so that she remains calm, content, safe, and engaged. This is achieved by the staff's continual interaction and involvement, and has been accomplished over an extremely long period of time via "baby steps". [REDACTED] is extremely adverse to change – whether of staff, residence, or routine.

Services

Unmatched anywhere are the readily accessible medical services SDC provides: M.D., R.N., psychiatrist, psychologist, social worker, etc. Presently such services are not nearly adequate in the community for displaced SDC residents, as conveyed by GGRC. RCs simply do not have the resources, nor do they seem to even have a vision or clear plan on how to achieve placement, for the nearly 400 SDC residents. An obvious solution is staring the State right in its face: rehabilitate a portion of the SDC land to encompass the existing resources (homes and staff). Developing smaller scale cottages in a "hub" sort of fashion will provide more personal space all the while maintaining the irreplaceable staff, services, community, security, and interaction with peers. This could and should be achieved at Eldridge, thereby allowing residents the least restrictive environment of daily living to which they are accustom and entitled by law. The State's urgency to close SDC by year-end 2018 will only result in splintering individuals, scattering them in homes (if any are developed), thereby making access to critical services all the more difficult and burdensome for DDS. Even IF there were homes to accept residents, and IF there were services funded and available to them, simply transporting individuals to services (whether medical, work or activity-related) will be a costly logistical hurdle, and most likely unattainable and never provided, or sorely lacking. Marin County, for example, the closest Golden Gate Regional Center county in proximity to SDC has extremely little – if any – homes and/or services to offer. This portrays a dismal outlook for [REDACTED].

Activities

Equally important is the stimulation and engagement afforded [REDACTED] via her worksite where she engages in shredding paper (colored paper being her favorite), attending parties (she loves music), organized outings to the Santa Rosa County Fair, the nearby Glen Ellen Market, taking "nature rides" on the tram through the peaceful surrounds of the acreage, or attending mass on Sunday mornings. A critical need for [REDACTED] is to be safely outdoors whenever possible. She currently has the freedom to walk out of her cottage to stroll the lawn area, sit in the bus stop, rest at the outdoor furniture, flip through magazines, or enjoy the gliding bench/swing – even when not walking she needs to be in motion. Her most time-consuming activity outside of work is collecting leaves and placing them into neat piles. SDC affords her the freedom and safety to do all



## Peers

## Environment

Diane



**From:** [Nicholas Cannon](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Closure  
**Date:** Saturday, July 18, 2015 10:51:10 AM

---

Please don't close.

Sent from my iPhone

Jeri Lynn Chandler

July 18, 2015

California Department of Developmental Services  
Developmental Centers Division  
Attn: Cindy Coppage  
1600 9th Street, MS 3-17  
Sacramento, CA 95814

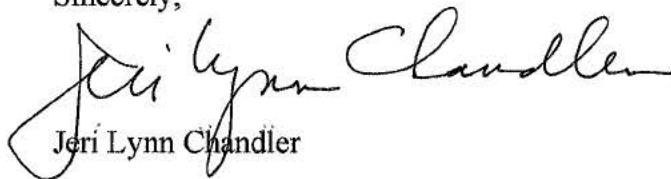
Re: Sonoma Developmental Center closure

I do not support the closure of California's remaining developmental centers, and I am distressed that these decisions are being driven by money and not the welfare of the state's developmentally disabled residents.

At the very least, if plans for closure of Sonoma Developmental Center go forward, appropriate housing and community supports and services must be developed and made operational as residents are moved from the Center, not after. If the proposed three-year closure timeframe is not sufficient, then more time for transition must be extended.

Finally, if the Department of Developmental Services and the State of California will not defend and support the developmentally disabled – either to the Federal Government or in its own actions – it seems inevitable and necessary that citizens of California take collective action and sue for preservation of choice.

Sincerely,



Jeri Lynn Chandler

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Proposal for Spiritual Care during Transition  
**Date:** Thursday, August 20, 2015 10:44:25 AM  
**Attachments:** [FinalProposalChaplain 8.6.15.docx](#)

---

Attached please find a Proposal written by SDC Chaplains for consideration during the transition.

Thank you,

Thomas G. Binder, MS,RD

Steward, American Federation of State, County and Municipal Employees, Local 2620

Bargaining Unit 19 (SDC)

**From:** [REDACTED] [Noelani@DDS](mailto:Noelani@DDS)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Proposal for Chaplaincy Services in after transition from SDC  
**Date:** Monday, August 17, 2015 1:38:54 PM  
**Attachments:** [FinalProposalChaplain 8.6.15.docx](#)

---

Good Day,

Attached my proposal for community chaplaincy services for the men and women who will be transitioning out of SDC. I am rather new to the process of public policy and am therefore hopeful if not determined. I can also imagine that it must be hard to make spiritual care a priority if one is personally ambivalent about religion and spirituality in general. I understand that these can be loaded words. However, consider this:

1. If the men and women leaving SDC will continue to be protected by the Lanterman Act and the ADA, they have a legal right to "worship" irrespective of anyone else's ideas on the subject of religion.
2. If prisoners in state prisons have the legal right to form their own religious groups and to be served by chaplains, how much more do the disabled have the right to have their worship tailored to fit their needs?
3. A person with a damaged left brain may not be able to talk, yet may be quite able to process with their right brain. We are talking the world of symbols, movement, music, story or the world of faith and celebration. I would not underestimate the value of these kinds of connections for the developmentally disabled.
3. It can almost be guaranteed that all men and women transitioning out of SDC will not all be taken to church or synagogue communities, much less one that they are an active part of and can be comfortable in. If they have been attending services on Sunday or services in the cottages, provision should be made for receiving services in the community.
4. Chaplains who visit homes will relieve the need to get persons to a church or synagogue on the weekend when it is too difficult for the staff of the home, the individual, or the church.
5. Continuity of spiritual care will go a long way in providing smoother transitions.

I would appreciate it if you can communicate with me about my cause as you continue to deliberate. This is not about giving me a job after SDC closes. I am passionate because I know if this one little provision gets in the closing plan, people will fare much better over the long run and legal rights will be preserved.

Thank you for your time and a blessing on your hard work.

Noelani [REDACTED]  
[REDACTED]  
Sonoma Development Center  
[REDACTED]

## Proposal Spiritual Care during Transition

The Lanterman Act specifies that the men and women in developmental centers have a right to worship and for this reason Jewish, Catholic, Protestant and chaplains work at SDC. When the Lanterman Act was written, mainstream American culture religiously identified itself by membership in one of the three above religious traditions, and religious attendance was considered to be synonymous with spiritual growth. Individuals who resided at SDC were religiously identified by the preferences of the family and had the opportunity to attend services according to their religious tradition.

Today our religious culture is much more diverse because of variations in ethnicity or culture, access to information on the internet, and a lack of need to attend mainstream religious services. New generations of adults have not been religiously initiated and many people seek spiritual teachers or practices outside of mainstream religions. The idea of being “spiritual” rather than “religious” is a well-accepted notion in our culture. State prisons are court mandated to recognize, accept, and serve this plurality of religious choices among prisoners. The right to worship has become much more individual since the time of the Lanterman Act.

This presents a new challenge to those responsible to provide worship for the developmentally disabled. How is the right to worship to be understood for the men and women who will be transitioning out of SDC into a pluralistic and diverse religious culture? How is spiritual care to be provided for persons who may not speak or cognitively process but who nevertheless have a strong spiritual thirst because the spiritual is something they can process? How does a planning group identify the potential for spiritual healing and growth for individuals transitioning out of SDC and then identify interventions which will enable that individual to thrive in their new life? We believe that professional chaplaincy offers a proven and effective solution to these questions because spiritual assessment and spiritual care are exactly what professional chaplains are trained to provide.

We are very happy to hear that there are church communities that warmly welcome persons with developmental disabilities and that some caregivers take individuals to worship at church. This is obviously an optimum arrangement to enable individuals to exercise their right to worship. Nevertheless I am realistic enough to know that not all individuals transitioning out of SDC have the behavior skills to be fully accepted in an outside church community, that not all church communities truly embrace persons with developmental disabilities by including their participation in the service, and that many ministerial leaders would be at loss to interact one to one with a person who is developmentally disabled.

The development of professional chaplaincy and the rigors of training for it as well as the research that is being done to support the value of the work of chaplains causes us to write this document. We want to broaden the concept of “the right to worship” to include “the right to spiritual care by qualified professional chaplains.” Just as it is assumed that hospice chaplains offer necessary care to the dying and their families, that veterans receive spiritual care in hospitals and homes, and that both public and private hospitals offer spiritual care to the sick, it should equally be assumed that persons with developmental disabilities have special needs in exercising their right to worship.

Many of the men and women we serve are profoundly spiritual people with the capacity to deeply move us. There are also some who are spiritually sick. Small group visits in the

cottages make a difference because these visits are tailored to each group. More than 10% of the population of SDC attends Sunday services and many more would benefit if not for mobility and transportation issues. The people who attend the Sunday “church” service at SDC do not respond or pray with their cognitive minds. They don’t identify with dogmatic explanations and they have a very short tolerance for spoken words. They are much more people of the heart who respond to body language, story, images and music expressed in a manner that enables as many as possible to understand. We cannot quantify the blessings received by the men and women we serve, yet we have observed persons expressing spiritual issues of remorse, anger at God, grief, or anxiety as well as joyful bliss, peaceful calm and a sense of purpose or self-esteem.

Professional chaplains today are endorsed by their religious leadership, study in seminary or its equivalent, and take additional training in health care settings. Some are also board certified. While chaplains are formed to minister within their specific faith tradition, additional training emphasizes providing interfaith spiritual care. Chaplains are trained to be available to everyone according to the other’s personal spiritual needs and perspective.

Spiritual care in hospices, with veterans, and in hospitals includes:

- Assessing patient and family for signs of spiritual and moral distress
- Discovering a patient’s self-understanding or “story” of their situation
- Identifying coping skills and sources of support
- Listening to spiritual and often emotional concerns including
  - powerlessness,
  - feeling isolated,
  - grieving and loss,
  - coping with change,
  - crises, or loss of faith
  - family concerns,
  - the need for forgiveness and/or reconciliation with others,
  - estrangement issues with one’s religious tradition,
  - ethical decision making,
  - support during emergent crises and death
- Charting assessments, interventions, results, and recommendations.

Patients are referred to outside religious leadership when appropriate. Prayers and blessings are prayed and sometimes rituals are performed. Staff are supported as well. In addition chaplains may organize and educate volunteers and sit on bioethics and palliative care committees as well as be on call for emergency or crises situations.

Research is clear that chronically ill persons who have a spiritual practice and or belong to a religious community of some kind fare much better over the long course of their illness. They tolerate more pain, heal faster with fewer complications, and are less likely to be repeatedly hospitalized. The men and women who currently live at SDC live with multiple levels of disability and declining states of health. Their need for spiritual care may be more acute than persons with chronic illness who are not burdened with cognitive disability. We believe that spiritual care can greatly enhance the transition of persons from SDC to the community, provide them with a means of processing change, and encourage an optimum new life.

Chaplain ministry at SDC currently includes:

Providing Sunday “Church”

The Catholic chaplain provides two Sunday services: one in the nursing side and one in the ICF side. In previous years, the Catholic service at 1:30 Sunday afternoon was “Church” for everyone who wanted to attend. It is a Catholic communion service, using the Catholic liturgical year (Advent, Christmas, Lent, Easter) according to the Catholic chaplain’s job description, but the Protestant chaplain shares preaching and other planning for the services. All are welcome. There is no discussion about who believes what. The service is designed for maximum participation from everyone with preaching through slide imaging and musical support. This service includes a joyful noise. Persons who would not be tolerated in outside community churches are welcome here.

#### Providing Jewish Holy Day Celebrations

Jewish holy days are also celebrated by the Jewish chaplain and collaborating staff. The Protestant chaplain currently lights Shabbat candles on Friday evenings in one of the cottages.

#### Providing Spiritual Enrichment

All three chaplains combined visit all but two cottages for spiritual enrichment. They use music, movement, story and prayer as well as personal interaction to offer soul enrichment and growth to the men and women who choose to attend. The cottage small group services emphasize personal dignity, encouragement for spiritual growth, prayers, and blessings, according to the style of each chaplain’s respective religious traditions. The small group setting enables each individual to be seen, but does not put anyone on the spot to talk or interact. Each person takes in what they take in and all are enriched. Over time, chaplains become familiar and personal relationships have grown with both individuals and staff.

The Sunday services, Jewish holy day services, and weekly small group services are repetitive encounters with the men and women who reside at SDC, enabling them to grow spiritually and in their capacity to worship as well as to cope with the stresses of their lives. Counting weekly, bi-weekly and monthly services by all three chaplains, we encounter 700-800 individuals a month to provide spiritual enrichment. Failure to provide continuing spiritual support in the community may be experienced keenly as loss. Furthermore most of the men and women who live at SDC do not have the words to ask for what they need spiritually.

Providing a 15 minute training during the Person Centered Planning training at new employee orientation. This presentation reflects on the spiritual nature of those we serve and distinguishes between the personal religious sensibility of staff and the spiritual needs and rights of the men and women who live here. We offer a definition of “spiritual” which embraces all people of all faiths, and explain the necessity to respect what is sacred for everyone. We explain the role of chaplains and what chaplains can do for staff. Finally, we offer a short film meditation on the spirituality of being alive on earth which again is sensitive to all faith traditions. The best caregivers for the developmentally disabled are those who are both professionally competent and spiritually aware because the developmentally disabled are very spiritually aware (non-verbally) themselves.

The Catholic chaplain serves on both the Bioethics Committee and the Palliative Care Committee.

Both the Protestant chaplain and the Catholic chaplain collaborate with staff and family to provide memorials or celebrations of life for the men and women who have lived here. We offer support to grieving family and staff and have on occasion provide memorials for staff persons.

We contact priests or local clergy/ministerial leadership when needed and can also collaborate with local clergy for celebrations of life.

We visit people who are in the hospital.

When invited, we visit persons at Northern Star

We counsel staff

The Catholic and the Protestant chaplains are members of the Sonoma Valley Ministerial Association, an interfaith community organization focused on building understanding and communication with local clergy and religious leadership, and to provide both events and community service.

Our Proposal:

We propose that there be traveling chaplains who visit individual homes to check in with the developmentally disabled persons living in the community, first as part of transitioning out of SDC, then as needed for others who may benefit. These chaplains can be contracted through the Community State Staff Program or other organization, either centrally, or regionally, to do the following:

1. Be present to men and women in their home or activity site.
2. Assess persons for signs of spiritual distress and provide interventions as needed.
3. Provide spiritual enrichment according to the home and the needs of the individuals.
4. Educate and support staff at the home sites when needed.
5. Provide memorials and grief support when needed
6. Support bioethical decision making and/or sit on palliative care committees
7. Educate volunteers if need be
8. Continue to provide Sunday church services which are tailored to the needs of people who might not be readily accepted in community churches.
9. Provide spiritual support for families
10. Collaborate with local clergy when needed.

Professional state employed chaplains are required to keep up to date on certification and continuing education. As the transition proceeds and the population of SDC drops, chaplains could begin to spend one day a week visiting those who have moved out. Over time, they would transform their ministry to care for developmentally disabled persons in the community.

Respectfully Submitted,

Rabbi Ira S. Book, Jewish Chaplain

Noelani Sheckler-Smith BCC, Catholic Chaplain

Rev. Kathy Speas, M.S.W., M.Div., Protestant Chaplain



Both the Protestant chaplain and the Catholic chaplain collaborate with staff and family to provide memorials or celebrations of life for the men and women who have lived here. We offer support to grieving family and staff and have on occasion provide memorials for staff persons.

We contact priests or local clergy/ministerial leadership when needed and can also collaborate with local clergy for celebrations of life.

We visit people who are in the hospital.

When invited, we visit persons at Northern Star

We counsel staff

The Catholic and the Protestant chaplains are members of the Sonoma Valley Ministerial Association, an interfaith community organization focused on building understanding and communication with local clergy and religious leadership, and to provide both events and community service.

Our Proposal:

We propose that there be traveling chaplains who visit individual homes to check in with the developmentally disabled persons living in the community, first as part of transitioning out of SDC, then as needed for others who may benefit. These chaplains can be contracted through the Community State Staff Program or other organization, either centrally, or regionally, to do the following:

1. Be present to men and women in their home or activity site.
2. Assess persons for signs of spiritual distress and provide interventions as needed.
3. Provide spiritual enrichment according to the home and the needs of the individuals.
4. Educate and support staff at the home sites when needed.
5. Provide memorials and grief support when needed
6. Support bioethical decision making and/or sit on palliative care committees
7. Educate volunteers if need be
8. Continue to provide Sunday church services which are tailored to the needs of people who might not be readily accepted in community churches.
9. Provide spiritual support for families
10. Collaborate with local clergy when needed.

Professional state employed chaplains are required to keep up to date on certification and continuing education. As the transition proceeds and the population of SDC drops, chaplains could begin to spend one day a week visiting those who have moved out. Over time, they would transform their ministry to care for developmentally disabled persons in the community.

Respectfully Submitted,

Rabbi Ira S. Book, Jewish Chaplain

Noelani Sheckler-Smith BCC, Catholic Chaplain

Rev. Kathy Speas, M.S.W., M.Div., Protestant Chaplain



## Response to the Draft Closure Plan for SDC

I will repeat what I said at the hearing first and will add a very important additional response.

### Spiritual Care

The men and women at SDC have a constitutional right to have the opportunity to practice religion and to worship without being forced to accept any religious group they do not want to belong to. For this reason chaplains have worked in all the developmental centers in California, as dictated by the Lanterman Act.

The men and women who live in developmental centers (and it can be assumed many who do not live in developmental centers) have very specialized needs in developing spiritually, or in religious practice. Many are profoundly spiritual persons because they develop the part of themselves they can develop. Professional Chaplains, while being endorsed and or ordained by their respective faith traditions, are trained to assess spiritual needs and to provide spiritual support to anyone from any tradition. Because of the disabilities the men and women at SDC live with, communicating matters of faith and spirit is very specialized. Most messages given in churches are verbally based and require a level of stillness many of our folks cannot do. Many do not process words. They do process the matters of the heart and they do respond to music, images, movement, and most of all the presence of a spiritual praying person who loves them. I know from experience how important the loving encouraging and affirming process of a small ritual prayer group can be. Whatever anyone else may think or feel about religion, this is very very important to the men and women I serve.

The Closure Plan mentions on page 67 that the chaplain's proposal is attached. Other than that, spiritual care, worship, and the work of chaplains are all amazingly absent in the document as follows:

p. 7 in the second paragraph from the bottom "other services" should include opportunities for small worship groups or spiritual care.

p.19 in the first paragraph the words spiritual care should be added to day programs

p.20 in the bottom paragraph while mentioning that persons will be given the chance for a face to face quarterly, it could be added that chaplains can visit much more often. Chaplains will have the opportunity to assess the spiritual state of the individual.

p. 31 in the paragraph discussing individualized medical support, mention can be made of individualized spiritual support as well.

p. 31 while discussing the possibility of clinic services, spiritual support services can be added.

p.34 the listing of classes of professional workers at SDC fails to mention chaplains at all.

One might conclude that there is a bias against religious service to the men and women at SDC. This is about the needs of the individuals and not the bias of persons at DDS.

Finally, there is a glaring lack of reference to **bioethical decision making**, which is an inter-disciplinary service and there is no mention of providing **palliative care committees**. When persons are in the community it is VITAL that there be some kind of accountability for bioethical decision making and for continuity of care for people who are declining, even before hospice is called.

From: [REDACTED]  
To: [DDS HQ Sonoma Closure](#)  
Subject: The future for my son and others  
Date: Monday, August 31, 2015 8:44:56 PM

---

The projected closure of Sonoma Developmental Center is close to the equivalent of a death sentence for [REDACTED], and makes me afraid to die, because I am his conservator, and I don't know if his [REDACTED] as co-conservator can fight as hard as I have and will for his future. [REDACTED] was barely born alive, and because of the difficulty of his birth, is profoundly disabled - we called it retarded in the days before political correctness took over. He has the intellectual capability of a 10 month old, has no language ability, no hazard awareness, and is unable to communicate in any verbal way his needs or desires. He is now [REDACTED] years old, and has lived at SDC since he was [REDACTED] years old. He lived at home before that, and then for a couple of years at community placements before we were able to get him into SDC. The community caregivers were well intentioned, as were we at home, but all totally inadequate professionally to take care of his needs. There are others, some of whom I know, who have the same degree of problems.

The Regional Center has told me that they have no appropriate placement in the community for [REDACTED], nor do they have any actual plans to create such. There is no community placement that can provide sedation dentistry, adequate medical and psychological or psychiatric care, hazard prevention (short of locking him up - is prison an acceptable alternative for a non-criminal?), opportunity for religious worship, a day program that is easily accessible for him to exercise what abilities he has, a professional care-giving staff that can respond to his needs. Except for the fact that SDC is perhaps expensive to maintain, I cannot think of any reason to decide to close it.

If it is closed, then surely we must provide enough of its present programs for these members of our society who are in the same situation. This would mean providing professional level care for all these persons. For after all, any society is to be judged by how it treats its most vulnerable citizens.

As soon as I can make copies of it, I will send [REDACTED] IPP to Santi Rogers, at his request, since think that it will make it very clear that no community placement will provide as complete care as [REDACTED] has received at SDC.

Yours, [REDACTED] Thomas [REDACTED]

From: [Peter](#)  
To: [DDS HQ Sonoma Closure](#)  
Subject: SDC closure  
Date: Saturday, August 29, 2015 7:10:32 PM

---

My name is Peter Christensen and I am a Senior Companion at SDC. I refer to it as the Sonoma Developmental Community. My father built dioramas for different museums around the country. We moved thirteen times over the first eighteen years of my life. I know what it is like to be torn away from ones friends. Up rooted and dragged away, never to see them again. Believe me, I know the pain that that can cause.

Over the past few years I have been privileged to make friends with many of the residents and staff of this community. As an example: I was introduced to a resident here, and over the next 3 years whenever I would talk to him he would slap his ears. He wanted to talk to me. I would sometimes reach out and put my hand on his shoulder. He would take my hand, hold it out at arms length. and drop it. Then one day he reached out and took my hand and held it over his heart. He then grabbed my shirt and pulled me over to him. He reached out and wrapped his other arm around my neck and pulled my cheek up against his and held me for several minutes. I wept. Another Companion, When she was introduced to a resident of [REDACTED], He told her that [REDACTED] would be the last place he ever wanted to live in. He had been in the outside community twice before and he never wants to go there again. He only sees shadows, but when you are introduced to him he will call you by name. If you do not see him for ten years and then you walk in and say hi he will call you by name, and ask you where have you been. I could go on and on with these stories.

I feel that the Senior Companion program provides many benefits to the residents of this community. Many of the Senior Companions rely on public transportation. When their "clients" are relocated will they still be able to give the time and benefits to these friends.

How is it, that a for profit operation can run cheaper then a not for profit state run facility? Where are the cost cuts coming from? Is it in the quality of the life of the residents? The zoo? What about the horse back riding? The festivals? The funding for camping at camp via was taken away a long time ago. The state seems to just walk over these frail citizens, by not thinking of what they, the residents, will be giving up by the closing if this facility.

I know that the state needs money. After all, a high speed rail system from nowhere to nowhere needs a huge amount cash plus the cost overruns that will be in the tens of billions of dollars. If it is your aim to save the state money than relapse the states cars with Elios, from Elio Motors. With a base price of \$6800 for a vehicle that seats two. With a five star crash rating, 84 MPG hwy 49 MPG city. This would save the state tons of money and lower the carbon emissions.

I will pray that the Lord will take pity on the souls of the people for what they are planning to do to the residents of this Sonoma Developmental Community.

Peter Christensen



SDC

Hi I'm Lisa Coleman. I have worked at SDC for 35 years.

You've heard the expression: If you like what you do, you never work a day in your life. Well, I guess I made a living, and raised my family without working a day in my life. Caring for people in all respects is nurturing and feeds my soul. I thank-you all the people living and working at SDC. You kept it interesting fun and real. We will always be family. I wish the powers that be would "Let the folks stay for the rest of their days"

From: [Nicole \[REDACTED\]](#)  
To: [DDS HQ Sonoma Closure](#)  
Subject: Public Comments-proposed SDC closure, Dec 2018  
Date: Wednesday, July 29, 2015 9:28:03 AM

---

To Whom it May Concern,

My severely retarded [REDACTED] has been living at SDC for 59 of her 66 years of life. SDC is set for closure Dec of 2018. Moving my [REDACTED] out will severely disrupt her way of living. If she is moved, we fear for her well being, safety and possibly be a victim of abuse. She is 100% voiceless, an IQ [REDACTED] no communication ability and has [REDACTED] issues. The care at SDC far exceeds the care she would receive in the community. This includes the every day staff, doctors, dentists and hospital at SDC. There is a movement from the Parent Hospital Association (PHA) to establish alternative housing on the SDC grounds and offering a medical clinic that knows how to care for these very fragile and voiceless patients. Do not move my helpless [REDACTED] into the community.

Thank you,

Nicole [REDACTED]  
[REDACTED]

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** medically fragile  
**Date:** Thursday, August 20, 2015 1:49:35 PM

---

**As people age and become more medically fragile there should be medical homes available for them. No clients should ever end up in Nursing Homes.**  
**If we are going to have a fall back crisis home for behavioral clients then the General Acute Care Facility on grounds here at SDC should also remain. If not, people recovering from simple surgeries (ex hip replacement) while living in group homes will be sent to Nursing Homes. This situation is as unacceptable as clients ending up in jail.**

*Cathy Conway, LCSW*

[REDACTED]  
[REDACTED]  
[REDACTED]



**From:** Beverly [REDACTED]  
**Sent:** Tuesday, August 25, 2015 1:42 PM  
**To:** Rogers, Santi@DDS  
**Cc:** Wall, Amy@DDS; Kent, Kristopher@CHHS; [mike.mcquiere@sen.ca.gov](mailto:mike.mcquiere@sen.ca.gov)  
**Subject:** Sonoma Developmental Center Closure Plan

TO: Director Santi Rogers

CC: Amy Wall, Kristopher Kent, Mike McGuire

FROM: Beverly [REDACTED]

Re: Sonoma Developmental Center Closure Plan

[REDACTED], has lived at Sonoma Developmental Center since 1964, except for an eight month period in 1990/1991 when he was placed in a community home. The home closed and he had to be readmitted to SDC. He did not do well in that home -- lost weight, etc. He has since resided at SDC in various cottages and is currently in [REDACTED]. He has a profound intellectual disability, a [REDACTED]. In my opinion, his many needs are met with great efficiency and loving care at SDC.

Like most family and friends of SDC residents I in no way support the closure of SDC which I consider to be vital for the remaining residents. However, I recognize that closure now appears to be inevitable, so I am submitting my comments on what absolutely needs to be included in the SDC closure plan and what services need to be maintained as a system wide safety net on the SDC site.

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.

Next the SDC site needs to include and perhaps expand the crises residence. SDC needs to also include the place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently housing is a planned use for the Fairview DC site.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.

Thanking you for your attention.

Sincerely,

Beverly [REDACTED]  
[REDACTED]  
[REDACTED]

July 17, 2015

TO: Governor Jerry Brown  
Department of Developmental Services

RE: Sonoma Developmental Center Closure

I am a 29-year resident of Sonoma Valley, a former neighbor of SDC, and the Area One Trustee on the Sonoma County Board of Education. The Sonoma County Office of Education was a vendor to SDC prior to its losing accreditation.

In the late 1980s, my husband and I lived around the corner from SDC. Like most long time Sonoma Valley residents, I have known many people who have worked at SDC.

SDC is a part our community, a part of our history. We do not view it as an institution. It provides services like none other serving a population with very special needs that cannot be, and have not been, met in the community.

I ask you to please listen to the families and to the people of Sonoma Valley who know SDC better than anyone in Sacramento. The families are scared. There is a high death rate of individuals who are transferred from SDC into community homes. These homes do not have the specially trained staff or the medical services to take care of these individuals.

SDC should continue to be a place where these high needs, frail individuals can continue to live and be cared for by highly skilled staff. It needs to provide housing for individuals who do not make it in the community.

The medical, dental and behavioral services provided at SDC should continue to be provided, not only for its residents, but for all developmentally disabled individuals who need the services. The wheelchair repair, adapted equipment and shoe making services must also be continued, as these services are not provided in the community.

A fast track closure process is arbitrary, unrealistic, and will lead to the early death of many SDC residents.

Again, please listen to the families. They know best.

Regards,



Gina Cuclis, Vice President  
Sonoma County Board of Education  
1212 Alberca Rd.  
Sonoma, CA 95476

August 30, 2015

Dear Samantha,

This letter of great concern is in response to the effects of the closure of Sonoma Developmental Center.

██████████, has been a resident of SDC in ██████████ for the past fifty years. He has profound retardation (an IQ of ██████████), significant physical impairments and medical issues that require specialized care. During his time at SDC, he has received excellent care for his physical, medical and social needs. ██████████, ██████████ ██████████ who are now deceased, had complete trust of the SDC staff and processes of care for ██████████. ██████████ and I have also been able to relax in the knowledge that ██████████ was cared for in a skilled and professional manner.

We now have significant concerns about this transition of ██████████ out of SDC and into an unknown community setting:

- Proper training of care givers and ongoing oversight of their competency (stability of staff and residence).
- How continuing Medical/dental care will be handled. Using Health professionals who know how to work with severely disabled people.
- Over the long term, the frequency and thoroughness of visitations to care facilities by the Regional Center staff to check up on quality of residents' care.
- Finding the right living situation for the level of his disabilities (issues of safety and at risk physical problems).
- Periodic meetings and reports for conservators. Open communication with all parties concerned.
- Concern over how this transition can be made smoothly in such a short period of time.

We hope and pray that ██████████ will be safe from substandard care, safe from abuse, safe from being forgotten by those who are supposed to oversee, evaluate and protect.

Sincerely,

Anne ██████████ and Catherine ██████████, Co-Conservators (limited conservatorship) for ██████████

Arthur [REDACTED]

Baseline Consulting  
Historical Consultant  
Natural & Cultural Resources [REDACTED]

As a resident of Glen Ellen for more than 25 years who works in cultural and natural resources, I am very interested and concerned about the future of the SDC lands.

From a historical perspective, Glen Ellen and Eldridge/SDC have grown up together, side by side. It's hard to imagine either without the other and Glen Ellen would certainly be a different place, perhaps a much poorer place without our sister community next door.

Any change to the SDC land is going to have a tremendous effect on Glen Ellen. I can imagine a number of nightmare scenarios, but I can also imagine a very forward-thinking and inspiring outcome that enriches the local community, Sonoma County and the surrounding region, and beyond.

The Coalition began to articulate such a vision a couple years ago and the community came together at the Transform SDC Workshop in May to express a common vision.

As I see it, there are three key goals that must be accomplished in the transition:

Protecting current clients at the Developmental Center—this must be paramount.

Protecting natural resources of the site—wildlife corridor, water resources, recreational opportunities

Protecting the cultural resources—architecture and other features that tell the story of SDC and society's changing viewpoint and treatment of the disabled.

The most promising model I know of for accomplishing this is the transformation of the San Francisco Presidio. Of course, SDC is different. But creating a public-private partnership driven by community values and ideas holds great promise for accomplishing those key goals.

SDC was created 125 years ago. It changed an agricultural property into a state of art facility to serve the most vulnerable people in our society. The fact is we are all vulnerable. If done with proper care and foresight, in another 125 years my great grandchildren will still know this as a priceless place, one that enhances the mental, physical and economic health of the whole community and is an example of what can happen when people come together in a spirit of cooperation.

REPEAT THE THREE GOALS

#

21

Arthur [REDACTED]

August 3, 2015

Department of Developmental Services  
Developmental Centers Division  
Attention: Cindy Coppage  
1600 9th Street, Room 340, MS 3-17  
Sacramento CA 95814

We are [REDACTED] and [REDACTED] of [REDACTED], who is currently a resident of [REDACTED] at the Sonoma Developmental Center (SDC). He has been at SDC since 1971, when he was 11 1/2 years old. We are both in our mid 80s and are gravely concerned about what would happen to [REDACTED] if SDC were closed.

[REDACTED] has many special needs that are met at SDC but we know of no other existing facilities that could adequately meet those needs.

1. [REDACTED] has numerous food allergies- [REDACTED] and others. He has severe reactions to all of these. This requires a special diet and strict following of the diet.
2. Dental care. [REDACTED] requires sedation and restraints for even an examination. This requires certain facilities as well as a dentist willing to treat such a patient.
3. Elopement. [REDACTED] will escape the unit if an opportunity presents but will return. At SDC the risk is minimal but in an urban or suburban neighborhood with more traffic he would be at risk. He did the same when he lived at home. See discussion below. SDC is the least restrictive environment for [REDACTED]. It allows him room to roam while living in a typical 3-4 resident community facility in an urban or suburban area would result in restrictions on his activities.
4. Attacks. On a number of occasions [REDACTED] has attack and bitten other residents, usually as a result a perceived provocation. As a result of these he has at time needed one on one monitoring.
5. Pica/lead poisoning. From an early age [REDACTED] has put things he finds in his mouth. This resulted in two problems, lead poisoning and tobacco addiction. When [REDACTED] was on the program at Children's Hospital Dr. [REDACTED] remarked that his behavior looked like lead poisoning but that couldn't be possible given his environment at home. However, neither she or other experts who observed [REDACTED] tested him or recommended testing for lead. Later after admission to SDC he was tested found to have a high level of lead and treated. The tobacco problem also resulted from the pica and it became the main motivation for the elopement. At SDC he has been carefully monitored and given clean tobacco which reduced his elopement and the chances of further lead problems.



6. [REDACTED] is nonverbal. He has never uttered a single word. He will however respond to and seem to understand some words spoken to him. The trained staff at SDC have worked with [REDACTED] and established means for him to indicate his needs.

During the 11 1/2 years [REDACTED] lived at home in [REDACTED] we tried everything we could think of or was suggested to us to help [REDACTED]. We resisted early suggestions from medical professionals that we place [REDACTED] at SDC. Instead we sought help in the community. We had him evaluated by Dr. [REDACTED] at UCSF. We put him in a program at Children's Hospital in [REDACTED] under a Dr. [REDACTED]. We placed him in a day program run by [REDACTED] ARC. We took him to the Langley Porter clinic at UCSF where we were told we should take him to a child psychiatrist which we did. The psychiatrist who treated him said he may or may not be retarded but was emotionally disturbed and autistic. We also placed him in a program of the [REDACTED] Public Schools. All to no avail.

None of these efforts seemed to help. Meanwhile as he grew older he became more difficult for us to control. He was and is nonverbal and would on occasions inflict severe scratches on us and his younger sister. He was almost impossible to contain. We tried various devices on the doors but he would still elope and roam the neighborhood. On several occasions he would go down to [REDACTED] Avenue and sit on the streetcar track and be brought home by the police. It was at this point we became concerned about his safety living at home.

On occasions while he was still at home we sought respite care in the community. At one small home he would come back with bruises on his arms from attempts to restrain him. At another larger home when we came to pick him up we were told not to bring him again.

We tried to gain more information by participating in various activities in the development disabled field. Both of us served on the board and as officers of SFARC. Betty served as a member and chair of the State Council on DD. Robert served as a member and officer of the Golden Gate Regional Center board.

Our experience has convinced us that the only existing place where [REDACTED] can receive the needed level of care is SDC. We were not able to give it to him during his 11 1/2 years at home. We have not seen any place in the community that has residents like [REDACTED] nor any that appear able to provide the level of care he needs and receives at SDC. Robert had asked GGRC to be able to visit homes that might be appropriate for [REDACTED] and as indicated above found no [REDACTED] in them.

If, nevertheless, SDC as it presently exists is closed the only realistic solution for residents like our son would be a state operated and staffed facility that provides the services required by that population on the current SDC grounds but substantially reduced in size. These residents required around the clock trained staffing and availability of medical and dental services not available elsewhere.

These facilities should be in place before the present SDC residents who need them are placed with Regional Centers who do not have such facilities.

Please do not ignore the needs of this small but vulnerable group.

*Robert J.* [REDACTED]

*Betty*  
Robert J. and Betty [REDACTED]

[REDACTED]

September 19, 2015

Department of Developmental Services  
Developmental Centers Division  
Attention: Cindy Coppage  
1600 9th Street Room 340, MS 3-17  
Sacramento Ca 95814

Comments on SDC Closure plan 9/15/2015

We are the [REDACTED]/conservators of [REDACTED], a current resident of the [REDACTED] at SDC. We object to the shortness of time, 8 days, to download, print, read, analyze and prepare and submit comments on a 77 page document that affects the future life of [REDACTED]

We previously submitted comments date 8/3/2015, to the Department's request for comments and do not believe the "plan" addresses our concerns.

The plan consists mainly of general statements and that specific issues will be addressed at future meetings on individual clients. But there are some specifics that should be addressed in the plan, those dealing with the quality of care SDC clients will receive in the community facilities.

There are no requirements for the level of staffing or the qualifications of staff in the community. At SDC there was a trained certified professional staff who knew how the care of the clients.

There are no requirements as to the level of medical and dental care in community homes. Many SDC resident have behavioral problems that most dentists and physicians will not deal with such as using sedation and/or restraints for even routine exams. SDC provides this.

Staff training is a critical issue with clients like [REDACTED] His severe allergies require careful supervision of the preparation of his meals and of his eating. He sometimes takes food other than his. Also his pica, lead poisoning history, elopement and outbursts require well trained staff.

One of our main concerns, that [REDACTED] would be bounced around the community by vendors who found he was more trouble than they wanted, is not dealt with. What provision will there be to deal with this sort of problem?

This letter is not as thorough as I would have liked but the limited time to respond and general nature of this long document pose a problem and I want it to reach you by 5pm on 9/23/2015, as required.

Alas, it seems that the State of California is planning to "outsource" its' responsibility for these most vulnerable citizens.

  
Robert and Betty [REDACTED]  




**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Plan for Sonoma  
**Date:** Thursday, August 27, 2015 7:47:05 AM  
**Attachments:** [Sonoma\\_DC\\_Slide\\_Deck\\_9-30-15.pdf](#)  
[ATT00002.txt](#)

---

Hi,

I've been to Sonoma DC to attend a training and get to know a client that was moving to our facility in San Mateo County. I'm a direct care staff and I just want to say that I truly believe that you are doing the clients in SDC and their families a favor by continuing the community placement program. Clients get the adequate staffing and people get more jobs at the same time. I hope you guys find the answer you're looking for..

Thanks and more power!

Hello, my name is Denise and I am conservator for a [REDACTED] who has resided here a SDC for almost 40 years. She is medically fragile client, as are many other individuals here, totally dependent on SDC staff for all daily needs and care.

Her seizure disorder requires continual observation and assessment by trained Advanced Cardiac Life Support (ACLS) nurses and physicians to keep her seizures under control. The projected plan to move her into a proposed 962 residential facility (no facilities exist at this time in North Bay Regional district) will deny her appropriate staffing, care and management of just one of her many ongoing debilitating conditions.

Keeping that situation in mind for me and many of my "fellow" conservators, parents and concerned individuals, as the ongoing closure and transformation of Sonoma Development Center continues to progress, I insist all medical, dental, neurological, behavioral and social support systems for the developmentally disabled remain fully staffed and functional now and in the future as a central resource for our most vulnerable population. Also there must be a plan to create housing accommodations for those individuals whose situations require them to return to Sonoma Development Center services...

For me the decision by the state of CA to radically alter the quality services to our developmentally disabled individuals across the board shows lack of experience, short and long range planning and wisdom on the part of our state government representatives. Some of our developmentally disabled clients will do well adapting to a change in services but those with fragile medical conditions requiring close monitoring the proposed changes are not a viable alternative.

**From:** [Holly](#) [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Please do not close SDC. Strongly oppose proposal to close facility  
**Date:** Saturday, August 29, 2015 9:41:21 PM

---

Good Evening,

I am writing to strongly oppose the proposal to shut down SDC. My dear [REDACTED] has flourished there for many years. Being at SDC has kept herself and all those around her safe and happy. Before SDC, she did not receive the proper care and live in the best environment she needed to thrive. At SDC she is healthier, feels sense of home, family, friends and safety.

Those of us who are able to live well within the general public are fortunate. We should not assume that everyone has that same capability. Some members of our society, like [REDACTED] and her friends at SDC, need a safe haven away from the masses where they can safely exhibit and work through their handicaps.

I sincerely hope that SDC will remain open. I find this not only imperative for the current residents, but for all future children and elderly persons that one day may require its specialized environment and services.

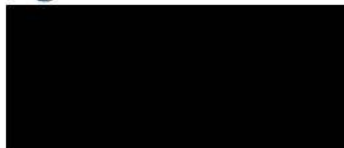
Thank you kindly for your time.

Holly [REDACTED]  
[REDACTED]  
[REDACTED]

July 8, 2015

Dear Cindy Coppage,

Enclosed is the letter  
I sent to the governor  
of California. I'm hoping  
that we can have enough  
power to keep this wonderful  
place thriving.

Thank you,  
Laurie 

Honorable Governor of California,

I am writing this letter on behalf of those who cannot speak. I know my voice will not make a difference, because the state will do what they want regardless of time and effort, letters and peoples' protests against taking away a home of many who can not live anywhere else in California, or the world, but I need to try at least, and be a voice for those who can't speak, or hear, or see, but have plenty of feelings and needs just like anyone else.

The Sonoma State institute for those with developmental disabilities is a place of peaceful tranquility that houses many people with special needs. There is no other place on this planet where they will get the care they need. The wonderful people that work there will not be able to follow their clients, and by closing it down it will not only make many homeless, but it will make many jobless, and send these extraordinary people into unemployment lines. Isn't that what we are trying to avoid in this state?

How, I ask, can this place be shut down? Why can't there be a solution to keep this place open? Why does it have to change now after all these years? Many of the families have stressed their opinions to the board, and shared their touching stories. Family, after family, after family pleaded to keep this place open. The panel listened, but that's all they did, they heard what the families had to say, but they are not going to do anything about it. A very poor decision will be made if this place will close.

We are part of the families that have a loved one living here. He will have no place to go; [REDACTED] is 100 years old, and cannot care for him. Many of the families have had their children or relatives there for many years, our [REDACTED] has lived there for over 60 years, and he would not

July 5, 2015

have lived past the age of 30 if he were to be anyplace else. The other people living in this beautiful facility have been cared for better than any place else they will ever go. The staff, doctors, and nurses are the very best and I can't express in words enough how wonderful all of the people who work there are, and it is such an emotional feeling I get when I try to say how grateful we are to have a place like this in California. There are also teachers that know each individual, and their needs. They know exactly how to care for them to make sure that they do have a comfortable and peaceful living. They deserve a happy life just like anyone else.

What can be done to keep Sonoma opened? In the future there will be more children that need care too. There are more and more cases of autism, and other diseases that affect social living, and these are the types of places that can help. Sometimes there isn't any other place a person can live. It's not as if they are removing them from society, it's that they are bringing them to a place of peace where they can thrive and be human.

This is an absolute travesty of justice that the state can even fathom the thought to have this place close. Something must be done to save it. There are many lives at stake. For the sake of Human compassion, please help stop the closure. Thank you for your time to read my letter.

Sincerely,

*Laurie*  
Laurie



From: Sue [REDACTED]  
To: Rogers, Santi@DDS  
Cc: Wall, Amy@DDS; Kent, Kristopher@CHHS; mike.mcquire@sen.ca.gov  
Subject: Sonoma Developmental Center closure plan  
Date: Friday, August 28, 2015 3:40:52 PM

---

DATE: September 28, 2015

TO: Director Santi Rogers

FROM: Sue [REDACTED], [REDACTED] Conservator

RE: Sonoma Developmental Center Closure Plan

My [REDACTED], *non-verbal*, autistic [REDACTED] has lived at SDC for 45 years. His measurable IQ is [REDACTED]. He has little or no hazard awareness. He has severe and complex behavior challenges which include 1) *Self Injurious Behavior* (SIB); inability of untrained staff to understand his communication methods or a simple "no" command can send him into a very difficult to control frenzy determined to injure himself. [REDACTED]

[REDACTED] he is cleverly observant and takes advantage of half-minute distractions. 3) He is an *Eloper*, he can outsmart the smartest, seeming to disappear in front of one's eyes.

For [REDACTED] to live in a least restrictive and safe environment his behavior challenges requires a locked facility with trained, long-term staff who understands his unique communicating methods.

[REDACTED] quality of life at SDC, which will be difficult to duplicate elsewhere, includes:

1. Regular check ups on campus by a trained medical, dental and psychiatric staff who understands multiple developmentally disabled challenges. Also other specialist such as physical therapy and occupational therapy are available. Labs can be drawn and Xrays taken on site with familiar techs.
2. He has had a job for many years - on and off campus - which greatly improved his self esteem.
3. Some of his favorite activities on campus are: walks, swimming and equestrian program. He looks forward to special events such as the Art Show, Cinco de Mayo, Halloween Parade, Black and White Ball. He's also been in two plays.
4. Going to a restaurant is one of his favorite off-campus activities. He enjoys special outings such as Sonoma County Fair, snow trips, ferry boat ride, Marine World . . . . ETC.
5. He has his own room and TV.

Like most family and friends of SDC residents I in no way support the closure of SDC which I consider to be vital for the remaining residents. However, I recognize that closure now appears to be inevitable, so I am submitting my comments on what absolutely needs to be included in the SDC closure plan and what services need to be maintained as a system wide safety net on the SDC site.

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.

Next the SDC site needs to include and perhaps expand the crises residence. SDC needs to also include the place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of



the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently housing is a planned use for the Fairview DC site.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.

Sue [REDACTED], [REDACTED]/Conservator

[REDACTED]

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** September 21st DDS Public Hearing  
**Date:** Wednesday, September 23, 2015 3:38:16 PM

---

WRITTEN FOR DDS PUBLIC HEARING ~ September 21, 2015

**RE: Sonoma Developmental Center Closure**

I am Edwin [REDACTED].

I am disappointed and angry.

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 center approach” . . . “one person at a time” . . . “safe environment.” If those are, in fact, true statements, why can’t DDS support the **development** of resources onsite concurrent with the closure process?

My non-verbal autistic [REDACTED] will soon be sixty years old. [REDACTED] has severe behavior challenges. His measurable IQ is less than 2 years. SDC has been his home for 45 years.

In all the meetings attended, I got the message there is NOT anything in the “community” for severe behaviors over age 59. **Those services are at SDC.**

Duplicating the Quality of Life [REDACTED] enjoys at SDC will be difficult to duplicate. Not to mention the cost.

Beyond Medical, Dental and Behavior/psychiatric Services on SDC site, [REDACTED] has:

1. *Least Restrictive* environment (Lanterman Act) which is also located in a *Therapeutic* setting. He has his own room and TV.
2. There is consistent hands-on staff trained in behavior management such as aware of [REDACTED] clever escaping skills. Otherwise, his eloping behavior will put his life in danger. Also staff not familiar with his pronunciation of his limited vocabulary and method of communicating is not being understood, he becomes extremely self abusive.
3. The SDC staff is also resourceful in teaching living skills, vocational training; creative in finding and providing leisure activities and job opportunities.

Examples:

\*[REDACTED] has had a job for many years which greatly improved his self esteem.

\*Some of his favorite activities on campus are: walks, swimming and equestrian program.

\*He looks forward to special events such as the Art Show, Cinco de Mayo, Halloween Parade,

Black and White Ball. He's also been in two plays.

\*Going to a restaurant is one of his favorite off-campus activities. He enjoys special outings such as Sonoma County Fair, snow trips, ferry boat ride, Marine World . . . .

CLOSING SDC IS NOT ONLY INHUMANE, IT IS CRIMINAL.

Sincerely,

Edwin [REDACTED]

*Sandra Little*

June 27, 2015 DDS Meeting - Updated July 17, 2015

*by Sue [REDACTED] - Conservator*

My [REDACTED] [REDACTED] has severe behavior challenges. His measurable IQ is [REDACTED]. SDC has been his home for 45 years and his quality of life at SDC has far exceeded my expectations in 1970.

#### TRANSFORM SDC:

I am hoping that PHA's *Essential Elements of a Plan for Closure* will come under serious and positive consideration. If so the title *Closure Plan* will truly be changed to *Transformation of Sonoma Developmental Center Plan*.

#### CHOICE:

Beyond Medical, Dental and Behavior/psychiatric Services on SDC site, [REDACTED] would best be served in an Enhanced behavioral home with delayed egress.

This facility should have consistent hands-on staff trained in behavior management and is aware of [REDACTED] clever escaping skills. Otherwise his eloping behavior will definitely put his life in danger.

(Also staff who are familiar with his pronunciation of a limited vocabulary. When his method of communicating is not being understood, he becomes extremely self abusive.)

TRAUMA of MOVING Developmentally Disabled is an issue that has not been adequately addressed. Especially those with severe behavior challenges and those who have called SDC their home for decades.

**I THINK THAT CLOSING SDC WITHOUT EQUIVALENT SERVICES IN PLACE IS INHUMANE AND CRIMINAL.**

LEAST RESTRICTIVE: SDC is the least restrictive.

*My Shortness of Breath (Asthma) + hoarse voice prohibited me from speaking today.*

*The above is just drop in the bucket of what my [REDACTED] needs. I have night mares about extreme life threatening situations he will put himself in*

**From:** [Joan Donovan](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Urgent request NOT to close Sonoma Development Center  
**Date:** Friday, August 28, 2015 9:05:59 PM

---

I know a woman with severe disabilities who has lived in the Sonoma Development Center for 28 years. In that time she has developed a community and has a job and the knowledge and confidence to do some independent tasks. Now it feels like her world may be ending, as the center is scheduled to close in 2018. This is amazing to me as I understand the land was deeded in the 1890's to be used for a natural preserve and to serve people with development disabilities. The skilled and caring people that she knows and loves will be scattered and her life may end in turmoil.

I strongly urge you to find a way to keep this center. The thought of trying to find satisfactory housing for so many clients in a limited market is scary. Also, I worry about finding the caretakers, dentists and doctors needed when this community becomes scattered in less caring locations. Please find a way to keep the center open....so many people are in need of this special place.

Sincerely,

Joan Donovan

**From:** [REDACTED] on behalf of [Nancy](#) [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** SDC closure plan comments  
**Date:** Saturday, September 19, 2015 2:01:29 PM

---

The draft DDS closure plan draft does not appear to me to be listening to the requests from the families and community about the importance of retaining specialized services on site for our disabled loved ones. [REDACTED] could not be taken to just any community doctor for his special medical needs: epilepsy, feeding tube, COPD, to name just a few.

Please don't ram this plan through without proper consideration for future needed services.

Nancy [REDACTED]  
[REDACTED] and conservator of [REDACTED]

**From:** [Beverly \[REDACTED\]](#)  
**To:** [Rogers, Santi@DDS](#)  
**Cc:** [Wall, Amy@DDS](#); [Kent, Kristopher@CHHS](#); [mike.mcquire@sen.ca.gov](#)  
**Subject:** Sonoma Developmental Center Closure Plan  
**Date:** Tuesday, September 01, 2015 4:57:16 PM

---

TO: Director Santi Rogers  
CC: Amy Wall, Kristopher Kent, Mike McGuire

FROM: Beverly A [REDACTED]

Re: Sonoma Developmental Center Closure Plan

[REDACTED], [REDACTED], has lived at Sonoma Developmental Center since 1964, except for an eight month period in 1990/1991 when he was placed in a community home. The home closed and he had to be readmitted to SDC. He did not do well in that home -- lost weight, etc. He has since resided at SDC in various cottages and is currently in [REDACTED]. He has [REDACTED]. In my opinion, his many needs are met with great efficiency and loving care at SDC.

Like most family and friends of SDC residents I in no way support the closure of SDC which I consider to be vital for the remaining residents. However, I recognize that closure now appears to be inevitable, so I am submitting my comments on what absolutely needs to be included in the SDC closure plan and what services need to be maintained as a system wide safety net on the SDC site.

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.

Next the SDC site needs to include and perhaps expand the crises residence. SDC needs to also include the place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently housing is a planned use for the Fairview DC site.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as

current services do not adequately include these services or resources for SDC movers.

Thanking you for your attention.

Sincerely,

Beverly [REDACTED]  
[REDACTED]



**From:** [P](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Vision for SDC Strategic Plan  
**Date:** Thursday, July 16, 2015 12:38:21 PM

---

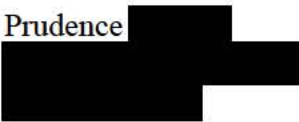
- Please accept my agreement on the following vision for the SDC forum to be held Sat. July 17. One may look to the highly successful model of the Presidio Land Trust.

Create a public-private partnership driven by community ideas and values that showcases the site's history, maintains critical services for the developmentally disabled and preserves the natural resources and open space of the site.

- Maintain health care and residential services for special needs patients in order to sustain the greater autonomy and safety of this vulnerable community.
- Broaden the impact of SDC's expert staff and customized therapies and mobility devices to continue to be a specialized facility and critical statewide hub to address the needs of developmentally disabled patients.

The strategy to **protect the invaluable natural resource** land of SDC should be developed **concurrently** with the closure process.

Thank you.

Prudence 

Sent from my phone.

**From:** [Joan \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Re: Planned closure of Sonoma Developmental Center  
**Date:** Tuesday, September 01, 2015 3:44:42 PM

---

Dear Sirs and/or Madams,

I am writing to you to add my voice to the many who are concerned about the planned closure of Sonoma Developmental Center. I am sorry that the state has made that determination. I am the [REDACTED] [REDACTED] is a severely autistic [REDACTED] who has safely and beneficially lived at SDC for over 25 years. If he could live in a community setting we, [REDACTED] would have certainly kept him at home with us! The services he needed in Sacramento, our and his home, were not available then, nor are they available today----25 years later!

Therefore, as [REDACTED] and co-conservators, we hope that the powers that be, in making their decisions concerning the future of SDC, will take into consideration the best interests of fragile citizens such as [REDACTED] and put into place the recommendations of the CA Health and Human Services Agency. These recommendations were well thought out, thorough, and appropriate uses of the SDC and were based on the deliberations of a statewide representative task force.

The recommendations particularly important for [REDACTED] are discussed in Recommendation #2 Individuals with Challenging Behaviors and Support Needs:

Existing Community Services are not sufficient to accommodate the needs of this population.

Access to mental health and medical management services, psychiatric care, behavioral supports, and crisis response services are not truly in place for this population in the community. Placement of last resort for those with significant challenging behaviors, should be a planned use of SDC, as well. Hopefully, in the remaining time left for SDC to stay in operation these services will be arranged and there will be in place at SDC, homes that can continue to service those like my son who need the specialized medications and psychiatric care that he has successfully had at SDC for these past 25 years. He has been happy on the beautiful campus at Sonoma and with the caring, well trained staff who have cared for him for 25 years. Please consider the upset and confusion and trauma individuals like [REDACTED] would experience being uprooted from their home.

Please put into place for SDC the recommendations of the task force and SDC Coalition/Transform SDC Project of August 7, 2015.

Sincerely,

Joan [REDACTED]

Sent from my iPad

August 31, 2015

TO: Director Santi Rogers

FROM: Randall K [REDACTED], Conservator for [REDACTED]

Re: Sonoma Developmental Center Closure Plan

[REDACTED] suffers from severe autism and has lived at Sonoma Developmental Center (SDC) for over 25 years. During this time we, [REDACTED], have never had any reason to be concerned regarding his care. On the other hand, nothing I have heard so far from DDS or the Regional Centers convince me that community placement will provide better care than what he currently receives. [REDACTED] has no say, no voice in this process, so I must speak for him.

Closing SDC is unconscionable. The perception I cannot shake is that DDS and the Legislature have caved in behalf of special interests and for-profit care for California's most vulnerable citizens. If that is not an accurate assessment, time will tell. If it is accurate, then shame on California government. Like most family and friends of SDC residents, I in no way support the closure of SDC, which I consider to be vital for the remaining residents. However, I recognize that closure is *fait accompli*.

I am in agreement with other family members of residents at SDC on what needs to be included in the SDC closure plan and what services need to be maintained as a system wide safety net on the SDC site. What follows may be boilerplate and may be similar to other letters, but know that I am agree with the points outlined below:

First, there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.

Next the SDC site needs to include and perhaps expand the crises residence. SDC needs to also include the place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently housing is a planned use for the Fairview DC site.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.

Randall K [REDACTED]  
[REDACTED]

August 24, 2015

To: Director Santi Rogers

RE: SONOMA DEVELOPMENTAL CENTER CLOSURE PLAN

From: Thomas [REDACTED] and Gloria [REDACTED]

This is a letter in support of [REDACTED] who has had [REDACTED] in your facility for 40 years. We have known [REDACTED] and her husband [REDACTED] for many years and have been aware of how [REDACTED] situation has impacted their life.

[REDACTED] requires continued observation and assessment by trained Neurologists, (ACLS) trained nurses and Physicians. Her condition is the result of a severe illness before one year of age. She is [REDACTED] and is totally dependent on medical trained staff for all her physical needs.

This was my own experience, having a younger brother with Down Syndrome. He passed away shortly after he was taken out of his familiar residence and put into a new institutional setting. He could not adapt to that environment at 9 years of age.

We are sorry that [REDACTED] hospital is scheduled to close and that the patients must be moved for now, to undisclosed locations. It seems to us that for individuals that have called this facility the only known "home", it would be disastrous to move them to a new place.

In reading the Guiding Principles for the SDC Closure Plan, we agree that The "future role of the State is to operate a limited number of smaller, safety-net crisis and residential services coupled with specialized health care resource centers and public/private partnerships". Would it be possible for the State to use the existing institution as one of the facilities?

Our sympathies have gone out to the [REDACTED] and [REDACTED] and sincerely hope that the state will be able to keep [REDACTED] in this very important environment that she has called home.

Very truly yours,

Thomas [REDACTED] and  
Gloria [REDACTED]  
[REDACTED]

Cc: Senator Mike Thompson

**From:** Pat [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Planned SDC closure  
**Date:** Thursday, July 16, 2015 12:05:14 PM

---

We cannot attend the July 18, 2015 mandatory public hearing on transformation of Sonoma Development Center so our recommendations are:

The citizens of Sonoma Valley have already made clear their vision for SDC's future at the Transform SDC Workshop on May 2, 2015. Workshop attendees seek a humane and efficient process of collaboration during the closure period, appropriately staffed Board and Care Homes for resident transfer with well trained staffing. These Board and Care Homes could, of course, be located on SDC's grounds by repurposing the existing buildings. SDC is already a community. The plan should include onsite housing and health services available to clients during the closure and transfer period.

Concurrently with closure the open space lands associated with SDC should be transferred to the adjacent Parks for their protection. These lands which are an invaluable natural resource, offering a wildlife corridor from Sonoma Mountain to the Mayacamas Mountains are already utilized by the public for recreational purposes and bordered by State and Regional Parks. Transfer is the best option.

In closing, SDC as it now exists, is dysfunctional. Closure is inevitable but the closure process should include the safe transfer of residents and the preservation of SDC's open lands.

Sonoma has offered its 'vision' for SDC's future now it's time for DDS to clearly make their plans known to the community for further discussion.

Pat and Ted [REDACTED]  
[REDACTED]

**From:** [Ted \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Recommendation  
**Date:** Thursday, July 16, 2015 9:41:47 AM  
**Attachments:** [PHA Plan.pdf](#)

---

We are unable to attend the July 18 Sonoma meeting on the Sonoma Development Center and are therefore sending you our recommendations which are set forth in the attached document by the Parents Hospital Association.  
Patricia and Theodore [REDACTED]

Essential Elements of a Plan for Closure  
of Sonoma Developmental Center  
submitted on behalf of PHA

In the plan for closure of Sonoma Developmental Center (SDC) completed by the Department of Developmental Services (DDS), there should be certain elements included. These elements have been used in plans for closure in other states where there has been a directed effort to reduce reliance on institutional facilities and to provide for the variety of needs that are created by not having them.

First, the plan should include provisions for services to individuals who have been deflected to inappropriate living situations because there has been a multi-year "moratorium" on admissions to SDC. These individuals would include minimally the individuals registered with the eight Northern California Regional Centers who would have normally referred clients to SDC who:

1. Currently reside in jail.
2. Currently reside in an acute psychiatric facility or being held on a 5150.
3. Have been held on a 5150 in an acute psychiatric facility more than three (3) times in the last year.
4. Have been recommended to be demitted from their current home due to behavioral issues.
5. Is living in temporary housing such as a homeless shelter, hotel, or other such arrangement,

6. Are determined to be at significant risk of harm to self or others in their current home with the level of care and support currently provided.

Second, the plan should include personally required services currently provided at SDC and not readily available in the community living arrangements in the eight Northern California Regional Centers. PHA's position is that these services should be developed on the SDC site concurrent with closure activities.

These services would include a clinic that:

1. Provides a primary care physician that would be responsible for coordinating the overall health care management
2. Provides an annual dental examination & treatment as necessary;
3. Provides durable medical equipment adaptation and maintenance and repair.
4. Coordinates a review by a neurologist if the individual has a seizure disorder and has had more than 3 seizures in a 30 day period;
5. Coordinates a review by an ophthalmologist for all individuals over the age of 65 for cataracts or other eye diseases and availability of alternatives;
6. Provides an annual review by a psychiatrist or physician with more than 2 years of experience with individuals with Intellectual and Developmental Disabilities of their psychiatric/behavioral medication regimen; and
7. Provides a review by a licensed psychologist of the individual's behavior support plans if they require them upon their move from SDC and annually thereafter.
8. Retain acute care license for clinic/medical facility.



Third, any plan that is developed should include the assurance of transparency in reporting, including information to assist in the assessment of the placement and support of the individual being moved from SDC including all information currently available from SDC, especially

1. Any use of restraint, manual or mechanical,
2. Any use of seclusion
3. Any use of emergency psychiatric medications, (STAT)
4. Any significant injury received by the individual during a behavioral episode
5. Any unexplained injury
6. A mortality review of all deaths.

Fourth, the plan should include the availability of emergency services and other necessary medical and health services on the SDC site, including

1. Behavioral/psychiatric emergency and crisis services, overseen by a licensed psychologist or physician with 2 years of experience working with individuals with Intellectual and Developmental Disabilities available within 2 - 72 hours
2. A facility that can provide longer term behavioral treatment from which they cannot be expelled or demitted
3. Enhanced behavioral homes with delayed egress

With these elements included in the plan for a closure of SDC, there is at least a plan to provide for the care and support necessary to maintain, assess, review, intervene when necessary and assure the ongoing success of the individual, especially those with complex behavioral and dual diagnosis needs.

## **Services not necessary to the ongoing use of SDC during Closure**

These services are seen as not necessary to be maintained through the ongoing closure of SDC especially as it gets substantially smaller, though the County or some private entity may see it as valuable to sustain these services at Sonoma:

Clear units of material and close: Dunbar, Bane, Thompson, Cedars and Sequoia and other buildings as not in full use

The Junior Farm – The animals should be placed at appropriate humane facilities or another agency should take it over

The Horse Arena and stabling-This service should be self-sustaining or transferred to other equestrian facilities

The Donations Center - It should have to justify its existence in terms of funding

Volunteer Services -It should have to justify its existence in terms of funding

The Nutrition Services- Meals should be provided at the residences as they are in the crises residence

Pharmacy Services – These services can be provided by a local provider

The Police Department- Local Law Enforcement can provide these services

The Fire Department- Local fire agency can provide these services

Water Use - Future water use other than at SDC should be determined by federal authority

Administrative Services including Quality Assurance and other administrative services should be downsized as the facility is downsized. NO residential staff reassigned to administrative jobs

All SDC services should be located on the west campus including all administrative functions

**From:** [Pat and Ted Eliot](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** SDC closure plan  
**Date:** Saturday, September 19, 2015 5:27:02 PM

---

I have reviewed DDS's closure plan for SDC and fully support the PHA Position below.

In addition I support DDS efforts to work with the Transform SDC Coalition and laud DDS for its intention not to put SDC's wild land on the State's Surplus list. To this end it is my hope that DDS along with the Coalition will identify how best to preserve the 950 acres of open space.

I have not forgotten that some years ago 600 acres of SDC land was put on the Surplus list. After much study by DDS and DGS and assurances that the community supported its action, the 600 acres were transferred to the Jack London State Historic Park. We have a similar situation here and the best conclusion would be to transfer SDC's 950 acres of open space to Parks.

Pat Eliot, Sonoma Mountain Preservation and member of the Transform SDC Coalition

## PHA Position on the SONOMA DEVELOPMENTAL CENTER CLOSURE PLAN

### 1. **All services need to be in place prior to moving SDC residents out of SDC which means:**

- a. A moratorium on transfers from SDC until there is conclusive evidence that equal or  
  
better services are available for an SDC resident outside SDC (The moratorium should not apply to any resident legally capable of consenting to a transfer or any conservator, if they prefer a transfer. The moratorium does apply to any resident who is not capable of giving consent.) Services would include day program, medical services, dental services, durable equipment provider/repair services, crises management, access to religious services, and access to daily open space/ park like setting.
- b. Regional Centers are to be held responsible for putting needed supports and services in place prior to placement.
- c. Regional Resource Development Project is responsible to ensure transitions are smooth, needed staff training has taken place prior to moves, and any equipment

needs, medical, dental, and behavioral supports are in place prior to moves.

- d. SDC administration sole role is to ensure that the services at SDC are maintained and that staffing levels are fully sufficient to continue to provide quality care to SDC residents. SDC staff should not be utilized to fill gaps in community services, but this does not include training, monitoring placement or employment of “State Staff”.
- e. There must be assurance that family members and conservators will have unrestricted access to new placement, and would not be required to make an appointment to visit the placement facility.

**2. The plan should include provisions for a permanent health clinic to be located on the SDC site and available to current SDC residents as well as all regional center clients, and it should include the following:**

- a. Dental clinic that is capable of handling sedation and anesthesia dental
- b. Primary care physician that is responsible for coordinating overall health care
- c. Durable medical equipment adaptation and maintenance
- d. Behavioral health services
- e. The clinic should be able to utilize SDC employees

**3. The plan should include the availability of emergency services (current crises residence) and longer term residential services for behavioral treatment to be located on the SDC**

**site to serve those individuals who are not successful in community settings. This program should be able to utilize SDC state staff.**

**4. The plan should require an annual report (and made available to the public) be provided to the legislature (Chair of the Health and Human Services Committee) for a period of five years from the date of closure of significant change in services to be prepared by the Department of Developmental Services in collaboration with members of PHA on all SDC movers including the following:**

- a. All deaths from 2011 forward of SDC movers
- b. Any use of restraints in community settings on SDC movers
- c. Any use of seclusion in community settings on SDC movers
- d. Any use of psychiatric medications (STAT) on SDC movers
- e. Any unexplained or significant injury on SDC movers

- f. Any change of placement from the original placement outside of SDC
- g. Any placement, even temporary, in an acute psychiatric facility, jail or similar type setting
- h. The results of a family/conservator survey for SDC movers to be prepared in consultation with PHA

**5. PHA supports the creation of housing for individuals with developmental disabilities as long as it meets the following criteria:**

- a. It is developed within the developed footprint on the SDC site. b. It is developer to meet the needs of SDC movers.
- c. It is developed concurrently with the transition process as necessary to accommodate current SDC residents.
- c. It does not preclude the key services cited above from being developed and retained on the SDC site.

**6. The plan should include how Regional Centers will provide appropriate day programs for all SDC movers and should where appropriate retain day program on site to be available to SDC movers and other regional center clients.**

**From:** [DALE \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Sonoma closure  
**Date:** Sunday, July 19, 2015 12:30:32 PM

---

Dear reader, our [REDACTED] has been at Sonoma D C since 1964. Because of the excellent care afforded, he has lived an uneventful but full life in spite of being unable to care for himself at all.

We recently attended his 56th birthday at his unit, [REDACTED]. The attendants were all there and one had purchased a bunch of noisemakers. Enid and I each had one and with the recorded music plus the squeeks and honks and laughter plus [REDACTED] cracking up, it was a great party. These joyous occasions will seldom if ever happen in the Community!

What I cannot understand is how a government agency can move clients into the community but NOT provide the equivalent care the clients need to live and survive. This deadly moving clients into the community has persisted since the '70s and continues today! UNBELIEVABLE!

Are we really a concerned and caring society or have I missed something?

As for me and speaking for all parents of seriously handicapped children, clients should NEVER be moved out UNTIL comparable medical and dental and mental health care is available in communities!

Dear Santi,

We have attended several of the closure meetings at SDC. The overwhelming requests of the resident's relatives were these:

Provide 24/7 medical care for emergencies and routine appointments.  
Provide total dental care on campus to include anesthesia and all aspects of dental needs.

Retain the expertise of the shoe and wheelchair people and their workshop.

Retain as many of the staff as needed.

Avoid the trauma of a major move by the residents into a new environment.

One more concern in closing SDC is the loss of so many employees to the town of Sonoma.

There is a plan already formed to use about 30 acres of SDC property. The current name for the plan is "Jack London Meadows."

This plan calls for green, high performance homes. The homes will house all the remaining residents at SDC and many could be used by the staff. It might be possible to offer housing to some veterans who need medical care. This would make a well balanced community similar to the current plan of moving all residents into individual homes in a normal neighborhood. Obviously, this plan would be the most cost effective way to accommodate residents and staff of SDC. It would also fulfill all the requests of the residents' families. The term used in the plan of "efficient inclusiveness" describes the project well.

We were members of the Agnews parent group during the closure of that DC. We lobbied in Sacramento to assure the closure would be safe and an improvement for the residents. As you know, homes were purchased, then completely renovated inside to provide wider doors and hallways, ceiling lifts and other equipment necessary for the Agnews residents.

The Jack London Meadows plan for housing could be done by a contractor faster and less expensive than the Agnews' plan. Why go through the tedious and costly closure that has been proposed when there is a better solution for everyone? Not all the DCs have as lovely a



campus as SDC. It would be a shame to take this away from our loved ones.

We are willing to support the Jack London Meadows plan and know that other families concur. Yes, this has never been done in any of the states when closing their developmental centers. California has led the way in many actions and we believe this plan could be achieved with more support from families than the proposed closing plan.

Let's do it.

Sincerely,

Enid and Dale [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

July 22, 2015

Dear Cindy Coppage,

As I was unable to attend the Department of Developmental Services Public Hearing in Sonoma, California on Saturday, July 18, 2015, I am sending you a copy of the comments I would have read at the hearing had I been able to attend. Attached are my recommendations regarding the closure of Sonoma Developmental Center.

Mari S. Emmons



I am writing to recommend that Sonoma Developmental Center (SDC) not be closed, but rather that it be transformed into a center of excellence for the care of California's most vulnerable developmentally disabled people. While some developmentally disabled are successfully cared for in other settings, those who currently reside at SDC require the services provided there. Many people who currently live at Sonoma Developmental Center have already been placed elsewhere unsuccessfully and returned to SDC where they are thriving in spite of complex medical and/or behavioral problems. Some of these people have reportedly been deemed "inappropriate for community placement," based on unsuccessful attempts by them to live outside of SDC. There are likely others with similar needs living outside of Sonoma Developmental Center who might thrive if given the opportunity to live at SDC and/or receive services available at SDC. But, since admission to SDC is closed and the services offered there are unavailable to those who live outside of SDC, severely disabled people are denied vital resources offered at Sonoma Developmental Center.

As part of the transformation of Sonoma Developmental Center, we must reopen admissions to SDC. Let's do what needs to be done to transform SDC into the highest quality facility possible. This has never been an institution that is static and unchanging. Over the past forty years, I have witnessed relentless efforts at SDC to improve the quality of care provided for those who live there. As a high school student volunteering there beginning in 1971 I was introduced to large wards filled with severely disabled people who slept in long rows of beds in halls. Now, with the passage of time and improved understanding of the needs of developmentally disabled people, those who live at SDC live in congregate living settings that resemble homes and receive individualized care based on their needs.

We must continue to offer all of the services currently available at Sonoma Developmental Center that meet the needs of those who live there. Those who live at SDC require professionals who know how to care for the most severely developmentally disabled. These professionals include doctors, psychiatrists, psychologists, registered nurses, psychiatric technicians, social workers, special education teachers, physical therapists, dieticians, speech therapists, occupational therapists, music therapists, chaplains, dentists, adaptive equipment specialists, and more. As employees

of the state of California and the Department of Developmental Services, these professionals provide the highest quality specialized care available and they do so with great continuity, sometimes caring for the same individuals for decades. Those who live at Sonoma Developmental Center thrive on the continuity of their caregivers, just as members of a family thrive on the continuity of love and care given to each member of a family. I encourage you to listen to the stories of family members whose loved ones live at SDC to understand the great importance of continuity in the lives of those who live there.

The care of individuals who cannot care for themselves is our moral responsibility. Californians must assure that such vulnerable individuals whether they live in developmental centers or not, are protected in perpetuity and provided with the professional care they require. This will always be our responsibility. Sonoma Developmental Center is the perfect location for such a center as it possesses the environment, infrastructure, and personnel needed to care for our most vulnerable. I urge all who are attempting to close Sonoma Developmental Center to join in the community efforts underway here in Sonoma Valley to transform the center into the place of excellence it is meant to be.

Thank you for your consideration.

*Mari S. Emmons*

Mari S. Emmons



**From:** mari emmons [REDACTED]  
**Sent:** Monday, August 17, 2015 3:47 PM  
**To:** Rogers, Santi@DDS  
**Cc:** Wall, Amy@DDS; Kent, Kristopher@CHHS; [mike.mcguire@sen.ca.gov](mailto:mike.mcguire@sen.ca.gov); [REDACTED]  
**Subject:** Recommendations for SDC closure

Dear Mr. Rogers,

I am writing to recommend that Sonoma Developmental Center (SDC) not be closed, but rather that it be transformed into a center of excellence for the care of California's most vulnerable developmentally disabled people. While some developmentally disabled are successfully cared for in other settings, those who currently reside at SDC require the services provided there. Many people who currently live at Sonoma Developmental Center have already been placed elsewhere unsuccessfully and returned to SDC where they are thriving in spite of complex medical and/or behavioral problems. Some of these people have reportedly been deemed "inappropriate for community placement," based on unsuccessful attempts by them to live outside of SDC. There are likely others with similar needs living outside of Sonoma Developmental Center who might thrive if given the opportunity to live at SDC and/or receive services available at SDC. But, since admission to SDC is closed and the services offered there are unavailable to those who live outside of SDC, severely disabled people are denied vital resources offered at Sonoma Developmental Center.

As part of the transformation of Sonoma Developmental Center, we must reopen admissions to SDC. Let's do what needs to be done to transform SDC into the highest quality facility possible. This has never been an institution that is static and unchanging. Over the past forty years, I have witnessed relentless efforts at SDC to improve the quality of care provided for those who live there. As a high school student volunteering there beginning in 1971 I was introduced to large wards filled with severely disabled people who slept in long rows of beds in halls. Now, with the passage of time and improved understanding of the needs of developmentally disabled people, those who live at SDC live in congregate living settings that resemble homes and receive individualized care based on their needs.


We must continue to offer all of the services currently available at Sonoma Developmental Center that meet the needs of those who live there. Those who live at SDC require professionals who know how to care for the most severely developmentally disabled. These professionals include doctors, psychiatrists,

psychologists, registered nurses, psychiatric technicians, social workers, special education teachers, physical therapists, dieticians, speech therapists, occupational therapists, music therapists, chaplains, dentists, adaptive equipment specialists, and more. As employees of the state of California and the Department of Developmental Services, these professionals provide the highest quality specialized care available and they do so with great continuity, sometimes caring for the same individuals for decades. Those who live at Sonoma Developmental Center thrive on the continuity of their caregivers, just as members of a family thrive on the continuity of love and care given to each member of a family. I encourage you to listen to the stories of family members whose loved ones live at SDC to understand the great importance of continuity in the lives of those who live there.

The care of individuals who cannot care for themselves is our moral responsibility. Californians must assure that such vulnerable individuals whether they live in developmental centers or not, are protected in perpetuity and provided with the professional care they require. This will always be our responsibility. Sonoma Developmental Center is the perfect location for such a center as it possesses the environment, infrastructure, and personnel needed to care for our most vulnerable. I urge all who are attempting to close Sonoma Developmental Center to join in the community efforts underway here in Sonoma Valley to transform the center into the place of excellence it is meant to be.

Thank you for your consideration.

Mari S. Emmons





September 23, 2015

Dear Department of Developmental Services,

I am writing to you as a concerned member of the local community in response to the Draft Plan for the Closure of Sonoma Developmental Center released September 15, 2015. After reviewing the Draft Plan and considering the current facts surrounding the care of developmentally disabled individuals in California it is clear that the proposed closure date of December 2018 is unreasonable. I will attempt to list below the reasons why the closure date of December 2018 is unreasonable. I also have questions about details of this Draft Plan and have included those as well and would like them to be answered by you.

The Department of Developmental Services (DDS) has worked diligently for more than twenty years to place residents from Sonoma Developmental Center (SDC) in the community and has placed all residents who could be placed safely in community settings, though a number of those placed have been returned to SDC because their community placements failed. Some SDC residents have reportedly been deemed “inappropriate for community placement”. Most of those who remain at SDC have

serious medical and/or behavioral needs, so serious that at present no appropriate community placements exist for them. To make matters worse, many community homes in California are closing. According to an article published in the Press Democrat (March 20, 2015), an Association of Regional Center Agencies (ARCA) report published this year and titled “On the Brink of Collapse” states that 435 residential homes for the disabled closed between 2009-2014 in California. Where do the developmentally disabled individuals who formerly lived in those 435 residential homes live now? How have those individuals fared since their homes were closed? Development of safe and reliable homes for the nearly 400 residents currently residing at SDC will require a lot more time and money than the Draft closure plan calls for. Funding for these homes, in perpetuity, will be essential for those who leave SDC and must be included in accurate, realistic amounts in the Closure plan. The only way to prevent the remaining SDC residents from becoming homeless, incarcerated, or otherwise misplaced is to have a firm commitment that the state of California provide funds for safe, reliable, appropriate homes.

Housing and proper medical services for the disabled are only part of the continuum of services the state of California must provide. At present, community programs that provide day



programs for developmentally disabled individuals are also struggling to stay afloat as the California state legislature fails to pass legislation to provide adequate funding to keep programs functioning. According to Jami R. Davis, Executive director of Marin Ventures, a program serving 108 people with developmental disabilities in a community-integration day program, current funding levels do not allow him to offer adequate wages to keep employees. According to Davis, “Our employees can earn more working in retail or restaurants.” Becoming Independent is another program that would be used by some SDC residents who move out into the community. It has been in existence for almost 50 years and has not had any increase in fees for services in 20 years. According to Luana Vaeto, CEO of Becoming Independent (BI), some fees for service were cut during the recent recession and due to changing guidelines for how state funds are allocated, operating funds for BI have been reduced by \$100,000 a month. BI currently serves about 1,000 disabled individuals providing living support, jobs, educational and transportation programs to the disabled who live in the community. The programs offered by Becoming Independent and Marin Ventures, are mandated by law, yet not fully funded. According to the Lanterman Act, a law passed in 1969, “People with developmental disabilities and their families have a right to get the services and supports they need to live like

people who don't have disabilities.” State funding for these and other programs like them will be essential for those who leave SDC and needs to be included in accurate, realistic amounts in the Closure plans.

Below are the questions and concerns I have about elements of the Draft Closure Plan for Sonoma Developmental Center (September 15, 2015). I would like you to answer the questions and acknowledge the concerns in the final Draft for closure of SDC. I have included page and paragraph numbers from the Draft for each item.

- Page 2/paragraph 3-This section must include specifically all of the department that currently maintain SDC facilities and property and the state staff that residents require. These include and are not limited to: chaplains, special education teachers, music therapists, Jr. Farm staff, dieticians, occupational therapists, plant operations staff, maintenance staff, water and steam plant management staff, transportation staff, fire fighting staff, and police services.

- Page 2/last paragraph-This must include accessibility to the public as well as families and decision makers.

- Page 3/paragraph one-Community State Staff Program (CSSP) must offer pay and benefits in line with current pay/benefits to state staff to follow SDC residents into the community.

•Page 77 paragraph one-All attachments must be attached to the Draft plan for us to have complete understanding of the Draft plan. According to this page, “attachments are still being compiled and organized and will be included in the October 1, 2015.” We must have access to all documents that this Draft cites as attachments.

•page 4/paragraph 2 states that the Draft is not intended to detail where each individual who lives at SDC will move, but we must know generally where DDS is willing to consider moving SDC residents. Is DDS willing to move SDC residents outside of California? Is the DDS willing to move SDC residents to any part of California? Families must have assurance in writing in the Draft plan that their loved one currently residing at SDC be placed within a geographical area acceptable to the family.

•page 5/last paragraph states that “providing services in the least restrictive environment appropriate for the person is strongly supported by state and federal laws and court decisions.” Is there a law that specifically prohibits us from developing homes on current grounds?

•page 7/paragraph three-Would medical and/or behavioral care be made available within community placement homes or would developmentally disabled individuals need to travel to hospitals, clinics, etc. for most or all medical/behavioral support?

•page 11/paragraph one- must state that “services will meet or exceed current levels of care provided at SDC”.

•page 12/paragraph 3-All provisions to avoid problems that occurred when other DCs closed must be articulated exactly. Simply stating that the DDS will try to avoid repeating such mistakes is not a plan.

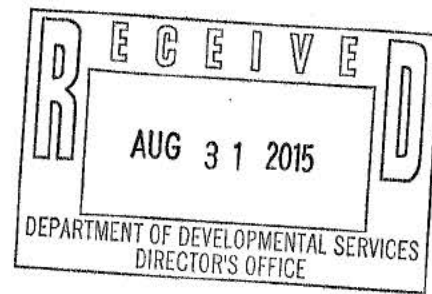
Thank you for your consideration and I look forward to hearing from you regarding the questions I've included here.

Mari S. Emmons  
18025 Lucas Avenue  
Sonoma, CA 95476

DATE: August 27, 2015

TO: Director Santi Rogers

FROM: Beverly [REDACTED] conservator



Re: Sonoma Developmental Center Closure Plan

[REDACTED] has been a resident of SDC for over 30 years. Because of a birth defect, lack of oxygen to the brain, she is unable to speak, or act for herself. Currently she is confined to a wheel chair. She pulls hair, kicks, bites and hits and is a danger to herself and others. [REDACTED] cared for her until she suffered several strokes and could no longer keep [REDACTED]. [REDACTED] needs full time attention and medical help. It would be impossible to care for her without 100% full-time attention.

Like most family and friends of SDC residents I in no way support the closure of SDC which I consider to be vital for the remaining residents. However, I recognize that closure now appears to be inevitable, so I am submitting my comments on what absolutely needs to be included in the SDC closure plan and what services need to be maintained as a system wide safety net on the SDC site.

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.

Next the SDC site needs to include and perhaps expand the crises residence. SDC needs to also include the place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently housing is a planned use for the Fairview DC site.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.

*Beverly*  
[REDACTED]

**From:** [Reyes, Julia@DDS](#) on behalf of [Rogers, Santi@DDS](#)  
**To:** [Doyle, John@DDS](#); [LaFon, Dwayne@DDS](#); [DDS HQ Sonoma Closure](#)  
**Subject:** FW: Closure of SDC  
**Date:** Wednesday, August 26, 2015 9:31:34 AM

---

-----Original Message-----

From: Sharon [REDACTED]  
Sent: Tuesday, August 25, 2015 10:30 PM  
To: Rogers, Santi@DDS  
Subject: Closure of SDC

from Sharon and Cal [REDACTED]  
Re: Sonoma Developmental Center Closure Plan [REDACTED] has lived at SDC since her early twenties, she is [REDACTED] years old.  
Our [REDACTED] is limited conservator for [REDACTED] and visits her every two weeks from [REDACTED]. This is such a blessing for us, since we live in the [REDACTED].  
[REDACTED] has been cared for in the best way possible and her excellent medical care has been a God Send. She was in community care for a very brief time and it was a disaster and we were just happy to get her back to SDC. We need a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs dental and eye care and a repair center for medical equipment. The SDC site needs to include and expand the crisis residence which could include the place of last resort for those who are not successful in community settings.  
We would welcome the development of smaller housing site for SDC movers on a portion of the SDC site as another concept that was supported in the DC task as a recommended use of the developmental center land. Currently housing is a planned use for the Fairview DC site.  
The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan for maintaining and developing these services are on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.  
Sincerely,  
Sharon and Calvin [REDACTED]

Sent from my iPad

JUNE  
2015

Submitted by  
Brien

Secretary Dooley:

Perhaps 100 family members attended in person or by phone a DDS meeting at SDC Saturday, June 27th. The purpose of this letter is to seek, on behalf of many parents with whom I spoke Saturday, your assistance in requiring DDS to practice basic collaboration principles at all future community meetings relating to the future of SDC and its residents. SDC families also seek your support in requiring transparency about the past impacts of DC closures as well as full transparency about the effects of closure on the lives of SDC residents. Last, SDC parents seek your assistance in developing and funding for permanent medical and crisis and other services at SDC concurrent with the closure of SDC. Details are provided below. I am writing as the [REDACTED] and [REDACTED] of [REDACTED], a resident of SDC since 1958. I am not an officer in PHA and am not writing on behalf of PHA.

DDS mailed multiple notices to families about yesterday's meeting. DDS did not identify key stakeholders in its notices ( SDC staff, Sonoma Land Trust, Transform SDC, or, most important, PHA). There were also electronic notices. Families were never told that this was not a legally required public hearing. None of the key stakeholders had any role in planning or participating in the meeting. In fact, due to the refusal of DDS to agree to a two to three week postponement of the meeting, PHA board members protested by not attending yesterday's meeting. The breakdown could have been easily avoided. The lack of collaboration forfeited the trust and reasonable expectations of families of California's most disabled residents. DDS purports to support partnering and collaboration. Their actions prove that they do not.

As Santa Rosa's retired [REDACTED], I have been involved in hundreds of hearings and meetings about controversial matters. I have seen attempts by staff to push items forward without collaboration and the resulting fireworks and setbacks (the absence of PHA leadership and the resentment evoked by DDS). That should never happen when the stakes as high as they are here- the lives and safety of loved ones. What should have been done?

First, there should have been a professional and independent facilitator, who was agreed upon by stakeholders. That person would have insisted on participation of all stakeholders in designing the meeting and agreeing on a reasonable time. PHA members are gathering for the first time since the closure announcement on July 11th to share information about options and next steps and to mourn the lost of the precious setting, staff and services at SDC. PHA requested that PHA families be permitted to meet before engaging with DDS.

PHA recognizes the closure plan is due in October and sees no reason that completion of the plan would be jeopardized by a short delay in the initial informational meeting. Instead of working with all stakeholders in advance of this one and only initial roll-out, DDS proceeded unilaterally and in utter disregard of the legitimate interests of families, employees, and other stakeholders.

SDC families should hear from unions and DDS about employment prospects of staff. This did not happen.

Many SDC family members are elderly and traveled great distances to attend. It is not likely that they will be able to attend all meetings. It might have been possible for other families to use the comments and questions at the public hearing had the highly detailed notes characteristic of professionally facilitated collaborative meetings been produced. (I hope that I am wrong and that extensive and objective notes are made available in advance of July 18th.) In general, preparation of notes should be done by a third party when the subject under review is highly controversial.

Here are excerpts from the DDS letter explaining why it would have been inconvenient for the bureaucracy to delay the informational meeting for the two to three weeks requested by PHA.

"The Department could not put off the meeting off for as long as was requested. The Department is working under short timelines to prepare a plan for the Legislature by October 2015....The Department is preparing a schedule of planned stakeholder meetings and other events related to the proposed SDC closure....We will make concerted effort to keep members informed in a timely manner as a closure plan is developed and implemented." This imperious communication is reflective of a 1950s view of how government serves the community. Collaboration is not about minimal legal compliance. It relies on respect, cooperation, and aims to assure that stakeholders all value the process, knowing that not everyone will agree with the outcomes. You know better than I ever will the importance and power of collaborative practices. We have now lost the first and irretrievable opportunity to establish trust in a respectful, dignified and fair process. But it is not too late to engage a highly skilled collaboration professional, agreed upon by stakeholders, to plan and oversee the meeting on July 18th. I realize that it is a public hearing. It is still an opportunity to attempt to reverse the harm caused by the meeting yesterday.

A number of family members demanded to know how they could trust the process that is underway when there is no transparency about critical topics about past DC closures and no commitment to collect and share data about SDC loved ones regarding:

1. Life expectancies after closure;
2. Post-closure hospitalizations and other basic medical data;
3. Family satisfaction surveys, with an opportunity to provide details;
4. Crime victim data;
5. Pedestrian accident data;
6. Arrest and detention data;
7. Employee attrition data and pre-closure comparative analysis;
8. Program, services and housing stability;
9. Reports, summaries and evaluations about lessons learned about past SC closures. Mistakes are alluded to; what did go wrong and what steps have been taken to reduce the risk of repetition of errors.

If DDS does not work with PHA and other stakeholders to create assessments, collect data and evaluate and summarize the information, any selective reporting will be viewed as one-sided and irrelevant.

The failure of DDS to collaborate in the collection of this basic data and to make it available sends one message. And the message is that all is not well. How many avoidable deaths and hospitalizations have there been in connection with closures? Because only DDS has access to information and it refuses to work with PHA to develop appropriate assessments and to release information, there is no confidence in the process or future care. This is a basic issue affecting the well-being of our loved ones. We need immediate assistance, so that we can reasonably evaluate what community arrangements will be appropriate.

Last, as families have urged, we need DDS to commit to the development of a medical and other services at SDC concurrent with the closure process. Anything less is a hollow offer to work on this at a date to be determined. Our loved ones must have access to the specialized services only available at SDC once they leave.

For the reasons explained above, family members, who feel powerless, are forced to ask your help in securing a commitment to collaboration, basic post-closure health and safety data, and a commitment to permanent services at SDC. If I do not learn that these problems are being remedied by the end of the week, I will be issuing a press release regarding the mistreatment of SDC families, residents and staff.

Thank you for all that you and your staff are doing to support Transform SDC, as well as SDC families, residents and employees.

Brien [REDACTED]

light Time, [REDACTED] writes:

Marty, The PD editorial gave the County a C+ today for its implantation of the Task Force recommendations. I am a much tougher grader.

As you know the State has initiated the closure of the Sonoma Dev. Center, where my [REDACTED] has lived since 1958. For the past week I have been working with an Asst. Secretary of Health and Human Services in Sacramento. I expect to have my concerns dismissed early this week. Below is my note that I intend to send tomorrow. I will separately send my previous letter. Neither letter amounts to a press release. The official that I have been writing to knows all of the surrounding circumstances.

I am wondering if there is any chance that you might help edit the press release. It will be ready by tomorrow afternoon. To force the State to engage in real collaboration and to provide transparency, we will need media and public pressure. My contacts at the PD will not suffice. We will need coverage in a major market. I have never attempted to reach out to reporters outside in So Co.

If there is a time that we could have coffee Wednesday, please let me know what works for you.

Thanks in advance.

Brien

Kris, Thank you for meeting with me Friday. As I drove home, several thoughts crystallized.

Process:

First, my introduction to the SDC transition process was the May 2nd meeting organized by Transform Sonoma. I had experienced many meetings in the past that utilized a collaborative process. The May 2nd meeting became the precedent for a fair and inclusive procedure for working out the many issues related to the closure of SDC.

*July 2015*



Instead of a fair and inclusive process on June 27th and the lead-up to it (See DDS letter rejecting the PHA request for a short delay.), families encountered the Leviathan that deems collaboration listening to people and groups and then deciding what it will do. In contrast, here is how the Center for Collaborative Policy describes the role of its facilitators:

**" The Center practitioners regularly manage dynamic processes that involve high political visibility, powerful stakeholders..., and a long history of conflict. Its principals and staff embody the highest standards of integrity, transparency, and associated professional ethics. Center involvement in a process ensures balanced participation, mutual understanding, inclusive solutions, and shared responsibility for outcomes and implementation."**

DDS did not make any effort to meet this definition of collaboration. DDS did not use professional facilitators at the June 27nd meeting. More important, DDS did not ensure transparency, balanced participation by all stakeholders in the process leading up to, during or after the meeting by key stakeholders. The Center identifies the Department of Health and Human Services as a past client. What issue or issues were deemed more important and worthy of use of professional facilitators by your department?

Second, SDC families sharply disagree that that there are parallel processes regarding: 1. The transition of residents; 2. Preservation and development of services for people with disabilities concurrent with the transition of residents; and 3. Future protection or new uses on site. These issues are inextricably intertwined and any attempt to separate them is part of a hostile divide and conquer strategy.

**Transparency and Accountability:**

The safety, care and well-being of our loved ones will, with few exceptions, be negatively impacted by the closure. Our children and sisters and brothers will no longer benefit from the healing power of of the setting of SDC, one of the chosen spots of all the earth, as far as nature is concerned. They will lose their home and community of friends, including residents they have been with for decades, as well as highly qualified and trained, dedicated and longterm staff. Our loved ones are among the most vulnerable people n California. The state has provided very professional care and services in a precious setting for 57 of my [REDACTED] 61 years. Now you offer us care that will be provided by low paid, less qualified and trained, and high-turnover staff in community facilities in locations yet to be determined. Many of the residents parents and siblings are elderly. You are forcing us to accept alternatives that carry no promise of the stable and highly trained workforce. Many of our fragile loved ones do not adapt well to any change and they cannot voice what is lacking.

Medical and dental care wait times will increase. For families to evaluate what will be best, we are entitled to basic information about **mortality and hospitalization data, employee attrition at community facilities and developmental centers, wait times for medical and dental services in and out of centers, family satisfaction surveys, and the many other subjects listed in my previous**

letter to you. In our meeting Friday, I heard that DDS is working on the mortality data. But no timetable was given for its release. I was not told anything about the other categories of records and data. Moreover, I was not told whether DDS would work with PHA in collecting and interpreting the data that is necessary for us to evaluate the adequacy of any placement and the collective and individual plans for SDC residents.

I was also told that any reports about mistakes or problems encountered in the closure of Agnews and Lanterman are not public. We have a right to see all documents and notes relating to things that DDS has identified that could be improved in a DC closure. (This category of records extends to draft reports and notes of meetings where mistakes or areas for improvement in future closures were discussed in case there was an attempt to avoid completion of any report or draft that might otherwise become public.) How could such important information, vital to the survival and quality of life of our loved ones, be suitable for review by bureaucracies and not families? Families are entitled to see critical information to assure that mistakes are not repeated. We do not trust DDS, which seeks at all costs to control costs by blocking transparency, to decide what it is appropriate for families, the public and media to see. Even if you assert that you have a right to withhold certain records, we urge DDS to do the right thing, waive any exemption and produce the records. If DDS does not have some of the information, join with PHA and collect it and include it in the closure plan. The closure plan must and will include firm commitments to collect and share with families the information necessary to develop collective and individual transition plans.

Conclusion:

Since time is running short, and I have heard nothing about the release of the information, data and records sought in my previous letter, and there was no indication of when DDS would respond to the demand for collaboration, I will have no choice but to take our case against the Governor, Secretary Dooley and DDS to the public and media this Wednesday, July 8th, unless we have agreed on a collaborative process for future meetings and the collection and distribution of essential data and records that must be addressed in the closure plan. In my press release, I will direct all of the state's major media outlets to the lawyers who have successfully prosecuted abuse suits against group homes. This way, the public, not DDS, will be able to decide whether there is a lack of transparency and commitment to collaboration.

I recalled the name of your former boss, but not his specialty. After reading about him, I realized that he has long represented Sonoma County Sheriff's employees. He takes no prisoners and is highly respected by his clients.

I hope that the energy and caring of PHA and myself can be channeled into joint efforts to collect vital records and information and to working collaboratively on the closure process and post-closure reviews of the adequacy of community services

---

*Colleen L.*

"I am willing to have direct contact with individuals in the field and in the public: it is allowing me to get a sense of the real issues before us."

Hi Brien,

DDS is willing to set up some meetings with Sonoma DC stakeholders that employ the type of facilitation you propose. To that end, DDS has contacted the Center for Collaborative Policy to see if they are available for this work. If we can secure their services, which I am hopeful we can, we will work with the Center and stakeholders to set up some meetings to facilitate greater collaboration for all the parties involved. Thanks, Kris

Kristopher Kent  
Assistant Secretary  
California Health and Human Services Agency  
1600 9th St., Room 460  
Sacramento, CA., 95814  
[REDACTED]

## New Jersey S. 671- tracking residents removed from developmental centers

Many of these residents have spent decades of their lives at North Jersey and Totowa, Committee Chairwoman and bill sponsor Valerie Vainieri Huttle (D-Bergen) said. "We need to know whether they are adapting to their new environment," Huttle said. "We need to assess whether those changes are positive or negative."

The bill calls for the Department of Human Services to hire an outside firm or to produce a report itself a year from the law's enactment, and every year after until the facilities are closed. The analysis should include mortality rates, the number of times each person has moved, and the availability of recreational, job and other programs available, according to the bill.

[First Reprint]  
**SENATE, No. 671**  
**STATE OF NEW JERSEY**  
**216th LEGISLATURE**

---

PRE-FILED FOR INTRODUCTION IN THE 2014 SESSION

**Sponsored by:**

**Senator NELLIE POU**

**District 35 (Bergen and Passaic)**

**Senator PAUL A. SARLO**

**District 36 (Bergen and Passaic)**

**Senator LORETTA WEINBERG**

**District 37 (Bergen)**

**Co-Sponsored by:**

**Senators Codey and Gordon**

**SYNOPSIS**

Requires DHS and DMVA to conduct or contract for follow-up studies of former residents transitioning to community from their facilities.

**CURRENT VERSION OF TEXT**

As reported by the Senate Health, Human Services and Senior Citizens Committee on June 16, 2014, with amendments.

**AN ACT** concerning <sup>1</sup>[individuals with developmental disabilities] residents of certain State facilities<sup>1</sup> and supplementing <sup>1</sup>[chapter 6D of]<sup>1</sup>Title 30 of the Revised Statutes <sup>1</sup>and Title 38A of the New Jersey Statutes<sup>1</sup>.

**BE IT ENACTED** *by the Senate and General Assembly of the State of New Jersey:*

1. a. The Commissioner of Human Services shall conduct, or contract with another entity to conduct, a series of follow-up studies to assess the well-being of:

(1) all former residents of North Jersey Developmental Center and Woodbridge Developmental Center who have made a transition into the community after August 1, 2012, and also an assessment of the well-being of all former residents for each of the five years after the closure of both developmental centers;

(2) all former residents of other State developmental centers who have made a transition into the community after the effective date of this act as a result of the implementation of the plan developed pursuant to P.L.2006, c.61; <sup>1</sup>[and]<sup>1</sup>

(3) all former residents of other State developmental centers who have made a transition into the community after the effective date of this act as a result of implementation of a plan to close another State developmental center, and also an assessment of the well-being of all former residents for each of the five years after the closure of another developmental center; <sup>1</sup>and

(4) all former residents of State psychiatric hospitals who have made a transition into the community after the effective date of this act as a result of implementation of a plan to close a State psychiatric hospital, and also an assessment of the well-being of all former residents for each of the five years after the closure.<sup>1</sup>

The studies shall evaluate former residents based on data collected after residents have been in the community for at least six months. For former residents who were scheduled to make a transition into the community as a result of a closure <sup>1</sup>[of a developmental center under]pursuant to<sup>1</sup> paragraphs (1) <sup>1</sup>[or] <sup>1</sup>(3) <sup>1</sup>or (4)<sup>1</sup> of this subsection, the study shall also evaluate these former residents based on data collected at least six months prior to transition into the community.

b. Data for the studies shall be collected from all former residents, their family members or guardians, as appropriate, and staff providing supports and services to the former residents, as applicable; except that data collected from staff shall be limited to objective and quantitative data.

c. The studies shall:

(1) contrast the data collected on former residents with a comparison group of individuals <sup>1</sup>[with developmental disabilities]<sup>1</sup> still residing in a developmental center <sup>1</sup>or State psychiatric hospital<sup>1</sup>, as applicable; and

(2) compare the data collected pursuant to subsection a. of this section for each former resident who was scheduled to make a transition into the community as a result of a closure <sup>1</sup>[of a developmental center]<sup>1</sup>, prior to and after the resident has been in the community.

d. The studies shall examine, at a minimum, data concerning:

(1) the types of residential settings, day activities, if any, and transportation services available for day activities, as applicable, of former residents;

(2) the number of transfers to other State developmental centers <sup>1</sup>or State psychiatric hospitals<sup>1</sup>, as applicable;

(3) the number of moves to different placements, if any, experienced by former residents;

(4) for former residents who are residing in the community, their preference for residing in a State developmental center <sup>1</sup>or State psychiatric hospital, as applicable,<sup>1</sup> or the community based on a comparison of former residents' experience in a State developmental center <sup>1</sup>or State psychiatric hospital, as applicable,<sup>1</sup> and the community;

(5) the ability of former residents to maintain the same level of services and supports provided prior to a transition into the community;

(6) former residents' involvement with law enforcement personnel, if any;

(7) mortality rates of former residents;

(8) former residents' competency in the areas of cognition, self-care, and mobility;

(9) former residents' contact with family members or guardians, as appropriate, and peers;

(10) behavioral, medical, or excessive weight changes in former residents;

(11) utilization and accessibility of health services by former residents;

(12) the staff to resident ratio of former residents residing in community placements; and

(13) the attitude of former residents and their family members or guardians, as appropriate, about the former residents' current quality of life, including, but not limited to, economic well-being, productivity, and personal safety and health.

e. In the case of former residents <sup>1</sup>in developmental centers<sup>1</sup> receiving guardianship services, the studies shall indicate whether they are receiving these services from the Bureau of Guardianship Services in the Division of Developmental Disabilities in the Department of Human Services or from family members or other interested persons appointed as guardians.

2. a. The Commissioner of Human Services shall compile the results of the follow-up studies conducted pursuant to section 1 of this act and shall include this information in a series of reports that the commissioner shall submit to the Governor, and to the Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), as follows:

(1) The report of a follow-up study of the well-being of all former residents of North Jersey Developmental Center and Woodbridge Developmental Center, who have made a transition into the community after August 1, 2012, shall be submitted one year after the effective date of this act, and annually thereafter, until both developmental centers have closed. In addition, for each of the five years after the closure of both developmental centers,



a report of a follow-up study of the well-being of all former residents of these centers shall be submitted;

(2) The report of a follow-up study of the well-being of all former residents of other State developmental centers, who have made a transition into the community after the effective date of this act as a result of implementation of the plan developed pursuant to P.L.2006, c.61, shall be submitted annually, commencing one year after the effective date of this act, until the plan has been fully implemented; <sup>1</sup>[and]<sup>1</sup>

(3) The report of a follow-up study of the well-being of all former residents of other State developmental centers, who have made a transition into the community after the effective date of this act as a result of implementation of a plan to close a State developmental center, shall be submitted one year after the beginning of implementation of the plan, and annually thereafter, until the developmental center has closed. In addition, for each of the five years after the closure of a developmental center, a report of a follow-up study of the well-being of all former residents of the center shall be submitted <sup>1</sup>; and

(4) The report of a follow-up study of the well-being of all former residents of State psychiatric hospitals, who have made a transition into the community after the effective date of this act as a result of implementation of a plan to close a State psychiatric hospital, shall be submitted one year after the beginning of implementation of the plan, and annually thereafter, until the psychiatric hospital has closed. In addition, for each of the five years after the closure of a hospital, a report of a follow-up study of the well-being of all former residents of the hospital shall be submitted<sup>1</sup>.

b. Reports submitted pursuant to this section shall be made available on the website of the Department of Human Services.

<sup>13.</sup> The Adjutant General shall conduct, or contract with another entity to conduct, a series of follow-up studies to assess the well-being of all former residents of State veterans' memorial homes who have made a transition into the community after the effective date of this act as a result of implementation of a plan to close a State veterans' memorial home, and also an assessment of the well-being of all former residents for each of the five years after the closure.<sup>1</sup>

<sup>14.</sup> a. The Adjutant General shall compile the results of the follow-up studies conducted pursuant to section 3 of this act and shall include this information in a series of reports that the Adjutant General shall submit to the Governor, and to the Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1).

b. The report of a follow-up study of the well-being of all former residents of State veterans' memorial homes, who have made a transition into the community after the effective date of

this act as a result of implementation of a plan to close a State veterans' memorial home, shall be submitted one year after the beginning of implementation of the plan, and annually thereafter, until the veterans' memorial home has closed. In addition, for each of the five years after the closure of a home, a report of a follow-up study of the well-being of all former residents of the home shall be submitted.

c. Reports submitted pursuant to this section shall be made available on the website of the Department of Military and Veterans' Affairs.<sup>1</sup>

---

<sup>1</sup>[3.] 5.<sup>1</sup> This act shall take effect on the first day of the seventh month next following the date of enactment, but the Commissioner of Human Services <sup>1</sup>and the Adjutant General of the Department of Military and Veterans' Affairs, as appropriate,<sup>1</sup> may take such anticipatory administrative action in advance thereof as shall be necessary for the implementation of this act

## Lanterman Issues

We had group homes name doctors/dentists as those serving their home, only to be told by the doctor later they knew nothing of the group home. We had a report from an LDC doctor who was told by admin NOT to follow up on their medically fragile patients after their move.

### Maintaining care and services at Sonoma during closure —

- stopping unit consolidations
- ensuring grounds are kept up Ex - pest control is not discontinued
- ensure activities like church services are not cancelled
- Sufficient doctors on staff until the end
- Sufficient familiar staff ( one resident gained 35lbs in last 2 months at LDC because unfamiliar staff (who work normally with medically fragile clients) were so afraid of her they used food to keep themselves safe.
- Food quality and quantity
- Staff morale — any incentives to stay until the end? Or are they offered other jobs by DDS elsewhere when they are still needed at Sonoma?
- Ensure general safety
  - One client died because a fill-in operator at the switchboard was so unfamiliar with that role that a Code blue call was delayed 20 or 30 minutes. I think it was a grounds keeper who was sitting in at the desk at that time.
  - When a client dies unexpectedly LDC refused to allow his mother to see him
  - Death certificates of LDC residents delayed and/or changed - cause of death info
- Advocating for individual needs during closure
  - some families were encouraged to increase medications for behavioral clients whose behaviors worsened during the chaotic closure
  - the IPP has to be written carefully so same services can be obtained in the community.....tremendous push back in the IPP meetings — EX — preferred futures were not included in document or were added as Family Addendum only (as if team did not agree with document)
- Finding suitable care in the community

The only models of care available will be unsuitable for some Sonoma clients — in particular those with severe behavioral issues or severe medical issues. The community is not equipped for either extreme. It is not finding a good home designed to care for them...it is that the designs available are too often inadequate and poorly monitored for quality assurance.

I believe 10% of the Agnews population died during their closure. 49 I think....then another 18 in the first few months in the community.

**From:** [Brien \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Public hearing comments  
**Date:** Sunday, July 26, 2015 9:05:16 PM

---

Governor Brown's approved budget calls for the closure (transformation is the families' preferred term) of the Sonoma Developmental Center (SDC), where approximately 400 of the most vulnerable Californians live.

The administration says it is committed to transparency, collaboration and a person-centered thoughtful and careful planning process. The facts say the opposite.

The chief purpose of this letter is to inform you about the wrongful refusal of the Brown administration's to disclose basic safety and general health care information and records regarding the effects on people with developmentally disabilities of past developmental center closures. This information and these records are vital for the welfare of SDC residents and the Governor's closure/ transformation plan, which must be submitted to the legislature by October 1, 2015. A second purpose of this letter is to protest the failure of the Brown administration to honor its pledge to collaborate with families, unions, and area residents in setting priorities and making plans for the ultimate transformation of SDC.

I am writing on behalf of [REDACTED], a resident at Sonoma Developmental Center (SDC) since 1958. [REDACTED] has an IQ of [REDACTED], has no speech, except to echo a few words without context, cerebral palsy, a seizure disorder, major anxiety, and severe autism, among many challenges. I am also writing on behalf of several hundred other residents and their families, who oppose the planned closure of SDC. I am not representing other residents and I am not an officer of the Parents' Hospital Association. I am the retired [REDACTED] of Santa Rosa and knowledgeable about the California Public Records Act and collaboration by local government, which often uses skilled facilitators to support collaborative efforts to seek consensus regarding highly controversial policies or program changes that will deeply affect the public.

Although I do not support the closure, I am not writing to challenge the Governor's analysis of the budget consequences of closure. However, based on the experience of families who have experienced developmental center closures elsewhere in California, we believe that the safety, care and well-being of our loved ones is, with few exceptions, jeopardized by the closure of the Sonoma Developmental Center. Our sisters and children are being evicted, against their wishes, from their homes and community. They will no longer benefit from the healing power of the setting of SDC, one of the chosen spots of all the earth, as far as nature is concerned. (Jack London chose this very spot to build his famed Wolf House, after traveling the world.) Residents will lose their community of friends, including "roommates" they have lived for decades, as well as highly qualified and trained, dedicated and long term staff. Most of the staff where [REDACTED] lives at SDC have cared for her for 10-25 years.

Our loved ones are among the most vulnerable people in California. At SDC, the state has provided very professional care (We acknowledge the exceptions.) and services in a precious setting for 57 of [REDACTED] 61 years. Here is one of a host of examples of why this is a critical health and safety issue. [REDACTED] primary care physician at SDC could not do an annual physical exam of her for his first fifteen years on staff at SDC. [REDACTED] is tactilely defensive. Now, after 16 years, Dr. [REDACTED] can do a more normal physical exam and assess through palpation whether there are any areas of concern for more sophisticated testing. This is one of hundreds of examples of why families are fighting for creation of a medical and dental clinic for people with developmental disabilities onsite

at SDC, concurrent with the closure/ transformation.

The Governor's closure/ transformation decision will compel us to accept care providers, outside SDC, who receive low wages and are less qualified and trained, and turn over frequently compared to SDC staff. Most of the residents' parents and siblings are elderly. Most of the fragile SDC residents do not adapt well to any change and they will not be able to voice what is lacking, once they are forced from their home. Many of the residents are supported by breathing and/ or feeding tubes. Many have a dual diagnosis of a developmental disability and mental illness. Many have not fared well in the past in a board facility. They depend on family and the media to bring to light the actions of the cold bureaucracy that is denying access to the information and records that will enable the State and families to assure that the least possible harm results from the closure/ transformation.

#### Governor's Cover-Up

Because of the administration's stonewalling, horror stories about past DC closures and unsafe and abusive care experienced outside SDC families have requested (and received no response) :

1. Mortality reviews after other DC closures;
2. Post-closure hospitalizations, ER visits, and other basic medical and dental data, including wait times for services and access to preventive care;
3. Family satisfaction surveys, with access to results;
4. Crime victim data;
5. Pedestrian accident data;
6. Arrest and detention data;
7. Employee attrition data and pre-closure comparative analysis;
8. Program, services and housing stability;
9. Reports, notes of meetings, summaries and evaluations about lessons learned about past SC closures. Mistakes are alluded to; what did go wrong and what steps have been taken to reduce the risk of repetition of errors.

Since the Governor's administration refuses to work with PHA and other stakeholders to create assessments, collect data and evaluate and summarize the information, families infer that the truth is worse than our fears.

#### Bulldozing of Families in Spite of Pledge to Engage a Professional Expert in Collaboration

As Santa Rosa's retired [REDACTED], I have been involved in hundreds of hearings and meetings about controversial matters. I have seen attempts by staff to push items forward without collaboration and the resulting fireworks and setbacks. That should never happen when the stakes as high as they are here- the lives and safety of loved ones. What should have been done and could still be done going forward to October 1st, the date the closure/ transformation report is due?

First, there should have been a professional and independent facilitator, who was agreed upon by stakeholders. That person would have insisted on participation of all stakeholders in designing the meeting and agreeing on a reasonable time. PHA members are gathering for the first time since the closure announcement on July 11th to share information about options and next steps and to mourn the loss of the precious setting, staff and services at SDC. PHA requested that PHA families be permitted to meet before engaging with DDS. PHA recognizes the closure plan is due in October and sees no reason that completion of the plan would be jeopardized by a short delay in the initial informational meeting. Instead of working with all stakeholders in advance of this one and only initial roll-out, DDS proceeded unilaterally and in utter disregard of the legitimate interests of families, employees, and other stakeholders.

Here are excerpts from the DDS letter explaining why it would have been inconvenient for the bureaucracy to delay the informational meeting for the two to three weeks requested by PHA.

"The Department could not put off the meeting off for as long as was requested. The Department is working user short timelines to prepare a plan for the Legislature by October 2015....We will make concerted effort to keep members informed in a timely manner as a closure plan is developed and implemented."

This imperious communication is reflective of a 1950s view of how government serves the community. Collaboration is not about minimal legal compliance; it is about doing the right thing by allowing all of us with a stake in the outcome to have a meaningful role in contributing to the best plan possible for our vulnerable family members. Collaboration relies on respect, cooperation, and aims to assure that stakeholders all value the process, knowing that not everyone will agree with the outcomes. We have now lost the first and irretrievable opportunity to establish trust in a respectful, dignified and fair process.

But it was not too late to engage a highly skilled collaboration professional, agreed upon by stakeholders, to plan and oversee the meeting on July 18th. That did not happen, nor were stakeholders, such as families, unions, those who have been studying land use options granted a role in planning the meeting or outlining their issues and goals at the outset of the lengthy meeting. I realize that it was a public hearing. It was still an opportunity to attempt to reverse the harm caused by the meeting in June. Instead, on Saturday, July 18th, administration officials sat passively in the audience, while family after family expressed its grief, anger and fears. We are all capable of much better.

I met with senior administration officials in early July and received a pledge to work collaboratively going forward. Here is the commitment:

"Hi Brien,

DDS is willing to set up some meetings with Sonoma DC stakeholders that employ the type of facilitation you propose. To that end, DDS has contacted the Center for Collaborative Policy to see if they are available for this work. If we can secure their services, which I am hopeful we can, we will work with the Center and stakeholders to set up some meetings to facilitate greater collaboration for all the parties involved. "

In spite of this pledge, no collaboration has been initiated by the administration. And CCP, the firm of consultants that ably facilitated the May 2015 collaborative meeting hosted by the Sonoma Land Trust and Sonoma County Supervisor Susan Gorin has been and is ready to facilitate a meeting hosted by the state of California. Meanwhile, the administration has requested that all comments be submitted by September 1<sup>st</sup> in order to complete the closure/ transformation report by October 1<sup>st</sup>. Time is passing quickly. And there is no dialogue or collaboration.

At my meeting with state officials, I was told that there is not a single public record that relates to or addresses lessons learned or mistakes made or the evaluation of other DC closures. The only explanation for this is a deliberate effort to keep any such record or note in a draft or attorney/ client document. This is wrong. We are entitled to know what went right what went wrong so that our loved ones are safe.

I have contacts with families and Southern California who have personal knowledge of the harm that resulted to people with severe disabilities there from poorly planned closures there. I also have contact information for SDC families, who have experienced abusive and inadequate services outside SDC in the past. I also have contact information for SDC union representatives and leaders of the Sonoma Land Trust, who seek to maintain services at SDC and protect the precious habitats on the grounds. For more background information, you can check the website for the Sonoma Developmental Center Parents' Hospital association and the Sonoma Land Trust.

Last, I have contact information for the PHA president, who can answer questions about the goal of

families to establish, concurrently with the closure of SDC a medical, dental and crisis center at SDC in order to assure ongoing high quality care. Recent stories have confirmed that Medi-Cal is overwhelmed. Many of our loved ones are at great risk to die, if care is not provided by the specialists at SDC, who have learned over the years precisely how to care for those unable to communicate verbally anything about their medical or dental history or needs.

Brien [REDACTED]

Conservator [REDACTED]  
[REDACTED]

**From:** [Ron Fell](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** CLOSURE OF SONOMA DC  
**Date:** Monday, September 21, 2015 12:30:07 PM

---

Despite the successful closures of three Developmental Centers over the past decade, there exists sincere skepticism among current residents and their families. Most of the fear and suspicion come from the Psych/Techs and their union, SEIU. They are responsible for planting the fear and suspicion in the minds of the families and residents. I would hope the real/truthful closure success stories are prominently presented to the concerned. There is a tremendous trove of anecdotal evidence available to combat the misinformation floating around places like Sonoma DC.

My biggest concern is that there appears to be some major league buck-passing in Sacramento. Between the department, the legislature, the governor, the Secretary of HHS and the Secretary's Task Force, all seem to be waiting for the others to act. I call for a summit of the five parties. Get together in one room and don't come out until you've either resolved the closure or you've elected a new pope.

I fully expect the root of all closure problems will prove to be money. Make sure those denying the proper money to do the job understand the financial consequences of not meeting the CMMS rule of March 2019.

Ron Fell  
[REDACTED]  
[REDACTED]



My name is Neal [REDACTED]. I am a board member of the Sonoma Land Trust and have participated in a number of the SDC coalition meetings over the past several years. I have come to understand some of the issues affecting residents of SDC, as well as the recreational and habitat issues.

We get it. We know that you have your marching orders to close SDC and save the State some money. We also know that operators of community care homes as well as many families and health care professionals have lobbied hard for a couple of generations to bring this about. It is their sincere belief that private care homes confer a greater degree of autonomy and respect for individuals than do institutions.

But I have also come to believe through many conversations, especially with Kathleen Miller, that there are some individuals that do better in institutional settings, or at least in settings with highly experienced and trained staff. These type of settings are not readily available for either permanent or crises placement in California.

But the great cost of keeping SDC open trumps the fact that it does offer services to this special category of resident, albeit in an institutional setting. So you are set to close the place.

Our coalition asks you to consider an alternative, one that still saves the state money, still gives great care to this special population, and also meets the aspirations of the county and local citizens for the SDC property.

But to get to this place, you will have to change what you are doing. You may have to open your eyes and step out of the box that you are in based on your agency and department roles.

Here is the bottom line first: If SDC closes, and this precipitates a process to sell the SDC property to the highest bidder, there will be hell to pay from a local perspective. There will be permit and planning issues from the county. The local community will come unglued. Any developer or vineyard interest that tries to do something on that site should automatically add ten years to their timeline. The price of the property that the state will get when they do put it up for sale will be very low, due to this development uncertainty.

Instead the State should make its money by retaining the site, and using it for what the community is fully prepared to see it used for. For uses similar to its long history as a care institution, and at a much higher level than today.

Our coalition wants to see a reuse plan for the SDC site done now, while there are still residents on the property, and in time to help those most vulnerable secure housing and staff that can deal with their health care issues on site. We are not wedded to an institutional setting necessarily. Private providers using experienced staff in new facilities built on the SDC campus is one possible solution. These and off site providers could then use medical facilities on SDC that could remain here.

Additionally the community may be open to ancillary facilities that might also help the bottom line for the State. Perhaps some workforce housing, or very limited commercial businesses. We also want to open the site for more recreational uses by the community. And we want the wildlife corridor that runs through the site protected and expanded.

We know that you also want these things if possible. But your process does not allow for this to be fully integrated with the closure plan which is directed more at the current residents and how to remove

them from the site, than it does to find alternatives that might keep them on site.

At the same time the state wants to find a long range disposition of the property that also returns the most money to the state in the fastest surest way. But currently, this is not within DDS' jurisdiction or the statutory closure process.

We have our agenda, of course. Keep residents in good situations with skilled staffing. Open the site for recreation, keep wildlife habitat. Ensure appropriate development on site that does not overload community resources or hurt the other causes.

You have yours. Close the institution, save money, place residents as best as possible given the available non institutional alternatives.

These are not mutually exclusive ideas. In fact they can be synergistic, if you are listening and broadening your outlook, not just reacting to the need to follow the Governor and the Department of Finance's need to save money now.

Work with us to see what needs to be done to develop this joint vision, taking the land disposition as part of the closure plan. If the current closure and surplus property laws don't work, lets work together to propose a change next year that will allow us to work together, in concert.

The residents at SDC do not have cookie cutter minds or situations. Neither do you. Wake up from the dream of yourself as your title and your agency, hemmed in by current law and the State's financial situation. Step out of the boxes that you are in and join us. We have done this and it works.

The environmental side of this issue could well have just waited for SDC to close and then done a full court press on the governor and legislature and probably get much of what we want for this site. But we have chosen to step out of boxes and work together with workers, residents, and parents to develop a holistic approach to SDC. I urge you, as people, not titles, to do the same.

**From:** [Maureen Fitzgerald](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** comments on closure of Sonoma Developmental Center  
**Date:** Tuesday, September 01, 2015 4:06:18 PM

---

September 1, 2015

TO: Department of Developmental Services

FROM: Maureen Fitzgerald



SUBJECT: Comments on Closure of Sonoma Developmental Center

Close Sonoma expeditiously and move affected persons to more inclusive and normalized lives and environments in the community.

It does not realistically need to take until the end of 2018 to close Sonoma.

The closure should not be drawn out for three plus years to keep state employees in well paying jobs with superior health and retirement benefits.

It will take as long to close Sonoma as the administration and the unions want it to take.

A disproportionate amount of state staff, time and money will be devoted to planning and executing the moving of 400 persons from Sonoma DC to the community. Meanwhile, hundreds of programs have closed in the community and more will continue to close while the state focuses on Sonoma. The state is devoting no time or resources to preventing or planning for the impact of closed day and residential programs in the community. This is unjust.

I say shame on the state of California. It is the state's responsibility under the Lanterman Act to look out for the well being of all persons with developmental disabilities and not just persons in the state operated developmental centers.

Please develop a plan which closes Sonoma DC in a timely manner.

From: Laura [redacted]

10 July 15

To The Public Hearing of Sonoma Center.

I am not convinced that a community placement <sup>for my</sup> [redacted] can provide the care + protective my [redacted] require. In the past, I observed several resources and I determined that the community is not an appropriate placement for him, not enough space for his needs.

[redacted] resided at home from his birth to his thirties and he became one happy + affectionate <sup>person</sup> child. When my husband and I were aging and [redacted] needs were increasing we have decided that Sonoma Dev. Center was his next step.

[redacted] has several allergies that often impact his behaviour negatively.

Outdoor activities are important to [redacted], his positive changes when exposed to outdoor activities. That improves his quality of life.

[redacted] is a happy man who is affectionate toward staff + peers. He follows by three behaviour plans:

1) aggression. 2) Biting + inappropriate sharing activities. He engaged in activities such outdoors that he loves!

His community placement limited spaces for him poses a barrier to community placement for him - Sonoma Dev. know how to handle him best -

Laura [redacted]

P.S. In Sonoma Dev. we could visit [redacted] anytime we can + wish.

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Public Comments - Proposed SDC Closure, Dec 2018  
**Date:** Tuesday, July 28, 2015 8:40:23 AM

---

To whom it may concern ;

My severally retarded [REDACTED] has been living at SDC for 59 of her 66 years of life. SDC is set for closure Dec of 2018. Moving [REDACTED] out will severally disrupt her way of living. If she is moved, we fear for her well being, safety and possibly be a victim of abuse. She is 100% voiceless, an IQ of 7, no communication ability and has pica, elopement and choking issues. The care at SDC far exceeds the care she would receive in the community. This includes the every day staff, doctors, dentists and hospital at SDC. There is a movement from the Parent Hospital Association (PHA) to establish alternative housing on the SDC grounds and offering a medical clinic that knows how to care for these very fragile and voiceless patients. Do not move my helpless [REDACTED] into the community. It is our ethical responsibility as a society to help people who cannot help themselves.

If you should need any additional information, please do not hesitate to contact me.

Maura [REDACTED]  
[REDACTED]

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Timeline  
**Date:** Sunday, August 30, 2015 1:16:54 PM

---

The current timeline presented by Sacramento is quite unrealistic, and has been harmful to the functioning of SDC. No DC has closed with such a short timeline and, when they did, they had SDC to transfer their patients to, when community placement wasn't viable. Please put in the "transformation" plan a more reasonable timeline - minimally 5 years. This will help temporize the quality staff leaving prematurely, and allow the community more time to raise their ability to care for these very complex clients.

It is a reflection on DDS and Governor Brown when they truncate the closure process for political motives. Again, this is a humanitarian issue. Is it your intention is to prevent SDC from functioning at capacity during this closure process?

*Anne French, M.D.*

Staff Physician  
Sonoma Developmental Center

[REDACTED]



July 16, 2015

Dear legislators,

You've heard the stories from individuals and their families who don't want to live in institutional settings, and you've heard the rare sensationalized stories of abuse in institutions, and you've heard from the Kennedys and Geraldo Rivera after their 1965 circa snapshot of life within institutions. You have not heard from the patients, or their families, that choose to live in institutions – who rely on this safety net for their children and siblings. You have not heard their harrowing stories of life in the community, including death, suffering and jail.

At SDC, we have watched the care within institutions far exceed the care given in the community. The families that chose to stay with the developmental center system so many decades ago have worked diligently to improve all aspects of care – a 360 degree change from the 1965 snapshot rehashed over and over by the righteously indignant. The patients that live at Sonoma Developmental Center ***have a community***. They have staff who they are familiar with and who they love. These staff are the ones who know how to get a patient with profound intellectual disability to smile, and to bring joy to their lives. They are also often the people who know how to properly feed a patient so that they don't choke.

The patients who remain in the developmental centers are often the most difficult to place – either for their medical needs or their behavioral needs. It is a grave breach in both ethics and societal responsibility to cast them out of their home and their community against their will. You are stripping them of the safety net that has kept them healthy and happy.

Instead, I urge you to meet with the families and the staff to figure out how to provide the level of care and community that these patients have, and deserve. It is a violation of human rights to not keep your covenant with these patients and their families.

Any patient (or family) that wants to live in the community has that right and can pursue that choice. What about the patients (and families) who choose the developmental center?

Keep in mind that when abuse or death happens at SDC, there are layers of oversight and licensing. When abuse or death happens in the community, there is very little scrutiny. No one is held responsible for the deficiencies in the community – it's pretty hard to enforce all the regulations in a dispersed delivery of care system. We must not turn our backs on the most vulnerable members of our society. This is an opportunity for California and the federal government to become a model of excellence, instead of creating yet another government sponsored human rights catastrophe. SDC can continue to serve as a resource in providing specialized medical care to a uniquely vulnerable population. It can continue to serve as a safety net for the small percentage of people who can't be moved without destabilizing their medical or psychological health, as well as for the individuals for whom community living has proven exceedingly difficult.

Just because the percentage of people that require such specialized services is very small doesn't mean we should allow these individuals to be transitioned into settings that may threaten their health and well being. It's easy to ignore a minority without a voice, especially when drowned out by the voices of the Dept. of Justice and Disability Rights agencies, who continue to purport that they are the only ones who know how to advocate for the intellectually disabled. Please, do the right thing, and take responsibility for these vulnerable individuals – who could be your daughter, son, brother, sister, cousin. Start by sitting down with the family members and staff of the individuals living at Sonoma Developmental Center.

Anne French, M.D.

Staff physician, Sonoma Developmental Center

Sister to a brother with Down's Syndrome.

Citizen of California



**From:** [Wall, Amy@DDS](mailto:Wall.Amy@DDS)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Fw: Sonoma Developmental Center Closure Plan  
**Date:** Monday, August 17, 2015 9:16:24 PM

---

---

**From:** Kathy [REDACTED]  
**Sent:** Monday, August 17, 2015 09:09 PM  
**To:** Rogers, Santi@DDS  
**Cc:** Wall, Amy@DDS; Kent, Kristopher@CHHS; mike.mcguire@sen.ca.gov <mike.mcguire@sen.ca.gov>; Doyle, John@DDS  
**Subject:** Sonoma Developmental Center Closure Plan

[REDACTED], has lived at SDC for the past 20-plus years. [REDACTED] sustained brain damage from anoxia when he was 17. He would not be eligible for a group home, I'm sure, because of his physical and medical conditions, and I see no plan for establishing a facility that would serve him anywhere near the level he now enjoys. SDC is his home and my greatest fear is that, because of his medical conditions, he will be warehoused with people who do not have his level of awareness and need for human interaction and stimulation. This would be psychological death for him.

[REDACTED] has been admitted to several community health facilities over the years (UC Davis Medical Center, Sonoma Valley District Hospital, Kaiser, to name a few). In every case, the medical personnel were not trained in the care of the disabled and [REDACTED] suffered because of their inadequacies.

I cannot support the closure of SDC because there is no comparable situation for [REDACTED] and people like him. However, since that closure now appears to be inevitable, I am submitting my requests for services that need to be maintained as a system-wide safety net on the SDC site.

- A health facility that includes primary care physicians responsible for coordinating overall health management for clients.
- A dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia where needed.
- A center for adaptation and repair of medical equipment.
- Behavioral health services for those who need them.
- Include and even expand the crisis residence.
- A place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

SDC supporters will be monitoring the SDC closure plan to see if these recommendations are included and to determine if the plan also includes a strategy for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings.

Respectfully,

Kathleen [REDACTED]

**From:** Sandra [REDACTED]  
**Sent:** Sunday, August 30, 2015 12:53 PM  
**To:** DDS HQ Sonoma Closure  
**Subject:** Please do not close the Sonoma Developmental Center and the two other centers in Southern California

**August 30, 2015**

**To: Mr. Santi J. Rogers**

Dear Mr. Rogers:

My name is Sandra [REDACTED] and I am a taxpayer in the state of California. I just heard that the state plans to close the Sonoma Developmental Center (SDC) and two other developmental centers in Southern California.

I do not know if you know of a love one who lives in the Sonoma Developmental Center. I do and she is a [REDACTED] of a good friend of mine and her name is [REDACTED] ( [REDACTED] ) of a Vietnam era MIA (Missing in Action). When I went with my friend to SDC to drop off [REDACTED], what I saw was MY taxpayer \$\$ at work. This is what I saw:

- [REDACTED] was greeted warmly by the staff at SDC and the warmth was reciprocated by [REDACTED]. (Note: The beauty in the spirit of a developmentally disabled person is he/she cannot "fake" affection. What I saw was genuine affection that went BOTH ways. SDC staff to [REDACTED] and [REDACTED] to SDC staff.)
- [REDACTED] happily greeted her friends who like her, live in SDC and they happily greeted her back.
- [REDACTED] showed me her room – very clean, bright, and quite airy.
- After showing us her room, [REDACTED] showed us the room where she watches TV with her SDC friends and staff.
- After having done her duty as a host, [REDACTED] happily went off to visit with other staff members... talking about a movie she watched.
- What I saw was a safe and loving home for [REDACTED] and her friends.

What I saw was my government "In Action" – using my hard-earned money not only for roads and bridges, but also to *help the most **vulnerable members** of my community.*

Yes, government needs to be a good steward of taxpayers' money but we also expect our government officials to not only make sound financial decisions but to make MORALLY right decisions especially when it involves a group of people who cannot fight for themselves, like [REDACTED] and her friends. **Not ALL** decisions should be based on dollars and cents.

We cannot remove [REDACTED] and her friends from the HOME and FAMILY they have known almost all their lives. Sending them to group homes is not a solution. Please let SDC and the two other centers remain open to continue to provide a loving and safe home (with all the medical, dental, emotional support) to [REDACTED] and her friends and the **future generation** of developmentally disabled people. **It is the MORAL thing to do – to take care of others who cannot advocate for themselves. Let us right our moral compass and do the right thing – let SDC and the other two centers stay open.**

Thank you.  
Sandra [REDACTED]

CC: Ms. Amy Wall, Senator Mike McGuire (Senate District 2), Senator Jerry Hill (Senate District 13) and Assemblyman Kevin Muller (22<sup>nd</sup> Assembly District, Speaker pro-Tempore).

**From:** [Nancy \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Draft Closure Plan  
**Date:** Monday, September 21, 2015 3:26:51 PM

---

It is excellent. Well done!

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** input  
**Date:** Friday, August 21, 2015 4:56:17 PM

---

If a portion of the grounds closest to the regional park was developed to board horses for people who can ride/access the parks without having to trailer them in, then this would bring income into the state. Charging regular rates and hiring people, as well as people with developmental disabilities to help out at the barns/paddocks. There is a great riding ring and a workout ring already in place that could also be part of the rental price. Horse boarding is expensive and people will pay. It would be a way for some of the land to make money as well as providing people with alternative boarding places near parks that they can ride in. Including Jack London State Park.

Kerr [REDACTED] LCSW  
[REDACTED]

**From:** [REDACTED], Kerri@[REDACTED]  
**Sent:** Tuesday, August 25, 2015 11:06 AM  
**To:** DDS HQ Sonoma Closure  
**Subject:** more feedback

In a few different places I have read that “consideration for the use of state staff (SDC employees contracted to work in the community)” may be developed in our closure plan. I think this is one of the most important concepts of closure. Having familiar, trained, fingerprinted already, and trusted staff be hired to transition them into their new homes based on the relationship with the individual and the proximity to where the staff themselves live.

Example:

So if a home will be opening in Fairfield, 4 clients from the same residence, or at least that are familiar with one another, move into a home, at least one staff member from their SDC residence should be offered a contracted job to assist in this process, train the new staff, and help Regional centers learn their client’s needs and wants on an ongoing basis. This idea would make several families, consumers, and staff members less anxious about the transition and perhaps have more staff by in.

Then if the state, the staff, or the regional center wants to phase this person out they have the option to return to SDC if its still open, retire, or stay on as staff at the home may be an option as well.

Kerri [REDACTED]  
[REDACTED]

**From:** [REDACTED], Kerri@[REDACTED]  
**Sent:** Wednesday, August 26, 2015 11:37 AM  
**To:** DDS HQ Sonoma Closure  
**Subject:** language

In one of my former suggestions I was talking about Community State Staffing being in the bill that said “RC can contract with SDC employees.....”. I wanted to say that in the closure plan the wording should be changed to **the RC’s will contract** with SDC employees to help in the transition of the clients from SDC to their new places. Thank you.

Kerri [REDACTED]  
[REDACTED]

**From:** [Lauren \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Do not close  
**Date:** Monday, July 20, 2015 2:46:26 PM

---

Hi,

I have an [REDACTED] who is living at the center right now. It is a beautiful place where the people there are well taken care of and able to go out enjoy the sunshine and the staff takes great care that they aren't being over medicated and have a good quality of life.

Closing would be a huge disappointment. For people like my [REDACTED] as he is known there we have to keep the Sonoma developmental center open. He has lived there all of his life since he was 4 years old. We are able to come visit and take him on walks and he is always in a good mood there. They are able to give him the type of care he needs to live and thrive well even with his disabilities. For people who have lived there their whole lives we need to keep this place open. I would understand taking some of the land and using it for new building or making some updates on the facility as it is but not closing. Maybe even options such as opening up some of the facilities to others.

Feel free to reach out to me with any questions. I support the Sonoma Developmental Center.

Best,

Lauren [REDACTED]  
[REDACTED]

September 1, 2015

TO: Director Santi Rogers

FROM: Jay [REDACTED]

Re: Sonoma Developmental Center (SDC) Closure Plan

[REDACTED] has lived at SDC for 42 years, and I am his co-conservator along with [REDACTED], Grant [REDACTED]. Steven currently lives at [REDACTED] in SDC. He is severely intellectually disabled and cannot talk. He needs help with every aspect of his life from eating, cleaning, to mobility. This requires professional assistance and supervision of an experienced team that can help and monitor each other – like that which exists at SDC. At SDC, he has been well cared for, and my family is very grateful for this.

I am strongly against the closure of SDC because it is the best hope for proper care of [REDACTED]. This applies to the other residents that reside there as well. The community facilities cannot compare to the resources at SDC for the care of [REDACTED], and when he moves to these new facilities, his quality of care will be greatly diminished.

At any rate, in this letter, I am submitting my comments on what absolutely needs to be included in the SDC closure plan and what services need to be maintained as a system wide safety net on the SDC site. I believe the following facilities, as described by the Parents Hospital Association (PHA), are vital to [REDACTED] care move to and care in a community home.

- 1) There needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.
- 2) Next the SDC site needs to include and perhaps expand the crises residence. SDC needs to also include the place of last resort for those who are not successful in community settings.
- 3) In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently housing is a planned use for the Fairview DC site.

Numbers 1 and 2 were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.

Sincerely,

Jay [REDACTED]

From:  
Anne & Diane [REDACTED]

July 18, 2015

Of our 8 adopted sons and daughters, all now adults, 4 have intellectual and/or developmental disabilities. We have 40 years of experience with both community and state facility/developmental center living for them and know firsthand the successes of "community" living, with supports, for 3 of them and it's failure for [REDACTED], now 55 years old, who has **chosen** to live at SDC for the past 27 years.

[REDACTED] is intelligent but severely autistic, has very limited speech, lacks safety awareness, has limited ability to indicate pain or illness, has aggressive, self-injurious, and compulsive behaviors, and he is in renal failure, requiring dialysis 3 times weekly for his survival.

To meet [REDACTED] needs requires personnel working with him at all levels of staff and management who are trained and highly skilled in working with developmental disability, including autism, and in addressing his medical needs:

- **Psych techs** - including those few well known and accepted by him who are critical for taking him to dialysis and enabling him to relax and get treatment - about 5 hours of treatment and drive time, 3 times per week
  - **Nurses**
  - **Doctors, especially his personal physician (who sees him 5 times a week)**
  - **Psychologist**
  - **Psychiatrist**
  - **Dietitian**
  - **Recreational Therapist**
  - **Occupational Therapist and specialized equipment services at SDC which have the ability to create and maintain the needed arm support which is essential for his dialysis - and which no community service can provide**
  - **Social Worker**
  - **IPC**
  - **Dentist**
  - **Management - at all levels - who understand and support his needs and services**
- **Availability of the staff and services as provided at SDC:** continuously for level of care, daily or weekly for other care, and **immediately** if a medical need arises.



- **Continuity of staff and services as provided at SDC:** The SDC staff are highly trained, see the D.C. as a career and are often with [REDACTED] for many years, know him well and treat him with the respect and care they would give a family member, and whom he knows and can relate to - all this would be lost to him if the SDC closed.
- **Having the resources** is so crucial to [REDACTED] and the very medically fragile or behaviorally challenged residents who make up much of the remaining population at SDC. **The needed facilities, the expertise and the availability would be permanently lost if the center were closed, and could never be regained.**

**We strongly support the growing movement to retain a restructured facility:**

- **Residential housing** for those, like [REDACTED] who can not, or should not, be moved into other communities, **planned and developed now** to prevent forced, and possibly disastrous, moves.
- **Crisis center** for those who need to be admitted to assist them with stabilizing services and preparation for successful return to community facilities as appropriate, thus keeping them out of inappropriate jail, psychiatric and nursing home facilities.
- **Assistance provided by SDC to clients in failing or failed community facilities:**
- **Available services in which SDC staff expertise is needed** and which are not available in the community, including **medical facilities, specialized equipment and dental services.**

It is so important that you **listen** to SDC families and the SDC staff - **we speak from direct knowledge of what is essential** to the residents of the SDC - and to the community and the Coalition, who want what is best for everyone.

You are "**D D S**": the **developmentally disabled are your clients**, not the government. We do not doubt your good intentions, but **please stand up for your clients** and see that they get the services they require, including **a properly restructured, continuing Sonoma Developmental Center.**

Anne [REDACTED]

*Anne*

Diane [REDACTED]

*Diane*

From: Diane & Anne [REDACTED]  
To: DDS HQ Sonoma Closure  
Subject: Sonoma Developmental Center Transformation  
Date: Thursday, August 20, 2015 9:52:57 PM

---

Anne [REDACTED]  
Diane [REDACTED]  
Parents/conservators

### Regarding Sonoma Developmental Center Transformation

[REDACTED], age 55, has lived at SDC for 27 years. He is intelligent but low functioning due to his severe autism, is mostly non-verbal, lacks safety awareness, and presents a very challenging combination of behavior issues and renal failure requiring dialysis and related care. [REDACTED] health is a carefully monitored balancing act due to his renal failure, his inability to say how he feels or if he hurts, his lifelong focus on eating combined with his need for a strict renal diet, and his behavior issues, of compulsive behavior, aggression and self injury. Despite all this, he has lived for 10 years on dialysis in a precarious but relatively good state of health due to the expertise and outstanding efforts of: his SDC physician (who sees him 5 days a week), psychologist, dietician and nurse, all of whom he has frequent or daily, contact with and, when needed, quick access to; the psych. techs., known and accepted by him, who take him to dialysis 3 times a week, providing constant, calming 1:1 care throughout the whole process to enable him to get this lifesaving treatment; the psych tech and pta staff who are trained, caring and have low turnover so that they know him well, some for many years, are trusted by him and can work effectively with him in looking out for medical needs and helping with behavioral needs. All of this is necessary for his health - and survival - but also to give him the comfort of feeling safe, respected, cared for and helped. There is no question that this is his informed choice: he has the experience of 4 placements in the community, but he clearly shows his desire to stay at SDC and with these people.

[REDACTED] needs a Transformed Sonoma Developmental Center, but so do many others - the other SDC residents and growing number of former residents plus those living throughout northern California who have developmental disabilities - all need access to SDC's specialized resources to continue their care or to fill the unserved gaps in community services.

### What is needed is a transformed, not closed, SDC facility that provides:

Some 4 bed residential housing for those who, like [REDACTED], can not have their needs met in the community.

A crisis center, probably expanded from its proposed size

A medical center and clinic where SDC clients in transition or already transitioned to the community, those who are in the SDC crisis center or 4 bed homes, and those in the community with d.d. who are not from SDC but are underserved in the community, all can get health care and coordination, provided by physician, psychologist, psychiatrist, dietitian and other personnel as need dictates, each experienced in working with d.d. clients.

A dental center to cover the very special needs, unmet outside the D.C., of people like [REDACTED] to get his dental care

An adaptive/custom equipment center to continue to provide and repair the one-of-a-kind seating, footwear, wheelchair modifications etc. - and the arm support they made that allows [REDACTED] to get lifesaving dialysis. No one outside of the SDC provides this service.

Assistance available to community facilities which need it, or to their clients in case of sudden closure, as has happened before.

Protection and use of the the essential resources of Sonoma Developmental Center :

Continuation of the use of its highly trained, experienced and caring psych tech. staff, who have sufficient professionalism and pay to make taking care of SDC clients, whether in or transitioned out of the facility, a career, not a a brief job on the way to something better.

The years of expertise accumulated there must not be lost to those with d.d.

SDC's beautiful, safe and least restrictive setting for its d.d.clients, allowing them to move about outside safely and without community pressure. This is where the services should be located.

**All of these services and resources are needed and must not be lost - there will be no way to get them back!**

**We strongly feel that they all belong in the SDC Plan and in a Transformed SDC.**

Lynn [REDACTED]  
[REDACTED]  
[REDACTED]

August 24, 2015

I have Cerebral Palsy and I live in my apartment with help paid for by NBRC.

[REDACTED] has autism and kidney failure and needs the specialized help that he gets where he is living.

He needs to live at Sonoma Developmental Center.

*[Handwritten signature]*

Yvonne [REDACTED] [REDACTED]

[REDACTED]  
my name is Yvonne [REDACTED] Im [REDACTED]  
[REDACTED] and 46 years old. I have a developmental  
disability and Im Under North Bay Regional  
Center.

With the Help of Regional center services I  
am able to Live on my own.  
my brother [REDACTED] needs to Live at S.D.C  
because he needs the special services There-  
medical, dental, special equipment, the Highly  
trained staff and specialized foods from the  
dietitian.

Yvonne [REDACTED]



**From:** [Darren \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Regarding Sonoma Developmental Center Transformation  
**Date:** Friday, September 04, 2015 11:03:18 PM

---

From [REDACTED]:  
Darren [REDACTED]  
[REDACTED]

[REDACTED], has lived at SDC for 27 years. He is intelligent but low functioning due to his severe autism, is mostly non-verbal, lacks safety awareness, and presents a very challenging combination of behavior issues and renal failure requiring dialysis and related care. [REDACTED] health is a carefully monitored balancing act due to his renal failure, his inability to say how he feels or if he hurts, his lifelong focus on eating combined with his need for a strict renal diet, and his behavior issues, of compulsive behavior, aggression and self injury.

Despite all this, he has lived for 10 years on dialysis in a precarious but relatively good state of health due to the expertise and outstanding efforts of: his SDC physician (who sees him 5 days a week), psychologist, dietician and nurse, all of whom he has frequent or daily, contact with and, when needed, quick access to; the psych. techs., known and accepted by him, who take him to dialysis 3 times a week, providing constant, calming 1:1 care throughout the whole process to enable him to get this lifesaving treatment; the psych tech and pta staff who are trained, caring and have low turnover so that they know him well, some for many years, are trusted by him and can work effectively with him in looking out for medical needs and helping with behavioral needs.

All of this is necessary not only for his health - and survival - but also to give him the comfort of feeling safe, respected, cared for and helped. There is no question that this is his informed choice: he has the experience of 4 placements in the community, but he clearly shows his desire to stay at SDC and with these people.

**[REDACTED] and others urgently need a transformed, not closed, SDC facility that provides:**

- Some 4 bed residential housing for those who, like [REDACTED], can not have their needs met in the community.
- A crisis center, probably expanded from its proposed size
- A medical center and clinic where SDC clients in transition or already transitioned to the community, those who are in the SDC crisis center or 4 bed homes, and those in the community with d.d. who are not from SDC but are underserved in the community, all can get health care and coordination, provided by physician, psychologist, psychiatrist, dietitian and other personnel as need dictates, each experienced in working with d.d. clients.
- A dental center to cover the very special needs, unmet outside the D.C., of people like [REDACTED] to get his dental care
- An adaptive/custom equipment center to continue to provide and repair the one-of-a-kind seating, footwear, wheelchair modifications etc. - and the arm support they made that allows Sheldon to get lifesaving dialysis. No one outside of the SDC provides this service.

- Assistance available to community facilities which need it, or to their clients in case of sudden closure, as has happened before.
- Protection and use of the the essential resources of Sonoma Developmental Center :
- Continuation of the use of its highly trained, experienced and caring psych tech. staff, who have sufficient professionalism and pay to make taking care of SDC clients, whether in or transitioned out of the facility, a career, not a a brief job on the way to something better.
- The years of expertise accumulated there must not be lost to those with d.d.
- SDC's beautiful, safe and least restrictive setting for its d.d.clients, allowing them to move about outside safely and without community pressure. This is where the services should be located.

All of these services and resources are needed and must not be lost - there will be no way to get them back!

I strongly feel that they all belong in the SDC Plan and in a Transformed SDC.

Thank you for your support with this challenging issue,

- Darren



From: Susan [REDACTED]  
To: DDS HQ Sonoma Closure  
Date: Monday, August 17, 2015 9:20:41 PM

---

SUSAN [REDACTED]  
[REDACTED]

## **Regarding Sonoma Developmental Center Transformation**

From [REDACTED]

[REDACTED], age 55, has lived at SDC for 27 years. He has severe autism, is mostly non-verbal, without safety awareness, and with a very challenging combination of behavior issues and renal failure requiring dialysis and related care.

[REDACTED] needs a Transformed Sonoma Developmental Center, but so do many others, including some living at SDC and also those living throughout northern California who have developmental disabilities and could benefit from access to SDC's specialized resources.

**What is needed is a transformed, not closed, SDC facility that provides:**

Some 4 bed residential housing

A crisis center, probably expanded from its proposed size

A medical center and clinic where SDC clients in transition, or transitioned to the community, those who are in the SDC crisis center or 4 bed homes, and those in the community with d.d. who are not from SDC but are underserved in the community, can get health care and coordination, provided by a physician, a psychologist and a psychiatrist, each experienced in working with d.d. clients, and other personal as need dictates.

A dental center to cover the very special needs, unmet outside the D.C., of people like [REDACTED], who requires sedation and restraints to enable him to get dental work without anesthesia, which is dangerous for him.

An adaptive /specialized equipment center to provide the one-of-a-kind seating, footwear, wheelchair modifications for proper support, etc. and the arm support that allows [REDACTED] to get lifesaving dialysis. No one outside of the SDC provides this service.

Assistance available to community facilities which need it, or to their clients in case of sudden closure, as has happened before.

Protection and use of the the essential resources of Sonoma Developmental Center :

Its highly trained, experienced and caring staff at all levels, with sufficient



professionalism and pay to make SDC a career, not a a brief job on the way to something better

The years of expertise accumulated there

Its beautiful, safe and least restrictive setting for its d.d. clients, allowing them to move about outside safely and without community pressure

It's open space for the community and wildlife corridor

**All of these are needed and must not be lost !**

[Reply](#), [Reply All](#) or [Forward](#) | [More](#)

August 21, 2015

To: Director Santi Rogers

From: Georgia [REDACTED]

Re: Sonoma Developmental Center Plan

[REDACTED], age 73, has lived at SDC for close to 20 years and I do not believe he would survive in any other environment whereas, at SDC, I am told, he has spoken a few short sentences for the first time in his life! [REDACTED] has many medical issues, primary being fragile X. He is one of two brothers in our family born with this condition and neither was ever able to speak. I do believe if he is put in a community setting/group home he will be drugged, as he was in the past, to keep him quiet and manageable.

Like most family and friends of SDC residents, I in no way support the closure of SDC which I consider to be vital for the remaining residents. However, I recognize that closure now appears to be inevitable, so I am submitting my comments on what absolutely needs to be included in the SDC closure plan and what services need to be maintained as a system wide safety net on the SDC site.

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaption and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.

Next the SDC site needs to include and perhaps expand the crisis residence. SDC needs to also include the place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently housing is planned use for the Fairview DC site.

The supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.

[amy.wall@dds.ca.gov](mailto:amy.wall@dds.ca.gov)

[Kristopher.dent@chhs.ca.gov](mailto:Kristopher.dent@chhs.ca.gov)

[Mike.mcguire@sen.ca.gov](mailto:Mike.mcguire@sen.ca.gov)

[Santi.Rogers@dds.ca.gov](mailto:Santi.Rogers@dds.ca.gov)

**From:** [Marilyn Goode](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Fwd:  
**Date:** Friday, July 17, 2015 3:44:38 PM

---

Begin forwarded message:

**From:** Marilyn Goode [REDACTED]  
**Date:** July 17, 2015 at 3:39:31 PM PDT

I am unable to attend the July 18, 2015 public hearing on transformation of Sonoma Development Center so my recommendation is:

The citizens of Sonoma Valley have already made clear their vision for SDC's future at the Transform SDC Workshop on May 2, 2015. Workshop attendees seek a humane and efficient process of collaboration during the closure period, appropriately staffed Board and Care Homes for resident transfer with well trained and paid staffing. These Board and Care Homes should, of course, be located on SDC's grounds by repurposing the existing buildings. SDC is already a community. The plan should include onsite housing and health services available to clients during the closure and transfer period.

The reason for this is that it is the right thing to do. Our jails and city streets are filled with people who need a safe compassionate home our Sonoma Developmental Center is such a place. Already owned by the people of California. Our community is working on a new paradigm for our states developmentally disabled and perhaps for others with mental issues i.e. Veterans, autism, alzheimers etc. The founders of SDC wanted it to be a model of a safe and caring place for their children and the current parents who have trusted their loved ones to the care of this institution want the same. We wish to repurpose and transform SDC into an institution that will be a model for other such institutions that are still being closed all over the country. But we need time and the states goodwill and cooperation to help us make this a reality. Sonoma Valley is a mecca of bright, creative, educated citizens who do not want to see SDC used for anything other than its original purpose. We want to see a vital repurposing of the whole campus. Shame on our state for allowing the delayed maintenance that we are now attempting to overcome. No more benign neglect the community has a gem that needs to be reset.

The open space lands associated with SDC should be transferred to

the adjacent Parks for their protection. These lands which are an invaluable natural resource, offering a wildlife corridor from Sonoma Mountain to the Mayacamas Mountains are already utilized by the public for recreational purposes and bordered by State and Regional Parks. Transfer is the best option.

Sonoma has offered its 'vision' for SDC's future now it's time for DDS to clearly make their plans known to the community for further discussion. We do not plan to go away we are committed to keeping this historic property as a home for our most vulnerable.

In Peace,

Marilyn Goode

[REDACTED]

[REDACTED]

Pat and Ted Eliot

[REDACTED]

**From:** [Marilyn \[REDACTED\]](#)  
**To:** [Doyle, John@DDS](#); [Wall, Amy@DDS](#)  
**Subject:** Sonoma Developmental Closure  
**Date:** Monday, August 31, 2015 10:38:30 AM

---

Dear Amy and John,

It was nice for us to meet and hear your presentation last week in our Valley. We are a strong, committed community and really hope with your agencies cooperation you will work with us to transform SDC into a new humane paradigm for all forms of mental illness. We wish to repurpose as much of the facility as we can for those with mental issues. As you know our jails and homeless situation is an ever increasing expense and burden to California. Many of these people are pledged with illnesses that are beyond the ability of local services to work with. To close and sell this historic facility for other uses is beyond understanding. Please help us with this Transformation? This is the humane thing to do.

In Peace and Goodwill,  
Marilyn [REDACTED]

**From:** [Marilyn Goode](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Closure rather than Transformation of existing SDC  
**Date:** Wednesday, September 23, 2015 10:24:45 AM

---

Dear Mr Rogers,

As a long time resident of Sonoma Valley and after reading your DRAFT PLAN FOR CLOSURE OF SDC ,I feel that so far our plea for a TRANSFORMATION and not a closure has fallen on deaf ears. We are angry and saddened by what we feel is this routine as usual response by an agency that either feels powerless or has no interest at looking outside the box by working with our coalition to create a better and different model then the Regional system that is not adequate for many developmentally disabled people in California. Eldridge is a community as it stands and has been for many years. We understand the costs for keeping the facility once serving over 3,000 now down to 400 as it is. But to shut it down and continue with the policy of delayed maintenance is a shocking indictment on how the social fabric of our state has declined. Where is the imagination and humanity of our Social Services to allow this fabulous old institution to be neglected over the years to the point that you now want to close it and sell it as the state has done with its other properties. The selling of Agnew's,Letterman etc has been an extremely short sighted policy of our state. We are looking at a the Precidio in San Francisco and the Laguna Honda Home etc as models for SDC. But our priority is to repurpose and reuse as much of the facility for the present clients and others who need the services already available at SDC. Why throw the baby out with the bath?

The county of Sonoma and the State of California is filled with talented people who when informed are outraged at the disposal of State property that needs to be retained for the mentally ill. Right now in Santa Rosa there is 48 million set aside to build a new structure for mentally ill who have been imprisoned next to the county prison. Many of these people would not be suffering and placed in prison if they were housed in a nurturing loving facility. There are more then three times more seriously mentally ill people in jails and prisons then in hospitals, there are 43,000 psychiatric beds in the United States about 14% per 100,000 people which is the same ratio as in 1850. How shocking to read this. Not to mention our veterans who are also on the streets and committing suicide on a regular basis. Where is our leadership in California?

Mr Rogers our TRANSFORMATION COALITION URGES that your work with us to create a new version of SDC for the future and have words in your final draft showing the States willingness to support us and keeping the 400 clients remaining in there home and community which is SDC.

In Peace and blessings,

Marilyn Goode

Tuesday, July 21, 2015

I am writing as the conservator of [REDACTED] and his longtime friend and roommate [REDACTED]. These are my thoughts and concerns regarding the announced closure of SDC.

[REDACTED] has severe mental retardation and cerebral palsy due to anoxia from a botched birth. He cannot speak, cannot walk, is spastic, and relies completely on the care of others for all of his daily needs. Due to his neurologic condition, his bowel quit working last year and so on top of everything else, he needed a colostomy. Complications of the colostomy now allow his bowel to protrude outside his abdominal wall, requiring a licensed RN to change the bag properly to prevent skin breakdown and infection. About the only thing he has going for him is a bright and happy smile when I visit.

[REDACTED] suffers from severe epilepsy and has frequent seizures. He has a vagus-nerve stimulator device implanted to help control seizures, but will often need the intervention of staff to manually trigger the device. He needs to be carefully monitored daily as he frequently comes down with high fevers due to a persistent internal infection which can only be controlled by IV antibiotics. Like [REDACTED] he is also non-verbal, spastic, and relies completely on the care of others.

Both of these men need full-time nursing care, not rest home care. At SDC, they are both attended by licensed RN's and are seen by their doctors daily. Their doctors know their unique situation, and I have complete confidence that they are on top of their situations. This level of care will simply not be available in a so-called "community setting". They have a community now, one that works for them and meets their unique needs.

This last year has seen both [REDACTED] at the SDC acute care hospital when problems developed. This on-campus hospital is immediately available, staffed with doctors who know their issues and are able to quickly get on top of the situation. Where will this type of support be in the "community"? Not by calling 911 and passing off a non-verbal, spastic, and retarded patient with life-threatening conditions to the local hospital without medical guidance from someone with a history of their problems. The drop-in doctor visits promised in a community home would be completely inadequate to deal with this situation. If the doctor hasn't seen [REDACTED] for several weeks, how would he know what was wrong, and that's assuming it's even the same doctor each visit. I am under no illusion that that this idea is simply a way to lower costs, not provide better care.

And then there is the question of the specialized equipment these men need for daily living. What about the specialized wheelchairs and bed supports that SDC provides? What about the therapists who work with the men to determine what kind of supports need to be custom designed for them? Not in the "community" I'm afraid. So what does that mean? Once something breaks or needs replacement, too bad for them??

What about his dentist? No regular dentist would touch these men as patients - way too much liability if a spastic retarded non-verbal man had a seizure in the chair or died under incorrect anesthesia. So

where would they go? Again - not in the community. I guess this would fall into the category of just another DDS "promise" that the services will be available in the future. I need to see that program in place before I believe it. Most likely they just won't be getting any dental care at all.

So I am faced with a situation where those forcing this new plan upon us really don't have any understanding of what these patients need. The input from the Sonoma coalition and those closest to these patients has been given a deaf ear. Maybe more disturbing is the reality that these patients don't really count anyway. After all they can't vote, and they certainly can't compete with all of the special interests promoting this idea who are in line to make big bucks on their backs.

This State government is completely controlled by the Democratic Party. Yes, the Party that continually promotes an image of itself as standing up for the helpless and disabled. What has happened here?? Those that are the most vulnerable, cannot speak for themselves, and really need the safety-net of government are simply being used as grease. Who cares what their mortality will be?? DDS doesn't, they refuse to give out stats on the previous closures. Just close down SDC and move on so some developer can get rich, some lobbyist can claim victory, and DDS can pat themselves on the back for doing a good job. This plan and the way it has been shoved down our throats shows the real humanity of this government. What a travesty.

Sincerely,

Bill [REDACTED]



**From:** [Jerry \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Comments re: SDC closure plan  
**Date:** Wednesday, September 23, 2015 3:47:58 PM

---

As a family member and conservator I am still absolutely astonished by the irresponsible decision to close not only SDC but the other remaining Developmental Centers. Why doesn't the State consolidate the remaining Developmental Centers into one at the SDC location where all of the necessary services have been in place for all of these years. SDC offers everything needed and more than enough space for everyone. As the land was donated many years ago to the State for the sole purpose of the mentally disabled. How can the state change the purpose of the land use now?

[REDACTED] has lived at SDC for 60 years and it is the only home he knows. The staff is like a family to him and now we are faced with the challenge to move him into the community where he will not be safe or taken care of. The wonderful and appropriately trained staff has been taking care of him his whole life. I would not be a responsible [REDACTED] if I agreed to move [REDACTED] into the community BEFORE all of the necessary services were in place at SDC. These services include but are not limited to medical and dental, behavioral, equipment and repairs, day programs, crises management and availability to outside activities such as nature and parks.

These services and programs should ALL utilize existing SDC employees.

I am very concerned that the community placement will not have staff that is adequately trained. I feel these positions should be offered to displaced existing SDC staff first. I will also not agree to placement into the community unless I have unrestricted access to visit [REDACTED] without an appointment. I fully support the creation of housing of SDC movers if it is onsite, meets all of their needs and is developed concurrently with the transition process as necessary to accommodate current SDC residents as long as the necessary services mentioned above are developed and retained on the SDC site. However, there are so many existing buildings retrofitting and remodeling might economically be a better plan.

My biggest concern is communication. We now have constant communication with [REDACTED], the staff, his work site, doctors and dentists, social workers, psychiatrists, recreational therapist etc. we also have immediate knowledge of any information needed to keep us current on [REDACTED] and any activities or concerns. This is all reviewed twice a year in person with all of these professionals present and receive a complete printed transcript of each meeting. None of this will be available in the community placement. I could go on and on about my concerns!

I feel that the State really needs to take responsibility to revise the SDC closure plan DRAFT  
As most of it is not in the best interest of the SDC clients and it is all of our responsibility to take care of those who can not take care of themselves.

Thank you for considering my concerns and comments.

Mitzi [REDACTED]  
[REDACTED]

Sent from my iPad

**From:** [Michael \[REDACTED\]](#)  
**To:** [Rogers\\_Santi@DDS](mailto:Rogers_Santi@DDS)  
**Cc:** [Wall\\_Amy@DDS](mailto:Wall_Amy@DDS); [Kent\\_Kristopher@CHHS](mailto:Kent_Kristopher@CHHS); [mike.mcguire@sen.ca.gov](mailto:mike.mcguire@sen.ca.gov); [info@parenthospitalassociation.org](mailto:info@parenthospitalassociation.org)  
**Subject:** closure of SDC  
**Date:** Monday, August 24, 2015 1:49:10 PM

---

DATE 08/26/2015

TO: Director Santi Rogers

FROM: Michael [REDACTED]

Re: Sonoma Developmental Center Closure Plan

[REDACTED] was born in Oakland in 1972. He is seriously cognitive impaired and requires constant general supervision. He is also visually impaired and has hearing problems. In addition he occasionally requires care for aspiration pneumonia and seizures. He is not able to care for his hygienic needs. He is not in pain and responds to the affectionate entreaties of a dedicated staff. One cannot place him in a developmental age group.

Like most family and friends of SDC residents I in no way support the closure of SDC which I consider to be vital for the remaining residents. In the SDC he was taken care of by people who understood his special needs, including a medical doctor and staff on-site. I am a physician myself and also my wife. I was a professor at Stanford. I could not have cared for [REDACTED] medical problem without medical overkill, because he is a special patient with special needs.

There are three objections to the process that now seem inevitable: first, agencies almost universally pretend that they have public hearings to consider options, but then forge ahead with their original plan, with almost cynical intellectual dishonesty. Second to simplify the problem agencies like to shove broad classes (the homeless, the poor, the developmentally disabled) It simplifies thinking for simple minds. Thirdly, in the review of individual cases, the initial decision that the SDC was the better placement option (by the regional center) was not challenged, nor is there any evaluation of the next placement, or a comparison with the initial placement decision. The three points together smell of dishonesty.

However, I recognize that closure now appears to be inevitable, but I reserve the right (vi coactus) to make claims later if something goes significantly wrong.

Some actions could mitigate the ill considered plan: First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.

Next the SDC site needs to include and perhaps expand the crises residence. SDC needs to also include the place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently housing is a planned use for the Fairview DC site.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.

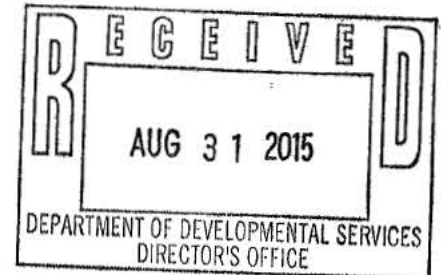
**Michael [REDACTED] M.D., Ph.D.**  
[REDACTED]

## Law Office of David Grabill

---

August 28, 2015

Santi J. Rogers, Director  
California Department of Developmental Services  
1600 9th Street  
P. O. Box 944202  
Sacramento, CA 94244-2020



Re: Proposed Closure of the Sonoma Development Center

Dear Mr. Rogers,

This letter is submitted on behalf of the Sonoma County Housing Advocacy Group, which has worked for the past fifteen years to promote housing choices for lower income families, and for seniors, farmworkers, and persons with disabilities in the County. It is also submitted on behalf of individual residents of the Sonoma Development Center (SDC) and their families who will be affected by the closure of the Center. We also submitted written comments to your agency at the public hearing held in Sonoma in July (attached/incorporated).

As provided in SB 82, your agency is in the process of preparing a 'closure plan' for the SDC aiming at closure of the center by 2018. At its peak, the SDC had over 4,000 residents. The number has been reduced over the last two decades, and it currently has approximately 400 residents, *all* of whom have very severe mental and physical disabilities. These 400 residents are completely dependent on the SDC's trained staff and 24-hour care provided at the facility. As you know, many or most current SDC residents could not long survive if transferred to facilities that lack this same level of care and services.

Because SDC residents who were able to live more independently have been transferred years ago to other living situations away from the SDC, all of the current 400 residents are at the facility willingly and voluntarily. The State's goal with this closure is to reduce the costs of maintaining the SDC, and not to place current residents in "less restrictive environments."

Numerous speakers at the July public hearing commented that there were no other living situations available in the Bay Area where an SDC resident could receive an equivalent level of care and support that he/she needs and currently receives at the SDC. The few facilities which do provide equivalent care and support are full with waiting lists. I've represented residential care providers in obtaining approvals from local governments to build additional facilities. The process is almost always long, expensive and with uncertain outcomes. It normally requires public hearings, environmental review and potential appeals to higher authorities or the courts.

Navigating the approval process for housing for persons with severe health impairments is at least a two year process and often can be four years or more.

In addition, funding from local, state and federal agencies to build new residential care facilities is extremely limited. Receiving funding commitments under state and federal programs to build supportive housing is at least a two-year process *after* approvals are secured, and competition for this funding is very competitive. Once funding is committed, actual construction of the new facility adds another year. If the SDC is closed by 2018, there will be *no* equivalent facilities where the current 400 SDC residents can be placed until 2020 or later. And it would be fatuous to expect more than a few dozen units to be built each year thereafter.

State and federal fair housing laws mandate that housing providers - in this case, the Department of Developmental Services - provide reasonable accommodation to individuals with health impairments so that they can continue to living where they live with the services and facilities that they need to do so. We would request, as a reasonable accommodation pursuant to these laws that the State of California and the Department of Developmental Services not close the SDC, reduce services or remove residents from that facility unless and until there are adequate equivalent facilities and services for these 400 residents elsewhere in the greater Bay Area.

The State and your agency cannot disregard the health, safety and well-being of the severely disabled residents of the facility in your efforts to reduce the costs of providing services. When the Agnews and Lanterman Development Centers were closed, a *five year* period for building and transitioning residents to other facilities was allowed. Unlike the 400 SDC residents, most of the Agnews and Lanterman residents were capable of living in group homes or independently. We are very concerned that the proposed closure of the Sonoma Development Center is supposed to be effected in two years. There are essentially no placements available in the Bay Area where these 400 SDC residents can receive services and care equivalent to what they receive at the SDC. So complying with the two-year deadline will inevitably jeopardize the lives, health, safety of current residents. Even with a five-year transition to closure, we understand that many residents and families of residents at Agnews and Lanterman have been dismayed by the inferior quality of the facilities, care and services which DDS has provided to residents displaced by closures of Agnews and Lanterman.

We have reviewed the August 7 Memorandum from the Sonoma Developmental Center Coalition / Transform SDC Project, and agree with most of its recommendations. If fully implemented, those recommendations will allow current residents and others to continue to receive appropriate care and services at the SDC. The recommendations also support conversion of areas of the SDC to other compatible uses. But the core function of the SDC would be and must be preserved.

Santi J. Rogers, Director

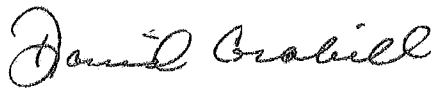
August 28, 2015

Page 3

---

If you have questions with respect to this request for reasonable accommodation, or any of the other matters discussed above, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "David Grabill".

David Grabill

Enclosure

cc: Amy Wall, Developmental Center Closure Office ✓

July 18, 2015  
Hand Delivered

To: Department of Disability Services  
Re: Sonoma Development Center Closure

---

These comments are submitted on behalf of the Sonoma County Housing Advocacy Group, which has worked for the past fifteen years to promote housing choices for lower income families, and for seniors, farmworkers, and persons with disabilities. We represent individuals and families who will be affected by the closure of the Sonoma Development Center (SDC). We understand that additional comments may be submitted and considered through the end of August.

Senate Bill 82, signed by the governor June 24, 2015, requires the Department of Developmental Services (DDS) to submit a plan or plans to the Legislature by October 1, 2015, to close one or more of the state's three remaining developmental centers, and the DSS has made a determination that the SDC should be closed.

Closure of the Sonoma Development Center threatens most or all of the 400 residents with displacement. These 400 residents are the most severely disabled out of the former resident population of 4,000. They typically have lived most of their lives in the SDC. They are assisted in their daily lives by well-trained staff familiar with their health conditions, and personal needs. Closure of the SDC will have a huge and potentially life-threatening impact on these severely disabled residents.

In formulating any plan for closure of the SDC, the health and welfare of current residents must be the first priority. The planning process should be collaborative, transparent, and include full stakeholder participation. Stakeholder groups should, at a minimum, include the organization of families of residents at the SDC, the Sonoma Land Trust, representatives from the County of Sonoma, the employees' union. Stakeholder groups should be afforded access to data and information about the impacts on residents of previous Development Center closures, including post-closure data on life expectancies, housing resources, health care and other relevant factors. We understand that DSS has not been willing to share the data and information which it currently has concerning prior closures. This information is critical to meaningful and informed transition planning for the residents at the SDC.

The closure plan should not allow for displacement of any current resident from the SDC unless a full transition plan is in place for that resident which includes housing, care and supportive services for that resident which is at least equal to what the resident receives at the SDC. At present, there is very little housing available in the Bay Area which to which these 400 SDC residents could be transitioned, and where suitable care and supportive services could be provided. Until adequate, conveniently located housing is built or otherwise made available,

residents must be allowed to continue living at the SDC. In addition, DSS should insure

- that residents transitioning from the SDC into other care facilities do not displace current residents in those facilities;
- that the ongoing care and supportive services promised to the SDC resident in a new living situation is monitored by DSS and is, in fact, being provided;
- that the former SDC resident and his/her family and advocates have the primary say over housing and care decisions affecting him or her.

Thank you for considering these. We would appreciate receiving your responses to these and other comments presented at today's forum. We may submit additional comments and recommendations prior to September 1.

If you have questions, or would like to discuss any of the above, please do not hesitate to contact me.

/s/

David Grabill



From: [REDACTED]  
To: [DDS HQ Sonoma Closure](#)  
Cc: [Senator.McGuire@senate.ca.gov](mailto:Senator.McGuire@senate.ca.gov)  
Subject: Sonoma Developmental Closure Proposal  
Date: Tuesday, September 01, 2015 4:49:55 PM

---

To Whom It May Concern,

My name is Steve [REDACTED] and [REDACTED] is a long time resident of Sonoma Developmental Center (SDC). [REDACTED] has been at SDC since 1967, except for approximately one year, about 20 years ago, when we attempted community placement for her.

While at SDC, [REDACTED] has received exceptional care for everything from medical care for her epileptic-like seizures to a nurturing and caring hand-holding when needed.

[REDACTED] was born in 1957 as a beautiful and healthy girl. She was leading a normal toddler life until at the age of three, when she contracted what was diagnosed as a form of encephalitis. That episode put her in a comma for three months. When she came out of the comma, she had severely diminished mental capabilities. Since then, she recognizes family members and SDC staff, has a vocabulary of approximately 20 words, is unable to communicate via sign-language, and is unable to care for herself. As indicated above, she has a chronic history of epileptic-like seizures that require trained professionals to assist with when they occur. [REDACTED] lived at home until the age of [REDACTED], when the strains of raising two other children, owning a business and dealing with a mentally challenged [REDACTED] became too much for our parents. Finding an institution like SDC was life-changing (in a good way) for [REDACTED]. Although placing [REDACTED] at Sonoma State Hospital, as it was known at the time, was extremely difficult for [REDACTED], it turned out to be the best of all choices.

Through the assistance of Golden Gate Regional Center, we did try community placement for [REDACTED] approximately twenty years ago. This was a very bad experience for all of us and almost disastrous for [REDACTED]. The community home was conveniently located close to [REDACTED], but the staff was poorly trained, if not incompetent. [REDACTED] received multiple calls at all hours of the day and night to meet various staff members, who had transported [REDACTED] to the community hospital in [REDACTED]. They would bring her to the hospital emergency room, not knowing how to deal with her seizures, and leave her there for [REDACTED] to retrieve her and expect that he get her back to the community home. As a side-note, [REDACTED] personal items frequently turned up missing.

With this history, I strongly urge you to reconsider the decision to close SDC by the end of 2018.

[REDACTED] is trying to be as involved as possible with the potential closure of SDC and plans for resident community placement. From the few meetings that I have attended via telephone, both with DDS members and GGRC staff, there seems to be

a lack of organization and a true plan for building and staffing of the numerous and various required community homes to accommodate the SDC residents. I am somewhat baffled by the notion that closing of the three remaining developmental centers and forcing residence into the community will save the state any money.

Having to build new infrastructure to support the onslaught of new mentally challenged community residents versus supporting them in the current facilities does not make sense to me.

Once again, I respectfully request that you reconsider the decision to close SDC and the other two developmental centers.

Best regards,  
Steve [REDACTED]

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** FW: SDC Closure to Santi/Others  
**Date:** Monday, August 24, 2015 8:36:14 AM

---

---

**From:** Mary [REDACTED]  
**Sent:** Sunday, August 23, 2015 1:40 PM  
**To:** Rogers, Santi@DDS  
**Cc:** Wall, Amy@DDS; Kent, Kristopher@CHHS; mike.mcguire@sen.ca.gov  
**Subject:** SDC Closure to Santi/Others

***Re: Sonoma Developmental Center (SDC) Closure Plan - Assembly Bill: AB 1405 (S. Grove-R) & Senate Bill: SB 639 (Jeff Stone-R)***

I am sending you this email today to reiterate my opposition to the closure of Sonoma Developmental Center (SDC). I have addressed and spoken at many meetings over the years on this topic including those you have attended in Sacramento, Parent Hospital Association (PHA) Meetings held at SDC and the recent July 18<sup>th</sup> Public Hearing on the Transformation of Sonoma Developmental Center (5<sup>th</sup> speaker). [REDACTED] has lived at SDC for over 56 years. [REDACTED] is deaf and severely retarded and is often in need of a wheelchair since she can't always walk adequately. She has no safety or hazard awareness and often has elopement issues. She is unique and like most SDC clients is not in a "bucket" that can be cared for in the community where she will not thrive. She was classified at the mental age of about 18 months old. However, her blue eyes reflect the wisdom of the ages.

She has thrived at SDC since coming to the community when she was just 7 years old because [REDACTED] mother was dying and SDC saved our family and cared for [REDACTED] in a time of family crisis. [REDACTED] is a gift from God and we are grateful for the care that the State of California has provided for the last 56 years. We are devastated the state will no longer live up to their commitment to the many disabled citizens of SDC like [REDACTED] and is forcing them into unsafe and unprepared environments.

Again, like most family and friends of SDC residents I in no way support the closure of SDC which I consider to be vital for the remaining residents. However, I recognize that closure now appears to be inevitable, so I am submitting my comments on what absolutely needs to be included in the SDC closure plan and what services need to be maintained as a system wide safety net on the SDC site. **A new model is needed and it can be done.**

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC clients. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.

Next the SDC site needs to include and perhaps expand the crises residence. SDC needs to also include the place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC

remains as the ideal site for these safety net services. **Again, a new model is needed and it can be done.**

In addition, I would welcome the development of a smaller housing site for SDC clients on a portion of the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently housing is a planned use for the Fairview DC site.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC clients.

Sincerely,

Mary [REDACTED] & Family  
[REDACTED] SDC Resident/PHA Board Member  
[REDACTED]



[REDACTED]  
July 18, 2015

Department of Developmental Services  
Developmental Centers Division  
1600 9th Street, MS 3-17  
Sacramento, CA 95814

To Whom It May Concern:

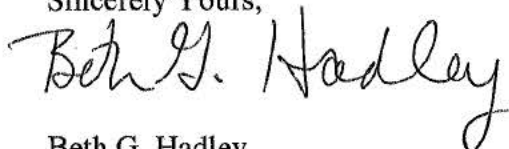
I am a special education teacher who has worked in 3 different California State Hospitals and also the community over a 35-year period and I am strongly opposed to closing Sonoma Developmental Center. Some individuals are successful in community homes, but after over 30 years of very active community placement, the patients who remain have extremely severe medical or behavioral problems that cannot be met in the community.

One of my own students was a very medically fragile young man who had a good quality of life at SDC, using a communication device and attending a local High School. He was placed in a community home over his treatment team's objections and despite all our offers of help, his community home never contacted us for advice or even notified us when he was hospitalized and then placed in a nursing home. He died within a year, far away from those who had cared for him all his life.

There are unique and beneficial services at SDC that are not available in the community and it will be a travesty if these are lost in the closure. Services such as custom-made wheelchairs and custom shoes; as well as medical, dental and behavioral support to the developmentally disabled are desperately needed in our communities. These should remain at SDC and provided to the broader population of northern California. SDC should also continue to provide housing and treatment for those who are not successful in community facilities.

This beautiful property has belonged to the people of California for over 100 years and should be preserved to continue to serve some of our most vulnerable citizens, and even expanded to serve the mentally ill, house homeless people, provide internships for college students and more. I strongly urge you to utilize the views of the Sonoma community and coalition in making a plan for the future of SDC.

Sincerely Yours,



Beth G. Hadley

From: [Ron \[REDACTED\]](#)  
To: [DDS HQ Sonoma Closure](#)  
Subject: SDC Closure Opinion...  
Date: Tuesday, August 04, 2015 4:53:43 PM

---

Cindy Coppage

Department of Developmental Services

Developmental Centers Division

1600 9<sup>th</sup> Street, Room 340, MS 3-17

Sacramento CA 95814

There is a place in Hawaii called “*Puuhonua o Honaunau*,” was historically a place of refuge for those Hawaiians who transgressed the law and otherwise faced certain death. Safe arrival there meant you were safe from your pursuers—for good! As the arrival of Europeans on Hawaiian shores brought many deleterious changes to the customs of the native peoples, this was also the beginning of the end of the “Kapu” system of laws and the “Place of Refuge” as well. It took a British sea voyage half-way around the world and a number of years to enact this “sea-change” to the native Hawaiian people. Their lives would never be the same forever.

Fast forward two hundred and thirty-plus years to the Sonoma Developmental Center...where a mere stroke of a legislative pen has set in motion an a comparable destructive measure. In this case, the home of nearly 400 developmentally disabled residents is scheduled for the wrecking-ball and the relative centralization of services and care for these unfortunate souls is poised to be scattered to the wind as well.

[REDACTED], is a resident in [REDACTED]. He's lived there since 1988 and before that a number of years at the former Agnews State Hospital. He was unable to live at home anymore once he became big enough to wreak physical harm to his surroundings and to his family members. He has since survived a misplaced attempt to house him in a community setting which was admittedly an “**unmitigated disaster**”--according to those who are professionally associated with him at the SDC. The reasons for this were not explained to me. [REDACTED], like most of the other residents, remain there simply because community placement did not work out for them for a myriad of reasons. The SDC is truly a “place of refuge” to all these residents in view of the risks of physical harm they (and others) would face should they be placed in a community setting. This has been proven time and time again. Just a few weeks ago, some of my family members witnessed the father of a fellow [REDACTED] resident fall victim to a neck-choking and a beating from his own (resident) son. This startled my family members to the core and drove the point home beyond words (and legislative fiat) that these residents are severely “at-risk” in any but the most closely monitored setting (as are those who unwittingly find themselves on the wrong end of a choke-

hold).

I cannot see for the life of me any positive aspect to this proposed (certain) closure of SDC. The seemingly wanton disregard for these residents is clearly exemplified by the “wishful thinking” that disinterested legislative parties move to “cut expenditures” and to “privatize” necessary services and housing for those least able to manage on their own. At home, I frequently look out my front window and watch daily the “homeless crazies” who scream at the sky or punch imaginary predators as they walk or bicycle oblivious to traffic lights or cars. These destitute troubled souls are literally, “accidents waiting to happen.” We all know that the funding for the mentally-ill “disappeared” starting in the 80's in California and that many of these unfortunates have had to scramble for survival outside in urban jungles. They now, unfortunately, comprise a sizable percentage of the homeless population. This would **not** be an option for our SDC residents. They literally could not survive.

Closure of the Sonoma Developmental Center would certainly be the first step in a nightmarish downward spiral for those whose “place of refuge” has been obliterated. I cannot envision any positive outcome of such a shortsighted and destructive course of action—tantamount to culpable homicide—if you will. Executioners are still plainly identified even if they wear three-piece suits and ties (or power-skirts) and wield only fountain pens to pass laws. Their willing enablers who follow the legal statutes and facilitate this “pogrom” are similarly culpable in any just and moral society.

I, for one, deplore this “sea-change” of “murder by decree.”

Ronald [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



This email has been checked for viruses by Avast antivirus software.

[www.avast.com](http://www.avast.com)

Cindy Coppage  
Department of Developmental Services  
Developmental Centers Division  
1600 9<sup>th</sup> Street, Room 340, MS 3-17  
Sacramento CA 95814

Via email 7-28-15

I am writing on behalf of [REDACTED] who cannot write. He has been a resident at Sonoma Developmental Center since the late 1980s, and he (and all his fellow patients) are at grave risk as a result of Senate Bill 82 and the cavalier decision to close this facility.

The Lanterman Developmental Disabilities Services Act of 1969 established once and for all that Californians with developmental disabilities (and their families) have the right to sufficient human services, medical care and essential support from the state to guarantee that our most vulnerable community members might live like human beings.

Instead, we see today that the over 280,000 Californians with developmental disabilities suffer major cuts to services (falling in many cases below levels mandated by the federal government), egregious and unnecessary facility closures resulting in unsuccessful and traumatic patient relocations to yet even more under-funded (and inferior) destinations, and a generally degraded quality of living that dates back to service cutbacks in the 1990s. It is unconscionable that the state of California chooses to neglect and ignore the helpless with false claims of budgetary penury and misplaced frugality.

A recent report by the Association of Regional Center Agencies, "On the Brink of Collapse: The Consequences of Underfunding California's Developmental Services System", urges instead an immediate 10% increase in funding per person with annual 5% future increases, along with essential funding reform for service rates and sustainable regional center operations.

[REDACTED] is unable to be outsourced to the 'community'; this was attempted in the past and failed dismally. If the Sonoma Developmental Center is to be closed, then a service site (perhaps already existing on the grounds) needs to be created for housing, behavioral, medical and dental support services for the developmentally disabled who are in need of constant care and cannot function on the outside. Work should begin on this project as soon as possible.

Frugality is a virtue. Cost cutting with helpless human lives at stake is the cruelest vice of all.

Jonathan [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



Subject: Public Hearing on closure of Sonoma Development Center  
July 18, 2015

My name is Nanette [REDACTED], has been a resident of SDC for over 25 years. He is severely developmentally disabled being autistic and severely retarded. He is considered medically fragile as well, requiring careful monitoring and medication management. My older brother, [REDACTED] and I are [REDACTED]. We are his voice as he is non-verbal. [REDACTED] was admitted here 25 years ago after two placements in community homes, both of which had disastrous consequences for [REDACTED]. In the first home he was physically abused by a staff member. In the second community home, a psychiatrist serving the home and grossly unfamiliar with my brother's medical history prescribed multiple sedatives and anti-psychotic medications which resulted in my brother almost dying from medication mismanagement. I thought we were unique in this experience, but having attended several of the parent and family meetings of late re: the closure, I was amazed to find that we are far from alone in having negative community placement experiences. WHY IS THAT? How can we be confident that our loved ones will be cared for and safe?

Conversely, from the day [REDACTED] entered SDC he has received professional, comprehensive care from a truly gifted staff. His care team collaborates to effectively deal with all issues, be it medical, psychological or physical.

I understand the State's need to make changes at SDC and reduce the cost of maintaining SDC, but I do not believe that shutting down SDC and forcing some of the State's most vulnerable people into inadequate and yet-to-be-in-existence facilities is the answer to "the problem". It appears that the train has already left the station, but here is my list of absolute must-haves for each and every one of the SDC residents:

- The availability for suitable services must be developed now. Families can not make valid decisions without knowing what is being provided. Where are these homes?

- SDC staff should be given priority in job placement. Ideally, it is my hope that they are able to carry on their work in the new homes.

- SDC provides many unique and vital services for the developmentally disabled; they must either be maintained or replaced BEFORE SDC CLOSURE.

- Rules and regulations governing community homes must be reviewed, updated and made available to the public.

- Apparently DDS does not have data on success of community placement nor do they have data on how many residents experience adverse events in community homes or incidents of severe injury or death. Studies must be performed to document the compliance and safety of community homes.

- Frequent and intensive monitoring and oversight of community homes, (more than once every 3 months) with **strict accountability by the providers, regional centers and Department of Developmental Services.**

- Nutritional meals prepared by trained staff
- Zero tolerance for physical abuse
- Background checks of all staff

-Medical (including full range of specialties) and dental care must be provided by trained professionals familiar with working with this population of residents, including emergency care

-24/7 awake staffing required with trained personnel. Registered nurses must be on staff at each home.

-Housing must be made available for those who are not successful in community facilities. Jail or the streets are not options for these vulnerable individuals.

-Community placement must be appropriate to the INDIVIDUAL's needs, not staffing convenience.

-The views of the residents and their families, those of the Sonoma community and staff must not only be heard by DDS, but also truly considered and included in making the plan for the future of SDC.

Respectfully submitted,

Nanette [REDACTED]

[REDACTED] resident of SDC [REDACTED]

[REDACTED]

Phone: [REDACTED]  
Email: [REDACTED]

**From:** [Victoria Hanson](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Transform SDC public comment  
**Date:** Monday, July 20, 2015 2:41:00 PM

---

Thank you for this opportunity to share with you my comments and concerns about DDS process for transforming SDC:

As a parent of an adult client of DDS's Regional Center sector, I view SDC as one canary in a bigger coalmine. I hope for broader consideration of the full range of assurances needed by all aging people with cognitive developmental disabilities, for lifelong, subsidized housing and service that prevents deadly displacements. I believe our shared interest rejects boxing people into artificially segregated service & planning templates.

All SDC residents who prefer to age in place must be supported in that choice. All the equity invested in DCs must be retained and reinvested into beneficial solutions serving these survivors and the majority of people with developmental disabilities, who are also entitled to lifelong service & supports from DDS.

SDC is one keystone of a broken system being plundered at the state level. On the other hand, at the highest policy-making levels, Federal priority to "affirmatively advance" opportunities for full inclusion discloses a silenced storm of needs resulting from our historic neglect of civil rights for people with cognitive disabilities. There is no equitable way to respond to the urgent concerns of the SDC community without championing fair access to safe freedom of movement within integrated, healthful communities that incorporate worker-housing for supported-living-service professionals serving people with developmental disabilities.

In our world of intelligence-driven-achievement, about 2.5% of our population have in the past and continue to survive childhood with debilitating cognitive disabilities. However, while evidence-based practice now turns public policy away from locking these people out of public sight and economic consideration, enforcement of civil-rights mandates still largely ignores this silenced constituency. Instead, progress has focussed on targets like ADA-compliant infrastructure modifications and generic supports to bootstrap visibly 'disadvantaged & impoverished' groups of people like those who are homeless, veterans, mentally ill, elderly, and physically disabled. This limited model of planning practice fails to provide fair access to "cost-effective services in the least-restrictive environment" for people with cognitive disabilities.

I hope the transformation of SDC provides a showcase for remediating unlawful discriminatory practice. Integration must not attempt to dilute protections for our most blameless, vulnerable, and dependent neighbors at SDC. I am skeptical of proposals seeking to, for instance, meld traumatized veterans with profoundly retarded adults on an isolated campus.

The meaning of "full range of supportive living settings" must be extended at both ends, and the network of needs along the continuum of care must all be met. Realistic planning must recognize and accommodate current evidence-based-practice and quality-of-life criteria, as incorporated in the 2014 CMS Final Rule which is now driving Federal funding decisions on all long-term care issues, including the relatively small subset served by DDS.

In California's response to CMS de-funding action, recognition is trickling down that enforcement of legal mandates includes holding states and municipalities accountable for meeting Fair Housing standards designed to afford equitable access to integrated settings. In our information-driven economy, people with cognitive disabilities are, by definition, the 'weakest category of adaptive thinkers'. Because they are inevitably stuck below economic self-sustenance, their 'nexus of disability-related need' is directly linked to the most extreme hardship of economic displacement to pockets of poverty, where the highest risks of abuse prevail.

As a basis for legal recourse, severe negative impacts are compelling, both economically and morally. Current, de facto policy constitutes 'covert euthanasia by transition-induced mortality/morbidity/criminalization' of people our state is legally obligated to protect. As caretaker parents expire, this powderkeg intensifies. It demands thoughtful and compassionate attention now.

Thanks also for considering your own connections to this urgent and pervasive common interest. Everyone knows one. Where and how do the people in your life provide shelter and care for their cognitively-disabled loved ones? We'll know from planning documents when this elephant in the commons is meaningfully addressed.

best regards,

Victoria Hanson

**From:** [Helen Heindel](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** this is the most important point to me a Sonoma resident homeowner  
**Date:** Thursday, July 16, 2015 3:34:24 PM

---

Preserve SDC's open space, natural resources, and scenic values to support wildlife corridor habitat and for future generations to enjoy.

This property is not used economically.  
Future use should balance cost with benefit.  
To continue to under utilize this site is disservice to all taxpayers.  
Removing the housing, maintenance and health care for current residents is a top of list neccessity, for local taxpayers.

Helen, Stephen Heindel

[REDACTED]  
[REDACTED]

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Do not close this wonderful institution!!  
**Date:** Wednesday, July 15, 2015 2:10:07 PM

---

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Sonoma closure  
**Date:** Friday, August 14, 2015 11:54:45 AM

---

It is my opinion that the best use of Sonoma Developmental Center after the closure would be for support of those clients who reside in the community. More crisis units, the medical clinics including lab, x-ray, dental, and the consulting physicians who come in and see clients by appointment. I believe that the clients we are placing in the community have the same right to easy access medical care as they had when they lived here. We all know this is not something that is available to them in the community. Without that care we are condemning quite a few of the clients here to a death sentence by moving them away from the 24 hr. instant medical care they receive now. The fact is you could keep all the services provided here available to the DDS population in the community including those who reside with their families. We have classrooms and places for the clients to work, the holiday celebrations, the theatre group that puts on plays every year. We have things here that are not necessarily available in the community.

**Lesa Herron, SRT**  
**Radiology Department**  
**Sonoma Developmental Center**

[REDACTED]

**From:** Shirley [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** SDC Closure  
**Date:** Thursday, August 27, 2015 11:04:57 PM

---

My [REDACTED], resides at Sonoma Developmental Center. She is in [REDACTED] which is a nursing facility. [REDACTED] was born profoundly intellectually disabled and with congenital quadriplegia. Because she cannot turn herself, she needs to be re-positioned every 2-1/2 hours so that her skin will not break down and develop bed sores and infection [REDACTED] is currently 60 years old and has resided at SDC since she was 3. [REDACTED] receives her nutrition, hydration and medications through a gastrostomy tube. [REDACTED] is non-ambulatory, nonverbal, and requires total assistance with all of her activities of daily living (ADLs). How can we even entertain the notion of putting her into a "community home" with minimum wage employees who do not have the training to take care of her? I have heard that the turn-over rate can be as high as 75% in these homes.

First, I think it is a crime against humanity that SDC is being closed. That said, [REDACTED] needs a home where she will be medically secure. This means that she needs 24 hour care (3 shifts of 8 hours each by **trained** personnel); which is what she is currently getting at SDC. It is my understanding that there are not currently any homes suitable for [REDACTED]. She needs a 962 or 853 home (I have seen both numbers used but do not know if they are the same thing). Of course, I would prefer that she be in Santa Rosa which is where I live but would be willing to have her within 45 minutes drive.

Guess what, there are no such homes in Santa Rosa or vicinity. At [REDACTED] IPP, the representative from North Bay Regional Center told me that they did have "approval" for 2 "853" homes in the Santa Rosa area. Approvals, nothing more. Can they build these two homes and have them ready and staffed by the time the closure happens? Two homes would only be 8-12 medically fragile persons; would [REDACTED] be one of the 8-12? It is my understanding that there are 174 people like [REDACTED] at SDC currently; you would need 29 homes just for the medically fragile. There are another 218 persons who are higher functioning than [REDACTED] but who might or might not have behavioral problems. You would need another 36 homes for them; that is 65 homes total. How can this be accomplished in counties such as Sonoma and Marin where property prices are very high.

It seems that we are recreating the wheel. We already have a facility in SDC. What can't it be scaled back to accommodate the 392 people still at the facility and perhaps enhanced to care for future developmentally delayed persons as well as perhaps the mentally ill? Take 100 acres of the current 900 and build a community of homes suited to their needs. It would not be congregate living but a community much the same as senior communities.

If SDC must close; we must see to it that these people who cannot take care of themselves be placed in homes that are staffed and equipped to take care of their needs.

Shirley [REDACTED]  
[REDACTED]

Department of Developmental Services,  
Developmental Centers Division,  
Attention Cindy Coppage,  
1600 9<sup>th</sup> St., Room 340, MS 3-17,  
Sacramento, 95814

Patricia [REDACTED]  
[REDACTED]

July 18, 2015

To Anyone Whom the transformation of S. D. C. and the hearing today concerns:

Although this paper touches on a serious transition problem - when calming techniques are not professionally understood or maintained - that is not my main point here. Rather it is to tell you what can happen when the rules and philosophies of community D.D.S. officials do not match up with the protocols of developmental center health professionals.

At Sonoma Developmental Center, [REDACTED] had been conditioned to submit to regular medical exams, including necessary blood draws. However, at his new place near Sacramento, social workers and top state officials in charge, told me they considered it a violation of his civil rights to get a needed biopsy if [REDACTED] did not wish to be examined. Neither did he have a blood test required by the psychiatric drugs he was on that were causing obesity and tardive psychosis - not in his four years in the community.

There was apparently no reasonable structure available to Alta California Regional Center to deal with matters of health or dentistry where it was obvious that having [REDACTED] cooperation wasn't going to happen. (Most added drugs just agitated him more.) Serious health problems were brought to Alta's attention by mail and phone, even by a court-ordered Area Board notice, but without response. Involved myself of course, I was at the same time trying to heal from hip surgeries and tend a husband with memory loss. Eventually I was able to drive to Sacramento from the coast and bring [REDACTED] into U.C.'s hospital - which I found had always been an authorized option. But it was too late!



After leaving SDC [REDACTED] had had a good home of his own with a fitting day program, for which I'm very grateful. But the unprofessional health and dental situation, until UC Davis Hospital admission, and the lack of oversight from Sacramento's officials, led directly to [REDACTED] tragic and preventable early death. If he'd had proper help on time, even months earlier when it was obvious to everyone he had a horrible growth to be taken off his mouth, surgery would have easily saved him. This was reiterated over and over by [REDACTED] UC Davis surgeons. "It would have been a simple thing," said the chief doctor.

Back to Sonoma D.C.: what happens to it in the future and what has been learned that works for residents - both matter! They matter to us who lived in a period of extreme pressure to institutionalize our children, when drugs were imposed without knowing or caring about long-term effects, and crowding was atrocious. Things changed, but extremes that affect vulnerable people or their relatives, are wrong, no matter where they happen. So thank you for the patience and time spent learning and recording what interested persons have to say, especially about health and safety of special kin.

Sincerely,

*Patricia*  
Patricia [REDACTED]

cc: Sen. Mike McGuire, with thanks for his humane efforts around SDC's issues.

cc: Alta's Exec. Dir. Phil Bonnet,

and Adult Res. Dir. David Rydquist,

- with a question about present, available behavior supports.

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** 27 yr DDS Psychologist Recommendations  
**Date:** Friday, August 28, 2015 11:14:47 AM

---

## Closure Plan Suggestions from Robert Hutchins, Ph.D. 8-28-2015

I am writing as a long term psychologist with 27 years of experience working for developmental centers and fifteen years working with 4-I group homes.

**How closing will affect residents and families.** The task before developmental services in the developmental centers has shifted from appropriate care and treatment within a DC to placement in the community. In order to make such a shift in services it would be helpful to increase the role of those working with families.

1. I suggest that each DC have a department of Social Work with a position created for senior supervising social worker who will be the equivalent of the director of nursing, senior supervising psychologist.
2. I suggest that more positions be funded for family outreach and community placement. Having additional positions for licensed therapist with family therapy skills at the DCs and at the Regional Projects could be helpful. If licensed social worker or MSWs are not available MFTs with DD experience could be very helpful.

### **Places for people to move to.**

DDS community placements are limited by the funding for the placement and the going rate of reimbursement in community care.

**Currently level-of-care positions in the community do not pay well enough to provide a living wage.** Thus it is common for there to be frequent staff turnover. The most essential feature of any care giving organization for the developmentally challenged is retaining quality staff for extended periods. Thus increasing the minimum wage paid for this kind of care is essential.

**Currently positions in the community have very limited avenues for career advancement and development.** This is the other factor that prevents long term involvement of staff in any care giving organization.

Both living wage and career advancement have been available through employment in developmental centers (DCs). This has made DC care in my experience more stable, predictable and of consistently better quality.

### **III. Where people will get services.**

- 1. Short term Stabilization:** The addition of STAR short term stabilization programs at two of the DCs is a good step and has been long needed as the DD/ID population. We will need more STARs.
- 2. Emergency Room Needs:** My 4-I community work has often run up against psychiatric emergency services being not willing or not able to work with my DD dual diagnosed clients. STAR does not provide emergency services. CBEM has become more effective and should be further supported as well as like services. The presence of an actual acute ER for DD clients with medical or psychiatric issues would also be helpful. Thus keeping the current Sonoma GAC open as an emergency facility would be helpful.
- 3. Dental/Clinic Needs:** Appropriate sedation and anesthesia and use of stabilization and restraint devices during dental work and other clinics are not always available or easily accessed and not with the same level of expertise found at the DCs. I suggest we keep the clinics open as out-patient services until community resources become available and more cost effective.

### **IV Possible jobs for Sonoma employees.**

1. I work with unit managers who could become owners and or operators of group home systems. Supporting such a transition would benefit all involved in terms of quality care and supervision. Supporting through proving on-grounds training and certifications to become group home administrators and DSPs would be one appropriate step.

**What will happen to the building and land at Sonoma.** I suggest the following possibilities:

1. Out-patient clinics = Keep the Nelson Building open as an Out-Patient Services center
2. Emergency Room for medical and psychiatric needs of DD population. Keep GAC or convert another residence to emergency services.

3. STAR programs to meet the current needs for stabilization perhaps four STARs?
4. Create a STAR or similar residence for complex combined medical behavioral clients to be serviced. Make it possible for a dual NF & ICF residence to function here.
5. Dementia care community, as has been formed in Europe, so that the beauty and healing quality of this protected environment can serve another population that needs such services.
6. Donate large sections of this land to regional, and state park systems to maintain the green belt and extended open spaces.

Dept. of Developmental Services/Developmental Services Division  
ATTN: Cindy Coppage  
1600 9<sup>th</sup> Street, Room 340, MS 3-17  
Sacramento, CA 95814

I have worked most of my adult life to assist people with disabilities, seniors & homeless families to live independently. My current paid work involves home visits/assessments with homebound seniors. I am very familiar with board and care homes and independent living services for the developmentally disabled. I am also a frequent visitor with [REDACTED] who has resided at SDC for more than 50 years.

**Based upon my professional and personal experience, I believe that [REDACTED] will be at high-risk of being assaulted, arrested, injured, or will die if forced to move from SDC. *PLEASE RETAIN SDC as a care setting for [REDACTED] & the most profoundly disabled people in our state. I believe SDC is the least restrictive environment for [REDACTED]***

When my husband & I are in the community with [REDACTED] at parks & other public places, we notice that people often react with fear at his appearance & behaviors. [REDACTED] has profound developmental, mental, behavioral & physical disabilities. The Stanford-Binet test found [REDACTED] has an IQ of 25. He has very limited communication skills so communicates by growling & grunts; he aggressively points & makes other gestures that may seem threatening to people. He has [REDACTED] & has challenges with walking and balance. He has scabs on his face & scalp due to pre-cancer. [REDACTED] has no teeth. He is incontinent. The SDC staff is skilled & patient with [REDACTED] resistance to personal hygiene.

[REDACTED] loves string, balls of thread, rolls of paper or tickets, bottles of lotion or other things---and in a store or community setting, unless carefully "supervised", [REDACTED] will steal those items, putting them in his pockets or backpack. In stores or other businesses, [REDACTED] leans over counters, often alarming store cashiers & security. [REDACTED] lacks safety awareness in parking lots and while crossing streets.

[REDACTED] has always had a fear of doctors. Even high dosages of sedatives would not calm him enough to do simple medical or dental procedures. His beloved SDC doctor, Dr. [REDACTED], has done what no other health practitioner has been able to do: [REDACTED] allows her to apply medications to his pre-cancer and to accept needed surgeries. In order to do even the simplest procedure, he must be heavily medicated---he is not a passive, cooperative, easy-to-manage person. He needs the skilled residential care available at SDC.

**I support the vision of community collaboration for sharing the SDC site, preserving open space, creating parks/playfields, & other community uses, with continued residential care & other services on the SDC site for [REDACTED] and the most profoundly disabled.**

Sincerely,

*Arlene*

Arlene [REDACTED]

Department of Developmental Services/Develop. Centers Division  
ATTN: Cindy Coppage  
1600 9<sup>th</sup> Street, Room 340, MS 3-17  
Sacramento, CA 95814

My name is George [REDACTED]. I, along with [REDACTED] and [REDACTED] are co-conservators of [REDACTED]. Just for a moment, let us go back 50 years: [REDACTED] was brought to Sonoma Developmental Center at age 15. My parents enrolled him at the privately-operated Lucinda Weeks School for the Retarded in San Francisco. Eventually, the school suggested that my parents seek other options. Then my parents tried what I remember to be the publicly-operated Sunshine School. That didn't work out either. Our mother even took him to a faith healer. As a last resort my parents decided to bring him to what was then known as Sonoma State Hospital. To do that required a superior court judge's order. [REDACTED] behavior was such that a courtroom appearance was impractical, so the judge met my mother and [REDACTED] outside the courthouse, where [REDACTED] and Mom were seated in a Yellow Cab Taxi, and there on the sidewalk the judge quickly made his decision to enable [REDACTED] to be placed at what is now known as Sonoma Developmental Center. It was probably the hardest decision in my parents' lives, but the best decision.

The Center has evolved as a "home" for [REDACTED] and others who remain here. [REDACTED] has learned to dress himself and tie his shoes and do simple tasks at the campus sheltered workshop. He still requires assistance for the two showers he takes each day to deal with incontinence, and for the lotion he needs at least once a day for treatment of his actinic keratosis. His language is limited to about two words at a time, mostly to ask for black or white thread that he can roll into a ball and unroll into another ball. His official current diagnosis is autism and generalized anxiety disorder. The trained, experienced staff at [REDACTED] treats [REDACTED] with respect and even likes him, in spite of his resistiveness and other quirks.

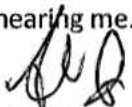
Now, here we are 50 years later and the edict is to send [REDACTED] back to the environment in which he couldn't and cannot function successfully. If placed out in the larger community, [REDACTED] would probably end up in a locked facility and/or drugged to control his behavior. He would probably end up incarcerated for taking things that don't belong to him, which he is known to do, or for making loud noises or gestures that could be interpreted as aggressive by people who don't know [REDACTED].

Our family believes that Sonoma Developmental Center is the least restrictive environment for [REDACTED] and others as witnessed by repeated semi-annual judicial hearings held right here at SDC. We ask that the Department of Developmental Services and the California Legislature reverse its decision to close SDC or at the minimum find creative ways to keep the remaining residents at home, here at SDC.

For the residents who are at SDC now, THIS IS THEIR COMMUNITY.

Thank you for hearing me.

George [REDACTED]



[REDACTED]

August 21, 2015

Department of Developmental Services  
Developmental Centers Division  
Attention: Cindy Coppage  
1600 – 9<sup>th</sup> Street, WS 3-17  
Sacramento, CA 95814

Dear Ms. Coppage:

I am writing to request the following considerations related to closure of Sonoma Developmental Center. I am actively involved in the Parent Hospital Association and serve as President of the SDC [REDACTED] Group. Additionally, I am [REDACTED] of [REDACTED] who has been a resident of Sonoma Developmental Center for the past 50 years. SDC is what he knows as his home, where he receives his regularly administered medical services, and the site where highly trained professionals care for him in a humane manner. **I am requesting that SDC not be closed as an institution for developmentally disabled individuals but that alternatives for closure of the institution be explored and that developmentally disabled individuals can continue to live in a least restricted environment, receive medically related services, and be granted the training services currently being provided to clients.**

[REDACTED] has for all of his years of residence at SDC received needed daily medical attention from a registered nurse. His medical physician attends to his cancerous facial and scalp conditions on a nearly daily basis. When an unfamiliar medical or staff person attends to [REDACTED] special needs, he becomes highly agitated, growls at them in what is perceived as vicious behavior, has been known to physically strike those individuals, and in brief, completely resist their attempts to examine or help him. Typically, whenever [REDACTED] is to be examined by someone a physician or other professional, he is sedated the evening prior to the examination. That procedure occurs with all medical and dental examinations. Fortunately, [REDACTED] medical physician, Dr. [REDACTED] has developed a positive and productive relationship with [REDACTED]

[REDACTED] is intellectually disabled and has an IQ approximating 25. He is physically able to walk unassisted, very much enjoys leaving his [REDACTED] to wanders unassisted throughout the SDC campus, observes baseball and other events at the ballfield, and walks around the campus investigating whatever is of interest to him. He has been known to enter into sites where he should not be, search for thread or string which he rolls into a perfectly shaped ball, and to plug lavatory and sewer drains causing water to back-up the drainage system. When taken to McDonalds or Rite Aide, he typically hovers over the cash register in hopes of acquiring register tape, which in addition to string and thread, are among his passions.

If [REDACTED] were transferred from SDC to a community residence, he would need to be highly restricted to remaining inside of a house, denied freedom to roam throughout the neighborhood, and physically controlled to avoid damaging property and being investigated by local police. It is the opinion of [REDACTED] family members that his living in community placement would definitely be a denial of his civil rights to live in a least restrictive environment.

Sincerely,

*Richard [REDACTED]*  
[REDACTED]



From: [REDACTED]  
To: [Sonomaclosure@dds.ca.gov](mailto:Sonomaclosure@dds.ca.gov)  
Subject: SDC Closure Plan

---

Dear Calif. Dept .of Developmental Services & State Federal leaders:

I have read & re-read the draft SDC Closure Plan and am shocked by what is NOT SAID. For example, the Golden Gate Regional Center section on planned residential & other community services is BLANK. What does this mean for our profoundly disabled [REDACTED] who has resided at SDC for more than 50 years & who will be 68 yrs old in November??? From the Closure Plan, we understand that there are 104 SDC residents ([REDACTED] is one of them) to be served by Golden Gate Regional Center. How can this Closure Plan be presented with such a large omission???

As a family, we have never even met the Golden Gate Regional Center social worker assigned to [REDACTED]. At IPP's, she has been an occasional voice on a cell phone set to "speaker" in the middle of the conference table surrounded by SDC staff & family.

Please take more time to consider ways to truly transform SDC & to preserve life-saving care for [REDACTED] and the other fragile people at SDC (& in the community who may need more services than are available in community settings). One size does not fit all people w/disabilities.

We oppose the SDC Closure Plan.

Sincerely,  
Arlene [REDACTED]  
[REDACTED]

**From:** [Marita Janiga](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Sonoma Development Center Closure  
**Date:** Saturday, August 29, 2015 8:07:46 AM

---

I would like to ask you to please reconsider the closure Sonoma Developmental Center (SDC) as well as the other two remaining Developmental Centers in southern California. SDC has served Californian's for over 125 years after land was donated to the state for the express purpose of creating a specialized community in a natural setting for the developmentally disabled residents of northern California. In May 2015, the governor submitted, and the legislature approved, a budget item funding a closure plan and related activities for the three remaining state centers. The Governor indicated that the closure of SDC is to occur by 2018 with the other two centers in southern California to close by 2021. There are not a sufficient number of community group home to absorb the approximate 400 residents remaining at Sonoma Developmental Center and this timeline is does not take into account that today there are not enough resources and community placement options and day programs to serve these severely disabled residents anywhere in northern California. The state does not have in place community-based medical, dental, nor mental health providers nor day programs to service these residents. It takes very specialized doctors and dentists, nurses, and highly skilled care providers to keep our family members healthy. People will be losing their home of 25-60 years should Sonoma close and the trauma of displacement is expected to overwhelm many. This will be devastating to them and mortality projections are extremely high for the medically fragile and medically compromised residents post-transfer to community group/board and care type homes. Once these three remaining centers are closed, California will no longer have any developmental centers except a small, fenced facility in southern California for individuals with developmentally disabilities who are in the criminal justice system.

If SDC as it exists today is to close, I request that facilities be maintained there to provide the following: 1) wheelchair and gurney specialized adaptations along with the adaptive footwear shop; 2) a regional dental clinic for the former residents and other persons with developmental disabilities (it is extremely difficult finding dentists who will work with SDC residents due to the level of disability and medical needs--there is a 2-year waiting list for dental care at UOP in San Francisco which is the Golden Gate Regional Center provider for routine and emergency dental care for community-based resident); 3) maintain the existing medical clinic and acute care unit with its doctors whose speciality it is to work with developmentally disabled as a regional medical center for the developmentally disabled; 4) the state concurrently explore new models of service delivery including the development of clustered group homes on the 900 plus acres of Sonoma Developmental Center including co-located group homes operated cooperatively by bay area and northern California Regional Centers. This land was given to the State of California in the early 1890's as a natural preserve and care center for the developmentally disabled and it should remain so and not sold or given to the highest bidder whether that be a developer, private or community college, or vineyard operator.

Thank you for your attention and your consideration.

Marita Janiga  




**From:** Diana [REDACTED]  
**To:** DDS HQ Sonoma Closure: Rogers, Santi@DDS; Wall, Amy@DDS; Kent, Kristopher@CHHS  
**Subject:** Regarding Sonoma Developmental Center Transformation  
**Date:** Thursday, August 27, 2015 8:40:02 AM

---

Diana [REDACTED]  
[REDACTED]  
[REDACTED]

From [REDACTED]

[REDACTED], age 55, has lived at SDC for 27 years. He is intelligent but low functioning due to his severe autism, is mostly non-verbal, lacks safety awareness, and presents a very challenging combination of behavior issues and renal failure requiring dialysis and related care. [REDACTED] health is a carefully monitored balancing act due to his renal failure, his inability to say how he feels or if he hurts, his lifelong focus on eating combined with his need for a strict renal diet, and his behavior issues, of compulsive behavior, aggression and self injury. Despite all this, he has lived for 10 years on dialysis in a precarious but relatively good state of health due to the expertise and outstanding efforts of: his SDC physician (who sees him 5 days a week), psychologist, dietician and nurse, all of whom he has frequent or daily, contact with and, when needed, quick access to; the psych. techs., known and accepted by him, who take him to dialysis 3 times a week, providing constant, calming 1:1 care throughout the whole process to enable him to get this lifesaving treatment; the psych tech and pta staff who are trained, caring and have low turnover so that they know him well, some for many years, are trusted by him and can work effectively with him in looking out for medical needs and helping with behavioral needs. All of this is necessary for his health - and survival - but also to give him the comfort of feeling safe, respected, cared for and helped. There is no question that this is his informed choice: he has the experience of 4 placements in the community, but he clearly shows his desire to stay at SDC and with these people.

[REDACTED] needs a Transformed Sonoma Developmental Center, but so do many others - the other SDC residents and growing number of former residents plus those living throughout northern California who have developmental disabilities - all need access to SDC's specialized resources to continue their care or to fill the unserved gaps in community services.

**What is needed is a transformed, not closed, SDC facility that provides:**

Some 4 bed residential housing for those who, like [REDACTED], can not have their needs met in the community.

A crisis center, probably expanded from its proposed size

A medical center and clinic where SDC clients in transition or already transitioned to the community, those who are in the SDC crisis center or 4 bed homes, and those in the community with d.d. who are not from SDC but are underserved in the community, all can get health care and coordination, provided by physician, psychologist, psychiatrist, dietitian and other personnel as need dictates, each experienced in working with d.d. clients.

A dental center to cover the very special needs, unmet outside the D.C., of people like [REDACTED] to get his dental care

An adaptive/custom equipment center to continue to provide and repair the one-of-a-kind seating, footwear, wheelchair modifications etc. - and the arm support they made that allows [REDACTED] to get lifesaving dialysis. No one outside of the SDC provides this service.

Assistance available to community facilities which need it, or to their clients in case of sudden closure, as has happened before.

Protection and use of the the essential resources of Sonoma Developmental Center :

Continuation of the use of its highly trained, experienced and caring psych tech. staff, who have sufficient professionalism and pay to make taking care of SDC clients, whether in or transitioned out of the facility, a career, not a a brief job on the way to something better.

The years of expertise accumulated there must not be lost to those with d.d.

SDC's beautiful, safe and least restrictive setting for its d.d.clients, allowing them to move about outside safely and without community pressure. This is where the services should be located.

All of these services and resources are needed and must not be lost - there will be no way to get them back!

We strongly feel that they all belong in the SDC Plan and in a Transformed SDC.

## Essential Elements of a Plan for Closure of Sonoma Developmental Center

In the plan for closure of Sonoma Developmental Center (SDC) completed by the Department of Developmental Services (DDS), there should be certain elements included. These elements have been used in plans for closure in other states where there has been a directed effort to reduce reliance on institutional facilities and to provide for the variety of needs that are created by not having them.

First, the plan should include provisions for services to individuals who have been deflected to inappropriate living situations because there has been a multi-year "moratorium" on admissions to SDC. These individuals would include minimally the individuals registered with the eight Northern California Regional Centers who would have normally referred clients to SDC who:

1. Currently reside in jail.
2. Currently reside in an acute psychiatric facility or being held on a 5150.
3. Have been held on a 5150 in an acute psychiatric facility more than three (3) times in the last year.
4. Have been recommended to be demitted from their current home due to behavioral issues.
5. Is living in temporary housing such as a homeless shelter, hotel, or other such arrangement,
6. Are determined to be at significant risk of harm to self or others in their current home with the level of care and support currently provided.

Second, the plan should include personally required services currently provided at SDC and not readily available in the community living arrangements in the eight Northern California

4. Any significant injury received by the individual during a behavioral episode
5. A mortality review of all deaths.

Fourth, the plan should include the availability of emergency services and other necessary medical and health services on the SDC site, including

1. Behavioral/psychiatric emergency and crisis services, overseen by a licensed psychologist or physician with 2 years of experience working with individuals with Intellectual and Developmental Disabilities available within 2 - 72 hours
2. A facility that can provide longer term behavioral treatment from which they cannot be expelled or demitted
3. Enhanced behavioral homes with delayed egress

With these elements included in the plan for a closure of SDC, there is at least an plan to provide for the care and support necessary to maintain, assess, review, intervene when necessary and assure the ongoing success of the individual, especially those with complex behavioral and dual diagnosis needs.

*I support the enclosed plans  
as part of the closure agreement*

*David A. Wilson*

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Not a question...a thought  
**Date:** Thursday, July 16, 2015 2:55:03 PM

---

Hi There,

A permanent and enduring training/clinic resources for the Intellectually Disabled(ID) community will be needed as California shifts to private homes and community day centers... consider a centralized educational training/clinics/health services for Regional Centers and the community partners providing services.

Many SDC employees are experienced, well trained and talented. We will need some highly trained unique employee skills to meet the needs of individuals with intellectual disabilities (ID). Consider a localized *training site/clinics* for doctors, dental, dietary, staff workers, friends and community partners that will be part of the specialized circle of support.

Thank you,

Diane Kane  
Special Education Teacher  
Central Program Services  
[REDACTED]

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Draft 2018 SDC Closure Plan  
**Date:** Wednesday, September 23, 2015 1:29:41 AM

---

The draft 2018 closure plan issued for Sonoma Developmental Center represents an ill-considered process that, by design, does not take into account the specific needs of the many medically fragile and profoundly developmentally disabled individuals like [REDACTED] who have lived and thrived there for decades. Instead of a plan that outlines the many types of care that SDC residents receive now and provides specifics on how these many specialized needs will be met in community care settings—including what the costs might be and how they are to be funded—there are some vague promises, a set of elaborate justifications for abandoning our most vulnerable Californians couched in legalese, and statements designed to create false hopes, if not outright lies.

The plan for transforming SDC should present a concrete model of care that is equal to or better than what [REDACTED] has now, not just tell us that there are a few "care homes" in development somewhere in the state that just might be ready someday soon and just might be adequate for him. It needs to show us that there is truly another place where a medically fragile developmentally disabled person like [REDACTED], who has a 50-page IPP and needs 24/7 medical and nursing care, can survive and thrive—not just that we will have the dubious right to struggle through a bureaucratic regional center process in which we try to cobble together the many specialized services that he needs as long as the vendors are available and the price is right. These are just two of the many points in the plan that make the state seem frighteningly eager to carry out a deadly social experiment in abandonment and resource scarcity that will use [REDACTED] and his peers at SDC as guinea pigs.

One of the most clear-thinking and informative parts of the plan was the statement from the North Bay Regional Center, which gave details from their experience with transitioning clients into the community and pointed out in no uncertain terms that the 2018 deadline for closure is way too soon and completely unrealistic for the clients now at SDC. Our family strongly urges the department to take the time needed to do things right and insist that the 2018 deadline be changed.

We also strongly support all points of the PHA Position on the SDC Closure Plan. All services need to be in place prior to moving residents out of SDC, with a moratorium on transfers until there is conclusive evidence that equal or better services are available for them outside of SDC, including day program, medical/dental services, durable medical equipment provider/repair, crisis management, access to religious services, and access to daily open space/parklike setting. The plan also needs to include provisions for a permanent health clinic to be located on the SDC site utilizing the expertise of providers experienced with the SDC population. We further urge that the plan include provisions for a skilled nursing facility and group homes for clients needing 24/7 medical and nursing care to be built near enough to the permanent health clinic for the clients to receive ongoing care from providers there, rather than from random community physicians who may or may not have experience in treating the profoundly developmentally disabled.

For many years, DDS has been responsible for the operation of the facility that has taken good care of [REDACTED] and given him the opportunity to live the best life he can. Please don't abandon him and others like him to the vagaries of the current draft SDC closure plan—California can and must do better!

Sincerely,

Iris [REDACTED]  
Jack [REDACTED]  
Aurora [REDACTED]  
Joe [REDACTED]  
Rebecca [REDACTED]  
Chris [REDACTED]  
Anita [REDACTED]

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Martinez/Written comment/SDC Closure Hearing July 18  
**Date:** Friday, July 17, 2015 10:23:52 PM

---

Dear Department of Developmental Services,

Our family would like to protest the move to close Sonoma Developmental Center in the strongest possible terms.

Our loved one, [REDACTED], is safe, well cared for, happy, and thriving as part of the Sonoma Developmental Center community—and has been for more than 50 years. The Sonoma campus is his familiar home that he recognizes and pines for when he is away. The people of Sonoma—his friends and other clients, the staff, the citizen-volunteers, and the other townspeople—they are his community. [REDACTED] will not be safe, well cared for, happy, or thrive in an isolated board and care environment in a strange place with strange caregivers that the state considers to be "part of the community" just because it happens to be located a few miles closer to our Bay Area homes.

Over these 50 years, we have visited [REDACTED] at SDC hundreds of times—many of them random "drop-in" visits—and have always been impressed not only by the high quality of physical care he receives, but by the love, commitment, and empathy we've seen in every interaction [REDACTED] has with the caregivers, technicians, nurses, physicians, therapists, medical equipment providers, and everyone else involved with his care. Over and over we have seen that Sonoma Developmental Center is a special place, a community of caring that is unique—and we thank God that such a place exists for him.

Every two years, we go to court and the judge considers [REDACTED] placement. In January of this year, the judge ruled again that Sonoma Developmental Center is the least restrictive environment that meets his needs. This means that there is NO other place in California that is appropriate for him and others like him.

The 1990s move to community placement and forced relocations was a death sentence for many developmentally disabled Californians who were less profoundly disabled than [REDACTED] and had fewer medical problems. A 2005 study that analyzed these deaths, concluded that *"given the higher mortality rates outside institutions, it might be asked why deinstitutionalization was considered, implemented, and continues to this day."*

The cost estimates we have seen in the Senate reports also clearly show that the state will not realize any cost savings by moving people who need the level of care [REDACTED] needs out of the developmental centers.

So, why does the state want to destroy the special community of caring that exists at Sonoma and forcibly relocate profoundly developmentally disabled Californians like [REDACTED]?

Why does California want to follow the lead of states like Ohio or Georgia, where in just one year 500 developmentally disabled men, women, boys, and girls died after being relocated from state facilities to community care?

We feel strongly that SDC and Fairview should be kept open to serve the profoundly developmentally disabled population for which no other appropriate places exist that can safely and adequately meet their needs in the least restrictive environment.

With the developmental centers in place, California could begin a careful and considered process of leading the way in evolving a 21st-century service model for the profoundly developmentally disabled that will: 1) provide them with a community of caring in which they can thrive and live as full and meaningful a life as possible, like [REDACTED] does now in the SDC community; 2) provide all the needed physical, medical, dental, psychiatric, and optical care, along with durable medical equipment and

educational/recreational opportunities as described in the Essential Elements submitted by the SDC Parent Hospital Association; and 3) even more importantly, provide a way to ensure continuity of care.

A way to ensure continuity of care is something that is sorely lacking from the community care model now used in California, in which clients live in privately owned facilities and receive services from vendors that are paid with state funds. This model is nothing less than a recipe for suffering and death for the profoundly developmentally disabled. They are medically fragile, nonverbal, and cannot communicate their needs to a stranger—or advocate for themselves in any way. For this population to be safely served by any kind of public/private partnership in the future, the state must have an ongoing role in facilities operation and provide more than just token oversight. This is the only way to ensure that people like [REDACTED] are never just left out on a lawn somewhere when a privately owned community care facility suddenly goes out of business (as happened to another SDC family with a daughter outplaced to Laurel Hills), or suffer injury and death because unfamiliar, poorly-trained caregivers fail to check on them at the 15-minute intervals prescribed in their IPP, fail to properly prepare a medically-necessary soft diet, fail to provide postural supports that prevent choking, fail to recognize an impending seizure and call in the doctor, or any other of the other dozens of things that the amazing staff members at Sonoma Developmental Center staff now do with care and compassion.

Please stop the mad rush to close Sonoma Developmental Center now. Don't abandon our most vulnerable Californians to suffering and death in a strange place away from the community they know and love. If California as a state still wants to evolve a public/private partnership to care for the profoundly developmentally disabled, for the sake of [REDACTED] and those like him who cannot speak for themselves, let's take the time needed to do it properly, with the compassion, innovation, and visionary leadership that our state is known for around the world.

Sincerely yours,

Iris [REDACTED]  
Jack [REDACTED]  
Aurora [REDACTED]  
Joe [REDACTED]  
Rebecca [REDACTED]  
Chris [REDACTED]



September 1, 2015

RE: [REDACTED]  
Sonoma Developmental Center Closure

To Whom it May Concern:

For 56 years, [REDACTED], has called Sonoma Developmental Center her home. Although she is severely handicapped with epilepsy, cerebral palsy, and mental retardation, she enjoys her offsite daily routine, which she calls "work". Over the past 56 years, even though she has been confined to a wheelchair, most of that time, she had the opportunity to travel by SDC bus to offsite work opportunities with companies such as Schwinn, Bic, and Hewlett Packard. Through these opportunities she earned recognition as Employee of the Month and was quite proud of her plaque. These opportunities would not have been available if it wasn't for the staff of SDC, who traveled with her to make this possible. Not only did the staff make working possible for [REDACTED], but with the small amount of money she made, they would take her to the local SDC store so she could go shopping and spend the money that she earned and was so proud of.

The SDC facilities and staff are [REDACTED] home and family. They have made it possible for [REDACTED] to experience places and things that would be challenging if not impossible, to say the least, in any other type of home. Outings to McDonalds, Marine World, the snow, the Fair, and even overnights to Special Olympics would be few and far between, if at all. Approximately 15 years ago, [REDACTED] had cataract surgery. Someone was with her 24/7 after her the surgery to insure she did not touch or rub the eye while it was healing. Where else, besides SDC, would any of this be possible?

Although, [REDACTED] cannot communicate like a normal person, cannot protest, or go on strike, she deserves, at least, the same opportunities for care and welfare as the prisoners in our prison system who continually demand more and more civil rights and get them. From hip replacement, knee replacements, better facilities, and better living conditions, the state spends an unbelievable amount of money on these people who deserve little or nothing, but merely sweep our loved ones under the rug because they cannot be the squeaky wheel. The residents of SDC have done nothing to harm the community, they merely do not belong in the community as a matter of their own safety. They deserve the care and safety, that SDC has been giving them, to continue as status quo. Does SDC need the 800 acres that they currently reside on, I don't think so. But, as I understand it, this 800 acres was donated to the state for the sole purpose of opening and maintaining a facility for mentally challenged individuals. Is the state of California treating the SDC residents like the Indians were treated, taking their land and sticking them somewhere else so the government can prosper at their expense?

The SDC facilities can survive on a much smaller scale, but that smaller facility should be equipped with state of the art equipment as compensation for allowing the state to utilize the majority portion of the land. The residents of SDC deserve the best, need to remain in their current family environment and should be treated as normal upstanding citizens.

Thank you for your time.

Janice [REDACTED]

**From:** [Suzanne \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Cc:** [Senator.McGuire@senate.ca.gov](mailto:Senator.McGuire@senate.ca.gov)  
**Subject:** Closure of Sonoma Developmental Center  
**Date:** Tuesday, September 01, 2015 10:33:01 AM

---

Hello,

I am directing this e-mail to you to oppose the planned closure of the Sonoma Developmental Center, along with the other developmental centers located in Southern California. These facilities house some of our state's most vulnerable citizens. Developmental Center clients have resided in a secure home, with appropriate services necessary in order to meet their high level of medical and mental health needs. Residents are involved in a variety of programming intended to meet their diverse needs, programming which is not well replicated in a community based setting. Many of the residents do not have family members who are able to provide for them, as they require significant medical, dental and psychological treatment that is beyond the means of most of us. Developmental centers not only provide clients with a home, but also with a sense of safety and security. If that resource is swept away, and if the residents are abruptly transitioned into community based care not specifically designed to meet their complex needs, they are doomed to fail. One need only look at the ill advised closure of California's mental health facilities in the last century to see what the fallout might produce - individuals who are not criminally oriented may act out in a fashion not acceptable within the community, only to end up in our criminal justice system. If that occurs, we have failed a very vulnerable population.

The residents of our developmental centers are not able to advocate for themselves. They deserve a stable and safe quality of life. Both the residents and their families have put their trust in the State of California to provide for appropriate care. To unceremoniously dump them back in the community is a travesty. We owe the residents, and their families, a more humane approach.

Thank you for taking the time to read this letter.

Suzanne [REDACTED]

24 August 2015

Mary [REDACTED]  
[REDACTED]  
[REDACTED] [REDACTED]

Santi J. Rogers  
Director, Department of Developmental Services  
c/o Cindy Coppage  
California Department of Developmental Services  
Developmental Services Division  
1600 9th Street, Room 340, MS 3-17  
Sacramento, CA 95814

Re: Closure of Sonoma Developmental Center

Dear Mr. Rogers,

I am writing to personally request your assistance with regard to the planned closure of the Sonoma Developmental Center (SDC) in 2018.

I am [REDACTED] and conservator of [REDACTED] who has resided at SDC for almost 60 years. Given that [REDACTED] is now 67 years of age, SDC has been her home for the majority of her life. [REDACTED] is intellectually disabled and enjoys a safe living environment at SDC that provides, in addition to her basic needs of food, clothing and shelter, a family environment comprised of roommates and peers, attentive, professionally trained and concerned staff, the opportunity attend an offsite day program 5 days/week, the freedom to be out of doors in her leisure hours and the opportunity to attend many social events both on the SDC campus and in the local Sonoma community. She is currently thriving in this environment.

Our family has been well aware of the State of California's plans to eventually close all of the Developmental Centers and place the current residents in community homes. We have been preparing for this reality but were very surprised by the recent decision to accelerate the closure of SDC to 2018.

We have some serious concerns about the closure based upon information received at recent meetings conducted at SDC and at the Golden Gate Regional Center.

The Golden Gate Regional Center seems to be understaffed and underfunded to achieve the aggressive timeline for SDC. GGRC has approximately 110 SDC clients to place, some of whom have very specific medical and/or behavioral needs. [REDACTED] is one of their assigned clients.

**Our major concerns are as follows:**

1. **Lack of Professional Support Resources** - I have been attending the recent meetings hosted by GGRC and am hearing that there is a lack of medical, dental, psychiatric and other critical professional resources available to support the additional clients that will be placed in the community. There are currently appropriate resources supporting previously community placed GGRC clients in San Mateo County but the number of these professional resources is insufficient to support the current SDC clients that will be placed in the community. Additionally, there does not appear to be any current efforts to cultivate similar professional resource relationships in counties outside of San Mateo such as San Francisco and Marin Counties where residents would benefit

from a placement that is closer to family members and/or conservators. Surely, the San Mateo model could be replicated elsewhere. This is a significant concern that must be addressed.

- 2. Insufficient Capacity in Current Community Placement Homes** - In order to place the current SDC population in the community, additional group homes will be needed. As new homes are developed to add capacity, they should be developed in geographic areas that are easily accessible to family and conservators to facilitate the ease of regular visits. Consideration should be given to placing new homes within close proximity to each other in order to leverage the resources needed to sustain the SDC clients (medical, dental, psychiatric, day programs) and to take advantage of opportunities to attend local social events. Consideration should be given to developing small clusters of homes on the current SDC campus in order to take advantage of the many resources that are currently available in this location.
- 3. Funding** - During meetings with GGRC attendees are being told that there is a general lack of funding to support the development of appropriate housing and professional resources needed to successfully complete the closure of SDC. This is a very serious issue. Clearly the closure of the various Developmental Centers will save the State of California a great deal of money in the long term. However, a sufficient amount of one-time start up funding is needed to develop the resources needed to successfully transition the Developmental Center residents into the community. The \$49M currently committed is not sufficient and your assistance is needed to appropriate the additional funding needed.
- 4. Loss of Needed Skills and Expertise** - There is currently a great deal of critical knowledge, skills and experience within the SDC staff community that significantly contributes to the well being of the SDC residents. It ranges from the ability to easily convene a multidisciplinary team to address a medical or behavioral client concern, the ability to modify shoes and clothing to meet specific client needs and/or the ability to provide, modify and/or repair durable medical equipment that allows clients to be mobile and comfortable. This skill level is enhanced by years of history and experience in dealing with the SDC clients and it is difficult to translate this level of knowledge to community resources. The preservation of these skills and knowledge transfer must be incorporated into the closure plan and the retention of a hub of professionals that can help service the clients placed in the community should be seriously considered.

I sincerely hope that you will take some time to read this letter, consider the needs of the SDC residents as if they were members of your own family and help us by providing the necessary funds, resources, and time that are needed to make the closure of SDC a success for the clients who currently reside there.

These individuals are unable to advocate for themselves. They are fragile individuals who have relied on their loved ones and the State of California to protect their right to live in a safe environment that enables each of them to live their lives as fully as possible.

They still rely on us to provide them with these same basic rights as we transition them to community placement or other residential arrangements. I sincerely hope that we can count on your support.

Warm regards,

Mary [REDACTED]

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#); [REDACTED]  
**Subject:** Sonoma Development Center Closure  
**Date:** Saturday, July 18, 2015 11:15:23 PM

---

Dear CA Dept. Of Disability Services,

My husband and I are writing on behalf of [REDACTED], a 53-year resident of Sonoma Developmental Center. The closure of this center would mean the end of a critical resource in California that will never be replaced. PLEASE DO NOT CLOSE THIS CENTER for critically developmentally disabled adults. If there was any better care for the remaining population, these individuals would already be placed in them. In reality, community group homes are staffed and licensed as small businesses that are frequently understaffed, and when staffed, staff are often underqualified, underpaid and undersupervised. There will always a group of individuals who are not well suited to a community setting. Moving this vulnerable group, so that the state can close this facility is inhumane and ill-advised

Please expand this facility to serve the many tragic stories of exceptionally needy individuals whose well-being and that of their families rely on this care.

Russ Kusama  
Suanne Klahorst  
[REDACTED]

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Planned SDC closure  
**Date:** Friday, July 17, 2015 4:02:20 PM

---

I will not be able to attend the important 7/18/15 meeting concerning the future of the Sonoma Development Center, and so am using this email to share my comments.

Though I live on the Petaluma side of the Sonoma Mountain, I and many others share with Sonoma Valley residents concern for the future of the residents of the Sonoma Development Center, the facility itself, and the landscape surrounding it.

Of course primary concern is for the residents, now mostly those most in need of specialized care. The State has not in the past proven its ability to provide appropriate alternatives sufficient to serve and care for them in community facilities. Also to be considered are those trained to provided these specialized and necessary services. They need use of the SDC facility to provide on site residential services as needed and a specialized center for meeting the occasional needs of outside patients.

Further, consideration must be given to the surrounding developed and undeveloped acreage which also deserves protection and needed services, It too has a trained staff of personnel to provide that protection and care when the land can be transferred to the environmental agencies for which Sonoma County taxpayers have set such a precedent of care and funding.

Lucy [REDACTED]  
[REDACTED]  
[REDACTED]

**From:** [Anthony \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Cc:** [REDACTED]  
**Subject:** A written comment by a conservator of a resident of Sonoma Development Center  
**Date:** Monday, August 03, 2015 12:28:45 PM

---

August 3, 2015

Dear People,

My name is Anthony [REDACTED], and [REDACTED] name is [REDACTED]. He has been a resident of Sonoma Developmental Center all of his adult life. What I would really like for him would be for Sonoma Developmental Center to stay open, but I realize that may not be the case. This is what I feel is needed to replace SDC.

1. A facility, preferably on Sonoma Developmental Center land, that can be used as a placement of last resort when a behavioral client like [REDACTED] is not successful in the traditional board and care type homes.
2. The retention of skilled medical, dental, and other specialties that currently exist at SDC. This could be done at SDC in a facility created for this purpose.
3. We need a new model of home for behavioral clients like [REDACTED]. Currently the only model I know of is the board & care homes.

My third point is most important at SDC [REDACTED] has community. He has a staff who is familiar with his needs and know how to bring a smile to his face. His behaviors such as eating everything in site has been controlled plus the staff has helped to control his inappropriate sexual peeking. In a community setting I'm worried [REDACTED] could end up getting himself in trouble. [REDACTED] would need to be with someone outside the facility to keep him from being hit by a car.

Finally, any model outside SDC must have the oversight and licensing to prevent abuse, neglect and death in the community, or to allow a resident to wind up in jail. When something like this happens at a developmental center its all over the media, but in a community setting there is little scrutiny of the "home and its staff."

Sincerely,

Anthony [REDACTED]

**From:** Philip [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Comments on SDC closure  
**Date:** Tuesday, September 01, 2015 5:53:40 PM

---

Hi,

My only comments are this:

1. It's a big mistake. What's taken away as a resource for developmental center clients cannot be easily replaced.
2. The land needs to be retained with resources centered there to serve all developmentally disabled clients. This should include all the recommendations from the 2014 "Plan for the Future of Developmental Centers in California." This Plan was created by the California Health and Human Services Agency based on the deliberations of a statewide representative task force.

Sincerely,

Philip [REDACTED]  
Conserv [REDACTED]



**From:** Robin [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** My comments on the closure of the SDC  
**Date:** Saturday, July 18, 2015 3:16:20 PM

---

While I understand and applaud Governor Brown's efforts to balance the California state budget, I do not support the early closure of the SDC. Our community is working very diligently to assure a smooth transition for this amazing facility. First, rather than having it fall prey to developers, the Sonoma Land Trust is working to transition the property into a park, a possible Sonoma valley site for a satellite community college facility, as well as maintaining a facility for the remaining developmentally disabled current residents. I believe it would be cruel to move them at this time. Their families do not believe they would get adequate care anywhere else in the same vicinity - and of course they need to be close to their families and need continuity of trusted caregivers. Attached is an article explaining this better than I can.

<https://transformsdc.files.wordpress.com/2015/06/sdc-fact-sheet-final-5-26-15.pdf>

Please allow the facility the time to complete this transition. And please recall how the community rallied behind the projected closure of Jack London State Park to successfully find a way to keep it open and to improve it in the process. Please give us the chance to do, the same with the SDC.

Respectfully,  
Robin [REDACTED]  
[REDACTED]

**From:** [Judy \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Cc:** [Denise Barber](#)  
**Subject:** Sonoma closure  
**Date:** Wednesday, August 12, 2015 12:15:03 PM

---

I am a parent of a former SDC resident, I am very concerned about the possibility that there will not be appropriate placement for the remaining medically fragile clients at SDC. It is also incredibly important that these clients continue to receive full care and services until an appropriate community placement is found. At this point a facility proposed by North Bay Regional Center is only on the drawing board. How long will this process take? Also of concern is the need for creating a center on the SDC site to provide the many services these clients depend on as residents. These services need to remain available to them as outpatient facilities when they move to appropriate residential placements. The highly trained state medical staff of MDs, RNs, PTs, OTs, etc. as well as specialized programs and customized equipment need to be maintained and accessible to former clients after relocation occurs. These staff members can work closely with community providers less familiar with the complex medical issues SDC individuals present. There is much to be done to provide for these clients. I implore you to see that these issues are addressed and completed in a timely manner.

Judy [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

31 August, 2015

TO: Governor Jerry Brown &  
California Department of Developmental Services

RE: Sonoma Developmental Center (SDC) Closure

Our names are Steven and Shannon Lee. We are adjacent landowners to the SDC property where we live, farm, raise our children and care for aging parents on the same property I (Steven) grew up on. Probably more than any other Glen Ellen residents or neighbors, our family will be affected by the SDC's transition, whatever its ultimate fate. This is because, among the few privately owned, non-conservation easement parcels in immediate proximity, ours is the only property that juts out into the largely creek-to-creek (Asbury Ck to Mill Ck) SDC lands. Thus, as we are right in the middle of the open space and wildlife corridor and border the SDC property on two sides, beyond potential subdivision and development, any future land use decisions regarding the open space, including increased public access, will likely have negative influences on us. Even today, the lack of active fire protection measures in the open space areas and reversion of many fire roads to single track horse and hiker trails has placed our property at increased risk of wild fires. And as the rules restricting public access to the SDC lands have been relaxed, we have seen a huge increase in hikers, horseback riders and mountain bikers along our fence lines and encroaching onto our private property. In fact, ever since the upper SDC lands were transferred to the Jack London State Park, we have had a very high number of lost hikers show up at our fence and front door looking for directions, water and a ride back to the Park entrance as ours is the first property these people come to as they get lost further and further down hill. While we strongly support the maintenance of the land as open space, compared to potential subdivision and development, we recognize that our privacy, security and quality of life will decrease regardless of the outcome of this transition.

The above points notwithstanding, our primary concern is the care and well being of the residents and employees of the SDC. Having grown up with these people as our neighbors our family is saddened to see such an important and benevolent institution falling to ruin through defunding and forced attrition. This place has changed the lives of generations of humans for the better, despite what the public might be led to believe through sensationalized media reports of a few bad apples, isolated events and past practices that seem troubling through the lenses of today's eyes. Through Steven's active involvement with the Glen Ellen Historical Society and his particular focus on the early history of the SDC and its infrastructure, we are keenly aware of why this institution was born in the first place: to give people with mental and physical challenges a chance to live as meaningful a life as possible in a nurturing environment surrounded by natural beauty and to allow those that could the opportunity to contribute to their own care and community by giving them small jobs, including the growing and harvesting of their own food and the upkeep of their facility. This is in sharp contrast to the current practices of locking them away in group homes removed from nature and any feeling of self worth.

Yes this facility is expensive. But you can't actively remove 90% of the population and then decry the cost-per-patient of the remaining residents. The true cost analysis to present to the taxpayers would include the cost of maintaining the population in disparate, for profit group homes, compared to the economies of scale afforded by centralized residency and care. We simply don't believe it is better for the residents or for the taxpayers to move all these people out into group homes. We can only imagine the atrocities that are occurring in these group homes by conforming coworkers away from collective eyes. There just haven't been any popularized investigations and exposés of this yet. Not to mention the fact that a huge percentage of former and/or prospective residents are now counted among the prison and/or homeless populations – both of which are much more costly to taxpayers and the collective morale of society than SDC ever was. We think it is crazy to be closing the SDC. Once you close a facility like this, you will never get it back! We think we should be putting more money into this facility and bringing the population back up to where it is cost effective. The parents, families and friends of these people certainly agree with this!

And SDC has been and is a hugely important employment center and driver of the local economy. There is already a shortage of middle class jobs in the Sonoma Valley. Nearly everyone Steven grew up with has had to move out of the area because there are neither the jobs nor affordable, middle class housing to enable them to stay here. The valley is becoming more and more bipolar: really wealthy people moving in from the City and elsewhere, and low income service workers. Even if some affordable housing is thrown into the mix, building more homes without providing more jobs is not sustainable. It puts even more strain on our roads, water and sewer systems and other public infrastructure, and at the same time fractures our community further.

We firmly believe we should be reinvesting in, not closing this venerable institution. However, if the forces-that-be get their way and do accomplish this shortsighted feat, then the transition needs to do three things: 1. maintain the well being of the existing and future resident populations, 2. maintain or increase the economic and societal output of this property, not through increased property tax roles, but through good jobs and the contribution those jobs make to the fabric and economy of our valley, county and state, and 3. maintain the protection of the existing open spaces/wildlife corridor areas. The open space is the easy part. There would be hell to pay in our valley if an attempt was made to subdivide and develop the open space areas. Water alone (or the lack thereof) is enough to stop development in its tracks. We do not fear this. It is what the Sonoma Land Trust and other preservation groups were created for. With respect to the remaining population of fragile residents: sure they could all be relocated. Most would die quickly (certainly cheaper that way!). But again, the best thing for them, and for us collectively, is to stay in one area where essential services could continue to be centralized.

The best solution we can come up with (besides reinvesting in the SDC!) for this largely self contained facility (it has its own water system, own steam generation and other infrastructure, own natural reserve areas, and existing pool of employees), is to keep it intact and convert it to a university campus. The University of California system is already impacted by too many students and not enough space and some are already agitating for another UC campus. UC Sonoma would save the State the money to acquire new land, allow many of the employees to maintain their jobs, and would become another

outstanding employment center for many more citizens of our valley, county and state. The University could have the care, treatment and study of the mentally challenged as one of its academic pillars and the existing population of too-difficult-to-relocate residents could remain onsite in a center reenvisioned just for them. If you want to have group homes, fine, but do it onsite in proximity to a center of essential services and under the watchful eyes of a larger community. And with its strong roots in the history of the institution, sustainable agriculture could be a second academic pillar of the University including the rejuvenation of the farm areas and beyond. While many of the existing buildings are decrepit, there are more than enough structures, including the current administration building, to sustain a developing college campus until larger scale rebuilding projects could begin. The conversion of the Camarillo State Hospital to Cal State Channel Islands provides a direct model for how this could work. The restoration of the original brick administration building as well as other historical structures would be part of this new campus. Most UC campuses have their own UC natural reserves associated with them; the open space/wildlife corridor is ideally suited for this. Of course, there would be some negative consequences of having a university in our valley, especially to direct neighbors such as ourselves. But we believe this model would be the best approach overall to satisfy the three objectives outlined above. Other than reinvesting in the SDC of course...

Sincerely,

Steven and Shannon Lee



**From:** [REDACTED]  
**Sent:** Friday, July 03, 2015 5:55 PM  
**To:** Faria, Karen@DDS  
**Subject:** RE: Weekly Transformation Update of SDC

I was looking at the new website from the link attached in the email below. Specifically at Programs and Services (tab on left side menu), CPS. I couldn't find anything about therapeutic recreation, music therapy, or dance/movement therapy services. There is a list of locations in the very last paragraph. Feel free to correct me, but as understand it locations don't provide services, people do. We (the RTs) provide services and training regardless of location. And I think we do a darn fine job.

I don't expect much (or anything really) to change on the website as a result of my bringing it to your attention. However I would like it, if possible, to be made clear to the stakeholders involved during all these upcoming meetings that our residents benefit from those listed locations (the "on grounds" locations that they won't find easily accessible elsewhere) as well as the people who provide therapeutic recreation, music therapy, and dance/movement therapy services that enhance the residents' quality of life here. Perhaps when our residents move to new homes they may still want to come here for those quality of life services and locations.

Thanks for listening,

**Dana Grantham, CTRS**  
[REDACTED]

---

**From:** Faria, Karen@DDS  
**Sent:** Friday, July 03, 2015 05:16 PM  
**To:** SDC  
**Subject:** Weekly Transformation Update of SDC

Hello all:

Here is my weekly update on any new information I have and answers to questions or comments received. As before, Managers, Unit Supervisors and Department heads are directed to print this email and post in your areas for all staff to see. Additionally, these updates will be posted on the intranet. Thank you.

**New Information:**

- As of this week a copy of the Community State Staff Bulletin has been posted on our internet. Please review it at your convenience. Look for more information about the community state staff program in the same location during the upcoming month as more decisions are made.
- Last Saturday, June 27<sup>th</sup>, about 100 family members, DDS staff and Regional Center staff met in the Wagner Building to ask questions and make comments. It was an important meeting in that families could ask questions and express their deep concerns. It was a difficult meeting, but all managed it politely and with respect. More meetings will be scheduled per the needs and requests of the families.

July 6<sup>th</sup> 2015

To: Karen Laria

From: Mr & Mrs Harold [REDACTED]

Ref: Acknowledgement Letter In the  
Half of Judy [REDACTED]

We would like to bring to your  
attention, the effort & Compassion put  
forth by Judy [REDACTED] in regards  
to [REDACTED] Judy  
sincerely has an exceptional quality &  
ability to perform her job in a very  
professional manner. We are very  
happy that she is involved with  
[REDACTED] well being. Employees like  
Judy are a true asset to  
Sonoma Developmental Center. We  
would appreciate it if you would  
show Judy some kind of acknowledgement  
for her dedication.

Sincerely

Mr & Mrs Harold [REDACTED]

RECEIVED  
EXECUTIVE OFFICE

JUL 08 2015

SONOMA  
DEVELOPMENTAL CENTER



**From:** [REDACTED]  
**Sent:** Tuesday, July 07, 2015 6:28 AM  
**To:** Faria, Karen@DDS  
**Subject:** Comments for July 18 Public Hearing

Dear Karen,

Since I will not be able to attend or speak during the public hearing on July 18 due to a work assignment, the comments that I have written on behalf of myself and my siblings is below; it should take less than 5 minutes.

Basically, my family & I need reassurance from the DDS about the care that [REDACTED] will be receiving, once he has left the home he has known for 30+ years. Thank you.  
– Deb [REDACTED]

We are the [REDACTED] of one of the residents at Sonoma DC, [REDACTED]. We are worried about what to become of [REDACTED] who has thrived at Sonoma DC for the past 30 years; that has been his home, and his consistency. We worry that the Regional Center will not be adequate to handle our [REDACTED] many needs. [REDACTED] must have a secure environment, as he has always had a tendency to "wander". This can be dangerous to [REDACTED] and others. He was released before, from Napa State Hospital in 1973, another cost-cutting measure (that one enacted by Governor Ronald Reagan). [REDACTED] was then placed in a "Community Home", supposedly specializing in what is now referred to as "Autism Spectrum Syndrome". The staff there did not have the power to stop [REDACTED] from escaping and doing bodily harm. He severely injured a 3-year-old girl. That child's parents threatened to sue Reagan and the State of California, if [REDACTED] were not returned to Napa State Hospital immediately. The resulting publicity could have been damaging to the State, as it could again.

If the residents of the DCs are all sent to local care facilities, will they receive the level of care that they are now getting at Sonoma DC? Will the former DC residents have access to a full staff at these homes like the one which helps [REDACTED] at the DC.? The staff includes a Residence Physician (MD), that [REDACTED] has had for the past 25 years; a Health Services Specialist (RN/HSS); a Registered Dietician (RD); a Psychologist, Recreation Therapist, Vocational Instructor/Site trainer, and a Social Worker. Consistency is key, as change can send [REDACTED] into turmoil. What are your guarantees for [REDACTED] and his fellow residents, that the care they receive will be comparable to that of the Sonoma Developmental Center?

Sincerely,

Deb [REDACTED]

Thomas [REDACTED]

Georgia [REDACTED]



Joseph [REDACTED]  
Susan [REDACTED]  
Stephen [REDACTED]  
Ben [REDACTED]  
George [REDACTED]

**Faria, Karen@DDS**

---

**From:** Fernandez, Jorge@DDS  
**Sent:** Wednesday, June 24, 2015 4:07 PM  
**To:** Faria, Karen@DDS  
**Subject:** FW: Sonoma Development Center

FYI...not sure if we respond or DDS since it is in regards to the DDS meeting with families?

**From:** Neal-De-Stanton, Elvis@DDS  
**Sent:** Wednesday, June 24, 2015 4:04 PM  
**To:** Fernandez, Jorge@DDS  
**Cc:** Neal-De-Stanton, Elvis@DDS; Reid, Nathan@DDS; Sievers, Terri@DDS; Greve, Rachael@DDS; Stewart, Ginger@DDS  
**Subject:** FW: Sonoma Development Center

Please see info. from [REDACTED] family in reference to upcoming meeting on 6/27/15. They are not able to attend; but would like to share their concerns.

Thank you.

ELVIS A. NEAL-DE-STANTON  
SWA  
X6115  
[Elvis.Neal-De-Stanton@sonoma.dds.ca.gov](mailto:Elvis.Neal-De-Stanton@sonoma.dds.ca.gov)

---

**From:** Bill [REDACTED]  
**Sent:** Wednesday, June 24, 2015 11:33 AM  
**To:** Neal-De-Stanton, Elvis@DDS  
**Subject:** Sonoma Development Center

*closure*  
Hello Elvis.

These are some of the concerns and questions that we have about the closure of S.D.C.  
How much input and direction will we [REDACTED] have as to the placement of [REDACTED]?  
What is going to be order of placement for these children?

Who is going to be the responsible authority for the monitoring of these individual homes?  
What is going to happen to these children when it is discovered that they can no longer live outside  
of the Dev. Center?

*budget*  
What will the politicians really do with the money from the sale of the Dev. Center land?  
What about all of the unemployment that will be caused by the sale of this land?  
Does Sonoma county really realize what will happen to their economy?  
There is just too much damage and destruction that will happen to families when these  
D.C.'s are  
closed.

This hospital closure must be well published throughout the county so that people can  
see just what the politicians are doing to their county.

There are some solutions that the politicians are not even willing to consider. They need  
to be exposed to their constituents. We know that this is all about money!!

Sincerely, Bill and Helen [REDACTED]

**Faria, Karen@DDS**

---

**From:** Ana [REDACTED]  
**Sent:** Friday, June 12, 2015 5:46 PM  
**To:** Faria, Karen@DDS  
**Subject:** RE: Thank you

Thank you so much!  
Ana

---

**From:** [karen.faria@sonoma.dds.ca.gov](mailto:karen.faria@sonoma.dds.ca.gov)  
**To:** [REDACTED]  
**CC:** [REDACTED]; [Aleana.Carreon@Sonoma.dds.ca.gov](mailto:Aleana.Carreon@Sonoma.dds.ca.gov)  
**Subject:** RE: Thank you  
**Date:** Fri, 12 Jun 2015 21:26:07 +0000

I will be seeing Secretary Dooley on Friday the 18<sup>th</sup> and will be very happy to take your letter with me. I will also bring it to the June 27<sup>th</sup> meeting where the families are meeting with the DDS administration, including Santi Rogers, the Director of our Department. Aleana Carreon, the Clinical Director will be working with the program manager for identifying and developing a garden plot for [REDACTED]. As always, please let me know if there is anything else I can do for you or your family. KF

*Karen A. Faria*  
Executive Director  
Sonoma Developmental Center  
15000 Arnold Drive  
Eldridge, CA 95431  
[Karen.faria@sonoma.dds.ca.gov](mailto:Karen.faria@sonoma.dds.ca.gov)  
707-938-6409 office  
707-490-9159 cell

---

**From:** Ana [REDACTED]  
**Sent:** Friday, June 12, 2015 12:23 PM  
**To:** Faria, Karen@DDS  
**Cc:** [REDACTED]  
**Subject:** Thank you

Dear Ms. Faria,  
thank you so much for taking the time to meet with me recently when I was visiting [REDACTED].  
I am attaching a letter for Secretary Diana Dooley as you had mentioned that you could hand it to her when she will be visiting SDC. I wrote two versions of the letter: one addressed to her and the same letter addressed To Whom It May Concern - just in case you meet anyone else you think should read it.

Thank you also for advocating for a small garden plot for [REDACTED]. It would be so good for him to have a small area to dig in, to plant, to harvest. There is (as I also mention in my letter) a lot of research about the emotional, mental, and physical benefits of working with soil and plants. The book *The Last Child in the Woods* by Richard Louv is one of the many written about the healing effects of being outside - not just for children, but for adults and people with special circumstances (for example in jail) as well. I know it is true for [REDACTED].

*PC note  
Land to walk around in - nature gardening*

June 9, 2015

Karen Faria  
Executive Director  
Sonoma Developmental Center  
P.O. Box 1493  
Eldridge, California 95431

Dear Ms. Faria:

I am so sorry [REDACTED] and I will not be able to attend the JUNE 27<sup>th</sup> meeting. We will attend the July 11<sup>th</sup> PHA meeting. I am a [REDACTED] of a client at Sonoma Developmental Center and it is so sad to even think of this Facility's closure. [REDACTED] has been a resident since he was seven years old. He is now [REDACTED]. All these years we have been extremely comfortable with his living placements as we knew there was no way to keep him at home. He has always had the best of care, from the professionals, such as Unit Supervisors, doctors, etc., and all people responsible for his care in whatever unit he was in.

Now with the obvious threat of closure we are saddened and find it hard to believe that we take better care and consideration of people coming into our country ILLEGALLY than our own. Something is so seriously wrong with this picture.

Now, I have to give some strong thinking to someday soon that [REDACTED] will be placed in the community. Placed in home of people that are uneducated in the care of the developmentally disabled. They are funded with our tax dollars and God help our children be safe and cared for, Oh, yes, someone will check periodically to see the residence is doing what they are suppose to, but what about the days and nights that there is not the available aide to check and your loved one can't tell you.

In a letter dated June 4, 2015 from Santi J. Rogers, Director, Dept. of Developmental Services, Sacramento, he states the following "The State is attempting to negotiate a settlement with the federal government to continue for a limited amount of time, SDC's federal funding." So as I see it, the state will take responsibility for funding these homes governed by the Regional Centers. *Budget*

Sincerely,

*Mrs. J. Faria*  
Mrs. Flora [REDACTED]

cc: Santi J. Rogers, Director, Dept. of Developmental Services  
Kathleen Miller, PHA President  
Scott Shepherd, Licence Clinical Social Worker

RECEIVED  
EXECUTIVE OFFICE

JUN 11 2015

SONOMA  
DEVELOPMENTAL CENTER  
Page 222

**From:** Ruthanne [REDACTED]  
**Sent:** Monday, June 29, 2015 4:16 PM  
**To:** Faria, Karen@DDS  
**Subject:** a note of appreciation

Dear Karen Faria,

At the Saturday meeting, my heart went out to you as you expressed your feelings of invalidation regarding the dismantling of congregate living to which you've devoted your working life.

In my view, it is because of your dedication--and that of other like minded individuals--that congregate living has advanced to the high standard of care that residents at SDC receive. Moreover, while there are many developmentally disabled who thrive in community settings, there are also some whose needs can ONLY be met through congregate living.

As you well know, the positive changes you helped effect took years of hard work. That is why I, and so many other family members of SDC residents, are in such a state of dismay. Even with the best of intentions, the hurry-up plan for transitioning residents into community will be inherently flawed, the potential for disaster enormous. Especially since DDS itself admits that even the community services currently in place are non-existent, inadequate, and/or uncoordinated.

[REDACTED] a SDC resident for sixty years, suffered through two decades of unenlightened institutionalization, then a bumpy evolution into the fine care that she's enjoyed since the 1990s. Now, for her to be robbed of it when aging and increasingly frail is nothing short of cruel.

I hope that at the very least, the plan for closure will have written into it that SDC MUST remain open until all the concerns expressed Saturday and every resident's needs CAN be met elsewhere.

Thank you for your three decades of hard work and dedication to improved care.

Ruthanne [REDACTED]  
[REDACTED]

**To:** Barbara [REDACTED]  
**Subject:** RE:

Dear Ms. [REDACTED]

Thank you for your important email of concern. I will ensure that your issues will be brought forward to the July 18<sup>th</sup> public hearing meeting and I will provide a copy of the email to the Department of Developmental Services for their incorporation of all concerns into the closure plan as required by the Lanterman Act.

*Karen A. Faria*  
Executive Director  
Sonoma Developmental Center  
15000 Arnold Drive  
Eldridge, CA 95431  
[Karen.faria@sonoma.dds.ca.gov](mailto:Karen.faria@sonoma.dds.ca.gov)  
707-938-6409 office  
707-490-9159 cell

**From:** Barbara [REDACTED]  
**Sent:** Monday, July 13, 2015 1:20 PM  
**To:** Faria, Karen@DDS; [REDACTED]  
**Subject:**

July 9, 2015

To whom it may concern.

This letter is in regards of [REDACTED]. He has lived at SDC for about 17 years. I live in Sacramento. My two oldest [REDACTED] were born mentally challenged. Some of the leaders of the town talked my mother into admitting them to SDC. I can't remember how they got there but, they were admitted in 1959. From there they went to Agnew. They were placed in several homes in the Sacramento area. Out of these homes only two were good. The others were not homes, they were just people collecting money.

Being in these homes he would throw fits, punch holes in the walls, and break all the furniture in the rooms. There was also one incident when a lady told [REDACTED] Happy Birthday and he started yelling, and biting his hand, he went out front where her car was parked broke her windshield, and dented her hood. [REDACTED] does not like to be the center of attention. There are many things he cannot tolerate, [REDACTED] does not like loud noise, loud music, and does not like to be touched.

He has changed dramatically under the care of Dr. French and I just can't believe it. He talks clearly, makes sentences, [REDACTED] has said my name for the first time in over ten years, he has pictures on the walls (in the past he would've torn them down), he eats in the dining hall with other clients and staff whereas before he would go in the room away from others, he has held my great grandchild and actually enjoys her. I take my dogs down to visit him and he absolutely loves them, pets and plays with them.

If, he is moved to another facility I would probably not be able to visit him. I have some disabilities and driving any longer than a couple hours, I end up in a lot of pain. [REDACTED] is used to SDC and the community knows him by name. When I take him out everywhere we go people say hi to him. He lived at [REDACTED] Unit for several years and was the only resident that had a key to the front door. When they closed [REDACTED] he was moved to [REDACTED]. He is very well liked there. For the first time in his life he has two friends. One guy his

name is [REDACTED] sits with him in the lobby & listens to the radio. The other guy is blind and [REDACTED] helps him with whatever he can.

Alta Regional Center tried to place him in a home on Antelope Rd. in No. Highlands. He was going to be the only client living there, with 3 staff alternating for 24 hours. I went to look at the house and neighborhood, what I saw [REDACTED] would not last a month. There were several junk cars parked on the street, a few houses down a man was working on his truck with his boom box very loud. [REDACTED] would start yelling for him to turn it down or walk up there and ask him to turn it down (the man might or might not understand him). If, he didn't [REDACTED] would start yelling and biting his hand. If, the police were called they would not know how to handle it. They would try to touch him and that would make it worse. They would probably take him to jail and be made fun by the staff or other prisoners. He would not understand why he is there.

I am afraid [REDACTED] would not last very long living in the community. He has been in homes in the community before and one place was called Turning Point. At the time I was working in Superior Court Probate division. The guy that took care of the clients in the care home was named Keith. He called me almost daily asking what to do because [REDACTED] was acting out, etc. There was one time [REDACTED] went to visit [REDACTED] & there was not a staff member at the home. He waited for about 1 ½ hour & finally someone showed up

I am very concerned that if [REDACTED] is moved from SDC he will have a chance of going downhill. He is safe, loved, comfortable and respected at SDC and this has been the perfect fit for him. Moving him will only confuse him and revert him back to his old ways.

Sincerely, Barbara [REDACTED]  
[REDACTED]  
[REDACTED]

SONOMA DEVELOPMENTAL CENTER

ATTN: KAREN FARIA, EXECUTIVE DIRECTOR

P.O. BOX 1493

ELDRIDGE, CA 95431

July 10, 2015

DEAR MS. FARIA:

[REDACTED] is a resident of Sonoma Developmental Center at [REDACTED]

He has been a resident for many years and has received excellent medical and personal care. [REDACTED] would not survive in the general population and I beg of you to do everything in your power to allow him to stay at SDC until the end of his life.

Sincerely,

*Georgia* [REDACTED]

Georgia [REDACTED]

RECEIVED  
EXECUTIVE OFFICE

JUL 13 2015

SONOMA  
DEVELOPMENTAL CENTER



From: [Thomas \[REDACTED\]](#)  
To: [Rogers, Santi@DDS](#)  
Cc: [Wall, Amy@DDS](#); [Kent, Kristopher@CHHS](#); [Mike McGuire](#); [Thomas Limerinos](#)  
Subject: Comments on the SDC Closure Plan  
Date: Monday, August 24, 2015 12:36:11 PM

---

August 24, 2015

TO: Director Santi Rogers

FROM: Thomas [REDACTED]

Re: Sonoma Developmental Center (SDC) Closure Plan

[REDACTED], has been a resident of SDC since 1989. He suffers from profound retardation, autism, and a long list of medical problems.

Like most family and friends of SDC residents, I in no way support the closure of SDC--which I consider to be vital for the remaining residents. These residents are among the very most fragile, vulnerable, and medically needy citizens of California. Moving to community homes will be a seriously traumatic process for them, and ongoing life in those homes will be potentially harmful for each and every one. The Golden Gate Regional Center, for example, has confirmed that these individuals will not get the same level of care as they now receive at SDC. The decision to close SDC is a truly tragic decision.

However, I recognize that closure now appears to be inevitable, so I am submitting my comments on what absolutely needs to be included in the SDC closure plan and what services need to be maintained as a system-wide safety net on the SDC site.

First, there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally, the health center needs to include behavioral health for those who need those services in the region.

Next, the SDC site needs to include, and perhaps expand, the crisis residence. SDC needs to also include the place of last resort for those who are not successful in community settings. The above services were identified as key to further developmental center closures in the DC task force recommendations, and I agree strongly with the Parent Hospital Association's view that SDC remains as the ideal site for these safety net services.

In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site--another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently, housing is a planned use for the Fairview DC site.

All SDC supporters will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if it also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings, since current services do not adequately include these services or resources for SDC movers.

Thank you for taking my comments into consideration.

Sincerely,

Thomas [REDACTED]

From: [Patty & Gene](#)  
To: [DDS HQ Sonoma Closure](#)  
Subject: Comments Post July 18 Meeting  
Date: Monday, July 20, 2015 11:31:19 AM

---

Hello,

I'm a full time resident of Sonoma and an interested party in the closing of the Sonoma Developmental Center (SDC). I've attended both the Transform SDC meeting and the public comment session held by the Department of Developmental Services (DDS) on July 18. I also emailed you a letter and was pleased to receive a quick response.

In my emailed letter to DDS I mentioned primary concerns of particularly (1) the very long term patients who will probably not thrive outside SDC and (2) the open space, which serves an important role in the east-west wildlife corridor.

However, in addition to those specific concerns **I strongly feel that the requirement for a plan or plans by the end of October allows not nearly enough time for consideration of all the issues.** Also, I understand that other developmental centers were allowed five years to close rather than the three years SDC has been allotted; **a five-year period to close seems more more reasonable** as care facilities are very limited in the Sonoma Valley area.

I like the idea of converting part of the current SDC into the mandated care homes so long-time residents will still be able to take advantage of the services they currently receive.

**Please to you best to extend the planning time and the closing date.**

Thank you.

Patricia 

From: [Patty & Gene](#)  
To: [DDS HQ Sonoma Closure](#)  
Subject: Closure of Sonoma Developmental Center  
Date: Thursday, July 16, 2015 2:44:15 PM

---

July 16, 2015

To the California Department of Developmental Services:

I am writing to express my concerns about the scheduled closure of the Sonoma Developmental Center.

First, I am concerned about the current residents/patients. Moving some of them to a group home might work but, for some of the very long time residents, moving to a place where they won't get the level of care they need could be a death sentence. At this point, the amount the State has said it will spend per resident at a group home will not nearly cover the special needs of the long term and very sick residents. We have heard that group homes actually do not save any money. Allowing the most severely disabled patients to live out their lives could be the kindest and most sensible answer.

Second, I am concerned about the disposition of the property and buildings. I strongly believe that preserving the west-to-east wildlife corridor in the 900 or so acres of open space is exceptionally important. Relevant to this, selling the property to a developer (commercial or residential) would be a huge disservice to both wildlife and the residents of the Sonoma Valley. While the SDC property and the Presidio property in San Francisco are not totally comparable, I suggest taking an similar approach with the SDC property to determine appropriate and low impact uses, much as the transformers of the Presidio did.

Our local coalition of the Sonoma Land Trust and its partners, known as Transform SDC, are coming up with some excellent ideas. Please listen. Selling the property outright would be the worst possible use of the land.

Sincerely,

Patricia

A large black rectangular redaction box covers the majority of the page content, starting below the name 'Patricia' and extending across the width of the page.

**From:** [Ron and Bev Loos](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** My concerns about this closure  
**Date:** Wednesday, July 22, 2015 10:41:01 AM

---

Dear Madam or Sir:

I wish to voice my concerns about the closure of the SDC. I have a friend whose daughter is a patient there. It is too bad that the center is closing as it provides the highly trained staff that is required by my friend's daughter and many other patients that have been served at the SDC.

My friend's daughter needs a highly trained medical facility. I urge you to see that MDs RNs, PTs, Ots, RDs etc. as well as specialized programs and customized equipment will be maintained and accessible to these patients as they transition into new locations.

Again, I'm very disappointed about the closure of the SDC and its professional care of patients. Again, I strongly urge you to see that these patients are provided for as they have been at the SDC.

Sincerely yours,

Beverly Loos

**From:** Dana [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Regarding Sonoma Developmental Center Transformation and my [REDACTED], [REDACTED]  
**Date:** Thursday, August 27, 2015 12:18:49 AM

---

Dana [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

## **Re: Sonoma Developmental Center Transformation**

I'm writing you regarding my [REDACTED], [REDACTED] and my concerns about the future of the Sonoma Developmental Center and its possible impact on his health and safety.

[REDACTED] is 55 years old and has lived at SDC for 27 years. He is intelligent but low functioning due to his severe autism. [REDACTED] is mostly non-verbal, he lacks safety awareness, and presents a very challenging combination of behavior issues and renal failure requiring dialysis and related care. [REDACTED]'s health is a carefully monitored balancing act due to his renal failure, his inability to say how he feels or if he hurts, his lifelong focus on eating combined with his need for a strict renal diet, and his behavior issues, including compulsive behavior, aggression and self injury.

Despite all this, [REDACTED] has lived for 10 years on dialysis in a relatively good state of health due to the expertise and outstanding efforts of the following people: his SDC physician (who sees him 5 days a week), psychologist, dietician and nurse, the psych. techs. who take him to dialysis 3 times a week, providing constant, calming 1:1 care throughout the whole process to enable him to get this lifesaving treatment.

There is no question that this is [REDACTED] informed choice: he has the experience of 4 placements in the community, but he clearly shows his desire to stay at SDC and with these people. [REDACTED] needs the Sonoma Developmental Center, as so do many others. The other SDC residents and growing number of former residents plus those living throughout northern California who have developmental disabilities all need access to SDC's specialized resources to continue their care.

### **What is needed is a transformed, not closed, SDC facility that provides:**

1. Some 4 bed residential housing for those who, like Sheldon, can not have their needs met in the community.
2. A crisis center, probably expanded from its proposed size
3. A medical center and clinic where SDC clients in transition or already transitioned to the community, those who are in the SDC crisis center or 4 bed homes, and those in the community with d.d. who are not from SDC but are underserved in the community, all can get health care and coordination, provided by physician, psychologist, psychiatrist, dietitian and other personnel as need dictates, each experienced in working with d.d. clients.
4. A dental center to cover the very special needs, unmet outside the D.C., of people like [REDACTED] to get his dental care

5. An adaptive/custom equipment center to continue to provide and repair the one-of-a-kind seating, footwear, wheelchair modifications etc. - and the arm support they made that allows [REDACTED] to get lifesaving dialysis. No one outside of the SDC provides this service.
6. Assistance available to community facilities which need it, or to their clients in case of sudden closure, as has happened before.
7. Protection and use of the the essential resources of Sonoma Developmental Center :
8. Continuation of the use of its highly trained, experienced and caring psych tech. staff, who have sufficient professionalism and pay to make taking care of SDC clients a career, not a a brief job on the way to something better. The years of expertise accumulated there must not be lost.

SDC is a beautiful, safe and least restrictive setting for its clients, allowing them to move about outside safely and without community pressure. This is where these services should be located.

**I strongly feel that all of these services and resources are needed and must not be lost. These services all belong in the SDC Plan and in a Transformed SDC. The health and safety of my brother, and many other residents depend on your attention to this matter.**

Please don't hesitate to contact me should you have any questions or if there is anything further I can do to help the SDC plan meet these important needs.

Best regards,

Dana [REDACTED]



**From:** Jack [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Cc:** [Senator.McGuire@senate.ca.gov](mailto:Senator.McGuire@senate.ca.gov)  
**Subject:** Closure of Sonoma Developmental Center & Southern CA developmental centers  
**Date:** Monday, August 31, 2015 8:59:34 PM

---

We, being [REDACTED] of a disable [REDACTED] living at Sonoma Development Center for the past 25 years. We OBJECT to the closure of the Developmental Centers. The community group homes are NOT equipped to take care of our very fragile love ones. There are NO teams of medical doctors, mental health professionals, dental, phyc. techs., vocational & day programming, they also must have stable, trained and licensed staff in these community homes BEFORE the closure of these centers! Our love ones should not be "thrown out" into the community group homes until all of these requirements are met!!

Thank You,

Jack and Marilyn [REDACTED]

**From:** [Overholt](#) [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#); [Rogers, Santi@DDS](#); [mike.mcguire@sen.ca.gov](#); [REDACTED]; [French, Anne@DDS](#); [comments@allgov.com](#); [Wall, Amy@DDS](#); [Kent, Kristopher@CHHS](#)  
**Subject:** The SDC Closure Plan  
**Date:** Monday, September 21, 2015 5:18:25 PM

---

We are Pearl [REDACTED], and Renee [REDACTED] of [REDACTED] who currently lives at Sonoma Developmental Center and has for most of her 55 years.

It appears, after review of "The Plan", that once again, the client needs, and those of the families, have not been heard. It appears that all of these meetings are just for show and there was always a plan to not include these needs. It seems that SDC continues to be on the fast track to closure. Development of concurrent services on the site appears to be not an option without supported excuses.

**We fully support the response of the PHA.** Yes, we too, would like to know why out of 80 pages there is still no real support/protection for these individuals and families at SDC. It also appears the money really is not there for the long run.

**The main points the Plan needs to include:**

"1. All services provided need to be in place prior to transferring SDC residents out into other facilities. This means a moratorium on transfers until there are certified/qualified services equal to or better than current services provided at SDC."

"2. The Plan needs to include provisions for a permanent health clinic to be located on the SDC site and available to current SDC residents as well as all other regional center clients: Dental Clinic, primary care physician, durable medical equipment adaption and maintenance, and behavioral services. This program should utilize SDC State staff."

"3. There should be the availability of emergency services (i.e. the current crises residence) and longer term residential services for behavioral treatment to be located on the SDC site to serve those individuals who are not successful in the other community facilities. This program should utilize SDC State staff."

"4. The plan should require a public available annual report provided to the legislature for a period of five years from the date of closure of significant change in services to be prepared by DDS in collaboration with members of PHA on all SDC movers..."

"5 We support the creation housing for individuals with developmental disabilities as long as it meets the following:

Developed within the developed footprint on the SDC site and meets the needs of the SDC movers. It is developed concurrently with the transition process as necessary to serve current SDC residents. It does not preclude the key services cited from being developed and retained on the SDC site."

"6. The plan should include how the Regional Centers will provide appropriate day programs for all SDC movers and should where appropriate retain day programs on site to be available to SDC movers and other regional center clients."

These requirements are for the safety and success of the residents of SDC. It is up to DDS to protect these individuals and make this transition a success for everyone involved. We all need to work together.

As said before SDC is their home and these individuals thrive on the park like setting which is part of the need to be otherwise developed. They need a place to **"walk to sanity"**. [REDACTED] **"walks herself sane" everyday**. A transition into another setting will be to her detriment as will it be for others. These individuals do not transition well.

Sincerely,

Renee [REDACTED]  
[REDACTED]

Pearl [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dear Legislature,

I am the [REDACTED] for [REDACTED]

I strongly oppose the decision to close Sonoma Developmental Center, (SDC). I feel we are going back in time with the terrible closures of facilities for Mental health. This continues to place those individuals in harms way.

I believe this closure will also place the residents of SDC in harms way.

**I recommend that SDC be transformed in order to better serve the current residents.**

[REDACTED] been a resident of SDC since 1966. It is her real home and community. In 1985 I contributed approximately \$10,000, as did several other families as part of a pilot program called DeAnza House with MARC of Marin. Five years later in 1990, the program failed [REDACTED]. The original staff was from Sonoma Developmental Center. The funding changed and this constraint led to untrained staff being hired at minimum wage. The result of which [REDACTED] developmental disabilities and bipolar behavior could not be controlled, and a staff member called the local police. [REDACTED] was handcuffed and taken to jail, and was called that [REDACTED] was no longer at DeAnza House. I found [REDACTED] in a 4-point restraint and heavily medicated at the Crisis Center at Ross Hospital where [REDACTED] was brought as a last resort, no other place. After a few weeks at the Ross Hospital she was returned to the Sonoma Developmental Center, where she has lived since 1990. This was no easy task. I have letters written to the Director of Developmental Services, thanking him for saving [REDACTED]. There must be something said that he was backing this move. Never in all of her life at SDC was her behavior as such that she has been treated in that manner.

**SDC is the only home she knows as is the same for her friends she lives with. This is their community. The staff there are well trained professionals with compassion and patience for the residents. This is the least restrictive and safest environment for those currently living at SCD, also, for many of those who have left.**

**The passing of this bill and Governor Brown's signing of this bill to close has taken away these residents right to choice for a least restrictive and safe home. This move puts [REDACTED] at risk as it does for the others. This is the best place for [REDACTED] and the others to thrive, live and be as safe and best as possible in the most least restrictive environment. We would not be having these discussions and heart breaking meetings if there were these "great" places in the community.**

You need to spend time at SDC to really know their needs. **There are not the facilities available with the same least restrictive and safe offerings as SDC elsewhere.** It would be less expensive to transform SDC to allow the residents to remain in their home than to serve "place" them in the "community".

**These individuals do not transition well.** [REDACTED] is unable to transition easily in her daily life. Moving is a very stressful transition to make for a person without challenges. **Just imagine what will happen when they are removed from the only life they have known for years. It is not a matter of if they fail but when the community fails them.** What happens to them then? They will be put at risk.

**If there is a closure rather than transformation, the state must develop and continue to provide:**

- **We need a SDC site to provide medical, dental and behavioral support to the developmentally disabled (DD). Also we need to keep wheelchair repair there.**
- **This is key because these people are trained well in caring and understanding for our loved ones.**
- **We need housing for those who are not successful in community facilities. Because I do not want [REDACTED] or anyone else to go through what she did in the past. She has people who love and care for her at SDC..**
- **We want these services developed now! We need these to be developed now before there are problems and the kinks are worked out.**
- **We want our views and those of the Sonoma community and coalition to be heard and considered in making a plan for the future of SDC.**

There are options to transform SDC and that is my request, to transform. Build on the community already in existence and still having the **current residents** remain there. There is the possibility of building smaller homes for the **current residents** as part of this plan. To make this plan work it must include **the current population. In order for a transformation to really succeed we must work together and reopen admissions to SDC. The plans for this transformation need to be set in motion.**

**These individuals have their daily rituals and routines.** They are able to receive equine therapy, swimming, cooking, outings to town, religious freedoms, great day programs and more. They are free to come and go. **What have these individuals done to deserve this at this point in their lives?**

We must all work together and protect these innocent lives. These "perfect" facilities are not there in reality. If there is some "perfect place" the funding will not always be there. These individuals deserve our trust, love and respect.

I feel like we are just another special interest group without a following.

**Transition SDC it is the only way to go!**

Yours sincerely,

*Pearl*

Pearl



Kenee [REDACTED]  
P.O. Box [REDACTED]  
[REDACTED]

Tel: [REDACTED]

Dear Legislature,

I am [REDACTED] and [REDACTED] for [REDACTED]

I strongly oppose the decision to close Sonoma Developmental Center, (SDC). I am very disappointed in the legislature and Governor Brown's decision to close the three remaining Developmental Centers. He is not the same person he was the first time around when I worked for DDS in Sacramento. He was a go getter with great ideas. Yes, very disappointed. This brings us back in time to when the Mental Health Facilities and Programs were closed. We now have a homeless problem with those individuals. This approach did not work then and this will not work now.

**The closure puts [REDACTED] and the other residents at risk.**

**I recommend that SDC be transformed for the current residents rather than closure.**

Our story is not that different than the others that live at Sonoma Developmental Center (SDC), with [REDACTED]. She has been a resident of the SDC since 1966, and it is the only real home she knows. This is her (their) community. In 1985 my mother and grandfather contributed approximately \$10,000, as did several other families as part of a pilot program called DeAnza House with MARC of Marin. Five years later in 1990, the program failed

[REDACTED] The original staff was from Sonoma Developmental Center. The funding changed and this constraint led to untrained staff being hired at minimum wage. The result of which [REDACTED] developmental disabilities and bipolar behavior could not be controlled, and a staff member called the local police. [REDACTED] was handcuffed and taken to jail, and my mother was called that [REDACTED] was no longer at DeAnza House. My Mother (now 92 years old) found [REDACTED] in a 4-point restraint and heavily medicated at the Crisis Center at Ross Hospital where [REDACTED] was brought as a last resort, no other place. After a few weeks at the Ross Hospital [REDACTED] was returned to the Sonoma Developmental Center, where she has lived since [REDACTED]. This was no easy task. I have letters my mother wrote to the then Director of Developmental Service. Never in all of her life at SDC was her behavior as such that she has been treated in that manner.

**SDC is the only home she knows as is the same for her friends she lives with. This is their community. The staff there are well trained professionals with compassion and patience for the residents. This is the least restrictive and safest environment for those currently living at SCD, also, for many of those who have left.**

**The passing of this bill and Governor Brown's signing of this bill to close has taken away these residents right to choice for a least restrictive and safe home.** The proposed alternative of placing these individuals within community facilities does not address all of their needs for a successful, least restrictive lifestyle. We as individuals have the right to choose where we would like to live and how we would like to live. This choice has been taken away from these residents. They are human beings dealing with challenges from birth or illness or injury. It is our job as humans on this Earth to protect those who cannot protect themselves. This is a social injustice, we all are failing them in this situation.

**I challenge everyone to walk a day or even an hour in their shoes.** Go to Sonoma Developmental Center before making these decisions. I know from experience the people making many of these decisions have not ever stepped inside Sonoma Developmental Center, or any Developmental Center, or spent time with any residents. **There are not the facilities available with the same least restrictive and safe offerings as SDC elsewhere.** It would be less expensive to transform SDC to allow the residents to remain in their home.

I was discussing these issues with a friend who has a son with challenges and lives in a facility in the community. His son has many capabilities. I explained [REDACTED] challenges which include drastic mood swings with aggression. At times she will run outside and yell F... you bitch and other rantings.. She has this freedom at SDC. She also can have a 1:1 when needed to keep her and others safe. My friend's response was "well it is clear she cannot live in a residential program like my son." No, she cannot as previously stated, she ended up hand cuffed and in a 4 point restraint, meaning tied to a chair or bed. That is not the least restrictive alternative. The "community facilities" become a prison.

**What will happen during the transition of these individuals? What happens to those being removed from the only home they have know for many years with many freedoms and friends.** Moving is a very stressful transition to make for a person without challenges. **Just imagine what will happen when they cannot go home again. It is not a matter of if they fail but when the community fails them.** What happens to them then? This decision puts these residents at risk for their safety. These individuals do not transition well. If they did we would not be here today.

**This is where the state must develop and continue to provide:**

- We need a SDC site to provide medical, dental and behavioral support to the developmentally disabled (DD). Also we need to keep wheelchair repair there.
- This is key because these people are trained well in caring and understanding for our loved ones.
- We need housing for those who are not successful in community facilities. Because I do not want [REDACTED] or anyone else to go through what she did in the past. She has people who love and care for her at SDC..



- We want these services developed now! We need these to be developed now before there are problems and the kinks are worked out.
- We want our views and those of the Sonoma community and coalition to be heard and considered in making a plan for the future of SDC.

There are options on the table that are currently not being spoken about such as transforming parts of SDC for local community use and still having the **current residents** live there. There is the possibility of building smaller homes for the **current residents** as part of this plan. To make this plan work it must include **the current population. In order for a transformation to really succeed we must work together and reopen admissions to SDC. The plans for this transformation need to be set in motion.**

I want everyone here to really think about the guy who sits out front of Malone with his stick tapping it to get your attention to talk to him. The guy who walks two blocks up to the road to watch the cars and wave. This same guy who also has his rock pile. Where will he find one? And [REDACTED] who will sweetly greet you with "Hi how you. What's your name" in her happy state. **These individuals have their daily rituals and routines.** They are able to receive equine therapy, swimming, cooking, outings to town, religious freedoms, great day programs and more. They are free to come and go. **What have these individuals done to deserve this at this point in their lives?** This is a poor trick to pull on them and their parents when they believed they were **safely** set for life. It is wrong for you at DDS and the Governor to use the "FUD Factor" (fear, uncertainty, and doubt) on these families.

We must all work together and protect these innocent lives. These "perfect" facilities are not there in reality. If there is some "perfect place" the funding will not always be there. These individuals deserve our trust, love and respect.

It seems we are just a special interest group with little following. We hear more about noise from leaf blowers than we do this social injustice. What are we investing in? When did sensibilities supersede in the welfare and well being of those who need it most?

**I challenge each of you to hear our pleas, their screams and fear each and every night when you close your eyes and everyday when you awake and look in the mirror. I want you to feel the pain we as friends, relatives and staff feel every day with this heart breaking situation.**

Yours sincerely,

Renée [REDACTED]

*Transform Sonoma Developmental Center*

*Do not bring us back in time to the mistake in Mental Health!*

**From:** [Wall, Amy@DDS](mailto:Wall.Amy@DDS)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** FW: Closure Of Sonoma Developmental Center - Loustalot  
**Date:** Monday, August 31, 2015 9:41:01 AM

---

**From:** [REDACTED]  
**Sent:** Sunday, August 30, 2015 10:34 PM  
**To:** [comments@allgov.com](mailto:comments@allgov.com)  
**Cc:** Rogers, Santi@DDS; Wall, Amy@DDS; Kent, Kristopher@CHHS; [mike.mcguire@sen.ca.gov](mailto:mike.mcguire@sen.ca.gov)  
**Subject:** Closure Of Sonoma Developmental Center

Secretary Dooly,

Like most families and friends of SDC residents, we in no way support the closure of SDC, which we consider to be vital for the remaining residents. It is the least restrictive environment/alternative for these individuals.

[REDACTED] lives on [REDACTED] at Sonoma Developmental Center, and is a real human being, as are the people in all the other Developmental Centers. She tried the community alternative and it failed her. She has behavior issues. Long story short, she ended up handcuffed in jail and over medicated, and placed in a mental health lock up facility. [REDACTED] is someone who needs a lot of space to "walk herself sane". Her story is no different than many others who failed in the community.

Sonoma Developmental Center is the least restrictive and safest environment for [REDACTED] and the others who currently live there. Now is a chance for you and DDS to set an example/standard of excellence and use SDC as a model. There is still time to transform an existing place into an even better place for the current residents and others.

I do not understand why DDS is allowing Regional Centers to push families out, like a firestorm, to remove folks from SDC into places that are not really appropriate. Stated by DDS, at many meetings, we need to develop these facilities and programs because they do not currently exist.

While it may be "mandated" to close Developmental Centers, time must be taken to insure the best planning for these people who are at great risk. The Regional Centers **need to be discouraged** from placing these individuals at this time. Families are being told "You better hurry and grab this place so as to not miss out on a good placement." Really? DDS has the responsibility to provide nothing but the best for these individuals. The time frame is three years but we are also told it will be in the right time for the right facilities and programs to be developed, if it takes longer than three years. **SO why the push.**

It is very clear that once a resident is placed and the place does not work out, there is no going back, but rather in the cycle of other places. We are talking about a very fragile group of people who do not and will not transition well.

The Regional Centers should rather be encouraging for each individual to have a conservator

instead of stone walling the families who do not know better. The Regional Centers and DDS are using fear, uncertainty and doubt on these families.

Please consider creating a new phase of SDC so these residents do not have go through such a risky transition where most will fail. **Why set up a situation for failure.** Is it not all of our responsibility to protect those who cannot do so for themselves? While there is money for the transition there really is not money to keep funding the standard at which these individuals are currently living.

This will be the same failure as closing the mental health facilities in the past and have a hopeless homeless situation.

In that transition we need to insure there is the following for the current population to remain living at SDC. Please remember to develop a model of excellence. This is also applies if the residents are moved out of SDC.

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.

Next, the SDC site needs to include and perhaps expand the crises residence. SDC needs to also include the place of last resort for those who are not successful in community settings. this needs to be available to them for more than a year. Otherwise it is a swinging door for these for no matter where they are placed.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

In addition, we would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently, housing is a planned use for the Fairview DC site.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.

Thank you,

Renee

Pearl

## CLOSURE OF SONOMA DEVELOPMENTAL CENTER

August 23, 2015

TO: Director Santi Rogers

FROM: Susan [REDACTED]

Re: Sonoma Developmental Center Closure Plan

[REDACTED] has lived at SDC for close to 40 years. He is severely autistic and in no way can live in a self-reliant community on his own. His time spent at SDC these past years has been perfect for him because of the health care services, recreational activities, job/work related tasks that gave him responsibilities, and the people who provided care and services for [REDACTED] when he needed them. [REDACTED] needs to be watched. He is smart but he can get into trouble and harm himself if he isn't cared for by someone well trained and caring in this profession.

Like most family and friends of SDC residents I in no way support the closure of SDC which I consider to be vital for the remaining residents. However, I recognize that closure now appears to be inevitable, so I am submitting my comments on what absolutely needs to be included in the SDC closure plan and what services need to be maintained as a system wide safety net on the SDC site.

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.

Next the SDC site needs to include and perhaps expand the crises residence. SDC needs to also include the place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently housing is a planned use for the Fairview DC site.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.

Sincerely,

Susan [REDACTED]

To whom it may concern;

██████ has been a resident at Sonoma for 47 years. He was admitted there after several failed attempts at community homes. He was and is very medically fragile and if not for the care received at SDC he would have died many years ago. He has come close at least 3 times.

My husband and I are very disappointed that the California government has chosen to take the only home he has known and we fear for our ██████ safety.

#### OUR MAIN CONCERNS::

##### 1. MEDICAL CARE:

It will be nearly impossible to replicate the medical care he has received at SDC. Medi-Cal care in the community is not easily obtained and specialist referrals nearly impossible. (I worked in community health care so I know how the system does not work.) Dental care is difficult at best for SDC and in the community almost impossible. What is in place to deal with this second rate care. We firmly believe if transferred into the community, ██████ will be dead within 2 years, if not sooner.

##### 2. QUALITY OF STAFF

What standards are in place? Who oversees the quality? What government agency provides the inspections to guarantee these standards are being carried out? We all hear the horror stories regarding nursing homes. How will this be different?

##### 3. RESIDENT ACTIVITIES

Our son is wheelchair mobile and the photos I have seen of community homes do not show open areas where someone can push himself around easily. What stimulating activities will there be. Who will follow up to see that they occur on a regular basis.

##### 3. FINAL NOTE

In the 70's the State Government in their infinite wisdom closed all the psychiatric hospitals.

WE ALL KNOW HOW WELL THAT TURNED OUT! IT IS STILL A QUAGMIRE FOR ANY PATIENT SEEKING OR NEEDING CARE AND IN MOST CASES GETTING WORSE. PARENTS HAVE NO RECOURSE WITH CHILDREN AND ADULTS LIVE AND DIE IN THE STREETS OR SHELTERS.

Caroline and Hank ██████

Date: August 30, 2015

To: Director Santi Rogers

From: Caroline [REDACTED]

Re: Sonoma Developmental Center Closure Plan

[REDACTED] has resided in SDC since 1968. He suffers from a serious seizure disorder, which is only somewhat controlled with medication and a CVS. He is also very medically fragile and has over the years had life threatening episodes, resolved through the excellent medical care of the staff at SDC. Currently he is confined to a wheelchair and receives gastric feedings for his nutrition. In spite of all he has endured, he is a happy lad, because of the care and understanding of the staff around him.

My husband and I do not support the closure of SDC. Although the closure seems inevitable, we are very concerned that his medical issues will not be addressed appropriately in a community setting. At the SDC, the residents receive excellent care, the staff recognizes any changes and issues are dealt with in a timely manner. In the outside world, medical care for Medi-Cal patients is inadequate at best. (Having worked in the health care industry for 30 years has given me first hand knowledge into how difficult a process it is in obtaining specialty care.) Specialty medical care as well as dental care, need to be thoroughly addressed in any plan that you propose. These areas must be addressed, though a coordinated effort within the community. Fortunately, such a system already exists within SDC, and should be maintained, regardless of the outcome.

The development of a smaller complex within the SDC site would be ideal for the continuance of the care needed for these fragile human beings.

In general, any plan to be developed must include appropriate services on the SDC site and need to be developed prior to any movement of the residents into the community.

As a last thought. The closure of the psychiatric facilities certainly was a failure and to this day no solution has been found to "fix" the situation.

Let this not be another "short sighted government plan" run by many non health care experts which will definitely lead to dier consequences for the helpless lives at stake!

Cc: [amywall@dds.ca.gov](mailto:amywall@dds.ca.gov)  
[kristopherkent@chhs.ca.gov](mailto:kristopherkent@chhs.ca.gov)  
[mike.mcguire@sen.ca.gov](mailto:mike.mcguire@sen.ca.gov)



**From:** [John and Louise](#) [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Public comments-SDC  
**Date:** Friday, August 07, 2015 2:51:34 PM

---

Public comments-proposed SDC closure Dec 2018

I am a co-conservator for [REDACTED] at SDC. I am very much against the SDC closure!

I called in to testify on July 18, but in part ran out of time. I would like, if permitted, to add more testimony. First, [REDACTED] is 66 years old, living at SDC for 59 years. She has zero communication skills, 100% non-verbal and has an IQ of 7. Plus she has some living issues. She has been quite healthy physically at SDC (they do a good job), but if she goes to the community, the care takers will not have the same oversight to detect declining health, we can not picture her being treated at hospitals in the cities. At SDC she has oversight, thru the IPP process, these people and family know her. There is no way the same IPP process can continue outside of SDC. If SDC does close, there is plenty of acreage at SDC to build individual homes, with a special medical/dental clinic to meet the special needs for these people. Part of this clinic facility should handle wheelchair and related supplies and repairs. One of the hi-lites [REDACTED] enjoys (with other clients) is bi-weekly horse back riding - part of the equestrian program at SDC. [REDACTED] was offered a community home where they also had recovering patients, and long term care patients. There is no way staff can care for these completely different type of patients. The day program at SDC for [REDACTED] is great, working with like clients pooled from different 'cottages' at SDC. It makes no sense for the state to buy at inflated prices and maintain homes scattered in various cities. Decentralizing the clients makes no sense either, in the long term cost so much more. Listen to all, and the Sonoma Community Coalitions.

I hope you will add my concerns to your list, Thank You.

John and Louise [REDACTED]  
[REDACTED]

Aug 7, 2015

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Sonoma Dev Center Transformation Draft  
**Date:** Wednesday, September 23, 2015 10:59:22 AM

---

Fasttrack...Fasttrack..Fasttrack...I see the word of past-Transformation- now has been changed to Closure. Where is the CHOICE promised by the Lanterman Act? You allowed us only 5 days to read, interpret, ask questions and respond to your 80 page transformation draft. God forbid if we had no computer, a job, or we were out of town! This 80 page draft (page 56) takes pride in saying there are only 1,100 individuals living in the DC's! BUT YOU NEGLECT TO SAY, DC'S were FORCED not to accept new patients, because politicians slipped in a trailer bill some years back to ban new patients at the DC's. DCs would have a much higher population and be more economically to run had more patients been allowed ! Where's the CHOICE!



[REDACTED] has been at SDC for 59 years, this is her HOME AND COMMUNITY, that's our choice! She has the best care by the SDC professionals from Dentists, Doctors to everyday staff, RN's, Day care folks...on-and-on all in one location! Develop Jack London Meadows, proposed by Jack Bennett, you have the FREE land. De centralizing make no since, community cost will explode over the next few years! If decentralizing is good, why don't Hospitals? Have 3 room Hospitals scattered all over--one in each town, Doctors, Nurses, Staff would run from home to home, one town to the next town. Would that make since! Why decentralize the DC'S. Our family have been members of PHA since it started, we strongly support all of PHA's recommendations, which you in large part ignore. Listen to Kathleen Miller and all of us members, see our loved one's side. And how about Dr Anne French's (SDC Doctor) testimony of July 16, 2015. I support the moratorium on transfers from SDC until all conditions are met! We are outraged, Where's the CHOICE guaranteed by the Lanterman ACT?

John [REDACTED]  
Co-conservator  
Sept 23, 2015 10:59 a.m.




  
Ms. Cindy Coppage  
Department of Developmental Services  
Developmental Center Division  
1600 9th Street, Rm 340, MS 3-17  
Sacramento, CA 95814

Dear Ms. Coppage,

It is impossible to believe that the state has decided to close Sonoma Developmental Center where many severely handicapped people have lived for often decades. One of them is  a 40 year resident who suffered a severe brain injury at the age of . She is non verbal, has no purposeful movement, suffers from fragile seizure disorder which needs to be controlled and monitored by strong medication, is fed through a gastric tube and is confined to bed or custom chair.

To move this woman is immoral. I am sure you are well aware that changing ANYTHING in these susceptible peoples' lives has profound consequences for them and their families. PLEASE RECONSIDER THIS DECISION!

However, since it appears this may be a fait accompli, you MUST make arrangements for some services to be maintained at SDC's current location to treat this fragile patient population. Specifically we would like to see a medical clinic staffed with primary care doctors and dentists who are familiar with these difficult to treat patients. As an emergency room nurse, I have at times encountered developmentally delayed patients and know how very difficult it is to treat them not knowing their backgrounds, preexisting health issues and the best way to approach them.  and many of her co residents also will need physical therapy, occupational therapy, social workers, etc., provided by practitioners who are familiar with them.

In addition a crisis residence and /or a place of last resort for those who cannot be placed in the community should be maintained at the site.

The measure of a great society is how it treats it's vulnerable population. We Americans think we are so great. It is clear that when we make decisions like this one— to close developmental centers for these defenseless individuals— we are anything but great.

Sincerely,

  
Christine McClure, RN

Ruthanne

DEPT OF DEVELOPMENTAL SERVICES PUBLIC HEARING JULY 18, 2015

My name is Ruthanne [REDACTED] and I am speaking today on behalf of [REDACTED] for whom Sonoma Developmental Center has been home and community the past sixty years.

At the July 11 meeting for family members, guardians, and conservators, we were told repeatedly that [REDACTED], the Department of Developmental Services has no choice but to use as a primary placement criteria facilities with four to six beds since housing with more beds would be deemed "congregate," hence disallowed.

Since that meeting, I've looked at the Lanterman Act, and I've found nothing that specifies four to six bed boarding houses. I did see Section 4418.3a, which states: "It is the intent of the Legislature to ensure that the transition process from a developmental center to a community living arrangement is based upon the individual's needs..."

I am gratified by the Act's admonition that an individual's living arrangement should be based on that individual's needs. And I urge you to pay special attention to the wording "a community," which recognizes the reality that multiple communities exist. Indeed, I count myself a member of several, including the SDC community.

The good intentions of the Lanterman Act are indisputable. Unfortunately, the best of intentions can sometimes have dire results. Certainly that was the case for [REDACTED] when our parents placed her in a convent boarding school for educating the developmentally disabled.

Five years old at the time, [REDACTED] had a vocabulary of two dozen words and our parents hoped that with skilled teachers, she'd learn more. Instead, she was so traumatized by her loss of family and all that was familiar to her, she lost every single word and has been completely non-verbal since.

Because [REDACTED] regressed rather than advanced, the nuns deemed her non-educable, and she was transferred to Sonoma State Hospital. This second dislocation traumatized [REDACTED] even more severely. And, sadly, the staff ~~wasn't~~ in 1956 wasn't as enlightened as at Sonoma Developmental Center today. So when [REDACTED]

██████ unhappiness was manifested in behavioral issues, she was drugged and straightjacketed, leading to more trauma.

As conditions at SDC improved, so too did ██████ and her past three decades in the care of professional, compassionate, and affectionate staff have been stable and happy. Now, about to turn 73, she is facing dislocation yet again.

Non-verbal and with an attributed IQ of seven, there is NO WAY to explain to her why she will be losing everything and everyone familiar to her. With her suffering such profound loss, we'd be fools not to anticipate that her behavioral issues, ameliorated through decades of stability, will resurface. Doubtless this will be true for other long-term residents. So the SDC closure plan MUST include plans for dealing with client trauma and resulting behavioral issues.

In all likelihood, family members will be the only remaining constants in a resident's life. So the plan must include the stipulation that when requested, a resident WILL be relocated close to a family member.

The closure plan must be committed to the concept that there is no ONE definition of community. Also to the provision of services that are appropriate to the NEEDS OF INDIVIDUALS, as stated in the Lanterman Act and confirmed in the U.S. Supreme Court Olmstead ruling.

Neither the Lanterman Act nor the Olmstead ruling sanctions ANY lessening of services. So the closure plan MUST include GUARANTEES of the same level and quality of COORDINATED services that SDC residents CURRENTLY receive. These services must ALREADY be in place and readily accessible, not mere promises.

Finally, I would remind you that the Department of Developmental Services exists to serve the developmentally disabled, not the legislature or the governor. As such, it is your responsibility to ensure the rights of the developmentally disabled. These rights include the right "to make choices in their own lives, including, but not limited to where and with whom they live."

Which means the plan MUST ENSURE that SDC residents are placed where it suits THEM, NOT to fit into the unrealistic timetable for closure or any other such measure. Thank you.

**From:** [Reyes, Julia@DDS](mailto:Reyes, Julia@DDS)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** FW: SDC Developmental Center Family Roundtable  
**Date:** Tuesday, August 18, 2015 12:27:06 PM

---

-----Original Message-----

From: Ruthanne [REDACTED]  
Sent: Saturday, August 15, 2015 4:38 PM  
To: Rogers, Santi@DDS  
Subject: SDC Developmental Center Family Roundtable

Dear Mr. Rogers,

I am compelled to believe that your working life has been with the developmentally disabled because you care. Therefore I am at a loss as to how you can keep repeating that care for SDC residents on the outside will meet the same standards as the care they're receiving now.

To the credit of Jim Shorter and Lisa Rosene at Golden Gate Regional Center, they've been honest enough to state that is not the case.

Indeed, as Dwayne LaFon admitted when I spoke to him after the meeting, the same level of care on the outside would be IMPOSSIBLE since the FOUNDATION for the care given at SDC is that all staff work as a TEAM. And even the BEST care on the outside--my own, for example--is fragmented. I have the wherewithal to stitch together the medical professionals necessary for my care. SDC residents do not. Yet they have, as you well know, complex medical and behavioral needs.

At the last GGRC meeting for family members/conservators, Dr. Clarissa Kripke even said over and over again that WE would be responsible for finding/advocating/piecing together the care necessary for family members and that such care varied greatly depending on the county in which they were placed! I appreciated her honesty, too.

I look forward to similar frankness from you.

Sincerely,  
Ruthanne [REDACTED]

**From:** [Ruthanne \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Response to DDS Draft Closure Plan  
**Date:** Tuesday, September 22, 2015 7:31:20 PM

---

I am the [REDACTED] of a seventy-three year old, sixty-year Sonoma Developmental Center (SDC) resident, and I am dismayed by the Department of Developmental Services' (DDS) Draft Closure Plan.

In the Draft Closure Plan, DDS once again claims the well being of residents and employees of SDC as its top priority. The Draft Closure Plan again states that a resident's Individualized Placement Plan (IPP) will be the basis for identifying placement outside of SDC and vows residents will not move from SDC until appropriate services and supports identified in their IPP are available in the community. How DDS will achieve that given the lack of suitable housing and the 2018 closure date is impossible for me to grasp in this Draft Closure Plan which is long on generalities and short in specifics.

In the public hearings, stake holders and the public were long in specifics. Yet I couldn't find these specifics addressed within the plan itself. Instead, the specifics expressed at the meetings have been rendered into generalities in a segregated section!

If DDS truly DOES have the well being of residents and employees of SDC as its top priority, then the very FIRST thing in the plan should be an admission that the 2018 closure date is IMPOSSIBLE TO MEET followed by a COMMITMENT TO FIGHTING FOR EXTENSION. Secondly, rather than refusing to support concurrent development of resources onsite at SDC, DDS should be FIGHTING for it.

Right now, to give but one example, the Draft Closure Plan glibly claims a resident's transitional plan, once developed, will have a "meet and greet" at the new abode. Yet much of the appropriate housing hasn't been built and/or has long waiting lists (that go beyond 2018) to get in! Such claims make me question the "lessons learned" from previous Developmental Center closures (all of which took MUCH LONGER than the current time line for SDC).

Before finalizing the Draft Closure Plan, DDS should also take a good hard look at the statistics of the remaining population at SDC. Take, for example, the 23% of the population that is over 65 years of age. How many of them have--like [REDACTED]--called SDC home for over half a century? Surely for these seniors, geriatric considerations--including aging in place--apply, which is yet another reason DDS should be FIGHTING alongside the Sonoma Land Trust for the TRANSFORMATION of SDC rather than its closure.

It is a really sad reflection on the Department of Developmental Services that the Sonoma Land Trust has a more thoughtful, detailed draft plan that really DOES prioritize the needs of SDC residents and employees. Furthermore, that politicians Senator Mike McGuire and Supervisor Susan Gorin are fighting harder for SDC residents and employees than DDS.

Truly, it is (past) time for DDS to give more than lip service to prioritizing the well being of SDC residents and employees. But it is not too late.

Ruthanne [REDACTED]  
[REDACTED]



Date: August 17, 2015

To: Cindy Coppage, Dept. of Developmental Services, Developmental Services Division  
1600 9<sup>th</sup> Street, Room 340, MS 3-17, Sacramento, CA 95814

From: Ruthanne [REDACTED] SDC

Re: [REDACTED] year resident SDC

I am writing to ask that Sonoma Developmental Center be transformed rather than closed in order to retain vital services for residents like [REDACTED], a senior who is *intellectually disabled with complex medical and behavioral issues*.

[REDACTED] has an attributed IQ of 7 and is completely non-verbal. She also loves the outdoors, and for as long as she was ambulatory, she freely entered and left her home unit to either sit outside or walk in perfect safety. Now that she's in a wheelchair, she can still enjoy the outdoors because SDC's sidewalks are, for the most part, well maintained and have curb cuts. But the four-to-six bed housing that the state proposes building will be in towns, cities, suburbs without such safety, freedom, or natural beauty, especially since the state budget has allocated less than 50 million for their construction. Were the new housing built here at SDC, however, there would be no need to BUY land. Moreover residents could continue to enjoy SDC's beautiful, safe, therapeutic setting, which cannot be replicated anywhere.

Clustering the new housing on the SDC campus would also allow for a continuation of the thoughtful, compassionate, skilled care that residents enjoy from professionals and staff who know them intimately and work as a team. Outside of SDC, even the very best services that money can buy are fragmented, delivered by professionals with limited or no experience in treating profoundly intellectually disabled like [REDACTED]. Yet collaborative effort and the benefits of long history are not optional but critical in diagnosing, treating, and providing meaningful care for [REDACTED] who has a diagnosis of obsessive compulsive disorder that can manifest in her scratching through her skin, *ripping her clothes, digging and smearing—even eating—her feces, screaming and/or striking out*. She suffers from kyphoscoliosis and, as the curvature of her spine has become more severe, her lungs are being crushed, so her breathing can be wheezy; she is susceptible to pneumonia. Since she cannot speak, staff must ascertain her degree of pain through careful observation of her facial expressions, gestures, and sounds, loud *sharp chirps or cries that can signify pleasure, agitation, frustration, OR pain*. So intimately familiar is [REDACTED] to staff at SDC and so deeply do they care about her that they can—and do—distinguish the difference.

It has been explained to me that the state deems [REDACTED] placement at SDC "restrictive" because it requires a court order. As I hope I've made clear, however, she has for the sixty years she has been in residence, enjoyed the freedom of living in an unlocked home on beautiful and safe grounds. As noted, she also benefits from staff intimately familiar with her likes/dislikes, habits, non-verbal means of expression. Her team of caregivers treat her with kindness and affection. This team includes her outstanding on-site psychologist and doctor, practitioners of "slow medicine" (non-existent outside of SDC) who collaborate in [REDACTED] treatment plan, monitoring and fine-tuning her medications, thus minimizing bouts of illness, her constant pain, and preventing severe acting out.

These staff are [REDACTED] family, as [REDACTED] is [REDACTED] home, as SDC is her community—and has been for almost sixty years because each year, at [REDACTED] IPP, the team and I have mutually concluded that her placement is appropriate. Until September 2014, her case worker(s) at GGRC have concurred. Even then, there wasn't disagreement by the GGRC representative over the appropriateness of [REDACTED] placement so much as a warning that downsizing/closure of SDC would necessitate placement elsewhere.

I am keenly aware that those adamantly opposed to congregate living condemn any and every suggestion of housing or continuation of services at SDC. Yet many senior living communities offer congregate living, and at the July White House Conference on Aging, President Obama called for increasing retirement security; there is a national council to enable seniors to age in place. [REDACTED] like most of the residents at SDC, is a senior, and it would be cruel to evict them rather than allowing them to age in place. It would also be a denial of their basic right "to make choices in their own lives, including, but not limited to where and with whom they live."

This right is listed in the Department of Developmental Services' handout of basic rights. The Lanterman Act preserves an intellectually disabled person's right to choose, as does the American Disabilities Act. Evicting SDC residents like [REDACTED] and destroying SDC as a choice by closing rather than transforming it would therefore not only be cruel but a violation of the law.



**From:** [carol \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Date:** Monday, July 20, 2015 4:04:17 PM

---

Please do not close the Sonoma Development Center . This is an opportunity to use this land to help drug addiction, veterans, homeless people and many more needs. The land trust has pointed out the ecological concerns of closing the center. We will never have another opportunity nor existence of this jewel.

In my lifetime I have seen the demise of an exemplary program in Headstart end. My program for a Special Day class in a high school has also gone. It was partnered with a physically handicapped class. A joy for kids and parents. Parents have fewer choices in this day. This closure ends lives and possibilities.

Thank you for the hearing and opportunity to speak. Please excuse the errors of this communication as my computer is not cooperating today.

Carol [REDACTED]  
[REDACTED]  
[REDACTED]

retired Special Day Teacher San Lorenzo District in Alameda 1980-1995 Headstart  
Concord 1998-1980

September 1, 2015

Department of Developmental Services

Attn: Cindy Coppage

1600 9th Street, Room 340, M.S. 3-17

Sacramento, CA 95814

RE: Comments on Sonoma Developmental Center Closure Plan

Dear Director Rogers and Ms. Coppage:

I am submitting these written comments for your consideration as you develop the closure plan for the Sonoma Developmental Center (SDC) that will be submitted by your Department to the Legislature for its review on or before October 1, 2015.

In addition to these comments, I also support the SDC Coalition written comments filed with the Department of Developmental Services (DDS) on August 7, 2015. In particular, I support the Coalition's proposed vision statement for the future of SDC:

*Create a public-private partnership driven by community ideas and values that showcases the site's history, maintains critical services for the developmentally disabled, provides opportunities for creative reuse of SDC's assets, and preserves the natural resources and open space of the site.*

The August 7th SDC Coalition comments are a comprehensive set of recommendations that, if adopted as part of the closure plan, will ensure the well-being of the current residents, create future job opportunities for SDC employees and set the stage for the permanent protection of the tremendous open space and natural resource assets of the SDC property.

I care deeply about the future of SDC because:

- 1) I have heard the stories of the parents of the current SDC parents and agree that there is a high likelihood of failure of outside placement for the most severely handicapped, and their "least restrictive placement" is where they are right now, since so many of them have been there for years, consider it their home and the staff their family;
- 2) and because it doesn't seem to me that it makes financial sense to move the severely disabled (as there is currently no place to move

them) and would make more sense to use part of the existing property to build group homes for those needing them and keeping them close to the services while utilizing the existing services they so desperately need. NorthBay Regional Center does not have the funding, nor the record of providing appropriate care for the severely disabled. If you don't agree, review what happened at Sweet Water residence in 2014, where there were untrained (or insufficiently trained) people hired to care for the residents, many disruptive behaviors happened, and it took the parents of those residents threatening to sue NorthBay, before the situation was rectified.

- 3) because I have been a neighbor of SDC for 39 years and my children and I have hiked on the SDC land and understand how important the wildlife corridor is (my property on Hill Rd is part of that corridor, as are my neighbors');
- 4) because the SDC property is Sonoma Valley's most important watershed and source of replenishment of our aquifers;

In particular, I strongly urge DDS and the State to recognize in the closure plan that the future of SDC residents, staff and the land are all connected. I strongly support the recommendations of The Parent Hospital Association,

Sonoma Land Trust, and the SDC Coalition, and urge you to seriously consider all of their recommendations.

The SDC property is unique among the State's developmental centers because it includes approximately 750 acres of open space and natural resource lands on Sonoma Mountain and in the Sonoma Valley. The site also provides significant public benefits to the region, including water and groundwater capacity, climate change resiliency, wildlife corridor and habitat protection, scenic qualities and access to open space that supports human health. The site is bounded by state and county parks and other protected land, connected to an existing regional trail system, and identified as a critical wildlife corridor.

The open space and natural lands of the property have been a directly beneficial to the well-being of the SDC residents and employees and the neighboring communities. The site is widely utilized by the community for recreation and enjoyment. Its tranquil setting and the ability for SDC's developmentally disabled clients to get outside, walk around and enjoy nature has provided peace of mind and therapeutic benefits for residents, and for the family members and guardians who care deeply about their loved ones.

In order to fully assess and protect these resources, it is essential that the State:

- Coordinate a complete biological and cultural resource assessments of the SDC property with the California Department of General Services (DGS), the Legislature and the California Natural Resources Agency, that builds on the work of the April 2014 “Sonoma Developmental Center Draft Resource Assessment” and share the data with SDC Coalition and the general public
- Work with Sonoma County and the SDC Coalition to prepare a summary of the property’s contributions towards the State’s environmental goals in the areas of how access to nature benefits public health, water management and conservation, climate change and habitat and natural resource protection.
- Initiate a collaborative process with DGS, the California Natural Resources Agency, California State Parks, Sonoma County and interested stakeholders to ensure permanent protection of the critical open space lands on the SDC sits on.

The Sonoma Valley community is united in the belief that the State should not simply close SDC and sell the land as surplus property. This is a unique property, and it calls for a unique planning approach. Please incorporate

these recommendations into the closure plan, and thank you for considering our concerns.

Sincerely,

*Ellen B McKnight*

Ellen B McKnight, [REDACTED]

**From:** [Leonie \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Against closure of SDC  
**Date:** Monday, August 03, 2015 8:19:23 PM

---

Dear Sir or Madam,

I am writing to encourage you to keep the Sonoma Developmental Center open. The residents at this and other developmental facilities are among the citizens of the State of California that are most in need of support, and a caring and peaceful environment, that does not have an overtly clinical or institutional feel, but gives them a sense of community.

Facilities such as the Sonoma Developmental Center provide professional care for their residents, tailored to their unique needs, that their families may not have the resources to provide. The loss of this facility, and others like it would be a terrible disservice to these families, would potentially put these disabled patients at risk if they were forced into the general community which typically does not embrace the developmentally disabled, and would likely burden the State of California in many unforeseen other ways should these facilities close.

The setting of the Sonoma Developmental Center is particularly conducive to ensuring the well being of its residents due to its natural setting. Studies have shown that spending time in nature and green environments has a calming and therapeutic effect. It is highly unlikely that this setting could be replaced in the community setting for its current residents.

Closing this facility, and denying the Sonoma Developmental Center residents and their families continued access to this facility is the equivalent of insurance companies denying adequate mental health benefits to those in need. I strongly encourage you to keep this facility, and others like it open.

Best regards,

Leonie [REDACTED]



August 15, 2015

To

Mr. Santi Rogers

Director of the Department of Developmental Services

Cc: Secretary Diana Dooley, Beverly Philpott-Sharps and Jayme Wise (NBRC), Karen Faria (director SDC), Brad Backstrom (SDC)

**Statement regarding the needs of [REDACTED] in the context of the “Plan for the Future of the Developmental Centers in California”/intended closure of SDC**

By Ana and Charles [REDACTED] conservators of SDC resident [REDACTED]  
[REDACTED]

The “Plan for the Future of the Developmental Centers in California” contains the following statements:

1. *The basic charge of the Task Force was to “gather facts, share opinions and seek agreement, where possible, on options for the future of developmental centers.” The result was to be “**a plan to assure quality, effective and efficient delivery of integrated services to meet the special needs of current residents living in the developmental centers.**”*
2. *The overarching theme for the Task Force was to ensure the **health and safety** of the individuals being served, regardless of where they live.*
3. *It is critical that **safe and secure services are delivered in the least restrictive environment possible**, while still addressing personal quality of life. Given California’s entitlement to services for persons with intellectual and developmental disabilities, **it is imperative that comprehensive services and supports are in place before a person moves from a DC.***

In addition to the above quoted excerpts from the “Plan for the Future...” we would further like to pre-amble our statement with a short excerpt from the **The Lanterman Developmental Disabilities Services Act** and the rights it grants to a person with a developmental disability:

*“The complexities of providing services and supports to persons with developmental disabilities requires the coordination of services of many state departments and community agencies to ensure **that no gaps occur in communication or provision of services and supports. A consumer of services and supports, and where appropriate, his or her parents, legal guardian, or conservator, shall have a leadership role in service design.**”*

On behalf of [REDACTED] who currently resides at SDC we, [REDACTED] conservators, are herewith stepping into the leadership role, granted to us through the Lanterman Act, regarding the services that he needs in order to be ensured his “health and safety” in a least restrictive environment.

First we would like to introduce [REDACTED] to you:

[REDACTED] is 37 years old [REDACTED] as we are writing this statement. He is funny, kind, loving, and has many skills. He grew up fully included in our family and at school until he was 22 years old. With appropriate support he enjoyed many activities such as yoga, gardening, farming, hiking, running, painting, making music, swimming, biking, working in a cafeteria, cooking, traveling, and much more. He cannot write or read or even count. His verbal ability is limited. Over time his sudden and intense outbursts increased in intensity and frequency. Life with him at home became precarious and barely manageable. Since Charles, [REDACTED], was already living in California at that time, we felt it would be a great opportunity for [REDACTED] to live with him and attend the wonderful Vine Village program in Napa Valley, which was in part supported by the North Bay Regional Center. The first year was a success. [REDACTED] created many beautiful pieces of art and was very happy. Then his episodes began to increase again. He lost his place in Vine Village (<http://www.vinevillage.org/>) and a new living situation had to be found.

From there on a rather sad saga began from group home to group home to crisis centers (in handcuffs) and even to jail [REDACTED] did not even know why he was in jail! His case manager from NBRC worked diligently on finding another placement for him. Truthfully, no home wanted to take a client with behaviors as intense as [REDACTED]. Eventually, a place was procured through the promise of additional funding for additional support staff. But even with this additional staffing the house manager decided after a few months that he could no longer serve [REDACTED]. And [REDACTED] was committed to SDC under W&I code 6502 as “a developmentally disabled person who is a danger to self and others in need of developmental center placement” in 2006. By the time he arrived at SDC, he had fallen through the cracks many times over. With every move his medications were simply increased or switched and/or new ones added. He was completely traumatized, over-drugged and had developed a tremor as if in the very advanced stages of Parkinson’s.

SDC has been a safe place for [REDACTED] in which he has made many friends with staff and other residents. He has the freedom here to walk around the extended campus. He is supported by caring and expert staff. In his 9 years at SDC [REDACTED] has very slowly begun to heal. He still suffers from his sudden and intense outbursts. While he is learning relaxation techniques and is improving his ability to express his needs, he still depends on support in order to re-gain control. Without this external support (which may range from being guided by the arm to his room, to additional stat medication to even soft ties) his episodes can get completely out-of-control and he will engage in serious self-injurious behavior, be potentially dangerous to others, and destroy much property.

### **Current status and definition of [REDACTED] needs (including residential needs)**

On August 4, 2015 [REDACTED] annual IPP was reviewed and shaped for the coming year. Given the intended closure of SDC we addressed the representative of North Bay Regional Center with the question of what options are available for [REDACTED] outside of SDC. The answer was: none. The reason: as long as the IPP includes a checkmark in the box for “needs restraints”, there will not be any suitable place that can meet the need for restraints. Licensing, we were told, does not allow the application of any kind of restraint, be they medical (stat medications) or physical (soft ties or even escorting to room by touching the client).

**What is DDS’ and the legislators’ plan for [REDACTED] and those others at SDC who have very similar issues?** As [REDACTED] who deeply care about [REDACTED] we are shocked to learn that an agency (DDS) and government can proceed to close a place such as SDC **without first** having a solid alternative plan. Can you fathom the depth of our concern – having to fear that [REDACTED] will end up in jail (again) or in psychiatric hospitals or in the streets or be shoved from home to home? Many of us [REDACTED] have experienced this already and were so thankful to have found a “permanent”, “zero-reject” place in SDC – a place that is beautiful, spacious, and equipped with everything (including experienced staff) that a client such as [REDACTED] would need.

Reading the “Plan for the Future of the Developmental Centers in California” we find it severely lacking in truly addressing the needs of those, like [REDACTED], who are challenged with very intense behaviors. A “crisis center” or “crisis services” will NOT address the needs appropriately. [REDACTED] is “in crisis” many times every month. Would he be sent to a crisis center every time? Would a care facility call a “specialist” to intervene? Given that the outbursts occur within seconds and usually do not last longer than up to about 10 minutes, any “specialist” not already right next to his side would necessarily arrive after the fact –too late! Those who work with clients such as [REDACTED] and we as a family KNOW that he needs to be surrounded by expert staff (who is licensed to support with restraints as needed) at all times – not just when he has one of his outbursts. And the support needs to be available instantly – not even a phone call away. Would we love for [REDACTED] to live with us or in the community again? Yes, absolutely. But the reality is that the severity of his condition does not make it safe for him to live in an environment that lacks staff who is trained and licensed and strong enough to help him through each sudden episode. A well-meaning plan is not adequate for [REDACTED] and could and will have disastrous consequences for him and potentially others.

**The NBRC representative asked us to formulate what we want for [REDACTED] /what he needs.**

Given the complexity of [REDACTED] needs, a complete response would have to take the length of a book. SDC is currently the place meeting his needs in a truly least restrictive environment. Can SDC be improved? Yes! We encourage legislators and DDS to study for example Vine Village model (<http://www.vinevillage.org/>) in Napa. We, [REDACTED] conservators, are asking for a place that combines the best qualities of both places, SDC and Vine Village, and retains the following criteria:

1. offering the high level of support (including being licensed to apply restraints when necessary to help [REDACTED] regain control) that makes SDC so unique in the array of residential options currently available.
2. being located on the current SDC grounds thereby continuing to be a part of the inclusive and welcoming community of Sonoma with the additional importance of avoiding yet another move which is deeply traumatic for residents such as [REDACTED]
3. being a zero-reject place that guarantees that [REDACTED] will not have to be going through the same traumatic journey from place to place (including inappropriate and thoroughly damaging places such as jail, psychiatric hospitals, etc.) as he experienced before his arrival at SDC no matter how intense the crisis – on the contrary where he knows he will stay safe with people who know him well and can support him through any current crisis
4. offering on-grounds medical and dental services specialized in the care of patients with developmental disabilities
5. being least restrictive in that it allows free and safe movement within that community

Here are some key aspects of [REDACTED] needs that will have to be met:

- Staff who is highly experienced and trained.
- Staff who is trained in using physical restraints, is allowed to apply those (and understands how to do it in a least restrictive manner), and is part of a support team that skillfully supports [REDACTED] in developing his own strategies when in crisis
- Staff who works as a team consisting of at least: psychiatrist, psychologist, behavior specialist, nurse, medical doctor, occupational and recreational therapist, speech therapist, music therapist, sensory integration therapist, podiatrist, dentist trained in treating people with developmental disabilities, social worker, and more....
- Staff that is well-paid so that they will stay in their positions for long periods and can develop relationships with [REDACTED] thoroughly understanding his needs and his limited communication, establishing mutual trust
- Staff 24/7, often as much as 2:1 or even 3:1.
- Staff who will not threaten him with “jail” or use inappropriate ways of handling him (throwing themselves on him, wrangling him to the floor, police handcuffing, ...all of which have happened in previous settings)
- A place that is safe to live in: providing unbreakable windows, sturdy doors, sturdy special furniture, preferably rounded walls, no knick knacks, etc.

- An un-locked residence
- His own room
- A private and quiet space to receive and make calls to and from family and friends
- A place that can afford to replace mattresses and other broken or ripped furniture and clothing often
- A spacious backyard with unrestricted access and opportunity to be involved in gardening
- A spacious surrounding that allows for unrestricted and independent walks to places such as post office, store, swimming pool, work place (as possible in the current SDC setting) as well as access to hiking trails or other spacious natural settings that are somewhat separate from the general public
- Other clients that are compatible with him – in the same intellectual range and not manipulative – so he can have friends
- A reasonable number of clients sharing a household – the number will depend on the size of the house and the program. The former Judah House, now transformed into the crisis center Northern Star, is an excellent model for converting existing houses at SDC...
- A place that allows and invites families to be involved
- A place that is located within a community that welcomes him and his peers and will not call the police when crises occur
- He needs daily exercise
- He needs opportunities for fine-motor and gross-motor activities
- He needs to be engaged in both leisure and work opportunities that are meaningful to him and are matched with his abilities and that are supported
- He needs continued training in relaxation techniques
- Opportunities to be agentive in regards to his living conditions – to help make decisions regarding which color to choose for his room, etc. as well as help prepare food and take care of typical household chores
- Have access to healthy food
- Ideally a nearby farm to work on with support

It is our expectation that [REDACTED] needs will be taken into consideration by the committee finalizing plans for the future of SDC residents. It is crucial that his needs be met with certainty in his future residence. It is his right and a promise made by the Task Force on the Future of Developmental Centers.

Respectfully submitted by

Ana and Charles [REDACTED]

Ana [REDACTED]  
Charles [REDACTED]

**From:** Ana [REDACTED]  
**To:** DDS HQ Sonoma Closure; Rogers, Santi@DDS  
**Cc:** Reyes, Julia@DDS; Backstrom, Brad@DDS [REDACTED]  
**Subject:** Regarding future of SDC resident  
**Date:** Wednesday, August 26, 2015 9:32:24 PM

---

Dear Mr Rogers,

Thank you so much for attending the Town Hall meeting regarding the future of SDC. As the [REDACTED] of one SDC resident who in spite of his great kindness and big heart suffers from enormous outbursts we appeal to you to consider converting at a minimum two houses on the SDC grounds (e.g. Bemis and Corcoran) into permanent residences for him and the about ten other clients like him with similar needs.

The conversion of the former Judah House into the Northern Star crisis home certainly is a beautiful model for what that can look like. [REDACTED] (and those like him), however, does not need a crisis center, he needs a home that is consistently serving him with expert staff - a home that is home-like and yet at all times prepared for a crisis to occur. Unfortunately, "crises" - in other words "outbursts" - are at the very core of his disability.

Ms. Wall kindly informed us about the use of the Grafton method and PCM in the community. We researched both the "Grafton method" and PCM and while both methods obviously have their merits, we want to make sure that we all are very clear about the specificity of our [REDACTED] outbursts. In the almost four decades of his life it has continued to be unclear what exactly triggers these episodes. On occasion antecedents seem definable, yet the same conditions (e.g. loud noises, laughter) can be quite tolerable for him on other occasions. Staff, parents, teachers, psychologists et. al .have closely scrutinized each and every episode, its antecedents, course, and post-behaviors, and yet the etiology of those episodes remains elusive. Hence, neither the Grafton method nor PCM can at this point, used by themselves, be considered appropriate methods to assure that our son will be supported effectively and safely through his outbursts. And so we come back to the fact that for him and a few other residents at SDC very much like him we have to provide a place like SDC - a place that is licensed to physically escort a client in this kind of distress in order, to the extent possible, safeguard him and his surrounding, a place that at the same time presents the least restrictive environment as the SDC.

Please support us in our request for this small group of clients: a small SDC - preferably on the existing grounds as to not cause further distress to their already extremely challenged lives, that allows these particular vulnerable clients to stay in a welcoming community, and provides

uninterrupted access to specialized medical and dental care. It has been a heart-wrenching journey to see [REDACTED], who in many ways is so capable, suffer from his episodes. As much as he is supported in developing coping techniques and as much as he himself desires to be free

of these outbursts, he continues to be subjected to them.

As [REDACTED] who are looking with a very heavy heart into the future of our much beloved [REDACTED], we urge you to consider retaining a miniature SDC for him and some of his fellow SDC residents.

Respectfully,

Ana [REDACTED]  
[REDACTED]  
Charles [REDACTED], P. [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

---

From: Sonoma.Closure@dds.ca.gov

To: [REDACTED]

CC: Santi.Rogers@dds.ca.gov; Julia.Reyes@DDS.ca.gov; Brad.Backstrom@Sonoma.dds.ca.gov;  
[REDACTED]

Subject: RE: Regarding future of SDC resident

Date: Sat, 22 Aug 2015 00:59:33 +0000

Dear Ms. [REDACTED],

Your service coordinator at NBRC is the expert/team that you should discuss your options with. The "newer" methods referenced in our response are not actually new methods, just "newer" to California. Options explored by Regional Centers for individuals moving from Lanterman Developmental Center included: the Grafton method and Professional Crisis Management (PCM). The Department has incorporated Grafton techniques into the DCs and I am aware of at least two regional centers that have used PCM in community homes. I will follow up with your service coordinator to make sure she knows which regional centers are available as a resource regarding these options.

Thank you,

Amy Wall  
DDS

---

**From:** Ana [REDACTED]  
**Sent:** Wednesday, August 19, 2015 8:05 PM  
**To:** DDS HQ Sonoma Closure; Rogers, Santi@DDS

**Cc:** Reyes, Julia@DDS; Backstrom, Brad@DDS; [REDACTED]

**Subject:** RE: Regarding future of SDC resident

Thank you for your reply. We would like to follow up on your comment regarding "newer methods being used in the community (as an alternative to restraints) that warrant thorough exploration by you and your [REDACTED] team to see if they might be appropriate". Please connect us with the respective expert/team who can share more about that with us. We are greatly interested in learning more specifics about any possible way to support our [REDACTED] in regards to his outbursts since they put him at great risk. We are sure that the staff at SDC would as well be eager to learn more about what you have to offer.

Sincerely,

Ana [REDACTED]

---

From: [Sonoma.Closure@dds.ca.gov](mailto:Sonoma.Closure@dds.ca.gov)

To: [REDACTED]

CC: [Julia.Reyes@DDS.ca.gov](mailto:Julia.Reyes@DDS.ca.gov)

Subject: RE: Regarding future of SDC resident

Date: Tue, 18 Aug 2015 19:42:46 +0000

Dear Mr. and Mrs. [REDACTED],

Your comments have been received by the Department of Developmental Services and Director Rogers. Your concerns regarding the complex needs of [REDACTED], and others who reside at SDC, will be reflected in the closure plan and a copy of your statement will be included.

The safety of the individuals we serve is our highest priority. The Department and Regional Centers are committed to ensuring careful and thoughtful transitions for all of the men and women who live at SDC. Each person and their family will be part of an extensive transition planning process based on the individual program plan (IPP), where all of the important points you outlined in your statement can be discussed with his team - so that you can decide, together, what might be an appropriate placement for [REDACTED] and identify all of the additional supports he may need. There are new models of residential services coming on line (Enhanced Behavioral Support Homes) and newer methods being used in the community (as an alternative to restraints) that warrant thorough exploration by you and [REDACTED] team to see if they might be appropriate.

Both the Department and the Regional Centers will work hard with [REDACTED] transition team to ensure all of the necessary services and supports needed to be successful in the community are in place before a move date is set.

We appreciate you sharing your expectations and concerns in your comments. Also, we have forwarded your request to have your statement read at Thursday's town hall meeting to the Parent Hospital Association (PHA).

Thank you for submitting your comments.

Sincerely,



## The Department of Developmental Services

---

**From:** Ana [REDACTED]

**Sent:** Sunday, August 16, 2015 5:12 PM

**To:** Rogers, Santi@DDS

**Cc:** Backstrom, Brad@DDS; [REDACTED] Faria, Karen@DDS; [REDACTED]

**Subject:** Regarding future of SDC resident

Dear Mr. Rogers,

[REDACTED] currently lives at SDC. We have grave concerns regarding a possible placement in the community. The attached statement specifies the reasons for our concern. It further explains the position we take as parents and conservators in regards to participating in the planning process for an appropriate, least restrictive, safe residence and expert care for our son.

Thank you for your attention and support,

Ana and Charles [REDACTED]

cc: Secretary Diana Dooley; Karen Faria - Director SDC; Charles [REDACTED]; Brad Backstrom - lead psychologist, SDC; Jayme Wise and Beverly Philpott-Sharps - NBRC

My name is Mary Anne [REDACTED] and I am the conservator for [REDACTED]. [REDACTED] was born blind, (Rubella Syndrome), mentally retarded and is "non-verbal". She has been a ward of the State of California since she was a young child and has been a resident at Sonoma Developmental Center (SDC) for the past 40+ years. [REDACTED] could not provide the level of care that someone like [REDACTED] requires and saw no other alternative than to entrust her care to the State. [REDACTED] Mother passed away in 1988. [REDACTED] father passed away in 1992.

I am writing today in regards to the planned closure of the SDC facility. The plan, as I understand it, is to close the facility by 2018 and place the remaining residents in community-based group homes. [REDACTED] has special needs requiring special attention which I fear will not be satisfied in a community-based group home. She was found by the Superior Court of California, County of Sonoma to be **gravely disabled** and the least restrictive placement to achieve the treatment was recommended to be the Sonoma Developmental Center.

A community-based group home will not have readily available on-site medical staff as is provided at SDC. [REDACTED] is non-verbal and cannot communicate any aches, pains or problems she may be having. She may at times, exhibit violent behavior out of frustration from her inability to verbalize and express any discomfort or confusion she may be experiencing. Currently, at SDC the on-site nursing staff is familiar with [REDACTED] and regularly checks her medical and dental condition. If the plan is to provide only an annual check-up or physical exam, this will not adequately meet [REDACTED] needs. Left unattended any developing conditions would worsen. I am worried about her being ignored, abused, sedated and neglected if put in a group home that doesn't have adequately trained staff. She relies on nurses, staff to give the medication.

Also, [REDACTED] living arrangement at SDC is with one other resident. I am concerned that she may be confused and traumatized by a transfer into an environment where she is confronted with unfamiliar people and surroundings.

We have all seen reported incidents on T.V. about neglect and abuse in group homes. I fear that [REDACTED] will be neglected in a group home. At SDC she has been exposed to activities and outings that have allowed her to experience joy that many of us take for granted. I doubt that she will continue to have these activities at a group home and she may be overlooked and left unattended in an arrangement with multiple residents, all needing some level of care and assistance.

[REDACTED] has been a ward of the State for most of her life and is now 56 years old. The State has seen to her care and it would be a tragedy for [REDACTED], and many others like her, to be thrust out into an environment where health care and attention will be severely diminished. If the State can find ways to provide for illegal immigrants and convicted felons it surely can find the necessary resources to provide a safe and healthy way of life for those who were unfortunate, through no fault of theirs, to be born with disabilities like [REDACTED].

The SDC facility and staff have been in existence for many years and provided care and a voice to those who can't do for themselves. I see no need to change that now and ask that you reconsider the planned closure of the SDC. In fact, I wonder why the \$49.3 million dollars earmarked for FY 2015-16 for developing the community services wasn't spent on bringing the SDC residential units that were found to be in violation of federal requirements into compliance so that the residences could remain and federal funding reinstated.

One final thought.....if YOU had a family member at the SDC how would you feel about trading their care and well being for budget dollars?

Respectfully,

Mary Anne [REDACTED]

## **Proposal for SDC Community Dental Clinic**

### **Rationale**

As the population at SDC decreases with the projected closure date of 2018, clients will have a difficult time obtaining dental care in a community setting. Dentists in the community are neither sufficiently trained nor properly equipped to handle this specialized patient population. Those that are fortunate enough to be able to receive treatment in the community, especially those that require care in a hospital setting usually must wait up to two years to be seen for routine dental care. Dental schools such as the Arthur A. Dugoni School of Dentistry and the dental school at UCSF are not equipped to handle the influx of developmentally disabled clients anticipated for community placement. Most private dental offices as well will not be able to handle the anticipated demand for dental services.

The purpose of this proposal is to offer continuing dental services to the developmentally disabled population as they transition into the community, and to offer dental services to those clients already in group homes through the various Regional Centers.

The Sonoma Developmental Center Dental Clinic has been involved in the dental care of this patient population for decades and possesses highly skilled clinicians and staff well versed in the care of these clients. The dental clinic at SDC is structured and already "up and running" in the treatment of these clients with experience in a wide range of services it can offer. Most private dental offices do not have the ability or the training to provide sedation dentistry or outpatient general anesthesia. This is a service that many of the developmentally disabled patients require in order to receive optimal dental care. Most patients that require this type of care typically must wait up to two years to be seen in a hospital setting. The SDC dental clinic provides this service to those clients that require it in a timely fashion. In addition to the general dentists on staff who are capable of providing dental care in these various settings, we also have specialists in oral surgery and endodontics on staff that are well versed in the dental care of the developmentally disabled population. Within this specialized care setting, the SDC Dental Clinic is capable of providing excellent, optimal and timely dental care to this very special patient population.

Ron Miller, D.D.S./Stephen Okawa, D.D.S.

**From:** [REDACTED] [Allison](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Rehabilitation Therapy  
**Date:** Monday, August 31, 2015 9:37:02 PM

---

SDC is a very unique place where awesome things happen everyday. I am fortunate to work with such genuine and endearing clientele. As a music therapist I work with a case load of folks providing quality of life services, including recreation, leisure, therapy, community outings, and special events. As music therapist I work with a great group of professionals that make up our rehabilitation therapy team. We work to provide unique services that are tailored to our clients needs and desires. Daily rehabilitation therapists at SDC use the therapeutic relationships, that have been created over the years, to provide opportunities for maintenance, support and the creation of recreation and leisure skills. This may not seem like a very important job, as often the medical issues get the spot light, but if you take a look around the rehab therapists (RT) are a very important to the residents at SDC. We are commonly chalked up to be the fun people but we often see these folks in a different light because of the experiences we offer. Therefore a rehab therapist can bring important information to the IDT when it comes to their quality of life and other issues at the IPP. A rehab therapist knows various approaches and strategies when it comes to working with their clientele. Whether it is a music group, community outing, or arts and crafts group (to mention a few) the RT is often the pied piper that can elicit responses from people that no one expected.

There is a long list of services that should be considered for continuation at SDC, rehabilitation therapy should be on that list. The numerous special events we put on are top quality and designed for the residents. They are truly amazing. Dances with live bands, seasonal events, tea parties, coffee socials, block parties, kite day, pool parties, farm parties, camp fire sing-alongs, and ice cream socials are just a few of the events that take place all year. These events are crucial to creating and maintaining a community for the residents where they can be free to enjoy and re-create themselves. Special events are often how our folks keep track of time passing and something they look forward to. These events should be continued and made more available to the disabled community at large. SDC has the grounds and resources to make a wonderful community recreation center geared towards those with special needs. There is also the suggestion of continuing individual and group activity services that might include arts and crafts, swimming, movie nights, horseback riding, music therapy, cooking groups, exercise groups, pottery classes, sensory integration activities and the list goes on and on. The services provided would depend on the needs and interests of the individuals served. These services could be anything from a drop in center to day programs and more.

Currently the center has 7 Music Therapists on staff. We would love to propose a music therapy clinic that would be open to referrals from the community. Music therapy is proven to be effective in the treatment of persons with special needs. Music therapy is non-threatening and enjoyable. The skills learned in therapy are often not purely musical but rather geared towards generalizing skills across all areas of life. Again the resources are available at SDC, everything from buildings to instruments, therapists and equipment. Our services could be used for all ages and a large range of special needs for individuals and groups.

We currently have two performing groups at SDC, the choir and the performing arts company. The SDC choir and bell ensemble is a group made up of a variety of clients from about 7 different homes with varying abilities. Some folks sing, some play rhythm instruments and certain members play in the resonator bell section. There are 5 music therapists that lead this group that practice almost weekly and performs at least bi-annually for the SDC community. This group has been performing for close to 20 years. Some members are long standing, some have come and gone and we are always looking for new members too. The music therapists along with the rehabilitation therapy team also put on a yearly musical production as the SDC Performance Company. Some years the musical is based on a famous Broadway-type musicals and some years we create our own plot with familiar and home-made songs. The musical involves the whole production process including audition experience, rehearsals, costuming, blocking, singing, dancing, props, performances and even a cast party. Both the choir and the performing arts company are unique to SDC and are really beneficial for the individuals involved. Benefits begin with a sense of belonging but continue on by offering opportunities for responsibility, socialization, self-awareness, pride, accomplishment, and growth. These are services that will be hard to duplicate in the community. These services should continue in the future at SDC.

Overall, Rehabilitation Therapy should not just be available to those who live at the developmental centers. Music therapy, art therapy, therapeutic recreation, and dance/movement therapy are incredible and effective forms of therapy with individuals with disabilities. In the group home setting these therapists become consultants and are not typically involved with hands on therapy. Rehab therapists become the person who suggests activity ideas, makes recommendations, writes the reports and shows up for meetings. What a shame to move into the community and lose valuable quality of life services. As the transition progresses please consider including Leisure and Recreation as a continued service at SDC. Formal proposals for the services mentioned above can be submitted when the time is right.

Thanks for your consideration and if you have any questions please feel free to contact me.

Allison [REDACTED] MT-BC/RT  
[REDACTED]  
[REDACTED]

**From:** Karen [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#); [Wall, Amy@DDS](#); [Kent, Kristopher@CHHS](#); [mike.mcquire@sen.ca.gov](#); [REDACTED]  
**Cc:** Karen [REDACTED]  
**Subject:** Opposition to closure of Sonoma Developmental Center  
**Date:** Wednesday, August 26, 2015 12:06:43 PM  
**Attachments:** [Santi letter opposing.pages](#)

---

I have attached a letter which I hope will actually be read outlining my concerns regarding the plans of the governor and his administration to close Sonoma Developmental Center (SDC) and the other remaining two Centers in southern California. While I am adamantly opposed to the closure, I am also adamant that, if you do close this center, there are critical services that must remain housed at the site including a crisis unit large enough to serve those, like [REDACTED] who are once again at high risk of failure in the community. In addition, during meeting with the representatives of our regional centers, we have learned that the necessary life supports are not in place for our family members nor is appropriate medical, dental and mental health care. The timeline for closure is extremely unrealistic and punitive and will put individuals with complicated medical and behavioral complications at high risk. I was at SDC on Monday; during a short visit, I saw a client pulling his pants down as he walked to the restroom (public exposure) and another having a really bad day and sitting (under supervision) in the front yard yelling and screaming out his frustrations (public nuisance, menacing behavior and if approached, will undoubtedly would be charged with threatening a police officer or resisting arrest). All these are behaviors being addressed by trained professional staff but are not behaviors that will "cut it" in the typical urban or suburban neighborhood. [REDACTED] and her fellow residents are not only losing a home; they are losing a place where it is safe for them to be different, have problems while at the same time having trained staff working with them on modifying behavior. My daughter and her peers do not learn new ways of doing things overnight; it takes decades.

The proposal to close these centers is an enormous public policy blunder and one that will come back to haunt the governor and legislature, residents of the entire State of California, and people like my daughter who have found a community, a home, a place of work, friends, professional, highly trained staff, and on-going public support and understanding at SDC.

Karen [REDACTED]  
[REDACTED]



August 24, 2015

To: Mr. Santi J. Rogers, Director of the California Department of Developmental Services  
P. O. Box 944202; Sacramento, California 94244-2020  
Santi.Rogers@dds.ca.gov

From: Karen E. [REDACTED]  
[REDACTED]

Re: Sonoma Developmental Center Closure Plan

[REDACTED] has lived at Sonoma Developmental Center (SCD) for over 28 years having come to SDC at age fifteen when the regional center as well as other community and education-based services in San Mateo County totally failed her and no local public or private entity could meet her needs. Today, she is stable, happy, productive, and able to enjoy the life open to her because of the support and services offered through SDC. She does well today because of the skilled professionals who provide her care and the consistency and breadth of programming available only through centers such as SDC.

I strongly oppose the closure of the state's remaining developmental centers and believe the State of California is making one of the biggest public policy mistakes it has ever made in planning to close the three remaining centers to all but those involved in the criminal justice system. I find it abhorrent that this governor, this legislature, and the leadership at the Department of Developmental Services have made this decision through the May Revise process rather than in a more public process with opportunities for far greater public input versus the input of a few selected persons.

As we parents and conservators meet with local regional centers, we are finding that there are few, if any, group homes available to meet the needs of our family members. Even more serious is the lack of experienced medical, dental, mental health, and health care professionals necessary to serve our family members and the additional numbers of severely disabled individuals coming back to local communities. The lack of adequate homes/facilities and the health care issues are of great concern as are current Medicare/Medical reimbursement rates for the more challenging clientele. In addition, day programming is woefully limited in many communities and the quality of life for [REDACTED] and her peers will be severely impacted. The lower wages paid to community caregivers means that turnover rates are much higher than at SDC and this, too, will impact the mental and physical health of my daughter and every one of her peers.

While you rush to close Sonoma, you are failing to first put in place the licensing, supervision and vendor/caretaker training requirements that will help provide a layer of protection for our vulnerable family members. As of today, you do not have enough alternative facilities of any sort for care for our Sonoma DC residents let alone those from Porterville and Fairview. And, for you to think that you will this in place in 36 months, would be laughable if it weren't so sad.

If you are to move forward with this plan, and I for one believe that you do have the wherewithal to reconsider your decision, then it is imperative that you extend the timeline for closing Sonoma so that we parents and conservators can work with our local regional centers to help develop/strengthen the network of medical, dental, mental health and caregiver networks that will be needed to take on the responsibilities of providing services for our family members.

Secondly, I urge you to go back to work with our federal partners to re-evaluate current philosophies regarding care and services for the developmentally disabled. As I stated in the public hearing at Sonoma High School, closure of valuable centers is based on an outdated, anti-institution philosophy dating back to the 1960's. Much has changed since then and issues (and philosophies) related to congregate care need to be revisited. Instead of closing the center, consider building clustered housing units on the Sonoma site prior to "closing"; open admissions to other severely disabled individuals; and, keep the valuable land and professional staff that has served their clients and the state so well.

Sonoma Developmental Center supporters and the Sonoma Parents Hospital Association (PHA) will be looking at your closure plan carefully and looking for those items that we have outlined as being critically important. There are services that need to be maintained and further developed for others in the region and plans for maintaining these services need to be developed concurrently with any community placement plans you might have. Please be advised that, individually and collectively, we will be considering our options should DDS and the state not take our proposals seriously. Therefore, I ask—as you consider changes at Sonoma Developmental Center—that you not only protect this incredible natural and institutional resource but you develop a strategy to develop new on-site housing options while maintaining medical and dental and life enhancing services for existing clients concurrently with closure of the old Sonoma Developmental Center.

In addition, make certain that vendors and regional centers understand that they have special responsibilities when it comes to our family members. Part of their responsibility is to ensure that our family members have the same opportunities that they have at SDC: physicians and dentists specializing in work with those who are severely developmentally disabled; employment and job training; behavioral and psychological support services; behavior modification services; recreational services; and integration into the larger community through work and leisure activities. Don't promise that "these will be there----eventually." Have it all in place first with someone appointed and charged with the responsibility to ensure that this occurs throughout each of the regional centers before you begin forcing placement into local communities.

And make certain that any closure plan include specific plans for maintaining SDC as a regional service center for medical, dental and behavioral support for our family members and other developmentally disabled persons; keep wheelchair repair and modification services at SDC; and, most importantly, maintain housing for those who will not be successful in community facilities.



As you move ahead, don't simply dump folks into what are essentially unprepared board and care homes or singular apartments where isolation, depression, and ill health will follow. And don't simply transfer responsibilities to the local level to warehouse our family members in philosophically idealized visions of local communities just waiting to invite our family members to the next neighborhood BBQ.

If you are sending our family members to the community, don't think you can do it "on the cheap." Current residents of SDC -and others with severe developmental disabilities born each and every today- will continue to require an array of services, stable environments, and skilled caregivers.

The State of California through this governor, this legislature and this Department of Developmental Services had an opportunity to truly transform Sonoma and the other developmental centers into something unique and to develop true regional centers for innovative housing and specialized services that would benefit all Californians with developmental disabilities. It is unfortunate you all have chosen otherwise. Because of the decisions your department has made along with the governor and legislature, we who support SDC and care about our family members and their peers believe you are **not** "transforming Sonoma"...and it is those who live there including [REDACTED] who stabilized and thrived at SDC and became the very best [REDACTED] she can be, who will bear the burden and pain of your actions.

CC:

Senator Mike McGuire, Senate District 2: [mike.mcguire@sen.ca.gov](mailto:mike.mcguire@sen.ca.gov)

Senator Jerry Hill, Senate District 13: Fax: (916) 651-4913

Assemblyman Kevin Mullin, 22nd Assembly District, Speak pro Tempore: Fax: (650) 341-4676

Mr. Kristopher Kent, California Health and Human Services: [kristopher.kent@chhs.ca.gov](mailto:kristopher.kent@chhs.ca.gov)

Ms. Amy Wall, Department of Developmental Services: [amy.wall@dds.ca.gov](mailto:amy.wall@dds.ca.gov)

Ms. Kathleen Miller, President, Parent Hospital Association (PHA): [kjmillerkoch@yahoo.com](mailto:kjmillerkoch@yahoo.com)

August 28, 2015

From: Sandra Monasch

To: Ms. Amy Wall, Department of Developmental Services

cc: Senator Jerry Hill, Senate District 13

Assemblyman Kevin Mullin, 22nd Assembly District, Speaker pro

Tempore

Dear Ms. Wall and Gentleman,

I am writing this letter on behalf of my family member [REDACTED] and [REDACTED] who is a 28 year resident at the Sonoma Developmental Center. Over the years, I have witnessed how [REDACTED] has thrived and adapted to her life there in such a positive way.

Her mother, [REDACTED] has explained to me the situation about the planned closure of the center, and about the damaging effect this will have on her daughter and the other nearly 400 current residents. It is an awful dilemma for all the families involved. As you can surely imagine, as loving and caring as these families are, they are not equipped to handle the special needs of these patients, or provide the special needs of mental, medical, dental, and therapy that so many of their family members require. Furthermore, the bonds and attachments that these residents have forged with their caregivers and people who work with them on a daily basis is irreplaceable and cannot be replicated outside of the Center which has been their home for so many years.

The closing of Sonoma Development Center for some undisclosed reasons is a slap in the face to those California families who have paid state and federal taxes all these years with the knowledge that part of these

taxes were helping to sustain their family member in a safe and caring environment. These residents are fragile and should not be passed around to those, who are probably well meaning, but without proper knowledge of the specific individual and the care that would be needed to sustain them.

Please add my name to the growing list of those who are advocating against the closure of Sonoma Development Center.

Sandra Monasch

[REDACTED]

*Sandra*

[REDACTED]

From: [Debbi](#)  
To: [DDS HQ Sonoma Closure](#)  
Subject: Regarding Sonoma Developmental Center  
Date: Wednesday, August 19, 2015 6:12:40 PM

---

Donn [REDACTED]  
[REDACTED]

## **Regarding Sonoma Developmental Center Transformation**

From [REDACTED]

[REDACTED], age 55, has lived at SDC for 27 years. He is intelligent but low functioning due to his severe autism, is mostly non-verbal, lacks safety awareness, and presents a very challenging combination of behavior issues and renal failure requiring dialysis and related care. [REDACTED] health is a carefully monitored balancing act due to his renal failure, his inability to say how he feels or if he hurts, his lifelong focus on eating combined with his need for a strict renal diet, and his behavior issues, of compulsive behavior, aggression and self injury. Despite all this, he has lived for 10 years on dialysis in a precarious but relatively good state of health due to the expertise and outstanding efforts of: his SDC physician (who sees him 5 days a week), psychologist, dietician and nurse, all of whom he has frequent or daily, contact with and, when needed, quick access to; the psych. techs., known and accepted by him, who take him to dialysis 3 times a week, providing constant, calming 1:1 care throughout the whole process to enable him to get this lifesaving treatment; the psych tech and pta staff who are trained, caring and have low turnover so that they know him well, some for many years, are trusted by him and can work effectively with him in looking out for medical needs and helping with behavioral needs. All of this is necessary for his health - and survival - but also to give him the comfort of feeling safe, respected, cared for and helped. There is no question that this is his informed choice: he has the experience of 4 placements in the community, but he clearly shows his desire to stay at SDC and with these people.

[REDACTED] needs a Transformed Sonoma Developmental Center, but so do many others - the other SDC residents and growing number of former residents plus those living throughout northern California who have developmental disabilities - all need access to SDC's specialized resources to continue their care or to fill the unserved gaps in community services.

### **What is needed is a transformed, not closed, SDC facility that provides:**

Some 4 bed residential housing for those who, like [REDACTED], can not have their needs met in the community.

A crisis center, probably expanded from its proposed size

A medical center and clinic where SDC clients in transition or already transitioned to the community, those who are in the SDC crisis center or 4 bed homes, and those in the community with d.d. who are not from SDC but are underserved in the community, all can get health care and coordination, provided by physician,

psychologist, psychiatrist, dietitian and other personnel as need dictates, each experienced in working with d.d. clients.

A dental center to cover the very special needs, unmet outside the D.C., of people like [REDACTED] to get his dental care

An adaptive/custom equipment center to continue to provide and repair the one-of-a-kind seating, footwear, wheelchair modifications etc. - and the arm support they made that allows [REDACTED] to get lifesaving dialysis. No one outside of the SDC provides this service.

Assistance available to community facilities which need it, or to their clients in case of sudden closure, as has happened before.

Protection and use of the the essential resources of Sonoma Developmental Center :

Continuation of the use of its highly trained, experienced and caring psych tech. staff, who have sufficient professionalism and pay to make taking care of SDC clients, whether in or transitioned out of the facility, a career, not a a brief job on the way to something better.

The years of expertise accumulated there must not be lost to those with d.d.

SDC's beautiful, safe and least restrictive setting for its d.d.clients, allowing them to move about outside safely and without community pressure. This is where the services should be located.

**All of these services and resources are needed and must not be lost - there will be no way to get them back!**

**We strongly feel that they all belong in the SDC Plan and in a Transformed SDC.**



[REDACTED]

Department of Developmental Services

Developmental Center Division  
1600 9<sup>th</sup> Street, Room 340, MS 3-17  
Sacramento, CA 95814

Attention: Cindy Coppage

This letter is in opposition to the planned closure of the Sonoma Development Center (SDC). Since the body of this letter may never be read, I request a reply noting those elected officials who have supported the closure of SDC. They need to hear from their constituents and I need to direct my votes accordingly.

I write this letter from the viewpoint of a physician who has cared for a number of the residents of SDC. They would typically come to the Queen of the Valley Hospital for surgical services and I would care for them in the OR. This background has given me a clear understanding of the complex nature of their medical problems and the quality of care they receive at SDC. To say that these individuals are fragile is a gross understatement. They are largely unable to perform even the most basic activities of daily living and are completely at the mercy of their caregivers. This having been said, my patients coming from SDC were consistently better cared for and in better shape than from any other care facility.

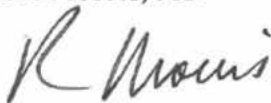
An alternative care facility may have budgetary merit and may look on paper to have the necessary capabilities, but the reality is quite different. These individuals are so fragile that a minor oversight in medical management (eg monitoring seizure treatment) or the development of a small bed sore can have catastrophic consequences from which they do not recover. It is tantamount to euthanasia.

These individuals are the most vulnerable and defenseless of our society and are deserving of the best care we can provide, even though they are likely never to vote, protest, or write letters to the editor.

In conclusion, I strongly oppose the closure of the SDC. To do so would be a morally irresponsible approach to a budgetary issue.

Sincerely,

Robert Morris, MD



Department of Development Services  
Development Center Division  
1600 9<sup>th</sup> Street, Room 340, MS 3-17  
Sacramento, CA 95814

Dear Cindy Coppage,

I am writing this letter concerning the closure of the Sonoma Development Center, located in Sonoma California. As a Registered Nurse I am very concerned for the safety of the patients with fragile medical conditions that require around the clock care seven days a week. Halfway houses (new name "community home care") mean less staff, which means less, back up when a staff member is unable to come to work. So who will take care of the patients? What if the home decides they can't take care of the patient anymore? Will they keep moving them further and further away from their families? The survival of these patients depends on having loved ones around. It is hard enough to have a mentally ill family member without adding the burden of having to re-locate to be close to them. Thoughtful people look back to history to guide decisions. We can look back to the 1980's when the Ronald Reagan administration reconfigured the care and placement of the mentally ill. If you think that turned out well then you must not be seeing all the mentally ill homeless on the streets. Just because the mentally ill are not always able to speak-up on their behalf doesn't mean we shouldn't care for them like we would others. Personally, I think dogs receive better care in this state! If this facility is closed, I have to believe that the people making this decision for the State of California obviously have no compassion or common sense for the well-being of the people in this state no matter if they are mentally ill or not. This decision affects everyone that lives in California not just the patients at the facility. Please don't let history repeat its self! We as the state of California should make it our responsibility to provide the best care available for these patients. Their home environment at the Sonoma Development Center should provide that care.

Thank you,  
Sara Morris



**From:** [Dayton Murray](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Date:** Thursday, September 24, 2015 7:54:05 AM

---

The closure of any developmental centers in California is an outrage. If anything we need more of them. Spending time in most communities in the state will illustrate that. To put these clients into boarding houses with unprofessional help and expect the local medical community to be able to address their needs is irresponsible and cruel. There are more ways the state can bail itself out of the financial deficit it has put itself in than to punish the clients and families of S.D.C. The very least D.D.S can do is try to negotiate a happy medium for all.

Sincerely,

Dayton Murray

Co-conservator and brother 



DEBORAH C. NITASAKA, M.A.  
*Science-Minded Thinker & Freelance Writer*

29 August 2015

Santi Rogers, Director  
Department of Developmental Services  
1600 9<sup>th</sup> Street, Room 340, M.S. 3-17  
Sacramento, CA 95814  
[Sent via email: Santi.Rogers@dds.ca.gov]

*RE: Comments on Sonoma Developmental Center Closure Plan*

Dear Director Rogers:

As a 23-year resident of the Sonoma Valley, a member of the Sonoma County Housing Advocacy Group, and a social scientist with a professional history in nonprofit management and child welfare, I am submitting these written comments for your consideration as you develop the closure plan for the Sonoma Developmental Center (SDC) that will be submitted by your Department to the Legislature for its review on or before October 1, 2015.

I care deeply about the future of SDC. The natural beauty and environmental importance of this property, these are spectacular treasures. The land and all it holds are the rightful property, the commonwealth, of the people of the State of California. That wealth must not be squandered in the short-term by decision-makers lacking deep insight into the needs of the population so well served by SDC.

With that in mind, I strongly urge the Department of Developmental Services (DDS) and the state legislature to recognize in the closure plan that the future of SDC residents, staff, and the land are interconnected.

Specifically concerning the welfare of the more than 400 SDC client residents, I find that the closure plan does not begin to adequately address the unique housing and care needs of the state's most severely developmentally disabled, now at risk of displacement. As others have pointed out, DDS has not seen fit to publically disclose how well it is able to manage the health and well-being of clients currently housed in "community settings," including the number of outsourced residents who have fallen into homelessness.

Therefore, we should not so readily allow for the displacement of even a single SDC resident. If the worst occurs and SDC residents are forced from their homes, we must see that a full transition plan is in place for each resident. That plan must include licensed and appropriate housing and care, supportive services, and state oversight that regularly evaluates the quality of care, overall performance, and client well-being. That level of care must at least be equal to that now received by the residents of SDC.

An additional factor, at present there is very little licensed community housing available in the Bay Area to which these 400+ SDC residents could be transitioned. With nearby appropriate housing in short supply, it begs the question: How far from their families might SDC residents soon find themselves? How far is the state willing to go to monetize human welfare?

In my capacity as a Children's Social Worker for the County of Los Angeles, I have seen many "community homes," more usually called group homes. Both those licensed for the care of foster children and those specializing in the care of children and adults with developmental disabilities promise to offer a home-like setting and level of care. However, I have seen what state social workers conducting scheduled visits to these facilities have not seen. And that is my gravest concern.

*"We cannot seek achievement for ourselves and forget about progress and prosperity for our community...  
Our ambitions must be broad enough to include the aspirations and needs of others,  
for their sakes and for our own." —Cesar E. Chavez*



The state is anxious to convince the public that these community homes will provide “the least restrictive” living environment. Nothing, in fact, could be further from the truth. They are actually tiny, dark, dirty, smelly, noisy places lacking in privacy. Residents of these places generally spend their days in these squalid boxes, devoid of the beauty, expanse, and rich experiences SDC residents have always enjoyed.

In the evenings, staffing is reduced, in number and skill level. I am aware of instances when residents, in need of emergency medical aid in the evening, were unable to convey the nature of their urgencies due to language barriers.

I have witnessed how medications such as Haloperidol (commonly referred to as “Haldol”), an antipsychotic medication with severe side-effects, are used to control/manage “clients” – even those without a diagnosis warranting such drastic, though common, measures.

As well, I can attest to the sometimes life threatening inability of staff to properly manage essential medications. Residents may miss scheduled doses or receive excessive amounts of their medications. In one such case, I arrived to find a resident near death. He was slumped over and his blood pressure was alarmingly low. The staff, which included a physician licensed in another country, stood watching in apparent wonder, as paramedics were called in to save that man’s life. Staff had over-medicated that resident when they were unable to read the prescription bottles’ labels – due to language differences.

I hope I am making my point:

That the state should consider moving medically fragile residents who are now thriving at SDC to such places is beyond unacceptable. Should the State of California follow through with its planned closure of SDC, it is my position that lives will be lost because medically fragile people have been placed in settings where their level of care will fall far below what is essential for their physical and emotional welfare.

In terms of state oversight, I can speak from experience on this point as well. Regional Centers, actually privately owned state contractors, vary greatly in all regards and are often more in tune with the needs of community home operators than with their clients. State workers make appointments, are expected, and are shown what all involved want seen, including falsified staff training documents. And then they leave and life goes on. As an industry, group homes are generally soulless money-makers. Their living environment is not so different from caged chickens: It is intensely restrictive. State workers know this. Regional Centers and related workers know this. Yet, everyone does their job, collects a check, and keeps quiet about the realities of life in these miserable boxes.

I want to close with a brief discussion of what it means to live a rich life, to thrive within a community, because people with developmental disabilities are no less entitled than anyone else to embrace a life enjoyed to its fullest. SDC was envisioned to be a community unto itself, offering employment, outdoor recreation, education and training opportunities, and every other resource commonly found in one’s community. Beyond the built and natural resources, relationships have also been established. SDC residents, many of whom have lived there for decades, will tell you of their invaluable friendships with staff, other residents, and others in the surrounding communities.

Removing people from their homes, dislodging them from friends and all they have ever known, by force in this instance, is not a trivial matter. I believe the resulting emotional injuries will be the undoing of many.

In addition to my comments, I also extend my support for the SDC Coalition written comments filed with the DDS on August 7, 2015. In particular, I support the Coalition’s proposed vision statement for the future of SDC:

*Create a public-private partnership driven by community ideas and values that showcase the site’s history, maintains critical services for the developmentally disabled, provides opportunities for creative reuse of SDC’s assets, and preserves the natural resources and open space of the site.*

The SDC Coalition comments are a comprehensive set of recommendations that, if adopted, will ensure the well-being of the current residents, create future job opportunities for SDC employees, and set the stage for the permanent protection of the tremendous open space and natural resource assets of the SDC property.

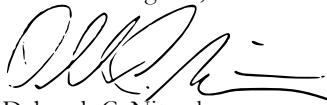
*“We cannot seek achievement for ourselves and forget about progress and prosperity for our community... Our ambitions must be broad enough to include the aspirations and needs of others, for their sakes and for our own.” —Cesar E. Chavez*

Further, I support the comments, concerns, and recommendations conveyed by others, including the Sonoma County Housing Advocacy Group, Will Shonbrun, and Bob Edwards, and hope you will take their thoughts and recommendations to heart.

The SDC property is unique among the State's developmental centers. The open space and natural lands of the property have been directly beneficial to the well-being of the SDC residents and employees and the neighboring communities. Its tranquil setting and the ability for SDC's developmentally disabled clients to get outside, walk around and enjoy nature has provided peace of mind and therapeutic benefits for residents, and for the family members and guardians who care deeply about their loved ones.

I join others in the Sonoma Valley community and beyond, united in the belief that the State should not simply close SDC and sell the land as surplus property. This is a unique property, and it calls for a unique planning approach that remains sensitive to the very special needs of its residents. Please incorporate these recommendations into the closure plan, and thank you for considering my concerns.

With warm regards,



Deborah C. Nitasaka

仁田坂

CC: [amy.wall@dds.ca.gov](mailto:amy.wall@dds.ca.gov)  
[kristoher.kent@chhs.ca.gov](mailto:kristoher.kent@chhs.ca.gov)  
[mike.mcguire@sen.ca.gov](mailto:mike.mcguire@sen.ca.gov)  
[Susan.Gorin@sonoma-county.org](mailto:Susan.Gorin@sonoma-county.org)

*"We cannot seek achievement for ourselves and forget about progress and prosperity for our community...  
Our ambitions must be broad enough to include the aspirations and needs of others,  
for their sakes and for our own." —Cesar E. Chavez*

Fairness requires publication of statistics regarding the outcomes of people who have left Agnews, Lanterman & now SDC.

The taxpayers of California fund the care, they have a right to know the outcomes of how their tax dollars are spent. DDS needs to require the statistics from the Regional Centers on a quarterly basis & make the statistics publicly available. I see no reason why this is not currently done except that perhaps the Regional Centers do not want the information made public. Let the public know the outcomes. Now.

This must be part of any closure plan of SDC. If not, what is DDS & the Regional Centers hiding??

It is critical to maintain the level of professionalism in caregiving that exists at SDC. Psych techs who have been extensively trained (and mandated to ongoing training), and who have a career path with benefits have a higher level of commitment than do lower-paid, unskilled workers, who may only have this job on the way to something else. Relationship is a very important therapeutic tool, and it takes time and commitment to develop.

6

## SDC's Religious Community

ministers to people who could not attend religious services in conventional settings.

There is a Sunday service attended by

some 10% of the entire community. In

addition, chaplains visit units regularly

to provide spiritual support. Spiritual care is

provided at the GAC clinic as well. These

services could be provided to other people

with special needs in the community. Please,

consider spiritual care in the closure plan.

**From:** Alex [REDACTED]  
**Sent:** Wednesday, August 19, 2015 6:02 PM  
**To:** Rogers, Santi@DDS  
**Cc:** Wall, Amy@DDS; [mike.mcguire@sen.ca.gov](mailto:mike.mcguire@sen.ca.gov); Kent, Kristopher@CHHS  
**Subject:** Sonoma Developmental Center Closure Plan

Director Santi Rogers,

I am the [REDACTED] of [REDACTED] who is a resident of Sonoma Developmental Center (SDC). [REDACTED] is 61 years old, and has been diagnosed with profound mental retardation and Autism, and has received excellent care at SDC for the past 53 years. I am writing to you because [REDACTED] cannot speak for herself and I am concerned about [REDACTED] well-being.

Like most family and friends of SDC residents I in no way support the closure of SDC which I consider to be vital for the remaining residents. However, I recognize that closure now appears to be inevitable, so I am submitting my comments on what absolutely needs to be included in the SDC closure plan and what services need to be maintained as a system wide safety net on the SDC site.

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.

Next the SDC site needs to include and perhaps expand the crises residence. SDC needs to also include the place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently housing is a planned use for the Fairview DC site.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.

Regards,

Alex [REDACTED]

**From:** [REDACTED], Joan [REDACTED]  
**Sent:** Monday, August 17, 2015 2:20 PM  
**To:** Rogers, Santi@DDS  
**Cc:** Wall, Amy@DDS; Kent, Kristopher@CHHS; [mike.mcguire@sen.ca.gov](mailto:mike.mcguire@sen.ca.gov)  
**Subject:** Sonoma Developmental Center Closure Plan

Director Santi Rogers,

I am the [REDACTED] and [REDACTED] of [REDACTED] who is a resident of Sonoma Developmental Center (SDC). [REDACTED] is 61 years old, and has been diagnosed with profound mental retardation and Autism, and has received excellent care at SDC for the past 53 years. I am writing to you because [REDACTED] cannot speak for herself and I am concerned about [REDACTED] well-being.

Like most family and friends of SDC residents I in no way support the closure of SDC which I consider to be vital for the remaining residents. However, I recognize that closure now appears to be inevitable, so I am submitting my comments on what absolutely needs to be included in the SDC closure plan and what services need to be maintained as a system wide safety net on the SDC site.

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.

Next the SDC site needs to include and perhaps expand the crises residence. SDC needs to also include the place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently housing is a planned use for the Fairview DC site.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.

Regards,

Joan [REDACTED]

**From:** [REDACTED] [Joan](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** SDC Closure Plan Recommendations  
**Date:** Tuesday, August 11, 2015 2:06:08 PM  
**Attachments:** [recommendations-for-the-sdc-closure-plan-sdc-coalition.pdf](#)

---

To the California Department of Developmental Services,

I am [REDACTED] and [REDACTED] of a resident of Sonoma Developmental Center. I am also a member of the Parent Hospital Association and support the SDC Coalition's views on the future of the Sonoma Developmental Center. I would like to see a public-private partnership created that is driven by community ideas and values that showcases the site's history, maintains critical services for the developmentally disabled, provides opportunities for creative reuse of SDC's assets, and preserves the natural resources and open space of the site.

Please see the attached document which outlines the desired elements for the SDC Closure Plan that I endorse and support. I strongly urge you to include these items in the Center's plan.

Regards,

Joan [REDACTED]  
Family Member and [REDACTED], Resident of SDC



**From:** [Joan \[REDACTED\]](#)  
**To:** [Rogers, Santi@DDS](mailto:Rogers.Santi@DDS)  
**Cc:** [Wall, Amy@DDS](mailto:Wall.Amy@DDS); [Kent, Kristopher@CHHS](mailto:Kent.Kristopher@CHHS); [mike.mcguire@sen.ca.gov](mailto:mike.mcguire@sen.ca.gov)  
**Subject:** Sonoma Developmental Center Closure Plan  
**Date:** Monday, August 31, 2015 5:12:36 PM

---

Director Santi Rogers,

I am the [REDACTED] who is a resident of Sonoma Developmental Center (SDC). [REDACTED] is 61 years old, and has been diagnosed with profound mental retardation and Autism, and has received excellent care at SDC for the past 53 years. I am writing to you because [REDACTED] cannot speak for herself and I am concerned about [REDACTED] well-being.

Like most family and friends of SDC residents I in no way support the closure of SDC which I consider to be vital for the remaining residents. However, I recognize that closure now appears to be inevitable, so I am submitting my comments on what absolutely needs to be included in the SDC closure plan and what services need to be maintained as a system wide safety net on the SDC site.

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.

Next the SDC site needs to include and perhaps expand the crises residence. SDC needs to also include the place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently housing is a planned use for the Fairview DC site.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.

Regards,

Shaur [REDACTED]

May [REDACTED]  
[REDACTED]

August 17, 2015

Department of Developmental Services  
Developmental Centers Division  
1600 9<sup>th</sup> Street, Room 340, MS 3-17  
Sacramento, CA 95814

Attention: Cindy Coppage

Re: Sonoma Developmental Center Closure Plan

Hearing of the state decision to close SDC is of great concern, as I have a close relative with a daughter, [REDACTED] who has been a resident there for 40 years. [REDACTED] is severely brain damaged with a fragile seizure disorder stabilized by a monitored medication regime. She requires continued observation and assessment by a trained neurologist, (ACLS) trained nurses and physicians. Her condition is the result of a near catastrophic illness before one year of age. She is non verbal, fed through a gastrostomy-tube, is confined to her bed or a custom designed wheelchair, has no purposeful movement and is totally dependent on medically trained staff for all her physical needs.

With the closure of SDC there are no other facilities that can give her the medical care she needs in the North Bay Regional Center. There are many others in similar situations.

The state has a responsibility to these individuals mandated by the Lanterman Developmental Disabilities Services Act of 1969. There should be some way those with acute medical needs could continue at SDC. The state owns the land at SDC and could build suitable facilities on the property where those in need of acute medical care such as [REDACTED] The medical staff she needs is already there. There should also be a clinic for those who are able to live in the community as their medical needs are unique and not always available outside in the community. A center for primary care, dental clinic, and adaptation and repair for medical equipment. It also needs to include behavioral health for the who need it.

I sincerely hope you reconsider full closure and maintain vital services for those with medically and neurologically acute conditions.

Sincerely,

M.E. [REDACTED]

**From:** [Glen \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Closure of Sonoma Developmental Center  
**Date:** Wednesday, August 26, 2015 4:10:04 PM

---

I am wrlting in opposition to the plan to close the Sonoma Developmental Center.

SDC has proven it can deliver needed services to the developmentally disabled in a competent and cost effective manner. The land was donated to the State expressly to provide a specialized community for developmentally disabled residents of Northern California. The specialized medical, dental and mental health care these individuals require is simply not available elsewhere, not to mention the trauma that will be inflicted on many of the 400 current SDC residents who will be evicted from what has been their home for 25-60 years.

If the SDC, in its present form, is to close it is imperative that facilities remain open on that land to provide the highly specialized care and housing these patients require.

Regards,

Glen [REDACTED]

Sent from the iThing

**From:** Anne [REDACTED]  
**Sent:** Sunday, July 19, 2015 7:10 PM  
**To:** DDS HQ Sonoma Closure  
**Subject:** Closure of Sonoma Developmental Center

Please see attached letter

*Anne* [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Sonoma Developmental Center

I'm very disturbed and enraged that the news of closure of the SDC.  
It's all about cutting costs and not at about what's best for the patients.  
Those with long memories will remember when Reagan shut down mental health facilities saying small group homes are the way to go. There is even greater potential for abuse in a small group home as in a large facility. And that decision did not improve the lives of the mentally ill, but made it worse for the entire society.

This decision doesn't make sense when we have legions of mentally ill homeless people in our prisons and on our streets with powers that be not connecting the dots.

We have a whole generation of severely autistic children growing up with parents that have no idea what will become of them after the parents can no longer care for them.

It makes no sense to dissolve this incredibly valuable asset that we the people own. I have a hard time reconciling how, the people of California many many years ago set up this Developmental center, and we had the money to run it then, why don't we now when the state has 4 times the amount of people in the population?

Once an asset like that is disposed of, the people will never be able to get it back. So it should still be used to care for the most needy among us as it was intended.

Anne [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** Rob [REDACTED]  
**Sent:** Tuesday, August 11, 2015 5:50 PM  
**To:** 'sonoma.closure@dds.ca.gov'  
**Subject:** SDC Closure Comments

Dear Gentlepersons:

As [REDACTED] and [REDACTED] of a long-time resident of Sonoma Developmental Center, I provide the following comments to the SDC Closure Plan.

In general, I endorse the comments and recommendations of the Parent Hospital Association in its publications, "Essential Elements of a Plan for Closure of Sonoma Developmental Center (June 2015)," and "Sonoma Developmental Center Services Plan." I also endorse the August 7, 2015 Sonoma Developmental Center Coalition report to CDDS regarding "Desired Elements for the SDC Closure Plan.

I most emphatically recommend building SB962 homes on SDC land, as well as in and around Sonoma and Marin County. According to the June 2010 Final Report on Evaluation of Senate Bill 962 Pilot Project, no SB 962 homes are located in Sonoma County or other North Bay communities.

Referencing the Coalition Report of August 7, 2015, [REDACTED] would qualify both as "an individual with enduring and complex medical needs (Recommendation 1)" and as an "individual with challenging behaviors and support needs [self-injurious behavior] (Recommendation 2)." To my knowledge, no suitable, alternative residential home for [REDACTED] currently exists in the North Bay. It is difficult for me to provide comprehensive comments to a Closure Plan when a suitable alternative either does not exist or has not been identified.

The North Bay is home to many qualified health care service providers; many of them work at SDC. Given the amount of land currently occupied by SDC, coupled with an available, qualified work force in or around Sonoma County, it seems sensible to build 962 type homes with support services on at least some of the existing SDC land. Building 962 homes with support services on SDC land to house current SDC residents would provide the current residents with some familiarity of place and continuity of care with staff members they know and trust.

According to his recent IPP Narratives, [REDACTED] primary diagnosis is Profound Intellectual Disability, Autism, Post Traumatic Stress Disorder, and, at the age of 67, Dementia. He is blind due to self-injurious behavior, and requires assistance in all his daily living needs, including sedation for planned clinic appointments of all types. But, he knows his name, has a sly sense of humor, communicates non-verbally with a nod or shake of the head, and has developed very positive relationships with the staff at SDC. I appreciate that closing SDC is a monumental and complex problem, and I do not mean to sound melodramatic when I say I'm not sure whether [REDACTED] can survive a move to a strange place, with an entirely new staff and new medical providers. I would have more confidence in his future if I knew that a suitable alternative already existed, with a stable staff who could gradually work to gain [REDACTED] trust.

Thank you for your consideration. Sincerely, Rob [REDACTED]

**From:** Sheila [REDACTED]  
**Date:** August 23, 2015 at 2:44:13 PM PDT  
**To:** "[Santi.Rogers@dds.ca.gov](mailto:Santi.Rogers@dds.ca.gov)" <[Santi.Rogers@dds.ca.gov](mailto:Santi.Rogers@dds.ca.gov)>  
**Subject:** [REDACTED] - Resident of SDC since 1959  
**Reply-To:** Sheila [REDACTED]

Hello,

My name is Sheila [REDACTED] and I am writing on behalf of [REDACTED] who has lived at the SDC since 1959.

I am apposed to the closure of the SDC.

Attached is a letter from me stating my concerns and recommendations for the center and the remaining residents.

Best regards,

Sheila [REDACTED]

Quality Personal and Residential Assistant Services  
Sheila [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Sheila [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

August 23, 2015: Director Santi Rogers  
From: Sheila [REDACTED]  
RE: Sonoma Developmental Center Closer Plan

My name is Sheila [REDACTED] and I am writing to you on behalf of [REDACTED]  
[REDACTED] has lived at Sonoma Developmental Center since 1959. He has  
resided at [REDACTED] [REDACTED] has been cared for by many professionally trained staff  
members for 56 years. Our family has trusted the care and been reassured by the SDC that [REDACTED]  
was receiving the respect and hands and support that he has needed throughout the 56 years.

As a family member I am very sad to hear the news that the California State Government is closing the  
Sonoma Developmental Center due to budget cuts.

Like most family members and friends of SDC I in no way support the closer of SDC which I consider to  
be vital for the remaining residents. I recognize that the closer now appears to be inevitable, so I am  
submitting my comments on what absolutely needs to be included in the SDC closer plan and what  
services need to be maintained as a system wide safety net on the SDC site.

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be part of the health center. Finally the health care center needs to include behavioral health for those who require those services in the region.

Next to the SDC site needs to include and perhaps expand the crises residence. Sonoma Developmental Center needs to also include the place of last resort for those clients who are not able or successful in community settings.

The above services were identified as a key to further developmental center closer in the DC task force recommendations and we agree with the PHA view that SDC recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for those safety net services.

In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site, another concept that was also supported in the DC task force as a recommendation use of the developmental center land. Currently housing is a planned use for the Fairview DC site.

The SDC supporters all will be looking carefully at the SDC closer plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movements of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.

**From:** [Sheila \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Sonoma Developmental Center Closer - Opposed  
**Date:** Sunday, September 20, 2015 2:26:11 PM

---

To Whom It May Concern:

My name is Sheila [REDACTED] and I am writing on behalf of [REDACTED] who has lived at SDC since 1959.

I am concerned that the closer of SDC will have an huge impact on [REDACTED] life, happiness and well being.

It has been proposed by family member of the SDC to have continued care for our loved one on the SDC Campus.

As family members we want continued care for our loved ones who are being forced out of SDC due to the closer.

Having a medical and dental facility as well as housing on the SDC property would be a wise and appropriate step for our family members.

I am opposed to the closer of SDC and worry about [REDACTED]' care and well being after SDC closes.

We must provide medical and dental and housing for our loved ones.

Sincerely,

Sheila [REDACTED]

:

Quality Personal and Residential Assistant Services  
Sheila [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



**From:** [David Pollard](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Cc:** [Wall, Amy@DDS](#); [mike.mcquire@sen.ca.gov](#)  
**Subject:** Sonoma Developmental Center  
**Date:** Tuesday, September 01, 2015 2:20:41 PM

---

Hello,

Please do not close the Sonoma Developmental Center. Too many people will lose their homes and be placed where there are no or few community services in place. They need medical, dental, mental health, and vocational support plus specialized equipment, acute care, and skilled worker services. It makes more sense to have people with such specialized needs in one place rather than spread throughout communities where their needs are more difficult to meet, if they can be met at all. Additionally, the residents are medically and mentally fragile and such a huge change for them will be damaging and possibly fatal.

I know a resident of Sonoma Developmental Center who has benefited greatly from all the skilled caretakers and specialists who work at the center. This environment allows her to be herself, move about freely and be as normal as possible given her developmental disability. If she is placed within the community she will be more confined and her behavior will be judged more negatively by those living in local neighborhoods.

If the state insists on closing Sonoma Developmental Center, please reconsider the timeline and extend it beyond the end of 2018 so that all the medical, dental, mental health and vocational support can be created in the communities where the developmentally disabled will be transferred. It will take more time to provide for their needs such as a regional dental clinic for former residents, a regional medical clinic and acute care unit with doctors whose specialty is working with the developmentally disabled and an adaptive footwear shop. Perhaps a cluster of group homes could be built on the grounds of the Sonoma Developmental Center so that the residents will be close to the regional clinics and resources that they need in order to survive.

The residents of the Sonoma Developmental Center are among the most severely disabled and needy members of our society. To change their living environment and reduce the resources available to them is disastrous and a negative mark on the State of California and its leaders. Please do not close this invaluable center.

Sincerely,  
Bonnie Pollard

DATE: 22 August 2015

TO: Director Santi Rogers

FROM: Daniel [REDACTED]

Re: Sonoma Developmental Center Closure Plan

[REDACTED] has lived at [REDACTED] in Sonoma Developmental Center for about 45 years. He was originally declared a ward of the state because his mental state caused him to set fires at our family's home to a point where [REDACTED] parents could not care for him anymore. [REDACTED] late parents confided to us that giving up [REDACTED] as a ward of the state was the most gut-wrenching action that they could do as biological parents. Later in life they were able to move to Temelec in Sonoma to be closer to [REDACTED] before they passed away in 2013.

Like most family and friends of SDC residents I in no way support the closure of SDC which I consider to be vital for the remaining residents. However, I recognize that closure now appears to be inevitable, so I am submitting my comments on what absolutely needs to be included in the SDC closure plan and what services need to be maintained as a system wide safety net on the SDC site.

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.

Next the SDC site needs to include and perhaps expand the crises residence. SDC needs to also include the place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently housing is a planned use for the Fairview DC site.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.

Sincerely,

Daniel [REDACTED]

Page 1 of 4

18 July 2015

To: Department of Developmental Services  
Developmental Centers Division  
Attention: Cindy Cappage  
1600 9th St. Rm 34 MS 3-17

From: Carol [REDACTED] Co-Conservator [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

I am a retired Social Worker of SDC. I was asked by a former client's mother, Laura [REDACTED] to be co-conservator for her son [REDACTED]. Laura is elderly + has no one to look after + advocate for her son when she dies.

[REDACTED] lived at home for the first 32 years of his life, + had a wonderful quality of life with his parents. Laura truly was a teacher to her son + provided him with "active treatment" every day of his life at home. She knows what he needs.

The last thing she wanted to do in the early 1990's when [REDACTED] was getting to be too much to care for. Page 309

Page 2 of 4

to place him at SDC. Laura + her husband Jim searched for homes in the Fairfield area but none offered by the NBRC was adequate in regard to the quality of activities, supervision, knowledge of active treatment. She was greatly concerned + ultimately they placed him at SDC, where [REDACTED] has lived for the past 23 years. She has been so grateful for the quality of services what is critical for [REDACTED]

① He needs a primary care physician that would be responsible for coordinating his ~~the~~ overall health care management.

He is very resistive to medical examinations, and now is able to receive sedation to help him relax, while several clinic appts are met in sequence. He is in a wheelchair, has seizures, + severe allergies.

② It is critical that [REDACTED] not be forced to leave a home due to behavioral issues. He can become frustrated due to communication limitations (non-verbal), ~~we~~ can act out + become aggressive. He needs staff who are patient, knowledgeable and trained to help him! This he has had at SDC,

Page 3 of 4

from Carol [REDACTED]

(3) I do not want [REDACTED] unnecessarily given psychiatric medications in order to "control his behavior". ~~They~~ His beh. can be addressed without medication.

(4) Sonoma is now [REDACTED] community. He now has sufficient environmental space at SDC, to freely move in his wheelchair (and he does so quickly) without the frustration of <sup>smaller</sup> ~~crowded~~ living environment. He can independently & safely go outdoors & this is so important to his quality of life.

(5) He needs to live near me, in Sonoma, since I will be his life long advocate & need to visit him regularly. There are not homes available in Sonoma that meet his needs!

(6) He needs a neurologist to oversee his seizure condition

(7) He needs a physician with experience working with non-verbal patients with intellectual disabilities.

over Page 311



⑧ He needs to have a licensed psychologist to oversee his behavior support plans & provide education to untrained family one staff at the home.

⑨ The Plan of Closure would/should include the availability of

① Emergency services & other necessary medical & health services on the SDC site, including: Do not lose this vital resource of expertise.

② Behavioral/psychiatric emergency crisis services overseen by licensed psychologist or physician with 2 yrs experience working with individuals with Intellectual & Developmental Disabilities.

③ A facility that can provide longer term behavioral treatment for which they can not be expelled or dismissed.

④ Enhanced behavioral homes with delayed egress.

⑤ Please do not waste the expertise of staff at SDC - use them please!  
Thank you for your consideration

From: [ianice](#) [REDACTED]  
To: [Wall, Amy@DDS](mailto:Wall, Amy@DDS)  
Subject: Fwd: Sonoma Closure Comments  
Date: Sunday, August 30, 2015 9:51:39 AM

---

Parent or relative of an individual at SDC

Your name: Mrs. Janice [REDACTED]

E-mail address: [REDACTED]

Phone number: [REDACTED]

Address: [REDACTED]

City, state, zip: [REDACTED]

**Your comments:**

The plan to close the development centers in California has become a joke! I wish I had the money all these government workers, from Brown on down, have spent in proposing and re-proposing legislation and guidelines for closing down SDC. It is a most critical and needed place for those born with deficiencies and afflictions that many who are picked to proceed with the closing have no direct knowledge of. [REDACTED] was not expected to live beyond 16 years. We will be celebrating his 52nd birthday this [REDACTED]. His longevity is due in most part to the dedication and care given to him by the caregivers at SDC. I had approved a community placement years ago. He was removed by the Social Worker and a Police Officer when entrance into the home was denied to me and the Social Worker. Her license was removed and [REDACTED] sent back to SDC. He never recovered from that community placement and had lost all the progress he gained due to the painstaking efforts of the workers at his unit at SDC. No one can convince me that there are people offering to open their homes to take care of our mentally deficient relatives for the sheer joy of taking care of them. It is the money they receive, and they are paid well. [REDACTED] has had the same two SDC workers look after him for the last ten years. No one will never ever know him more than they do. No matter what degree someone may hold, how educated they may be, it would be devastating to move him from the only home he's ever known. Recently his seizures have become life threatening, one needing hospitalization. Because he was there a doctor was immediately present, an ambulance called and he was transferred to a small but efficient on-site hospital. If he were in a community setting that was not staffed with medical personnel he probably would not be here today. As I said at the start of my comments, I wish I had all the money the government has spent thus far on plans to close SDC. It would go a long way to update, remodel, and make all the SDC housing, currently unused, available to clients who are severely handicapped and developmentally deficient. If you government workers, who are hell bent on closing SDC, would walk in the shoes of the relatives and caregivers of the SDC patients, maybe you wouldn't be so determined to uproot and traumatize them who need all the compassion and understanding you can give. Janice [REDACTED]

From: [Laura \[REDACTED\]](#)  
To: [DDS HQ Sonoma Closure](#)  
Subject: Fwd: FW: Testimony for public comment - SDC Closure Plan  
Date: Tuesday, September 01, 2015 3:31:43 AM

---

Dear Legislators,

My name is Laura [REDACTED] and I am writing to ask that you work to find an option other than closing the Sonoma Developmental Center (SDC). SDC is home to approximately 400 residents and it is not just a home to these people, it is their community. The SDC staff are specially trained and know each resident and what their individual needs are. I have witnessed the kindness and patience that has been provided to a close friend's sister and others. There is no community-based care home that can provide the current residents with the same specialized level of care that they receive at SDC.

I have seen SDC downsize over the years as residents are placed in "community" based facilities. Those that remain are still there because they need the most help and are the most vulnerable members of our society. It is cruel to throw them out of their homes and take away their safety net that has kept them healthy and happy for so many years. It saddens me greatly that the well-being of these residents is being compromised to save a few dollars and that other options are not being explored, besides community placement. For example, rather than closing SDC completely, options should be explored to transform the existing SDC community into something smaller that would still accommodate the special needs of the residents who call SDC home. It is important that the current residents have access to the critical care they need.

Instead of closing SDC entirely, I am asking that you please explore other options. For example, why not transform a section of the current SDC acreage into a smaller community that can house the 400 current



residents, and continue to provide the specialized medical care and clinics as well as training that is provided today? There will always be a need for this type of community and specialized care. The infrastructure and experienced, skilled workers are already at the SDC. SDC can continue to serve as a safety net and resource in providing specialized medical care to a uniquely vulnerable population.

Please do the right thing to help the residents of SDC stay in their own homes! I urge you to collaborate with the family members and staff of the individuals at Sonoma Developmental Center to put together a thoughtful plan to truly **transform** SDC **before** it closes so the residents can continue to live in their home and community.

Sincerely,

Laura [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** SDC Draft Plan  
**Date:** Monday, September 21, 2015 12:41:20 PM

---

Dear Department of Development Services,

I am unable to attend the hearing in Sonoma today of the draft plan for the closure of the Sonoma Developmental Center. I have reviewed the plan, however, and am deeply disappointed in and opposed to your recommendations. This plan does not incorporate any novel ideas, nor does it guarantee adequate placement of the residents or services of the Sonoma Developmental Center. It is, as our local County Supervisor, Susan Gorin, said “a cookie cutter approach,” not at all specific to this facility.

Although I do not expect that the voice of the public makes much difference in this process, please *add my voice to those who oppose this draft plan.*

Yours truly,  
Claudia Robbins

[REDACTED]

My name is Susan [REDACTED] and I have a 41-year-old [REDACTED] in the skilled nursing unit at Sonoma Developmental Center. She functions at a two-month-old level and is cortically blind. She has seizures and severe osteoporosis, and requires total care. She has lived there since she was 17 and has been cared for with great skill. The knowledge base of the staff and physicians with respect to the SDC population is unparalleled.

People who cry for the shutting down of the Developmental Centers have a very limited idea of the makeup of the residents there. The Developmental Centers have been the placement of last resort. This is the place that takes them in when all the other facilities have washed their hands of them. They are too “involved,” and the other places haven’t known what to do with them. Now we are asked to believe that by building new buildings and staffing them with new people somehow these new places will be able to care for Developmental Center residents. It defies common sense.

The buildings at Sonoma may be old, but the worth of an institution is in the results. The families of the residents know without a doubt that this care will never be surpassed in the smaller places that are being created. And where will our family members go when they become too complicated and too hard to handle? Where is the placement of last resort? Back home again?

[REDACTED] was originally placed in a group home when she was 15 months old. One by one they closed for one reason or another and she had to move on. She was finally placed at Sonoma because there was a period when many group homes closed their doors because the new requirements placed on them were too onerous and the funding was too little. The only place left was a developmental center. Since then, as she has aged, her care has grown more complicated. She developed a seizure disorder which was skillfully controlled. Because she is incapable of weightbearing she is severely osteoporotic so she must be handled very carefully, and repositioned regularly. Because this is done assiduously here she has perfect skin, no bedsores ever.

I know that she will survive somewhere else because she is not the most difficult of the cases here, but the care will not be as good. The place will be too small to support the staff that exists here, the dietician, the recreation therapist, the occupational therapist, the physical therapist, the wheelchair expert, the physicians, the dentist, the nursing staff, all with the specialized knowledge to deal with this rare population.

Why is this necessary? If the population at Sonoma was much greater, the cost per resident would be much reduced, and I’m sure in the end there would be much better care for less expense than there will be in this greatly misguided scheme. Surely building new places in the Bay Area cannot be cheaper than maintaining them in existing ones. And where will they be? In a spot anywhere as beautiful as Sonoma? Will the weather be as good? Will [REDACTED] who loves to be warm want to be outside in Daly City? Will there be activity to provide stimulation in a private room in a 962 home? Will she be constantly watched for seizure activity? Who will be around to notice abuse or neglect? At Sonoma anyone can visit at any time to check on what is going on. This is not possible

in small “community-based” settings. “It might interfere with the convenience of the operators of the facility.”

I have another [REDACTED] with the same inborn error of metabolism, but instead of never developing and never knowing who we were, she was very alert but had developmental delay with autistic tendencies. I know how difficult it is to find appropriate services in the community. Finding a dentist to take care of her even with good insurance was a nightmare. Luckily she found a wonderful place to live, but it is a larger setting and provides its own community, like Sonoma does. Living in an apartment in the community with a caregiver can be incredibly lonely. It is not the magic bullet that it’s cracked up to be. Sonoma is a community already. It is not a prison like some make it out to be. I urge anyone to visit to see for themselves.

My name is Susan [REDACTED] and [REDACTED] lives in the skilled nursing section of Sonoma Developmental Center. I wish to comment on the closure plan.

The plan is completely predicated on a philosophy that “congregate” living is a fate worse than death, despite the many references to “individual choice.” These philosophies wax and wane over the years as those of us who are parents of older disabled children can testify. We are always fighting battles to get what suits our children best against these prevailing winds of “best practices.” It is astonishing to see otherwise intelligent people follow these dogmas in a sheeplike fashion in face of the evidence to the contrary.

It is still not clear that creating new homes in unbelievably expensive communities will be a cost saving over repairing the deficiencies of SDC. Certainly it will not be simple for an expert in the care of these rare cases to travel from place to place to look in on the different ones in their new dispersed setting. Will there be a recreation therapist? A dietician? How is this institutional knowledge going to be transmitted, in the absence of the institution?

What is going to happen to the nurses after they retire? Will they be replaced by nurses who will be state employees with benefits? Will they have any institutional support behind them?

What will be the guarantee that the wheelchair and orthotics facilities will be maintained in perpetuity?

How will the dental care be provided? By the two dentists who currently accept MediCal patients in the entire GGRC catchment area? Even with good dental insurance finding a dentist who is willing to work with this population is impossible. We parents have all been down this road before.

These clients are expensive. They will continue to be expensive in the community. The problem is that the service they will get for that money will not be anywhere nearly as good. There are economies of scale in congregate living which is why it was used in the first place. It is the sensible, cost-effective, and for this population the most satisfactory way to go. [REDACTED] has never been able to tell me apart from anyone else, otherwise she never would have been placed. There are no advantages to her to be in the company of “normal” people unless they are providing her direct care.

I urge you to listen to the personal choices of these clients and do what they really want which is to be allowed to stay in this wonderful setting.

SDC is scheduled to close by the end of 2018, providing all current clients have been placed in Community homes. These fragile people are losing their home, their community and their friends. They are losing the staff and caretakers, whom many consider their family-- some who have been with them for them for decades.

How we care for the developmentally disabled and the mentally ill is a country-wide failure and SDC, one of the few successful systems in California, is scheduled to be dismantled by the end of 2018. The Regional Centers are pressing to move this current fragile population of 400 residents to small community homes of four beds with low wage caregivers to oversee their needs. The two main reasons for closing the developmental centers (SDC, Fairview in Orange County and part of Porterville in the Central Valley) are to save money and to comply with the Olmstead and the Lanterman Acts that mandate that the disabled be placed into "the least restrictive setting possible." I hear that some clients in community homes are doing poorly and some have had to be returned to their developmental center.

The Regional Centers and the Community Homes are not equipped to provide the services furnished by SDC, nor do they currently have enough homes to absorb all the SDC clients. With the high cost of real estate in CA, the Regional Centers are having great difficulty purchasing homes. Can the many buildings at SDC be replaced, or rehabilitated and reconfigured to serve as Community Homes? Can some of the space on campus be used to erect new ones? The SDC residents don't need to be placed in a community. They *already* live in a community setting. In a new community are they going to be invited to neighborhood events, develop new friends and sit on their front porches and visit with them? Are these disabled folks, many of whom have developmental, physical and mental illnesses, suddenly going to be able to talk, walk, work and live independently? I don't think so. What is certain is that they will

undoubtedly be confused by the move, filled with anxiety and their physical health will deteriorate. And, to make things worse, their safety net at SDC will be gone.

Many of us believe that the future of SDC lies, not in closure, but expansion. Could SDC become the Northern California Center for Developmental and Health Services? Could SDC become the placement of last resort for all who can't transition to community homes? Could SDC open its doors to those suffering from Alzheimers, addictions and take in the mentally ill needing long-term care? Could SDC admit more clients suffering from autism? Could everyone suffering from autism afford to pay \$40,000 a year? Can the financial picture be improved? Perhaps. These questions are based on suggestions made at the May 2<sup>nd</sup> meeting at Vintage House:

- 1) Could SDC offer space to UC Davis or the Junior College system for the study of mental illness and developmental disabilities?
- 2) Could SDC provide post grad medical training to doctors and dentists in how to provide medical and dental care to the disabled?
- 3) Could some of the unused buildings be rehabilitated to provide housing for the homeless?
- 4) Could SDC open their health clinics to the outside communities, as well as repair service for medical equipment?
- 5) Could a Presidio-like trust be established to handle partnership funding and can SDC enter into long-term leasing arrangements with compatible organizations that would generate a revenue stream for SDC?
- 6) Can the farm be reactivated to provide work experiences for the residents and could some of their products be sold to the community?

Another concern--we don't know what Sacramento has in mind for this incredible property. SDC is a scenic jewel, a thriving wild life corridor and needs to be protected and preserved. SDC must be transformed, not closed, and its residents must be kept where they belong.

Helen M. Rowntree, [REDACTED]

July 16, 2015

Comments to representatives of the State of California regarding Sonoma Developmental Center:

It is the responsibility of government and the community to protect those citizens unable to speak for themselves. Surely the residents of Sonoma Developmental Center fit that criteria and while they may not be articulate by the usual standards, they trust that those who have cared for them understand their needs and will protect their interests.

SDC provides services not reasonably available in most communities. What neighborhood stores make custom shoes, wheelchairs, beds, and other implements for the comfort of severely physically handicapped people? How do you propose to provide these special items, which are not for luxury, but for the basic care and comfort of special needs people? Why not take advantage of the knowledge and equipment that has met these needs – and already exists on site?

Here the people are a part of a special, protective community. They are not stared at, ignored, told to “move along”, or overly sedated. They have oversight that keeps them on their particular medication programs; they are safe; they are understood by the larger community of Glen Ellen which surrounds them.

What do you intend for meeting medical and dental needs? Clearly there are particular issues in providing this kind of care to those who not only have unusual conditions but also may not understand or be cooperative because of behavioral constraints. The average practitioner in the larger community is not prepared, and quite possibly, not willing to treat these patients. Again, why squander the already existing knowledge and equipment?

The Sonoma County community at large, in addition to the parents involved, has been steadfast in its efforts to propose and support alternatives to the total dismantling of SDC - alternatives that could provide for the residents here, utilize the necessary facilities wisely, and protect those for whom it has been “home” for many years. These ideas have obviously not been given serious consideration. Why is there so much resistance to alternate solutions? Why is the State of California, which should be advocating for the vulnerable, so eager to push them out the door?

Please give full and honest consideration to the suggestions and concerns of our community – not everything is only about money. Often the right line is not the bottom line.

Thank you,

Barbara Roy

[REDACTED]  
[REDACTED]



August 17, 2015

Department of Developmental Services  
Developmental Center Division  
1600 9th Street, Room 340 MS 3-17  
Sacramento CA 95814

RE: Sonoma Development Center Closure Plan

I have learned that Sonoma Development Center is scheduled to close. As a concerned citizen and one that is familiar with a current resident at SDC, I feel closure will impact a segment of the current residents with Complex Medical Needs.

Please consider some of my concerns and thoughts regarding residents with multiple medical conditions. I am familiar with [REDACTED], who is a resident with Complex Medical Needs and has lived at SDC for 40+ years. During this time, her needs have been met by SDC to the satisfaction of her mother, [REDACTED].

The current physicians and staff are ALL trained to work with patients who have very special needs. Dental, neurological, and behavioral services are all provided by experienced and trained staff.

Small satellite facilities may better serve only those clients with fewer and less severe medical conditions. SDC provides a complete spectrum of services to clients with multiple medical needs which would be impossible in satellite homes.

Transporting Complex Medical Needs clients is difficult and may not always be prompt. SDC staff physicians can better serve these clients in a more timely manner.

If these satellite homes are the only option, a central medical and dental clinic should be available for these clients with staff aware and familiar of their special needs.

It will be extremely difficult to find, train and educate staff to man these satellite homes. Maintaining quality services for the residents will require a trained Supervisor in each home.

This closure is not a very humanitarian decision in my opinion.

Since the decision to close Sonoma Development Center has been made, please consider keeping a section of SDC on a smaller scale to serve clients with Complex Medical Needs, Challenging Behaviors, and Individuals Involved in the Criminal Justice System.

Sincerely,  
Glyneth [REDACTED]  
[REDACTED]

\*Retired Teacher with the following credentials: Standard Teaching Credential with Specialization in Elementary; Specialist Credentials with Learning Handicapped and with Severely Handicapped; Resource Specialist Certificate of Competence.

I have taught in the following Districts: [REDACTED] USD; [REDACTED] SD; [REDACTED] USD.

**From:** [Tim Schallitz](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** SDC closure and alternatives  
**Date:** Monday, August 17, 2015 7:54:50 PM

---

Greetings,

I would just like to offer a few observations from an interested bystander perspective (my wife is an RN at one of the facilities at SDC and I am there daily to provide her transportation to and from work).

Often, first thing in the morning, when I drop my wife off I see one of the clients heading out on his own to stand by the bridge or sit on a bench. He is well behaved but cannot talk and has limited ability to communicate. It is obvious he enjoys being outside and appreciates the independence of being outside on his own at least some of the time. He has established that he can be out safely without causing problems to himself or others.

In the afternoon there is another gentleman who sits in the shade of the tall trees in front of the building where he lives. Sometimes he becomes excitable and yells in a very loud voice which I must admit sounds threatening. He does no harm and settles down again without incident.

Both of these individuals are not a problem or a threat to anyone and they have a degree of independence and freedom albeit with a high degree of care to see they are safe.

I offer them both as examples that are repeated in some of the other facilities at SDC in various forms. Since I am only there briefly and have observed these patterns I am sure that much the same thing is occurring elsewhere.

My concern is this, what replacement housing will be able to grant them similar freedoms with limited independence and safety for all concerned. Its not difficult to imagine that they would be placed in an environment which will be secure but more confined. This would have negative consequences for all concerned, even if the quality of these individuals lives is not given a high priority in the decision process, since their behavioral issues would be exacerbated by the lack of freedom. Imagine yourself in their situation. What would happen to your stress levels. I mention this because my wife and her coworkers have managed to diffuse a variety of tense situations involving various residents by redirecting them and using interpersonal skills such that no restraining force was required. Maintaining a positive environment for the clients is difficult and could be made much more so by failing to account for their so called "higher needs" for some choice and freedom to move about in a natural setting.

There are many other issues that come to mind but I am sure you have been appraised of them by a variety of people. I would just like to add that I disagree with the decision to close SDC. I cannot understand how a valid cost/benefit analysis could be done without knowing what the alternatives are going to be. To decide, lets just close it within 3 years and see what people can come up with for alternatives seems very short sighted and diminishes the high regard I had for Governor Brown.

Thanks  
Tim Schallitz

A community is more than just a group of people living in one place. As defined by the Business Dictionary, it is also: "A self-organized network of people with common agenda, cause, or interest, who collaborate by sharing ideas, information, and other resources."

The imminent closing of the Sonoma Development Center has created a new sense of community in the Sonoma Valley— one in which residents recognize that status quo cannot exist, but that action without time for careful thought could lead to decisions that would forever harm our valley. As a result, numerous stakeholders have already come together to begin an envisioning process that would be economically sound, maintain critical services for existing clients, and would preserve the open space and natural resources that characterize the property and are enjoyed by so many. We only ask for time to do it right. There are two primary issues at stake: people and land.

The sudden closing of the Sonoma Development Center may make financial sense, but it does not make humanitarian sense. It is not just about the residents who have lived there for decades and require specialized care; it is also about their families, the employees who work there, and their families. That becomes a number not in the hundreds, but in the thousands. The community needs additional time to complete its planning for a transformation of the property and the facilities into an economically viable alternative to the current situation. We need to address the needs of developmentally disabled patients by taking advantage of the expertise of the SDC staff and the specialized therapies and mobility devices that they have already perfected. The potential impact of a transformed SDC is enormous and need not be confined to those who are currently being served.

Our other concern is the land itself. Not only is it aesthetically pleasing, it has value far beyond what we see with our eyes. Its waters are critical to the replenishment of the ground aquifer that serves our valley. It is a critical, ecological linchpin for the wildlife whose habitats have already been imposed upon. Its varied habitats can become the focus of numerous scientific studies such as serving as a field site for a study on the impacts of climate change. It can provide access to numerous educational and recreational uses. It is a jewel that needs to be cherished and protected.

Judy Scotchmoor  
Sonoma resident

AFTER THE TOWN HALL LAST WEEK...

First I want to thank everyone who is working so hard on this transformation. I walked away with the following:

A glimmer of hope that something creative and wonderful can happen because people do care,

A sense of respect for my government: its capacity to dialogue and create solutions that are positive for people who are helpless to provide for themselves,

The idea that there is a need to create infrastructure: professional centers, not just at SDC, but at other locations throughout the state, as the VA does. There just is not enough structure and follow-through in talking about IPPs as if they are the solution and I have yet to hear a word from the regional centers!?! I heard what people said quite clearly. My government has failed in the past and terrible things have happened. The state community project is woefully inadequate. What home that pays minimum wages now will employ a state worker at state salary? What is needed is a comprehensive way of providing and coordinating professional services like physicians, dentists, pharmacists, psychiatrists, chaplains, social workers, educators, bioethicists, mechanical device shop, transportation, etc. The service providers should be specialists in working with developmentally disabled people. This is not a place to cut costs. Anything less than adequate structure of services, from my perspective, will be a failure to provide basic rights to the men and women who live here.

Professionals at these centers can work in inter-disciplinary teams to provide continuity of care for groups of persons in their care. They would partner with regional centers, homes, and day activity centers to enable or assist in follow-through, and with families by communicating about needs and concerns. They can provide positive training for minimum wage workers thus setting a standard for professionalism of employees in the homes and day activity places and possibly provide an excellent and positive oversight program which supports caregivers in a positive manner while monitoring for lapses and abuses.

I do want to see SDC stay open and transform, but I also want to see success and follow-through for everyone who leaves. I know many would benefit by leaving SDC when suitable placement becomes available. Providing this missing link of infrastructure will enable parents to feel much better about the care of their loved ones. Those persons who will not make it in the community need the security and level of care they receive at SDC now. I pray that SDC can be a center for dual diagnosis, SNF, and crises persons just as Porterville will be a place for criminal persons. I agree wholeheartedly that the community can be brought in as much as our individuals can benefit by more interaction in the community.

Noelani [REDACTED]  
[REDACTED]  
[REDACTED]

From: [Bill \[REDACTED\]](#)  
To: [Wall, Amy@DDS](#); [Kent, Kristopher@CHHS](#); [mike.mcguire@sen.ca.gov](#)  
Subject: Fw: Closure of Sonoma Developmental Center  
Date: Saturday, August 22, 2015 1:37:37 PM

---

Bill [REDACTED]

On Saturday, August 22, 2015 1:32 PM, Bill [REDACTED] wrote:

[REDACTED] has been a resident of SDC for 49 years. In that time he has made great strides in his personal care. He is able to walk and to feed himself and gets around quite well in his walker. The Staff at [REDACTED] are the most caring, compassionate people that one could ever imagine.

To close Sonoma is unthinkable. A real crime against people that are unable to care for themselves.

There are many alternatives to closure that must be considered.

Like most family and friends of SDC residents we in no way support the closure SDC.

However we recognize that closure now appears to be inevitable, so we are submitting comments on what absolutely needs to be included in the closure plan and what services need to be maintained as a system wide safety net on the SDC site.

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. Finally the health center needs to include behavioral health for those who need those services in the region. Next the SDC site needs to include and perhaps expand the crises residence. SDC needs to include the place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

In addition, we would welcome the development of a smaller housing site for DC movers on a portion of the SDC site, another concept that was also

supported in the DC task force as a recommended use of developmental center land. Currently housing is a planned use for the Fairview DC site. We will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. We look forward to your input on the above recommendations.

Sincerely,

Bill and Helen [REDACTED]  
[REDACTED]

Bill [REDACTED]

**From:** Jackie [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Cc:** [frozen3@gmail.com](mailto:frozen3@gmail.com)  
**Subject:** Sonoma Developmental Center's Transformation  
**Date:** Wednesday, July 29, 2015 6:30:45 PM

---

Jacqueline [REDACTED]

July 29, 2015

To Whom It May Concern at the California Department of Developmental Services and Legislature:

My name is Jacqueline [REDACTED]. I am the [REDACTED] for whom I am writing this letter.

[REDACTED] has been a resident of the Sonoma Development Center (SDC) since 1966. My response is supplementing an earlier letter sent to you from [REDACTED]. Rather than repeat her sentiments which I share, please accept my personal appeal supporting the transformation of the SDC into a residential facility for current residents like [REDACTED]. This letter is also being sent with the consent of [REDACTED].

The present model is working. Closing the SDC is for budgetary reasons which discount the lives of innocent citizens who are unable to speak for themselves. They are being victimized by a bureaucratic process that is violating human rights when their needs must be met. The SDC as it exists is working to provide for these needs. These individuals did not choose to require special needs provided by the SDC. Why create havoc and dismantle it? Millions of dollars are being set aside in the state budget to build services for severely developmentally disabled patients moving from the SDC. Instead, why not keep it open and the money there? I cannot imagine a better way to allocate these funds than to provide for individuals depending on us to care for them.

Modernizing the existing facility will allow for new admissions and therefore be more inclusive of all special needs patients in our community, and nation as a whole, who are seeking the kind of help that the SDC offers. Proportionally reducing the existing model will allow for current residents and new admits to live in a scaled down version of community living at large with medical, dental and behavioral support. This includes a crisis center which at present is serving a very useful purpose.

Simply stated, mental illness exists in our community and nation. It will not go away. We have a moral, legal and financial obligation to provide for these citizens. Rules are made for those who break them. Why would a **Budget Trailer Bill Amendment to the Lanterman Act** be passed when no rules were broken? The law in question did not consider the after effects it will cause. In whose best interest was this law passed? Laws should be created for the greater good of those for whom they are intended. They can be changed by making a conscientious decision to make a difference. Each family whose child lives at the SDC has made a personal sacrifice to provide for the needs, wants and concerns of their children. As the [REDACTED] of [REDACTED], despite being a labor of love, I know how challenging it can be on a family to have a sibling who is severely developmentally disabled. All we ask is that the state continues to subsidize the life sustaining provisions that the SDC offers [REDACTED] and those like her who need it.

**This is where the state must develop and continue to provide:**

- We need a SDC site to provide medical, dental and behavioral support to the

developmentally disabled (DD). Also we need to keep wheelchair repair there.

- This is key because these people are trained well in caring and understanding for our loved ones.
- We need housing for those who are not successful in community facilities. Because I do not want my sister or anyone else to go through what she did in the past. She has people who love and care for her at SDC..
- We want these services developed now! We need these to be developed now before there are problems and the kinks are worked out.
- We want our views and those of the Sonoma community and coalition to be heard and considered in making a plan for the future of SDC.

I have not seen or been provided any thing that remotely resembles the comprehensive quality of care, integrative services, and freedom to live in such a welcoming environment as the SDC which is least restrictive and safe. What is the assurance that the basic level of care these patients need and require will be there in the years to come without the SDC? In general, media is culture. Unfortunately, our own community's culture is attempting to address this issue on its own without the benefit of media support. Therefore, this issue is lacking the consensus opinion of the general populace who know little or nothing about it.

In closing, [REDACTED] medical and mental needs are so severe, that only a facility like the SDC can provide for her. Its skilled personnel range from care givers, to physicians, dentists, nurses, pharmacists, paraprofessionals, psychologists, and social workers who dedicate themselves to many patients like [REDACTED]. Continuity of care is critical to the lives of these individuals. Where will these patients find this level of comprehensive care outside of the SDC? My [REDACTED], and I implore you to reconsider your decision on behalf of innocent souls seeking this help. In Africa, there is an old adage which states, "When elephants fight, the grass gets hurt".

Rather than victimizing its patients, we beseech you to resend the decision to close the SDC and recommend instead that it be transformed for good.

Yours Sincerely,

Jacqueline [REDACTED]  
[REDACTED]  
[REDACTED]



Sonoma Developmental Center will celebrate its 125<sup>th</sup> year in 2016. It was founded as a refuge and oasis; a place for California citizens with disabilities to grow and learn and develop their potential. It was placed in a beautiful natural setting to inspire and promote health in mind and body. It was to be a place set aside for this endeavor: to be a safe and vital home community for the most fragile members in our society to live and enjoy in perpetuity.

Throughout those many years the history is not entirely clean, there has, at times, been abuse of power and trauma suffered by our clients. Those abuses have come to light in the press (duty of the 4<sup>th</sup> estate in a thriving democracy). Today, the extreme scrutiny and intense layers of oversight can at times seem absurd. But we live with it and understand its place in historical context. At SDC we strongly take a stand against any harm done to the men and women who call SDC home. Notwithstanding, the press coverage has not been balanced, focusing on the problems but overlooking the everyday miracles that occur here.

For example, a woman in her 70s who became ill with the flu in December became too afraid to leave her cottage for 8 months and enjoy the sunshine and activities in her offsite unit. Because we knew her long term history through the decades of similar setbacks, we were finally able with expert interdisciplinary care and patience, carefully coax her back into her beloved routine. And in another case, a blind, hearing impaired man in his 50s was inconsolable and hitting his face causing bruises and abrasions and refusing to eat for many months. After thoughtful, painstaking medical and psychiatric work up and investigation by multidisciplinary staff taking careful observation and testing; he was treated for an unusual medical problem and found a new psychotropic medication that was so successful that he is happy and healthy today.

The medicine and psychiatry practiced here the physical therapy and occupational therapy is always challenging, intensive, comprehensive, and thorough. Medical care is helped by our many specialists who offer their services to the clients in their homes or in the neighborhood clinics. Our small hospital on grounds ensures that clients are treated in a place where they are most intimately understood to avoid unnecessary fear or trauma especially when they are experiencing illness or are in need of postoperative care.

Our clinics on ground provide excellent Dental care. We provide modified general anesthesia with an on- site anesthesiology for those patients who need more sedation for procedural related anxiety. We are perfectly placed to continue to provide for people in the mainstream community. Other specialty care that could be a resource for all disabled men and women who reside in northern California include: Ophthalmology, Optometry, Routine and Specialty Gynecology, Podiatry, Surgical, Orthopedic, Neurology, and Psychiatry. The collective experience of our medical staff in the clinics is quite valuable. This resource including same day Radiology, Laboratory, and EKG could be a wonderful way to serve disabled patients in Northern California in a safe environment especially for anxiety prone patients.

When I worked as a community health center family doctor, I would sometimes be asked see intellectually disabled men and women in the clinic. They would often be sedated because of anxiety about seeing a doctor that they didn't know. I was given about 20 minutes on average to take a history for a nonverbal person and try to help with a

diagnosis and treatment. If I wanted to do tests or labs, the person had to deal with yet another strange environment and be sedated or suffer confusion with a new stranger. Here at SDC, I have had the time to build trust with my patients. With some, it has taken months to years of daily contact. Labs can be drawn in the home with results in minutes to hours. On site Xray with familiar techs can happen in minutes.

If a client at SDC has an urgent medical need he or she can be seen by a nurse in about 1-5 minutes, a doctor in about 3-10 minutes, and paramedic staff in about 3-10 minutes. We almost take the prompt care that we provide for granted until we compare that with the medical system in the mainstream community where it takes much longer to get urgent professional medical help. Our team of nurses knows each client's unique manner of communication making timely, often life- saving observations and interventions.

The many experienced psychiatric technicians and psychiatric tech assistants who often take their phenomenal skill and years of experience and wisdom in stride are the cornerstone of making life for the men and women at SDC as dignified and independent as possible as well as safe, enjoyable, and lively. The psychologists, social workers, individual program coordinators, quality assurance staff, home unit supervisors and administration all look at each client as if he or she were a beloved relative, making sure that their rights are upheld, their needs are met, their lives are as full and rich as possible. Music and recreational therapy, and teaching at vocational and leisure off-sites in the SDC neighborhood is intensively considered, thorough and client centered.

The theatrical productions, parades, and large parties with live music on grounds that our clients take part in, the weekly and daily musical and social events could not be replicated in any other community in the mainstream. Many men and women who work here are talented artists and musicians who share their gifts with their community. One cannot imagine a more "enriched" community in which to live than SDC. Where is the press coverage of those amazing, entertaining, and endearing events?

Those of us who work at our SDC community know the singular sense of joy in being part of something truly worthwhile in an otherwise commodity based world. Our dear clients are not consumers choosing a product or provider, they are vibrant human beings who happen to greatly rely on our careful tending. Many of us will tell you that this work life gives us so much more than it extracts from us.

In the mainstream society where most people with disabilities live, safeguards exist to much lesser degree and there is a relative lack of transparency that we enjoy at Sonoma Developmental Center. Work up with physicians and mental health professionals are not coordinated and the continuity of care and sharing of ideas from staff with decades of experience cannot be replicated.

Many of members our aging population currently SDC were victims of abuse and neglect while living in the mainstream community in the past: in group homes, board and care

homes, psychiatric hospitals, jails, and prisons. Their families sought refuge here at SDC and believed that their loved ones would have a secure home for the rest of their lives. We are breaking that covenant with families and with the men and women that we promised to care for with the closure of this community at SDC.

We are breaking the promise to keep this oasis of care open in perpetuity for the most fragile people in our society who need specialized care. This care is provided by a unique onsite group of professional disciplines located all in one place. It has been a successful model for many decades and should be upheld as a model of care, not an anachronism. It should be kept among the options for our fellow Californians that are intellectually and physically disabled.

The need for a place as unique and specialized as SDC has not lessened, *it has grown* and will continue to grow as many of our relatively newly diagnosed young people with autism and autism spectrum disorders grow to adulthood. What has changed is the political climate and the financial climate of our state and our country.

SDC is closing to fulfill a political and financial agenda. The operating cost of our community is relatively small. Its needs can be fulfilled with the amount of dollars that a medium size corporation writes off as fiscal error. Sonoma Developmental Center is caught up in a larger effort to relieve state and federal government from upholding its responsibility to care for those unable to care for themselves.

We know that for some of our clients, the mainstream community will be a good place for them to live out their lives in a mainstream environment with less enhanced medical and psychiatric care. However, there are many men and women who will have un-recognized illness and suffering, who will be misunderstood and placed in jail, or hospitalized with unfamiliar medical and psychiatric providers, who will die before their time. We know this because over the years, SDC has admitted these unfortunate people back into our community and intensively rehabilitated them.

We have more recently witnessed heartbreaking stories of people with intellectual disabilities who were mistreated and admitted back to SDC for crises placement. We have been authorized to admit and care for only a handful. There are many more of these men and women out there in the nooks and crannies of the mainstream community at large who need to live in a place like SDC in order to survive let alone thrive.

A society is judged by how it cares for the most vulnerable citizens. This is not the time to close Sonoma Developmental Center as an option for caring for California citizens with intellectual disabilities. SDC is the best possible way that state and federal tax dollars are spent – in care of intellectually disabled people in a community centered on them and their needs. SDC is a unique and caring community that needs to be supported and cherished not thrown into the trash heap of political expediency.

Susan [REDACTED]  
Staff Physician  
Sonoma Developmental Center

From: [REDACTED]  
To: [DDS HQ Sonoma Closure](#)  
Subject: Sonoma Developmental Closure Proposal  
Date: Friday, August 28, 2015 9:30:08 AM

---

[REDACTED], [REDACTED] has been at SDC for over 20years! He has had wonderful care there and has lead a very productive life inspite of his disability. Closing SDC will be a crucial change in his environment which will be affecting [REDACTED] both physically and mentally.

Like most family and friends of SDC residents I in no way support the closure of SDC which I consider to be vital for the remaining residents. However, I recognize that closure now appears to be inevitable, so I am submitting my comments on what absolutely needs to be included in the SDC closure plan and what services need to be maintained as a system wide safety net on the SDC site.

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.

Next the SDC site needs to include and perhaps expand the crises residence. SDC needs to also include the place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently housing is a planned use for the Fairview DC site.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.

Thank You,  
Kathy [REDACTED]

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Staff Special Instruction for Clients in Community Now?  
**Date:** Tuesday, August 18, 2015 12:48:36 PM

---

When will the increased inspection quality assurance occur for clients in the community right now? It's very distressing we received a PICA client back after a year, who ate (over the year) four times what they were supposed to and when in a PICA informed ER; left alone with a heart monitor hookup, which led to consumption of the connection pads. This one example is too many and shows there needs to be implemented special education (for SDC clients with greater behavior problems) to immediately inform and educate all involved community care staff - yes?

Can there be some sort of special education (for staff) printout (in big, bold notes) given to staff (also ER/Hospital) when the client arrives, that informs them what to do/not do? Could the same concept immediately be applied for community caregivers and also in the caregivers language or in simple pictures?

*Beverly Sperry*

*Office Technician*

*Trust Office: Eligibility Unit*

[REDACTED]

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Employee Retention Bonus to Closure and...  
**Date:** Tuesday, August 18, 2015 12:26:57 PM

---

ability to buy into CalPERS benefits annuity for missed years. (Ergo) it would be nice to get the retention bonuses and be able to use them to buy unworked years of vestment in CalPERS (it's all about insurance :D), due to inability to work in suitable State service or due to unemployability for whatever reason, or not being able to travel or move to a distant place to continue State service.

*Beverly Sperry*

*Office Technician*

*Trust Office: Eligibility Unit*

[REDACTED]

**From:** ██████████, Elizabeth ██████████  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** DDS CLOSURE  
**Date:** Friday, August 28, 2015 3:15:13 PM

---

To all concerned:

I have tried to put some of my thoughts in writing. They may not be all since they have been floating around in my head for a while but they are many. I am an employee but in this case more an advocate for the clients than my employed position. I have always felt this was a fabulous place for those that live here, if I would have had a choice like this when my mother needed a SNF I would have jumped at the chance. The care here is great and it's always clean no matter when and where I go.

This facility was originally intended as a place that would house and care for those most in need. Those that couldn't take care of themselves and needed some help. For many years SDC has accomplished its goals in various ways. These ways have changed with the times and hopefully it can continue to do just that. I believe it still can continue to help those in need that are already here and it can spread its wings and help others with the same care and compassion it has shown those that have come and gone here before.

I feel that the best way to accomplish the end result of a fully functioning "Future SDC" is to add other organizations 'of need' under one roof, so to speak. This is a gorgeous piece of land why buy another. It already belongs to the state. Spend those 49 million wisely not irrationally. If institutional living in large blocks is not the choice, tear down and revamp the old structures, rebuild, there's lots of room. There's already a community here. It's not just a place to work, it feels like home. It is a home, not a house. WE ARE FAMILY, WE ARE A COMMUNITY.

This is/was a city. One just has to develop it again, rejuvenate it. We have/had a post office, café/restaurant, store, clothes shop, bank, entertainment, sports facility, medical clinic, pharmacy, dentist, water supply and waste processing, etc. I could go on.

As a constructive letter I would like to leave you with some thoughts. First and foremost I think this "Future SDC" should be a public/private partnership, I have seen too much to think that the state could actually run this. I believe that the government should not be in the business of running a business.

Number 2, I would like to see some housing for California's disabled American Veterans. We owe it to them. They gave for us. It should be reasonably priced housing no more than 2-3 stories high - studios, 1 bedroom apartments/cottages. There should be different levels of care included from complete independent living to assisted to skilled nursing care. Some of these could even put in a few hours and earn some money to pay for incidentals or their rent. This could be down in the flatlands towards Hwy 12.

Third, there could be a Dementia unit, a fenced area with smaller units interconnected or larger depending on the level of care. This could be in the general area of Bane/Thompson and above.

Fourth, for all those folks that are on MediCal and in need of a skilled nursing facility here's a great place. It is very difficult to find placement for someone that is pure MediCal anywhere in Sonoma County. This could be in the James/Redwoods area.

Number 5, Camp Via. What a great place for all those living here and a retreat, summer camp, 'Sonoma County Curry Village', anything you want to call it for those clients living at regional centers. One could have it available also for others disabled or in need: foster kids, etc. This could be run by an organization such as the YMCA. The area needs a little work but in the end could bring in some money depending on the capability of payment.

Sixth. For those over 65 and already on state assistance smaller studios/cottages possibly integrated with the vets could be provided. These could also be transitional from independent to assisted to skilled nursing which is already available because of number 4.

Number 7. There could be some housing/apartments, not a large amount, where those that work here

can live here for a reasonable rent. A live/work dynamic, no gas to waste, great for singles, etc. A better public transportation system would be needed but implementable. This aspect could be income for the enterprise.

Probably the most important point in this whole picture, in the center of town we would have the medical clinics, dental clinic, pharmacy and acute care hospital. Remember this is a clientele of older people and those with some difficulties and many medical problems. These clinics would be available to all living on this campus and those in regional centers that have left here or from other DDS facilities. This would spread out the costs.

Ninth. Many of our elderly love to tinker in the garden. Have you ever known one that doesn't? What better place than here. There's an orchard, there's a farm and I'm sure we can find a garden and if not we can make one! It's all here, even the fertilizer.

Number 10. The ecology center can remain and watch over the waters and the earth. We can all live in perfect harmony!!

Number 11. Rejuvenate the old historic administration building as a museum. A source of its own revenue.

With all this or a semblance thereof the "Future SDC" could function and prosper without turning so many lives topsy turvy.

Thank you for your time,  
Liz

Elizabeth [REDACTED]  
R.Ph.  
8/28/2015  
[REDACTED]  
[REDACTED]



## Issues of Transparency and Other Concerns Regarding Closure of SDC

In consideration of the concerns of many involved in the transformation with the closure of SDC, there are several areas that come to the foreground. Some are issues that will require ongoing information and review, and others that will require systemic changes and analysis. These lists are just the beginning of the need for transparency and oversight of the services and results of services provided to the citizens of California who are being required to exit the developmental centers.

### Planning Process Issues

1. The lack of open information and discussion of the needs of the people included in the cohort.
2. The reliance on “the comprehensive assessments” that are not shared or reviewed by conservators or family members, are highly dependent on the IPP, and are not used for congregate data or for planning.
3. The development of future “resources” without clear information
4. The continued reliance on services and monies based on “where you live” not “what you need”
5. The apparent DDS procedural compliance with the legislative requirements without any assurances of compliance with the intent of public input.
6. The apparent systematic weakness in particular areas for adequate and appropriate services in a timely manner.

### Ongoing Process Issues

1. Collection and dissemination of the basic information as closure continues monthly including: number of individuals, to what facility types, with what supports when implemented (especially day programs)
2. 30 day, 90day and 6 months placement reviews and summaries by SRP with standard review information including but not limited to:
  - A. hospitalizations and treatments
  - B. new diagnoses of illness
  - C. change in medication or dosage
  - D. change in behavior problems
  - E change in mental status
  - F. change in emotional status
3. 30 day, 90 day and 6 month review of all incident reports to DDS, Licensing or the Regional Center including abuse

4. 30 day, 90 day and 6 month review of all missed appointments or unanswered medical or dental emergency needs including 911 calls for assistance medical or behavioral
5. Any use of restraints, emergency medications, seclusion or other highly restrictive procedures

#### Follow-up and Review Issues

1. Review of client satisfaction
2. Review of family satisfaction'
3. Review of staff satisfaction both at the DC and home by individual
4. Any behavioral indicators of improvement or decline
5. Employee data including attrition , hiring and training
6. Type and experience of employees

#### Systemic Issues

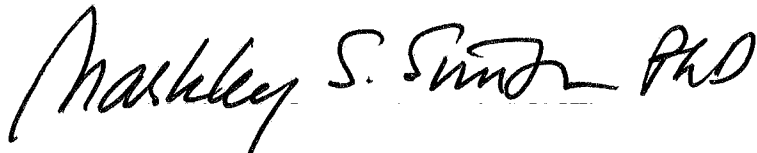
1. Develop a death review process, including standard mortality review and epidemiological data
2. Review and evaluate the Incidents Reports by RC, DDS and and submit a 6 month review to the public if not an agency to be determined.
3. Evaluate all medical, psychological and dental short falls in providing for the needs of individuals including: staff availability, staff training, time lag for service from when detected, payment issues and prevention strategies
4. System of routine reporting of restraint, seclusion, emergency medications, 1:1 supervision due to behavioral issues, abuse and death.

Beyond these issues there are the existing issues that the DDS has not been required to address in the development of alternatives for individuals leaving the DC's, the people who are not receiving adequate care including people who are in jail, acute psychiatric facilities, hospitals beyond the need for care, hotels, homeless shelters and other less than suitable arrangements. This does not even begin to mention the implementation of the "Jobs First" initiative.

I believe the DDS should be held accountable by an independent agency that would be able to oversee and review their progress and the protection of the rights and needs of the individuals involved. There should be an agency that could receive complaints and have the power to investigate them and report them. I also believe that there should be implemented an advocacy agency that is independent for ongoing review and support.

The DDS should also through the Regional Centers sponsor, support, encourage and require family support organizations that would be available for collective support and advocacy for individuals receiving services by the Regional Centers.

I believe that as or when the DC's close, California should call on the Milton Marks "Little Hoover" Commission to review the whole process and the effectiveness, transparency and the trust that the citizens of California can have in the services delivered to and for the individuals registered with the Regional Centers.

A handwritten signature in black ink that reads "Markley S. Sutton PhD". The signature is written in a cursive, flowing style.

Markley S, Sutton, Ph.D.  
Licensed Psychologist

**MARKLEY S. SUTTON, PH.D., FICPPM, FSMI**  
**LICENSED PSYCHOLOGIST - PSY 5529**

[REDACTED]

---

Date August 25, 2015

To: DDS SDC Closure Plan; Senator Mike McGuire

Re: Closure Plan Input

**Advocacy, Parent Support, Consume/Client Organization**

I am concerned that with the plan for closure of the Developmental Centers there will be “collateral damage” done to the system of supports, concern and advocacy in the State of California for individuals with Intellectual and Developmental Disabilities (IDD). For over thirty years, a significant set of advocates for individuals with IDD especially those individuals with mental and behavioral health issues has been the parents, family and friends, usually through the Parent Organization of the Developmental Center.

With the closure of the DC’s, the parents, family and friends are dispersed throughout the region with little regard to their connections, supports or means of gathering information. Without the Parent Organizations, the family and friends of individuals from the DC, especially those identified above, are isolated, thrown into a new system of supports, delivery or care, with “case coordinators” that are typically naïve to the systems themselves to the systems in which they work and are many cases not social workers. The families lose their solidarity and their sense of connection and support and they lose access to readily available information.

Institutional advocacy programs and organizations seem to fill specific needs in many cases. These organizations and institutional boards are directed in their efforts to select populations or individuals with IDD, in general. The family advocating for an individual with severe and complex needs, either physical or mental and behavioral health, is left to a small minority of an already underserved subset of the population.

The Plan should in some way address the issue of personal/family advocacy for individuals with IDD and severe and complex issues (i.e. “DC movers” as well as the so-called “sister” clients already living in the community) all of whom are at significant risk of injury, harm, abuse and mistreatment.

Regional Centers should be required (in the Plan) to establish, develop, support, advertise and convene specific groups of parents, family and friend advocates for this group of individuals and facilitate support and access to information that would assist in

assessing the success of the individual. They should also support a Consumer/Client Association that can learn and engage in advocacy for self and others. They should include in this group the Regional Centers Clients Rights Advocate and a system to train traditional areas such as abuse recognition and reporting, individual rights, system to file rights complaints, the denial of rights process and other traditional concerns for adult advocates including health and dental care.

The Regional Center should be required to make at least semi-annual reports to these rights and advocacy groups regarding indicators of success in their community transition, including measures of personal change as well as measures of system indicators of improved supports and structures.

### **External Oversight**

In their attempts to outline the closure process and include some measures of personal advocacy and local input, the legislature included steps for closure of a DC in the Lanterman DD Act. These are somewhat dated and are unambiguously tied to the budget cycle not the human needs cycle. Even though there are provisions for “stakeholder” input and plan development, much of the process seems pro-forma and leaves little guidance and review in the areas individual assessment and the ongoing development of areas of gaps in the service delivery system, failures in the safety net, review of failures and successes, nor a subsequent evaluation of the process and the outcome. I suggest that the process be reviewed by the legislature through the Little Hoover Commission or have an appropriate scientific group from the UC system provide analysis of all the information necessary to assist the State of California in the ongoing provision of care to the individuals with IDD.

*Markley S. Sutton, Ph.D.*  
*Licensed Psychologist (PSY 5529)*

[REDACTED]

August 31, 2015

Name

Address

City, CA, zip

To Whom It May Concern,

My name is Elizabeth [REDACTED] and I am [REDACTED] of [REDACTED] who has been a resident at Sonoma Development Center (SDC) since February 1960. He has profound cerebral palsy and requires around-the-clock care. My [REDACTED] made the difficult decision of placing [REDACTED] at the age of 5 years, as they could not provide the care he needed at home. Since that time, we have remained very close and he is visited often, especially by [REDACTED], who is his [REDACTED] and his conservator. It was disappointing to learn that the SDC would be closed as they have provided amazing care for [REDACTED] for most of his life. I remember on one occasion in early 2009 when he fell and developed a subdural hematoma. He was transported to Napa and then to Marin General Hospital for possible Neurosurgery. His caregivers at SDC were at his bedside 12 hours a day so that if he woke, he would see a familiar face. This type of care is unheard of, especially with our changing health and insurance systems. The entire staff is dedicated to the care of the residents who cannot care for themselves which has been a blessing to those of us who have loved ones as those residents. So, it was disappointing to hear about the closure. It has been disheartening and anxiety-provoking to learn that there is no solid plan in place for the residents once SDC has closed. From the town hall meeting, those in attendance learned that the proposed plan is one that was used in the past for another center closure and was not successful. We learned of others who had their family members transferred without their knowledge and it took them weeks to find them. It is disgraceful to treat people in this way, especially those who cannot speak for themselves. I am also a physician and it is appalling to know that those making the decisions for the health care of vulnerable populations have no plan in place. I hope and pray that in the coming months that a plan can be put in place for all the residence to have placements in safe and competent centers that allow the residents to be close to their families and in a community, like Glen Ellen, that has been so supportive of the SDC. I also hope that the closure does not occur before adequate plans are in place, as it sends a message that this vulnerable population is not an important part of our society which would be an embarrassment to this state and our community as a whole.

Sincerely,

Elizabeth [REDACTED]



August 30, 2015 **Please use this letter instead of August 28, 2015 (we found a typo).**

Department of Developmental Services  
Attn: Cindy Coppage  
1600 9th Street, Room 340, M.S. 3-17  
Sacramento, CA 95814

**Re: Sonoma Closure Plan Comments – Due September 1, 2015**

Dear Ms. Coppage:

On behalf of [REDACTED] ([REDACTED]) and [REDACTED] ([REDACTED]), I am submitting these comments which reflect our views collectively. All three of us serve as co-conservators for [REDACTED], who has been a client at Sonoma Developmental Center (SDC) since 1962 (over half a decade). I am submitting the comments via the Internet and via the US mail to ensure that you get a copy before Sept. 1, 2015. Please excuse the duplication. The subject is so important to us that we want to be sure that you hear from us.

Due to a trailer bill that was tied to the governor's budget in June 2015, the SDC is mandated to be closed in three years. [REDACTED] has lived safely with excellent therapeutic services and is about to be relocated into a new living environment that is foreign to her. [REDACTED] lacks intellectual, communicative and cognitive skills to comprehend and cope. It is our hope that legislators and the Governor will take action to provide adequate funding and resources to assist with the relocation of the SDC clients and to support family oriented organizations like the Parental Hospital Association at SDC to ensure a network for the family and conservators of the clients who will be subjected to a life changing situation that tears them apart from staff, peers, medical care professionals, psychiatric technicians, teachers, etc., and the only secure network that has a full understanding of their history plus physical, emotional and intellectual needs and abilities.

The clients being affected by the closure are the state's most critically impaired defenseless non-verbal citizens who need close supervision to protect themselves from potential predators and abusers in community settings which are not equipped like SDC to provide compassion, understanding and emotional security.

Our loved one, [REDACTED] (63 years old, a senior citizen), is critically developmentally impaired and non-verbal. She is diagnosed as "autistic," but this does not totally describe her situation. She has the mental capacity of a 22-month old and she has lived at SDC for over 50 years. SDC has been a safe and secure facility for [REDACTED]. She recognizes the staff and depends on them. When a staff member who helps her dress in the morning went on vacation for an extended time, [REDACTED] exhibited behaviors attributed to depression.

[REDACTED] has never spoken but sometimes grunts and as such, cannot communicate her fears, needs or pain. She pushes things away that she does not want. She knows that money goes into a soda machine, but she cannot count change. She lacks hazard awareness and would be vulnerable to ordinary street traffic as well as typical dangers around the home such as sharp objects or wall outlets. She shuffles when she walks and has benefited from the shoe cobbler at SDC in fitting her with shoes to help her with her balance. In her cottage, she is free to go in and out the front door. She stays close to the cottage which is the least restrictive environment for her. If she is relocated to a new neighborhood and integrated with the rest of society, she is at risk from predators and we cannot imagine her being able to venture out the door on her own. She will be lost and confused.

Removing [REDACTED] from the SDC environment would result in trauma that [REDACTED] cannot express nor comprehend. To ease in the transition period, it would be imperative that current staff from SDC be transferred to the regional site where [REDACTED] would be relocated to. It would also be important for some of



peers whom she has associated with for decades to also be in her same living quarters. It is important to provide as much social, environmental and medical normalcy to as possible.

Currently, lodging and programs are needed and not available for most of the residents in regional community settings. Rather than transferring out the most critical and fragile patients in the State of California at SDC, can some of the property and staff remain on the current grounds at Eldridge, CA? Although SDC ceases to exist in three years perhaps some of the existing buildings that are functional can be renovated or constructed so that they can be inhabitable as newly available regional center living and activity facilities?

SDC provides on-site medical and dental assistance. The healthcare providers have equipment, resources and experience in dealing with the specialized clientele at SDC. Communities where regional centers are located do not necessarily have these resources available. We have also heard that at least one healthcare provider will not accept Medical patients. There appears to be a disconnect in providing needed medical and dental care to SDC clients in the communities. This needs to be investigated, verified, and repaired if necessary, before clients like are released to regional centers. well-being is paramount. She has good care and a good life at SDC. If she is relocated to a regional community, the same types of services, and care should be available to her and all of the other SDC clients. However, when I heard in Secretary Diane Dooley's first Task Force charged with discussing the closure of the DCs, minimum-waged staff were going to be employed. Minimum waged staff are likely to reflect high turnover (to get better paying jobs) and not make regional community work a career. High turnover is expected. The staff at SDC have been long-term career employees who have a history with and know/understand her moods, quirks, and abilities. Her world will be disrupted and there is great potential for emotional trauma. This is of great concern to us.

**The SDC closure plan needs to ensure and protect the well-being of the clients and provide equivalent and improved therapeutic services for clients as they are transitioned out of a safe and nurtured environment that has served them well for over half a century.**

**Please consider renovating and reorganizing some of the cottages and buildings (recreational and educational) to allow the clients to remain on site, even though SDC as an agency is dissolved.** Community housing is lacking for senior citizens like . Since there are fewer clients, not all of the buildings need to remain at Eldridge. However, creating regional homes on the SDC property might be a positive solution.

The currently occupied land at **Eldridge was purchased to serve the needs of individuals with developmental disabilities** <http://www.dds.ca.gov/Sonoma/History.cfm> . **It would be a grave travesty to sell this prime property to developers.** California has revenues from other sources and does not need to take from the feeble minded. **Please do the right thing and retain the property for the developmentally disabled and build a resource that includes regional center living accommodations along with educational, medical, dental, therapeutic, recreational and shoe services.**

Sincerely,

*Pamela*

Pamela co-conservator,  
David co-conservator,  
Viola co-conservator,



September 17, 2015

Department of Developmental Services E-mail: [sonoma.closure@dds.ca.gov](mailto:sonoma.closure@dds.ca.gov)

Attn: Cindy Coppage

1600 9th Street, Room 340, M.S. 3-17

Sacramento, CA 95814 Re: Responding Sonoma Closure Plan Comments – Due September 23, 2015

Dear Ms. Coppage:

We appreciate the statement on page 1, bullet 1: *“Achieve a safe and successful transition of “individuals with developmental disabilities” (“individuals”) from SDC to other appropriate community living arrangements as determined through the individualized planning process.”*

One aspect that is missing in the strategies that directly affect the individuals is emotional **security**. These individual lives are extremely fragile and they cannot communicate their fears and stress of the unknown. For example, whenever “Gina” the SDC staff member who in recent years helped dress [REDACTED] (who has been at SDC since 1962) went on vacation, or in the present situation has moved on to a new job and disappeared from [REDACTED] world, the result in her behavior has been self-destructive. The SDC social worker has told us of [REDACTED] change in behaviors which include depression, self-inflicting marks on her body (scratches), and she sometimes hits herself as well.

The medical staff can prescribe tranquilizers to medicate [REDACTED] but this is not the best solution for her as she is autistic and does not respond to soothing words and reason like people with normal IQs. The people making the decisions on closure need to consider the overall quality of life affecting the “individuals” in the transition. Safety is a primary concern, but that should be coupled with **ensuring emotional security**. Throwing our loved ones out into a new community after spending decades at SDC is likely to be extremely traumatic. Although the “individuals” might not be verbal, they have **emotional attachments**. They will no longer be with their familiar dedicated professional staff, or peers. New caretakers lack the complex history and behaviors of this developmentally fragile population.

Transitioning should be gradual and SDC staff must not abandon these “individuals” after the transition.

Ideally, **regional center homes can be developed on the SDC property** in Eldridge so that the exit from the SDC into a regional home will be less traumatic. The new physical environment will be similar. The grounds in Eldridge are far safer than letting “individuals” free to roam in urban settings where the “individuals” are easy targets to be taken advantage of and abused.

We note on page 7 of the draft that: *“The DC resident population has dropped from a high of 13,400 in 1968 in 1968, to a projected total of 1,035 in 2015-16.”*

This statistic fails to note how a trailer bill prevented SDC from accepting new admissions for years. It also fails to note that the State of California for decades has kept the SDC financially strapped to the point that Federal standards were not met and as a result, SDC loss accreditation.

Page 12 states that: *“Many Lanterman families expressed that they are very pleased with their loved ones’ new homes and described their loved ones as ‘very happy.’”*

Additional comments about the Lanterman DC families are mentioned in the same paragraph. However, **contradictory information** about the Lanterman Development Center families calling for moratorium on transfers from SDC at an August meeting which DDS representatives attended is missing from the closure plan and only family praise of the services outside Lanterman Developmental Center are noted.



On September 15, 2015, the following letter was sent to Senator McGuire:

To: Senator McGuire

The Lanterman Parents Coordinating Council (PCC) is made up of families whose loved ones moved from Lanterman Developmental Center (LDC) over the past few years.

LDC residents experienced serious problems due to the lack of a safety net outside LDC. Therefore, the PCC strongly supports a moratorium on the transfer of people from the Sonoma Developmental Center (SDC) until these conditions are met:

**1. All Services need to be in place prior to moving SDC residents out of SDC which means:**

A **moratorium** on transfers from SDC until there is conclusive evidence that equal or better services are available for an SDC resident outside SDC. The moratorium should not apply to any resident legally capable of consenting to a transfer or any conservator, if they prefer a transfer. The moratorium does apply to any resident who is not capable of giving consent. Services would include, but is not limited to, day and vocational programs, medical, dental and mental health services, durable equipment provider/repair services, crises management, access to religious services, and daily access to a park-like setting.

Respectively,

Dorothy Diamond, Parents Coordinating Council President

Source: [http://blog.parenthospitalassociation.org/2015/09/lanterman-developmental-center-families.html?utm\\_source=feedburner&utm\\_medium=email&utm\\_campaign=Feed%3A+PhaAtSdc+%28PHA+at+SDC%29](http://blog.parenthospitalassociation.org/2015/09/lanterman-developmental-center-families.html?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+PhaAtSdc+%28PHA+at+SDC%29)

**We wholeheartedly agree that there should be a moratorium on transfers from SDC until there is conclusive evidence that equal or better services are available for an SDC resident outside SDC.**

DDS is dealing with real lives that are **emotionally and intellectually compromised and fragile**. They are defenseless, vulnerable, and are **not** criminals! They need special medical and emotional care and attention. They get this type of care at SDC. The well being of each “individual” needs to be addressed and should not be made in haste. Funding is needed to help with a transition that not only ensures the safety, but also the emotional security along with adequate vocational programs, medical, dental and mental health services, durable equipment provider/repair services, crises management, access to religious services, and daily access to a park-like setting.

Politicians who aim to shut down the SDC need to be educated with the existence and well being of the “individuals” currently residing at SDC. The SDC is not the “house of horror” that Assemblywoman Shannon Grove stated (<http://www.californiahealthline.org/capitol-desk/2013/5/developmental-center-task-force-launched>). [REDACTED] has resided at SDC before Shannon Grove was born. Families SDC “individuals” have seen the evolution of SDC since the 1960s, and it has been a site that meets the criteria in the aforementioned paragraph for “individuals” with critically and extremely special needs. If resources are not in place to ensure the well-being and quality of care that meets or exceeds what SDC currently offers, please do not throw the “individuals” out of SDC to meet your closure in 2018. These “individuals” do not have the intellectual or communicative skills to express their needs and concerns. But we family members and co-conservators are speaking on their behalf.

Sincerely,

*Pamela* [REDACTED]

Pamela [REDACTED]

David [REDACTED]

Viola [REDACTED]

**From:** [REDACTED] [Christina \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Comment for consolidation  
**Date:** Saturday, August 22, 2015 9:07:43 AM

---

As the consolidation process will soon be happening, it will be beneficial to look into redeployment of vocational staffing as part of managing our resources.  
This is another in house staffing resources that can be manage/utilize to support unit needs(clients services) as we are facing with staffing challenges.

Thank you

Christina [REDACTED]

[REDACTED]



30 August, 2015

Thomas [REDACTED]  
[REDACTED] [REDACTED]

Governor Jerry Brown  
c/o Cindy Coppage  
Developmental Services Division  
1600 9th Street, Room 340, MS 3-17  
Sacramento, CA 95814  
Re: Closure of Sonoma Developmental Center

Dear Governor Brown,

I am the [REDACTED] and co-conservator of [REDACTED], a resident of Sonoma Developmental Center since 1955. I am very dismayed at the State's decision to close the Developmental Centers, and in particular Sonoma DC by 2018. The array of services at SDC has allowed [REDACTED] and hundreds of others like her to live a healthy and peaceful life.

In meetings at SDC and with the Golden Gate Regional Center, it is becoming painfully clear that medical, dental, psychological, and other services for the developmentally disabled are insufficient outside of the DC's. Rather than dismantle the unparalleled support services currently in place, I would like to advocate for the retention of clinical services on site to retain the decades of experience and expertise at meeting the diverse and challenging needs of some of our most fragile people. If the state can develop and maintain a crisis center on campus, I don't see why clinics for medical, dental, custom wheelchair and other durable medical equipment, adaptive shoes, and other services cannot be retained to provide a hub of services.

I have also listened to proposals for the development of small care homes for the developmentally disabled on the SDC property and they make a lot of sense to me, especially if the above-mentioned services are retained on site. Not only would it allow many of the current residents to live in a familiar and pastoral setting, it would minimize their trauma in relocating to a new environment. It would also make it much more likely that current SDC staff who have served our family members for so many years could continue in their vocation.

Like many others, I am very concerned with what will happen to the land when SDC closes. Allowing small community care homes to be built on the present SDC campus would insure that it does not become a commercial enterprise at the expense of the beautiful, natural setting. At present, SDC serves as a major employer in the Sonoma Valley. The continuation of services in the community, even on a diminished scale, would lessen the economic impact on the area.

In summary, the closure of SDC poses a major disruption in the lives of hundreds of our developmentally disabled family members. As new homes and services will need to be developed, it seems only logical to capitalize of the experience and the environment currently in place.

Sincerely,

Thomas [REDACTED]

[REDACTED] and Co-Conservator of [REDACTED]

Saturday, July 18, 2015

Public hearing SDC

I have been sitting here listening to viable reasons to maintain Sonoma Developmental Center. Closing SDC brings back recollections of the closures of the state mental institutions. The state of mental health care in California is in crisis. We appear to have transferred mental health services to our prison system. This is inhumane and morally wanting.

You would think our California legislators ~~could~~ could understand that some of our residents may need ~~an~~ an institutional setting to survive and even prosper. Which is the case for some developmentally and mentally ill people.

Our homeless population has grown in the number of mentally ill people.

~~Do~~ Do not repeat the historical mistakes of the past DO NOT CLOSE SDC.

Cindy



August 20, 2015

TO: Director Santi Rogers

FROM: [REDACTED] and [REDACTED] Edward and Vira [REDACTED]

Santi, Vira and I attended the meetings you put on for the parents of the children living at the Stockton D.C. [REDACTED] was in your program and you were outstanding. [REDACTED] is now in the Skilled Nursing Care Facility, [REDACTED] she is blind, has dementia, she has a feeding tube, cannot walk, cannot feed herself, cannot talk and she has a list of ailments and medications a mile long. Be honest, who would want to care for her? Who would care for her? [REDACTED] needs full time hands on care. Who in the community is going to give her the same level of care she receives here at Sonoma?

Like most family and friends of SDC residents I do not support the closure of SDC which I consider to be vital for the remaining residents. However I see that closure now appears inevitable so I am submitting my comments on what needs to be included in the SDC closure plan and what services need to be maintained as a system wide safety net on the SDC site.

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. A center for adaptation and repair of medical equipment also needs to be part of the health care center.

Next the SDC site needs to include the crises residence. SDC needs to include a place of last resort for those who are not successful in community settings. They should develop a smaller housing site for SDC movers on a portion of the site. This is another concept that is supported in the DC task force as a recommended use of developmental center land.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and determine if the plan also includes a plan for maintaining and developing these services on the site. These services and resources need to be developed concurrently with the movement of SDC residents into the community settings as current services do not adequately include these services or resources for SDC movers.

Edward [REDACTED]

**From:** [Judith Walsh](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Closure / Transformation of Sonoma Development Center  
**Date:** Monday, July 20, 2015 1:05:51 PM

---

Ladies and Gentlemen of the State Dept of Developmental Services,

I am writing you as a concerned citizen and voting resident of Sonoma Valley about the proposed closure of the Sonoma Development Center (SDC). I also spoke at the hearing you held on July 18 at Sonoma Valley High School.

I recognize the State of California's need to conserve and raise revenues. However, I am appalled at the Governor's recent decision to require that a plan for closure of SDC be completed by October 1, 2015, with closure to occur by 2018. This decision was taken even though the Governor and his staff knew of the in progress multi-level effort to develop a new vision for SDC, as well as efforts in the Legislature to devise a reasonable timeframe for closure of SDC. While the directed timeline is NOT reasonable, I understand we have to deal with the new reality; so, the remainder of my comments focus on what should be done with the land, facilities and people (both clients and staff) that comprise SDC. Like most of those who spoke on July 18 and otherwise have submitted comments, I have a number of concerns and suggestions:

- It is extremely important that the State, Sonoma County and its residents collaborate in a public-private partnership. This will allow us to determine and envision the best future for SDC together in a deliberative, thoughtful way. Do you have a process in place to ensure such collaboration, and if not, do you plan to create one – or, better yet, will you pledge to work in good faith with the already assembled Sonoma Development Center Coalition to Transform SDC?
- It is absolutely critical that SDC's open space, natural resources and habitat lands be preserved. Preserving this land is essential to maintain wildlife corridors and a connection among habitat in the Mayacamas Mountains, Sonoma Valley, Sonoma Mountain and the Marin Coast. It is also an important recreational resource for Sonoma County. This property is unique. Selling it off for development without safeguards in place to protect it would be short-sighted and morally reprehensible – particularly since the State as its current owner, could transfer the open space, watershed and habitat lands to State and local parks for stewardship and expansion of public use at little to no cost.
- A number of critical services for the developmentally disabled now exist at SDC and at few, if any, other locations in California. To the extent possible, these should be preserved, broadened and adapted for use by special needs patients – including those to be transferred (if indeed they must be transferred) from SDC to community facilities as envisioned by the State. Or at worst, the State needs to determine how these services will be provided in community facilities before it terminates these services at SDC – and should also provide job placement assistance for the many employees at SDC who will lose their livelihood when SDC closes.
- The buildings and grounds provide an opportunity for a multi-use public/private facility along the lines of the Presidio in San Francisco. This should be seriously considered,

rather than selling off this portion of the land for development.

- Finally, you may not be aware that Sonoma County, and the Sonoma Valley, have an urgent need for low-income and transitional housing as well as a responsibility and mandate to care for the many homeless in our area. Some of the buildings at SDC could easily be repurposed for this use, and should be.

Thank you for your consideration.

*Judith Walsh*



**From:** [Gary \[REDACTED\]](#)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** SDC Closure  
**Date:** Friday, September 04, 2015 8:35:59 AM

---

Dear Samantha,

My vision for the future of SDC is partially indicated in this Palomar study you sent me, albeit not fully developed by them as a complete thought.

I would love to dream that a portion of the SDC footprint would be retained to develop a scalable community home campus for the current residents. By retaining the location there would be significant opportunity to likewise retain the devoted staff and personnel that are already trained to provide care for the most fragile of disabled that are not equipped or capable of transitioning into group home environments.

Unfortunately we see repeatedly the substantial increase in mortality rates for those fragile residents that are transferred/abandoned to group homes where the untrained staff do not understand either the patient's fragility and behavioral needs or the medical requirements of the new resident who is largely incapable of communicating. By avoiding such a transition we could all save lives by allowing for continued patient normalcy while new facilities are readied for transitioning nearby. This plan would also contemplate the retention and continued centralized proximity of required medical personnel with already specialized training, patient treatment experience and resident files.

I dream that at the same time a reimagined community facility would be designed and constructed for transitioning the most fragile and developmentally

challenged, plans could certainly also be envisioned, debated and set in motion for development of the remaining portions of the existing SDC campus for public uses so that it can be reimagined and repurposed in phases concurrently or sequentially in a manner as may be in the best interest of the State, the Trust and the local Glen Ellen Community.

We as a people and a nation are as strong as our weakest link. If our “soul” as a nation is ever intended to match our rhetoric and “goal” as a nation it will be defined by whether our progress is pure Darwinian or a spiritually refined survival of the fittest. These fragile disabled are children of the State. California long ago agreed to take them in and care for them under the principles of the Lanterman, Petri, Short Act. Conservatorships were imposed because it was judicially determined that these most unfortunate of our citizens, through no fault of their own, could not in any manner (let alone adequately) provide for their own food, clothing, shelter, financial or medical needs or decisions related thereto.

The state as a parent now wishes to say that the while the condition of the “child” has not changed the cost has risen unsustainably and so it is time to cut the umbilical cord. They assert it is not abandonment because they are willing to throw some money at the issue even though it is not out of love, concern or regard but rather tantamount to driving an abandoned baby to a fire station rather than just kicking it to the curb. Their conscience is relieved by the rationale that at least some survival opportunity exists if someone else is willing to step up and take responsibility as a volunteer nurturer. These fragile disabled are not the cute baby in the swaddling cloth that everyone wants to take home. But they breathe, laugh, cry and die like the rest of us.

So while talk of repurposing the land is nice, at what cost? Just because nobody sees the blood stains are they not still there? This is an opportunity for everyone to do the right thing. The Trust has a duty to do the right thing. The State right now sickens my stomach with politicians making deals slathered in greed and

blood they consider inferior to their own.

I hope this response is not what you expected and it somehow touches the right heart to stem the tide. [REDACTED]  
[REDACTED] lives at SDC in [REDACTED]. Yes this is a plea for him for he is certainly a reason why SDC exists .  
However, too many other residents that live there have long ago been abandoned, forgotten or have no remaining advocates to beg for their lives. Please help us!!!! I am begging for assistance for [REDACTED] and the forgotten as well. They are “scheduled “ to soon become our true “Les Miserables”.

Let’s protect our most precious resource, the “meek” for if they aren’t allowed to inherit the earth along with the rest of us then only the soul of the strong and greedy will survive and that is not the future I wish for our children and their children.

Thank you,

Gary [REDACTED],

I. Gary [REDACTED]

Attorney at Law



Kindest regards

I. Gary [REDACTED]

Attorney at Law

From Tom Whitworth, [REDACTED]

To: California Department of Developmental Services  
Developmental Centers Division.  
Attn. Cindy Coppage  
1600 9<sup>th</sup> Street, MS 3-17  
Sacramento, CA 95814

I strongly object to the closure of Developmental Centers.

Experience to date with much higher performing individuals who have been maneuvered out of Centers into the general community shows that some will be successful, but some will be subjected to 24 hour lock-down, some will go to jail or psychiatric prisons, all will have choice removed from their lives, all will receive a fraction of the healthcare mandated by the state, and some will die.

You know it and we know it.

So simply put, we have state sponsored euthanasia. That is simply wrong - morally, ethically and professionally.

The speed of your plans, and the critical condition of the majority of remaining residents at SDC will make it a lot worse.

The financial argument is bogus. A major share of the budget saved through closure will simply be shuffled to other departments – emergency services, police Departments, Sheriffs, Hospitals, detention centers and prisons, and lots of attorneys. It's already happening.

You know it, and we know it.

Your action will remove some of the choices and levels of healthcare mandated in other legislation.

You know it and we know it.

It seems time for a class action suit, defending the legal rights of the people you are trying to condemn to urban prisons, inadequate healthcare and possible death.

Then maybe the people of California will know it too.

And hopefully, they will say no to the closure of Developmental Centers.

Sincerely,



Tom Whitworth

Laura Wittenberg, MFT



August 24, 2015

TO: Director Santi Rogers

FROM Laura Wittenberg

Re: Sonoma Developmental Center Closure Plan

My friend's daughter has lived at SDC. [REDACTED] is severely brain damaged with a fragile seizure disorder stabilized by a monitored medication regime. She requires continued observation and assessment by trained Neurologists, (ACLS) trained nurses and Physicians. Her condition is the result of a near catastrophic illness before one year of age. She is non verbal, fed through a gastrostomy-tube, is confined to her bed or a custom designed wheelchair, has no purposeful movement and is totally dependent on medically trained staff for all her physical needs. She needs to remain in the familiar, caring environment she has known for about 40 years.

Like most family and friends of SDC residents I in no way support the closure of SDC, which I consider to be vital for the remaining residents. However, I recognize that closure now appears to be inevitable, so I am submitting my comments on what absolutely needs to be included in the SDC closure plan and what services need to be maintained as a system wide safety net on the SDC site.

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.

Next the SDC site needs to include and perhaps expand the crises residence. SDC needs to also include the place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services.

In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently housing is a planned use for the Fairview DC site.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.

Sincerely,

A handwritten signature in cursive script, appearing to read "Laura Wittenberg", written over a horizontal line.

Edward and Diane [REDACTED]  
[REDACTED]

August 17, 2015

Department of Developmental Services  
Developmental Centers Division  
Attention: Cindy Coppage  
1600 9th Street, Room 340, MS 3-17  
Sacramento, CA 95814

Dear Ms. Coppage,

We are [REDACTED] of [REDACTED] who has resided at Sonoma Developmental Center, SDC, since 1991 at the age of 28. Prior to that time she lived at home and at several different community facilities after we no longer could take care of her at home due to her emotional outbreaks. In 1991 the Golden Gate Regional Center, GGRC, was unable to locate a facility in the Bay Area which would accept [REDACTED] due to her aggressive behavior. The Regional Center did suggest a community home in the Los Angeles area. Therefore, it was necessary for us to obtain a Court Order for the placement of [REDACTED] in SDC which is only a 50 mile drive from our home in El Cerrito.

After [REDACTED] was admitted to SDC their medical staff reduced, and in a few weeks eliminated, the use of the very powerful prescription drug "haldol" which had been prescribed by her doctors in the community in order to minimize her violent outbreaks. During the past 24 years at SDC, [REDACTED] emotional outbreaks have been reduced significantly without the use of strong drugs. Within a few years she was able to participate in day work programs in the plant nursery and laundry. At the present time she is working in the recycling unit at Keysight Technologies in Santa Rosa. She receives pay for her work; however, she loves her work because it gives her satisfaction. [REDACTED] does not care about money.

At SDC she participates in many of their recreation programs including horseback riding and bowling. [REDACTED] lives in a "real community" where she is active, happy and has a caring staff and superior medical services. Based on our experience, many of the small homes in the large cities (mostly in bad neighborhoods) which claim to serve the developmentally disabled are really small prisons with no medical services and low-paid, untrained staff. (We call them "prisons" because one of the homes [REDACTED] lived in Daly City had bars on the windows and doors.)

[REDACTED] is 52 years old; however, she has always lacked safety awareness. While she was staying at the Daly City home, the GGRC sent her by taxi to a day janitorial work program located in downtown San Francisco without our approval. Within the first few weeks she ran



into Market Street. Fortunately for [REDACTED] she was rescued by a staff member who was injured in doing so. Of course, [REDACTED] was terminated from the work program. We then paid the home operator extra money to hire help to take care of [REDACTED] during the day. GGRC took no action.

At another facility in Marin County if [REDACTED] had emotional outbreaks during the evening, when only a few staff members were working, they called the police for help several times. The police then admitted [REDACTED] to the Psychiatric Ward at Marin General Hospital for 72 hour observation.

At the present time we bring [REDACTED] home every month and for holidays. She enjoys her home visits; however, when we return her to SDC she always runs into the Malone residential unit to be with her friends and wonderful professional staff.

On July 23, 2015, we had our annual IPP meeting with [REDACTED] and the Staff at SDC. Near the end of the meeting we talked about the possibility of moving [REDACTED] to a location closer to our home. The representative from the East Bay Regional Center stated there was currently an opening in a four person home for the elderly. Terri needs a lot more than a bed to sleep in. It is apparent the Regional Centers are not prepared to serve the developmentally disabled individuals which are now served by the Sonoma Developmental Center.

[REDACTED] cannot be moved about like a suitcase. It takes a long time for anyone to understand her needs and to learn how to communicate with her. Also, due to a change in [REDACTED] living environment her emotional outbreaks will certainly increase. The closure of SDC will not only be devastating for [REDACTED] but to all the other individuals who will be forced to leave. The Federal Government requires very high standards for SDC; whereas, there is practically no standards for the group homes in the so-called Community.

Recreation and work programs are very important for every human; however, the most significant loss, if SDC is closed, will be destruction of "the unique medical team" which currently exists there. It has been accurately documented the "death rate" of the clients which have been moved to the community from the Centers is significantly greater than for the clients living in the Developmental Centers. We are convinced the closure of SDC will be the death sentence for some of the clients.

Please inform Director Santi J. Rogers: "It is her responsibility to convince Governor Brown to keep SDC open."

Thank you,



Edward L. [REDACTED], Age 83



B. Diane [REDACTED], Age 78



Edward and Diane [REDACTED]  
[REDACTED]

August 25, 2015

Santi J. Rogers, Director  
Department of Developmental Services  
Developmental Centers Division  
Sacramento, CA 95814

Reference: Placement of Teresa Wilson at Sonoma Development Center

Dear Director Rogers,

In 1991 we obtained a Court Order to place [REDACTED] in SDC because Golden Gate Regional Center could not find a community based location for her. [REDACTED] lacks safety awareness, has aggressive emotional outbreaks and cannot verbally communicate her needs to inexperienced staff members. A more complete history of [REDACTED] life and problems is summarized in the attached PDF file.

We have been informed that SDC may not be completely closed and will downsize into a smaller facility, at the same location as the SDC, which would act as a safety net for clients like [REDACTED]. Therefore, the major purpose of this letter is to give our support to this proposal. Also, we would like to offer our 50 years of experience with the design and operation of this new facility.

We believe it is possible to operate the new facility, built around the existing highly qualified medical staff, at a lower cost than if the clients live in small homes which are isolated in large urban areas.

We are looking forward to hearing from you

Sincerely,



Edward L. [REDACTED]



B. Diane [REDACTED]

*Summary of History and Special Needs of [REDACTED] – August 25, 2015*

We are the [REDACTED] and [REDACTED] of [REDACTED] who has resided at Sonoma Developmental Center, SDC, since 1991 at the age of 28. Prior to that time she lived at home and at several different community facilities after we no longer could take care of her at home due to her emotional outbreaks. In 1991 the Golden Gate Regional Center, GGRC, was unable to locate a facility in the Bay Area which would accept [REDACTED] due to her aggressive behavior. The Regional Center did suggest a community home in the Los Angeles area. Therefore, it was necessary for us to obtain a Court Order for the placement of [REDACTED] in SDC which is only a 50 mile drive from our home in El Cerrito.

After [REDACTED] was admitted to SDC their medical staff reduced, and in a few weeks eliminated, the use of the very powerful prescription drug “haldol” which had been prescribed by her doctors in the community in order to minimize her violent outbreaks. During the past 24 years at SDC, [REDACTED] emotional outbreaks have been reduced significantly without the use of strong drugs. Within a few years she was able to participate in day work programs in the plant nursery and laundry. At the present time she is working in the recycling unit at Keysight Technologies in Santa Rosa. She receives pay for her work; however, she loves her work because it gives her satisfaction. [REDACTED] does not care about money.

At SDC she participates in many of their recreation programs including horseback riding and bowling. [REDACTED] lives in a “real community” where she is active, happy and has a caring staff and superior medical services. Based on our experience, many of the small homes in the large cities (mostly in bad neighborhoods) which claim to serve the developmentally disabled are really small prisons with no medical services and low-paid, untrained staff. (We call them “prisons” because one of the homes [REDACTED] lived in Daly City had bars on the windows and doors.)

[REDACTED] is 52 years old; however, she has always lacked safety awareness. While she was staying at the Daly City home, the GGRC sent her by taxi to a day janitorial work program located in downtown San Francisco without our approval. Within the first few weeks she ran into Market Street. Fortunately for [REDACTED], she was rescued by a staff member who was injured in doing so. Of course, [REDACTED] was terminated from the work program. We then paid the home operator extra money to hire help to take care of [REDACTED] during the day. GGRC took no action.

At another facility in Marin County if [REDACTED] had emotional outbreaks during the evening, when only a few staff members were working, they called the police for help several times. The police then admitted [REDACTED] to the Psychiatric Ward at Marin General Hospital for 72 hour observation.

At the present time we bring [REDACTED] home every month and for holidays. She enjoys her home visits; however, when we return her to SDC she always runs into [REDACTED] residential unit to be with her friends and wonderful professional staff.

On July 23, 2015, we had our annual IPP meeting with [REDACTED] and the Staff at SDC. Near the end of the meeting we talked about the possibility of moving [REDACTED] to a location closer to our home. The representative from the East Bay Regional Center stated there was currently an opening in a four person home for the elderly. [REDACTED] needs a lot more than a bed to sleep in. It is apparent the Regional Centers are not prepared to serve the developmentally disabled individuals which are now served by the Sonoma Developmental Center.

[REDACTED] cannot be moved about like a suitcase. It takes a long time for anyone to understand her needs and to learn how to communicate with her. Also, due to a change in [REDACTED] living environment her emotional outbreaks will certainly increase. The closure of SDC will not only be devastating for [REDACTED], but to all the other individuals who will be forced to leave. The Federal Government requires very high standards for SDC; whereas, there is practically no standards for the group homes in the so-called Community.

Recreation and work programs are very important for every human; however, the most significant loss, if SDC is closed, will be destruction of "the unique medical team" which currently exists there. It has been accurately documented the "death rate" of the clients which have been moved to the community from the Centers is significantly greater than for the clients living in the Developmental Centers. We are convinced the closure of SDC will be the death sentence for some of the clients.

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Sonoma closure  
**Date:** Sunday, August 30, 2015 2:45:32 PM

---

To whom it may concern,

I am writing in regard to the Sonoma Developmental center closure. This facility has been such an important home for so many people who need the kind of care that is provided there. There is no other such place like it in the Sonoma area and it is vital that it remains open. Peoples lives depend on it! It provides a safe and nurturing environment for every resident who lives there.

**PLEASE DO NOT CLOSE THIS VITAL DEVELOPMENTAL CENTER!!**

Thank you,  
Lauren Wiscomb

Sent from my iPad



August 24, 2015

TO: Director Santi Rogers

Re: Sonoma Developmental Center Closure Plan

My name is Wayne [REDACTED]. I am the [REDACTED] of a long-time resident of Sonoma Development Center (SDC). His name is [REDACTED]. [REDACTED] conservators – are now old and have limitations in English that have hindered them from fully comprehending and understanding the discussions and procedures occurring with regard to the closure of SDC. Although I have gotten a late start in catching up with the issues and their implications, I can instantly see that [REDACTED] situation in the context of the proposed closure shows that there is ripe likelihood of problems unless utmost effort is taken to carefully plan for even the smallest details due to the fragile population that is covered. This letter is our family speaking up for our concerns as well as lending support to the words of others in similar situation. [REDACTED] parents and I support and empathize with the multitude of points of view raised by other stakeholders, particularly with respect to (a) ensuring that a proposed outcome addresses the detailed needs of residents like [REDACTED] (e.g. medical, dental, mental health, physical space, etc.); (b) securing portions of the existing Sonoma facility and expert staff to continue providing care for this population.

[REDACTED] was born unfortunately with severe developmental disability. He has an extreme form of autism that leaves him with an infantile frame of mind, fixed on routine, and prone to self-injurious behavior and sometimes violent outbursts when such routine or familiar environment are not present. He has necessitated help from the public system since an early age to deal with extreme behaviors. To our family's gratefulness, SDC has provided great care and support for much of [REDACTED] life since his teenage years. Without this support from SDC, we have no idea what would have happened to Yow and those who surround him. Earlier in his life, he had resided in a community home and I remember that was not a successful experience due to the misalignment between [REDACTED] disability, personality and disposition with the people/environment of the community setting. In contrast, the caregivers and experts at SDC have been able to develop and refine a program that has controlled and stabilized [REDACTED] situation in the past 25+ years. It gave us such satisfaction when we are able to visit the SDC recently and see that [REDACTED] is comfortable, secure and even "thriving".

Let me close by saying that our family recognizes that the state of California faces difficult times in respect to developmental services and must move forward in planning the closure of SDC. Like most stakeholders, we only ask that this closure be planned with the utmost care given the fragility of the population. This includes providing transparency to the process and plans, recognizing that "one size fits all" does not work, and giving the time for adequate review and comment. We look forward to actively participate as much as we can. Thank you.

Sincerely,

The [REDACTED] Family (representing [REDACTED] – resident of SDC)  
Wayne [REDACTED]  
Chuck [REDACTED]  
King [REDACTED]  
Hang [REDACTED]

**From:** [Wall, Amy@DDS](mailto:Wall.Amy@DDS)  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** FW: Comments on the Sonoma Developmental Center closure plan - Chuck Woo  
**Date:** Thursday, August 27, 2015 8:13:55 AM

---

**From:** chuck [REDACTED]  
**Sent:** Tuesday, August 25, 2015 11:20 PM  
**To:** Rogers, Santi@DDS  
**Cc:** Wall, Amy@DDS; Kent, Kristopher@CHHS; mike.mcguire@sen.ca.gov  
**Subject:** Comments on the Sonoma Developmental Center closure plan

Hello,

I am writing you today on behalf of [REDACTED], and my [REDACTED], who is currently a patient at the Sonoma Developmental Center (SDC) and is severely autistic. My [REDACTED], who is now 42 years old, has been a patient at SDC for the better part of two decades, and in that time he has received attentive care and support from the excellent SDC staff.

Despite what I believe to be an extremely short-sighted and uninformed view of the needs of patients of SDC that has resulted in a unilateral decision to close it and other similar care centers, my family and I must deal with the fact that the closure will happen in due course. To that end, today I am writing to you with suggestions on what absolutely needs to be included in the SDC closure plan and what services need to be maintained as a system wide safety net on the SDC site. Due consideration of these suggestions will at least go some way towards alleviating our concerns as to the future of [REDACTED] as well as other patients of the facility.

First there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed; such a clinic is essential in order to maintain the health of patients who otherwise will not willingly submit to invasive dental care. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally the health center needs to include behavioral health for those who need those services in the region.

Next the SDC site needs to include and perhaps expand the crises residence. SDC needs to also include the place of last resort for those who are not successful in community settings.

The above services were identified as key to further developmental center closures in the DC task force recommendations and we agree strongly with the PHA view that SDC remains as the ideal site for these safety net services. Frankly, [REDACTED] has been in community homes in the past (when he was much younger) and he did not thrive there, as the caretakers, despite their best efforts and intentions, were simply not equipped to deal with not just [REDACTED], but a number of other patients just like him who may at any moment act out or otherwise have an emergency-type need. I do not know if current community homes have improved in this regard, but as in all reasonable plans there must be a fallback.

In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site, another concept that was also supported in the DC task force as a recommended use of developmental center land. Currently housing is a planned use for the Fairview DC site.

The SDC supporters all will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if the plan also includes a plan for maintaining and developing these services on the SDC site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings as current services do not adequately include these services or resources for SDC movers.

Your consideration for [REDACTED] needs, our family's needs, and the needs of all development center patients in the forming of the SDC closure plan is greatly appreciated.

Thank you

- Chuck [REDACTED]



To Santi Rogers  
From Mrs. Raymond [REDACTED]

I agree wholeheartedly with the views of the sample letter written by Kathleen Miller PHA President, but this letter is about [REDACTED], yes, I have two brain damaged children who have been at Sonoma for many years, have gone through many trials and tribulations, but with the extraordinary care and devotion of doctors and staff they have managed to survive and thrive.

I believe community placement, at this point in time, would be a death sentence for my [REDACTED]. It takes a dedicated, well trained team to keep these frail elderly alive and well. I feel that community home staff do not have the training needed to deal with the multiple problems they will encounter. Emergencies will occur and they may not know how to respond, I don't want my [REDACTED] to be a learning tool!

I am eighty five years old, a widow with one son, who was recently diagnosed with ALS. He was going to be my [REDACTED] responsible person when I died, but that is impossible now. Put yourself in my place, surely you would want the very best care for your child, and that care can only be assured in Sonoma. Perhaps with time community care will be at least adequate, but it has not proven itself yet!

Sincerely,  
Dawn [REDACTED]

**From:** [REDACTED]  
**To:** [DDS HQ Sonoma Closure](#)  
**Subject:** Attn: Cindy Coppage  
**Date:** Monday, August 31, 2015 10:53:45 AM  
**Attachments:** [Duncan\\_08-15 Deinstitutionalization or Abandonment.docx](#)

---

I am respectfully submitting a research paper I wrote regarding SDC closure.  
Thank You,  
Kimberly [REDACTED]

Deinstitutionalization or Abandonment?

E. K. [REDACTED]

August 2015

## Deinstitutionalization or Abandonment?

On Thursday May 14, 2015 news broke that the California Department for the Developmentally Disabled (CDDS) plans to close all three of California's remaining developmental centers, with Sonoma Developmental Center (SDC) designated the first to close by December 2018 (Parent Hospital Association, 2015). On June 30, 2015 the CDDS and California Governor Jerry Brown signed into law the terms for funding SDC through July 1, 2017. Unexpectedly, no provisions have been documented for funding SDC through December 2018. An urgent aspect of the nation-wide debate on deinstitutionalization pits residents of SDC and their advocates, against those living in the community with intellectual and developmental disabilities (IDD). In this writer's experience, it has been common to encounter protesters from the IDD community shouting 'shut 'em down' and 'free SDC' outside senate budget hearings. "Led by ARC [Association for Retarded Children], paid providers, and paid advocates, this was a group of true believers" (PHA, July 2013). Contrary to their claims, that this debate is about freeing the unjustly confined, evidence supports the view that these true believers are motivated by the hope that federal Medicaid waiver money (80% match first year, 50% match thereafter) will follow those forced to transition (CDDS, 2015a; Hopp, 2014; PHA, 2013). "Cost savings from previous center closures did not shift to community services but were routed to the General Fund" (PHA, 2015b). Total deinstitutionalization advocates care little about SDC residents' right to choose (PHA, 2013). These paid advocates do not acknowledge that only board and care facilities (aka group homes) provide Medicaid waivers, and that consumers who are miserable or unsafe once in their group homes have no legal process, such as a writ of habeas corpus, to ask for a change of placement (PHA, 2013). The one setting where choice is mandatory is in developmental centers; all a resident need do is indicate to their individual program plan team,

verbally or non-verbally, that they wish to live elsewhere, and a writ of habeas corpus is filed in court (PHA, 2013). Once a loved one transitions to the community, choice is no longer an option. Thus begging this question: How does eliminating SDC residents' choice of placement represents setting them free? According to Samuel Bagenstos, former Principal Deputy Assistant Attorney General in the Obama Justice Department's Civil Rights Division, as quoted by Hopp (2014);

It is not surprising that the coalition of deinstitutionalization advocates and fiscal conservatives largely achieved their goal of closing and downsizing institutions and that deinstitutionalization advocates were less successful in achieving their goal of developing community services. State officials were not keen on investing in the development of adequate community services after being told closing ICFs/IID would save them money, resulting in inadequate funding and compromised care. Bagenstos acknowledges adequate investment in community services, especially due to the cost of quality staffing, will meet or exceed the cost of ICF/IID care. (p. 3).

Sonoma Development Center in Eldridge California, near Glen Ellen in the Sonoma Valley, surrounded by Jack London State Park, is where *active care* is delivered in skilled nursing facilities and intermediate care units. [See Appendix A]. There are centralized medical, dental, ophthalmic, orthopedic clinics, an acute care hospital, adaptive equipment shops, vocational and recreational programs, and protected open space are provided for the individualized care of people with intellectual and developmental disabilities. This writer's brother is one of these people. [REDACTED] has lived a good life at SDC for forty years. Soon he will be forced out, against the recommendation of his physicians, his family, and his experienced, and familiar caregivers. Based on his comprehensive assessment for placement

transition, the Regional Center acknowledges that there are no suitable facilities available for him at this time, and that they will need to build or develop one. This reality exists in virtually all California Regional Centers that developmental center residents are served by, because the remaining residents represent those considered difficult to serve. Compared to the stability of SDC, this situation appears untenable.

State and National policy trends toward ‘Total Deinstitutionalization’ and ‘Integration for All’, argue for closure of all large congregate living and care facilities (variously known as state hospitals, state schools, developmental centers and intermediate care facilities). These policy trends are inconsistent with the Lanterman Developmental Disabilities Service Act of 1977 (AB846) the American’s with Disabilities Act of 1990 (ADA), and the Supreme Court decision *Olmstead v. L.C.* of 1999, which interprets them. The *Olmstead* decision should have settled the deinstitutionalization debate (Hopp, 2014). In the 6-3 *Olmstead* ruling, the Justices ruled that unjustified institutionalization is discrimination (*Olmstead*, 1999). However, neither the Lanterman Act nor the *Olmstead* Decision mandated total deinstitutionalization with closure of all developmental centers. What this landmark legislation actually did, was to codify a balance between encouraging community integration (to avoid discrimination by segregation within institutions) and preservation of facility-based care for those who require or choose the comprehensive services offered at developmental centers (Hopp, 2014). Writing for the majority in the *Olmstead* decision, Justice Ruth Ginsburg wrote;

We emphasize that nothing in the ADA or its implementing regulations condones termination of institutional settings for persons unable to handle or benefit from community settings...Nor is there any federal requirement that community-based treatment be imposed on patients who do not desire it (*Olmstead*, 1999, p.17).

Admission to one of California's developmental centers requires a court order and is based on a formal determination that the developmental center is the most appropriate residential setting available to insure the individual's health and safety (CDDS, 2015a). For those considered 'difficult to serve', due to high levels of need for medical care and support for challenging behaviors (dually diagnosed mental illness and intellectual disability), transition from large group care facilities to community care is not always the best choice. However, current political trends incorrectly interpret the Lanterman Act as a mandate for integration into the community for all, and eliminating the choice between facility-based and community-based care.

Evidence-based social science research shows that for SDC's remaining population, transition will be a death sentence (Strauss, Shavelle, Baumeister and Anderson, 1998; Shavelle and Strauss, 1999; Shavelle, Strauss, & Day, 2005). Currently, there are about 400 residents living at Sonoma Development Center (down from 1,100 in 1994) (CDDS, 2015c). "As the population has become more focused in the area of medical and personal care needs and those with extensive behavioral support needs, so do the risk factors increase in relation to health and medical conditions and staff supervision to protect/prevent injury" (CDDS, 2015c).

Transitioning a population with heightened care and support needs should be monitored to ensure their health and safety, not only in the first year, when there is an increase in challenging behaviors and seizure activity due to a 'dislocation of moving effect', but continuously, as this is a population with lifelong disability (Shavelle, Strauss, & Day, 2005). Their disabilities are unlikely to resolve, especially in community placement where provision of required personal



services decreases, and expertise in working with the population is lost due to lower pay scales and decreased or absent licensing requirements (Hopp, 2014).

#### Transition Causes Increased in Mortality

In response to inaccurate political interpretations, that the Lanterman Act and the Olmstead Supreme Court decision actually mandate ‘Integration For All’, more than 2,000 developmental center residents have been transitioned into the community in California beginning in 1993 (Hopp, 2014).

However, masterful messaging by nonprofit organizations and federally-funded lawyers with mission statements and funding aimed squarely at eliminating all “institutional” options quickly (and incorrectly) characterized Olmstead as deinstitutionalization “mandate” requiring “community integration for everyone.” While deinstitutionalization proponents had successfully closed many ICF/IID homes by 1999, the time of the Olmstead decision, the decision has only further fueled their efforts in the years that followed. (Hopp, 2014, p. 2).

This deinstitutionalization “mandate” entailed multiyear “moratoriums” on California developmental center admissions that deflected consumers to inappropriate settings (PHA, 2015a). With the SDC’s eminent closure, unwilling residents will be mandated to transition to the community, regardless of whether residential placement that is suitable to their significant and complex needs currently exists. These are residents who need to stay at SDC because it *is* the least restrictive for their safety as determined by their individual program plans (IPPs) and legally codified by court orders (PHA, 2015b; Reeve et al, 2005). The CDDS’s own website, acknowledges as much:

As the population has become more focused in the area of medical and personal care

needs and those with extensive behavioral support needs, so do the risk factors increase in relation to health and medical conditions and staff supervision to protect/prevent injury. (CDDS, 2015b).

They are residents whose physicians, legal conservators, caregivers and family members object to transition. Given the restrictions on SDC admissions since 1993, they are also highly likely to be people who have been harmed by or ejected from community placement prior to admission to a development center (PHA, 2015c).

On behalf of these residents and their advocates, The Parent and Hospital Association (PHA) of SDC has made repeated requests for historical outcome data (including mortality data) on the SDC residents transitioned into the community during California's major deinstitutionalization program between 1993 and 1996 (PHA, 2015b). To date, their requests have met with stonewalling by the CDDS (PHA, 2013). One must ask why officials legally tasked with oversight and obligated to transparency at the CDDS would not have produced the following work by Doctors Shavelle and Strauss, and their colleagues.

California carried out a major deinstitutionalization during 1993-1996, with more than 2,000 children and adults with developmental disability transferred from state facilities to community care. Most were relocated to private group homes. Strauss, Shavelle, Baumeister and Anderson, 1998, — hereafter, SSBA - analyzed the mortality experience of a group of 1,878 of these movers. There were 45 deaths in their April 1, 1993 to February 14, 1996 study period. This represented a 51% increase in mortality, relative to that of comparable persons living in state institutions. (Shavelle, Strauss, & Day, 2005, p. 372).

Strauss and Shavelle, (1999) published follow up data for this group through the end of 1996 that

documents an increase in morality of 88% over the morality rate expected if they remained in their developmental center residences (as cited by Shavelle, Strauss, & Day, 2005). In 2005, Shavelle, Strauss, and Day reported there were 81 deaths in the cohort through 1999. Overall (1993 to 1999) the death rate was 47% higher ( $p < 0.01$ ) in the community than in the California development centers (Shavelle, Strauss, & Day, 2005). Strauss and Kastner, (1996) suggested that reasons for the lower mortality rates in institutions compared to other residence types include continuity of care, centralized record keeping, and immediate access to medical care. What motivates Total Deinstitutionalization and 'Integration for All' policies?

According to Tamie Hopp (2014), Director of Voice of the Retarded (VOR) deinstitutionalization was initially motivated in 1965 by a national outcry over the deplorable living conditions at the Willowbrook Institution in New York State, exposed by Geraldo Rivera and denounced by then-Senator Robert Kennedy. Beginning in 1971, these atrocities ushered in decades of advocacy and reform with development of Medicaid-funded Intermediate Care Facilities for the then-called Mentally Retarded (ICF/MR), currently named Individuals with Intellectual Disabilities (ICF/IID) (Hopp, 2014). In 1981 congress responded to critics, complaining that ICF/IIDs promoted a one-size-fits-all model of care, by funding alternative care facilities (4-15 person ICF/IIDs, Medicaid Home & Community-based Service Waivers) to allow states to "waive" certain ICF/IID requirements in Development Centers that house hundreds (Hopp, 2104). Paradoxically though, these reforms, set the stage for decades of ongoing deinstitutionalization, resulting in the elimination of specialized housing, employment and educational options for this population (Hopp, 2014). At the federal economic level, efforts to 'rebalance' the United States' system of care shifted from the expansion of options to the dramatic reduction of ICFs/IID and other specialized options for the IID population (Hopp,

2014).

Closing SDC has become a state priority for two reasons: Most urgently, the calculated cost for housing each resident has risen to \$500,000 a year. And secondly, a political, legislative, philosophical and budgetary policy has evolved since 1969, at both the state and federal levels, that developmentally disabled people have a legal right to be assimilated into their communities and should therefore be “transitioned” out of large institutional settings, whenever possible, into small group homes (Bolling, 2015, p. 61).

While the reality of budgetary constraints in California have forced re-examination of policies for caring for the intellectually disabled, closure of the three remaining developmental centers eliminates services provided there and are not readily available in the community (PHA, 2015c). To understand CDDS cost analyses depicting annual housing costs of \$500,000 per resident at SDC, one must deconstruct the analyses. At its peak, SDC’s population was 13,400 in 1968 (Bolling, 2015, p. 63). By 2009, planned attrition, achieved through deinstitutionalization and multiyear ‘moratoriums’ on admissions, coupled with maintenance costs for the aging infrastructure on the 124 year old campus, reduced the population remaining in California’s four developmental centers to 2,000 residents, and inflated the annual cost of housing per resident to \$256,000/resident (Bolling, 2015, p. 63).

To the casual eye, the case for regional centers was obvious. Not so obvious were mounting concerns about the impact of repeated funding cuts on regional centers, reductions in quality of care, regional center reporting gaps on how many people disappeared from the system, ended up in jails or crisis clinics or, worse, on the street. (Bolling, 2015, p. 63).

The evidenced-based mortality research cited above unequivocally establishes that the 400

remaining SDC residents are approximately 50% more likely to die earlier than expected when transferred to a community setting, unless their significant and complex needs are met.

According to Miller, Editor of the Eldridge Gazette, “It’s like being on the Titanic” (PHA, 2015b, p.1).

### Nowhere To Go

It appears obvious to advocates and conservators of SDC residents that what motivates the state to close SDC is saving money, or perhaps even generating revenue for the general fund rather than an effort to integrate their loved ones in the community (D. Grabill, personal communication, August 28, 2015). SDC’s residents already live in the least restrictive environment appropriate for their safety and care; a fact codified by court orders required for their admission to SDC. According to the Olmstead Decision, there are three conditions for the transfer from institutional care to a less restrictive setting (Olmstead, 1999). The third condition states “the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities” (Olmstead, 1999). The plan to close SDC fails the third test because according to the executive director for the Regional Center of the East Bay (RCEB), Dr. James Burton and the director for community placement, Steve Robinson, there are no appropriate facilities available in the catchment area.

██████████ current community transition assessment (known as the comprehensive assessment) indicates that the type of residential services and supports required for his successful community placement is called a Specialized Residential Facility able to support medical and behavioral challenges or SRF Medical / Behavioral. The assessment states that he would need licensed staff supports for his medical conditions, oxygen in place, and an enhanced staffing ratio. It also states that he would benefit from a behavioral consultant to assist with behaviors,

develop plans, and train staff to work with him effectively. On August 24, 2015, my family and several others met with RCEB for an overview of community living options. The RCEB team informed us that there are no SRF Medical/Behavioral facilities available anywhere in the RCEB catchment area because they have not been developed yet. All that exists are the blue prints.

According to David Grabill, an attorney who has represented residential care providers in obtaining approvals to build facilities in the greater bay area, if the SDC is closed by 2018, there will be *no* equivalent facilities where the current 400 SDC residents can be placed until 2020 or later (D. Grabill, personal communication, August 28, 2015). In a letter dated 8-28-15 to Santi J. Rogers, Director CDDS, and on behalf of SDC resident's and their advocacy teams, Mr. Grabill requested that "the State of California and the Department of Developmental Services not close the SDC, reduce services or remove residents from that facility unless and until there are adequate equivalent facilities and services for these 400 residents elsewhere in the greater Bay Area" (D. Grabill, personal communication, August 28, 2015). At minimum, it is imperative that specific appropriate facilities be developed concurrent with the closure process.

#### SDC Advocates' Response to Closure

Closing SDC will not save California money on care for SDC residents without exposing them to unacceptable levels of risk and early death. SDC's Parent Hospital Association President, Kathleen Miller has a son with a dual diagnosis who was harmed by his community placements, but now enjoys a high quality of life at SDC. Miller is the Editor of the Eldridge Gazette, and keeps Parents, SDC Employees, and SDC Residents informed about their fate at the hands of the CDDS. In collaboration with Senator Mark McGuire, and Assemblywoman Susan Gorin, Miller and the PHA Board have prepared a plan for services that represent the minimum necessary conditions to provide for and protect SDC residents who will be forced to leave SDC

in the next two years (See Appendix A). In summary, these four essential elements are:

1. Provisions for services to individuals who have been deflected to inappropriate living situations.
2. Personally required services currently provided at SDC and not readily available in community living arrangements.
3. Assurance of transparency in reporting, including all information currently available from SDC, especially regarding use of restraints, reports of significant injury received by the individual during a behavioral episode, and mortality review of all deaths subsequent to moving.
4. Access within 2 to 72 hours to behavioral or psychiatric emergency and crisis services overseen by a psychologist or physician with at least 2 years experience working with IDD. (PHA 2015a).

PHA's position is that these conditions should be developed on the SDC site concurrent with closure activities (PHA 2015a).

#### ██████████ Story

As a kid, ██████████ was a beautiful boy and people responded to him well. He liked cowboys and The Beatles. At the age of 4, his friends were 10 year olds and they enlisted him to test their go-carts. When I was 5 years old and he was 4, he had a high fever and stopped breathing far too long. When he awoke from a months-long coma, he was non-verbal and diagnosed with severe mental retardation, severe seizure disorder, and hyperactivity. Keeping him safe at home failed after a while, and my Parents were encouraged to place him in a group home. By the time he was 7, he had been mistreated; restrained in his bed long enough for his legs to atrophy. Some of his placements worked well for a while; they were local and we visited weekly. Others closed, another demitted him due to challenging behavior. The transgression that got him ejected was finding his way to the roof and dropping toys thrown up there by residents. He was finally admitted to Sonoma Development Center in 1975. He has enjoyed familiar staff and has had the same roommate for most of 40 years. When he is forced to relocate, he may not survive.



“Long-term residents of Developmental Centers give up familiar staff, peers and physical environment, without the capacity to understand or talk about any of those losses” (Shavelle, Strauss, & Day, 2005). Early death during the first year after transition was evident in the studies on comparative morality and the investigators called the phenomenon the “dislocation of moving effect” (Shavelle, Strauss, & Day, 2005). [REDACTED] is now in his 50’s and he is considered medically fragile. He has respiratory treatments daily. Although no longer hyperactive, he can become agitated and oppositional in the face of change, and it takes familiar staff to care for him, or he will refuse care, including medication, food and fluids. Changes to his daily care can be made at a moment’s notice at SDC. His SCD primary care physician makes daily rounds, he can receive one-to-one supervision when he becomes unsteady on his feet, his dentist has 20 years of experience working with non-verbal, disabled clients, his recreation specialist finds creative ways to engage him, including a rare opportunity to ride a horse. The Psychiatric Technicians, Nurses, Social Workers and Administrators at SDC have known and cared for him extremely well for many years; far better than treatment he received in community-based settings that failed him or ejected him for hyperactivity. Without exception, caregivers at SDC tell us he is one of their favorites, with his flirtatious, gentle demeanor, and penchant for [REDACTED].

[REDACTED] life has been difficult. He can’t tell us when he is in pain. Seizures and falls have scarred him; long-term, high-dose seizure medication caused ataxia, impairing his gait and balance, requiring a walker or wheel chair. Falling accidents due to his lack of hazard awareness have impaired his physical development. He is on a liquid diet because he cannot swallow solid foods. During a medication regime change, he became depressed and refused to eat. He did not understand when a feeding tube was placed and he pulled it out repeatedly. This

caused undetected peritonitis, an infection secondary to perforation of the bowel, known to be among the most painful conditions a person can experience. Not only is he nonverbal, he is also stoic. But for the extreme measures taken by an ER physician, who spent 18 hours cleaning his peritoneal cavity, he would have died an excruciating death. He suffers great risk of aspiration (he once aspirated a piece of almond) and consequent pneumonia. He is no longer a candidate for a feeding tube, nor is he able to have an MRI. His neurosurgeon had to leave metal the metal clips, of a pacemaker-like device designed to help control seizures, attached to his vagal nerve when the device became infected. He lost a cornea and iris in one eye in an unpredictable assault by another resident. If it weren't for bad luck, he'd have no luck at all. [REDACTED] has suffered enough and he deserves a break.

## References

- Americans With Disabilities Act of 1990, Pub. L. No. 101-336, 104 Stat. 328 (1990).
- Bolling, D. (2015, May). Inside Outside SDC. *Premiere Valley of the Moon*, 1(1), 60-65.
- CDDS, 2015a. California Department Of Developmental Services Website (2015). Author.  
*Developmental Centers* “Admissions and Transitions” retrieved from CDDS Website on June 15, 2015. URL: <http://www.dds.ca.gov/DevCtrs/>
- CDDS, 2015b. California Department Of Developmental Services (2015). Author.  
*Developmental Centers* “Initiatives for continuous improvement”, retrieved from CDDS Website on June 15, 2015. URL: [http://www.dds.ca.gov/DevCtrs/DCPolicy\\_Initiatives.cfm](http://www.dds.ca.gov/DevCtrs/DCPolicy_Initiatives.cfm)
- CDDS, 2015c. California Department Of Developmental Services (2015). Author.  
*Developmental Centers* “Sonoma Developmental Center Population”, retrieved from CDDS Website on June 15, 2015. URL: <http://www.dds.ca.gov/Sonoma/SonomaPop.cfm>
- Department Of Developmental Services, Sacramento, CA: Author. (2001). *A Consumer’s Guide to The Lanterman Act*. Washington, DC: U.S. Government Printing Office.
- Graybill, D. (2015). Personal Communication to Santi J. Rogers, Director California Department of Developmental Services dated August 28, 2015, regarding the Proposed Closure of the Sonoma Development Center in Eldridge, California, on behalf of the

Sonoma County Housing Advocacy Group.

Hopp, T. (2014). *People as Pendulums*. Nonprofit Quarterly, July 2014 accessed 06-15 from [www.vor.net](http://www.vor.net)

Lanterman Developmental Disabilities Service Act of 1977 (Divisions 4.1, 4.5, and 4.7 of the Welfare and Institutions Code and Title 14 of the Government Code) Washington, DC: U.S. Government Printing Office.

Olmstead v. L.C., 527 U.S. 581, 601-602 (1999) retrieved on June 15, 2015. URL: <https://www.law.cornell.edu/supct/pdf/98-536P.ZO>

(PHA, 2013). Parent Hospital Association Eldridge Gazette, July/Aug. 2013. “True Believers”, p. 3, retrieved on June 15, 2015. URL: <http://parenthospitalassociation.org/forms/Gazette/GazetteJULY2013.pdf>

(PHA, 2015a). Parent Hospital Association. (2015). Appendix A “Essential Elements of a Plan for Closure of Sonoma Developmental Center submitted on behalf of PHA”. Retrieved on June 30, 2015. URL: <http://blog.parenthospitalassociation.org/2015/06/essential-elements-of-plan-for-closure.html>

(PHA, 2015b). Parent Hospital Association, Eldridge Gazette, March 2015. “California Lags in Community and Institutional Support for the Disabled”. Retrieved on June 30, 2015. URL: <http://blog.parenthospitalassociation.org/2015/03/california-lags-in-community-and.html>

(PHA, 2015c). Parent Hospital Association Eldridge Gazette, May/June 2015. “It Feels Like the Titanic.” pp 1-3, retrieved June 15, 2105. URL: <http://parenthospitalassociation.org/forms/Gazette/GazetteMAY2015.pdf>

Reeve, A., Aceves, J., Morales, A., Thorn-Lehman, J., Vickers, J. (2005). Deinstitutionalization:

- Social Policy and Social Reality. National Association for the Dually Diagnosed with Intellectual Disability and Mental Illness (NADD) Bulletin Volume I Number 5 Article 1 accessed 06-15 at <http://thenadd.org/nadd-bulletin/archive/volume-i/>
- Shavelle, R., Strauss, D., & Day, S. (2005). Deinstitutionalization in California: Mortality of Persons with Developmental Disabilities after Transfer into Community Care, 1997-1999. *Journal of Data Science*, 3, 371-380.
- Shavelle, R. M. and Strauss, D. J. (1999). Mortality of persons with developmental disabilities after transfer into community care: A 1996 update. *American Journal on Mental Retardation* 104, 143-146.
- Strauss, D. J., Anderson, T. and Shavelle, R. M., Trenkle, S. and Sheridan, F. (1998). Causes of death of persons with developmental disability placed from California institutions into community care. *Mental Retardation* 36 386-391.
- Strauss, D. J., Kastner, T. A. and Shavelle, R. M. (1998). Mortality of adults with developmental disabilities living in California institutions and community care, 1985-1994. *Mental Retardation* 36, 360-371.
- Strauss, D. J., Shavelle, R. M., Baumeister, A. A. and Anderson, T. W. (1998). Mortality of persons with developmental disabilities after transfer into community care. *American Journal on Mental Retardation* 102, 569-581.

### Appendix A

Essential Elements of a Plan for Closure of Sonoma Developmental Center submitted on behalf of the Parent Hospital Association. June 30, 2015.

In the plan for closure of Sonoma Developmental Center (SDC) completed by the Department of Developmental Services (DDS), there should be certain elements included. These elements have been used in plans for closure in other states where there has been a directed effort to reduce reliance on institutional facilities and to provide for the variety of needs that are created by not having them.

First, the plan should include provisions for services to individuals who have been deflected to inappropriate living situations because there has been a multi-year “moratorium” on admissions to SDC. These individuals would include minimally the individuals registered with the eight Northern California Regional Centers who would have normally referred clients to SDC who:

1. Currently reside in jail.
2. Currently reside in an acute psychiatric facility or being held on a 5150.
3. Have been held on a 5150 in an acute psychiatric facility more than three (3) times in the last year.
4. Are being recommended to be demitted from their current home due to behavioral issues.
5. Is living in temporary housing such as a homeless shelter, hotel, or other such arrangement.
6. Are determined to be at significant risk of harm to self or others in their current home with the level of care and support currently provided.

Second, the plan should include personally required services currently provided at SDC and not readily available in the community living arrangements in the eight Northern California Regional Centers. PHA’s position is that these services should be developed on the SDC site concurrent with closure activities. These services would include a clinic that:

1. Provides a primary care physician that would be responsible for coordinating the overall health care management

2. Provides an annual dental examination & treatment as necessary;
3. Provides durable medical equipment adaptation and maintenance and repair.
4. Coordinates a review by a neurologist if the individual has a seizure disorder and has had more than 3 seizures in a 30 day period;
5. Coordinates a review by an ophthalmologist for all individuals over the age of 65 for cataracts or other eye diseases and availability of alternatives;
6. Provides an annual review by a psychiatrist or physician with more than 2 years of experience with individuals with Intellectual and Developmental Disabilities of their psychiatric/behavioral medication regimen; and
7. Provides a review by a licensed psychologist of the individual's behavior support plans if they require them upon their move from SDC and annually thereafter.
8. Retain acute care license for clinic/medical facility.

Third, any plan that is developed should include the assurance of transparency in reporting, including information to assist in the assessment of the placement and support of the individual being moved from SDC including all information currently available from SDC, especially:

1. Any use of restraint, manual or mechanical,
2. Any use of seclusion
3. Any use of emergency psychiatric medications, (STAT)
4. Any significant injury received by the individual during a behavioral episode
5. Any unexplained injury

Fourth, the plan should include the availability of emergency services and other necessary medical and health services on the SDC site, including:

1. Behavioral/psychiatric emergency and crisis services, overseen by a licensed psychologist or physician with 2 years of experience working with individuals with Intellectual and Developmental Disabilities available within 2 - 72 hours.
2. A facility that can provide longer term behavioral treatment from which they cannot be expelled or demitted.
3. Enhanced behavioral homes with delayed egress.

With these elements included in the plan for a closure of SDC, there is at least a plan to



provide for the care and support necessary to maintain, assess, review, intervene when necessary and assure the ongoing success of the individual, especially those with complex behavioral and dual diagnosis needs.

Date	Name	Role	Comments
9/1/2015	Sylvia [REDACTED]	Conservator or Guardian of an individual at SDC	<p>[REDACTED] is a resident of [REDACTED]. He has resided in Sonoma Development Center for the last 50 years. Residents at the SDC cannot speak for themselves, therefore conservators and family members speak on their behalf.</p> <p>I don't believe a community group home setting would work for [REDACTED] as he has very specific needs. He is blind in one eye, cannot speak except for a few words, cannot walk and requires a wheel chair to get from place to place. [REDACTED] requires constant one on one supervision 24x7 to prevent SIB and falls due to his ataxia, assistance to the restroom, bathing, and everyday life. Why is it not possible to transform a section of the SDC to house the 405 residents, the medical services, the clinics, training services and needs of the residents? The infrastructure and experienced skilled workers are at the SDC. If Sonoma Development Center name is an issue, change the name of the facility. Renovate the facility (designate the section). Obtain the license for the new facility and ensure compliant to the law.</p> <p>Why are we decentralizing the services, separating the residents from what they know, and their favorite staff? Why can't a state of the art group facility be built in the SDC where the existing infrastructure is renovated, services retained, staff retained, crisis and medical clinics developed onsite.</p> <p>A task force/team should be developed to create the action plan and design the solution to transform the Sonoma Development Center. Solicit family members/conservators to provide feedback on the action plan and solution design.</p> <p>I oppose the closure of the SDC and believe it is wrong and inhumane to displace these residents who are the most vulnerable in every way.</p>
9/1/2015	Gayle Manfre	Local Resident	<p>[REDACTED] was a resident of Sonoma Developmental Center in the early 1950s until her death as a young child. The Center was a life saver for my mother, she had another infant and could not care for [REDACTED]. The staff were loving and kind to my family. It would be a shame to close the SDC. I also have friends and acquaintances who work or are retired from the SDC. It would be terrible if these folks lost their jobs. I wish there was more help for the mentally ill, perhaps other mentally ill people that are homeless could live at SDC.</p>
9/1/2015	Janet McLaughlin	Local Resident	<p>The closure concerns me because:</p> <p>1st, I'm local (born and raised in Sonoma).</p> <p>2nd, I'm a parent of 2 children...one who has special needs (autism).</p> <p>3rd, I'm a teacher in special education</p> <p>4th, I know what this kind of care and responsibilities can do to families both positively and negatively. It's very difficult on many levels (emotionally and financially). Yes, there are gifts (tolerance, kindness, etc.), but the costs (chronic stress, financial challenges in a high cost area, higher divorce) are very real too. Please reconsider all appropriate options.</p>
9/1/2015	Teresa Sweetland	Local Resident	<p>Please leave the decision with the locals the Transform SDC project will benefit our future generations going to the highest good for all. We must all do our part and keeping this property for the highest good for all and not a few will help keep the balance in which everyone wins.</p>

Date	Name	Role	Comments
9/1/2015	Kelly Bourg	Local Resident	I am a resident of the suburb of Glen Ellen. My childhood home is on one of the streets that backs up to the Units near The Nelson Treatment Center. My mother and Father were both employed at SDC before its name was changed from Sonoma State Hospital To Sonoma Developmental Center. My Maternal Grandmother worked at the switchboard for many years circa 1955 until approx. the early 1970's. I worked there too . First as a volunteer. Then as a Food Service Worker, and finally as a Psychiatric Technician. It is important to me as a member of a family that devoted many years working in a variety of capacities to submit my concerns about preserving SDC. My hope is to go on record as being one of many concerned citizens hoping to keep the Center open and functioning for its remaining clients. I will keep abreast of the progress in the upcoming months through the DDS and the Preserve SDC program. I truly hope in the coming months that we can all work together to voice the ways we can maintain the facility and its surrounding grounds and the habitat that relies upon it. SDC is truly a remarkable place. I have watched it flourish from both the outside and from working inside with the clients for many years. In living nearby for several decades. it has been most difficult in the last decade to watch the buildings i once worked in become uninhabited as clients have left to live in outside programs that in some cases haven't best met their individual needs, whereas in some cases, perhaps many individuals have thrived in their new living situations. I have watched operations of the needs of daily living slow down as their census reduces. Even though i am not currently employed there as i once was in the past, I can recall so many wonderful people working together to keep the Center functioning in a loving and caring manner. I have worked for and with many Program Directors that i have the utmost respect for how they brought their heart and soul to their jobs every day. In closing, I will continue to voice my concerns for this very important and utterly irreplaceable facility. It has enriched my life over the many years of having had the opportunity to work there and interact with the services it has provided. Sincerely, Kelly Bourg 795 Martin St. Glen Ellen, Ca 95442
9/1/2015	Karl Nyberg	Local Resident	I think that the land should stay open space and not be developed with housing business or anything that would hinder wildlife or water shed or the like of any nature!!! This is one of the few pristine gems of the valley end I would be disgusted and appalled if any of this land was developed for commercial or residential growth!!!
9/1/2015	Renea Magnani	Local Resident	It is with great sadness that I write this letter. I grew up going to my mother's softball games at SDC. Seeing residents and families on the grounds, and for some, no family, but always home to these residents. Where will they go? This is tragic. Such a beautiful place for so many to call home. Some know nothing else. It's been a long time coming, the closure, doesn't make it any less tragic. One can only hope that the land will be best utilized to support the community in ways that the community sees best, not big investment firms or government. Time shall tell.
9/1/2015	Bret McIntyre	Local Resident	The facility should be preserved no matter what happens with the current decision. Alternative uses and/ or shared tenancy should be considered very carefully. I, frankly, hope the facility is converted slowly to a college campus if it can't continue as-is.
9/1/2015	Kelly Johnson	Local Resident	n/a

Date	Name	Role	Comments
9/1/2015	Antonietta [REDACTED]	Parent or relative of an individual at SDC	<p>[REDACTED] has been a resident of SDC since 1989. He suffers from profound retardation, autism, and a long list of medical problems.</p> <p>Like most family and friends of SDC residents, I do NOT support the closure of SDC--which I consider to be vital for the remaining residents. These residents are among the very most fragile, vulnerable, and medically needy citizens of California. Moving to community homes will be a seriously traumatic process for them, and ongoing life in those homes will be potentially harmful for each and every one. The Golden Gate Regional Center, for example, has confirmed that these individuals will not get the same level of care as they now receive at SDC. There also seems to be extremely inadequate oversight and monitoring of community homes, as indicated by the recent past experiences of many of the SDC residents and the lack of DDS transparency on statistics of the status of client health and well-being in existing community homes. A report on statuses has been requested several times over the last year and still no report has been made public!</p> <p>The decision to close SDC is a truly tragic decision.</p> <p>However, I recognize that closure now appears to be inevitable, so I am submitting my comments on what absolutely needs to be included in the SDC closure plan and what services need to be maintained as a system-wide safety net on the SDC site.</p> <p>First, there needs to be a health resource center that includes primary care physicians responsible for coordinating overall health management for SDC movers. The center also needs to include a dental clinic that provides ongoing dental exams and needed treatment, including sedation and anesthesia dental treatment as needed. A center for adaptation and repair of medical equipment also needs to be a part of the health care center. Finally, the health center needs to include behavioral health for those who need those services in the region. THESE SERVICES MUST BE FUNDED INDEFINITELY, not as a temporary service during transition.</p> <p>Next, the SDC site needs to include, and perhaps expand, the crisis residence. SDC needs to also include the place of last resort for those who are not successful in community settings. The above services were identified as key to further developmental center closures in the DC task force recommendations, and I agree strongly with the Parent Hospital Association's view that SDC remains as the ideal site for these safety net services.</p> <p>In addition, I would welcome the development of a smaller housing site for SDC movers on a portion of the SDC site--another concept that was also supported in the DC task force as a recommended use of developmental center land. It makes sense to use the existing, state-owned property at Sonoma to develop housing for the current residents, rather than having to purchase land and build in an area already lacking sufficient real estate. Currently, housing is a planned use for the Fairview DC site.</p>

Date	Name	Role	Comments
			<p>The current regulations and process for licensing and monitoring community home providers and staff must be reviewed and significantly improved. Improvements must include: -frequent unannounced site visits by DDS or other regulatory body -Staff must be background-checked and have significant and appropriate training to work with the targeted population of the home. -Staff salary must be sufficient to attract and retain quality individuals. -Professional staff(doctors, nurses, psychiatrists, dentists) must have experience with the conditions of the individuals they serve. - There must be NO TOLERANCE for violence against the patients.</p> <p>All SDC'supporters will be looking carefully at the SDC closure plan to see if these recommendations are included, and to determine if it also includes a plan for maintaining and developing these services on the SDC'site. These services and resources need to be developed concurrently with the movement of SDC residents into community settings, since current services do not adequately include these services or resources for SDC movers. Thank you for taking my comments into consideration.</p> <p>Sincerely, Antionietta [REDACTED]</p>
9/1/2015	Daniel Solnit	Other: SEIU1000 union representative	<p>Employee recruitment and retention is currently a significant problem, and will become increasingly so as SDC moves toward closure. I recommend the following steps to mitigate retention issues: 1. Provide a graduated retention bonus, beginning Jan 1, 2016, and increasing every 6 months until closure. (Eg, 2% bonus Jan-June 2016, 4% July-Dec 2016, 6% Jan-June 2017, and so on.) 2. Accelerate the opening of the employee career center to January 2016. Many employees are making decisions to leave based on uncertainty and lack of information. 3. Provide early recruitment and application process for positions under community-state labor agreement, to reduce uncertainty about layoffs and job security, in order to allow current staff to 'lock in' their next position well before closure. 4. A coalition is currently working to create a model service center on the site of SDC after closure, which could employ some of current DC staff. Work with coalition to provide for early recruitment and application process for positions at the service center.</p>
9/1/2015	Steven Lee	Other: Adjacent Landowner	<p>Closure of this venerable institution would be tragic and shortsighted. We will never get it back once the error of our ways is realized. Stop forced attrition. Reinvest in the SDC. Bring the residents back to their homes and keep care centralized. Save middle class jobs in our Valley. Prevent development of open space lands. If not, then create UC Sonoma with emphasis on developmental issues and sustainable agriculture to further the original intent of this self contained facility. Full letter submitted directly to sonoma.closure@dds.ca.gov.</p>

Date	Name	Role	Comments
9/1/2015	Traci Stevenson	SDC Employee	<p>I am writing in support of a dedicated, sustainable and meaningful opportunity to transform the SDC into a place that would provide viable, quality and meaningful services to clients with ID/DD needs as well as contribute to the overall well being of the Sonoma community as a whole. Prior to coming to SDC, I practiced medicine at community health centers ranging from remote areas such as the island of Molokai, Hawaii to inner city Chicago and most recently the Mendocino Community Health Center in Ukiah. These various experiences have provided repeated first hand experiences of the current overwhelming need for, and lack of consistent ongoing, quality access to healthcare, especially mental health, dental and ancillary services. Health Centers across the country continue to struggle with lack of providers, expertise and funding to serve the population in general. Closing centers that are able to meet the needs of this specific population will only add to the already existing burden that community providers face and lead to fragmented incomplete care. As comprehensive , individualized and coordinated client care is dismantled the use of emergency rooms, hospitalizations and acute psychiatric admissions will increase. This not only poses a significant increase in health care costs but, most importantly, a significant decrease in quality of life. It is our responsibility to provide appropriate and cost effective health care. Likewise, it is our duty as a humane nation to protect and take care of our most vulnerable citizens. Simply closing institutions and relocating people to communities already struggling to provide successful health care is failing our duty. A commitment to a true transformation of SDC is our opportunity to change the face of health care provided to our most vulnerable, to build a sustainable and successful model for the land and people of Eldridge while contributing to the health and vitality of our entire Sonoma Community. Please do not allow outdated policies, regulations and rash decisions cost us this incredible opportunity to make a difference.</p>

Date	Name	Role	Comments
9/1/2015	Pilar [REDACTED]	Parent or relative of an individual at SDC	<p>To whom it may concern,</p> <p>This comment is on behalf of my entire family, especially [REDACTED] at SDC and have seen first hand the excellent care she receives every day. It causes us great distress to know that the State of California intends to rip [REDACTED] away from the only home she has known her entire life. Any slight changes to her routine or environment cause her health to deteriorate, as she suffers from extreme Epilepsy and other health problems. We know that her health would rapidly decline if she was taken from SDC and put into a group home environment where she would not receive the care or supervision she needs. Community homes serve their purpose, and are good places for many people with Autism or other conditions that are milder than what [REDACTED] suffers from. [REDACTED] is blind and suffers from severe mental retardation. Visits to the dentist require her to be sedated. She has recently been implanted with a device that is meant to help decrease her seizures. In short, she is not able to live in a home in a community setting without medical professionals to care for her. These community homes are staffed with people who do not have the training or background to properly care for people like [REDACTED]. These homes are not regulated the way medical centers are, so there is no guarantee that [REDACTED] will be in a safe and clean place. There is very little, if any, oversight of these homes to make sure that the clients there are being cared for. People with medical issues such as [REDACTED] cannot, and do not survive in community home settings, and to close SDC would be to cut short [REDACTED] life, which has been tranquil and as full as it can be at SDC. We recognize that because of State and Federal requirements, SDC cannot continue to exist as it currently does, but there is a coalition that is working to transform SDC so that it can meet State and Federal standards, while also continuing to provide the care our families need. We strongly support these efforts and will continue to be involved in any way we can with moving this vision forward. Our family intends to fight the closure of SDC in every way we can because we know that to give up this fight would be to give up [REDACTED] life. The patients at SDC are daughters and sons, sisters and brothers, and are cherished by their families. They are not cattle to be shuttled around or criminals to be warehoused so the State can forget about them. We will not and cannot accept this closure and we will work with the many others who are fighting for these people who need us so much.</p>
9/1/2015	Mitzi [REDACTED] [REDACTED]	Conservator or Guardian of an individual at SDC	<p>I strongly object to the closure of SDC. I am [REDACTED] and co-conservator of [REDACTED] who resides at SDC. He has been at SDC for 56 years. I can't even imagine him being placed into the community. SDC has provided him his whole life with all the medical, dental and behavioral services needed, professionally and promptly. These services need to be implemented BEFORE these clients are tossed into the community so they can still receive these essential services at SDC. Not only do these clients have knowledgeable staff, they each have an entire team consisting of medical, dental, psychological and behavioral specialists. This team meets twice a year with family. This will not be available in the community! I can't stress enough how important it is to have all of these services available at SDC for our loved ones! Please do not close the doors to what has been home for these clients. California needs to step up to the plate and do what is best for these individuals who can not speak for themselves. Thank you for considering my comments.</p>



Date	Name	Role	Comments
9/1/2015	Ted Bucklin	Local Resident	<p>To Whom it May Concern, As a neighbor of the SDC property - our vineyard and family residences share the southern SDC boundary along the soccer fields - I think we might be among those most impacted by what happens to SDC besides those who live and work there. And while we have had reasons to be irate with our neighbors (eg. a pesticide overspray by careless workers that severely damaged our (organic) vineyard), I generally appreciate the existence of SDC as a service to the community. And while I acknowledge the difficulty of running such an establishment in an efficient, cost-effective manner, I would say that much of what burdens the State of California in determining how to proceed has to do with inadequate budgets and deferred maintenance over past decades, and a political abandonment of responsibility for dealing with changing mandates for the treatment of the residents of SDC in particular, and the handling of State properties in general. And let me say at the outset, I believe there is an important role for the State to play in holding property and using it for purposes of community benefit. A piece of land such as that upon which SDC is located is, in and of itself, a jewel of incalculable worth to the community merely because of its unique status as community property set amid the incessant pressures of private commercial interests and development interests that threaten the rural heritage and landscape of Sonoma County. As publicly held open space and a haven for disabled citizens, the SDC property adds a broad spectrum of value to the local landscape beyond the obvious open space and social service benefits, and to significantly alter its function with such modifications as privatization/sale and development of parts of the property would upset and diminish, perhaps destroy entirely, its value to the community. Ultimately, it is I believe, the responsibility of the State to find a use for its lands that remains relevant to the public interest and is in concert with community values and which inspires and guides the community toward better fulfilling its objectives of growing a just and healthful society. I recognize that current models of mental health care may not support the SDC model, however, I would insist that it is still incumbent upon the State to find a new model for mental health care or a new State-run use for the property that could last another 100 years as a haven and an inspiration (as well as all the practical benefits of employment and economic stimulation) to the community and to the world at large. This is the greatest challenge for government - to use its limited resources to create new and innovative approaches to solving social problems. The idea of SDC was to bring enlightened care to a neglected and underserved population and I would like to see that kind of idealism and commitment to doing right brought to the next iteration of this precious piece of land, while upholding the already well-entrenched benefits that having this "special" property set within the Valley of the Moon brings to its neighbors and to the State of California and to the world at large. Sincerely, Ted Bucklin Old Hill Ranch Vineyard Glen Ellen/Eldridge</p>

Date	Name	Role	Comments
9/1/2015	Christopher [REDACTED]	Parent or relative of an individual at SDC	<p>The proposed closure of Sonoma Developmental Center is a matter of serious concern to me as a healthcare professional and as a family member of one of the clients. I am a clinical pharmacist who works in the critical care unit of a bay area hospital. In my job I often am involved in the care of critically ill developmentally disabled patients who have serious conditions related to inadequate care at community facilities. These conditions include bed sores and pneumonia from chronic aspiration. It is usually apparent that these conditions did not arise from disregard for the patient's welfare, but rather from inadequate staffing and lack of training in these facilities. These patients frequently have long ICU admissions and in many cases, despite heroic efforts to save them, they do not survive. During these hospital stays lack of responsiveness by the regional centers causes extended care efforts that do not benefit the patient due to their advanced illness, but rather add to the suffering the patients experience at the end of life. These extended stays are also very costly. It would seem that any cost savings expected from closing the developmental centers would be more than outweighed by the cost of these ICU admissions. The idea that shifting severely disabled clients from the DCs to community-based would improve care and save taxpayer dollars can only be considered a reckless fantasy. In contrast, [REDACTED] has received excellent care in his more than 50 year stay in state DCs, nearly all of which he has spent at Sonoma DC. He has caretakers who know him well from years of working with him. They are as much a part of his family as my parents, my sister, and me. Their diligent care has prevented [REDACTED] from enduring the cruel fate experienced by his counterparts in community care facilities. The proposed closure seems to be a blatant violation of [REDACTED] right to the least restrictive environment of care under the Lanterman act. Sonoma Development Center has provided the least restrictive environment that can provide the care he needs. The prospect that he would be removed from a facility where he has thrived and placed in an inadequately staffed community-based facility is nothing short of a nightmare. I strongly urge that Sonoma Developmental Center be preserved and developed as a center of excellence for the care of the severely developmentally disabled. Sincerely, Christopher [REDACTED] Pharm. D.</p>
8/31/2015	Jack Wagner	Local Resident	<p>SDC Testimony</p> <p>I grew up in Sonoma Valley. I never had family at the Sonoma Developmental Center, but I have walked the campus, and enjoyed the surrounding parks my entire life.</p> <p>When I heard that SDC was facing closure, I began to seek out a way to maintain both the care for the patients, and to continue to preserve the site for its ecological importance.</p> <p>I started a conversation with the Santa Rosa Junior College to bring a number of certificate programs, and even General Ed, as a satellite campus to Eldridge. This idea has received the support of many within the SRJC Administration, including the President.</p> <p>The vision is to maintain the Eldridge site as an Ecological, Educational, Agricultural and Health Care facility. The plan takes into consideration the needs of all those that have a stake in the future of SDC. It would include a Health Sciences program that would care for the patients that could stay, if a positive closure plan is adopted.</p>

Date	Name	Role	Comments
			<p>The challenge is funding. From the Transform SDC workshop, the idea of an "Eldridge Trust", similar to that of the "Presidio Trust? (of which I was a tenant for four year in San Francisco) that preserved San Francisco's historic military base grounds from over-development.</p> <p>I have sense lobbied the Sonoma County Board of Supervisors, and began drafting a ballot initiative, to establish a Sonoma County Public Bank, which, as one of its functions, would fund public projects like that of a potential ?Eldridge Trust.?</p> <p>There are solutions to the problems we face as a community and a state. It only requires the political will to achieve them.</p> <p>I ask of our elected officials to provide our community with the tools we need to maintain the way of life that we deserve. We must challenge ourselves to take the steps required to protect those that are least fortunate among us.</p> <p>Thank you, Jack Wagner Sonoma, CA</p>
8/31/2015	Elizabeth Weiss	Community Service Provider	<p>Dear Department of Developmental Services, I am writing to encourage the protection of Sonoma Developmental Center from current and on-going efforts to close it. The Center is a unique and precious resource for our medically fragile and profoundly developmentally disabled citizens. Some of California's most vulnerable citizens are safe, well cared for and happy as part of the Sonoma Developmental Center community. Closing the center will result in the loss of the safest and most familiar home for those who lack the resources to recover and rebuild from such a devastating loss. The impact goes beyond that of the individuals at the Center, profoundly touching the lives of their families and friends. Parents and siblings experience significant fear and anxiety at the possibility of their loved one having to leave Sonoma Developmental Center and need to spend time advocating against the frequent risk of closure. Often these family members are taking time away from work, reducing their own taxable income and financial security, as well as taking time away from caring for young children and parents who may also need additional care. I have been to Sonoma Developmental Center with close family friends whose loved one lives there and seen the rich community that provides a quality of life and insurance that cannot be replicated at much greater expense. Seeing the knowledgeable and caring way the professionals related to both the individual who lived there and his family touched my heart deeply, characterizing a level of human goodness and connection that is too often lost in our hurried world. Please appreciate that often the least restrictive environment is the one in which individuals feel safe and understood. Please keep Sonoma Developmental Center open to serve this vulnerable group of Californians. Thank you very much,</p>

Date	Name	Role	Comments
8/31/2015	Steve [REDACTED]	Parent or relative of an individual at SDC	I have [REDACTED] who I love dearly. He's been with SDC for so many years under immeasurable care from a wonderful staff who love what they do. What I don't understand is how they, the senseless and uncaring people who started this idea to close SDC, why are they targeting the mentally disabled care facilities and not the prisons? Criminals in prison are getting more care and more funding than the disable people who don't have a choice and didn't choose to be what they are today. The individuals who committed a crime had a choice. Why can't the taxpayers decide where the money should go? [REDACTED] didn't commit a crime but if SDC closes he will not receive the care that SDC currently provides. The people who are making this decision is not personally impacted and do not understand the severity of the situation at hand.
8/31/2015	Maria Trombetta	Local Resident	<p>To the Department of Developmental Services, I was born and raised in Sonoma County and have spent the last two years studying disability rights issues. I am a graduate student and I work for a nonprofit art program for people with developmental disabilities. I have worked in housing and day programs for people with developmental and intellectual disabilities. My father worked at SDC for 30 years and saw it transform from an institution to a care center through the dedication and love shown by psychiatric technicians, occupational therapists, physical therapists, nurses and other staff who wanted to make people's lives better. They see the residents as people. You should too. Please look closely at the people who are still living in the Sonoma Developmental Center and spend a day on one of the units. SDC is their home and their community and here they have access to all the medical and recreational services they need. The Sonoma Developmental Center was built by concerned parents who wanted their children to live safe, successful lives. To send these people out into isolated group homes and expect the Regional Centers to keep them from falling through the cracks is cruel and dangerous. The population left at SDC is fragile and cannot be abandoned in this way. They should be allowed to remain in the place they call "home."</p> <p>The SDC Coalition has a vision that makes sense: Create a public-private partnership driven by community ideas and values that showcases the site's history, maintains critical services for the developmentally disabled, provides opportunities for creative reuse of SDC's assets, and preserves the natural resources and open space of the site. Also, a "placement center of last resort" with a non-rejection policy must remain in Sonoma County--what will happen to all the people with developmental disabilities as they age and their behavioral and medical needs override their current living situation? Will they end up in jail, or on the street? As written in the SDC Coalition report, please ensure that a Northern California Health Resource Center be at SDC? dental care, custom wheelchairs, specialty orthopedics are all things that are necessary for this population and nearly impossible to obtain elsewhere. Think about the opportunity to create a mixed-use community at SDC, to create a place that provides much needed services to a broad range of people, such as skilled nursing facilities, in-patient psychiatric facilities, housing and work programs for veterans. This is an opportunity to create something new in California. Please, please transform the Sonoma Developmental Center into something that can help people thrive.</p> <p>Sincerely, Maria Trombetta</p>

Date	Name	Role	Comments
8/31/2015	Dayton Murray	Conservator or Guardian of an individual at SDC	It would be irresponsible to completely close S.D.C. and send these clients into the community to live in boarding houses with well meaning (hopefully) yet untrained caregivers and expect the local medical community to know how to treat them. Leave S.D.C. open in one area while improvements are being implemented in other areas. To just kick everybody out let the cards fall as they may in various communities will surely be a terrible experience for most clients and their loved ones. A more responsible approach can produce a win win situation for all. Please don't slam the door shut on these clients and their families. California can do better than this. Thank you for hearing my opinion. Dayton Murray
8/31/2015	Diana Rhoten	Community Service Provider	<p>I am the manager of Challenge Sonoma Adventure Ropes Course located in the woods below Fern Lake on the Sonoma Developmental Center property. We have been leasing this property from the State of California since 1984 and have been serving the youth and community in general ever since. Nadine Yenni, a board member and ropes course leader has sent in her communication outlining more specifically what we do.</p> <p>My husband Roger and I have been leaders on the course since 1988 and I have been managing it since 2000. In the beginning we were under the umbrella of UC - 4H extension. In 2006 we reorganized and acquired our own 501(c)3 non-profit status.</p> <p>We primarily serve schools, community groups and some corporate (to help subsidize school groups). We are totally fee-based and receive no outside funding. We also serve CA State Employees at SDC and occasionally a group out of Sacramento. We are available for State of California employee groups and their families at no charge.</p> <p>Our main concern is that the SDC residents are well taken care of. It is their home.</p> <p>Whatever the State decides to do we believe we can always be an important attribute. We have a state-of-the-art course and are vigilant caretakers of that small patch of the property we lease.</p> <p>Even though we have served thousands of Sonoma and Bay area residents many do not know of us. Our request is that we will be included in the decision-making involving the State.</p> <p>Please let me know if you would like a tour or any other information about Challenge Sonoma.</p> <p>Thank you, Diana Rhoten Manager Treasurer Challenge Sonoma Adventure Ropes Course</p>
8/31/2015	Kristin Thigpen	Local Resident	<p>Please slow the evaluation process down as to the need for facilities for the severely developmentally disabled. This facility has a place in our society and provides services no other can.</p> <p>Additionally, most Sonoma County residents, non-governmental organizations and agencies, as well as our city and county leaders agree that Sonoma Developmental Center is a place where wild things must continue to be able to be wild, where wildlife corridors can be created and enhanced, and where humans can hike to appreciate the open spaces of the Sonoma valley.</p> <p>I believe saving the SDC for its residents is important. I believe there is room for improvement on services provided and a good look at the cost of some of the services is likely a useful exercise.</p>

Date	Name	Role	Comments
			<p>I also believe the SDC property is a local treasure that should be preserved for all Sonoma County residents to enjoy. Our Open Space District is ready and willing, our County supervisors are ready and willing, our citizens are ready and willing to make permanent protection of this unique part of our County history a place to be shared by all.</p> <p>Please speak with and work with the public-private SDC Coalition partnership that has grown up here locally. We want to get creative, and we want to preserve this wonderful place.</p> <p>Thank you, Kristin Thigpen Santa Rosa, CA</p>
8/31/2015	Joshua Rymer	Local Resident	<p>It is of vital importance to the residents of the Developmental Center and the people of Sonoma Valley - AND the people of the state of California to allow an adequate amount of time for the closing of the facility. Ordering a complete plan for the closure by October 1st is going to be damaging to all involved. Take the time to do it right so that innocent people are not harmed, the environment is protected and the beautiful property is repurposed appropriately.</p>
8/31/2015	Anne Teller	Local Resident	<p>Dear DDS: Thank you for providing me, a neighbor with a shared border of the SDC, an opportunity to declare my position on the implied closure of the facility.</p> <p>The "Center" is truly a sweet and caring place. On any given day one can see developmentally impaired residents on the soccer field playing games, strolling with the aid of helpers or riding on the open air busses. The patients are in a super atmosphere; devoted entirely to them. As the founders stated back in the late 1800's: living as healthy an existence as nature could provide. Any other type of environment for these patients would be inappropriate! A measure of civilized society is its' generosity to its' most vulnerable citizens.!!</p> <p>The open space that provides a cushion of natural protection for the residents is another treasure, valued for its' woods, wildlife and native flora; valued not only by residents, but locals, open space districts, county legislators. The open space should be preserved in some form or other, as a tribute to the State of California and our current Governor - for doing the right thing.</p> <p>Yours truly, Anne Teller. Oak Hill Farm and Old Hill Ranch.</p>
8/31/2015	Linda Parker	Local Resident	<p>It would be a travesty of justice to evict occupants of the SDC. And if the land around the center is developed instead of sanctioned as undeveloped habitat, it would be a complete lack of vision for the benefit of Sonoma County. It would be just one more loss for the community in the name of money.</p>

Date	Name	Role	Comments
8/31/2015	Linda Curry	Parent or relative of an individual at SDC	Please consider all the efforts made over the years to preserve a corridor for wildlife to transverse from Mayacamas to Sonoma Mountain and parts south. The facilities while old, could still be used for veteran support, local environmental education efforts, staging for Sonoma Valley emergency services for Kenwood/Glen Ellen area particularly and maybe even some continuation of the currently provided services to a population-at-risk. None of the current clients are remotely capable of self-care. Please ensure that the facilities and the surrounding acreage are kept in the public trust and used for community purposes. Local jobs could be created while rehabilitating the facility to work as independent pods...even art studios or galleries to showcase local artists who rotate in/out of residence each year from all age groups. Just don't let it become off limits to the public as a private, high-end resort or residence.
8/31/2015	Nadine Yenni	Local Resident	<p>31-Aug-15</p> <p>Department of Developmental Services Attn: Cindy Coppage 1600 9th Street, Room 340, M.S. 3-17 Sacramento, CA 95814</p> <p>RE: Comments on Sonoma Developmental Center Closure Plan and Challenge Sonoma Adventure Ropes Course (CSARC)</p> <p>Dear Director Rogers and Ms. Coppage:</p> <p>I am submitting these written comments for your consideration as you develop the closure plan for the Sonoma Developmental Center (SDC) that will be submitted by your Department to the Legislature for its review on or before October 1, 2015.</p> <p>I am writing as a board member and team leader of the Challenge Sonoma Adventure Ropes Course (CSARC) located at SDC across from Fern Lake. Our Outdoor Education course has been there in various forms since 1984 - over 30 years! You can see our equipment trailer in the meadow below the lake. Our high and low elements are located in the forest adjacent to the trailer and below the picnic grounds.</p> <p>CSARC is a 501(c) (3 ) nonprofit organization with a 5 member Board. We lease our course from the state of CA. Our team leaders are all volunteers ranging in age from 15 to 70 plus. Our season goes from May to November and we bring in -at most -about 9 groups per month during our busy times at the beginning and end of the school year. A group of 40 participants will require a staff of 10 CSARC team leaders. We charge for our course on a sliding scale such that the money we make from corporate groups is used to subsidize local school groups. We also use our money to maintain the course and update equipment. Leaders receive a small stipend after they work a certain number of days in a given year.</p> <p>We take Outdoor Education very seriously. Our course was professionally re-built in 2000. Prior to the start of every season, we bring in a 3rd party professional to inspect both the course and equipment (harnesses, helmets, ropes, etc.). We have liability insurance, conduct leader training every spring, and send our course leaders to continuing education programs in the winter to make sure we are following the most up- to- date standards in safety and facilitation.</p>



Date	Name	Role	Comments
			<p>Our mission is to support the school children and youth-at-risk in the Sonoma Valley by providing an unequalled outdoor experience to develop problem solving skills, leadership, and teamwork. For example, the entire Flowery School 5th Grade ( 2 classes) comes to CSARC every May to prepare for their big transition to middle school. Other groups that come regularly include middle and high school students from around the Bay Area, Boy Scout and Girl Scout troops, MBA and Veterinary students from UC Davis, and various sports teams, to name a few.</p> <p>I think it is a tribute to the CSARC ?leave no trace? philosophy that many people do not even know the course is there. We impress upon our participants the privilege of being there, the appreciation of the beauty of the space, and the responsibility to leave it natural.</p> <p>CSARC also provides first employment experiences for many young people in the valley. Our annual leader training in March has been the focus of several senior projects at Sonoma Valley High School and some of our young team leaders have gone on to pursue careers in Outdoor Education.</p> <p>For these reasons, I believe CSARC is a valuable resource to the community and should be allowed to continue its mission at SDC going forward.</p> <p>The Sonoma Valley community is united in the belief that the State should not simply close SDC and sell the land as surplus property. This is a unique property, and it calls for a unique planning approach. Please incorporate these recommendations into the closure plan, and thank you for considering our concerns.</p> <p>For further information about CSARC, please see our website at <a href="http://www.challengesonoma.com">http://www.challengesonoma.com</a></p> <p>Sincerely, Nadine Yenni CSARC Board Member and Team Leader 24855 Arnold Drive Sonoma, CA 95476 707-938-4790</p>
8/31/2015	Arthur Dawson	Local Resident	<p>Dear Department of Developmental Services,</p> <p>I fully support the "Desired Elements for the SDC Closure Plan" submitted by the Sonoma Developmental Center Coalition/Transform SDC Project to you on August 7, 2015.</p> <p>As a resident of Glen Ellen for more than 25 years who works in cultural and natural resources, I am very interested and concerned about the future of the Sonoma Developmental Center lands.</p> <p>From a historical perspective, Glen Ellen and Eldridge/SDC have grown up together, side by side. It's hard to imagine either without the other and Glen Ellen will certainly be a different place, perhaps a much poorer place without our sister community next door.</p> <p>Any change to the SDC land is going to have a tremendous effect on Glen Ellen. I can imagine a number of worst-case scenarios, but I can also imagine a very forward-thinking and inspiring outcome that enriches the local community, Sonoma County and the surrounding region, and beyond. The Coalition began to articulate such a vision a couple years ago and the community came together at the Transform SDC Workshop in May 2015 to express a common vision.</p>

### Online Comments Received Through September 1, 2015

Date	Name	Role	Comments
			<p>As I see it, there are three key goals that must be accomplished in the transition: ●Protecting current clients at the Developmental Center--this must be paramount. ●Protecting the natural resources of the site--the designated wildlife corridor, the water resources, and the recreational opportunities. ●Protecting the site's cultural resources--architectural and other features that tell the story of SDC and society's changing viewpoint and treatment of the disabled.</p> <p>The most promising model I know of for accomplishing this is the transformation of the San Francisco Presidio. Of course, SDC is different. But creating a public-private partnership driven by community values and ideas holds great promise for accomplishing these key goals.</p> <p>SDC was created 125 years ago. It changed an agricultural property into a state-of-the-art facility to serve the most vulnerable people in our society. The fact is we are all vulnerable.</p> <p>If done with proper care and foresight, in another 125 years my great-grandchildren will still know this as a priceless place, one that enhances the mental, physical and economic health of the whole community and is an example of what can happen when people come together in a spirit of cooperation.</p> <p>Sincerely, Arthur Dawson Glen Ellen resident &amp; Historical Consultant (Baseline Consulting)</p>
8/31/2015	Cathy Webber	Local Resident	<p>The State of California has a growing population of individuals needing personalized care, including both mentally and physically challenged people. A newly organized SDC, with expanded services, is critically needed to address the needs of this growing population. We have the setting, the medical staff, and the support of the community to welcome more people with disabilities. Where else can people receive the kind of specialized care and services but here in the Sonoma Valley. Go ahead and officially "close" SDC and then in the next breath open something new and expansive so that we can show the citizens of California that we understand the needs of our loved ones. Instead of building prisons, spend the money creating love, caring, and healing centers, which is what SDC is and what we need more of. There is no better way than to improve upon what we already have. I question the logic of people who want to start something completely new. I want to know if they understand the issues involved? I wonder if they listen to the families of these people? I wonder what morals and values drive their decision making.</p>
8/31/2015	Kimberly [REDACTED]	Parent or relative of an individual at SDC	<p>On behalf of [REDACTED] SDC resident, I respectfully submit a research paper on the issues that impact him, his fellow residents, and his family. However, I will need to submit the paper via email since there is no feature for attaching it here. Please capture my work as if it were posted here. Thank you, Kimberly Duncan</p>
8/31/2015	Seung [REDACTED]	Parent or relative of an	<p>Regarding Sonoma Developmental Center Transformation</p> <p>From [REDACTED] (aunt, cousin, brother, etc.) [REDACTED]</p>

Date	Name	Role	Comments
		individual at SDC	<p>██████████ has lived at SDC for 27 years. He is intelligent but low functioning due to his severe autism, is mostly non-verbal, lacks safety awareness, and presents a very challenging combination of behavior issues and renal failure requiring dialysis and related care. ██████████ health is a carefully monitored balancing act due to his renal failure, his inability to say how he feels or if he hurts, his lifelong focus on eating combined with his need for a strict renal diet, and his behavior issues, of compulsive behavior, aggression and self injury. Despite all this, he has lived for 10 years on dialysis in a precarious but relatively good state of health due to the expertise and outstanding efforts of: his SDC physician (who sees him 5 days a week), psychologist, dietician and nurse, all of whom he has frequent or daily, contact with and, when needed, quick access to; the psych. techs., known and accepted by him, who take him to dialysis 3 times a week, providing constant, calming 1:1 care throughout the whole process to enable him to get this lifesaving treatment; the psych tech and pta staff who are trained, caring and have low turnover so that they know him well, some for many years, are trusted by him and can work effectively with him in looking out for medical needs and helping with behavioral needs. All of this is necessary for his health - and survival - but also to give him the comfort of feeling safe, respected, cared for and helped. There is no question that this is his informed choice: he has the experience of 4 placements in the community, but he clearly shows his desire to stay at SDC and with these people.</p> <p>██████████ needs a Transformed Sonoma Developmental Center, but so do many others - the other SDC residents and growing number of former residents plus those living throughout northern California who have developmental disabilities - all need access to SDC's specialized resources to continue their care or to fill the unserved gaps in community services.</p> <p>What is needed is a transformed, not closed, SDC facility that provides:</p> <p>Some 4 bed residential housing for those who, like ██████████, can not have their needs met in the community.</p> <p>A crisis center, probably expanded from its proposed size</p> <p>A medical center and clinic where SDC clients in transition or already transitioned to the community, those who are in the SDC crisis center or 4 bed homes, and those in the community with d.d. who are not from SDC but are underserved in the community, all can get health care and coordination, provided by physician, psychologist, psychiatrist, dietitian and other personnel as need dictates, each experienced in working with d.d. clients.</p> <p>A dental center to cover the very special needs, unmet outside the D.C., of people like ██████████ to get his dental care</p> <p>An adaptive/custom equipment center to continue to provide and repair the one-of-a-kind seating, footwear, wheelchair modifications etc. - and the arm support they made that allows ██████████ to get lifesaving dialysis. No one outside of the SDC provides this service.</p> <p>Assistance available to community facilities which need it, or to their clients in case of sudden closure, as has happened before.</p> <p>Protection and use of the the essential resources of Sonoma Developmental Center :</p>

Date	Name	Role	Comments
			<p>Continuation of the use of its highly trained, experienced and caring psych tech. staff, who have sufficient professionalism and pay to make taking care of SDC clients, whether in or transitioned out of the facility, a career, not a brief job on the way to something better.</p> <p>The years of expertise accumulated there must not be lost to those with d.d.</p> <p>SDC's beautiful, safe and least restrictive setting for its d.d.clients, allowing them to move about outside safely and without community pressure. This is where the services should be located.</p> <p>All of these services and resources are needed and must not be lost - there will be no way to get them back!</p> <p>We strongly feel that they all belong in the SDC Plan and in a Transformed SDC.</p>
8/31/2015	Kevin [REDACTED]	Parent or relative of an individual at SDC	<p>Regarding Sonoma Developmental Center Transformation</p> <p>From [REDACTED] (aunt, cousin, brother, etc.) [REDACTED]</p> <p>[REDACTED] has lived at SDC for 27 years. He is intelligent but low functioning due to his severe autism, is mostly non-verbal, lacks safety awareness, and presents a very challenging combination of behavior issues and renal failure requiring dialysis and related care. [REDACTED] health is a carefully monitored balancing act due to his renal failure, his inability to say how he feels or if he hurts, his lifelong focus on eating combined with his need for a strict renal diet, and his behavior issues, of compulsive behavior, aggression and self injury. Despite all this, he has lived for 10 years on dialysis in a precarious but relatively good state of health due to the expertise and outstanding efforts of: his SDC physician (who sees him 5 days a week), psychologist, dietician and nurse, all of whom he has frequent or daily, contact with and, when needed, quick access to; the psych. techs., known and accepted by him, who take him to dialysis 3 times a week, providing constant, calming 1:1 care throughout the whole process to enable him to get this lifesaving treatment; the psych tech and pta staff who are trained, caring and have low turnover so that they know him well, some for many years, are trusted by him and can work effectively with him in looking out for medical needs and helping with behavioral needs. All of this is necessary for his health - and survival - but also to give him the comfort of feeling safe, respected, cared for and helped. There is no question that this is his informed choice: he has the experience of 4 placements in the community, but he clearly shows his desire to stay at SDC and with these people.</p> <p>[REDACTED] needs a Transformed Sonoma Developmental Center, but so do many others - the other SDC residents and growing number of former residents plus those living throughout northern California who have developmental disabilities - all need access to SDC's specialized resources to continue their care or to fill the unserved gaps in community services.</p> <p>What is needed is a transformed, not closed, SDC facility that provides:</p> <p>Some 4 bed residential housing for those who, like [REDACTED], can not have their needs met in the community.</p> <p>A crisis center, probably expanded from its proposed size</p>

Date	Name	Role	Comments
			<p>A medical center and clinic where SDC clients in transition or already transitioned to the community, those who are in the SDC crisis center or 4 bed homes, and those in the community with d.d. who are not from SDC but are underserved in the community, all can get health care and coordination, provided by physician, psychologist, psychiatrist, dietitian and other personnel as need dictates, each experienced in working with d.d. clients.</p> <p>A dental center to cover the very special needs, unmet outside the D.C., of people like [REDACTED] to get his dental care</p> <p>An adaptive/custom equipment center to continue to provide and repair the one-of-a-kind seating, footwear, wheelchair modifications etc. - and the arm support they made that allows [REDACTED] to get lifesaving dialysis. No one outside of the SDC provides this service.</p> <p>Assistance available to community facilities which need it, or to their clients in case of sudden closure, as has happened before.</p> <p>Protection and use of the the essential resources of Sonoma Developmental Center :</p> <p>Continuation of the use of its highly trained, experienced and caring psych tech. staff, who have sufficient professionalism and pay to make taking care of SDC clients, whether in or transitioned out of the facility, a career, not a brief job on the way to something better.</p> <p>The years of expertise accumulated there must not be lost to those with d.d.</p> <p>SDC's beautiful, safe and least restrictive setting for its d.d.clients, allowing them to move about outside safely and without community pressure. This is where the services should be located.</p> <p>All of these services and resources are needed and must not be lost - there will be no way to get them back!</p> <p>We strongly feel that they all belong in the SDC Plan and in a Transformed SDC.</p>
8/31/2015	Kathryn [REDACTED]	Parent or relative of an	<p>Regarding Sonoma Developmental Center Transformation</p> <p>From [REDACTED] (aunt, cousin, brother, etc.) [REDACTED]_____</p>

Date	Name	Role	Comments
		individual at SDC	<p>██████████ has lived at SDC for 27 years. He is intelligent but low functioning due to his severe autism, is mostly non-verbal, lacks safety awareness, and presents a very challenging combination of behavior issues and renal failure requiring dialysis and related care. ██████████'s health is a carefully monitored balancing act due to his renal failure, his inability to say how he feels or if he hurts, his lifelong focus on eating combined with his need for a strict renal diet, and his behavior issues, of compulsive behavior, aggression and self injury. Despite all this, he has lived for 10 years on dialysis in a precarious but relatively good state of health due to the expertise and outstanding efforts of: his SDC physician (who sees him 5 days a week), psychologist, dietician and nurse, all of whom he has frequent or daily, contact with and, when needed, quick access to; the psych. techs., known and accepted by him, who take him to dialysis 3 times a week, providing constant, calming 1:1 care throughout the whole process to enable him to get this lifesaving treatment; the psych tech and pta staff who are trained, caring and have low turnover so that they know him well, some for many years, are trusted by him and can work effectively with him in looking out for medical needs and helping with behavioral needs. All of this is necessary for his health - and survival - but also to give him the comfort of feeling safe, respected, cared for and helped. There is no question that this is his informed choice: he has the experience of 4 placements in the community, but he clearly shows his desire to stay at SDC and with these people.</p> <p>██████████ needs a Transformed Sonoma Developmental Center, but so do many others - the other SDC residents and growing number of former residents plus those living throughout northern California who have developmental disabilities - all need access to SDC's specialized resources to continue their care or to fill the unserved gaps in community services.</p> <p>What is needed is a transformed, not closed, SDC facility that provides:</p> <p>Some 4 bed residential housing for those who, like ██████████, can not have their needs met in the community.</p> <p>A crisis center, probably expanded from its proposed size</p> <p>A medical center and clinic where SDC clients in transition or already transitioned to the community, those who are in the SDC crisis center or 4 bed homes, and those in the community with d.d. who are not from SDC but are underserved in the community, all can get health care and coordination, provided by physician, psychologist, psychiatrist, dietitian and other personnel as need dictates, each experienced in working with d.d. clients.</p> <p>A dental center to cover the very special needs, unmet outside the D.C., of people like ██████████ to get his dental care</p> <p>An adaptive/custom equipment center to continue to provide and repair the one-of-a-kind seating, footwear, wheelchair modifications etc. - and the arm support they made that allows ██████████ to get lifesaving dialysis. No one outside of the SDC provides this service.</p> <p>Assistance available to community facilities which need it, or to their clients in case of sudden closure, as has happened before.</p> <p>Protection and use of the the essential resources of Sonoma Developmental Center :</p>

Date	Name	Role	Comments
			<p>Continuation of the use of its highly trained, experienced and caring psych tech. staff, who have sufficient professionalism and pay to make taking care of SDC clients, whether in or transitioned out of the facility, a career, not a brief job on the way to something better.</p> <p>The years of expertise accumulated there must not be lost to those with d.d.</p> <p>SDC's beautiful, safe and least restrictive setting for its d.d.clients, allowing them to move about outside safely and without community pressure. This is where the services should be located.</p> <p>All of these services and resources are needed and must not be lost - there will be no way to get them back!</p> <p>We strongly feel that they all belong in the SDC Plan and in a Transformed SDC.</p>
8/31/2015	Sherry Smith	Local Resident	<p>As a former social worker at Sonoma State Hospital (SDC) and former Protection and Advocacy, Inc. (Disability Rights CA) employee, I have a unique perspective concerning the proposed closure of SDC. During the two years I worked at SDC, Regional Center staff, program staff, and I determined that some of the children could live in group homes closer to their parents and relatives. We were able to place several children in a less restrictive environment. However, at least one girl who spent a weekend as part of a trial placement acted out and didn't want to move. She was non-verbal and was known on her unit as a child who didn't have behavioral problems. She had lived at SDC for most of her life. Trial placements were essential. There weren't enough quality group homes to provide the medical and behavioral services for the developmentally disabled children back in 1980 and I doubt there are enough placements now for the hundreds of adults who must transition from SDC. Parents, guardians, and in some cases, judges, made the final decision whether a child or adult could leave SDC. None of the children I worked with moved back home with relatives because of the lack of support services, etc. During the transition of clients from SDC, guardians and clients should be provided with access concerning the facilities and what, if any, health and safety, licensing, and legal violations are part of the public record. This information is available online or through state agencies. For example, a SNF I visited kept a binder of a recent licensing survey which included everything from chipped paint in a room to a medication error. More serious problems such as abuse, lawsuits, or patient deaths should also be made public. For SDC clients who don't have a guardian, I believe someone should be appointed to advocate for their best interests, similar to a guardian ad litem or CASA volunteer in the juvenile court system. Abuse and violations of federal and state laws have occurred at SDC for years. Staff who disclosed violations to Regional Centers or other "outside" agencies faced possible disciplinary action, including termination of employment. Only now, the closure of SDC will happen within the next couple of years because the California Department of Health "terminated the ICF/IID Provider Agreement for Sonoma Developmental Center..." after SDC failed several Medicaid Compliance Surveys. I imagine various state agencies will work with the employee unions during the transition period. The majority of staff I worked with at SDC were competent and compassionate. Perhaps they all could work together to develop community homes to provide specialized medical and behavioral care for some of the clients. As far as the future of the land and buildings in Eldridge, I hope the land will become an</p>

Date	Name	Role	Comments
			extension of Jack London State Park and the Sonoma County Regional Park and be used for a variety of recreational and educational purposes. It shouldn't be sold for private development. I hope my comments are helpful and feel free to email me if you have questions concerning my suggestions. Sincerely, Sherry Smith
8/30/2015	Bill And Carole [REDACTED]	Conservator or Guardian of an individual at SDC	[REDACTED] has resided at SDC since 1989. We have always been actively involved in - and supportive of - the high quality of care he has received there. We are now in the process of planning for his care as SDC transitions. We are very concerned about the lack of professional, qualified and knowledgeable care in community care homes. A few years ago, my wife and I attended a meeting called by Alta California Regional Center in Sacramento for those individuals who were interested in securing and opening community homes for the developmentally disabled. This was an informational session where they presented themselves, asked questions and got answers from Alta staff. We, as very knowledgeable parents and conservators, who have gone through the horror of a community care home (where our son resided prior to SDC placement) going downhill rapidly and abruptly closing, were appalled at the complete lack of knowledge and understanding of the developmentally delayed population these so called potential owners of community care homes had. It was frightening and shocking. They had no clue at all about anything involving the process or what to do. Even more shocking, the questions they asked were either not answered by Alta staff or answered inadequately or incorrectly. We were stunned. It was abundantly clear to us that people came to that meeting with a complete lack of understanding of why they were there or what to do and that Alta staff did nothing to change that.
8/30/2015	Mary [REDACTED]	Conservator or Guardian of an individual at SDC	[REDACTED] has been in SDC for 59 years. She is unable to speak or communicate. She also has pica and elopement issues. Her IQ is under one year. SDC is her HOME. What she needs is staff, doctors, and dentists that know her like she has at SDC and that know her background and about her specific needs. I fear if she is placed in the community she will not get the quality care that she gets now. About four hundred clients are well taken care of now and if they are moved, they each have to start all over at square one which would be an overwhelming task. Thank you for considering the heartfelt concerns I have for my dear sister. Mary [REDACTED]
8/30/2015	Michael [REDACTED]	Parent or relative of an individual at SDC	You've probably heard all the stories and reasons to keep Sonoma open. [REDACTED] has been a critical care resident for 57 years. You should be ashamed - everyone and anyone who has taken us down this disgraceful path. How about I get some asshole developer and his paid politicians to take an interest in your [REDACTED] home. Maybe someone will come over to your house and see what it will take to have you kicked out. I'm beginning to think maybe your mother should to move. My mother is 91 and has to put up with this heartbreaking scenario. Shame on your very souls. Do this and I will pray every night that [REDACTED] ailments should befall you and your families. Curses! Bunch pieces of...



Date	Name	Role	Comments
8/30/2015	John Mason	Conservator or Guardian of an individual at SDC	You have the FREE land at SDC. Build it, renovate it. At SDC you already have the needy clients, already have Doctors, already have Dentists, already have experienced and TRAINED every day staff, already have RN's, already have teachers, already have the Psychologists, already have Social Workers, already have day programs, already have client OVERSIGHT, already have property maintenance crews, already have ground keepers, already have a chapel, already have vehicles, already have a equestrian program, already have \$49 Million that can me used.Please BUILD/RENOVATE at SDC. INVITE new clients that need this so-special care. It will be more efficient than having clients scattered all over many counties. Thanks!!!!!!
8/29/2015	Janice [REDACTED]	Parent or relative of an individual at SDC	The plan to close the development centers in California has become a joke! I wish I had the money all these government workers, from Brown on down, have spent in proposing and re-proposing legislation and guidelines for closing down SDC. It is a most critical and needed place for those born with deficiencies and afflictions that many who are picked to proceed with the closing have no direct knowledge of. [REDACTED] was not expected to live beyond 16 years. We will be celebrating his 52nd birthday this October [REDACTED]. His longevity is due in most part to the dedication and care given to him by the caregivers at SDC. I had approved a community placement years ago. He was removed by the Social Worker and a Police Officer when entrance into the home was denied to me and the Social Worker. Her license was removed and my son sent back to SDC. He never recovered from that community placement and had lost all the progress he gained due to the painstaking efforts of the workers at his unit at SDC. No one can convince me that there are people offering to open their homes to take care of our mentally deficient relatives for the sheer joy of taking care of them. It is the money they receive, and they are paid well. [REDACTED] has had the same two SDC workers look after him for the last ten years. No one will never ever know him more than they do. No matter what degree someone may hold, how educated they may be, it would be devastating to move him from the only home he's ever known. Recently his seizures have become life threatening, one needing hospitalization. Because he was there a doctor was immediately present, an ambulance called and he was transferred to a small but efficient on-site hospital. If he were in a community setting that was not staffed with medical personnel he probably would not be here today. As I said at the start of my comments, I wish I had all the money the government has spent thus far on plans to close SDC. It would go a long way to update, remodel, and make all the SDC housing, currently unused, available to clients who are severely handicapped and developmentally deficient. If you government workers, who are hell bent on closing SDC, would walk in the shoes of the relatives and caregivers of the SDC patients, maybe you wouldn't be so determined to uproot and traumatize them who need all the compassion and understanding you can give. Janice [REDACTED]

Date	Name	Role	Comments
8/29/2015	Dolores [REDACTED]	Conservator or Guardian of an individual at SDC	[REDACTED] has lived in SDC for 59 years. It is HOME to her. She is 66 Yrs old, cannot speak, has an IQ of less than 7, she has 0 means of communication, has pica and elopement issues. She needs specialized care with staff and Doctors who know her. She would not do well in a community setting which is mostly part time workers who would not know her. SDC has the specialized help, the fire department, Doctors and community she needs. At her age it will be a shock to her if moved. Please consider these special people and come up with a community such as SDC for them. Thank you.
8/29/2015	Pat Walter	Parent or relative of an individual at SDC	Let's talk about the clients at SDC, the consumers of Department of Developmental Disabilities services. What a smart Public Relations move it was to turn people, the patients and residents of the Sonoma State Hospital into economic units: Into clients and consumers . It is hard to view economic units with social compassion and moral responsibility. The decision by the Governor to close SDC comes at time when it is generally accepted that we have a "Health Care Crisis" and a "Housing Crisis". The Development Centers simply provide the most vulnerable of the developmentally and mentally disabled with health care and housing apart from the general economic competition for these resources. The Governor says that the long neglected and underfunded Regional Center System(RC) will provide for the fragile folks now at SDC. This is while the State has continued to keep the rates the RCs can pay for services so far the going market rate that too few stable homes or care providers exist for the less fragile people already in the RC System. Too many of the disabled being taken out of SDC will wind up in jails, emergency rooms and eventually morgues. These economic units will simply no longer need to be given California State Budget consideration.
8/29/2015	Will Shonbrun	Local Resident	To: Department of Developmental Services Re: The closure of the Sonoma Developmental Center It is the opinion of this writer and resident living in the Sonoma Valley that before any final decision is reached as to the closure of SDC or the disposition of its client residents it should be mandatory for those making this decision, from Governor Brown on down to the current director of DDS and all in the legislature who support this closure and transfer to spend one day at SDC and experience for themselves who are those residents living there, some for 30 years or more and exactly what their lives are like and the people who are and have been caring for them. This is a momentous, life-shattering decision that will have a profound effect on these people, sons and daughters, brothers and sisters in more than 400 California families, repeatedly pointed out as The most vulnerable of our people, and those making these decisions should know firsthand what they are doing and what the consequences of their decisions will be. These are not names and cases and files on pieces of paper. These are disabled and unprepared and totally dependent souls whose lives matter to their loved ones and to a great many who live in this area of Sonoma County and treasure those who've been left in our care and are deeply connected to the land on which SDC sits. These lives and their welfare matter to us, as they should to those making the decisions that will change their lives in ways that cannot be predicted.

Date	Name	Role	Comments
			<p>Furthermore a formal Plan for the Transition of the current SDC population to Regional Center facilities, in no way comparable to the services and care provided by the administration and staff of SDC, has been submitted to DDS and should be acknowledged by the Department and followed to the letter of its specifications. This extensive Plan has been generated by the families of SDC residents in conjunction with legal and medical experts and has been drawn for the sole purpose of the welfare of those people whose lives will be changed in ways we cannot begin to fathom.</p> <p>Whether we have family in these Centers or not they are our children, completely dependent on us for their welfare, for the love and care they deserve. This is our obligation and responsibility in our society and in this community, and if the decision to alter their lives in ways they cannot comprehend based on the money necessary to provide for their welfare to the highest degree is going to be made by the state then those making this decision should meet and face those people and their lives. Then they will know the consequences of their actions in no uncertain terms, and these decision-makers will have to live with what they are contemplating.</p> <p>Will Shonbrun, Sonoma</p>
8/29/2015	Chris [REDACTED]	Parent or relative of an individual at SDC	<p>My vote is to keep SDC open. [REDACTED] is a patient at this facility. SDC provides an idea environment for her day-to-day care and most importantly well being. It is not the many acres of SDC current property line, but more the facility where she lives, the people who care for her and the level of care she receives. All of these services and people are top notch. Not sure how that SDC people and services are going to replicated in the "community?"</p> <p>[REDACTED] Again, my vote is to keep SDC open!</p>

Date	Name	Role	Comments
8/29/2015	Mary O'riordan	Other: parent of someone who lived and died at SDC	<p>Essential Elements of a Plan for Closure of Sonoma Developmental Center submitted on behalf of PHA In the plan for closure of Sonoma Developmental Center (SDC) completed by the Department of Developmental Services (DDS), the members of PHA at SDC are very concerned about the level of care and safety for our developmentally disabled family members who will be moved out of SDC in the next few years. The families involved, for the most part, are elderly and facing their own end of life. They had hoped that Sonoma Developmental Center, the place they choose for their disabled child to live when they could no longer care for them, would be there when they are gone. Attitudes need to change ? the Regional Centers and DDS are not known for their kindness, honesty, and compassion in dealing with families. I have heard from many families who were bullied and in some cases had their conservatorships removed. This has to stop. There will need to be many different levels of care homes as the population at SDC has very diversified needs ? some are very frail physically, others are more stable but have blindness and/or deafness and then there are those with complicated challenging behaviors. Most importantly, all the homes will need to be adequately staffed with at least one psychiatric technician on duty and for those who are medically frail and/or elderly a nurse on duty 24/7. The current staff at SDC'should be utilized in this transfer and newly hired staff will benefit from their knowledge and expertise. Those who have challenging complicated behavior problems will need to have their medications monitored on a regular basis as medications and sometimes the dosage of medications are often times responsible for the increase in difficult behaviors. All the staff being hired at the homes need to have background checks before they are hired ? this is super important. Every staff person will need a minimum of 100 hours of hands-on training before working with this frail, defenseless population. The experience gained and handed down over 100 years at SDC is invaluable and needs to be preserved and shared. The plan should include personally required services currently provided at SDC and not readily available in the community living arrangements. PHA?s position is that these services should be developed on the SDC'site concurrent with closure activities and staff at SDC'should be hired in these group homes as their expertise and experience is so valuable and can benefit the newly hired staff in the homes. These services would include a clinic that:</p> <ol style="list-style-type: none"> <li>1. Provides a primary care physician that would be responsible for coordinating the overall health care management</li> <li>2. Provides a semi-annual dental examination or more often if need for treatment as necessary;</li> </ol> <p>The staff needs to gain experience caring for people who have seizures and there needs to be access to a neurologist who is willing to take these clients on as patients and can check on them on a regular basis and follow their health patterns. Again, having a clinic at SDC would be most beneficial at least in the interim. (We have heard so many times how difficult it is for families to get a physician or specialist to take new clients)</p> <p>There needs to be an ophthalmologist available and willing to take on these developmentally disabled people so their eyes can be checked for problems, such as cataracts, as they age. (There needs to be assurance that these specialists will indeed care for our clients before they are placed in these homes).</p> <p>Reviews by psychiatrists and physicians should be done by professionals who have experience with individuals who are developmentally disabled and this needs to be done every 90 days or more if there is a problem.</p>

Date	Name	Role	Comments
			<p>Develop a plan for a safety net for those persons whose behaviors may prevent them from continuing in their group home or board and care home. (What does DDS have in their plan for this population so they don't continue to be sent into the prisons).</p> <p>For those clients who can benefit from a program other than their place of residence, the transportation to these programs should not be more than 30 minutes from their home.</p> <p>If the clients benefit from or need physical therapy, that needs to be arranged with a qualified physical therapist familiar with this sometimes frail population.</p> <p>Family members need to be able to visit their disabled loved ones unannounced at any time and cannot be denied this right.</p> <p>These homes need to be licensed by the Health Department as well as community licensing and personnel from these licensing agencies need to be responsible for stringent oversight.</p> <p>Have in place a dependable plan for emergency evacuation and have regular drills so all the staff know where to go if they ever should need to evacuate the building due to fire or other dangerous hazards. Transparency by DDS and the Regional Centers is of utmost importance and the families need assurance that this is not ignored.</p>
8/29/2015	Marilyn [REDACTED]	Parent or relative of an individual at SDC	<p>I have a [REDACTED] living in SDC since he was 19 years old. He has received such excellent care from the dedicated staff that knows him. He would NOT get this same kind of care if he was out in the community, with constant change of staff, etc. Why can't the land be retained &amp; developed with renovated &amp; new regional center resources including residences &amp; other facilities to support the therapeutic of our loved ones who are at SDC. Please, please NO NOT put our love ones in danger of losing their homes at SDC!</p>
8/28/2015	Terri [REDACTED]	Parent or relative of an individual at SDC	<p>My family and I are very concerned to think that our [REDACTED] may have to go and live in a group home in the community. [REDACTED] has received excellent care while living at SDC over the past 20 years. The medical/dental team are those that are accustomed to working with those that are disabled. Where will they get medical/dental care? What a terrible disruption for them. Routine is so very important. At the very least, we ask that the timeline be reconsidered and extended. Are there enough homes for them to go to? Medical and dental facilities that can handle the more difficult patients? Are there day programs to go to. I know [REDACTED] has a job that he goes to each day.</p> <p>It is my understanding that the land that SDC sits on was given to the state of CA as a natural preserve and care center for the developmentally disabled. It should remain so. I understand that this is beautiful and valuable land but to sell it to the highest bidder is unspeakable. We ask that you explore other ways of keeping these residents at SDC even if the housing and operation needs to be changed. Group homes on the property would be wonderful. Also, maintain the existing medical and dental now available.</p> <p>Please reconsider this move. These residents are counting on you.</p>

Date	Name	Role	Comments
8/28/2015	Pamela [REDACTED]	Parent or relative of an individual at SDC	<p>On behalf of [REDACTED] (Viola [REDACTED]) and [REDACTED] (David [REDACTED]), I am submitting these comments which reflect our views collectively. All three of us serve as co-conservators for [REDACTED] who has been a client at Sonoma Developmental Center (SDC) since 1962 (over half a decade). The information here is abbreviated. I emailed more information and a pdf file to Cindy Coppage today (Aug. 28, 2015 at 4:30 PM).</p> <p>The information below summarizes our thoughts. (More details and comments were emailed a few moments ago to Cindy Coppage. I am using this internet tool, in case the other message gets lost in cyberspace. This transition is so important to [REDACTED] well being that we want to be sure to get our message to you.)</p> <p>The SDC closure plan needs to ensure and protect the well-being of the clients and provide equivalent and improved therapeutic services for clients as they are transitioned out of a safe and nurtured environment that has served [REDACTED] well for over half a century.</p> <p>Please consider renovating and reorganizing some of the cottages and buildings (recreational and educational) to allow the clients to remain on site, even though SDC as an agency is dissolved. Community housing is lacking for senior citizens like [REDACTED]. Since there are fewer clients, not all of the buildings need to remain at Eldridge. However, creating regional homes on the SDC property might be a positive solution.</p> <p>The currently occupied land at Eldridge was purchased to serve the needs of individuals with developmental disabilities <a href="http://www.dds.ca.gov/Sonoma/History.cfm">http://www.dds.ca.gov/Sonoma/History.cfm</a> . It would be a grave travesty to sell this prime property to developers. California has revenues from other sources and does not need to take from the feeble minded. Please do the right thing and retain the property for the developmentally disabled and build a resource that includes regional center living accommodations along with educational, medical, dental, therapeutic, recreational and shoe services.</p> <p>Sincerely,  Pamela [REDACTED] David [REDACTED]  [REDACTED] Viola [REDACTED]</p>
8/26/2015	Louise Monahan	Community Service Provider	n/a
8/26/2015	Nancy Boyce	Other: retired school nurse	The number of special needs children is growing larger everyday and we need to take care of them from day one, for their quality of life as well as future pupublic costs.

Date	Name	Role	Comments
8/26/2015	Wendy Hoffman	Local Resident	The beautiful, sprawling campus of the SDC and its proximity to major universities in SF, and community colleges in Santa Rosa provides a unique opportunity to create an innovative, regional health care facility where medical professionals can learn how to care for patients with complex physical and mental conditions. It can also be a locale for group homes for those with mental illnesses - there are none in northern california. Where do adults with schizophrenia go when their elderly parents can no longer take care of them? We can't ignore the needs of this special population, whether they are rich or poor. This fate of the SDC should be decided by BIG thinkers and leaders, and experts in health care delivery - not accountants. Don't squander this opportunity.
8/25/2015	Sharon Church	Local Resident	The Sonoma Development Center is uniquely poised to transform and continue to provide specialized care. It has the land, buildings, infrastructure, highly trained and experienced employees and a community which wants it here. Moving these fragile residents to a more restrictive environment with unskilled or lesser skilled caretakers would be a travesty. There is no reason to search for new locations. The track record for closing development centers is extremely poor and it is time for a new approach. Restructure and transform here. One size does not fit all and those who can thrive in a group home environment are already doing so. Make me proud to be a Californian. Thank you.
8/25/2015	Jackie [REDACTED]	Parent or relative of an individual at SDC	My family is very concerned and disappointed in the possible closure of SDC. [REDACTED] has lived there for almost 50 years, and that is his home. He has multiple disabilities that require specialized care and medication regime. He receives everything he needs there at SDC, and it will be impossible for him to receive the same high level of care in the community. We tried community homes when he was 25 yrs old, with disastrous results. We feel certain he was abused and/or molested at a home in Oroville, CA. His behavior deteriorated rapidly, and we again had him placed in SDC. He is now 56 years old, has cerebral palsy, autism, severe retardation, and is legally blind. He is very strong and prone to outbursts during which he harms others and himself. We are very concerned about him being returned to community care, and are hoping something will happen so that he can remain in the only home he has known for many years.
8/25/2015	Tara Knutson	Other: Regional Center Resource Development	Hello DDS, I wanted to share some thoughts I think would improve the collaboration of the SDC closure as well as some thoughts for the long term when all clients are 'in the community': 1. Work with Community Care Licensing to lift the 300 foot over concentration rule. Real estate is limited in the Bay Area and North Bay. I also think the over concentration rule is discriminatory telling people you cant live within 300 feet of another if you need assistance/ are disabled. God forbid people with DD to live within 300 feet of another?

Date	Name	Role	Comments
		SUPervisor	2. Allow State employees (SDC's staff) to simultaneously stay a State employee and sign a contract for start up funds (RFP) to develop a resource for individuals exiting SDC. This allows Regional Centers to honor the experience of SDC's staff and prevent early exit from the DC leaving clients understaffed. 3. DDS and Legislators need to 'get on the same page' of what we promise families and individuals and providers: no 'discounts' to services. The entire service system (ARM Level, Community Based Day programs) needs consistent and continuous cost of living increases or we will lose too many providers as we already have. The ARM Level and day program rates are antiquated and unrealistic to survive in the California economy. How can you get good staff if you are paying people minimum wage? Thank you, Tara
8/25/2015	Robert Edwards	Local Resident	<p>In conjunction with any outplacement of SDC residents to community settings, Regional Centers (RC's) and their private contractors/providers must be expressly made subject to the Public Records Act, so their performance in the care of residents entrusted to them can be monitored by the public, DDS and by legislative bodies charged with assuring their welfare.</p> <p>Currently, and despite being the recipients of millions of dollars in government funding, RC's and their providers/contractors are exempt from the PRA, making it difficult if not impossible for the public to evaluate their performance and the quality of care they provide. Indeed, it appears that even DDS is unable to track what happens to clients/residents whose welfare and very lives have been and will be entrusted to placement in "community settings."</p> <p>To test the extent of the informational 'black hole' into which this fragile population is being and will be cast, on 7/24/15 I submitted a PRA request to DDS to determine the extent DDS monitors the care &amp; well-being of DC residents outsourced to community settings. Specifically, I asked for records reflecting the numbers of outsourced residents in six simple categories, i.e., those who, subsequent to placement in community settings, were: (1) Jailed; (2) 5150'd or 5152'd; (3) removed from their community setting; (4) determined to be a danger to themselves or others a/c inadequate care in the setting; (5) were now in shelters or homeless; or (6) died. (No privacy-protected client-identifying information was sought.)</p> <p>One would think records would exist reflecting such basic info. and that such records would (with privacy information redacted) be readily available to the public and the legislature from all agencies &amp; providers - public or private -- entrusted with the care of this population and which are getting millions in government funding.</p> <p>Alas, while DDS legal has been very diligent and cooperative in searching for responsive records, as of this writing, DDS is still looking for records that might be responsive to the above request. This is or should be a concern to the legislature. If DDS's own legal department (which handles all DDS PRA requests) is having trouble locating responsive records, among the several conclusions one can draw are that (a) RC's &amp;/or their contractors/providers do not track or (if they do) fail to report such outcome data to DDS, (b) DDS doesn't require that such data be tracked and reported, and/or (c) neither DDS nor the RC's and their providers/contractors care about outcomes for clients/residents in their care.</p>



### Online Comments Received Through September 1, 2015

Date	Name	Role	Comments
			<p>With proper care of all out-placed DC residents (and diverted clients) being one of, if not THE, core issues and concerns in the planned closure of SDC and other Development Centers, it should be more than obvious that total transparency regarding care received in community settings - from all providers - must be mandatory, with of course due regard to protect the identity and privacy of individuals being cared for. To that end, such outcome reporting should be mandated of every provider caring for the developmentally disabled.</p> <p>However, at the very least I ask that the legislature immediately amend Government Code 6250 et seq. to make it crystal clear that Regional Centers as well as all providers - public and private - with whom they contract for the care of SDC residents and others diverted to their care in community settings are subject to the Public Records Act. For it will be of little use to the public or assuage the fear of families concerned about the care their loved ones will receive in "community settings," if the public has no access to the records reflecting performance of agencies - public or private - caring for this fragile population, and receiving government funds to do so. RC's and their providers should not be allowed to operate in secrecy.</p> <p>I and others believe that the very fact that such agencies are made subject to the PRA will itself be an incentive for those providing care and services in "community setting" to create and maintain the highest standards of care and be proud to record the results for all to see. Residents of SDC and those similarly situated, as well as their families and the public, deserve no less.</p> <p>As an attorney, I would be happy to suggest appropriate language amending Gov. Code 6250, et seq. However, I expect the legislative staff is more than up to that simple task.</p>
8/23/2015	Patty [REDACTED]	Parent or relative of an individual at SDC	<p>Dept of Developmental Services Developmental Services Division ATTN: Cindy Coppage 1600 9th Street, Room 340, MS 3-17 Sacramento, CA 95814</p> <p>22-Aug-15</p> <p>RE: Sonoma Developmental Center</p> <p>Dear Cindy,</p> <p>I write this letter in support of [REDACTED] Volken, who will be 68 years old this November and has lived at Sonoma Developmental Center for over 60 years. [REDACTED] is mentally retarded and totally dependent on the dedicated doctors, nurses, psychologists, social workers, recreational &amp; occupational therapists, technicians and staff [REDACTED] who are highly aware and attentive of her personal needs. My siblings, Mary [REDACTED] Tom [REDACTED] and Diane [REDACTED] are also very involved, and in close communication, with those providing care for [REDACTED]. They are present at her Semi-Annual Reviews and IPP evaluations, as well as active board members in the [REDACTED] Parent-Family Group.</p>

Date	Name	Role	Comments
			<p>Several years ago our parents chose SDC as [REDACTED] permanent home. She has had the opportunity to live in several cottages on the premises, and [REDACTED] is an ideal fit for her. At SDC, [REDACTED] enjoys the outdoors, especially the long days of a Sonoma summer. She loves spending time on the spacious, unrestrictive grounds surrounding her unit. [REDACTED] feels safe and secure milling about her home. Most days you will find her sipping a beverage under a shade tree, stacking fallen leaves in a pile, visiting with her gentleman friend (who is also a [REDACTED] resident) or sitting in the bus stop, hence her nickname, [REDACTED].</p> <p>[REDACTED] also thrives on a daily routine, which usually includes time at her offsite day program. She has been trained to be a paper shredder and gladly accepts her job responsibilities. If her routine is interrupted she can become easily agitated.</p> <p>[REDACTED] and her current roommate have been sharing a bedroom for quite a while. They are a good match and compliment each other nicely.</p> <p>As you can imagine, the subject of closing SDC is of grave concern for my family. [REDACTED] has difficulty with change in her routine and environment. Such interruptions can throw her off course. Transitioning [REDACTED] to a community board and care home is unsettling. I have learned there aren't enough community homes available for placing all the residents of SDC and some counties don't have the medical, dental or psychiatric support for the residents. We understand that homes plan to be built, but how long will it take and will there be medical support within the city for the community residents??? That is a major concern I have for [REDACTED]. The future of [REDACTED] care was paramount to my parents. When they passed away, it was with the assurance and piece of mind that [REDACTED] would continue to be taken care of, for the rest of her life, at SDC. As a resolution, I suggest that the State of California seriously consider building new cottages on the current SDC'site that will accommodate the present residents. The staff and medical support services are already in place and there will be less traumatic changes for the fragile residents of SDC and the employees. Please, seriously consider modifying the Governor's current decision, and keep SDC open for the residents currently living there.</p> <p>Sincerely, Patty [REDACTED]</p>
8/23/2015	Kathy Speas	SDC Employee	<p>I am concerned that the Regional Centers have generally not been present at the many public meetings. People do not realize that DDS has no authority over the types, numbers, locations, and quality of group homes in the community, or the kinds of services offered. Some residents at SDC have wanted to move, asked to move, only to be told there is no appropriate home. What have the Regional Centers been doing since the 1980s with their mandate to develop community resources?</p> <p>I am also concerned about oversight, and hope that the transition plan includes monitoring of the IPPs, and some accountability beyond Community Care Licensing coming every 5 years.</p>

Date	Name	Role	Comments
			Last, but not least, Spiritual Care needs to be accounted for in the services offered in the community, and preserved at SDC. Many residents benefit from church at SDC who cannot participate in traditional church services in the community. Worship is a right guaranteed by the Lanterman Act, and needs to be preserved.
8/22/2015	Ruth [REDACTED]	Consumer who does not live at SDC	I am writing to express my concern for the future of [REDACTED] who is a resident of SDC. She is brain damaged, confined to a wheelchair and unable to speak. I believe that a portion of SDC should be set aside as a residence for patients such as [REDACTED]. Community homes and SNFs do not provide adequate medical support for such clients. In addition, I support the creation of a clinical hub at SDC to provide services such as dental and psychiatric care and repair of equipment for those patients who have been moved to outlying facilities.
8/20/2015	Miles Clark	Local Resident:	To Whom It May Concern- I'm writing in regards to planned closure of SDC one of the most unique places Ive ever experienced. I think a lot of people feel the same way I do when it comes to this fabulous piece of Sonoma County and the importance of saving the surrounding wilderness and open space. Ive lived in this general area my whole life and have seen the uniqueness and beauty of the area slowly ( and more rapidly over the last 10 years) be degraded by unrestrained over development. The political environment always seems to favor greed over anything else and I for one am very tired of it. Whoever controls the fate over what happens to this special spot needs to bear in mind the citizens of the area needs and wants. This is our backyard and we'll fight to preserve what's important!!
8/20/2015	Kent Iverson	Local Resident	I feel strongly that most of the SDC should be annexed to Jack London State Park. I feel that enhancing the connection between wild areas of Sonoma Mountain and the main Mayacamas ridge is a rare and unique opportunity. The undeveloped portions of Sonoma Valley and California in general have enormous value now, but will have even greater value and human population continues to increase. Some of the existing structures should be developed into low impact amenities which are centered on enjoyment of the state park and nearby county park. For example, I think a string of inns which people can hike between (SDC to Kenwood to Oakville) similar to the Milford Trek in New Zealand, would be suitable and very popular. A portion of the campus could have a central parking lot, and electric shuttles, rental bikes and hiking paths could be used by visitors to reach different places in the SDC campus. Restoring the salmon and steelhead run in Sonoma Creek should also be a priority consideration regarding the future of the SDC. The riparian corridors of Sonoma Creek and its tributaries on the SDC campus should be restored to a natural state and the stream beds should be enhanced to accommodate seasonal flooding and salmon and steelhead survival and expansion. I think the ideal arrangement would be to form a partnership with an academic institution, such as UC Davis, to create a environmental restoration research station on the campus. It also makes sense to me that a portion of the SDC campus should continue to be dedicated to helping the developmentally disabled. Perhaps as a "center of excellence" which trains therapists and administrators and continues to innovate in the field of human development.

Date	Name	Role	Comments
			There are many other places to build golf courses, event centers and casinos which are not nearly as unique and valuable. I am confident that minimal development will create a place that is appreciated by many people and a place that will enhance the quality of life and success of the entire Sonoma Valley. Thank you
8/20/2015	Phil Weil	Other: environmentalist	I have been an area resident for almost all of my 70 years. I am proud of the service provided by the Sonoma Developmental Center. Too, I am proud of the beauty of the setting and the buildings. I think that the mission of the SDC and the preservation of the natural geography go together. If the institution can't be defended, at least keep the site from being used for commercial purposes. Adjoining it to JLSP would be a terrific way to conserve the area. Thank you, Phil Weil
8/20/2015	Elaine Fenton	Local Resident	I am very concerned about three issues: 1. The future health and well being of the residents of SDC if they are to be moved to outside care facilities. Remember if you will the debacle of Ronald Reagan's closures of other facilities like Agnews. I do not believe that the expert level of care provided to them at SDC can be replicated elsewhere in smaller settings. 2. I have heard that SDC is the largest single employer in Sonoma County. Closure would impact hundreds wage earners and their families. How are these people to be absorbed into the workforce at a living wage? 3. The hundreds of acres of SDC are unique in their biodiversity, wildlife and natural beauty. It would be criminal to be parcelled out and sold to only the very wealthy, blocking local residents from using the land for recreational purposes.  Perhaps other large state facilities also targeted for closure could have their residents relocated here to make optimum use of SDC's existing facilities. PLEASE RECONSIDER. Sincerely, Elaine Fenton
8/20/2015	Barbara Phelan	Local Resident	The well-being of the SDC residents should be the first concern. If closure of the facility is found to be best, I urge you to consider preserving the land for future generations to enjoy for its scenic beauty and wildlife preservation. The site is bounded by state and county parks and other protected land, connected to an existing regional trail system, and identified as a critical wildlife corridor. Please keep the land open for all to enjoy.
8/20/2015	Terry Abrams	Local Resident	I am a member of the Sonoma County Wednesday Hiking Group. After the resolution of the future of the Sonoma Developmental Center, serious consideration of a coordinated effort with local organizations and Sonoma County Regional Parks should include the issues of ongoing access, maintenance and funding of the extensive surrounding parklands that are such an extraordinary asset to our North Bay community. Thank you for your efforts to develop a win-win solution for the SDC.

Date	Name	Role	Comments
8/16/2015	Shelita [REDACTED]	Parent or relative of an individual at SDC	<p>[REDACTED] has lived at sdc for 45 years it is his home. He has a job activities and more freedom and is safe at sdc. You talk of putting him in a community he is already in a community. If [REDACTED] is placed outside of here I have no doubt horrible things will occur to him. [REDACTED] must have constant watching he has a tendency to take off and doesn't understand he can't just walk into a store and take what he wants. [REDACTED] also has a urge to drink anything he thinks might have alcohol in it which means you cant leave anything liquid laying around that could be poisonous. I think spending the money allotted and revamping the sdc is the wisest thing to do. I want to add that not only is this sad to the residents there but watching the all these very elderly people pushing walkers walking in with canes to fight for their children is also sad and a disgrace. Thank you for your time. Shelita [REDACTED]</p>
8/14/2015		Local Resident	<p>I was in attendance at the public hearing on the Transformation of the Sonoma Development Center, July 18th. I filled out a speakers? card but was unable to stay into the afternoon in order to speak. The following are my comments about the future of this invaluable county asset.</p> <p>Note: In addition to my personal comments, I fully support the Sonoma Developmental Center Coalition/Transform SDC Project, August 7th submittal to DDS entitled "Desired Elements for the SDC Closure Plan" My wife and I moved to the City of Sonoma from Marin just 13 months ago. As avid hikers and mountain bikers, we quickly found the uplands of the Sonoma Development Center (SDC) to be a magnificent place to do both. With rare exception, one or both of us is on SDC lands several times each week. In its undeveloped state, the land is beautiful and sightings of birds and animals is a constant. As the largest swath of unrestricted open space remaining in the County, it provides a vital link to other open space districts as a wildlife corridor. The variety of flora and fauna is breathtaking from the old orchard up by Camp Via to the redwood covered trails and expansive open fields with views all up and down the Valley of the Moon. It represents a true treasure to the residents of the Valley, the County at large and to the State ? It must be preserved.</p> <p>Needless to say, anyone involved in determining the future of this special place needs to spend some time walking the land before making a decision about what should be done with it. Time spent on the land will lead to the obvious decision that its current use is without question, its highest and best use.</p> <p>As we spent more and more time in SDC's open space, we also began walk around and fall in love with the diverse architecture and layout of the SDC flatlands campus. More importantly, we began to learn about the incredible record of service that SDC clinical operations have provided to the developmentally disabled individuals in their care. Having gone to several meeting about the future Transformation of SDC, we now know that many of the residents have been there for their entire lives and that to move them into some sort of private sector care, could well mean a death sentence. We also now realize that the SDC is one of the largest (if not the largest) employers in Sonoma County. Surely, Northern California needs at least one center for for the developmentally disabled and if that?s the case, the beautiful SDC campus with its well trained local workforce is an obvious best choice to fill the need.</p>

Date	Name	Role	Comments
			<p>The onsite medical facilities have provided care for a special population and I hope that exhaustive efforts will be put into finding public/private partnership opportunities where, in exchange for a long-term low rate lease and an ongoing (but reduced) State contribution, a nonprofit medical enterprise could step in, using the workforce already in place, and provide care to continue for those patients who are best served by residing at the center.</p> <p>Additionally, there's a sign on one of the buildings that indicated Santa Rosa Community College has a facility at SDC for the training of Psychology Technicians. Surely there are other medical educational facilities from public or private colleges and universities (Touro University, Mare Island comes to mind) or nonprofits that could make use of some of the existing buildings. Those building that would not be used for the core medical or educational purposes could be leased to related or complementary businesses. In all cases, buildings would be leased for a long term and in exchange for rent credits, the tenant would agree to bring their leased space up to current building standards. Again, some seed money might be necessary from the State but what better purpose for our tax dollars than to help save this valuable institution.</p> <p>The elected officials representing the Valley of the Moon are working hard to guide the Transformation of SDC in a direction that will provide ongoing services for the current SDC residents and also protect the upland open space areas. County Supervisor Susan Gorin, State Senator Mike McGuire, Assemblyman Bill Dodd and Congressman Mike Thompson have all spoken out in favor of an orderly transformation of the center that preserves services and open space ? I hope their colleagues in their respective elected bodies and the DDS decision makers will listen to them.</p> <p>It's difficult to describe but when you head Northward on Arnold Drive and reach the first stop sign at Eldridge (SDC), you become aware of all the mature landscaping, the architecture, trees and stone work and an almost spiritual calm settles over you and you know that this is a very special place. SDC is a vital component of life in the Sonoma Valley ? my hope is that no effort will be spared in creating a future for the facility that will provide onsite medical care for the developmentally disabled and preserved open space in perpetuity.</p>
8/5/2015	Mike Ellis	Other: i work at whats left of a Mass. DDS Center	keep 1 or 2 DDS Facilities ,open in your State, big mistake .services will always be needed for a Facility setting. closing all of them is an error. Community Resident settings, does not fit all DDS residents. there are some Severely handicapped and, even Dangerous residents. that are well Cared for in a Facility .and would be detrimental, to there Selves and others.
8/3/2015	Anne French	SDC Employee	<p>I'd like to add to my previous statement:</p> <ol style="list-style-type: none"> <li>1. When the other DC's closed, the patients that were the most difficult to place were transferred to Sonoma Developmental Center. Many of these patients remain here at SDC, still very difficult to place. The community does not have the level or resources, or the level of competence, to be able to care for these patients.</li> <li>2. Right now, intellectually disabled patients in the community are stuck in mental health hospitals and county jails with no place to go. They have no home, no community, and no team to care for them with the competence, love and care that they deserve. Don't fool yourselves (or the public) into believing that there are only "400 patients" at SDC that need comprehensive care in Northern California.</li> </ol>

Date	Name	Role	Comments
			<p>3. Right now, [REDACTED] lives in supportive living. He is lucky enough to be very capable of community living with much less support required than my patients at SDC. Unfortunately, his peers have significant psychiatric issues, very much like my patients at SDC, and they are having significant difficulty accessing psychiatric care in the community. They are lucky if they can get an appointment with a psychiatrist every 1 to 2 months. If they have an emergency - they become the next admission at those previously mentioned mental health facilities. Again, there are many more patients than the "400" at SDC who require the services that are present at SDC. Creating a clinic at SDC to serve the medical, dental and psychiatric needs can improve the care to hundreds (?thousands?) of regional center clients in Northern California. This is an opportunity for government to do a better job of providing for our most vulnerable citizens.</p> <p>4. I used to think that the community was a viable option for everybody - you just had to find the right fit. I no longer believe that. There are many (maybe close to 400) patients at SDC now that are not going to find the right fit. It is clear to me after hearing all of the family's statements, and really thinking about my patients' lives, that after living at SDC for 40, 50, 60, or even just 10 years, the idea of transitioning these most difficult to place individuals - without their peers, without their staff, without their physicians, without the structure and support that SDC has provided in their lives, they are at critical risk for destabilization. For some, this could mean overmedication to reduce their anger/agitation. For some, this could mean aspiration pneumonia due to unfamiliar staff not understanding their needs. For many, this will be the most emotionally traumatic event in their lives. I implore you, dear legislature, to not put these fragile patients through this. This is an opportunity to renew your commitment to these 400 patients and their families, to the end of their lives. That will allow time to transform SDC into a regional center for excellence in the medical and behavioral care of intellectually disabled individuals for all of Northern California. I no longer believe that our government doesn't have the money to do this.</p> <p>5. There have been many advances in the care and lives of the intellectually disabled in the past 50 years, and the disability rights organizations have been a part of that. However, the political agenda of the disability rights movement has focused on "community living." The families are right - their loved ones have a community at SDC. And they have the right to choose to stay in that community. Please do not be fooled by DRC into believing that everyone's needs can be met in the community. Why should DRC's voice supersede the family's voices?</p> <p>6. Many of the physicians who work at SDC have worked in the community clinics with patients whose funding is Medicare/Medi-Cal. We know how difficult it is to obtain basic medical, dental and psychiatric care in the community when Medi/Medi is the patient's funding. This is a shell game you're playing with these patients. Shifting the cost to the local communities and making it much more difficult for these patients to access care is a brutal way to "transition them into the community." It's also not truly saving any money. This will skew care to more acute - more hospitalizations, higher severity of illness. SDC patients will not receive the same level of care by any means.</p>

Date	Name	Role	Comments
7/27/2015	Chris [REDACTED]	Conservator or Guardian of an individual at SDC	I am very concerned about the closing of the Sonoma Developmental Center (SDC). [REDACTED] has been a happy resident at SDC for many years. Before being placed at SDC my mother [REDACTED] tried to have [REDACTED] in her home but his constant disruptive behavior made it impossible to continue to do so. She then tried many residential homes and his behavior continued to disrupt those helping and living with him. After numerous failures resulting in [REDACTED] being asked to leave or worse ignored, he was placed at SDC. The staff at SDC has work to modify [REDACTED] behavior with some success. More importantly he is in a setting that he and those around him are able to live together with little disruption. [REDACTED] has a job shredding paper, making some money to by treats that he enjoys very much. I am worried that [REDACTED] will again be place in one home after another or left alone with little interaction with others.
7/25/2015	Harry Boon	Local Resident	SDC is too large for one plan or solution to resolve. Therefore seek a way to divide up so that there is a "parcel number" for each structure and unimproved areas, so that MANY entities can submit "bids" to either purchase or lease them. I am confident that SSWS (the Sonoma Severe Westher Shelter) coalition could and would lease or purchase several houses and/or office buildings it that were possible. Our goal would be to have separate permanent shelters for homeless man and women, and another building -or buildings - for temporary overnight shelters from Oct 15 to Mar 15 when the weather is extreme, and possibly life-threatening. In order to "PRIME THE PUMP", and permit differing programs to get "up to speed" with their plans and improvements, you can make the properties THAT ARE NOT CURRENTLY OCCUPIED available during the interim. Release forms and Hold Harmless Agreements can be obtained from those organizational entities, who would take responsibility during their occupancy. Leases would provide additional income for the state while enabling the extension of services to the people of the Sonoma Valley.
7/24/2015	Robin Keehn	Other: Former Employee & AB2 Advocate	I worked at Sonoma Sate Hospital from 1977-82. 1st as a Teacher Aid in an on grounds (very wierd) Sp Ed "class", then as an Adult Ed teacher, hired by "Clients Rights" office to teach a class called "Citizenship and the Political Process," which I concluded should also include helping residents start People First of Eldridge chapter -- as well as learn about voting and their rights. Returned many times to visit residents and staff at SDC. Saw many former residents/students transition into various RC communities through out CA, including FNRC where I worked for Area Board II until 3yrs ago. When I saw former SDC residents I saw at PFCA conferences or in FNRC's area, I always asked them if they missed living at SCD or wanted to return "home" Not ONE ever said "Yes". I feel uniquely qualified to say without a doubt "it is time to close SDC". I worked in the DD system for 30+ years both at SSH/SDC and then at the Area Board 2 on Developmental Disabilities (now SDCC Region 2 Office).



Date	Name	Role	Comments
			<p>I saw the "high" functioning people leave first, in a big wave in the late 70's, early 80's. Many of whom I re-met in the "community" when I was involved with re-starting People First of CA. I kept in touch with several old friends who were clients, including many people like Mike Pasquini, who I would consider medically complicated.</p> <p>Working for the AB for almost 30 years I participated in the development of and changes in services for "medically fragile" regional center clients. Some were former DC residents, but many were children, then adults who grew up living at home with their parents. They grew to need (or their parents needed) another place to live as they grew older, heavier and more complicated.</p> <p>Regional Center, with funding for development and over-site, are most capable of serving very complex people in the community.</p> <p>People with significant and complicated physical, medical and behavioral diverse-abilities (new word in my retirement) in my experience, have been better served, happier and led a richer lives in the community than I ever saw at SDC. And believe me, I saw a lot. Oh my... the stories I could tell, especially from our "Citizenship Class" and "People First of Eldridge" meetings.</p> <p>I would be glad to meet or talk with parents and staff at SDC or staff at DDS.</p> <p>Best of luck to you working on this. Change is never easy for people, but change is coming and it will be a good thing for future generations.</p>
7/23/2015	Patricia Shults	Local Resident	<p>The Sonoma Chamber of Commerce represents the greater valley business community with over 450 engaged members. As the CEO, I have been attending the community conversations as well as convening conversations among the business constituency regarding the SDC closure process.</p> <p>Key points we encourage you to embrace: • The highest priority being that this be a collaborative process involving all stakeholders"public and private" driven by the community. • Existing residents have ongoing, onsite services for the entirety of any project/planning. • Be open to innovative ideas that address multiple community issues, enhancing the valley's economy and diversity and expanding on constrictions such as housing and affordability. • Preserve the ecological balance and natural resources of the property.</p>
7/23/2015	Nancy Gardner	Local Resident	<p>I applaud the Administration's decision to close Sonoma Developmental Center (SDC). Segregation in institutions leads to stigmatization and isolation, while integration into the community promotes living life to the fullest extent possible, as well as better public understanding, oversight and acceptance.</p> <p>I worked in the field of developmental disabilities for over 40 years, primarily in the community and regional centers, but also as an Adult Education instructor at SDC. Over the years I have witnessed people blossom when they leave the institution and move to freedom. This is true for even those who are most medially fragile and/or behaviorally challenged amongst us. Most families, though not all, are extremely satisfied and delighted by their loved ones progress after the transition.</p>

Date	Name	Role	Comments
			<p>Key to successful closure is developing a plan based on the individual needs and desires for each of the current residents which guarantees their safety, and allows current relationships with other residents, staff and family to continue when possible. Resources, both financial and in expertise, should move with the consumer. The current bifurcated system has resulted in DCs being funded at ten times the rate of the average in the community. State staff receive far better salaries, benefits, and pensions. Providing community providers with adequate rates, benefits and training opportunities must be a component of the phase out plan. Equal work for equal pay should be the standard.</p> <p>The argument that those living at SDC are unable to be served in the community because of the severity of their needs is fallacious. For every person residing in a state run facility today, there is a twin benefitting from life in the community. Magical treatment does not occur within the locked doors and walls of an institution. As the closure of four other California DCs has proven, with adequate resources and services either transferred or developed, people have been safely and happily moved into smaller, more home like settings, regardless of their level of need.</p> <p>Both state and federal laws dictate that people with DD have the same civil rights as the rest of us, and that includes enjoying the least restrictive living alternative possible. Other states have closed their institutions for this population, and it is time for California to follow suit. Developmental Centers have proven to be an expensive and unsustainable model, not in the best interest of our most vulnerable citizens.</p> <p>I support many of the local coalition's recommendations, including preservation of certain expertise, preservation of the beautiful land and open space, enhanced public access to services and alternative uses of the property. None of us want the land sold to the highest bidder. Our community needs medical professionals for seniors, crisis mental health treatment, affordable housing, adult education, a public pool and recreation, etc. just as do people with DD. These could be shared and integrated, rather than separate and isolated from Sonoma citizens. There is potential for this to be self sustaining rather than dependent upon taxpayer dollars.</p> <p>Thank you for welcoming input from those of us who have dedicated our careers and hearts to people with DD, and those who love Sonoma Valley. We ask that we continue to be included, involved and influential in exploration and dialogue regarding the eventual closure of SDC and the land upon which it rests.</p>
7/21/2015	Susan Hazlewood	Parent or relative of an individual at SDC	Please consider the upset to the long term residents of this wonderful facility. If a transition is necessary of the Sdc, please do it so that the long term residents can live their lives out in this residence. There are so many other unnecessary funds spent in this state, I would hope this center will be saved for the current residents.
7/21/2015	Wanda Smith	Other: Interested in	I represent a number of people and organizations who would like to see a multi-use, oriented facility on the land surrounding the main campus of the Sonoma Development Center.

Date	Name	Role	Comments
		SDC land	<p>We envision a park for the public that will provide extended amenities unique in Sonoma County and on the West Coast. They include: ? Hiking and horse riding trails and arenas that are safe, monitored, and maintained daily ? A variety of equestrian therapy venues for the disabled including children and veterans ? A museum to exhibit Sonoma County's rich equine history, that of the SDC, and local wildlife and habitats and their care ? Participant and spectator facilities for world class horse shows ? An equine critical care veterinary hospital ? An education center with degreed and certification programs ? Youth job shadowing programs ? A North Bay Area emergency center</p> <p>These amenities can be provided by CEPEC - a non-profit organization that has been working on this project for the past 5 years. The CEPEC team is composed of professionals from 65, mainly local, companies and organizations that can design and implement the facility.</p> <p>CEPEC has the support of many local residents, equestrians, businesses, service organizations, and national associations. It will support open space, a wildlife corridor, and expand the use of the SDC by providing public recreation, competition, education, as well as property restoration and preservation.</p> <p>CEPEC is expected to create over 1,000 local jobs during construction, 200 when fully operational, and a quarter of a billion dollars in annual revenue for Sonoma County. We hope you can assist in making this vision a reality. Thank you.</p>
7/21/2015	Andrew [REDACTED]	Conservator or Guardian of an individual at SDC	My name is Andrew [REDACTED] (conservator) and [REDACTED] has resided at The SDC for nearly fifty years. Me and my family are strongly opposed to the closure of the SDC. [REDACTED] has received excellent care through the years and we are worried that if [REDACTED] is moved from the SDC he would be very upset because of the change. The mark of a great society is when we can take care of people who can't take care of themselves.
7/20/2015	Justine White	Other: Friend of a SDC resident	I am against the closing of the SDC. Closing such a facility while put an undue strain on not only the residents of the area but the hospitals as well. I support the transformation of the SDC. Thank you,
7/20/2015	Dennis [REDACTED]	Parent or relative of an individual at SDC	Department of Developmental Services, [REDACTED] has been a resident of Sonoma since [REDACTED] 1989. We are his co-conservators. Our entire family is devastated by the closing. You can not imagine the quality of care he has received all these years. If you did, you would not be closing Sonoma. We realize the closing is inevitable, but we feel the residents deserve a safety net of services such as a medical clinic, a crisis facility and a way to repair durable medical equipment. The main thing is to have concurrent services, especially medical, at the time of the move - not after the move takes place. We understand that no resident will be moved unless there are adequate services in place in the community. You must follow through on this promise. Sincerely, Dennis [REDACTED], M.D. Nancy [REDACTED], R.N.

Date	Name	Role	Comments
7/20/2015	Rachelle Alexander	Local Resident	I am strong opposed to closing the Sonoma Developmental Center. I grew up visiting there, as my mother was a psych tech until retirement age. I have a friend who's brother has been a resident his entire life. I support not sending babies and young children to centers anymore, as people now realize that family centered care is better for everyone. But for the people who have lived there forever, it would be horribly confusing and disruptive to send them away from their home. It is a beautiful facility and grounds. I believe it should downsize, as the population downsizes, but residents should retain the right to live out their lives in their home. They cannot always speak for themselves, so we need to speak for them. Also, it is important to remember that some people need care in a facility such as this. Some people have disabilities are not compatible with life outside a secure facility.
7/20/2015	Barbara [REDACTED]	Conservator or Guardian of an individual at SDC	<p>My name is Barbara [REDACTED]. I am the conservator and [REDACTED]. [REDACTED] moved to the Sonoma Developmental Center Community on November 14 in 1957. He was four years old. My mother and father felt it provided the best environment and hope for [REDACTED] further development and growth. I believed it has. [REDACTED] is happy and healthy. I am able to visit him and take him for walks in his wheelchair out in the sun and along the beautiful grounds of the SDC. He is loved and cared for by a professional, dedicated and trained team of people. His medical care is superb. His medial and behavioral issues are provided for with a minimum of drugs and restrictions. There are many special events and trips which [REDACTED] enjoys?parades, concerts, trips to the fair, parties, dances, time outside enjoying the feel of sunshine, wind, and sounds of nature.</p> <p>The loss of this community of care and support would be tragic. If [REDACTED] is taken away from the Sonoma Developmental Center, his home of 57 years, my greatest fear is the loss of his care team. The Sonoma Developmental Staff is a group of trained and loving individuals who have chosen to pursue a profession dedicated to the care of their clients at the Developmental Center. I fear that in the community facilities the pay and benefit levels will not allow for a strong team of care givers. There is a vital need for stability, commitment, and continued training for the care givers. They need to be compensated at a level that enables them to make this a career not a temporary job. If the SDC closes what is the long term commitment to fair compensation to the hard working professionals who now care so well for our loved ones?</p> <p>I support the concept of transforming the SDC. There is a shortage of trained staff, housing, and support services in the community. Use what you already have at the SDC. Expand and open up the medical, dental, equipment services to our friends and neighbors who live in the community. Close some of the units where the infrastructure is weak. Build some new housing on SDC land. Retain the wonderful staff we already have. Share the grounds and beautiful natural habitats with the neighboring parks and communities. Share the wealth and resources of this beautiful place. Let [REDACTED] and his friends at the SDC remain in their community and spread the resources here to benefit a wider community. Transform the Sonoma Developmental Center do not tear apart our wonderful community here at the Sonoma Developmental Center, share its resources, beauty and love with more people.</p>

Date	Name	Role	Comments
7/19/2015	Monica Wohlferd	Local Resident	Closing the Sonoma Developmental Center is a moral issue. The most needy of our community currently reside and receive quality health care at the SDC. Care that can not be duplicated in "the community" if residents are moved individually in to homes. This is because individual professionals (dentists, doctors, physical therapists, etc) can not be expected to have the experience needed to develop expertise in the care of such special needs individuals. If the State of California chooses money \$\$\$ over caring appropriately for the most needy, we have crossed the moral divide.
7/19/2015	Tom [REDACTED]	Parent or relative of an individual at SDC	<p>The Sonoma Developmental Center has been the home of [REDACTED] most of his life. [REDACTED] is one of a number of people who can't do for themselves. Through no fault of his or anybody else's, he was born unable to grow up into a member of public society. To me, he seems as though he hasn't matured mentally since we were both five and six years old. [REDACTED] doesn't seem to see or experience the world as most of the rest of us do. He can be sweet and affectionate one minute, and the next he can be violent and do dangerous things without warning. He has harmed others during these outbursts, and on one occasion almost killed somebody. It scares the crap out of me to think what he might do if he got into one of these moods in an uncontrolled environment where he could get hold of a knife, baseball bat, fire extinguisher, whatever.</p> <p>[REDACTED] has been institutionalized since he was a young boy, when it became clear the he couldn't be controlled by parents that were completely unequipped to care for him. That's when we discovered a world we had never seen before, where many such people are housed and cared for by people trained for the job and who had access to resources unavailable to the average family. These places aren't perfect, but until some sort of cure for these mental conditions is found, they are all we have. The SDC has provided [REDACTED] and others with similar disorders a safe home, where they can be looked after, cared for, treated by professionals with proper training and medications. The SDC has given [REDACTED] a job, so he can feel productive. Like the rest of his family, he loves to work.</p> <p>For at least the last hundred years or so governments have recognized the need to care for those who can't care for themselves, and to establish places and people for that specialized care. It became one of the good things that governments did. It was immoral to dump them onto the streets, or into prisons, as had been done in the distant past. Now we seem to be returning to a time that cares less for the helpless. This isn't Dickens's England, it California in the 21st century! The idea that profit motive and care for the mentally ill can be reconciled is so ludicrous that we all laughed when Steve Martin joked about "profiting on the mentally ill" 30 years ago. It was so outlandish, nobody thought it could ever really happen. God, what are we becoming?</p>

Date	Name	Role	Comments
7/18/2015	Nancy [REDACTED]	Conservator or Guardian of an individual at SDC	<p>[REDACTED] and has been a resident of Sonoma Dev. Center since he was 9 years old. He has received amazing wonderful care all these years. He is severely mentally retarded, epileptic, in a wheelchair full time, fed by a feeding tube, and requires a lot of specialized care and careful monitoring of his medication. Because of his fragile health, he needs close-at-hand medical services. He has chronic COPD and, in the past year, a few bouts of flu and pneumonia where he had to be taken to the on-site hospital at SDC. The personnel at SDC are so caring; they know [REDACTED] and although he does not talk, they understand his basic needs. I fear he would not receive the attention he needs, nearly one-to-one, in a community home. How can the state ignore the tragic results of past similar closures such as Agnews Center where some relocated residents suffered abuse, neglect and preventable death?</p> <p>If the state of California thinks it is going to improve its fiscal situation at the expense of our disabled loved ones, I can only observe that in the end, it will be spending more. Why not continue to use the facilities that exist? Attrition will ultimately allow SDC to close, but without all the expense of finding alternative living for all those current residents. And those residents that can be easily relocated should be able to still take advantage of the hospital and specialized services for the disabled that only exist at SDC, so please keep them open and operating no matter what happens to the relocation plan.</p> <p>Before he died, my father made me promise to do everything I could to make sure [REDACTED] could always be cared for AT SDC. He felt, as do I, that he would receive the best care possible there.</p>
7/18/2015	Carol [REDACTED]	Parent or relative of an individual at SDC	<p>[REDACTED] has lived at Sonoma Developmental Center since he was 2 1/2, and he is now 58 years old. He was born severely mentally retarded and with cerebral palsy. While at SDC he has been treated with the utmost care and dignity. The staff has been exceptional, and my mom, my other brother, and myself have always felt he has had the good quality of life he has because of the attentive SDC staff that is professional and caring. I called in on the conference line during the June 27, 2015 meeting to state my concerns so I am aware that each person will have an Individual Transition Plan. I'm aware that SDC will work with the families as we are transitioning our family member. Regardless, I am vehemently opposed to the closure of Sonoma Developmental Center. If the Governor or any legislator had their child or sibling there, this closure wouldn't be occurring. I challenge them to visit a multitude of community-based homes and compare the care and instances of illness to the care at Sonoma Developmental Center. It saddens me that they would close SDC which has an environment that is so serene and is very therapeutic for the people who live there. I cannot believe legislators think it's ok to send people who are mentally retarded, have cerebral palsy, are blind, deaf, have feeding tubes, etc. to group homes that don't have the proper care or the outdoor environment that the people living at SDC have. I think that as much as we have been provided the opportunity to voice our concerns in person, by phone, or by email/mail, no one is really listening to the fact that Sonoma Developmental Center should remain open and not be closed.</p>
7/16/2015	Linda Hale	Other: Non-profit Valley of the Moon	<p>State of California Department of Developmental Services Re: Closure of the Sonoma Developmental Center 2018 July 18, 2015 Governor Brown, Executive Director Karen Faria, &amp; Staff:</p>

Date	Name	Role	Comments
		Alliance	<p>The Valley of the Moon Alliance is a Sonoma Valley non-profit that works to protect the Valley's natural and economic resources. We track the impacts of projects to community resources and the cumulative effects of development, particularly on agricultural lands and open space. We promote the preservation, protection, and maintenance of the agricultural character, natural resources, and rural beauty of the Valley. The Sonoma Developmental Center was a model agricultural community when it was founded. It was designed to provide patients with a chance to do meaningful work in a farm setting. It has transitioned to a care facility for the severely disabled, but the benefits to the patients and the community remain the same: access to the land and a community setting. The people of Sonoma Valley look to the State of California to help us preserve the patient care, the land, and public access. And there is a need to address the infrastructure and economic benefits of a public-private partnership to do so. We are concerned that the State may not be aware of the critical role the SDC acreage plays in Sonoma Valley. Through the SDC, Sonoma Creek runs year-round and drains approximately 50 square miles and is fed by numerous springs and seeps. SDC is identified as a potential groundwater banking site and a site for natural groundwater recharge. Half of Sonoma Valley's water supply comes from local groundwater and we look to the 2014 State Groundwater Legislation to help protect recharge areas as well as the critical riparian and wildlife corridors. We are also concerned with the potential loss of open space and the alternate scenic corridor that the SDC currently provides through the Valley floor. Tourists marvel at the tree-lined avenue in the fall and locals play ball on the Center's fields. Non-profits have located their offices on the grounds. We strongly support efforts to promote SDC's site uses that diversify and enhance the Valley's economy and establish a model for self-sufficiency. This would allow the current footprint to remain the same and transform the Center. Sincerely, The VOTMA Board by Linda Hale, Secretary VOTMA, P.O. Box 95, Kenwood, CA 95452</p>

Date	Name	Role	Comments
7/14/2015	Susan [REDACTED]	Parent or relative of an individual at SDC	<p>I am concerned that the State is rousting [REDACTED], and all of the other residents of Sonoma Developmental Center from their home. [REDACTED] has lived at Sonoma Developmental Center for most of his life, and he is DOING WELL. [REDACTED] is a high-risk patient; he "wanders" and can be dangerous to himself and others if not properly supervised. He has privileges and near-normal jobs due to the fact that he has been in a stable, CARING environment at SDC. When he is taken out of this environment, he will be anxious and frightened. [REDACTED] is autistic, and NEEDS A ROUTINE to do well; he also needs an enclosed space from which he cannot flee. When we visit [REDACTED], we usually take him out for a while, but we make SURE to have him back by a certain time, or he becomes anxious. He needs activities to keep him from being bored, or under-exercised. When he is bored, he tends to do things which are not appropriate and sometimes dangerous. [REDACTED] can be VOLATILE; it's part of his disorder. I know this from growing up with [REDACTED]. I learned at an early age when to back off and leave him alone, and I have the scars to prove it. [REDACTED] can also be very sweet, when he is surrounded by people who treat him with respect and has activities to keep him busy and not left to his own devices (which usually involve dismantling things). Quite frankly, I do not see a "Community setting" to be a reasonable placement for [REDACTED]. I would want to see him in a SECURE facility. Unfortunately, it seems that the only "secure facilities" that the state cares to invest in these days belong to the PRISON SYSTEM, and [REDACTED] does NOT deserve to be treated as a CRIMINAL. What guarantees can the State give my family that [REDACTED] will be well taken care of and not just locked in some facility and drugged to keep him docile? [REDACTED] is a high-maintenance person; it's NOT HIS FAULT. He has a right to be treated with care and respect. Frankly, I don't think that would be the case with minimum-wage attendants instead of the specialized group working with him now. He has access to a doctor, physical therapist, occupational therapist and psychiatrist, among others. Perhaps we could be given a tour of the facilities in which our family members are required to live, to see for ourselves whether they meet their needs. Should [REDACTED], or any of his co-residents come to harm as a result of this closure, my family and the families of other SDC patients would have no recourse but to sue the State to protect our family members.</p>
7/13/2015	Debra Friedman	Local Resident	<p>I care very much about ALL residents living there. I do believe there is another place for all to live and maintain quality of life needed.</p> <p>I believe this area is large enough for open spaces and affordable housing. Room enough I am sure to perhaps maintain a facility for a smaller center for special needs. Such as the one on 5th Street West.</p> <p>I do believe that 2018 closing date is TOO LONG and it should and clearly be done quicker. It is draining good money that could be used for other facilities and other areas. I first hand have seen the wasteful payroll, triple time pay, constant repair of older buildings and other things to maintain Standard living of employees and not residents. Please know that I think facilities like this are a necessity and taking care of special needs are so valuable. There are many great people that have assisted and given their careers to assist in this. BUT please let us not wait till 2018 to elevate pensions And waste more tax dollars. Make a decision to begin using the land more productively! Thank you</p>



Date	Name	Role	Comments
7/13/2015	Robert [REDACTED]	Consumer who does not live at SDC	Please don't close Sonoma Developmental Center at all. My girlfriends Sister [REDACTED] works there, along with my [REDACTED], and [REDACTED]. They work there to make a living for themselves and their families. Closing Sonoma Developmental Center, will be a big mistake for them and their families that they have to support. Reconsider your position, and keep Sonoma Developmental Center open! Is needed for them and their families, and others as well!
7/13/2015	Deborah [REDACTED]	Parent or relative of an individual at SDC	<p>I am [REDACTED] of one of the residents at Sonoma DC. His name is [REDACTED] I am worried about what is to become of [REDACTED], who has thrived at Sonoma DC for the past 30 + years. Sonoma DC has been his home, and his consistency. [REDACTED] has improved and progressed under the care of his doctors and caretakers to a level I never thought I'd see.</p> <p>I am very concerned that the Regional Center will not be adequate to handle [REDACTED] many needs. [REDACTED] must have a secure environment, as he has always had a tendency to "wander". [REDACTED] can also be violent, without warning. This can be dangerous to [REDACTED] and to others. He was released before, from Napa State Hospital in 1973, in another cost-cutting measure (that one enacted by Governor Ronald Reagan). [REDACTED] was then placed in a "Community Home". The staff there did not know how to deal with [REDACTED], gave him the wrong medications, and did not have the power to stop [REDACTED] from escaping. [REDACTED] wound up doing bodily harm to [REDACTED], who was severely injured [REDACTED]. That child's parents threatened to sue Reagan and the State of California, if [REDACTED] were not returned to Napa State Hospital immediately. The resulting publicity could have been damaging to the State, as it could again. Worse, [REDACTED] could end up in jail, on the streets, or dead, because the Regional Center couldn't handle behavioral cases like his. If the residents of the DCs are all sent to local care facilities, will they receive the level of care that they are now getting at Sonoma DC? Will the former DC residents have access to a full staff at these homes like the one which helps [REDACTED] at the DC.? The staff includes a Residence Physician (MD), that [REDACTED] has had for the past 25 years; a Health Services Specialist (RN/HSS); a Registered Dietician (RD); a Psychologist, Recreation Therapist, Vocational Instructor/Site trainer, and a Social Worker.</p> <p>Consistency is KEY, as change can send [REDACTED] into turmoil. What are your guarantees for [REDACTED] and his fellow residents, that the care they receive will be comparable to that of the Sonoma Developmental Center? We feel as though the rug is being pulled out from under us now with the closure of the DC, where [REDACTED] and others like him have been able to live as good a life as they ever will.</p>

Date	Name	Role	Comments
7/13/2015	Judith Scotchmoor	Local Resident	<p>The sudden closing of the Sonoma Development Center may make financial sense, but it does not make humanitarian sense. It is not just about the residents who have lived there for decades and require specialized care, it is about their families and the employees and their families. That becomes a number not in the hundreds, but in the thousands. The community needs additional time to complete its planning for a transformation of the property and the facilities into an economically viable alternative to its current situation. If nothing else, PLEASE protect the land. Not only is it aesthetically pleasing, its waters are critical to the replenishment of the ground aquifer that serves our valley. It is a critical, ecological linchpin for the wildlife whose habitats have already been imposed upon. Its varied habitats can serve as an extraordinary field site for a study on the impacts of climate change and provide access to numerous recreational uses.</p> <p>There is a community coalition in place that is working feverishly to transform the SDC. Please give us a chance.</p>
7/13/2015	Lionel [REDACTED]	Parent or relative of an individual at SDC	<p>In relation to the planned closure of Sonoma Developmental Center:</p> <p>The Regional Centers are not ready for the nursing patients and behavioral-problem clients that are the remaining residents of Sonoma D.C. The homes being developed by local regional Centers for 24-7 nursing clients such as [REDACTED] are far and few between. Much more work and time needs to be taken in developing alternatives to his very successful living at Sonoma DC for the past 51 years.</p> <p>As regards behavioral clients, The Regional Centers have nothing that will work even remotely as well as what is offered at Sonoma D.C. and I have heard some of their representatives say so. It would be totally irresponsible to just lock these people up in cages because the state of California is in such a big hurry to close the institution.</p> <p>There is much more work to be done, and the possibility of new housing being built on the Sonoma D.C. campus for residents should be explored. The state already owns the land, thereby relieving taxpayers and developers of a major expense. The state has resources in place to oversee development and construction, there would be no need to go to dozens of dispersed sites to try and oversee renovation and/or new construction of homes for the clients.</p> <p>Please do not rush this process, that would be the worst mistake you could make.</p> <p>Sincerely, -Lionel [REDACTED]</p>
7/9/2015	Gerald Corradi	Community Service Provider	<p>I am the Program Director of United Cerebral Palsy of the North Bay, WineBev Services, an employment program for adults with developmental disabilities. I am also a past employee of SDC. I would like to see the grounds of SDC transformed into a combination of community housing and work opportunities for the residents of SDC as well as for others in the community. I think that with the right plan, some of the existing buildings could be transformed into community type housing, especially for those residents with nursing needs. I feel though that it will take longer than 3 years to effectively move all of the residents especially those with medical needs. It is not fair to try to rush the process. I would rather see it happen in a reasonable time so that all needs of all clients/residents are met.</p>

Date	Name	Role	Comments
7/8/2015	Linda Alwitt	Other	<p>Several uses of a closed Sonoma Developmental Center would continue to be of benefit to the residents and taxpayers of California. They include the following: 1. Retain the open spaces in order to preserve the nature corridor between Marin County and the Mayacama Mountains. These open spaces on the SDC property are a crucial link in the path for wild animals to pass through.</p> <p>2. Rededicate some of the medical facilities of SDC to create a clinic to provide dialysis for residents of Sonoma Valley. At the current time, residents who need dialysis must travel to Napa, Petaluma or Santa Rosa. An all-volunteer non-profit, Friends in Sonoma Helping (F.I.S.H.) alone, provides about 150 rides a month for dialysis patients in need, and more are driven privately for these life-saving treatments.</p> <p>3. Install a university campus on the SDC property. An institution of higher learning could provide a focus for a wide variety of services to the area in addition to providing education and training for California citizens. For example, it could provide life-long learning opportunities, a meeting center, or a business/technology incubator.</p> <p>The property could be shared with commercial interests in order to provide an income to the state to support some of the public services there, but it would be a great disservice to the populace to allow commercial interests to allocate this property for uses only available to the wealthiest.</p>
7/6/2015	Becky Jasperse	SDC Employee	<p>As the resident population shrinks, it would seem there would be plenty of land to share if residents were to live on the West side of Arnold Drive. The West side houses the Main Kitchen, bank, fire house, police, administration, banking, store, laundry, school, gym and all other vital services. There are currently 6 unused residences and numerous homey cottages that could house residents, and allow the valley between Arnold and Hwy 12 to be used by college campus, senior living, recreation. Sharing the land while also maintaining services seems a win-win for all.</p>

Date	Name	Role	Comments
9/23/2015	Barbara Roy	Local Resident	I am disappointed at the total lack of response to the many innovative ideas put forth for the future of the residents of SDC. Glen Ellen is a community that values these people clearly more than the State. We have been given the proverbial pat on the head and been told not to worry. It is a slap in the face to all who have worked so diligently to find a reasonable solution to providing the very specialized services these citizens require and deserve.
9/23/2015	Maureen Fitzgerald	Other: long time dd system advocate	I do have a comment on the proposed timeline in this draft report to close Sonoma Developmental Center (SDC). Don't extend the end of December 2018 timeline for closing SDC. One regional center said they thought the time frame was challenging and another regional center said it was unrealistic . The report says that the SDC current year budget is \$164 million (\$98 million General Fund). This is an incredible amount of money to serve only an estimated 400 people while people with developmental disabilities in the community are affected by closed programs, waiting lists and the high turnover of staff paid minimum wage.  Give the affected regional centers sufficient funding to meet this 2018 time frame. Do not extend the timeline. Spend the dollars on developing needed community programs for SDC residents, not in keeping SDC employees employed for three more years.
9/23/2015	Teresa Capote	Parent or relative of an individual at SDC	First I wish to be absolutely clear that I oppose the closure of Sonoma Developmental Center. The lives of the physically and developmentally disabled citizens of the State of California matter too! The present policy of imprisoning and legally murdering the mentally ill and the physically frail populations who cannot make it in community settings is criminal and should be named and prosecuted as such! Until such time as the above failures of the policies of the State of California and the Government of the United States can be remedied, there should be an immediate moratorium on the closure of any more state owned facilities. However, inasmuch as the closure of SDC is a forgone conclusion, I stand 100% behind the recommendations of the SDC Parent Hospital Association and the Coalition. With respect to the draft plan for the closure, I submit my comments as follows: 1) Eight days is insufficient time to adequately review and give intelligent thought to this lengthy and wordy document. I find my quick reading of this document to be confusing as if the document were written with the intent to obfuscate versus to make clear. I hope I am wrong in this assessment but I would require another weekss time before I could really say one way or another. It is simply too much for me to make sense of and thoroughly evaluate in a few days time. 2) Page Two, Paragraph two: Please be specific and identify why DDS cannot support the development of resources onsite concurrent with the closure process?. The obstacles must first be identified in order for the public to work to overcome said obstacles thru whatever legislative processes are required. 3) Page three, "The Employees of SDC", second bullet point, and page 35, "Plans for Employees", second bullet point. The flight of staff has been the single largest safety hazard during past closures. Retention bonuses in the private sector are typically 2 weeks pay for every year of service in addition to 4-6 months medical and dental coverage, etc. This is not rocket science. Please identify what legislation, if any, is required in order to get this in place. It is critical that this is put in place sooner rather than later. 4) Page three, "Surplus Property Provision" and page 52 "Future of the Sonoma DC Land Process". Thank you for getting this right. This land is made holy by the thousands of innocents who have lived their lives here and sanctified this land. It should be acknowledged and respected as such. 5) Page 29, "Proposed Community Resource Development", paragraph two. Just over half the projects is good but not good enough. With the exception of Supported Living Services, 100% of all projects going forward should be owned by NPOs. And finally and most importantly, all publicly submitted comments should be posted to the DDS website and made available for all interested parties to read and review. Failure to do so provides further evidentiary proof of the suspicion that DDS values secrecy above transparency.

9/23/2015	Linda Kay Hale	Other: Valley of the Moon Alliance	<p>From: VOTMA, P. O. Box 95, Kenwood, CA 95452 September 21, 2015 Comments Regarding Updates on the SDC Closure:</p> <p>We would like to thank the California Department of Developmental Services and their staff for recognizing the following: 1) Patients will need ongoing specialized care that may extend beyond closure dates. 2) Employees will be given a chance to transition to care facilities when and if such specialized facilities or homes are found; you also reference the establishment of a clinic on site. 3) Your stated commitment to work with the Transform SDC Coalition, Sonoma County, and other interested parties to identify potential options for the future use of the SDC campus. 4) The SDC'site and property provide incredible natural resources, water re-charge areas critical to the valley floor, and wild life corridors as well as open space. 5) It is not the intention of the State to declare SDC property as surplus, but instead to work with the community to identify how the property can best be utilized.</p> <p>We will continue to keep the community informed, lobby legislators, and work with community sources to ensure a closure that safeguards the interests of the clients and the community.</p> <p>We are concerned that no provisions or funding have been targeted by the State of California to provide for the protection of the property or the transition that would provide economic benefit to the community as well as protect the community resources. When urban areas are targeted for re-development, funding is provided. Semi-Rural areas such as the SDC'site are often seen as areas for expansion or over-development. Sonoma Valley is at a crisis point regarding over-development, traffic on the one two-lane highway and rural roads, water usage, and affordable housing. It is critical to protect the resources the SDC can provide into the future. We urge the State of California to work with other Federal and State agencies to help Sonoma County transform the Sonoma Developmental Center into a community resource. This will help us to protect the local economy and the land.</p> <p>Valley of the Moon Alliance Linda Hale, Secretary</p>
9/23/2015	Mary [REDACTED] [REDACTED]	Parent or relative of an individual at SDC	<p>I am [REDACTED] who is 67 years of age and has resided at SDC for almost 60 years.</p> <p>[REDACTED] is almost entirely non-verbal and is unable to express what makes her happy as well as what causes her pain, agitation or anger. She is very challenged by change and depends on consistency in her daily routine, work site, freedom to be out of doors and consistency among the staff that work with her. When all of these are in place, [REDACTED] is a very content individual who: - attends her offsite day program happily - spends time out of doors picking up leaves, looking at magazines or waving to passers by from the bus stop in front of her residence - enjoys spending time with a preferred peer - is compliant with staff - eats and drinks well - sleeps well</p> <p>When [REDACTED] routine is disturbed, she becomes very anxious and agitated, rocks back and forth while seated on the floor which causes abrasions, etc. She also refuses to eat and drink liquids and does not sleep. In this situation, it takes a team of staff members working together - doctor, nurses, psychiatrist, social worker, unit supervisor, day program supervisor and other staff to triage the cause(s) that trigger her agitated state and recommend solutions. This team works together daily and meets regularly to ensure that [REDACTED] remains safe, that any medical and psychiatric needs are addressed and that any obstacles to her state of contentment are removed. This team is successful because they have history with [REDACTED], have earned her trust and work in a structure that supports their collaboration and cooperation.</p> <p>I should also add that [REDACTED] will not visit a doctor's office and that sedation is required for any invasive procedures, including X-rays.</p>

			<p>About 5 weeks ago [REDACTED] experienced what can be best described as an unravelling. Some change or a combinations of changes have put her in a tailspin which has resulted in severe agitation; refusal to eat, drink or sleep; refusal to attend her day program (site was changed to a location with which she has very negative history). The team has been very responsive and has gained some traction and success in getting [REDACTED] back on track, but she is still far from being 100%. It has taken the collective wisdom of the doctors, nurses, psychiatrist, unit supervisor, social worker and staff to make this progress.</p> <p>We have attended many meetings regarding the closure of SDC and have yet to be told that the services described above are currently available or are in the developmental stages and that they will be ready by the 2018 closure date.</p> <p>It is unrealistic to expect that the current residents of SDC can be successfully placed by 2018 with the progress that we have seen toward providing services in the community that will ensure safety and well being. With the plans and progress that has been shared to date we are moving forward with a plan that will provide custodial care for our loved ones and piecemeal medical, vocational and psychiatric care when a crisis occurs.</p> <p>The California state budget needs are well understood but they ignore the price and value of the lives of the residents of SDC. I beg that we include the welfare of these fragile citizens in our plans. Let's be realistic about dates and the time it will take to develop the services required to care for them. 2018 is not a realistic closure date. October 1, 2015 is to a realistic date to finalize the closure plan. We have many opportunities to make this closure a success for all stakeholders - let's take some additional time to learn from the previous DC closures and ensure that the future of SDC is a success.</p>
9/22/2015	Jayne Hamel	Local Resident	I believe that it is better to serve people with developmental disabilities within our communities vs. developmental centers, but our communities need greater financial resources to assist those already in the community. The money saved by closing SDC should be put back into serving ALL persons with developmental disabilities.
9/21/2015	Anthony [REDACTED]	Conservator or Guardian of an individual at SDC	<p>Hello, My only comment is that the closure process is happening much to fast. I believe that the facilities necessary to take over what will be lost at SDC have not been put in place. This includes homes for the severely handicapped and behaviorally challenged individuals, and medical and dental services for the same. The assessment for [REDACTED] still has not been done even though this process is moving forward. I'm hoping for the best but I'm still very worried. Anthony [REDACTED]</p>
9/21/2015	Karen Moen	Conservator or Guardian of an individual at SDC	<p>The draft SDC Closure Plan does nothing to outline specific plans or timeline for meeting the residential, day programming, medical, dental, behavioral health, recreational and socialization needs of SDC residents once they are transferred to a community-based care system. The closure plan does not take into account the lack of support and tolerance in many/most neighborhoods for individuals with developmental disabilities. One only has to read the latest article about the conflict between a family with an autistic son and neighbors who find his behavior threatening and disruptive. As a result, he cannot play outside or with other children and is ostracized. So much for the idea of integration into the "community." This is not an isolated event and mediation and neighborhood conferences aren't going to resolve the issue--only appropriated sited homes and facilities with strong programming will help address the issue.</p> <p>Your draft plan still does not address in any detail the need for development of day programming or other services needed to ensure a quality of life in the community that SDC residents are accustomed to. Nothing is included about ensuring adequate salaries for care providers on a sustained basis nor are details about additional training supports required if community care providers are to be given the responsibility of providing care for SDC residents.</p>

			<p>Your failure to suggest a more reasonable timeline for closure of SDC and other developmental centers is outrageous. In fact, the underlying tone of the report is "we have a deadline that the governor has set and we are going to abide by it no matter the cost to the residents who currently live and receive services at SDC."</p> <p>You have simply copied outlines of other closure plans which in themselves were problematic. Regardless of what your report says, Lanterman families as a whole have not been happy with the transfer. As your department does not appear to keep statistic about what happens to those moved to the community from developmental centers, it is impossible to evaluate whether or not those moves have been successful, resulted in worsening conditions, or resulted in death within a short time of being moved from long term care at centers such as SDC. Your lack of data is not reassuring and does nothing to support your claim that closing developmental centers is good public policy.</p> <p>Your report does not address the cost of housing issues here in the greater bay area. This is one, if not the most, expensive housing market in the country. The cost to purchase and retrofit homes is simply not feasible in today's housing market. And yet, there is land and there are buildings at SDC that can be used. Or do you plan to simply force our family members and their peers into housing that will not and cannot meet their needs because it is "all that is available; so sorry." Failure to address this issue in your closure plan is a major flaw.</p> <p>SDC must be preserved for those with developmental disabilities. This is why the land was given to the state over 100 years ago and it is imperative that this northern California site remain open to service the broader bay area as well as all of northern California.</p>
9/21/2015	Manfred Meister	Local Resident	<p>I am very concerned about the rushed nature of the planning for closure of the SDC. Considering its size, facilities and the geography this is a very special property and its closure including future plans deserves much more time. I am curious as to where these local facilities are. It would seem very likely that many of these 400 clients will never recover from the dislocation. More time is needed. The current timeline seems so arbitrary.</p>
9/21/2015	Al Millan	Other: Parent/Conservator of adult w/DD & a member of the BOD of Becoming Independent in Santa Rosa	<p>Where is the funding to support the provision of services and re-location for individuals currently living at SDC? I would support phasing out of SDC BUT right now we don't have enough financial support for individuals with Dev Disabilities already living in the community. All money saved or derived from closing SDC should go directly to the community services already lacking in adequate support.</p>

9/21/2015	Bill [REDACTED]	Conservator or Guardian of an individual at SDC	Again, promises of planned services but no guarantee of anything other than DDS doublespeak. I have been told [REDACTED] would need very specialized homes and services, and that they'll be developed. These homes might not even be available for several years. And yet, whether ready or not, you are hell-bent on closing SDC without regard to the consequences to the patients. I really don't want [REDACTED] to be some guinea pig for a bunch of developers trying to make money developing these places without regard to his real needs. And what of all of the ancillary services he gets at SDC - same story. Well I'm sorry but I don't trust you people to follow thru on your promises. Your track record on closures speaks for itself, and my two-hour read of the latest plan just confirms my worst fears. If DDS really had [REDACTED] interests first, as they say, then there would be working examples of how great these places are and the people that work there. And available services would be in place so they could also be evaluated as to how well they meet his needs. Not just a bunch of promises. As it is now it's California's bureaucrats at their finest - marching in line to close the doors.
9/19/2015	Brigid [REDACTED]	Parent or relative of an individual at SDC	[REDACTED] has been a resident of Sonoma Developmental Center for close to forty years. It has been the best, most caring place he could have been. All-in-all the staff has been wonderful and [REDACTED] has had the best life possible considering his severe disability. He is one of the many residents at SDC who is incapable of living in an under-supervised group care home. As much as the State of California wants the rest of us to believe, the vast majority of board and care homes are warehouses that are set up for profit. It is unconscionable that the State is attempting to weasel out of its commitment to its most vulnerable citizens. [REDACTED] requires the services that only SDC has been capable of providing; anything less is unethical for us as a society. Sincerely, Brigid [REDACTED]
9/18/2015	Andrew [REDACTED]	Conservator or Guardian of an individual at SDC	My name is Andrew [REDACTED] who has resided at the SDC for almost 50 years. I'm totally against the closing of the SDC. I feel that [REDACTED] would find it very upsetting to move him from the only home he has known for the last 50 years. For the best interests of [REDACTED], my family would not even bring [REDACTED] home for a one night "sleep over" on major holidays such as Thanksgiving or Christmas. Just spending one night away from [REDACTED], his currant residence, would upset [REDACTED]. I can't imagine how upset [REDACTED] would be with a permanent move. Keep the SDC open at least for the long time residents, which there are many.
9/18/2015	Gary Wasserman	Conservator or Guardian of an individual at SDC	Cindy Coppage My vision for the future of SDC is partially indicated in the Palomar study I was previously sent, albeit not fully developed as a complete thought. I would love to dream that a portion of the SDC footprint would be retained to develop a scalable community home campus for the current residents. By retaining the location there would be significant opportunity to likewise retain the devoted staff and personnel that are already trained to provide care for the most fragile of disabled that are not equipped or capable of transitioning into group home environments. Unfortunately we see repeatedly the substantial increase in mortality rates for those fragile residents that are transferred/abandoned to group homes where the untrained staff do not understand either the patient's fragility and behavioral needs or the medical requirements of the new resident who is largely incapable of communicating. By avoiding such a transition we could all save lives by allowing for continued patient normalcy while new facilities are readied for transitioning nearby. This plan would also contemplate the retention and continued centralized proximity of required medical personnel with already specialized training, patient treatment experience and resident files.



			<p>I dream that at the same time a reimagined community facility would be designed and constructed for transitioning the most fragile and developmentally challenged, plans could certainly also be envisioned, debated and set in motion for development of the remaining portions of the existing SDC campus for public uses so that it can be reimagined and repurposed in phases concurrently or sequentially in a manner as may be in the best interest of the State, the Trust and the local Glen Ellen Community. We as a people and a nation are as strong as our weakest link. If our "soul" as a nation is ever intended to match our rhetoric and "goal" as a nation it will be defined by whether our progress is pure Darwinian or a spiritually refined survival of the fittest.</p> <p>These fragile disabled are children of the State. California long ago agreed to take them in and care for them under the principles of the Lanterman, Petri, Short Act. Conservatorships were imposed because it was judicially determined that these most unfortunate of our citizens, through no fault of their own, could not in any manner (let alone adequately) provide for their own food, clothing, shelter, financial or medical needs or decisions related thereto.</p> <p>The state as a parent now wishes to say that the while the condition of the "child" has not changed the cost has risen unsustainably and so it is time to cut the umbilical cord. They assert it is not abandonment because they are willing to throw some money at the issue even though it is not out of love, concern or regard but rather tantamount to driving an abandoned baby to a fire station rather than just kicking it to the curb. Their conscience is relieved by the rationale that at least some survival opportunity exists if someone else is willing to step up and take responsibility as a volunteer nurturer. These fragile disabled are not the cute baby in the swaddling cloth that everyone wants to take home. But they breathe, laugh, cry and die like the rest of us.</p> <p>So while talk of repurposing the land is nice, at what cost? Just because nobody sees the blood stains are they not still there? This is an opportunity for everyone to do the right thing. The Trust has a duty to do the right thing. The State right now sickens my stomach with politicians making deals slathered in greed and blood they consider inferior to their own. I hope this response is not what you expected and it somehow touches the right heart to stem the tide. [REDACTED]</p> <p>[REDACTED]. Yes this is a plea for him for he is certainly a reason why SDC exists. However, too many other residents that live there have long ago been abandoned, forgotten or have no remaining advocates to beg for their lives. Please help us!!!!</p> <p>I am begging for assistance for [REDACTED] and the forgotten as well. They are "scheduled" to soon become our true "Les Miserables". Let's protect our most precious resource, the "meek" for if they aren't allowed to inherit the earth along with the rest of us then only the soul of the strong and greedy will survive and that is not the future I wish for our children and their children. Thank you, I. Gary Wasserman Attorney at Law 7955 Raytheon Road San Diego, CA</p>
9/18/2015	Lisa Diamond	Consumer who does not live at SDC	<p>Your Draft Closure Plan for SDC highlights very valid concerns. Yet provides no real mitigations to successfully address them. There appears to be no massive search and purchase of Group Homes in the Receiving Regional Centers. Also no remodeling of those phantom homes. The Regional Centers who've responded are very concerned about their ability to successfully integrate clients in this timeframe. There exists a continued shortage of day programs/work sites for clients. Same is true of receiving medical/dental providers willing to accept the clients and trained to work with them. The timeline continues to be unrealistic. As for existing staff, if they move to continue delivery of their expertise, it's unlikely they could afford the housing costs (Sonoma County prices are less than other Bay Area counties). Basic picture: major influx of high-need clients who have no established places to reside nor work/spend their days and for whom experienced committed staff is not identified. Seems to me like a disaster waiting to happen.</p>