BACKGROUND PAPER

Purpose of Hearing. The California Department of Developmental Services (DDS) owns and operates three state developmental centers (DCs), which include residential programs licensed and certified as Skilled Nursing Facility, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), and General Acute Care hospitals. These are Sonoma Developmental Center (located in Sonoma County), Fairview Developmental Center (located in Orange County), and Porterville Developmental Center (located in Tulare County). Additionally, DDS leases and operates one smaller 56-bed community-based ICF/IID, known as Canyon Springs, serving residents with developmental disabilities and challenging behaviors, in Riverside County. As of February 10, 2016, these four facilities collectively serve approximately 1,031 individuals with significant physical or behavioral developmental disabilities. Of these, 202 individuals reside in the secure treatment program at Porterville Developmental Center. In April of 2015, the Administration submitted a proposed plan of closure for the Sonoma Developmental Center. This plan is currently under review of legislative budget committees and must be approved prior to implementation. On November 30, 2015, the Administration announced its intention to submit proposed closure plans for Fairview Developmental Center and the general treatment programs at Porterville Developmental Center. These plans, once submitted, must also be approved by the Legislature.

The purpose of this joint hearing is to discuss the lessons learned from previous closures of developmental centers in California; examine the proposal for the closure of Sonoma Developmental Center, currently before the Legislature; and identify issues associated with the proposed closures of Fairview Developmental Center and the general treatment program at Porterville Developmental Center. Specifically, the hearing will review: the process for moving persons from a developmental center to the community; how the department will maintain quality services and supports for persons residing at developmental centers throughout the closure process, how the resources at the developmental centers will be utilized following closure, how the department will ensure the quality, stability and appropriateness of services and supports provided to persons once they have moved to the community; and the role of the state in providing safety net services for all Californians with developmental disabilities in crisis or in need of a placement of last resort once the developmental center option is no longer available.

Developmental Services System in California

Developmental Centers.

Prior to the passage of the Lanterman Act in 1969, the developmental centers were the primary provider of state-funded services to persons with developmental disabilities. California has served persons with developmental disabilities in state-owned and operated institutions since 1888. At its peak in 1968, the developmental center system housed over 13,400 individuals in seven facilities. Of the three remaining facilities, the oldest is Sonoma Developmental Center (1891) and the newest is Fairview Developmental Center (1959).

Developmental Center	Years of Operation	Notes
Agnews	1888-2009	Initially served persons with mental illness. Expanded to serve persons with developmental disabilities in 1965. Discontinued services to persons with mental illness in 1972. West campus closed in 1995. East campus closed in 2009.
Camarillo	1936-1997	Served both persons with mental illness and developmental disabilities.
DeWitt	1947-1972	Served both persons with mental illness and developmental disabilities.
Fairview	1959-present	DDS is currently developing a closure plan for this facility.
Lanterman	1927-2014	Closed in 2014.
Mendocino	1893-1972	Over the years, various programs were established and disbanded, including programs for the criminally insane, alcoholic and drug abuse rehabilitation, psychiatric residency program, industrial (work) therapy, and others.
Napa	1995-2000	Served a forensic population.
Patton	1893-1981	Served both persons with mental illness and developmental disabilities.
Porterville	1953-present	DDS is currently developing a closure plan for the general treatment program. The secure treatment program is proposed to remain operational.
Sonoma	1891-present	DDS has submitted a proposed closure plan to the Legislature.
Stockton	1851-1996	Opened as a state hospital for persons with mental illness; began admitting persons with developmental disabilities in the early 1970's and officially became a developmental center in 1986.

With the passage of the Lanterman Act, and subsequent legislation that has expanded eligibility for, and availability of, services and supports in the community, the developmental center population began to decline. Since 1972, eight developmental centers or developmental disability programs within state hospitals have closed. However, the population decline in developmental centers slowed considerably from the mid-1980's through the early 1990's. During this period the number of person moving out of a developmental center was balanced by nearly an equal number of persons being admitted.

In 1993, the population decline accelerated again, reducing by 1,005 between April 1993 and March 1995. Several factors contributed, and continue to contribute, to this change.

- Nationally, and in California, persons with disabilities began a movement calling for equal access to all aspects of community life, the removal of barriers that excluded and segregated them, and the provision of reasonable accommodations that would make such access possible. In 1973, federal law banned discrimination based on disability by recipients of federal funds[1]. The federal Individuals with Disabilities Education Act of 1975, and the Americans with Disabilities Act (ADA) of 1990, further established and defined the rights of persons with disabilities.

- In California's developmental disabilities system, the movement for inclusive communities manifested itself in substantive changes to the Lanterman Act that expanded eligibility, introduced person-centered planning, and broadened the array of services and supports available to support persons in the community. Additionally, regional centers have used an annual community planning and placement (CPP) allocation, to develop community-based services and supports for individuals moving out of a developmental center, and to deflect new placements into developmental centers. This enriched service system, along with changing attitudes, resulted in fewer persons being placed into developmental centers.

- Several class action lawsuits also impacted the use of developmental centers. In *Coffelt v. Department of Developmental Services*, plaintiffs alleged that the department and specified regional centers had not taken sufficient action to develop community-based services and supports, thus denying developmental center residents the opportunity to live in the community. The case was settled in 1994, with the department agreeing to a net reduction of 2000 persons by 1998, and to find alternative living arrangements for 300 persons living in inappropriate community-settings; establish a new assessment and individual service planning procedure; create a quality assurance system; and develop alternative models of service.

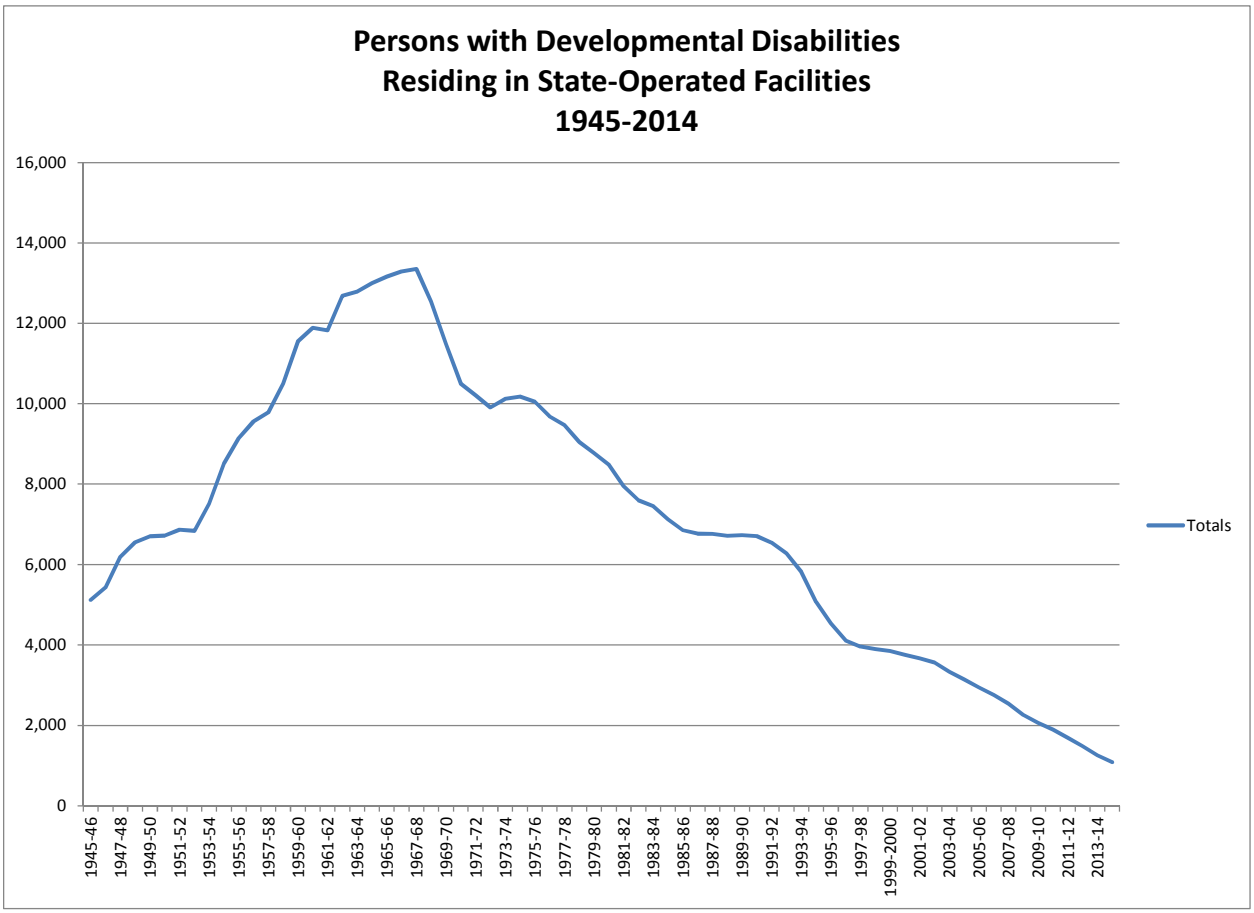
- In the United States Supreme Court's 1999 decision in *Olmstead v. L.C., et al.,* the court found that unjustified segregation of persons with disabilities constitutes discrimination in violation of the Americans with Disabilities Act.

- In the early 1990's, the federal Health Care Financing Administration, now known as the Centers for Medicare and Medicaid Services (CMS), approved a Medicaid Home and Community-Based Waiver program for California allowing for federal financing participation in funding community-based services and supports. Prior to this waiver, most federal funding for persons with developmental disabilities was available only for persons living in institutional care. Medicaid waiver funding increased from approximately $48 million in fiscal year 1990-91 to $276 million in fiscal year 1995-96, and to an estimated $2.3 billion the fiscal year 2016-17. The availability of federal funding to support the community-based service system removed a significant fiscal barrier to moving persons from developmental centers.

[1] Section 504 of the 1973 Rehabilitation Act.

- Additional changes in state law, particularly limitations on placements into developmental centers, and the development of community-based resources for persons with significant medical or behavioral needs, further served to accelerate reductions in the developmental center population and increase the per capita costs for remaining residents.

The following charts illustrate the drop in developmental center population since 1945 and the population, by program type, over the past four years at each developmental center.



DC CLOSURE POPULATION (Includes those on leave*) WEDNESDAY MIDNIGHT POPULATION				
	1/1/13	1/1/14	1/1/15	1/1/16
FAIRVIEW	**362**	**322**	**296**	**248**
General Acute Care (GAC)	1	0	0	1
Nursing Facility (NF)	146	134	118	100
Intermediate Care Facility (ICF)	215	188	178	147
PORTERVILLE **General Treatment Program**	**276**	**246**	**217**	**171**
GAC	5	7	0	3
NF	71	63	64	48
ICF	200	176	153	120
SONOMA	**516**	**463**	**417**	**370**
GAC	5	3	5	5
NF	221	200	181	158
ICF	290	260	231	207
TOTAL	**1154**	**1031**	**930**	**789**

Secure Treatment Program (STP) & TRANSITIONAL POPULATION (Includes those on leave*) WEDNESDAY MIDNIGHT POPULATION				
	1/1/13	1/1/14	1/1/15	1/1/16
CANYON SPRINGS ICF	**54**	**52**	**49**	**49**
FAIRVIEW CRISIS (STAR)	**0**	**0**	**0**	**4**
PORTERVILLE STP (incl GAC)	**176**	**166**	**167**	**192**
SONOMA CRISIS (STAR)	**0**	**0**	**0**	**5**
TOTAL	**230**	**218**	**216**	**250**

*Leave is Therapeutic Leave, Court Leave, Acute Hospital, or Unauthorized Absence

**STP = Secure Treatment Program

Issues in Developmental Center Licensing and Certification Compliance

1973 to 1982 Background. Senate Bill 413 (Beilenson), Chapter 1201, Statutes of 1973, took effect July 1, 1974, mandating licensure of state and county health facilities that had been previously exempt. For various reasons related to the Department of Health Services (DHS) inability to implement the law by the deadline, licensing surveys did not begin until late summer of 1975. Licenses were issued to the

state facilities in the fall of 1975, despite the identification of a number of deficiencies and issues that would not be resolved until years later.

Developmental Centers were first certified as general acute care hospitals beginning in 1965. The federal skilled nursing facility program became effective in California state facilities on May 1, 1973, and each facility was certified on that date without undergoing a survey. The federal intermediate care facility/mental retardation program came into existence on January 1, 1972, and was a radical departure from other programs. Regulations for its implementation were not available until 1974, with compliance not expected until March 1977. DHS, because of its lateness in beginning licensing surveys in state facilities, did not start reviewing for federal requirements until November 1976. ICF/MR certifications could not be granted until surveys confirmed compliance.

1977 to 1978 – Decertification Actions: Napa, Lanterman, Fairview, Agnews. A May 1977 DHS summary report found all of the state facilities were out of compliance, with serious and pervasive systemwide deficiencies in almost every area, but especially in staffing ratios, professional staff, organizational structure, active treatment, and environment. Deficiencies were found in all levels of care, including general Acute Care, Skilled Nursing Facility (SNF) and Acute Psychiatric programs; and DDS facilities were not compliant with or eligible for initial certification under the new ICF/MR requirements. On June 30, 1977, DHS terminated the SNF programs at Napa, Lanterman, Fairview and Agnews. DDS then switched from the SNF category to the new ICF/MR, but initial certification could not be approved because of major uncorrected deficiencies. Only Porterville, Sonoma and Stockton were spared.

Legislative hearings ensued and massive state efforts were initiated, reportedly with Governor Brown himself chairing a 13-hour meeting for all facilities and state and federal officials, held at Metropolitan State Hospital, to develop state-wide plans of correction. A federal extension provided for a revised deadline of July 17, 1978 for staffing compliance. Legislation was adopted, and eventual corrections included new organizational structures, new staffing classifications, an infusion of 2,890 new positions, and new staffing standards that incorporated licensing and certification requirements.

Another major impediment to regaining certification was the lack of environmental and fire life safety compliance. DDS and the Department of Mental Health negotiated an extension of the 1978 compliance deadline to July 18, 1982, submitted a plan to reduce the state facility population to 7,000 by that date, and to complete extensive renovations of all facilities to bring them to code compliance, utilizing waivers to the maximum extent.

With assurances of acceptable plans of correction and compliance for staffing and environmental deficiencies, SNF certifications were restored at Agnews in September 1977; at Fairview in February 1978; and at Lanterman in June 1978. Initial ICF/MR certifications were granted to Porterville, Sonoma, and Stockton in January 1978, to Agnews and Napa in February 1978, to Camarillo in March 1978, Fairview and Patton (DD) in May 1978, and Lanterman partially in June 1978, with remaining residences in October 1978.

1992 – Agnews Decertification. The January 14, 1992 stabbing death of a resident by an employee led to DHS' facility-wide investigation and about 33 licensing citations at Agnews within six months. Surveys in the SNF level of care found that certification requirements for administration, quality of care, and physician services were not met and constituted a serious and immediate threat. Actions were taken to terminate the SNF certification and cease all federal reimbursements. Consequently, the federal Health Care Financing Administration (HCFA) imposed a denial of payment sanction for new admissions to the SNF program and a termination of federal financial participation for ICF/MR services, which the Department appealed. Funds continued pending appeal. The denial of payment action was lifted for SNF in September 18, 1992, and the ICF/MR termination was rescinded after a new provider agreement went into effect.

This period began one of the most intensive periods of facility improvements in the DC history. Major statewide initiatives were approved to improve employee fingerprinting, screening, hiring, and training; investigations procedures, services and organization; physician peer review, quality assurance, risk management, incident and abuse reporting, and management oversight. Much of Agnews management and senior staff were removed and replaced within a year's time. Expert consultants were hired.

1997 to 2001 – Partnership Survey Certification Actions. The initiation of joint HCFA/DHS partnership ICF/MR surveys in July 1998 led to systemwide issues with compliance and an inability to satisfy new federal guidelines and survey protocols being imposed on California facilities for the first time. The state DCs went from averaging .4 conditions out of compliance under state surveys, to 5.2 conditions unmet in the partnership surveys. All facilities faced difficult surveys, with each having 5 to 7 conditions unmet in initial partnership surveys. Sanctions for denial of payment for new ICF/MR admissions were imposed on Fairview and Porterville in 1997 and early 1998, on Agnews and Lanterman in 1998. Agnews lost its full ICF/MR certification from April 1999 to October 2000; Sonoma lost its ICF/MR certification from August 2000 to April 2001; and Porterville lost its Secure Treatment Program certification in September 2001. Porterville STP certification has never been restored.

Federal losses for denial of payment and federal financial participation during this time period were approximately $59.3 million, not counting Porterville, whose losses have continued to this day. Corrective actions were systemwide, extensive, and costly with reports from that date indicating more than $17 million was spent in staffing, staff training, client services, recruitment and retention bonuses, consultant contracts and physical plant for Agnews alone. With all of these actions still being insufficient to restore certifications, DDS resorted to a major systemwide staffing augmentation in 1998-99 that proposed 1,700 new positions totaling more than $105 million over a four year period. (Actual amount budgeted and positions allocated may have varied over the course of the implementation.)

DDS also was required to develop a "Corporate Compliance Plan," which it submitted to DHS in 1999, which committed to statewide actions and monitoring in all facilities. In combination with the staffing augmentation, recruitment and retention bonuses, new psychiatric technician training programs, above-minimum hiring authority, a contract for extensive developmental center training and consultation, and

a Certification Unit in headquarters to provide intensive monitoring, training, and technical assistance, DHS agreed to restore all certifications except Porterville's. Porterville's decertification rested more on the nature of the clientele and the restrictions placed on them than staffing and program deficiencies.

2003 – Lanterman. Additional revisions to federal survey protocols resulted in "Look Behind" surveys initiated by CMS. As with the partnership surveys, these new surveys upped the ante for developmental centers, causing a new round of compliance problems. Lanterman's look behind survey found 5 of 8 conditions out of compliance. After threats of decertification actions, DDS asked CMS for a consultative survey, followed by numerous additional consultations over the next year in order to negotiate an acceptable plan of correction. While Lanterman never lost its certification, it was required to undergo extensive monitoring, site visits, and revisions to its numerous plans of correction. DDS hired a national consultant team to work with Lanterman, providing extensive staff training, mock surveys, and facility-wide improvement efforts. Additional staff were also added to improve client-staff ratios. Costs of consultants and staffing augmentation are not readily available, but totaled several million over the course of two years.

2013 to Present – Sonoma, Fairview, Porterville, and Lanterman. In January 2013, four out of 10 intermediate care facility (ICF) units at Sonoma (SDC) were withdrawn from federal certification by DDS, in response to notice that the federal government was moving to decertify the larger group of ICF units at the facility. These actions came on the heels of widely reported revelations of multiple instances of abuse, neglect, and other lapses in caregiving at the institution.

In March 2013, DDS entered into a Program Improvement Plan (PIP) agreement with the state Department of Public Health (DPH), which was accepted by the federal Centers for Medicare and Medicaid Services. As a condition of the PIP, DDS contracted with an outside consultant to conduct a root cause analysis of the problems at SDC, and to develop an action plan to ensure SDC is in compliance with federal and state licensing and certification requirements.

On October 31, 2013, the DPH accepted the SDC action plan which included the opening of a new ICF unit, 118.5 new staff positions, three new wheelchair transport vehicles, and extensive staff training. The Administration assumed these corrective actions would result in the restoration of certification and federal funding by July 1, 2014. However, this did not occur. Rather, a survey of the seven certified ICF units at SDC occurred May of 2014, and these units were found to be out-of-compliance in four out of eight conditions, resulting in their decertification. However, CMS extended, several times, the date on which federal funding for these units would be withdrawn while they engaged in active conversation with the Administration. On June 30, 2015, DDS entered into a settlement agreement with CMS to extend the final termination date for the remaining ICF residences to July 1, 2016 (with the potential for one or more extensions), and DDS must continue program improvement activities. Federal funding participation will continue during this period unless a subsequent survey finds additional or continuing deficiencies.

Following the Sonoma loss of federal certification, DPH conducted surveys at Fairview (FDC), Porterville (PDC), and Lanterman (LDC) developmental centers and found ICF units at each facility to be out of compliance with federal requirements. Like SDC, areas of non-compliance include treatment plans, protection of residents, client health and safety, and client rights. In January 2014, DDS and DPH reached an agreement to avoid decertification at these three facilities. The agreement requires the development of a

root-cause analysis and action plan for PDC and FDC, similar to what was required at SDC. For LDC, the agreement required DDS to contract with an independent monitor to provide oversight, among other requirements. FDC and PDC were resurveyed in early 2015; and in August 2015, both facilities were notified that they failed the surveys. The department has appealed and, like with Sonoma, CMS has extended the date on which federal funding for these units will be withdrawn several times, while they engaged in active conversation with the Administration.

Community-Based Service System

California has a uniquely designed community-based system of services and supports for persons with developmental disabilities. 21 private, non-profit organizations, known as regional centers, conduct outreach, assessment and intake activities; determine, through an individualized planning process, services and supports necessary to meet the needs of each person and, when appropriate, their family; and secure those identified services and supports for the consumer. Regional centers assist consumers in accessing community-based generic services, as well as vendor and purchase services from providers, including residential, training, work, recreation, transportation, personal assistance, and family respite services, among others. Persons with a developmental disability, as defined in law, are entitled to access services and supports through the regional center system.

Initially started as a pilot program in 1965-66, the first two regional centers were established in Los Angeles and San Francisco to serve persons with mental retardation. Today, there are 21 regional centers throughout the state. Over the years, since its enactment, the Lanterman Act has been amended to expand eligibility to include persons with an "intellectual disability, cerebral palsy, epilepsy, and autism." Eligibility is also extended to persons with "disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability".[2]

The Lanterman Act has also been amended to give consumers and families a stronger voice in determining the services and supports they receive through a person-centered planning process, and has introduced new models of service delivery, including supported living services, supported employment services, and self-determination (in which consumers and families receive a set budget and directly control expenditures on services and supports of their choosing. This model is currently pending federal approval). Additionally, new residential models have been developed, intended to provide more intensive medical and behavioral supports in a home-setting.

Developmental Closures and Consolidations

Mendocino State Hospital.[3] Established in 1889 as the Mendocino State Asylum for the Insane, this facility was opened in 1893 and was renamed as Mendocino State Hospital in 1897. The hospital's population peaked in 1955 at over 3,000 patients, but dropped to less than 1,800 by 1966. Over the years, various programs were established and disbanded, including programs for the criminally insane, alcoholic and drug abuse rehabilitation, psychiatric residency program, industrial (work) therapy, and

[2] Welfare and Institutions Code 4512 (a).
[3] Source: Online Archive of California

others. The hospital closed in 1972, and at that time, was solely serving persons with mental illness.

DeWitt State Hospital.[4] DeWitt State Hospital was constructed as an Army facility and purchased from the federal government in 1946. The facility began to receive patients in 1947, initially only accepting patients on transfer from another state facility in order to relieve overcrowding. In 1950, it began receiving patients from its direct catchment area, the counties of Modoc, Lassen, Sierra, Yuba, Sutter, Placer, and El Dorado. By 1960, the population at DeWitt peaked at 2,800. After 1960, the population steadily declined until it was closed in 1972.

Patton State Hospital. A distinct program serving persons with developmental disabilities at Patton State Hospital closed in 1980-81. Of the 282 residents with developmental disabilities residing at Patton at that time, it was projected that 82 would be transferred to Camarillo Developmental Center and State Hospital, 41 would be transferred to other developmental centers (primarily Lanterman and Fairview), and 159 be placed into community settings. Community placements were developed through contracts between the department and regional centers, primarily San Diego and Inland regional centers.

Stockton Developmental Center. At the time of its proposed closure, Stockton Developmental Center was the smallest of the remaining seven centers and the one experiencing the most rapid population decline. Stockton was originally designed to serve persons with mental illness and, at its peak population, served 4,978 persons (1956). In the early 1970s, Stockton stopped serving persons with mental illness.

In March of 1995, the department released its proposal to close Stockton Developmental Center during the 1995-96 fiscal year. According to the plan:

> "*…the consolidation of developmental services has become unavoidable: developmental center populations have dropped dramatically, resulting in an escalation in the average cost of providing services and staff overages at several facilities. In February, 2005, the department took the first steps in a layoff process to reduce approximately 250 excess staff positions. Continuing to operate seven developmental centers under these conditions, especially when the population is expected to continue to decline, is inefficient and fiscally irresponsible. Stockton is proposed as the facility to close because it has the smallest population, its residents come from throughout the state, the facility is old and requires expensive repair to meet earthquake and other standard, and its location provides many potential alternative job opportunities for staff.*"[5]

Other factors that led to the decision to close Stockton were the associated costs operating it. At the time, Stockton was the oldest of the state's developmental centers, (opened in 1852), with significant anticipated costs to bring the facility up to current standards. Stockton had the highest per capita costs of all the centers.

[4] Ibid.
[5] Plan to Close Stockton Developmental Center During Fiscal Year 1995/96, Department of Developmental Services, March 1995.

At the time the plan was released, 390 individuals resided at Stockton Developmental Center and 844 staff were employed there. Two thirds of Stockton residents were committed by the courts due to inappropriate behaviors, including criminal activities. In order to serve judicially-committed adults following the closure of Stockton, a program was established at Napa State Hospital in fiscal year 1995-96, and much of the staff for the Napa program transferred from Stockton. The judicially-committed children, 64 percent of whom came from southern California, were proposed to be moved to Camarillo Developmental Center and State Hospital. The remaining population was proposed to move to a community-placement or one of the remaining six developmental centers.

Transition Process. The plan described the following process and factors for determining where persons would reside following closure:

- Residents were to be individually assessed to determine the appropriate and preferred residential setting and to identify the necessary services and supports.

- Residents, along with their family members and advocates, would have the opportunity to choose the type of new living arrangement they would prefer and to help design their own services and supports.

- Residents not preferring to live in community settings would be transferred to Porterville Developmental Center or another developmental center, if appropriate for their needs.

- Adult residents who had been judicially committed because of a criminal offense or other severe behavior in the community, and who continued to require specialized treatment services in a developmental center would be transferred as a program unit, along with assigned staff, to Napa State Hospital.

- A small group of adolescents who had been committed by a court were to be transferred, along with their assigned staff, to Camarillo State Hospital and Developmental Center.

Stockton Developmental Center Staff. Relative to employee accommodation, the plan stated that although it would make every reasonable effort to minimize the impact of the closure on its employees, the *"closure must be understood with the context of the staff layoffs that will occur because of the number of excess staff within the developmental center system."* The plan committed the department to the following activities on behalf of the staff:

- Provide certain employees with the opportunity to transfer to Napa or Camarillo with residents and their programs. Staff who were mandatorily transferred were to receive full relocation assistance.

- Help some employees transfer to vacant positions in other developmental centers. Stockton employees were to be given first priority for positions in other centers currently occupied by persons in limited-term positions.

- Help other employees transition to employment in the community system.
- Conduct job fairs and training workshops.
- Hold monthly meetings and publish a newsletter to inform staff about the closure process.
- Maintain a career center at Stockton Developmental Center.

Use of Land Following Closure. As for the options for the future use of the Stockton Developmental Center site, once closed, the department agree to participate in a broad-based planning group convened by local legislators and invite the Department of General Services (DGS) to participate in, and consider recommendations made by, the planning group. At the time the plan was published, the department had leases with nine non-state agencies on the grounds of the developmental center providing a multitude of services. These included a sheltered work programs and day programs for persons with developmental disabilities living in the community, county alcohol detoxification services, a residential program for persons with mental illness, various mental health programs, a youth crisis residential facility, child care center, and residential and training sites for the California Conservation Corps. Ultimately, the Stockton site was deeded to the California State University and is now the site of a collaborative regional center serving multiple CSU campuses.

Study of Stockton Movers. For the first time associated with measuring the impact of a developmental center closure, the department contracted for a three-year longitudinal study to track the quality of life of 317 persons moving from Stockton Developmental Center. The study measured residents' quality of life, satisfaction with services, and other factors before the individual left the developmental center and one and two years after they had moved. Additionally, developmental center residents and their family members were asked to assess how well the closure was handled and to make recommendations for how the process could be improved.

The third, and final, report of the study described participants as living in the following settings:[6]

- 47.2 percent remained living in a developmental center.
- 15.2 percent resided in a nursing facility.
- 26.0 percent resided in a community care facility.
- 14.5 percent were living in supported living setting.
- 7.1 percent were characterized as other.[7]

[6] Longitudinal Quality of Life Study, Phase III, Business Services Group, CA State University, Sacramento, March 16, 1999.
[7] The "other" category includes persons who had died, were in jail, or refused to participate in the interview process.

The final report made the following findings:

- 76 percent of the population was living in a stable living situation.
- The nursing population appeared to be easier to place in the community than judicial or other commitments.
- Eight percent of individuals experienced multiple moves, defined as five of more moves in the two years following the developmental center closure.
- Consumer attendance in day or work programs declined from about 90 percent in Phase II (one year following move) to 85.5 percent in Phase III (two years following move).
- Consumer health rated as good to excellent increased from 72.9 percent in Phase I to over 83 percent in Phase III.
- A larger proportion of individuals received medications but doses in milligrams decreased.

Generally, quality of life improved following movement from the developmental center, as rated by consumers or the person who knew them best, but decreased between Phase II and Phase III. The following chart[8] shows how, on a scale of 1-5 (five being highest), quality of life was rated between each phase of the study and across the measured characteristics.

Characteristics	Phase I		Phase II		Phase III	
	1995 (remembered)	1996 (actual)	1996 (remembered)	1997 (actual)	1997 (remembered)	1998 (actual)
Health	3.6	3.6	3.5	3.9	3.7	4.0
Running Own Life	2.8	2.9	2.7	3.2	2.9	3.2
Family Relationships	2.6	2.8	2.8	3.2	2.9	3.1
Seeing Friends	2.8	2.8	2.9	3.3	3.2	3.5
Getting Out	2.9	2.8	2.9	3.3	3.2	3.6
What I Do All Day	3.1	3.0	3.0	3.5	3.3	3.5
Food	3.0	3.0	3.0	3.7	3.2	3.8
Happiness	3.1	3.2	3.0	3.8	3.3	3.7
Comfort	3.3	3.5	2.9	3.8	3.5	3.9
Safety	3.4	3.5	3.6	4.1	3.9	4.2

[8] Longitudinal Quality of Life Study, Phase III, page 56.

The report cites its significant findings as:

- *The most significant change is the increased number of consumers who are living in supported living which appear to be the goal of many relatives.*

- *The most disturbing finding is that the system does not appear to be able to support the small proportion of judicial commitments who live independently in the community because they have fulfilled their obligation to the court or simply refuse to live in a community facility.*

- *Cause of death shifted from the seriously ill in Phase II to a combination of seriously ill and violent accidents in Phase III.*

- *In at least two circumstances, relatives of a consumer were notified that the consumer would be returning to the relative's home with only a few days' notice.*

Camarillo State Hospital and Developmental Center.[9] One year after submitting a proposal to close Stockton Developmental Center, the Administration submitted a proposal for the closure of Camarillo State Hospital and Developmental Center.[10]

According to the plan, *"the consolidation of developmental center services has become unavoidable: developmental center populations have dropped dramatically, resulting in an escalation in the average cost of providing services and staff overages at several facilities."* At the same time, persons with mental illness civilly committed under the Lanterman-Petris-Short (LPS) Act to a state hospital had declined rapidly, dropping from 2,557 LPS beds in 1991 to about 1,250 in 1996, largely due to the 1991 realignment of mental health services and funding to counties.

The plan stated Camarillo was chosen because it served the smallest number of both persons with developmental disabilities and persons with mental illness compared to other state facilities; its population was expected to continue to decline; and its per capita costs were the second highest in the DDS system. Additionally, the department pointed to the fact that most of the residents did not come from the immediate area but from Los Angeles and other southern California communities; Lanterman and Fairview developmental centers and Metropolitan State Hospital served the same catchment area. Camarillo had good success in finding community residential settings for persons with developmental disabilities who choose to leave the facility.

At the time the closure plan was released approximately 872 individuals resided at Camarillo and approximately 1,604 staff were employed there. Approximately one half of the residents with developmental disabilities were persons who had been judicially-committed due to criminal or behavioral issues. Generally, Camarillo served an ambulatory, relatively healthy population. The institution was licensed to serve up to 596 individuals with developmental disabilities on 16 ICF/DD

[9] At the time of its planned closure, DDS served persons with mental illness through an Interagency Agreement with the Department of Mental Health.
[10] Plan to Close Camarillo State Hospital and Developmental Center During Fiscal Year 1996/97, Department of Developmental Services and Department of Mental Health, March 1996.

residences ranging in size from seven to 43. Of these, almost 15 percent were under the age of 21, with eight percent under the age of 18, and less than one percent under the age of 13. 57 percent were adults between the age of 22 and 40; 29 percent was over the age of 40. Men made up 74 percent of residents with developmental disabilities; 66 percent were Caucasian, 13 percent were African-American, and 14 percent Hispanic. 32 percent of this population was classified as having profound or severe mental retardation, compared to 91 percent in other developmental centers. 44 percent were classified as having mild or no mental retardation, as compared to three percent in other developmental centers. Camarillo residents with developmental disabilities were significantly less likely to have cerebral palsy (nine versus 51 percent) or epilepsy (34 versus 57 percent), but more likely to have autism (14 versus eight percent) than those in other developmental centers. Persons were more likely to have a psychiatric diagnosis, in addition to a developmental disabilities (61 versus 18 percent) that at other developmental centers. Nearly 71 percent received medication for psychiatric or behavioral conditions, compared to 27 percent at other developmental centers. Camarillo did not serve persons in nursing facilities.

The plan called for the facility to close by the end of the 1996-97 fiscal year.

Transition Planning. According to the plan, residents with developmental disabilities:

- Would be individually assessed to determine the appropriate and preferred alternative living arrangements and to identify the services and supports necessary.

- With their families or advocates, would have the opportunity to choose the types of new living arrangement they would prefer.

- Who have been judicially-committed because of criminal offenses or other severe behavior in the community, and who require specialized treatment services in a developmental center, will be transferred as a program unit, to Porterville Developmental Center.

- Who have autism, will be transferred to Fairview Developmental Center, unless they prefer to move to the community or another facility.

- Who do not prefer to live in the community, will be transferred to Fairview, Lanterman or Porterville developmental centers, or to another facility.

Camarillo State Staff. As to employee accommodation, the department committed to make every *"reasonable effort to minimize the impact of closing Camarillo on the employees"* but noted that its declining population had already resulted in excess staff and subsequent staff layoffs. Specifically, the closure plan committed the department to:

- Help employees transfer to vacant positions in other developmental centers and state hospitals.

- Work with state departments and other government agencies to facilitate hiring of Camarillo employees.

- Help interested employees to transition to employment in the community system.
- Conduct job fairs and training workshops.
- Through frequent meetings and other efforts, keep staff informed about the closure process.
- Maintain a career center at Camarillo.

Use of Land Following Camarillo Closure. The plan described numerous meetings with local government officials and other individuals and listed the "options that are being considered by the local community" as:

- A "forensic" facility for persons with mental illness serving both Department of Mental Health and Department of Corrections and operated by DMH.
- A California State University campus.
- A southern California Veterans Home.
- Multiple, joint uses by Ventura County.

Ultimately the land was deeded to California State University and is now the site of CSU-Channel Islands.

Napa State Hospital Developmental Disabilities Program. In the 1995-96 fiscal year, the Department of Developmental Services contracted with the Department of Mental Health to establish the Developmental Disabilities Program at Napa State Hospital. The Napa program was established to serve persons designated as having "forensic" or behavior issues, initially many of which transferred from Stockton Developmental Center when it was closed. In February 2000, the department identified approximately 371 persons designated as having "forensic" or "behavior" issues. Of these, 115 individuals were served in the Napa program and approximately 256 were served at a Porterville Developmental Center.[11]

Two reports, in 1997 and 1999, attempted to establish a plan to address a growing "forensic" or "behavioral" population within the developmental disabilities and mental health systems. Due to population growth in the mental health "forensics" population, DMH notified DDS that it would no longer be able to provide the space for the Developmental Disabilities Program at Napa.

Unlike the closure of Stockton and Camarillo developmental centers, the closure of the Developmental Disabilities Program at Napa necessitated the transfer of nearly all residents to another secured environment, due to their forensic or behavioral issues. Initially, the department planned to open a

[11] The Porterville program was established in June 1007 when Camarillo State Hospital and Developmental Center was closed.

program at Lanterman Developmental Center, in Costa Mesa, for both high-security forensic individuals and low to moderate-security individuals with severe behavioral challenges. However, there was significant community opposition to this plan and it was withdrawn. Provisional language was adopted in the 2000-01 Budget Act to prohibit the placement of consumers with "forensic issues", and limit the type and number of consumers with behavioral issues, at Lanterman. As an alternative, the department proposed, and the Legislature approved, a plan for DDS to lease and operate a community-based facility in Northern California for individuals with behavioral issues and to add three new residences at Porterville Developmental Center for persons with forensic issues. In March 2000, the department opened Sierra Vista in Yuba City, a 56 bed, state-leased and operated ICF designed to serve persons with significant behavioral issues. Sierra Vista was closed in February of 2010, due largely to a state fiscal crisis. In December of 2000, Canyon Springs in Cathedral City, a second 56 bed, state-leased and operated facility designed to serve persons with forensic issues was opened. The plan for the closure of Developmental Disabilities Program at Napa was released in February of 2000.[12] The plan described how the Department of Developmental Services and the Department of Mental Health would collaborate throughout the closure process, how consumers and families would be notified and prepared for the closure, transfer planning procedures and transfer protocols, and training for consumers and staff.

The Napa program was formally closed in 2000.

Agnews Developmental Center Closure

Agnews Developmental Center occupied two campuses – the West Campus in the City of Santa Clara and the East Campus in San Jose.

West Campus consolidation. In early 1995, the department proposed to close the West Campus by June 1995 and consolidate all programs on its East Campus. At the time, only 200 residents were served in a behavioral program on the West Campus.

Use of Land Following Closure of West Campus. Soon after the announcement of the West campus closure, Sun Micro Systems expressed interest in purchasing a portion of the campus. The state began site assessment evaluation and planning in 1995, and began negotiating with Sun Micro Systems.

Local opponents who favored preservation of the site formed the Agnews Preservation Coalition and moved to have the 90-acre core campus registered on the National Register of Historic Places, and four buildings designated as historically significant. They blocked and delayed the purchase until Sun Micro Systems provided assurances that the historic buildings and the historic graveyard would be preserved. The Agnews site was added to the National Register of Historic Places (under the name "Agnews Insane Asylum") on August 13, 1997.

[12] Plan for the Closure of the Developmental Disabilities Program at Napa State Hospital, Department of Developmental Services and Department of Mental Health, February 2000.

The state declared the West campus as surplus in April 1996, and Sun Micro Systems proceeded with negotiations, committing $10 million to historic preservation. The sale was completed in October 1998, for 82.5 acres at a cost of $51 million. The proceeds went to the state General Fund.

During the negotiation process, Sun Micro Systems advanced $10 million for construction and construction management of needed facilities on the East campus, so DDS could vacate the West campus more quickly to allow for the demolition of the 41 non-historic buildings. Sun Micro Systems oversaw completion of modular training and education buildings, a multi-purpose building and parking on the East campus, and off-campus leased space for maintenance and support. Sun Micro Systems opened its new World Headquarters on the West campus in August 23, 2000. It provided an 11-acre easement to the City of Santa Clara for access to the historic site and visitor's center.

The City of Santa Clara wanted to preserve the remaining acreage for community use. The state turned over decision-making to the City, but maintained ultimate control over disposition. Beginning in August 2001, escrow closed in three phases on 152 acres of the remaining campus. At the time, it was the largest-ever sale of surplus property in state history, netting $149 million for the state General Fund. The property became the Rivermark Planned Development Master Community of six distinct neighborhoods, a mix of 3,020 housing units, a commercial retail center, fire station, police and electric substations, a hotel, school, park, and branch library. Separate from the Rivermark property, the state entered into the long-term Hope Lease, which provided for acreage for development of several hundred units of affordable housing for homeless families, seniors, low-income families, and others. Twenty-three units, now overseen by a housing coalition, were set aside exclusively for individuals with developmental disabilities.

East Campus. In 2003, the Administration proposed to develop a closure plan for the East Campus of Agnews Developmental Center (ADC). The plan was envisioned to transition persons living in Agnews into community placements or another developmental center in order to close Agnews by July 2005.

As part of its early planning process, the department established the Bay Area Project, a planning team consisting of departmental staff and bay area regional centers, an advisory committee consisting of consumers and families, and various planning teams. A centerpiece of this proposed effort was to expand and enrich the availability of community-based services and supports to enable persons moving from Agnews to remain in their home communities. At the time of the proposed closure, Agnews had approximately 400 residents. Over 85 percent had significantly involved families and over two-thirds of those families lived in the bay area.

In April 2004, the department announced it would delay this closure date to July 2006, in order to ensure sufficient community capacity. This announcement included an estimate that one fourth of the Agnews residents would be moved to Lanterman Developmental Center in southern California. By the May Revision, this plan had changed to moving 200 individuals from Agnews to Sonoma Developmental Center. The department requested $11 million General Fund to make renovations at Sonoma for this purpose, primarily to purchase portable day treatment buildings.

The Legislature expressed concern about approving funding for this purpose in absence of a closure plan; whether the decision to double the number of persons expected who would move to another developmental center was rooted in the Administration's desire to expedite the closure of Agnews; and whether increasing the (then) population at Sonoma from approximately 800 to 1,000 residents was prudent, in light of continuing federal certification challenges. Further, the department signaled that the move of 200 persons to Sonoma was intended to be temporary, while additional community resources were developed, triggering concerns about the potential negative effect of multiple moves on the medical and behavioral health of residents. In the end, the Legislature placed the $11 million in a special budget item that limited its use to the development of community-based options for persons moving from Agnews.

In January 2005, the Administration finally submitted its closure plan for Agnews Developmental Center to the Legislature. At the time of plan submission, 376 persons lived at Agnews, two-fifths of who lived in nursing facility residences. According to the plan, over 90 percent of Agnews residents were served by one of the three bay area regional centers – San Andreas Regional Center, Regional Center of the East Bay, and Golden Gate Regional Center. 65 percent of the residents were over 40 years of age; eight percent were over 65 years of age; only five residents were under the age of 18. Thirty percent of the residents had lived at Agnews for over 30 years; eleven percent had lived there for ten years or less. Over 63 percent of residents were male. Seventy-five percent of residents were Caucasian; 13 percent Hispanic; six percent African-American; and two percent Asian and Pacific Islander. Seventy-nine percent of residents had severe and profound mental retardation; 57 percent had epilepsy; 53 percent had cerebral palsy; and 13 percent had autism. Over one-third of residents also had a diagnosed mental disorder. Fourteen percent of residents had significant health needs; 42 percent had significant behavioral issues; 19 percent required a highly structured setting due to protection and safety needs; and two percent required a low structured setting.

Transition Planning. Unlike previous closures, where a large number of residents were moved to another developmental center, the Agnews closure was based on an extensive closure plan, developed with input from an advisory committee made up of system stakeholders. The plan included some unique components not included in previous closure efforts. These included:

- **Housing Development.** Authorized by Assembly Bill 2100 (Steinberg), Chapter 831, Statutes of 2004, the Bay Area regional centers contracted with a local non-profit housing coalition to develop housing using a lease-purchase-donate model. The goal was to separate home ownership from service delivery and create a housing stock that would remain permanently available to persons with developmental services, even as provider agencies changed. The department and regional centers worked with the California Housing Finance Agency (CalHFA) to develop the Bay Area Housing Plan and secure bond funding for the development of sixty homes.

- **Family Teaching Home Model.** Also authorized by Assembly Bill 2100, this model provided a new residential option where up to three persons with developmental disabilities live next door (usually a duplex) to a family support team who manage the home and provide direct supports.

- **Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHNs).** Authorized by Senate Bill 962 (Chesbro), Chapter 558, Statutes of 2005, the department established a new pilot residential project designed for individuals with special health care needs and intensive support needs. The pilot was limited to 120 beds and could only initially serve persons moving from Agnews. Subsequent legislation removed the pilot status and expanded eligibility to persons moving from Lanterman Developmental Center or another developmental center.

- **Specialized Residential Homes.** Provided augmented staffing and professional services to persons with challenging behaviors or other unique needs.

- **Community State Staff Program.** Assembly Bill 1378 (Lieber), Chapter 538, Statutes of 2005, authorized Agnews employees to work in community facilities, under specified conditions, and to maintain their state employee status and rights. This program was later expanded to include employees at Lanterman Developmental Center and then to employees at all developmental centers. Agnews staff was also used to train community staff and help transition persons into community homes.

- **Health Care Services.** Each regional center was provided dedicated staff to coordinate community health care for Agnews movers. DDS coordinated collaborative efforts between the regional centers, the Department of Health Care Services, and designated health care plans to ensure community access.

- **Agnews Community Clinic.** The department continued to operate a health, dental and behavioral services clinic throughout the closure process and until the Agnews property was no longer under DDS control.

- **Quality Management System (QMS).** The department received a three-year federal grant to design a new quality management system, designed and piloted to support Agnews movers. The system utilized the National Core Indicator survey to measure performance, outcomes and satisfaction of Agnews' movers and their families. The QMS included a provider performance and quality improvement tool, known as the Quality Services Review (QSR); third party interviews conducted by regional offices of the State Council on Developmental Disabilities; and a Visitor Snapshot survey designed to obtain information from visitors to community homes.

The Agnews closure was achieved through intensive individualized planning for its residents, the development of sufficient community capacity, new service and support options in the community, innovative housing and staffing models, and partnerships between the Department of Health Care Services (DHCS), DDS, regional centers, and designated health plans to ensure the health care needs of residents could be met in the community, among other innovations.

Agnews Developmental Center was closed in March 2009. A total of 327 Agnews residents transitioned to the community and 20 transferred to other developmental centers.

Use of Land Following Closure. Eighty-one acres of the east campus was sold to the Santa Clara Unified School District and the City of San Jose for the future development of a K-12 campus and regional park. 155 acres were sold to Cisco Systems and is now home to their corporate headquarters.

Lanterman Developmental Center Closure. In January 2010, DDS proposed the closure of Lanterman Developmental Center, and a closure plan[13] was adopted along with the Budget Act of 2010.

Lanterman was home to 393 residents when the closure plan was submitted. 92 individuals were living in nursing facility residences; 301 were living in ICF residences. Ninety-nine percent of the Lanterman residents were served by a southern California regional center. San Gabriel/Pomona Regional Center served 20 percent of residents; North Los Angeles Regional Center served 18 percent; and, 17 percent was served by Frank D. Lanterman Regional Center. Nine additional southern California regional centers served between 2 percent and 11 percent each. Fifty-nine percent of individuals had resided at Lanterman for more than 30 years. More than 80 percent of the residents were over 40 years of age, with 8.6 percent over 65 years of age. Only seven residents were under 21 years of age and no children resided at the facility. Fifty-nine percent of the population was male; 70 percent was Caucasian; 18 percent Hispanic; eight percent African-American; and four percent Asian and Pacific Islander. Seventy-seven percent of residents had profound mental retardation; 13 percent have severe mental retardation, and ten percent had mild or moderate mental retardation. Fifty-four percent had epilepsy, 13 percent had autism; and ten percent had cerebral palsy. Seventy-four percent of residents had challenges with ambulation; 46 percent had vision difficulties; and 18 percent had hearing impairment. Twenty-five percent were identified as having significant health care needs; 19 percent requiring extensive personal care services; 23 percent requiring significant behavioral support; 32 percent requiring highly structured environments due to protection and safety concerns, and one percent requiring low structured settings.

The Lanterman closure plan borrowed heavily from the process employed to close Agnews, including the use of Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHN); improved health care through managed care plans for persons transitioning from LDC to the community; implementation of a temporary outpatient clinic at LDC to ensure continuity of medical care and services as individuals transfer to new health care providers; and the use of LDC staff to provide services in the community to former LDC residents.

At the time the plan was released, Lanterman employed 1,280 employees. Ninety-one percent were full-time, four percent were part-time; and five percent were intermittent, temporary or limited-term. Almost half the workforce worked at Lanterman for ten years or less; 30 percent worked there between 11 and 20 years; and 22 percent worked there over twenty years. Direct care nursing staff made up 50 percent of the workforce; ten percent were level-of-care professionals; and 40 percent were non-level-

[13] Plan for the Closure of Lanterman Developmental Center, Department of Developmental Services, April 1, 2010.

of-care and administrative support. Forty-six percent of employees resided in San Bernardino County, 40 percent lived in Los Angeles County (where Lanterman is located), eight percent in Riverside County, and five percent in Orange County. As in other closures, the plan described various options for Lanterman staff post-closure, including opportunities at other developmental centers, private sector service provider or support staff positions, and voluntary transfer to other state positions. Additionally, the State Staff in the Community program, used in the Agnews closure, was statutorily extended to benefit interested Lanterman staff.

Transition Process. In December 2014, the last resident moved from the developmental Center. The final report of this closure process, due to the Legislature in May 2015, has not been submitted to the Legislature. The following chart shows the type of community placement to which residents moved, according to the last update report submitted by the department to the Legislature, reflecting the closure status in November - December 1, 2014[14].

Community Living Arrangement[15]	Number of Lanterman Movers
Adult Residential Facility	256
ARFPSHN	59
ICF	16
Long-Term Subacute Facility	7
Supported Living Program	6
Family Home Agency	3
Congregate Living Health Facility	2
Individual's Family Home	2
Other	1 (Germany)

According to the report, DDS and DHCS finalized its MOU to define responsibilities for ensuring access to and the provision of health care services to Lanterman movers and had secure technical statutory changes necessary to clarify the participating health plans and the method to be used by DHCS to reimburse health plans. Additionally, according to the plan, processes were put in place to expedite health plan eligibility and enrollment prior to discharge to ensure timely access to health services once moved and DHCS was working with the health plans to ensure adequate provider networks were in place to meet the unique medical needs of movers.

The Lanterman Outpatient Clinic remained open for the delivery of health and dental services to remaining residents and those who had moved to the community until responsibility for the property was transferred to DGS.

Lanterman Developmental Staff. The following chart shows the types of separations for 1,188 Lanterman staff who had separated as of December 2, 2014.

[14] Update on the Plan for the Closure of Lanterman Developmental Center, Department of Developmental Services, January, 2015.
[15] As of December 1, 2014, six residents remained at Lanterman Developmental Center, three in an ICF residence and three in a NF residence.

Transfer	Retirement	Resignation	Limited Term Expired	Layoff	Other
536	310	93	20	189	40

The Governor requested and the Legislature provided an extension of 13 positions to continue to monitor persons who have moved from Lanterman, continue to perform work related to staff layoffs, and perform similar planning and oversight activities related to persons moving from other developmental centers.

Use of Lanterman Developmental Center Land Following Closure. The developmental center land was transferred to the California State University, specifically to Polytechnic University, Pomona on July 1, 2015. CalPoly Pomona is working with local and state stakeholders to determine to ultimate use of the land, which is expected to include educational and research uses, other state departments, and housing. CalPoly committed to working with the department to secure some portion of accessible housing for persons with developmental disabilities.

The Administration Plans for the Future Needs of Developmental Center Residents

Options to Meet the Future Needs of Consumers in Developmental Centers Report. The 2000-2001 Budget Act included trailer bill language[16] that required the department to "identify a range of options to meet the future needs of individuals currently served, or who will need services similar to those provided, in state developmental centers." Specifically, the department was required to establish a workgroup of system stakeholders to identify options evaluated for "their appropriateness in meeting consumers' needs, compliance with the requirements of federal and state law, and efficient use of state and federal funds" and report on these options and recommendations to the Legislature by March 1, 2001. In addition to establishing and consulting with an advisory group, as required, the department obtained information from other states an contracted with two consulting firms to guide the work and provide expert advice regarding housing issues. The report was submitted to the Legislature in June 2002. The following excerpt[17] presents the conclusions reached at the end of this process:

> *There was a multitude of issues discussed by the stakeholders (consumers, parents of DC clients, parents of individuals living in the community, advocacy organizations, legislative staff, regional centers, and community service provider organizations) as they examined the various options. While there was not a consensus on all the issues, there was a preponderance view among the stakeholders' group on a number of the issues. These stakeholder views are summarized below:*
>
> *A. The DCs should not be renovated. The long-range future of State-provided services should not be tied to the existing buildings or the geographic location of current campuses. The funds required to make modifications to existing structures may be better utilized to create a new service structure. The exception to this is Porterville,*

[16] Assembly Bill 2877 (Thomson), Chapter 93, Statutes of 2000.
[17] Options to Meet the Future Needs of Consumers in Developmental Centers, California Health and Human Services Agency, Department of Developmental Services, June 2002

which everyone expects will continue indefinitely as the home for persons with forensic/severe behavior issues.

B. *Because the development of new options will be a slow process, funding for physical improvements to some buildings will be needed to keep them safe and habitable until they are no longer needed.*

C. *There is an ongoing need for the State to provide direct services, but only as the "provider of last resort." There is little interest in having the State set up a system of services that would compete with the private sector. Rather, the State's role needs to be carefully defined as providing residential services to those whom the private sector cannot serve at any point in time.*

D. *State staff employed by the developmental centers are an essential component to assuring stability, quality, and continuity of services. Planning should incorporate how to best use these valuable resources.*

E. *Options for increasing federal financial participation and other funding streams in funding the cost of developmental services without a corresponding increase in the cost to the State should be explored. Leveraging of DC property for the sole benefit of the DD service system is a public policy issue that will continue to be debated. As programs compete for limited funding resources a determination on the level of resources to be provided should be decided through the budget process.*

F. *There is a serious need to strengthen and expand the capacity of the private service delivery system so that it is better able to meet the needs of persons such as those who reside in the DCs or who will need DC-type services in the future.*

G. *Developing high-quality community services should be a priority activity, along with designing effective methods for monitoring and assuring that quality.*

H. *Planning must begin with the individual. A comprehensive person-by-person assessment should be the foundation for determining the array of services and supports that will be required to meet individuals' physical, service, support, and environmental needs.*

I. *Determining the resources that will be needed in various parts of the State can best be accomplished on an area or regional basis with the participation of the regional center(s), the DC, vendors, families, and other stakeholders. Each area should be evaluated for the services it most needs, including those that potentially could be provided by State staff.*

J. *Rather than recommending a single option, the stakeholders agreed that a range of different options should be developed to meet the varying needs of persons in the DCs or who have similar needs. They concluded that the State's basic policy strategy*

should be to balance the consumer-related and system-related criteria that have been identified.

Future of Developmental Centers in California Plan. On January 13, 2014, the Secretary of the California Health and Human Services Agency released her "*Plan for the Future of Developmental Centers in California."* The plan was developed pursuant to trailer bill language that required the Secretary to submit to the Legislature a master plan for the future of DCs by November 15, 2013. The plan was developed in consultation with a task force comprised of a broad cross-section of system stakeholders, including individuals with developmental disabilities, family members, regional center directors, consumer rights advocates, labor representatives, legislative representatives, and DDS staff.

The plan provided six consensus recommendations[18] for the task force and the Secretary, as follows:

Recommendation 1: More community style homes/facilities should be developed to serve individuals with enduring and complex medical needs using existing models of care.

Recommendation 2: For individuals with challenging behaviors and support needs, the State should operate at least two acute crisis facilities (like the program at Fairview Developmental Center), and small transitional facilities. The State should develop a new "Senate Bill (SB) 962 like" model that would provide a higher level of behavioral services. Funding should be made available so that regional centers can expand mobile crisis response teams, crisis hotlines, day programs, short-term crisis homes, new-model behavioral homes, and supported living services for those transitioning to their own homes.

Recommendation 3: For individuals who have been involved in the criminal justice system, the State should continue to operate the Porterville DC-STP and the transitional program at Canyon Springs Community Facility. Alternatives to the Porterville DC-STP should also be explored.

Recommendation 4: The development of a workable health resource center model should be explored, to address the complex health needs of DC residents who transition to community homes.

Recommendation 5: The State should enter into public/private partnerships to provide integrated community services on existing State lands, where appropriate. Also, consideration should be given to repurposing existing buildings on DC property for developing service models identified in Recommendations 1 through 4.

Recommendation 6: Another task force should be convened to address how to make the community system stronger."

[18] Plan for the Future of Developmental Centers in California, California Health and Human Services Agency, Task Force on the Future of Developmental Centers, January 13, 2014.

The 2014 Budget Act funded several new initiatives to support the vision laid out in the Secretary's Plan. These include:

- **Crisis Services.** A five-bed crisis program was established at both Sonoma and Fairview Developmental Centers. Funding and authority to develop two community crisis homes.

- **State Staff in the Community Program.** Expanded statewide to support both persons moving from developmental centers and prevent the unnecessary institutionalization or hospitalization of persons in the community.

- **Enhanced Behavioral Support Homes.** Authorized up to six homes to serve persons with significant behavioral challenges.

- **Transitional Homes and an Adult Residential Facilities for Persons with Special Health Care Needs facility for Persons with Behavioral Issues.** Funded these models to support persons who may need transitional or ongoing significant behavioral support.

- **Regional Center Staffing.** Provided additional funding to support resources development, quality assurance, enhanced case management and other support for these specialized facilities.

Governor Proposes Closure of Remaining Developmental Centers.

In the 2015 May Revision, the Governor proposed to initiate the closure of the remaining three developmental centers (the proposal would leave open the Secure Treatment Program at Porterville Developmental Center). Under the Governor's proposal, it was estimated that Sonoma Developmental Center would close by the end of 2018; and Fairview Developmental Center and the General Treatment Program at Porterville Developmental Center would close by 2021. The budget requested $49.3 million ($46.9 million General Fund) to begin the development of resources necessary to support Sonoma residents in the community and for other closure-related activities. Specifically, the Administration requested:

- An additional $1.3 million General Fund and seven positions to be transferred from developmental centers to headquarters to support transition planning and activities.

- $118,000 for an interagency agreement with the Department of Social Services to provide dedicated staff to expedite the licensing on new facilities and for an external services contract for legal consultation on matters of housing acquisition.

- $48 million General Fund for additional community placement plan funding for start-up and placement costs and enhanced regional center operational activities.

Finally, the Governor requested budget trailer bill language to require the department to submit to the Legislature by October 1, 2015, a plan to close one or more developmental centers. The Legislature amended the proposed language to: (1) require the consideration of utilizing developmental staff for mobile health and crisis teams; (2) require the department to confer with stakeholders on alternative uses of the developmental center property post-closure; (3) expand the specific information that must be provided in the report including a description of stakeholder input including at least one local public hearing, a description of the unique and specialized services provided by the developmental center and viability of transferring these services to support persons in the community, a description of resident characteristics that will determine service needs, estimates on the location and nature of services and supports that will be needed in the community, a description of how the client rights advocacy services will be transitioned to the community, a description of how the department will monitor the movement of residents to the community, and a description of local issues, concerns and recommendations regarding closure and alternative uses of developmental center property. The Legislature also required quarterly updates throughout the closure process.

The Governor's budget also requested authority to modify two of the new models of community residential services approved in 2014, related to the Secretary's Report on the Future of Developmental Centers and reflecting needs associated with proposed closures of the developmental centers:

- **Enhanced Behavioral Supports Homes.** Removed cap on number of facilities that can be developed.

- **Delayed Egress/Secured Perimeter Homes.** Removed requirement that these home be eligible for federal funding participation.

The 2015 Budget Act included two other components related to the future use of developmental center properties.

- **Community Housing Development at Fairview Developmental Center.** After a delay of eight years, and at the request of the Senate Budget and Fiscal Review Subcommittee No. 3 on Health and Human Services, the Administration proposed and the Legislature adopted language that will allow a housing development that will serve the community at-large and persons with developmental disabilities on the grounds of the developmental center. This is the second such development at Fairview.

- **Secured Treatment Program at Porterville Developmental Center.** The Administration requested, and the Legislature approved, an expansion of secured treatment beds at Porterville. This program is not included in the proposed closure plans.

Proposed Sonoma Developmental Center Closure

In the 2015 May Revision, the Governor proposed to initiate the closure of the remaining three developmental centers. The department estimated that 132 homes would need to be acquired or

renovated to support Sonoma residents in the community. At that time, the department stated that 55 of these were currently under development. Additionally, non-residential services and supports would need to be developed. The nature of these residential and non-residential services would be driven by needs identified in individual comprehensive assessments of developmental center residents, individual program plans, and the choices of consumers and families.

Current law[19] requires that, whenever the department proposes a closure of a developmental center, they submit to the Legislature a detailed closure plan no later than April 1 the year immediately prior to the fiscal year in which the plan is to be implemented. The 2015-16 Budget Act included trailer bill language[20] requiring the department to submit a closure plan for one or more developmental centers by October 1, 2015, rather than April 1, and expanded the issues to be discussed in the plan. This requirement also provided six additional months for public and legislative review.

On October 1, 2015, the department submitted a closure plan for Sonoma Developmental Center.[21]

At the time of the plan's release, approximately 405 persons resided at Sonoma. Forty-five percent lived in a nursing facility residence, and 55 percent lived in an ICF residence. The plan identifies 98 percent of residents as being served by a northern California regional center, with 32 percent being served by the Regional Center of the East Bay; 25 percent being served by Golden Gate Regional Center; 21 percent being served by North Bay Regional Center; and, 14 percent being served by Alta California Regional Center. The remaining eight percent are served by eight additional regional centers. Sixty-two percent of individuals have resided at the developmental center for more than 30 years; 23 percent for 21 to 30 years; eight percent for 11 to 20 years; and seven percent for less than ten years. Ninety percent of residents are over the age of 40, with 23 percent aged 65 or older. There are no children under 18 residing at the facility. About 75 percent of residents have identified family connections and involvement. Thirty-eight percent are conserved by a family member, and 37 percent have family representatives. Twelve percent have non-family conservators; nine percent access advocacy services; and four percent have no identified representatives. Fifty-nine percent of residents are male. Eighty-six percent are identified as White; six percent identified as Black/African-American; three percent identified as Hispanic/Latino. Seventy-one percent of residents have profound intellectual disabilities, and 21 percent have severe intellectual disabilities. Eight percent have been identified with mild, moderate or other levels of intellectual disabilities. Twenty-nine percent are identified and have significant mental health issues; 55 percent have epilepsy; 23 percent have autism; 51 percent have cerebral palsy. Sixty-four percent have challenges with ambulation; 81 percent have vision difficulties; 26 percent have hearing impairment. Twenty-seven percent have significant health care needs; 22 percent require extensive personal care assistance; 20 percent need significant behavioral support, and 31 percent require a highly structured environment due to protection and safety issues.

The plan sets forth several "parameters and principals" to guide its implementation. These are:

[19] Welfare and Institutions Code 4474.1
[20] Senate Bill 82 (Committee on Budget and Fiscal Review), Chapter 23, Statutes of 2015.
[21] Plan for the Closure of Sonoma Developmental Center, Department of Developmental Services, October 1, 2015.

- *Meeting the needs of the SDC residents, now, during transition and ongoing through quality services, and ensuring their health and safety;*

- *Enabling the active and meaningful participation of the consumers, families, consumer representatives, advocates, RCs, the Sonoma community and other interested parties throughout the closure process;*

- *Being in compliance with federal and State laws, and applicable court decisions;*

- *Being in compliance with the settlement agreement entered into by various State entities and CMS that requires the California Parties to address compliance issues at SDC and achieve appropriate community or other placements for residents of the affected SDC units, so that federal funding will continue, as specified in the agreement;*

- *Implementing and being in compliance with the new federal regulations for the Home and Community-Based Services waiver (HCBW).*

- *Effectively using State funds and maximizing federal funds for the short-and long-term costs associated with the delivery of services and the closure of SDC; and*

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

The plan discusses "Lessons Learned" and notes the following observations relative to the Agnews closure:

- *The use of the Community State Staff Program (CSSP) was essential to building support for, and the effective carrying out of transitions for Agnews residents. However, wage differentials between state staff and non-state staff working in the community was an issue. Carefully negotiated rates or reimbursements were suggested as possible ways to enhance the CSSP in future closures.*

- *Overnight visits proved to be very helpful for residents with behavioral challenges in order to feel comfortable with the move.*

- *The use of Non-Profit Organizations (NPO) in acquisition and development of homes worked well; families and residents had the opportunity to visit the housing models which helped with the decision-making of residential options and ease concerns about transition.*

- *Early planning and a strategy for working with health plans and a payment system are as important as developing housing arrangements.*

- *Starting day programs immediately upon the individual arriving at the behavioral/medical home is important.*

- *It would be helpful to have an occupational therapist involved during the planning stages of remodel or construction projects, as knowledge of the residents' needs would be beneficial during the design phase.*

- *Families were not interviewed as a part of this assessment; however, information shared by families since the closure indicates that many families are very pleased with their loved ones' transitions.*

According to the plan, relatives to the Lanterman closure made the following observations:

- *Many Lanterman families expressed that they are very pleased with their loved ones' new homes and described their loved ones as "very happy."*

- *Families conveyed that their loved ones' physical, medical, emotional, spiritual and social needs are taken care of in the community and they have built strong, trusting relationships with staff in the homes.*

- *Staff in the homes is described as "caring," "competent," "consistent," "compassionate," "tops," and "quality."*

- *Families like the physical attributes of homes (clean and truly homelike, good adaptations for people with disabilities, necessary specialized medical equipment is right in the home) and appreciated that home were built in "nice areas" or near their homes, enabling more frequent visits.*

- *Many families shared instances of personal growth experienced by their loved ones since moving to the community (speaking for the first time, enhancing their vocabulary, learning new skills, participating in new activities, reductions of behaviors or outbursts, etc.).*

- *Also shared was that access to medical care has not been a significant barrier, and in instances where there were delays, the RC's were able to effectively address the issue.*

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

- *Other issues raised by Lanterman families that the Department has taken note of are:*

    - *There may be a need for National Core Indicator (NCI) process improvements to ensure movers and their families are able to participate;*

    - *Funds should be made available now to address community issues experienced by Lanterman movers and for future movers.*

- *High staff turnover and low pay continue to be issues in community-based homes;*
- *Concerns exist about the availability of dental care, especially sedation/general anesthesia dentistry;*
- *Cross-training of community staff should start sooner in closure, so the DC staff who know residents the best are the ones training their counterparts in the community, not just the staff left at the end of closure;*
- *Day program services need to be developed specifically for DC movers, as they present unique challenges standard day programs may not be able to address;*
- *Families overwhelmingly felt there should be consistent coordination and approval of services among all 21 RCs so that the same types of services can be available anywhere they are needed and easily accessed by families. Different usage of some service types and varying vendorization and approval processes by RCs have troubled some families and consumers that moved from Lanterman.*

The plan was informed by two formal public hearings held in Sonoma, individual and group meetings with residents, families, employees, unions, advocates, regional centers, providers, local government officials, state legislative representatives, and other organizations. A combined 134 witnesses testified at the two public hearings, and 355 stakeholders provided written testimony. Additionally, the department has worked with a group of community partners known as the Sonoma Developmental Center Coalition.

The plan acknowledges:

> *Overall, input received has noted significant concerns and/or opposition to closure. However, many have indicated that, as it appears that the closure is going to proceed, a number of issues must be addressed to ensure the continuity of specialize services and development of new models of service on the grounds of SDC.* The plan further states that "*general sentiment communicated to the department during public hearing and in written comments, predominantly by families, employees and community partners, is the SCD should not close entirely, but instead services should be rebuilt and reimagined on SDC's property to continue to provide services that will benefit the residents of SDC, all people with developmental disabilities and the general Sonoma community. Advocates and regional centers support closure and emphasize the need for individualized program planning, expansion of community resources, appropriate funding and the inclusion of individuals in everyday community-based settings.*

Transition Planning. The plan describes in some detail the process that will occur, or are occurring, relative to transitioning individuals from the development center to the community. Each resident has an ID team consisting of the resident; the legally authorized representative, family and/or advocate; identified staff from the developmental center and Regional Resource Development Project (RRDP); one or more regional center representatives, including the regional center case manager; and others

invited by the resident or his or her authorized representative. This team develops the persons individual program plan, which builds on the comprehensive assessment completed by the regional center and which identifies the person's choices, preferences and types of community-based services and supports that will be necessary to ensure a successful transition into the community. The ID team also develops the individualized health transition plan and the specialized behavior and safety plan.

The report describes the process as fluid, flexible, and ongoing. For example, residents, family members and potential providers engage in "meet and greet" introductions to explore different residential placement models. Once a residential model is chosen, staff arranges visits to potential community homes, meetings with proposed vendors, meetings other residents in a home and staff who work in a home. Cross-training of community providers is provided through in-person visits of community staff to the developmental center and developmental center staff to the community location. Once all the transition plan components have been implemented, community-services and supports have been identified and secured, and the person is ready to move, the ID team holds a transition review meeting and sets a movement date. This meeting occurs no less than 15 days prior to the planned move.

Monitoring and Quality Management. The plan calls for the establishment of a Resident Transition Advisory Group made up of residents and family members, involved regional centers and the department. The group will review the existing transition planning process and make recommendations to the department. Additionally, the department has contracted with H&W Independent Solutions, an independent external organization to serve as an independent monitor, as required by the CMS agreement.

The department will develop and maintain a detailed quality management plan for SDC that will be utilized throughout the closure process. Building on the existing statewide Quality Management System (QMS) and regional center quality management processes, the department is developing a specific Sonoma QMS to monitor consumers' quality outcomes and satisfaction and identify areas that need improvement. Additionally, the report commits the department to an annual family and consumer satisfaction survey through the National Core Indicators project.

The report recognizes that, due to the early departure of knowledgeable staff during previous closures, significant effort was required on the part of the department to stabilize the care and services during the final months of closure. The plan commits the department to providing diligent monitoring and management of staffing levels to ensure the needs of the residents at Somona are met.

Following movement to the community, enhanced face-to-face visits from RRDP staff, in coordination with the regional center, will occur at intervals of five days, 30 days, 90 days, six months, and 12 months. Additional visits, assistance with follow-up activities, or guidance occur as necessary. Additionally, individuals will receive enhanced regional center case management for at least two years following their move.

ID teams will identify any known or anticipated issues, or challenges, the consumer could experience in their new setting; and, where indicated, will develop a contingency plan of actions that may be

necessary. As needed, additional resources, services and supports may be provided by the regional center or developmental center.

Finally, while Sonoma remains open, and under defined circumstances, persons may return to the developmental center for up to one year following provisional placement in the community.

State-Funded Advocacy Services. Existing law[22] requires the department to contract for client rights advocacy services for persons living in the community and in developmental centers. DDS contracts with the State Council on Developmental Services to provide advocacy services for persons living in developmental centers through the Volunteer Advocacy Services (VAS) program. The VAS program is implemented through an interagency contract with the State Council on Developmental Disabilities, and is designed to provide advocacy services to persons living in a developmental center and who have no legally appointed representative to assist them, or may assist legally appointed representatives. The department contracts with the Disability Rights California Office of Clients' Rights Advocacy (OCRA) to provide advocacy services to persons in the community. When a person moves from the developmental center to the community, the OCRA assumes the provision of advocacy services. State law[23] also requires that OCRA be provided with copies of each developmental center resident's comprehensive assessment or update and allows OCRA to participate in IPP meetings unless the consumer objects. This is intended to allow OCRA to become familiar with the individual prior to their move to the community. Once Sonoma has closed, the plan states that the department will work to transition the services to the community.

Community Resource Development. According to the plan, the department works with regional centers to determine the type and location of services and supports that must be developed for persons moving from Sonoma, based on the comprehensive assessments and individual program plans. In addition to the use of existing community living options, such as adult family homes and family teaching homes, intermediate care facilities, and adult residential facilities, the plan describes a focus on the development of additional models to meet the unique and specialized needs of individuals. These include:

- Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHCN)
- Enhanced Behavioral Supports Homes
- Community Crisis Homes
- Delayed Egress and Delayed Egress/Secured Perimeter Homes
- Supported Living Services
- Self-Determination Program

[22] Welfare and Institutions Code 4433 (b)(1)
[23] Welfare and Institutions Code 4418.25

Access to Health and Medical Services. According to the plan, all Sonoma residents are Medi-Cal eligible; 91 percent are dually covered by Medicare; and a small percent have additional private insurance. Medi-Cal and Medicare coverage will provide residents with access to existing health services in the community. The plan commits to working collaboratively with regional centers, DHCS, and health plans to assess and ensure the availability of needed health, dental and behavioral services in the community. Where gaps are identified, DDS will work with regional centers and the health care communities to ensure resources are available. Consumers will receive comprehensive case management which will include coordination and oversight of their individualized health services.

The plan proposes, as was the case at Agnews and Lanterman, to operate the existing health resource center/clinic to provide medical, dental, and behavioral services at the developmental center to current and former residents, until such time as the property is no longer under DDS control.

Additionally, the plan states that the department is assessing needs and availability of staff and resources; options for operation as a federally-qualified health center (FQHC) in partnership with Sonoma County or other partner organization, and reviewing the potential for educational partners and, if there are opportunities, to create a "teaching" center/clinic.

Sonoma Developmental Center Employees. As of August 2015, there were 1,365 employees at Sonoma: 88 percent of which were full-time, five percent part-time, and seven percent intermittent, temporary or limited-term. Forty-one percent have worked at the developmental center for ten or less years; 40 percent for 11 to 20 years; and 19 percent for over 20 years. 63 percent of the workforce are women, 40 percent are Caucasian; 36 percent Filipino; seven percent African-American; five percent Asian. Forty-five percent of the workforce lives in Sonoma County; 31 percent in Solano County; seven percent in Napa County; 5 percent in Contra Costa County; and between two and three percent each in Alameda, Marin and Sacramento counties. Forty-eight percent of the employees are direct care nursing staff; eight percent are level-of-care professional staff; and 44 percent are non-level-of-care and administrative support staff.

The developmental center provides a number of staff who perform specialized services including:

- Customized positioning equipment and shoes by the adaptive technology staff.
- Specialized dentistry utilizing sedation by dentists experienced in working with persons with developmental disabilities.
- Specialized health clinics that address the medical complexities and the complications that may be associated with some persons with developmental disabilities.
- Acute behavior stabilization.
- Water treatment professionals.

As noted earlier, retention of necessary and experienced staff during the closure process has been challenging in previous closures. The plan notes that the department is exploring various strategies

including retention bonuses, state service credit opportunities, and the ability to guarantee positions or specialized training for employees that stay through the end of closure. The report notes that these types of employee benefits may require legislative authority and may be subject to collective bargaining.

The department has conducted several employee forums and has met with union representatives. The report itemizes various strategies the unions have asked the department to explore and additional suggestions made by employees through the stakeholder process.

As in previous closures, the plan commits the department to establishing an employee career center, working with other state departments and county agencies to identify potential job opportunities. The plan notes that job opportunities will be available at other developmental centers in Costa Mesa, Porterville, or at Canyon Springs Community Facility in the Palm Desert. However, proposed additional closures limit these options. The plan commits the department to partnering with regional centers in providing information to employees about private sector jobs in the developmental disabilities community system. The plan notes that it is expected a number of developmental center staff, especially those in non-nursing positions, will find opportunities in other state departments through the use of surplus status and state restriction of appointments processes, which provide hiring priority status for eligible staff.

State Staff in the Community Program (CSSP). Senate Bill 856 (Committee on Budget and Fiscal Review), Chapter 30, Statutes of 2014, expanded the CSSP statewide to support any consumer moving from a developmental center or to deflect such a placement. State employees work through contracts established between DDS and a regional center or community provider. Employees maintain their salary and benefits and the department is reimbursed by the regional center or provider. The department has entered into agreements with the California Association of Psychiatric Technicians (CAPT) and the Service Employees International Union (SEIU) to address the employee selection process, the provision of ongoing supervision, and employee rights and representation issues. Despite the current availability of training resources and information for this program, the plan development stakeholder process identified additional need for more. The plan commits the department to developing, refining and increasing training and information resources, assessing the possibility of rate exemptions, and processing enhancements that could assist in providing vendor participation in the program.

The following chart shows the progression of the program for previous Agnews and Lanterman developmental center employees, measured in March of each year and in December 2015. To date, no other employees have entered the program.

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	March 2015	December 2015
Agnews	1	3	9	35	109	89	78	62	28	20	19	15
Lanterman								0	0	10	12	7

Developmental Center Land and Buildings

Sonoma Developmental Center is located on approximately 900 acres near Glen Ellen in Sonoma County. The campus has substantial open space, including: a lake, a residential campground, a store/cafeteria, a post office, a petting farm, sports fields, swimming pools, an equestrian program, and picnic areas. There are approximately 140 structures with approximately 1.3 million square feet of facility space. In 1997, Senate Bill 1418 (Thompson), Chapter 1144, Statutes of 1996, required that an approximate 300-acre conservation easement be conveyed to the Sonoma County Agriculture and Open Space District covering lands above the 1,100 foot elevation level of the upper watershed property on the western boundary of the center. In 2002, this parcel was transferred to the California Department of Parks and Recreation and is now a part of Jack London State Park. In 2007, 41 additional acres located on the property's eastern boundary adjacent to Highway 12 were transferred to Sonoma County Regional Parks.

The state currently has five active leases utilizing space on the developmental center grounds. These are: Challenge Sonoma Ropes Course, Sonoma Ecology Center, Horizon Tower, Eldridge Store/Department of Rehabilitation, and the United States Postal Service. All the leases extend between 2015 and 2036 with short-term cancellation notices that can be exercised by either party.

Infrastructure and Environmental Issues. The report offers various descriptions of the condition of the center's infrastructure. These include:

- Vanir Construction Management, Inc. Study, 1998. Vanir conducted a system-wide planning and condition assessment, including: land, infrastructure, seismic, and facilities assessments. The report concluded that Sonoma's physical and functional condition, like the other developmental centers, was significantly inadequate to address the then-current codes required to be structurally viable in the long term. The most significant findings in the Vanir study related to kitchen and food service deficiencies, which remain largely unaddressed today.

- Fire and Life Safety and Residential Deficiencies. Sonoma operates under a large number of waivers, granted in the late 1970s and early 1980s, for variances to the 1967 building-and-life-safety codes. Most of these waivers relate to the lack of required windows, exits and corridors; problems with corridor and door widths for evacuation; and problems with heating, ventilation and air conditioning systems.

- Seismic Safety Deficits. DGS evaluated the developmental center for seismic risk in 1994. On a scale of Level I (least risk) to Level VII (highest risk), no buildings were rated Level I or II; 23 buildings were rated Level III; one building was rated Level IV; 13 buildings were rated Level V; eight buildings were rated Level VI, and one building was rated Level VII. Seventy-two buildings have not had a risk level assignment.

- Americans with Disabilities Act (ADA) Compliance. In 2001, the department contracted with an independent entity to conduct an ADA compliance review and make recommendations to address identified access issues. The plan states that although some repairs have been completed, major work remains.

- Residential and Programmatic Space. The plan identifies the following deficiencies in these living and program areas:

    - Congested bedrooms limit space for care, storage and do not meet requirements for size and privacy.

    - Insufficient electrical outlets, lighting, and inadequate voice/data outlets in nurse stations; medical units lack call systems and adequate space for mobility and medical equipment and supplies.

    - Bathing areas are too small for staff to easily maneuver and transfer consumers and allow for storage of individual grooming and hygiene supplies.

    - Space for separate and simultaneous consumer activities in unavailable in living units.

- Property Assessment Study, 2012. DGS conducted an infrastructure study to review sewer, water, gas, electrical and storm drainage systems. This study found deficiencies in all of these systems.

- Special Repairs. The plan notes that approximately $4.5 million has been expended on special repairs over the past five years, including repairs to plumbing systems, roof replacements, fire alarm system replacement, and renovation to living areas. The plan notes, that even with a pending closure, there are immediate issues related to the electrical system that could affect the health and safety of residents and staff during the closure process, if not addressed.

- Environmental Conditions. An environmental site assessment, which identifies potential environmental concerns, such as the presence of hazardous materials and potential contamination sources, has not been completed, but is planned as part of the closure process.

Additional and update assessments will be necessary to inform future use decisions. DGS has indicated that once funded, it will take approximately six months to contract with outside consultant(s) for the assessments and up to 24 to 30 months to complete the assessments.

Usual Process for Disposing of Surplus State Land. Typically, departments notify the DGS when they have deemed a property to be excess. If DGS determines that there is another state use for the property, it may transfer jurisdiction of that property to another department, with the concurrence of the Department of Finance. If there is no other state use, the property is included in the annual omnibus surplus land bill which must be approved by the Legislature before listed properties may be disposed. Once a surplus property is approved for disposal, local government agencies and affordable housing sponsors have ninety days to notify DGS of their interest in the property. Local agencies may acquire surplus property at fair market prices for local government-owned facilities or affordable housing or may pay less than fair market value for open space or parks. If there is no local government interest in the property, affordable housing sponsors may acquire the property for housing developments for low

or moderate income families at less than fair market, under specified conditions. Property not acquired by a local government or affordable housing sponsor is sold on the open market pursuant to a public bidding process.

DGS uses an enhanced process for disposing of surplus property of particular value. This process provides more enriched assessments of the property, marketing strategies, negotiation strategies, and other components. The Asset Enhancement program was used for the sale of the east and west campuses of Agnews Developmental Center and the portion of Fairview Developmental center utilized for the Harbor Village housing project.

Sonoma Developmental Center Land Options. In its closure plan, the department states that *"it is not the intention of the state to declare SDC property as surplus, but instead to work with the community to identity how the property can best be utilized."* Local stakeholders have formed the Sonoma Developmental Center Coalition, which includes: the County of Sonoma, the Sonoma County Agricultural Preservation and Open Space, the Sonoma County Water Agency, the Parent Hospital Association, the Sonoma County Land Trust, and the Sonoma Ecology Center. These stakeholders seek to be partners in the discussion about the future of the developmental center property, should the facility close, and have been exploring options for alternative uses that would support persons with developmental disabilities and the broader Sonoma County community.

Status of Closure Activities. The 2015 Budget Act includes $49.3 million ($46.9 million General Fund) to begin development of community resources to support the transition of Sonoma residents. The following chart shows the current status of start-up activities, for the period of July 1, 2015 through December 31, 2015.

SONOMA DEVELOPMENTAL CENTER (SDC)
CURRENT START-UP SUMMARY : REGULAR CPP AND SDC CLOSURE

First Quarter Through Second Quarter : July 1, 2015 - December 31, 2015

REGULAR COMMUNITY PLACEMENT PLAN

	RESIDENTIAL DEVELOPMENT					NON RESIDENTIAL DEVELOPMENT								TOTAL				
	SPECIALIZED RESIDENTIAL FACILITY (SRF)	ENHANCED BEHAVIORAL SUPPORT HOME (EBSH)	ADULT RESIDENTIAL FACILITY FOR PERSONS WITH SPECIAL HEALTH CARE NEEDS (ARFPSHN/962/853)	COMMUNITY CRISIS / TRANSITION HOME	TOTAL RESIDENTIAL DEVELOPMENTS	SUPPORTED LIVING SERVICES (SLS)	CLINICAL AND HEALTH RELATED SUPPORT SERVICES	CRISIS SERVICES AND SPPORTS	TRANSPORTATION	DAY AND EMPLOYMENT SERVICES	TRAINING	OTHER [A]	TOTAL NON-RESIDENTIAL DEVELOPMENTS	TOTAL DEVELOPMENTS	TOTAL ACQUISITION	TOTAL REHABILITATION	TOTAL PROVIDER START-UP	TOTAL POS START-UP
ACRC	4	0	1	0	5	2	0	1	0	1	0	1	5	10	$ 250,000	$ 300,000	$ 941,857	$ 1,491,857
FNRC	2	0	1	0	3	1	1	0	0	1	1	1	5	8	$ 250,000	$ 400,000	$ 913,670	$ 1,563,670
GGRC	5	0	0	0	5	0	0	0	0	0	0	0	0	5	$ 1,400,000	$ 1,200,000	$ 288,000	$ 2,888,000
NBRC	4	1	1	0	6	0	0	0	0	1	1	1	3	9	$ 1,275,000	$ 1,150,000	$ 915,000	$ 3,340,000
RCEB	3	0	0	0	3	0	0	0	0	0	0	0	0	3	$ -	$ -	$ 600,000	$ 600,000
SARC	2	0	1	0	3	0	0	0	0	0	0	0	0	3	$ 525,000	$ 1,215,000	$ 618,670	$ 2,358,670
TOTAL	20	1	4	0	25	3	1	1	0	3	2	3	13	38	$ 3,700,000	$ 4,265,000	$ 4,277,197	$ 12,242,197

SONOMA DEVELOPMENTAL CENTER CLOSURE

	RESIDENTIAL DEVELOPMENT					NON RESIDENTIAL DEVELOPMENT								TOTAL				
	SPECIALIZED RESIDENTIAL FACILITY (SRF)	ENHANCED BEHAVIORAL SUPPORT HOME (EBSH)	ADULT RESIDENTIAL FACILITY FOR PERSONS WITH SPECIAL HEALTH CARE NEEDS (ARFPSHN/962/853)	COMMUNITY CRISIS / TRANSITION HOME	TOTAL RESIDENTIAL DEVELOPMENTS	SUPPORTED LIVING SERVICES (SLS)	CLINICAL AND HEALTH RELATED SUPPORT SERVICES	CRISIS SERVICES AND SPPORTS	TRANSPORTATION	DAY AND EMPLOYMENT SERVICES	TRAINING	OTHER [A]	TOTAL NON-RESIDENTIAL DEVELOPMENTS	TOTAL DEVELOPMENTS	TOTAL ACQUISITION	TOTAL REHABILITATION	TOTAL PROVIDER START-UP	TOTAL POS START-UP [B]
ACRC	1	2	3	0	6	0	2	0	0	0	0	1	3	9	$ 1,300,000	$ 1,600,000	$ 2,500,000	$ 5,400,000
FNRC	1	0	0	0	1	0	1	0	1	1	0	0	3	4	$ 150,000	$ 100,000	$ 775,000	$ 1,025,000
GGRC	10	0	3	0	13	0	1	0	0	2	0	0	3	16	$ 4,475,000	$ 4,850,000	$ 1,996,519	$ 11,321,519
NBRC	6	2	4	0	12	1	3	0	0	4	1	0	9	21	$ 2,700,000	$ 3,650,000	$ 2,979,747	$ 9,329,747
[illegible]B	2	4	8	0	14	2	1	0	0	3	0	0	6	20	$ 5,600,000	$ 4,100,000	$ 4,234,177	$ 13,934,177
[illegible]	0	2	0	0	2	0	0	0	0	0	0	0	0	2	$ 511,392	$ 350,000	$ 200,000	$ 1,061,392
TOTAL	20	10	18	0	48	3	8	0	1	10	1	1	24	72	$ 14,736,392	$ 14,650,000	$ 12,685,443	$ 42,071,835

COMBINED REGULAR COMMUNITY PLACEMENT PLAN & SONOMA DEVELOPMENTAL CENTER CLOSURE

	RESIDENTIAL DEVELOPMENT					NON RESIDENTIAL DEVELOPMENT								TOTAL				
	SPECIALIZED RESIDENTIAL FACILITY (SRF)	ENHANCED BEHAVIORAL SUPPORT HOME (EBSH)	ADULT RESIDENTIAL FACILITY FOR PERSONS WITH SPECIAL HEALTH CARE NEEDS (ARFPSHN/962/853)	COMMUNITY CRISIS / TRANSITION HOME	TOTAL RESIDENTIAL DEVELOPMENTS	SUPPORTED LIVING SERVICES (SLS)	CLINICAL AND HEALTH RELATED SUPPORT SERVICES	CRISIS SERVICES AND SPPORTS	TRANSPORTATION	DAY AND EMPLOYMENT SERVICES	TRAINING	OTHER [A]	TOTAL NON-RESIDENTIAL DEVELOPMENTS	TOTAL DEVELOPMENTS	TOTAL ACQUISITION	TOTAL REHABILITATION	TOTAL PROVIDER START-UP	TOTAL POS START-UP
ACRC	5	2	4	0	11	2	2	1	0	1	0	2	8	19	$ 1,550,000	$ 1,900,000	$ 3,441,857	$ 6,891,857
FNRC	3	0	1	0	4	1	2	0	1	2	1	1	8	12	$ 400,000	$ 500,000	$ 1,688,670	$ 2,588,670
GGRC	15	0	3	0	18	0	1	0	0	2	0	0	3	21	$ 5,875,000	$ 6,050,000	$ 2,284,519	$ 14,209,519
NBRC	10	3	5	0	18	1	3	0	0	5	2	1	12	30	$ 3,975,000	$ 4,800,000	$ 3,894,747	$ 12,669,747
RCEB	5	4	8	0	17	2	1	0	0	3	0	0	6	23	$ 5,600,000	$ 4,100,000	$ 4,834,177	$ 14,534,177
SARC	2	2	1	0	5	0	0	0	0	0	0	0	0	5	$ 1,036,392	$ 1,565,000	$ 818,670	$ 3,420,062
TOTAL	40	11	22	0	73	6	9	1	1	13	3	4	37	110	$ 18,436,392	$ 18,915,000	$ 16,962,640	$ 54,314,032

[A] Other developments consists of resources not identified above such as custom facility to maintain medical equipment and consultation.

[B] SDC Start-Up POS does not include $2,228,165 reserve funds for mid-year request.

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Proposed Fairview and Porterville Developmental Center Closures. On November 30, 2015, the department announced its intent to submit a closure plan for Fairview Developmental Center and the general treatment program at Porterville Developmental Center by April 1, 2016. The department has begun the closure plan development process for each center, holding a public hearing at Porterville Developmental Center on January 30, 2016, with approximately 88 people in attendance; and at Fairview Developmental Center on February 6, 2016, with approximates 178 people in attendance.

The following chart shows the status of transition planning for all developmental center residents, as of December 31, 2015.

	Current Pop (does not include crisis homes)	Of the current population, number who have had initial activity (e.g., Meet & Greet) only	Those who have had initial activity and a Transition Planning Meeting (TPM)	Those who have had a TPM, and who have an identified placement/scheduled move date	Percent (%) with transition activity
CS-ICF	49	5	7	1	27%
CS-Grand Total	49	5	7	1	27%
FDC-NF	101	13	7	0	20%
FDC-ICF	143	34	6	2	29%
FDC-Grand Total	244	47	13	2	25%
PDC-NF	51	0	2	0	4%
PDC-ICF	121	5	7	4	13%
PDC-STP	191	3	8	0	6%
PDC-Grand Total	363	8	17	4	8%
SDC-NF	159	0	1	3	3%
SDC-ICF	206	4	0	1	2%
SDC-Grand Total	365	4	1	4	2%
ALL-NF	311	13	10	3	8%
ALL-ICF	519	48	20	8	15%
STP	191	3	8	0	6%
ALL-Grand Total	1021	64	38	11	11%