

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

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

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

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

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

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

These services would include a clinic that:

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

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

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

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

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

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