TO: California Department of Developmental Services and Interested Parties

FM: Sonoma Developmental Center Coalition/Transform SDC Project

RE: Desired Elements for the SDC Closure Plan

DT: August 7, 2015

Introduction

Pursuant to the 2015 State Budget Act, the California Department of Development Services (DDS) will submit a closure plan to the California Legislature for the Sonoma Developmental Center (SDC) on October 1, with intended closure by 2018. The Legislature has the responsibility for additional public review and related modifications followed by adoption as part of next year's budget cycle.

A diverse partnership comprised of the County of Sonoma, the Sonoma County Agricultural Preservation and Open Space District, the Sonoma County Water Agency, the Parent Hospital Association, the Sonoma Land Trust, the Sonoma Ecology Center and many other local groups came together in 2013 to establish the SDC Coalition for the purpose of exploring options for the future of the Sonoma Developmental Center. In 2014, the SDC Coalition launched a broad-based community driven-effort – ***Transform SDC*** –to transform the site's unique health service programs and preserve its natural resources. This document synthesizes the community's ***Transform SDC*** dialogue that defined initial elements of a vision for the future of SDC, explored possible reuse options, and identified areas for further inquiry and investigation. For the next several years, the SDC Coalition will continue to engage the residents of Sonoma County and beyond in the future of the Sonoma Development Center through ***Transform SDC.***

Vision Statement for the Sonoma Developmental Center (SDC)

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

Guiding Principles for the SDC Closure Plan

- Implement the recommendations from the 2014 "Plan for the Future of Developmental Centers in California." This Plan was created by the California Health and Human Services Agency based on the deliberations of a statewide representative task force. As stated in the Executive Summary for the Plan, "…the future role of the State is to operate a limited number of smaller, safety-net crisis and residential services coupled with specialized health care resource centers and public/private partnerships…" Rather than simply closing SDC, we believe that the Center is a perfect location to achieve many of these objectives. Hence the critical distinction of "transforming" SDC.

- Seek an active collaboration and partnership with the Department of Developmental Services, the Health and Human Services Agency, the Governor and the Legislature to

meet the state's goal of caring for individuals with developmental disabilities in a safe, dependable and cost-effective manner while realizing the community's vision for SDC.

- Develop permanent residential services on the SDC campus for current SDC clients and those Northern California individuals with developmental disabilities who are not able to function in community settings to ensure the safety of this vulnerable population.

- Broaden the impact of SDC's staff expertise, customized therapies and durable equipment manufacturing by establishing an on-site specialized facility to serve developmentally disabled consumers throughout Northern California.

- Ensure that future uses of the Center preserve the distinct character of the Sonoma Valley's rural communities and SDC's natural, historical, and architectural integrity.

- Protect SDC's open space, valuable natural and scenic resources to support healthy wildlife populations, water resources, and recreational opportunities for future generations.

- Establish complementary reuses on the SDC site that diversify and enhance the Valley's economy and establish models for sustainable development and economic self-sufficiency.

Specific Recommendations for SDC Closure Plan

Many of our recommendations are drawn directly from the California Health and Human Services Agency's 2014 "Plan for the Future of Developmental Centers in California." One of the leading organizations in the SDC Coalition is the Parent Hospital Association (PHA). PHA participated in the Task Force appointed by Health and Human Services Secretary Dooley that developed the Plan. We strongly believe that the State needs to follow through on its own commitments and stated priorities as expressed in this thoughtful and groundbreaking strategy for the future of health care for people with developmental disabilities.

1. Planning and Collaboration Protocol

DDS and other relevant state agencies such as the Department of General Services should enter into a Memorandum of Understanding with Sonoma County to identify and describe mutual goals, guiding principles, roles and responsibilities, timelines, planning processes and other essential aspects of designing a new future for SDC. The MOU will specifically include the following provisions:

- Designate the SDC Coalition as the Sonoma County organization that the State will work with in a collaborative manner throughout the multi-year transformation process to provide:
  1) ongoing representation from the diverse interests most affected by closure, including SDC consumers, family members and employees, the County of Sonoma, land protection organizations, civic and business groups, and the residents of Sonoma County;

2) mutual exchange of information and dialogue between the Department and the SDC Coalition to simultaneously address the needs of both the State and Sonoma County; and 3) transparency and accountability in the Department's decision-making process.

- Development of protocol for transparency in reporting health outcomes for individuals who have been moved from SDC as well as other developmental centers to inform and assist in the assessment of appropriate placement and support for those individuals who DDS currently intends to move from SDC.

- Work with the collective bargaining units for SDC employees to identify and secure new job opportunities that recognize the staff's commitment and exceptional and unique skills in caring for SDC clients, and that support the staff through the closure process.

2. Implement the Health Services Recommendations of the 2014 "Plan for the Future of Developmental Centers in California"

- The housing market throughout the Bay Area is constrained, and the cost of identifying and purchasing land for new home construction for SDC clients will be a significant challenge for the regional centers. In addition, many of the families of SDC residents prefer that their loved ones remain in Sonoma County. Therefore, concurrent with the closure/transformation process, develop housing on the SDC campus for current SDC residents and other Northern California individuals with enduring and complex medical needs (i.e. SB 962 homes) and a new model of living facilities for individuals with challenging behaviors and support needs.[1]

- Create a Northern California "placement center of last resort" for individuals with significantly challenging behaviors or complex medical needs who have not or cannot be successful in their community placements and or who have ended up in jail, psychiatric wards or worse.[2]

- Expand and make permanent the existing Northern STAR (Stabilization, Training, Assistance and Reintegration) Acute Crisis Center to include the availability of emergency services and other necessary medical and health services for individuals in the community who are in need of transitional crisis services.[3]

- Establish a Northern California Health Resource Center at SDC that will address gaps in out-patient services for developmentally disabled individuals, which may include, but is not limited to, care coordination, dental, mental health, durable medical equipment, assistive technology, and DC specialty (such as shoes) services.[4]

- Work collaboratively with the SDC Coalition to develop financing and management recommendations to the Governor and the Legislature that will "create public/private

[1] See Recommendations 1, 2 & 5 from the Plan for the Future of Developmental Centers in California
[2] See Recommendations 2 and 5 from the Plan for the Future of Developmental Centers in California
[3] See Recommendations 2 and 5 from the Plan for the Future of Developmental Centers in California
[4] See Recommendations 4 and 5 from Plan for the Future of Developmental Centers in California

partnerships to provide community integrated services."[5]

3. Develop a Reuse Strategy for the SDC Campus

The 2014 "Plan for the Future of Developmental Centers in California" recognized the tremendous value of the state's 125 year investment in SDC. Rather than closing the Center and selling the property as surplus, the Plan recommends "state DC land should be leveraged to benefit consumers rather than being declared surplus…and the property should be considered for future State-operated facilities and to develop community services, including the Health Resource Center and mixed use communities similar to Harbor Village in Costa Mesa."[6]

In order to assess the opportunities for reuse of the SDC campus, it is essential that the State:

- Update the 1998 infrastructure and environmental assessment prepared by Vanir Construction Management Inc., and prepare a "Property Assessment Study" similar to that developed for Lanterman by RBF Consulting. The study should include a current "Infrastructure Capacity Assessment", which reviews sewer, water, gas, electricity and storm drainage systems and a Phase 1 Environmental Site Assessment.[7]

- Conduct a historical resources assessment to identify structures and other site uses that may be subject to historic preservation requirements.[8]

- Work collaboratively with the SDC Coalition to develop financing and management recommendations to the Governor and the Legislature to create public/private partnerships and other reuse options that are complementary to health care services and open space protection on the SDC campus

4. Protect SDC's Open Space and Natural Resources

The SDC property is unique among the State's developmental centers because it includes approximately 750 acres of open space and natural resource lands on Sonoma Mountain and in the Sonoma Valley. The site also provides significant public benefits to the region, including water and groundwater capacity, climate change resiliency, wildlife corridor and habitat protection, scenic qualities and access to open space that supports human health. The site is bounded by state and county parks and other protected land, connected to an existing regional trail system, and identified as a critical wildlife corridor.

The open space and natural lands of the property have been a directly beneficial to the well-being of the SDC residents and employees and the neighboring communities. The site is

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[5] See Recommendation 5 from Plan for the Future of Developmental Centers in California

[6] See Recommendation 5 from Plan for the Future of Developmental Centers in California

[7] See Lanterman Closure Plan, page 26

[8] See Lanterman Closure Plan, page 26

widely utilized by the community for recreation and enjoyment. Its tranquil setting and the ability for SDC's developmentally disabled clients to get outside, walk around and enjoy nature has provided peace of mind and therapeutic benefits for residents, and for the family members and guardians who care deeply about their loved ones.

In order to fully assess and protect these resources, it is essential that the State:

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

- Work with Sonoma County and the SDC Coalition to prepare a summary of the property's contributions towards the State's environmental goals in the areas of how access to nature benefits public health, water management and conservation, climate change and habitat and natural resource protection.

- Initiate a collaborative process with DGS, the California Natural Resources Agency, California State Parks, Sonoma County and interested stakeholders to ensure permanent protection of the critical open space lands on the SDC site.

5. <u>Policy and Legislative Recommendations</u>

When the Agnews and Lanterman DC's closed, state legislation was developed to implement specific recommendations that resulted from dialogue with impacted families, the regional centers and DC state employees. DDS, the Legislature, Congress and federal agencies should develop legislative and policy reforms that will ensure that the recommendations we have provided can be implemented. These include:

- State legislation and federal policy changes to allow for on-site housing on the SDC campus

- State legislation and federal policy changes to facilitate the siting of the Health Resources Center and the continued operation of the Northern STAR Acute Crisis Center on the SDC campus

- State legislation to ensure that open space and natural resource lands are permanently protected

- Changes in federal standards from the Harbor Village model so that a much greater percentage of homes can be built on the SDC campus for residents with developmental disabilities instead of market rate housing for the general public

- Other necessary policy and legislative changes needed to implement our recommendations

TASK FORCE RECOMMENDATIONS FOR FUTURE SERVICES FOR DEVELOPMENTAL CENTER RESIDENTS
From "Plan for the Future of Developmental Centers in California" (Jan. 2014)

When the Task Force on the Future of Developmental Centers began, there was broad recognition of the importance of defining the future for the DC residents. Their future was changing by virtue of the long historical trend toward community integration, now critically influenced by the moratorium on DC admissions (AB 1472 [Chapter 25, Statutes of 2012]). With the DC population declining, the per-resident costs of the DCs are dramatically increasing, and the DCs are no longer sustainable in their current design. Concurrently, the acuity level of the remaining population is increasing, thereby requiring an overall higher level of specialized care. The Task Force was charged to identify viable long-term service options for the health and safety of the DC residents and to ensure that appropriate quality services are available, accessible, and cost efficient for the benefit of the individuals as well as the system generally.

Extensive data was provided to the Task Force regarding the individuals served in the DCs and those with similar needs living in the community; the services provided to these individuals; the resources available in a DC and in the community; and budget and fiscal information (See Attachments 4 and 5). The Task Force grouped DC residents into three primary categories: those with enduring and complex medical needs; individuals involved in the criminal justice system; and residents with significant behavioral support needs. For each group, the Task Force considered existing community services as well as gaps in specialized services in the community.

Additionally, the Task Force considered the overarching issue of access to specialty health care services and issues regarding the land and resources at a DC. The Task Force agreed that there are some fundamental principles that are integral to any transition of a DC resident. These principles include: 1) individual service needs must be based on a comprehensive person-centered planning process; 2) services must be provided in the least restrictive environment appropriate for the individual; 3) the health and safety of the individual is paramount; and 4) Each transition must be accomplished carefully, and with thorough planning and coordination.

The Task Force developed six recommendations. The first three directly relate to services for the three primary groups of DC residents, especially those needing specialty services in each group. The fourth recommendation relates to access to specialty health care services in the community; the fifth recommendation is associated with the use of DC land and resources; and the last recommendation addresses the community system.

TASK FORCE RECOMMENDATIONS

Recommendation 1: Individuals with Enduring and Complex Medical Needs
Approximately 445 of the total DC population, or 32.1 percent, are individuals with complex medical needs receiving SNF care, many of whom have multiple medical conditions requiring specialty services. Various community-based models of care exist to serve and

support individuals with complex medical needs, ranging from the family home with add-on or wrap-around nursing services; to the residential model authorized under SB 962 and SB 853 (962 homes); to an array of licensed health facilities, including an ICF/DD-Nursing and an ICF/DD-Continuous Nursing. Based on the closure experiences with Agnews DC and Lanterman DC, 70.9 percent of the SNF residents are expected to require the 962 home level of care, or 315 individuals.

To serve DC residents with enduring and complex medical needs, the Task Force recommended regional centers assess and adjust their community capacity. One of five existing licensing categories should be considered for individuals with complex medical needs moving to the community: a 962 home, a small ICF/DD-Nursing, an ICF/DD-Continuous Nursing, a Residential Care Facility for the Elderly (RCFE), or a Community Care Facility with appropriate medical wrap around services. Each regional center should first explore existing resources (vacant beds), both within its catchment area and any available for statewide use, where appropriate and suitable for the consumer based on his or her comprehensive assessment. The regional center should utilize those existing resources to the extent appropriate and propose new community development through the CPP process to address the unmet residential and support needs of the population.

The Task Force further recommended the development of more homes/facilities using the existing models of care. However, they generally agreed that SNFs in the community should only be used for addressing short-term acute needs, and are not an appropriate long-term environment for consumers with enduring medical needs.

With regard to the role of the State, the Task Force recommended:
• The State use CPP funds for regional center development of more 962 homes and other needed residential and support services and day programs to serve DC residents in the community. The development of the additional 962 homes could be supported by annually targeting approximately $8.5 million in CPP funds over the next three years, or $25 million over the three-year period.

• DDS, working with the regional centers, determine the number of existing vacancies in homes/facilities and make this information available.

Recommendation 2: Individuals with Challenging Behaviors and Support Needs
Approximately 227 DC residents, or 16.4 percent, have significantly complex and challenging behaviors. The Task Force considered behaviors or conditions involving elopement, aggression, self-injury, Pica, maladaptive sexual activity, mental illness, substance abuse, and/or significant property destruction to present the greatest service delivery challenges requiring a wide array of options. Existing community services are insufficient to meet the needs of this population.

Greater access to specialty services is needed, especially mental health and medication management services, increased psychiatric care, and enhanced wrap-around supports to maintain individuals in their current community residence. With the increased capacity of short-term crisis homes, acute crisis facilities will be needed. In addition, the group recommended a new "SB 962 like" model with specialty wrap around services to provide a higher level of behavioral supports, crisis response services, and step-down or re-entry

programs.

The Task Force also agreed that there must be a "placement of last resort" for individuals with significantly challenging behaviors. Consumers in crisis must always have a place to go when in need.

With regard to the role of the State, the Task Force recommended the State:
• Operate acute crisis facilities (like the program at Fairview DC) at least in the Northern and Southern parts of the State. These two 15-bed (or smaller) facilities may require development funds and would have an estimated annual combined operating cost of $8.8 million.

• Operate some transitional facilities (like the program at Canyon Springs Community Facility, only smaller). For example, a 15-bed (or smaller) facility would have an estimated annual operating cost of $4.4 million.

• Develop new "SB 962 like" model homes with specialty wrap around services to provide a higher level of behavioral supports. These 3-bed facilities could be developed using CPP funding at an estimated cost of $500,000 each, plus ongoing operating costs. Based on the current DC population, approximately 36 such homes would be needed if it were determined that this level of care was appropriate for those remaining in the DCs with challenging behaviors.

• Identify community capacity in existing models of care.

• Support regional center efforts to enhance supports to maintain individuals in their own homes.

• Provide or earmark CPP funding for regional centers to:
    - o Expand mobile crisis response teams;
    - o Expand crisis hotlines;
    - o Expand day programs;
    - o Create short-term crisis homes; and
    - o Develop new "SB 962 like" behavioral homes (see above).

• Provide DC staff to assist with the transition of individuals with challenging behaviors.

Recommendation 3: Individuals Involved in the Criminal Justice System
Roughly 14.4 percent of the DC population has had some involvement with the criminal justice system. Although the number of residents is relatively small, the needs of the population are great. The Task Force considered dual diagnosis of mental illness; individuals charged with a felony, particularly a sex offense; and individuals incompetent to stand trial as significant issues associated with their care.

With regard to the role of the State, the Task Force recommended the State:
• Continue to operate Porterville DC-STP since it is preferable for this population over prison, jail, a locked psychiatric facility, or placement out of state. The Porterville DC-STP focuses on restoring competency as a primary function, but also provides rehabilitation

programs, vocational education and other services in a secure environment. Secure treatment was viewed as primarily a responsibility of the State. It was recognized that some facilities serving the forensic population are funded using 100 percent General Fund. Continuing to operate the Porterville DC-STP has an annual cost of $76 million General Fund.

• Continue to operate Canyon Springs Community Facility as a re-entry program for criminal justice system-involved consumers leaving Porterville DC-STP. Continuing to operate Canyon Springs Community Facility has an annual cost of $16.1 million, which is eligible for federal financial participation.

• Consider changing the law to allow a continuum of services for competency restoration training rather than all forensic clients being committed to the Porterville DC-STP.

• Explore the development of alternatives to the Porterville DC-STP. Community options would allow individuals to remain closer to their family and regional center. These forensic facilities would likely be ineligible for federal financial participation.

Recommendation 4: Health Resource Center
The Task Force supported the need for coordinated health care services, including mental health, psychiatry, medication management, and centralized medical records. The group recognized the importance of the DC specialty services, such as the Sonoma DC shoe and wheelchair molding and the availability of medical professionals with vast experiences and expertise serving individuals with complex developmental and medical needs.

In particular, the Task Force reviewed and discussed PACE (Program of All-inclusive Care for the Elderly), a federal program that provides community-based health care and services to people age 55 or older who otherwise would need a nursing home level of care. PACE is designed for a team of health professionals to provide "one-stop" comprehensive health care within a complex of services and functions like a HMO. Under the existing PACE model, the care is exclusive, and individuals electing this care give up their other medical coverage. Although serving individuals with intellectual and developmental disabilities would be very different from serving the elderly, the concept of an organized array of needed health services in one "health resource center" was appealing.

The health care services and supports developed and provided during the closure processes for Agnews DC and Lanterman DC were another area of consideration. The Task Force was interested in the care coordination provided by the regional centers, especially for health and dental care. Also considered were the transition of health services to managed care, and the services provided by the DC outpatient clinics to ensure continuity of and accessibility to care.

The Task Force recommended exploring a workable model for a health resource center that would address the health needs of the DC residents after they transition to community homes. Where possible, the State should incorporate appropriate existing DC resources. The health resource center should address any gaps in service that may exist including, but not limited to, care coordination, dental, mental health, durable medical equipment, assistive technology, and DC specialty (such as shoes) services. Care coordination was considered a critical component for the successful transition and continued support of any resident,

regardless of their other support needs. It was recognized, however, that as community services develop, the need for the health resource center services may change.

Since most DC residents are receiving Medi-Cal and the use of a service model focused on developmental disabilities will likely require prior federal CMS approval (a waiver or a State Plan Amendment), further work needs to be done to determine the most advantageous approach to providing the specialized, coordinated care.

Recommendation 5: Use of DC Land and Resources
The Task Force generally agreed unused (current and prospective) state DC land should be leveraged to benefit consumers rather than being declared surplus. Members understood surplus land disposition is controlled by the State Constitution and sales revenue cannot be diverted to the developmental disabilities system. However, the property should be considered for future State-operated facilities and to develop community services, including the Health Resource Center and mixed use communities similar to Harbor Village in Costa Mesa.

With regard to the role of the State, the Task Force recommended:
• State land should be retained and the State should enter into public/private partnerships to provide community integrated services, where appropriate. (Note: The four large DCs comprise a total of 2,181 acres of land, of which the core campuses use 878 acres, or about 40 percent of the acreage. Canyon Springs Community Facility has a lease agreement through September 2015, including additional acreage that could be developed. The lease agreement has an option to purchase or exercise a 15 year extension.)

• Existing State buildings on DC property should be used, as appropriate, for developing service models identified in the previous recommendations. Repurposing existing buildings requires meeting current building and seismic safety codes.

Recommendation 6: Future of the Community System
Although outside the scope of this Task Force's charge, the Task Force expressed a desire for DDS to form another task force to address ways to make the community system stronger. Among the many issues to be considered are: 1) the sufficiency of community rates and the impact new State and federal laws and regulations may have; 2) whether current regulations can be streamlined, particularly affecting the licensing of facilities; and, 3) whether certain benefits received by DC residents as part of a DC closure process should be broadened to others in the community. These areas have a significant and long term impact on services for individuals with intellectual and developmental disabilities.

The make-up of the next task force should be similar to the Task Force on the Future of Developmental Centers, including representatives from the DCs. However, the priority given to the work should be after significant progress has been made on Recommendations 1 through 5.

SB 82 (Comm. on Budget and Fiscal Review), Chapter 23, Statutes of 2015

Pages 22-25 (Amendments to existing law in *italics*)

SEC. 5. Section 4474.1 of the Welfare and Institutions Code is amended to read:

4474.1. (a) Whenever the State Department of Developmental Services proposes the closure of a state developmental center, the department shall be required to submit a detailed plan to the Legislature not later than April 1 immediately prior to the fiscal year in which the plan is to be implemented, and as a part of the Governor's proposed budget. A plan submitted to the Legislature pursuant to this section, including any modifications made pursuant to subdivision (b), shall not be implemented without the approval of the Legislature.

(b) A plan submitted on or before April 1 immediately prior to the fiscal year in which the plan is to be implemented may be subsequently modified during the legislative review process.

(c) Prior to submission of the plan to the Legislature, the department shall solicit input from the State Council on Developmental Disabilities, the Association of Regional Center Agencies, the protection and advocacy agency specified in Section 4901, the local regional center, consumers living in the developmental center, parents, family members, guardians, and conservators of persons living in the developmental centers or their representative organizations, persons with developmental disabilities living in the community, developmental center employees and employee organizations, community care providers, the affected city and county governments, and business and civic organizations, as may be recommended by local state Senate and Assembly representatives.

(d) Prior to the submission of the plan to the Legislature, the department shall confer with the county in which the developmental center is located, the regional centers served by the developmental center, and other state departments using similar occupational classifications, to develop a program for the placement of staff of the developmental center planned for closure in other developmental centers, as positions become vacant, or in similar positions in programs operated by, or through contract with, the county, regional centers, or other state *departments, including, but not limited to, the community state staff program, use of state staff for mobile health and crisis teams in the community, and use of state staff in new state-operated models that may be developed as a component of the closure plan.*

(e) Prior to the submission of the plan to the Legislature, the department shall confer with the county in which the development center is located, and shall consider recommendations for the use of the developmental center property.

(f) Prior to the submission of the plan to the Legislature, the department shall hold at least one public hearing in the community in which the developmental center is located, with public comment from that hearing summarized in the plan.

(g) The plan submitted to the Legislature pursuant to this section shall include all of the following:

(1) A description of the land and buildings affected *at the developmental center.*

(2) A description of existing lease arrangements at the developmental center.

(3) A description of resident characteristics, including, but not limited to, age, gender, ethnicity, family involvement, years of developmental center residency, developmental disability, and other factors that will determine service and support needs.

(4) A description of stakeholder input provided pursuant to subdivisions (c), (d), and (e), including a

description of local issues, concerns, and recommendations regarding the proposed closure, and alternative uses of the developmental center property.
(5) The impact on residents and their families.
(6) A description of the unique and specialized services provided by the developmental center, including, but not limited to, crisis facilities, health and dental clinics, and adaptive technology services.
(7) A description of the assessment process and community placement decision process that will ensure necessary services and supports are in place prior to a resident transitioning into the community.
(8) Anticipated alternative placements for residents.
(9) A description of how the department will transition the client rights advocacy contract provided at the developmental center pursuant to Section 4433 to the community.
(10) A description of how the well-being of the residents will be monitored during and following their transition into the community.
(11) The impact on regional center services.
(12) Where services will be obtained that, upon closure of the developmental center, will no longer be provided by that facility.
(13) A description of the potential job opportunities for developmental center *employees, activities the department will undertake to support employees through the closure process,* and other efforts made to mitigate the effect of the closure on employees.
(14) The fiscal impact of the closure.
(15) The timeframe in which closure will be accomplished.

SEC. 6. Section 4474.11 is added to the Welfare and Institutions Code, immediately following Section 4474.1, to read:
4474.11. (a) Notwithstanding any other law, on or before October 1, 2015, the Department of Developmental Services shall submit to the Legislature a plan or plans to close one or more developmental centers. The plan or plans shall meet the requirements of subdivisions (c) to (g), inclusive of Section 4474.1, and shall be posted on the department's Internet Web site. The department may develop community resources and otherwise engage in activities for transitioning developmental center residents into the community, and utilize funds allocated for that purpose as part of the annual Budget Act that is enacted at the 2015–16 Regular Session of the Legislature. Implementation of a plan following the 2015–16 fiscal year is contingent upon legislative approval of the plan as part of the legislative budget process during the 2016–17 Regular Session of the Legislature.
(b) *A plan submitted to the Legislature pursuant to this section may subsequently be modified during the legislative review process. Modifications may include changes based on stakeholder and county-designated advisory group comments, as well as recommendations made by the county in which the developmental center is located.*