

Transform SDC

The Community's Recommendations and the DDS Closure Plan: How do they compare?

Community Recommendations	DDS Closure Plan
Planning and Collaboration Protocol	
<ol style="list-style-type: none"> 1. Designate the County and the SDC Coalition as the Sonoma County organizations that the State will work with in a collaborative manner throughout the multi-year transformation process. 2. Development of a protocol for transparency in reporting health outcomes for individuals who have been moved from SDC as well as other developmental centers to inform the appropriate placement process. 	<ol style="list-style-type: none"> 1. Continue to work with SDC Coalition and Transform SDC to identify ways that Sonoma County and their partners can help realize the transformation of services currently delivered at SDC. Establish three advisory groups (Resident Transition, Quality Management and Staff Support) “for future input and guidance towards a smooth a successful closure.” 2. To improve transparency, the Department will review how best to make data and information collected in the community available to family members and other interested parties. The Department has made note of the PHA’s request to include monitoring for all information currently tracked at SDC and will assess, if possible, how best to capture that data in the community including: <ul style="list-style-type: none"> • Use of restraints • Use of seclusion • Use of emergency psychiatric medications • Significant injuries received during behavioral episodes • Any unexplained injury • A mortality review of all deaths

<p>3. 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; support the staff through the closure process.</p>	<p>3. Establish an "Employee Career Center" at SDC. Contact Sonoma County, regional centers (RC's) and other state departments for development of a program to place staff of SDC.</p> <p>The statewide expansion of the Community State Staff Program (CSSP) "will allow state staff to follow the individuals they work with at SDC into community settings to provide continuity of care."</p> <p>DDS is committed to further exploring incentives for employees to stay at SDC through the end of closure, and will be discussing potential options with the California Department of Human Resources and appropriate bargaining units.</p>
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Client Services

<p>4. SDC should remain open and/or new admissions should be allowed.</p>	<p>4. The closure of SDC became law with Budget Act of 2015. Due to the declining population of the DCs, the decertification of SDC and resulting agreement with CMS, the changes in how federal and state governments deliver services to people with developmental disabilities, and the challenges of maintaining aging facilities, SDC cannot continue services in their present form. Additionally, a moratorium on new admissions became law with the trailer bill to the Budget Act of 2012.</p>
<p>5. Transformation of the SDC must be done in a manner that assures access to high quality medical and behavioral health services and respects and protects the unique and specialized needs of each resident, and their family or guardian.</p>	<p>5. Residents will not move from SDC until appropriate services and supports identified in their Individual Program Plan (IPP) are available in the community. The transition planning process will be used to ensure services and supports are appropriately coordinated and in place when the individual moves.</p>
<p>6. Additional health resources must be developed and available in the community prior to the transition of SDC to ensure that the existing system of care is strengthened to accommodate the complex care needs of this added population.</p>	<p>6. Closure will not occur until appropriate services, as identified in each individual plan, are available in the community and all residents have moved. The Budget Act of 2015 includes \$49.3 million to begin development of community resources to support the transition of SDC residents. These resources will fund the initial development of homes to support consumers, provide additional training for providers, and develop additional programs such as supported living services, day or employment services, crisis services, and transportation support and services. Northern California RCs have established productive partnerships with local health plans that provide medical resources for consumers currently in the community.</p>

- a. A moratorium on transfers from SDC until there is conclusive evidence that equal or better services are available for an SDC resident outside SDC. Regional Centers are responsible for putting needed supports and services in place prior to placement.
- b. Regional Resource Development Project is responsible to ensure transitions are smooth, needed staff training has taken place prior to moves , and any equipment needs, medical, dental, and behavioral supports are in place prior to moves.
- c. SDC administration’s sole role is to ensure that the services at SDC are maintained and that staffing levels are fully sufficient to continue to provide quality care to SDC residents. SDC staff should not be utilized to fill gaps in community services, but this does not include training, monitoring placement or employment of “State Staff.”
- d. There must be assurance that family members and conservators will have unrestricted access to new placement, and would not be required to make an appointment to visit the placement facility.

DDS will work with DHCS, the health plans and RCs to assess and ensure the availability of needed health, dental and behavioral services in surrounding communities. If gaps are identified in services to meet the residents’ needs, DDS will work with the RCs and the health care communities to ensure resources are available.

- a. Under current law, the Department and RCs do not transition individuals out of a DC until the appropriate services and supports, as determined by each individual’s ID Team, are in place in the community. A moratorium would prevent placement out of SDC of individuals for whom appropriate community services and supports have been identified and are available. Moreover, a moratorium on placements from SDC would violate residents’ rights not only under the Lanterman Act but also under federal law.
- b. The Department currently operates three Regional Resource Development Projects, including one at SDC (Sonoma Regional Project). SRP staff will remain involved with persons moving from SDC into the community and will provide a core quality assurance function. After a person has moved, SRP, in coordination with the RC, completes a number of face-to-face visits with the individual. The RC is directly involved in the actual transition of the individual to his or her new home. Anyone moving from SDC to the community will receive enhanced case management for at least two years.
- c. Throughout the placement process, several monitoring and follow up activities are conducted by the RC and the SRP. As needed, the RC or SDC will provide for additional resources to support the individual in their new home. SDC staff may render necessary services in order to complement the community resource.
- d. Not addressed in the Plan or response to comments.

<p>7. The County believes that services – when medically appropriate – are more effective when provided in a community-based setting with a complement of necessary support/wrap-around services versus a more restrictive institutional setting.</p>	<p>7. Every person has already had a comprehensive assessment completed by their RC that identifies the person’s choices, preferences and the types of community-based services and supports needed to ensure a successful transition to a community setting.</p>
<p>8. In collaboration with the County, develop a plan to ensure the ongoing legal representation of conserved SDC clients currently served by the County.</p>	<p>8. The Department will work on maintaining the Volunteer Advocacy Services (VAS) program until final closure and then transitioning the services to the community. The VAS program, is designed to provide advocacy resources and assistance to persons living in state-operated facilities, who have no legally appointed representative to assist them in making choices and decisions.</p>
<p>9. For some SDC residents, a home or community-based setting is not currently available or appropriate. Therefore, 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.</p>	<p>9. In 2012, the Department implemented a statewide specialized resource service (SSRS) list that tracks the availability of specialty residential beds and services. The SSRS has helped reduce the number of individuals finding themselves in inappropriate living situations. New models of service are now available that will further reduce inappropriate placements, including Delayed Egress homes, EBSHs, CCHs and Secured Perimeter homes. In addition to these community-based options, the State is looking at how it should fulfill the role of providing safety-net services to individuals with significant service needs.</p>
<p>10. The County supports the transformation of the SDC from a state-run Intermediate Care Facility (ICF) to a service model that is community-based; developed through public-private-non-profit partnerships; and that serves as a “regional hub,” able to provide specialized services for all intellectually and developmentally disabled (IDD) individuals, including those who may not successfully transition into a home or other community-based setting.</p>	<p>10. As services are developed in the community, the Department will periodically reevaluate the need for health care services on the SDC campus. Options that could be considered include a state/county partnership to develop a FQHC, similar to a number of facilities already in operation in Sonoma County.</p>
<p>11. The County supports a transformed SDC to include the following array of specialized services:</p> <ul style="list-style-type: none"> • A full-service Acute Crisis Center to provide emergency and other necessary health services for IDD individuals in the community who are in need of short term transitional crisis services. This could include expanding and making permanent the existing Northern STAR (Stabilization, Training, Assistance and Reintegration) Acute Crisis Center. 	<p>11. The Department is reviewing the continuation of some key services and programs at SDC. The Department will continue to work with stakeholders and other appropriate entities to determine how best to address some of the overarching constraints that could affect these proposals, including the following issues:</p>

- A Health Clinic to include a focus on the specialized needs of IDD individuals and to provide a full array of services including primary care; care coordination; full array of dental services including preventative services, general and anesthetic dentistry; durable medical equipment and orthotics; behavioral; and preventative care. The Health Clinic could be operated by the state, a private provider, non-profit. Could also be a satellite of an existing clinic or a stand-alone.
- Establish Northern California Health Resource Center at SDC that will address gaps in out-patient services for developmentally disabled individuals (e.g. care coordination, dental, mental health, durable medical equipment, assistive technology). Could include health education, life skills and care management, wellness, exercise and nutrition classes, job training, etc. Could provide a place for health care advocates to meet with residents, family, guardians, and the community for enrollment into health coverage, and to problem solve on issues of coverage, care and general health. Could also provide an opportunity for residents and the broader community to gather and access the natural health environment, including walking paths, other outdoor exercise opportunities and meditation resources.
- Residential Health Services including housing for a subset of SDC residents with specialized needs should be considered in a transformed SDC (housing for individuals with complex medical and behavioral needs, in temporary crisis, who have prior unsuccessful transitions to a community setting and need a place of last resort while they gain additional services to assist them to successfully transition.) This program should be able to utilize SDC state staff.

- CMS HCBS regulation changes;
- Federal funding requirements related to the SDC settlement agreement with CMS; and
- Infrastructure and code issues related to the age of SDC's buildings.

Crisis Services: The Department intends to continue operation of the Northern STAR unit during the transition process. SDC residents, as well as individuals currently living in the community, will have access to crisis stabilization services, as needed, as specified in law. Although Northern STAR is not currently certified by CMS, and is therefore ineligible for federal funding, the Department will pursue independent federal certification as the transformation plan for SDC moves forward.

Northern STAR currently functions as a “facility of last resort” where individuals experiencing behavioral or mental health crises can receive appropriate stabilization services. While the unit meets an immediate system need, as new model care homes (e.g., EBSHs and CCHs) are developed in the community, it will be important to reevaluate the ongoing need for Northern STAR.

Health Resource Center/Clinic Services: The Department will be working to provide health services to residents during the transition and while health care resources are developed in the community. Continuing services include, but are not limited to, medical, dental, adaptive engineering, physical therapy, orthotics, mental health, and behavioral services.

The Department, with assistance from affected RCs, will monitor services available through managed care plans and the establishment of other community health care services to ensure that appropriate supports are being developed. As services are developed in the community, the Department will periodically reevaluate the need for health care services on the SDC campus. Options that could be considered include a state/county partnership to develop a FQHC, similar to a number of facilities already in operation in Sonoma County.

<p>12. PHA supports the creation of housing on the SDC campus for individuals with developmental disabilities as long as it meets the following criteria:</p> <ol style="list-style-type: none"> a. It is developed within the developed footprint on the SDC site. b. It is developed to meet the needs of SDC movers. c. It is developed concurrently with the transition process as necessary to accommodate current residents. d. It does not preclude the key services cited from being developed and retained on the SDC site. 	<p>12. DDS has worked to establish mixed-use housing on other DC property; however, such proposals are subject to budget deliberations and legislative authorization. We look forward to continued conversations with stakeholders and more specificity about what interested parties can bring to the table.</p> <p>Periodic review of clinic services will be established to allow the Department to assess the need for, and the continued viability of, services on-site. Another possible option suggested by stakeholders is the establishment of some of the specialized service model homes on-site, such as EBSHs with delayed egress, or ARFPSHNs. Considerations for developing services on-site include aging infrastructure, licensure and code issues, and the scope of potential projects is limited by adherence to CMS regulations and funding.</p>
<p>13. The plan should include how regional centers will provide appropriate day programs for SDC movers and should, where appropriate, retain day program on site to be available to SDC movers and other regional center clients.</p>	<p>13. The goal of the Community Placement Plan (CPP) is to provide supplemental funding to RCs to enhance the capacity of the community service delivery system. Developing community capacity through the CPP process provides some of the necessary resources to assist in moving people from DCs. The CPP encompasses the full breadth of resource needs including, but not limited to, development of residential homes, community crisis facilities and teams, clinical support services, transportation, training, and day and employment services.</p>
<p>14. The County will continue to work collaboratively with the SDC Coalition to develop financing and management recommendations to the Governor and the Legislature that will “create public/private partnerships to provide community integrated services.”</p>	<p>14. The Department will continue to work with stakeholders and other appropriate entities to determine how best to address some of the overarching constraints that could affect these proposals, including the following issues described earlier in this Plan:</p> <ul style="list-style-type: none"> • CMS HCBS regulation changes; • Federal funding requirements related to the SDC settlement agreement with CMS; and • Infrastructure and code issues related to the age of SDC’s buildings.

Develop a Reuse Strategy for the SDC Campus

15. In order to assess the opportunities for reuse of the SDC campus, it is essential that the State:
- a. 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.
 - b. Conduct a historical resources assessment to identify structures and other site uses that may be subject to historic preservation requirements.
 - c. Work collaboratively with the County and 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.

15. The normal surplus property process will not be used for SDC. The Administration and the Department recognize the natural resources, historic importance and value to our service delivery system of the SDC property. DDS and DGS will continue to work with the community to identify how the property can best be utilized after closure, rather than follow the normal surplus property process.

There will be many considerations for evaluating the various proposals for services to be delivered on-site after closure, including but not limited to: the ongoing need for the services by current SDC residents and the developmental disabilities community generally; the limitations of the infrastructure; the location and accessibility of the services; the ability to support and sustain services through adequate partnerships and funding streams, including federal funding considerations; and the compatibility of the services with current State and federal laws and regulations. Services that have been suggested for potential development include:

- A Health Resource Center/Health Clinic as an FQHC
- Crisis services
- Integrated housing
- Safety-net medical and behavioral services

The Department is unable to make any commitments regarding the future use of the SDC property as part of this Plan, but will work with State, regional and local stakeholders, and federal funding agencies, during the closure process to explore potential options in greater detail.

Protect SDC’s Open Space and Natural Resources

16. In order to fully assess and protect SDC natural resources, open space and the Sonoma Valley Wildlife Corridor, it is essential that the State:
- a. Coordinate complete biological and cultural resource assessments of the SDC property with the DGS, the Legislature and the California Natural Resources Agency.
 - b. Initiate a collaborative process with DGS, the California Natural Resources Agency, California State Parks, the County and interested stakeholders to ensure permanent protection of the critical open space lands on the SDC site.
 - c. The available water resources on the SDC site represent critical local resources that can assist the local agencies and community in complying with and meeting the standards of Sustainable Management Groundwater Act (SGMA).
 - d. Provide information on the current and historical (past 10 years) cost of operation and maintenance of all water and waste water systems onsite.

16. See Discussion Above for #15- Reuse Strategy

Environmental Conditions

An Environmental Site Assessment, which identifies areas of potential environmental concern such as the presence of hazardous materials and potential contamination sources, will be completed as part of the closure process.

Policy and Legislative Recommendations

- 17. Seek waiver to allow continued federal funding through 2020 to fully explore transformation process
- 18. State legislation and federal policy changes to allow for on-site housing on the SDC Campus.
- 19. Seek ways to retain State employees and expertise; support legislation to allow employees to work for the State and serve clients in the community simultaneously.
- 20. Evaluate lessons learned from Agnews and Lanterman to determine what worked and what didn’t
- 21. State legislation to ensure that open space and natural resource lands are permanently protected.
- 22. Other necessary policy and legislative changes needed to implement our recommendations

Many of these issues are addressed in the plan and are referred to in the paragraphs above, but there are no recommendations for specific policy or legislative changes to modify the closure planning process.

Regarding family experiences at Agnews and Lanterman, the Closure Plan has a section entitled “Lessons Learned.” It states, “The Department recognizes the need to learn from past experience and has the benefit of being able to examine “lessons learned” from the relatively recent Agnews (2009) and Lanterman (2014) DC (Agnews and Lanterman, respectively) closures for applicability to the closure of SDC. Recognizing that each DC closure is a very different experience informed by different resident populations, different surrounding communities and stakeholders, and different employment and service options, some common themes presented themselves.”