



New Jersey
Department of Human Services
Division of Developmental Disabilities

Blueprint for the Closure of North Jersey Developmental Center and Woodbridge Developmental Center

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Executive Summary

Since the issuance of the report from the Task Force on the Closure of State Developmental Centers in August 2012, the census at the State's developmental centers (DCs) has declined by over 400 individuals. This depopulation has resulted in the reduction of a number of residential buildings in DCs.

In order to facilitate the movement of individuals currently residing in DCs, the following must occur:

- ◆ Safe, affordable and appropriate community housing options must continue to be developed;
- ◆ Investments must continue to be made in service infrastructure to provide necessary supports for individuals in the community; and
- ◆ Families and guardians of individuals living in DCs must be given the opportunity to be engaged in all stages of planning as decisions are made regarding the individual's move to the community or another developmental center.

Also, as an integral part of closure, DHS will provide employee supports that promote workforce stability and opportunities for employees to determine their future. This Blueprint details the closure process.

New Jersey's Department of Human Services (DHS) operates seven developmental centers (DCs) located throughout the State. Pursuant to P.L. 2011, c. 143, an independent "Task Force on the Closure of State Developmental Centers" (Task Force) was established.¹ The Task Force, comprised of appointments made by the Governor, Senate President and Assembly Speaker, was instructed to perform a comprehensive evaluation of all of the DCs and provide binding recommendations for the closure of one or more. After several months of research, site visits and expert testimony, the Task Force recommended in August 2012 the closure of North Jersey Developmental Center (NJDC) followed by Woodbridge Developmental Center (WDBR), within five years.

This Developmental Center Closure Blueprint describes the activities that will be undertaken by DHS to close North Jersey Developmental Center by July 1, 2014; and Woodbridge Developmental Center by January 1, 2015. This Blueprint includes efforts to expand community-based housing and services, and assistance to individuals, families and staff during the transition.

Overview of North Jersey Developmental Center

History

NJDC opened its doors in February 1928. It was known as the "North Jersey Training School" until July 1983 when the name was changed. In December 1984, NJDC housed 661 residents. The census, as of January 1, 2014, was 190.

Located on a 188-acre tract of land in Totowa, Passaic County, NJDC is the northernmost residential developmental center in New Jersey. It consists of 35 buildings that contain 11 different living areas.

North Jersey Residents

The following is a summary related to the population demographics of the NJDC residents:

- **Age:**
 - 36 percent of NJDC residents are between the ages of 22 and 45,
 - 52 percent between 46 and 64 years of age and
 - 12 percent are 65 and older.
- **Disabilities:**
 - 49 percent of the individuals who reside at NJDC have profound intellectual disabilities
 - 21 percent have severe intellectual disabilities
 - 30 percent have been assessed with mild and moderate levels of intellectual disability.

A majority of the individuals have additional disabilities including:

- 43 percent of the population diagnosed with seizure disorders
- 58 percent diagnosed with autism

¹ The bipartisan legislation establishing the Task Force, S-2928, passed the Assembly by a vote of 75-4 and the Senate by a vote of 38-2, and was subsequently signed into law by the Governor in December 2011.

- 13 percent diagnosed with cerebral palsy
 - 26 percent of individuals are non-ambulatory or require assistance with ambulation
 - 24 percent have vision difficulties
 - 62 percent have hearing impairments.
- **Gender and Ethnicity:**
 - 52 percent of the individuals residing at NJDC are female
 - 48 percent are male
 - 67 percent of the population are Caucasian
 - 26 percent are African American
 - 5 percent are Hispanic
 - 2 percent are Asian/Pacific Islander
- **Length of Residence:**
 - 42 percent of the individuals have resided at NJDC for over 30 years
 - 18 percent have resided at NJDC for 21-30 years
 - 31 percent have resided at NJDC for 6-20 years
 - 9 percent have resided at NJDC for fewer than 5 years.
- **Primary Service Needs:** Individuals at NJDC require a variety of services and supports. Four broad areas of service are outlined below, along with the percentage of individuals for whom that service is their primary need:
 - **Health Care Services** – Nursing intervention and monitoring are required to effectively treat some individuals at NJDC. About 30 percent of the individuals at NJDC have health care needs as their primary service need. This includes the treatment of asthma, diabetes, gastritis, degenerative arthritis, and cardiac issues.
 - **Ambulation** – Approximately 74 percent of the individuals are ambulatory; and 26 percent are non-ambulatory or require assistance with ambulation.
 - **Personal Care** – Approximately 66 percent of the individuals at NJDC require personal care as their primary service need. This need refers to people who require assistance in the areas of activities of daily living (e.g., oral hygiene, bathing, grooming).
 - **Behavioral Support** – Approximately 10 percent of the population at NJDC have been identified as requiring behavioral support as their primary service need. This need addresses individuals who have challenging behaviors that may require intervention for the safety of themselves or others.

Overview of Woodbridge Developmental Center

History

WDBR opened its doors in 1965. It was known as the “Woodbridge State School” until 1983 when the name was officially changed. In December 1984, WDBR housed 642 residents. The census, as of January 1, 2014, was 237.

WDBR is located in a busy suburban area on 68 acres in Woodbridge, Middlesex County. It consists of 25 buildings that contain 16 different living areas.

Woodbridge Residents

The following is a summary of the population demographics of the WDBR residents:

- **Age:**
 - 36 percent of WDBR residents are between the ages of 22 and 54
 - 64 percent are age 55 years of age or older.
- **Disabilities:**
 - 90 percent of the individuals who reside at WDBR have profound intellectual disabilities
 - 8 percent have severe intellectual disabilities
 - 2 percent have been assessed with mild and moderate levels of intellectual disability.

A majority of the individuals have additional disabilities including:

- 30 percent diagnosed with Autism Spectrum Disorder
 - 49 percent diagnosed with cerebral palsy
 - 71 percent of individuals are non-ambulatory or require assistance with ambulation
 - 19 percent have vision difficulties
 - 72 percent have hearing impairments.
- **Gender and Ethnicity:**
 - 45 percent of the individuals residing at WDBR are female
 - 55 percent are male
 - 74 percent of the population are Caucasian
 - 18 percent are African American
 - 8 percent are Hispanic.
 - **Length of Residence:**
 - 76 percent of the individuals have resided at WDBR for over 30 years
 - 14 percent have resided at WDBR for 21-30 years
 - 9 percent have resided at WDBR for 6-20 years
 - 1 percent has resided at WDBR for fewer than 5 years.
 - **Primary Service Needs:** Individuals at WDBR require a variety of services and supports. Four broad areas of service are outlined below, along with the percentage of individuals for whom that service is their primary need:
 - **Health Care Services** – Nursing intervention and monitoring are required to effectively treat some individuals at WDBR. About 100 percent of the individuals at WDBR have health care needs as their primary service need. This includes the treatment of asthma, diabetes, gastritis, degenerative arthritis, and cardiac issues.
 - **Ambulation** – Approximately 29 percent of the individuals are ambulatory; and 71 percent are non-ambulatory or require assistance with ambulation.
 - **Personal Care** – Approximately 100 percent of the individuals at WDBR require personal care as their primary service need. This need refers to people who require assistance in the areas of activities of daily living (e.g., oral hygiene, bathing, grooming).

- **Behavioral Support** – Approximately 18 percent of the population at WDBR have been identified as requiring behavioral support as their primary service need. This need addresses individuals who have challenging behaviors that may require intervention for the safety of themselves or others.

Closure Timeframe

Model for Moving People Out of Developmental Centers

This closure plan for NJDC and WDBR began in August 2012, following the binding recommendations submitted by the Task Force for the Closure of Developmental Centers, and will culminate January 1, 2015.

Year one, FY13, resulted in a census reduction of 78 individuals at NJDC and 25 individuals at WDBR.

The census reduction at NJDC was a result of:

- 44 community placements
- 22 transfers to other DCs
- 1 skilled nursing home placement
- 11 through natural attrition

The census reduction at WDBR was a result of:

- 19 community placements
- 6 through natural attrition

As of January 1, 2014, there has been a census reduction in year two, FY14, of 93 individuals at NJDC and 72 at WDBR.

The census reduction at NJDC was a result of:

- 29 community placements
- 60 transfers to other DCs
- 4 through natural attrition

The census reduction at WDBR was a result of:

- 15 community placements
- 52 transfers to other DCs
- 5 through natural attrition

The projected census reduction for NJDC during year two (FY14) will include:

- 70 individuals transitioning to community placements
- 176 individuals moving to another DC

The projected census reduction for WDBR during year two (FY14) and year three (FY15) will include:

- 25 individuals transitioning to community placements
- 264 individuals moving to another DC

DHS also is expanding community capacity to move individuals from DCs, other than North Jersey and Woodbridge, through its commitment to *Olmstead*, which requires states to provide community living opportunities to individuals residing in institutions. It is estimated that through these efforts, 600 additional community placements will be made between FY13 and FY17.

The closure plan allows for a phased-in community placement process to ensure that an agency and housing infrastructure is established to accommodate transitioning DC residents.

Year One – FY13:

In year one of the Closure, 167 individuals moved from the DCs to community settings. The breakdown was as follows:

- 44 discharges from North Jersey Developmental Center to the community
- 19 discharges from Woodbridge Developmental Center to the community
- 104 discharges from the other five DCs (funded via *Olmstead*)

Housing Capacity for Year One

DDD has worked to utilize existing vacancies in group homes across the state for individuals wanting to move from DCs to the community. Some placements were made to existing vacancies, and others required the development of new housing. New housing is developed based upon the geographic preference and needs of the individuals moving to the community, and can include group homes, apartments or supportive housing options.

In FY13, DDD developed 119 new homes or apartment settings; each were required to designate at least one housing opportunity for individuals moving from DCs to the community through *Olmstead* or Return Home NJ (RHNJ), which transitions individuals in out-of-state placements back to New Jersey. This resulted in a total of 186 new development housing placements. Individuals transitioning to the community via *Olmstead* or RHNJ also were able to take advantage of housing placements that were not specifically targeted for these two initiatives.

In FY14, DDD anticipates the development of at least 138 new homes or apartment settings that will offer a total of 243 housing placements specifically designated for *Olmstead* or RHNJ.

Table 1
Olmstead Placements – Year One (FY13)

Year One – FY13 <i>Olmstead</i>					
<u>Year One</u>	NJDC		WDBR	Other DCs	Total FY13
Community	44		19	104	167
Inter-DC Transfers	Greenbrook Regional Center	4			
	Hunterdon DC	1			
	New Lisbon DC	8			
	Vineland DC	9			
	Woodbine DC	0			
Total Inter-DC Transfers	22		0	0	22

Year Two – FY14:

In year two of the closure, 228 individuals will move from DCs to community settings. The breakdown will be as follows:

- 70 discharges from North Jersey Developmental Center to the community
- 20 discharges from Woodbridge Developmental Center to the community
- 138 discharges from the other five DCs (funded via *Olmstead*)

Table 2

Olmstead Placements – Year Two (FY14)

Year Two – FY14 <i>Olmstead</i>						
<u>Year Two</u>	NJDC		WDBR		Other DCs	Total FY14
Community	70		20		138	228
FY14 Inter-DC Transfers Completed	Greenbrook Regional Center	7	Greenbrook Regional Center	2		
	Hunterdon DC	1	Hunterdon DC	7		
	New Lisbon DC	24	New Lisbon DC	10		
	Vineland DC	25	Vineland DC	26		
	Woodbine DC	3	Woodbine DC	7		
Transfers Completed Effective 1/1/14	60		52			
Total Inter-DC Transfers	176		127		0	303

Year Three – FY15:

In year three of the closure, 153 individuals will move from DCs to community settings. The breakdown will be as follows:

- 5 discharges from Woodbridge Developmental Center to the community
- 148 discharges from the other five DCs (funded via *Olmstead*)

Table 3

Olmstead Placements – Year Three (FY15)

<u>Year Two</u>	WDBR	Other DCs	Total FY15
Community	5	148	153
Total Inter-DC Transfers	137	0	137

Closure Process

Transition Team

To facilitate residents' moves into the community, the following Transition Team has been established to assist with the closure:

- **Project Manager** – to manage all aspects of community placements from the seven DCs.
- **Supervising Community Program Specialist** – to manage placements from the seven DCs into existing vacancies and develop/revise procedures governing community placements.
- **Community Program Specialists** – to review all service plans and to supervise the assigned Transition Case Managers (TCMs).
- **Transition Case Managers** – to plan and oversee individuals' transitions to the community or other residential settings, ensuring all supports and services are in place prior to placement.
- **Quality Assurance Specialist** – to provide quality oversight of the closure in relation to the Money Follows the Person program for which DDD is a participant. This staff assures that appropriate follow-up reviews are conducted for all individuals who move to the community.

Additionally, existing staff are assisting with the closure in the following roles:

- **Olmstead Staff** – to facilitate transitions for individuals from DCs other than NJDC and WDBR, working in conjunction with Transition Case Managers assigned to the DCs.
- **Office of Program Support Staff** – to facilitate inter-DC moves from NJDC and WDBR.
- **Chief Executive Officers (CEOs)** – to ensure a safe and secure environment at the DC and all services continue to be provided during the process of closure. The CEOs will continue to assist in eliminating barriers that may arise and work to maintain morale at the DC.
- **NJDC and WDBR Supervisors** – to coordinate visits and moves to the community and supervise the Transfer Team. The Supervisors also assist with the consolidation of buildings.
- **Transfer Teams** – to assist the individual with visits and moves to the community or to another DC.
- **Rutgers Community Living Education Project (CLEP)** – to work with families on increasing knowledge of community living, including coordinating visits to existing community residences.
- **Advocacy Coordinators** – to provide support to individuals moving to the community.
- **Resource Team (Physical/Nutritional Management)** – to provide individualized training for case managers, day program staff, and residential staff when individuals with physical/nutritional management needs move to the community. The primary role of these staff is assisting individuals in their transition and for 90 days post placement. These staff will also be available thereafter for crisis intervention. This team shall remain in the community once NJDC and WDBR are closed.
- **Resource Team (Training)** – to provide generic training for case managers, day program staff, and staff from homes regarding physical and nutritional management and behavior support. The primary role of these staff will be to ensure community staff are provided with basic knowledge that will assist them in providing services to consumers transitioning from DCs. This team shall remain in the community once NJDC and WDBR are closed.
- **Resource Team (Behavioral Support)** – to provide individualized training for case managers, day program staff, and residential staff when individuals with behavioral challenges move to the community. The primary role of these staff will be to assist individuals in their transition and for 90 days post placement and be available thereafter for crisis intervention. This team shall remain in the community once NJDC and WDBR are closed.

- **Contracted Behavioral Support Resources** – DDD has contracts with two agencies to provide individualized training for case managers, day program staff, and residential staff when individuals with behavioral challenges move to the community, during their transition and for 90 days post placement. Natural Setting Therapeutic Management is a behavioral consultation and training program affiliated with Rutgers University. This program is designed to teach families and/or staff of people with intellectual disabilities and challenging behavior methods to construct and maintain a therapeutic environment at home. The Integrated Service Delivery Team is a program of Trinitas Regional Medical Center that is designed to address the unique challenges of individuals with a dual-diagnosis (having an intellectual disability and mental illness) living in the community.
- **Support Staff** – to set-up meetings and record minutes.
- **Human Resources Staff** – to handle all employee issues, including staff transfers to other DCs or positions, job fairs, counseling and the establishment of an Employee Resource Information Center (ERIC).
- **IT Staff** – to assist in creating databases to track the progress of the closure.

During the transition process, the NJDC and WDBR CEOs and Project Manager are committed to planning on behalf of the individuals, their families/guardians and staff. Each works collaboratively to provide ongoing education, support and communication to all involved parties. Each CEO and Project Manager work to eliminate barriers, in the DC and in the community, which could slow the transition process. The Project Manager oversees the smooth transition of individuals into their new homes and ensures that pertinent information including: the individual's name, date of placement, provider agency, location of placement and case notes, is entered into a database and placements are tracked.

The NJDC and WDBR Interdisciplinary Teams (IDTs) consist of a Habilitation Plan Coordinator, the individual, the guardian, family and staff to assist in the development of transition plans with the Transition Case Manager and community services staff providing technical assistance where needed. Transition plans provide strategies including, but not limited to, appropriate positioning, diet awareness and behavioral interventions.

As needed, agency staff (where the placement is to occur) will be provided mandatory training at NJDC and WDBR. Additionally, prior to placement, agency staff will “shadow” the DC staff for “hands-on training” and to foster a relationship with the resident for an easier transition.

Placement Preference

The guardian of each individual residing at NJDC and WDBR was sent a Placement Preference Survey to indicate whether their preference was community placement or placement in another DC. The survey also afforded guardians choosing community placement to select a particular geographic area. Because placement in another DC is dependent upon available vacancies, guardian preference for placement at a particular DC cannot be guaranteed.

Developmental Disabilities Resource Tool (DDRT) and Individual Budgets

Each individual residing at NJDC and WDBR, along with residents from all state DCs, have been assessed using the Developmental Disabilities Resource Tool (DDRT), which measures the needs of each individual in the below areas:

- Habilitation

- Nursing
- Nutrition
- Occupational Therapy
- Physical Therapy
- Psychology
- Social Work
- Speech

Information from the assessment identifies the supports an individual may need to live successfully in the community. The three main areas include levels of Self-Care Support, Medical Support and Behavioral Support.

Based on these factors, DDD establishes an “up-to” budget for the individual’s residential and day/employment services. The estimated budget allows DDD to properly set aside funds each year for the continued support of individuals in the community.

Housemate Selection

When individuals are referred for community placement, the TCM confirms or solicits the geographic preference of the individual or guardian utilizing the Placement Preference Survey. The task of putting together an appropriate housemate grouping then begins. The starting point for housemate groupings is based on health and safety and compatibility, followed by preferred geographical preference.

If individuals know one another, they are asked their opinion regarding the suggested housemate match. In ideal situations, the housemates are people who reside in the same cottage or attend the same day program at the DC. If the individuals involved are not able to communicate their preferences, the staff who know them best at the DC may be interviewed to make a preliminary decision whether to pursue the matches. If potential housemates are not known to each other, or have never met, arrangements may be made for all parties to meet.

Service Plan Development

Individuals referred for community placement have customized service plans, outlining their preferred and necessary services in a community setting. Additionally, a Support Needs Checklist (SNC) and Health Safety Risk Summary (HSRS) have been completed. If significant risks such as fire-setting behaviors, a history of inappropriate sexual behavior or conviction of a sexual offense are identified, a Risk Assessment is completed by a trained Psychologist. Agencies seeking to provide services for these individuals are provided the Risk Assessment, Safety Plan and/or Behavior Support Plan so that they can best plan services prior to the move. Services are reviewed by DDD staff to ensure identified areas of risk have been adequately addressed.

Agency Selection

Pertinent information for individuals identified for community placement and their respective housemates is uploaded to an encrypted, secure File Transfer Protocol Server (FTPS). Included is the individual’s service plan, SNC, HSRS and, if applicable, Behavior Support Plan. In order to gain access to the FTPS, agencies must request a user name and password from DDD. Only agencies that have passed DDD’s qualification process are eligible to receive a username and password.

Transfers to Other Settings

There are some NJDC and WDBR residents who, based upon information received from their guardian on a Placement Preference Survey, are unwilling to move to the community at this time. These individuals will be transferred to other DCs. A Quality Enhancement Procedure was developed and implemented to ensure safe and appropriate transfers from one DC to another. Selection of an alternate DC is based upon several factors including but not limited to: where vacancies exist that can support the individual, frequency of family visits, proximity to involved family, and availability of a peer group. The individual and his/her family/guardian is given an opportunity to learn about and visit the DC(s) identified where there is an available vacancy that will be able to meet the individual's needs. Once another DC is selected, a transition plan is developed by the IDT and visits occur, as necessary, prior to transfer. Inter-DC transfers are tracked and monitored weekly by DDD.

DDD does not promote placement of individuals moving from DCs into nursing homes.

Plan to Develop Housing Opportunities for Individuals Transitioning from Developmental Centers to the Community

To facilitate the movement of individuals currently residing in DCs, expanded opportunities for safe, affordable and appropriate housing is being developed in the community. The Department of Community Affairs and DHS have formed a Special Needs Housing Partnership to provide housing to 600 individuals with intellectual disabilities. Agencies can pursue funding such as HUD 811, County HOME, Federal Home Loan Bank and/or the Special Needs Housing Trust grants to develop housing placements.

In FY14, 180 individuals (inclusive of *Olmstead* movement from other DCs) will be transitioned to the community. It is projected that this will require the creation of new housing sites based upon the expressed geographic preference of the guardian and the support needs of the individual.

To develop these homes, DDD is working with housing developers that have expertise in creating housing for people with disabilities and who are certified with the NJ Department of Community Affairs (DCA). DDD, the NJ Housing & Mortgage Finance Agency (HMFA) and the NJ Supportive Housing Association (SHA) hosted a collaborative meeting/focus group in February 2011 with a group of developers to determine their level of interest and to gather ideas and input into the process.

DCA, via the Special Needs Housing Partnership with DHS, is assisting in the development of housing options for individuals transitioning from DCs. DCA has made available a variety of funding sources to housing developers to create the number of units referenced within this plan. In order to accomplish this goal, DCA, in partnership with HMFA and DDD, issued a Request for Qualifications (RFQ) to identify experienced developers that can deliver a prescribed number of units consistent with the closure time line. The respondents were housing developers or service providers who have experience in housing development.

In addition to the above, DDD has actively encouraged the creation of capital financing resources for the development of new housing, including:

- ***The Sandy Special Needs Housing Fund***
- ***The Money Follows the Person Rebalancing Fund***

- **Low Income Housing Tax Credit Program**
- **Olmstead Capital**

Participation in the Money Follows the Person Program

The Money Follows the Person (MFP) Rebalancing Demonstration is part of a comprehensive, coordinated strategy to assist states, in collaboration with stakeholders, in making widespread changes to their long-term care support systems. This initiative advances New Jersey's efforts to reduce reliance on institutional care, while developing community-based long-term opportunities for care. The Centers for Medicare and Medicaid Services (CMS) is the federal funding source.

MFP provides enhanced federal funding toward the cost of services to eligible individuals for one-year post discharge from a qualified institution. The individual must be Intermediate Care Facilities (ICF) eligible in the DC in order to be eligible for MFP. The amount of money New Jersey receives for MFP is placed in a rebalancing fund, which CMS requires to be used to improve or create new home and community-based services or initiatives. This fund helps DDD ensure that home and community-based services are available to support individuals transitioning to the community.

To be eligible for MFP, an individual must:

- have spent a minimum of three months (90 consecutive days) in a nursing facility, requiring long-term care services, or a DC;
- meet both the clinical and financial eligibility requirements for Medicaid for at least one day prior to transition from the nursing facility or DC; and
- transition to one of three CMS defined community residence categories:
 - a home owned or leased by the individual or the individual's family member;
 - an apartment with an individual lease, with lockable access and egress, which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control; or
 - a residence, in a community-based residential setting, in which no more than four unrelated individuals reside.

An individual desiring to participate in the MFP program must provide informed consent and indicate a willingness to comply with the requirements of the Medicaid Waiver Program. DDD ensures that every person who is eligible is enrolled in MFP.

Each DC resident also is administered a CMS-developed MFP Quality of Life Survey on three occasions: just prior to transition to the community, one year post-discharge, and two years post-discharge. This information is used to inform CMS about each person's quality of life as a result of transitioning to the community. As DDD moves residents eligible for MFP from DCs into the community, it will receive an enhanced federal match of 75 percent (compared to current 50 percent) through the Community Care Waiver (CCW) for individuals living in homes with no more than four residents. The additional 25 percent match is placed into a rebalancing fund for use in improving or increasing the home and community-based service infrastructure.

Eliminating Admissions to Developmental Centers

An essential component of the NJDC and WDBR closures and *Olmstead* is to eliminate the need for admissions to DCs. An Admission Review Panel was established by DDD to review DC admissions

and to make recommendations to reduce admissions when possible. This committee was disbanded in June 2013 since there had not been an admission to a DC since December 27, 2011.

No future admissions to a DC shall occur unless a Pre-admission Review has been conducted by an Independent Admissions Review Officer (IARO). If, after conducting a Pre-Admission Review, the IARO does not agree with the individual's admission, the individual will not be admitted to a DC unless the Assistant Commissioner determines that the admission is necessary for the individual's health, safety and welfare.

DDD is eliminating admissions to DCs by:

- providing in-home supports for people who choose to care for family members with an intellectual disability at home;
- developing supports to respond to emergencies in the community where individuals with intellectual disabilities require immediate intervention;
- developing "specialized emergency homes" that provide stabilization for behavioral, psychological and/or medical crises that temporarily preclude individuals with intellectual disabilities from living at home with their families; and
- assisting individuals living at home who receive waiver services to gain access to transportation, employment, education, medical/psychiatric/behavioral services and social activities, along with any other related service, that may be necessary.

Through this collaborative model, services and supports are readily available to individuals living in the community when emergent needs arise and to prevent unnecessary institutional placements.

Increasing Community Placements and Supports

Many DDD-contracted providers are expanding their medical, behavioral, psychiatric, barrier-free and emergency services to address the needs of individuals in the community. DDD continues to encourage and support these efforts, as well as increase services for individuals who reside in their own homes who need behavioral/psychiatric services, in-home crisis services, in-home and out-of-home respite, transportation and employment/day program services.

Filling Community Vacancies

On a monthly basis, DDD's Housing Unit provides the Olmstead Unit with information on existing vacancies in community residences. This information is reviewed to determine if a vacancy would be appropriate for an individual who desires to move to the community and has not yet chosen an agency. A maximum of three individuals are identified for each vacancy. The TCM forwards pertinent information regarding each individual to the agency, which then determines the individual most appropriate for the placement. A proposal then is developed and provided to the individual and/or guardian for consideration. If selected, the planning process commences.

Community Safety

DDD recognizes the need to ensure individuals are healthy and safe in every setting. Some of the systems in place to assure health and safety include: DHS' Office of Licensing (OOL), DHS' Office of Program Integrity and Accountability (OPIA), DDD's Community Services Case Management, DDD's Office of Quality Management and Planning (OQMP), and Internal Agency Quality Assurance. There is also a DDD Abuse and Neglect Hotline, which is answered by a risk management employee. All

calls receive guidance, follow-up, and referrals if needed to other appropriate agencies. Calls pertaining to individuals supported by DDD are documented in Unusual Incident Reporting Management System.

The OOL works to ensure the protection of health, safety, welfare and rights of individuals through regulation of community residences via a licensing process conducted annually, or as needed. Examples of areas reviewed during the licensing process include:

- Policy and procedure manual developed and implemented;
- Criminal history background checks are completed by the Central Fingerprint Unit, within the OPIA, for all agency employees, volunteers and Community Care Residence Providers;
- Potential employees and volunteers are screened against The Central Registry of Offenders Against Individuals with Developmental Disabilities which includes any caregiver determined through a DHS investigation to have abused, neglected or exploited and individual with a disability.
- Staff trained in basic and specialized areas such as diets and adaptive equipment;
- Individuals' records include the plan of care, medical follow up, medication administration and financial records;
- Advocacy, rights and provision of services ensured;
- Nutritionally balanced meals/snacks are provided;
- Fire safety; and
- The safety of the interior and exterior of the residence are inspected.

The OOL enables inspectors to provide more immediate technical assistance and evaluation to agencies that warrant closer review, as well as an ability to implement strategies to intervene before deficiencies result in harm to service recipients. Additionally, in order to respond effectively and efficiently, the Special Operations Unit (SOU) was established to assure systemic and timely review and response to complaints, reportable events and Unusual Incidents. The SOU also conducts random, unannounced visits to programs or visits based upon concerns and/or complaints received.

The OPIA, under which OOL is situated, developed a "Data Dashboard" in 2010 that is useful to review and evaluate specific performance categories for community residential and day program providers. The report is data driven and is organized using national guidelines that measure operations in health, safety, fiscal integrity and overall operations. The methodology provides users with the tools to identify provider agencies' areas of strength and to assess indicators of potential systemic risks. This information is designed to serve as a resource for DDD, providers, stakeholders, consumers and their families and the general public to better navigate the complex 'universe' of residential and day program services.

Within DDD, a Community Services Case Manager is assigned when an individual moves to a community residence. The case manager provides face-to-face visits with the individual and provides oversight of services on a monthly or quarterly basis. These extensive monitoring activities are paramount in securing the health and safety of individuals residing in community-based settings.

The OQMP develops, implements and establishes Continuous Quality Improvement practices, including: discipline-specific best practice standards, assessment of vulnerabilities in programs, recommending improvements and fostering consistent practices. The OQMP also provides regular audits and technical support related to services delivered and works with provider agencies in a collaborative effort to strengthen agencies and to support them in meeting DDD's expectations.

DDD requires that all agencies under contract to provide services to eligible individuals utilize a systematic, organization-wide approach for continually improving all processes and incorporate those activities into a Continuous Quality Improvement (CQI) Plan.

On April 30, 2010, New Jersey Statute, Title 30:6D, Central Registry of Offenders Against Individuals with Developmental Disabilities, was signed into law by Governor Christie (P.L. 2010, c. 5). This statute, which became effective October 27, 2010, established a confidential registry, maintained by DHS, of paid caregivers and volunteers determined by DHS to have abused, neglected or exploited an individual with an intellectual disability. A caregiver is defined as a person who receives State funding, directly or indirectly, to provide services, supports, or both. Upon placement on the Central Registry, the caregiver can no longer care for individuals with intellectual disabilities in state-operated programs, facilities or programs licensed, contracted or regulated by DHS or state-funded, community-based services.

Ongoing Facility Operations

While NJDC and WDBR are in operation, the CEOs will continue to ensure a safe, secure environment, which includes the provision of continuous active treatment for all individuals. Detailed plans are developed by the CEOs and their facility administration at meetings held twice monthly to address all aspects of the closure.

Staff ratios mandated by ICF/IDD regulations have been and will continue to be maintained on all shifts, in all locations. As the number of residents continues to decrease at the facility, consolidation of living units will be considered, taking into account the safety and well-being of the individuals while minimizing disruption. When living units are closed, familiar staff will continue to be reassigned with individuals whenever possible to provide continuity of care.

When closing or consolidating living units, the IDT meets to discuss each individual and develop plans to ensure a smooth transition. A thorough review of medical concerns, behavioral supports/interventions and programmatic needs is completed. Professional staff provides in-service training as it relates to behavior support plans, positioning plans, meal time recommendations, preferred activities, use of adaptive equipment, provision of medical treatments, etc.

Individuals, where appropriate, are provided counseling regarding their move to alleviate any concerns. On the day of the move, individuals are accompanied by staff who provide support and assistance as needed to both the individual and the receiving staff. Personal items are transferred on the day of the move and are immediately made available for the individual's use in the receiving living unit. Within one week of an individual moving, staff follow-up to ensure a successful transition.

Supervisory and Quality Assurance staff ensures the supports and services identified for each individual according to their Individual Habilitation Plan are provided to maximize independence. Throughout the closure process, Quality Assurance staff will monitor to ensure the appropriate provision of services and that a safe and secure environment is maintained. Reviews of all incidents involving individuals are conducted, recommendations implemented and appropriate corrective actions taken. Facility Risk Management Committee review and implementation of proactive action plans regarding client safety and health will remain a priority. Safety Officer monitoring of all residential and programmatic sites ensures adherence to safety codes and regulations.

Communication

Communication and outreach are paramount in ensuring the smooth transition of NJDC and WDBR residents to the community. DHS has engaged in legislative, stakeholder, advocate, family and staff meetings. Ongoing communication will continue to be provided to all concerned parties via newsletters, meetings, letters and the DDD website.

Essential Communication Actions:

- Public Hearings for all Stakeholders

Prior to closing NJDC and WDBR, there are required actions that DDD must take. Pursuant to current statute, at least one public hearing must be held; it must be held at least 45 days prior to closure and within 15 days of a publication of a Notice of Intent to close the facility. The public hearing is open to the general public and must give an opportunity to all persons to either provide written or in-person testimony.

- Individuals and Families

DHS has developed a publication of profiles entitled, "Moving Forward," highlighting the lives of former DC residents living in the community. Arrangements have been made to promote discussions with individuals who have had successful transitions, along with their family members, to allay the concerns of residents moving into the community. Family and advocacy groups continue to share important information about community living with individuals and their families.

Additionally, families are invited to participate actively in the development of Service Plans. At these meetings, individual's wishes, desires and needs are discussed and explored so they can be realized in the community.

- Staff

It is the intent of DHS to minimize the impact of the closure on DC employees. The decision to close NJDC and WDBR is not a reflection on the caliber of staff at these facilities or the high quality of care they have provided. Employees are provided with timely and accurate information about the closure process and employee rights and options.

- Community

Meetings are conducted with community members to discuss concerns as homes are established in their proximity. Placements into the community also are closely monitored and tracked.

Advisory and Oversight Processes

The *Olmstead* Implementation and Planning Advisory Council will continue to monitor the NJDC and WDBR closures to ensure adherence to established timeframes. Working closely with DDD leadership, the Council will provide on-going review and feedback from a wide spectrum of perspectives. The Council consists of representatives from the following:

- Self- Advocates;
- Family Members;
- Provider Agencies;
- Provider Trade Organizations;
- Disability Rights New Jersey;
- New Jersey Developmental Disabilities Council;
- Boggs Center - Rutgers University;
- DHS/DDD; and
- DC Staff.

Throughout the closure process, DDD will continue to closely monitor the outcomes. Any significant findings and/or modifications will be communicated to Disability Rights New Jersey, the Department of Health, CMS and our contracted *Olmstead* Consultants.

Evaluation

In addition to the monitoring of health and safety that occurs for individuals in the community, individuals transitioning to the community have a Follow-Up review conducted at 30, 60 and 90 days following their move. Additional follow-up reviews are done if issues persist. The follow-up review teams utilize the individual's SNC as a guide to ensure all identified supports and services are being provided to the individual. The reviews are done with a face-to-face visit with the person by a team consisting of, at a minimum, the community services case manager and a staff person who knows the person well. These reviews, along with the MFP Quality of Life Surveys provide for monitoring of individuals moving to the community prior to their move and at 30 days, 60 days, 90 days, one year and two years post move.

The visits are documented on the "*Olmstead* Follow-up Survey" form, which includes questions about satisfaction and captures issues that are identified as needing follow-up by the community services case manager and the provider agency. Select Survey questions have been identified by DDD Risk Management Unit as "Red Flag" issues that would require immediate correction. Community Services supervisory staff is responsible to ensure actions are taken to resolve identified issues.

Quantitative and qualitative data is aggregated from the visits and analyzed by the MFP Quality Assurance Specialist. Quarterly reports and annual reports are utilized to identify trends and systemic issues as DDD strives towards continued client satisfaction. DDD monitors and reports annually on the progress of individuals who have transitioned from DCs to community placements to evaluate the success of their placement in the community.

Property

DHS has advised the New Jersey Department of Treasury of the intent to close NJDC and WDBR, and once completed, the properties will be turned over to that department for disposition. Meetings have taken place with the Economic Development Authority and efforts to repurpose these sites will be made by exploring potential local, county or state uses. Discussions will continue to focus on potential alternative uses for the vacated sites and avenues to keep jobs within the area. The potential sale of the properties also will be explored.

Vehicles, furnishings, office equipment and supplies at the sites are being transferred to other DCs as needs arise. Once the doors of the facilities are closed, remaining equipment will be made available to the community and other state offices.

Closure Activities

Table 11
NJDC Closure Activities Completed

<p>The Task Force on the Closure of State Developmental Centers met over the course of five months, during which it heard testimony, visited the seven developmental centers, toured community residences, engaged in extensive fact finding, and held public hearings. The Task Force considered several factors in its deliberations including, system census and capacity, residents' readiness for the community, community development, economic impact and operational costs/needs of each developmental center. During the public hearing the Task Force held on July 23, 2012, pursuant to Public Law 2011, c. 143, they voted to close North Jersey Developmental Center followed by Woodbridge Developmental Center within the next five years.</p>	
Task	Completion Date
Met with NJDC Executive Staff	7/26/12
Met with individuals from NJDC to explain the closure	Began 7/27/12
Meeting held with staff from NJDC	8/10/12
Information regarding "Frequently Asked Questions", "Community Services Frequently Asked Questions", and "Olmstead at a Glance" were added to DDD's Website	8/17/12
Began phone calls to guardians advising them that a letter and survey regarding placement preferences would be mailed to them within the next few weeks.	9/4/12-9/7/12
Meetings held with individual families/guardians at NJDC regarding closure	9/11/12 3:00pm & 6:00pm 9/13/12 3:00pm & 6:00pm 9/15/12 1:00pm & 4:00pm 9/19/12 3:00pm & 6:00pm 9/25/12 3:00pm & 6:00pm 10/2/12 3:00pm & 6:00pm 10/4/12 3:00pm & 6:00pm 10/9/12 3:00pm & 6:00pm 10/11/12 3:00pm & 6:00pm 10/17/12 3:00pm & 6:00pm 10/20/12 1:00pm
Placement preference surveys mailed to guardians.	9/2012
Letter sent to families updating them on the status of the closure. Letter requested that the families/guardians work with the developmental center staff to facilitate the movement of their loved one.	5/21/13
<p>The CEO at NJDC continues to hold meetings on a quarterly basis with NJDC families and on a monthly basis with staff to update them on the status of the closure.</p>	

Closure Activities

Table 12
WDBR Closure Activities Completed

The Task Force on the Closure of State Developmental Centers met over the course of five months, during which it heard testimony, visited the seven developmental centers, toured some community residences, engaged in extensive fact finding, and held many public hearings. The Task Force considered several factors in its deliberations including, system census and capacity, residents' readiness for the community, community development, economic impact and operational costs/needs of each developmental center. During the public hearing the Task Force held on July 23, 2012, pursuant to Public Law 2011, c. 143, they voted to close North Jersey Developmental Center followed by Woodbridge Developmental Center within the next five years.

Task	Completion Date
Met with WDBR Executive Staff	7/31/12
Met with individuals from WDBR to explain the closure	8/10/12
Meeting held with staff from WDBR	8/10/12
Information regarding "Frequently Asked Questions", "Community Services Frequently Asked Questions", and "Olmstead at a Glance" were added to the DDD Website	8/17/12
Began phone calls to guardians advising them that a letter and survey regarding placement preferences would be mailed to them within the next few weeks.	9/24/12-9/28/12
Placement preference surveys mailed to guardians.	9/2012
Meetings held with individual families/guardians at WDBR regarding closure	9/18/12, 3:00pm 10/23/12, 3:00pm & 6:00pm 10/25/12, 3:00pm 11/17/12, 1:00pm & 4:00pm 12/1/12, 1:00pm 12/8/12, 4:00pm
Letter sent to families updating them on the status of the closure. Letter requested that the families/guardians work with the developmental center staff to facilitate the movement of their loved one.	5/21/13
Woodbridge holds quarterly Town Hall meetings for staff on all three shifts and held a meeting for families in October 2013. Administration meets with the Parents Association President every month to keep the group informed.	Ongoing