State of New Jersey

Department of Human Services

North Jersey Developmental Center Year Three Closure Report

NJ DHS Office of Research, Evaluation & Special Projects

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Introduction

In 2006, the State Legislature required the New Jersey Department of Human Services' (NJ DHS) Division of Developmental Disabilities (DDD) to "develop a plan with established benchmarks to ensure that within eight years of implementation, each resident in a State developmental center who expressed a desire to live in the community and whose individual habilitation plan so recommends, is able to live in a community-based setting."[1] Thus, in 2007, DDD introduced its "Path to Progress" plan.[2] This plan aimed to enable residents of State Developmental Centers (DCs) who wanted to live in the community to do so. In 2011, a new statute created a five-person "Task Force on the Closure of State Developmental Centers" empowered to review all of the DCs and make binding closure recommendations. In July 2012, the members of the Task Force voted to close North Jersey and Woodbridge Developmental Centers within five years.[3] North Jersey Developmental Center closed on July 1, 2014; Woodbridge Developmental Center closed on January 9, 2015.

Subsequently, in January 2016, a law[4] was enacted requiring the NJ DHS to "conduct or contract for follow up studies of former residents" of North Jersey Developmental Center and Woodbridge Developmental Center who transitioned into the community after August 1, 2012 as well as others who were placed in the community as a result of plans to close another State developmental center.[5]

Through this legislation, the Commissioner of the Department of Human Services is required to submit reports from these studies to the Governor and the Legislature on an annual basis for each of five years following the closure of both developmental centers. It is important to note that attrition and changes in the type of residential placement complicate year-to-year comparisons, as some community based individuals have moved to skilled nursing facilities and DC residents to the community[6]

This report presents data for the third year following the closure of North Jersey Developmental Center. It addresses the topics mandated in legislation focusing on persons, settings, services and outcomes. Unless otherwise specified, tables and graphs depict information for Year 3. As

[1] See http://www.njleg.state.nj.us/2006/Bills/S1500/1090_R1.PDF
[2] http://nj.gov/humanservices/ddd/documents/Documents%20for%20Web/Olmstead/JSOlmPlanFinal.pdf
[3] The Task Force's final report is available here: http://www.state.nj.us/humanservices/ddd/documents/Documents%20for%20Web/Closure%20Task%20Force%20Report.pdf
[4] A-1098/S-671 (Vainieri Huttle, Eustace, Diegnan, Giblin/Pou, Sarlo, Weinberg). See: http://www.njleg.state.nj.us/2014/Bills/PL15/197_.PDF
[5] Or State psychiatric hospital.
[6] A number of North Jersey DC residents initially moved to another DC before eventually moving to the community. See North Jersey Developmental Center Initial & Year 2 Closure Report.

feasible and appropriate, contextual comparisons are made between consumers moved into community placements and those residing in developmental centers. Information was obtained from a variety of sources and utilized methodologies including consumer and family surveys, specialized data collection instruments, and multiple databases from the Division of Developmental Disabilities, the Division of Medical Assistance and Health Services, and the Division of Mental Health and Addiction Services.

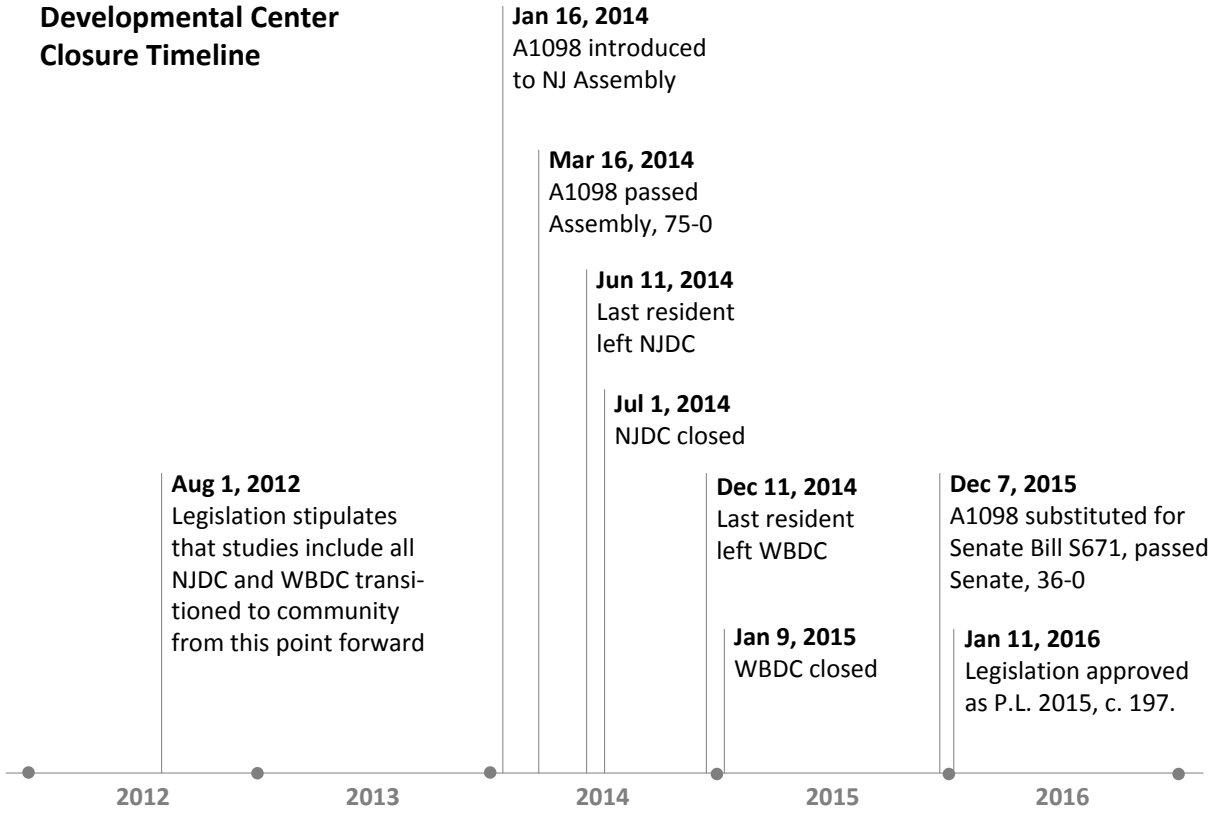


Figure 1 Timeline of DC closure

North Jersey Developmental Center

The evaluation focuses on the 359 residents who were living at North Jersey Developmental Center (NJDC) on August 1, 2012. They comprise the cohort slated for placement under the closure plan and identified for follow-up, according to statute. Placements began in August 2012 and culminated in June 2014 (see Figure 1). North Jersey Developmental Center officially closed on July 1, 2014. The findings for this second report[7] cover the period from July 1, 2016 until June 30, 2017. At the start of that time period, there were 307 members remaining in the cohort. Fifty-two individuals are not part of this report. Between August 1, 2012 and June 30,

[7] Covering Year 3 post-closure.

2015, thirteen individuals passed away prior to moving from North Jersey. Following placement and during Years 1 & 2, 36 passed away in developmental centers (n=16), community placements (n=11), hospice (n=1) and skilled nursing facilities (n=8). One person was discharged from state services before NJDC closed and two individuals were discharged from state services subsequent to leaving NJDC.

Table 1 Cohort attrition

Cohort Attrition	Year 1&2	Year 3
Individuals at the start of the report period	359	307
Pre-placement deaths	13	--
Deaths	36	6
Discharges	3	1

Residential Settings

At the start of the report period, there were 307 former North Jersey Developmental Center residents living elsewhere in the state. A total of 137 individuals or 44.6% of the 307 former North Jersey Developmental Center residents were residing in other developmental centers. Of the remaining 170 residents, 167 were living in the community. Two residents were in Skilled Nursing Facilities (SNF) and one was in a state psychiatric hospital. This report focuses on the 137 individuals residing in developmental centers and 167 persons living in the community.

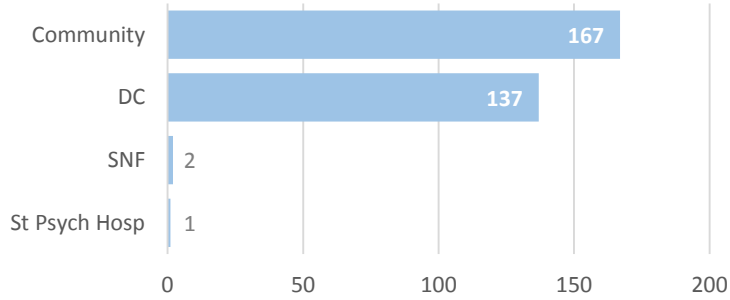


Figure 2 Placements from North Jersey as of 1/8/2016 by type

Of the 137 individuals from North Jersey who were living in Developmental Centers at the start of the report period, 60.6% resided in either New Lisbon or Vineland. An additional 14.6% resided in Green Brook, 12.4% were living in Woodbine and 12.4% in Hunterdon.

Table 2 DC residents at start of report period by placement

Developmental Center	**N**	**%**
New Lisbon	46	33.6%
Vineland	37	27.0%
Green Brook	20	14.6%
Woodbine	17	12.4%
Hunterdon	17	12.4%
Total	137	100.0%

Persons

The 307 former NJDC residents who were cohort members in July 2016, were more likely to be male (50.5%) and between 55 and 64 years old (30.6%). The mean age of the population was 53.8 years.

Table 3 Characteristics of North Jersey residents on July 1, 2016 (n=307)

Characteristics	Year 3
Gender	
Male	50.5%
Female	49.5%
Age Group	
22 - 44 years	23.5%
45 - 54 years	27.7%
55 - 64 years	30.6%
65+ years	18.2%

Placement decisions were approved by the residents' guardians. Of the 137 former residents of North Jersey who were living in other developmental centers at the start of the third year of the study, 85 or 62.0% had private guardians, primarily parents[8] and siblings, but also including grandparents, aunts/uncles, cousins, and other family members. Just over one-fourth (39 or 28.5%) had state guardians; ten consumers were their own guardian. Guardianship information for three individuals living in the community at the start of Year 3 was unavailable because these individuals moved to a SNF or were discharged from state services during the report period.

Table 4 Guardians of DC and community residents by study year

Guardian Type by Placement	Year 1/2		Year 3	
	N	%	N	%
Developmental Ctr	156		137	
Private (Family)	97	62.2%	85	62.0%
State Guardian	43	27.6%	39	28.5%
Self/Pending	16	10.3%	10	7.3%
Community	181		167	
Private (Family)	92	50.8%	93	55.7%
State Guardian	64	35.4%	53	31.7%
Self	25	13.8%	21	12.6%

Among the 167 former North Jersey residents living in community settings at the start of Year 3, private guardians also were more common with 55.7% of the residents with community placements having private guardians, predominantly parents or siblings. A total of 31.7% of community residents had state guardians[9]; twenty-one consumers were their own guardian.

There were nine guardianship changes during Year 3 for the DC residents. Two had state guardians in the Year 1/2 report and a private guardian in Year 3. Five were their own guardian in

[8] Including step, foster and spouses of biological parents, i.e., in-laws.

[9] Of the two individuals in the community who passed away during Year 3, one had a state guardian and one had a private guardian. Of the four individuals in the DC who passed away, two had state guardians and two had private guardians.

Year 1/2 with three having state guardians and two having private guardians in Year 3. Two had private guardians in Year 1/2 and were awaiting guardianship appointment in Year 3.[10] There were three guardianship changes during Year 3 for the community residents. All three consumers had a state guardian in Year 1/2 and a private guardian in Year 3.

Moves to Different Settings

A move or transfer consisted of a change that followed the residential placement on the first day of the report period, occurring from July 1, 2016 through June 30, 2017. Changes included movement from a developmental center into the community or when residents were transferred from one community placement agency to another or from one developmental center to another. Additionally, moves occurred from either a developmental center or a community residential placement into a SNF as a permanent placement, related either to terminal illness or a chronic medical condition requiring nursing care.

For the purposes of this study, there were a number of changes that were *not* counted as residential "moves," including:

- Changes among cottages at the same developmental center.[11]
- Movement to another community residence operated by the same agency.
- Hospitalizations regardless of duration (as these are not residential placements).
- Rehabilitation in a short-term, temporary skilled nursing or rehabilitation facility following hospitalization (with the goal of returning the individual to a residential placement).[12]

Based upon this definition and analysis, five or 3.0% of the 167 individuals residing in community placements at the start of the report period experienced residential movements in Year 3. Three of the five individuals moved once. Of these three, two individuals moved from one group home to a SNF and one individual moved from a group home to another group home operated by a different agency. Two of the five individuals each moved twice in Year 3. One moved from the group home to a SNF and then to a state psychiatric hospital. The other moved from a temporary emergency community placement (emergency capacity service) to a SNF and then to a group home.

[10] An additional three individuals were in a DC at the start of Year 3, but two were transferred to a SNF and one was discharged, and their guardianship status by the end of the year was unknown.

[11] A common example was a resident with an initial placement on the grounds of a developmental center who then moved either among cottages or back and forth between a cottage and the DC infirmary.

[12] In some instances, e.g., when the resident had a terminal illness, placement in a Skilled Nursing Facility was a residential placement. Where there were questions regarding an SNF placement, DDD staff examined the Pre-Admission Screening and Resident Review (PASRR) document for guidance.

Of the 137 North Jersey residents who were placed in other developmental centers, six or 4.4% moved in Year 3. All six residents each moved once. Three individuals moved from a developmental center into the community. One individual moved from one DC to another, one individual moved from a developmental center into their own home and one individual moved from a developmental center into a SNF.

One individual who was residing in a state psychiatric hospital at the start of the report period moved to a group home during the report period.

Two individuals had state psychiatric hospitalizations during the reporting period.[13] Both were referred to state psychiatric hospitals from Short Term Care Facilities following an initial transfer from NJDC to another DC and subsequently to a community placement. One had a hospitalization lasting 567 days, including 361 days during the Year 3 reporting period.[14] The other hospitalization lasted 239 days of the Year 3 reporting period and has continued through entirety of Year 4.

Community Services

Services for people affected by the closure of North Jersey Developmental Center are driven by a customized, person-centered service plan, regardless of the placement setting. Hence, individuals receive a service (e.g., nursing) if it is incorporated into their individual service plan and conversely, will not receive the service, in either the developmental center or the community, if it has not been identified as a need in their plan. The most recent Community Care Waiver Renewal application was approved in March 2017 and added several new services and habilitative therapies as available options.[15]

The amount of staffing in community placements varied depending on the number and needs of the individuals in the placement. To examine the staffing at these community placements, a random sample of 16 community placements was selected.[16] The weekly per capita hours of

[13] Community residents were cross-referenced with the Division of Mental Health and Addiction Services and the Department of Health's shared state psychiatric hospital database for hospitalizations occurring from July 1, 2016 through June 30, 2017.

[14] This individual's state psychiatric hospitalization should have been counted in Year 1/2, but may have been missed because of initial placement in a Short Term Care Facility.

[15] The renewal application was approved March 31, 2017 with the addition of the following new services and rehabilitative therapies that were previously unavailable: behavioral supports, career planning, prevocational training, supported employment- small group employment support, and habilitative therapies (occupational/physical/speech, language and hearing). Effective November 1, 2017, the Division's 1915(c) Community Care Waiver (CCW) was incorporated into New Jersey's larger and more wide-ranging 1115(a) demonstration waiver, known as the Comprehensive Medicaid Waiver, and was re-named the Community Care Program.

[16] Every 10th individual was selected and the program descriptions for their community facilities reviewed.

direct service staffing averaged 69.2 with hours that ranged from 43.0 to 104.5 hours per person per week.

The number of direct care staffing hours was highly correlated with the number of individuals living in the home and the time of day associated with clients being in or out of the home.[17] Most programs planned for minimal staff during weekday day-time hours from about 7 am to 3 pm when individuals were expected to attend day activities elsewhere. Conversely, programs kept higher staffing levels on weekends when residents were present all day and might leave the residence for shopping, lunch or social or recreational activities. In the event that a client is sick and unable to attend their day program, staffing is provided; similarly, additional staff is hired on an as needed basis for special activities or to ensure adequate coverage.[18]

Of the 165 residents in community placements[20], all but six participated in some type of formal day activity, most often a day habilitation program. Day habilitation programs provide training and support for individuals with developmental disabilities to participate in activities based upon their preferences and needs, as specified in their Service Plan. Services are structured to allow for maximum self-direction and choice. Activities include, but are not limited to, vocational activities, life skills, personal development and community participation.

One hundred fifty-three of the 159 individuals who participated in a day program were engaged in a DDD-funded formal adult training program available outside of the residential placement setting. These programs varied, depending on the level of support needed.

Table 5 Types of day activities

Day Activity	N	%
DDD-Funded Adult Training (various types)	153	92.7
State Plan Funded Medical Day Programs	5	3.0
Senior Care	1	0.6
Retired (no formal programming)	3	1.8
Competitive employment	1	0.6
Own home (formal supports)	1	0.6
None available[19]	1	0.6
Total	165	100.0

[17] Pearson correlation = .815

[18] Information came from the program contract obligations and not observation of actual staffing on a day-to-day basis.

[19] Began participating in an adult training program later during the report period.

[20] Two individuals were in the care of DCF and were not included in this analysis.

Five individuals participated in State Plan Medicaid-funded medical day programs offering "medical, nursing, social, personal care and rehabilitative services" along with lunch and transportation to and from the program.[21] One individual was in senior care.

Of the six individuals who did not participate in a formal external day program, three were retired and only participated in informal in-home supports. One person was engaged in competitive employment and another individual received formal supports in-home. The last individual was not engaged in day activities at the start of the year due to various hospitalizations and special needs but began participating in DDD-Funded Adult Training during Year 3.[22]

The Community Care Program provides transportation between the individual's residence and the location of the day habilitation service as a component part of habilitation services.[23] Adult Medical Day program transportation is funded through State Plan Medicaid. In addition, some medical transport for doctors' appointments, hospitals and therapies can be paid for by the Medicaid State Plan. If the resident attends an adult medical day program, transportation must be provided by the day program.

Medical and dental care is governed by the licensing standards for residents of group homes and community care residences as set forth in New Jersey's Administrative Code. For medical care, the relevant portion of section 10:44 mandates that "Each individual shall have an annual medical examination."[24] The Administrative Code further requires that documentation of visits be maintained in the consumer's record.

Information regarding routine medical care was obtained from the DDD's Client Information System (CIS). Analysis showed that 152 of 165[25] individuals or about 92.1% had an annual medical examination during Year 3. Of the thirteen individuals who did not receive a routine medical examination, one passed away before their scheduled annual examination date, three were in skilled nursing facilities around the time of their scheduled annual exam and seven an-

[21] See http://www.nj.gov/njhealthlink/programdetails/adult_medical_day_services.html?pageID=Adult+Medical+Day+Care+Services&file=file:/njhealthlink/programdetails/adult_medical_day_services.html&whichView=popUp

[22] See footnote 19. Staff noted day activities for this individual as being "none available."

[23] See http://www.nj.gov/humanservices/ddd/documents/Documents%20for%20Web/CCWRenewalCMSApproved10_1_08.pdf

[24] See http://www.state.nj.us/humanservices/ool/documents/10_44A_eff_4_18_05.pdf

[25] Two of the 167 former residents living in the community were under the care of DCF and annual medical documentation is unavailable.

nual exams were completed just before or after the report period. There were two annual exams that were completed late.[26]

The licensing standards for residents of group homes as set forth in New Jersey's Administrative Code[27] mandate "Each individual shall, at a minimum, have an annual dental or oral examination." Information regarding dental care was obtained from the Department of Human Services' Medicaid Management Information System (MMIS) and CIS. Procedure codes associated with dental claims for oral examinations and treatment were identified by the Division of Medical Assistance and Health Services' Dental Director and used in the analysis.

A total of 122 individuals or 73.9% of the 165[28] in the community received an annual dental care examination during Year 3. Eighteen individuals had Medicaid claims for some dental procedures, albeit not an annual oral examination. Twenty-five had no Medicaid dental claims during the Year 3 report period. In twelve of the twenty-five instances, documentation of dental examinations was found in CIS, but not a Medicaid claim. These individuals may have private insurance or Medicare. Of the remaining 13 individuals, one was hospitalized most of the year while another was in and out of the hospital, rehabilitation and the community residence for much of the year. One individual had dental insurance pending. Four individuals had dental claims that were just outside of the report period.Six individuals were overdue for an annual dental examination or experienced barriers to completing an annual exam. Common barriers are typically behaviors that necessitate sedation; when medical conditions, such as seizure disorders, preclude safe sedation, it may be difficult to obtain medical clearances for dental procedures or reschedule appointments.

Table 6 Dental care for community placements in Year 3

Placement History	Total	Any Dental Procedure	%	Routine Annual Dental Exam	%
Community	122	102	83.6%	89	73.0%
Other DC then Community	43	38	88.4%	33	76.7%
Total	165	140	84.8%	122	73.9%

In addition to routine care, community residents also have access to emergency and hospital treatment. Danielle's Law mandates that direct support professionals in residential placement settings contact 9-1-1 when they believe a resident may be experiencing a life-threatening

[26] Exams were completed up to 18 months apart.
[27] Ibid.
[28] Two of the 167 former residents living in the community were under the care of DCF and annual medical documentation is unavailable.

emergency.[29] In these situations, emergency medical technicians (EMTs) and police typically respond, but the individual depending on circumstances may or may not be transported to an emergency room, because not all Danielle's Law coded-incidents involve life-threatening emergencies as subsequently determined by medically trained personnel. Staff members often act out of an abundance of caution and contact 9-1-1, regardless of the particulars, because they face a $5,000 fine when a "covered" incident is not reported and may not feel equipped to judge the severity of the event.

During Year 3, ninety-three individuals, or 55.7% of the 167 individuals living in the community, had one or more incidents that triggered a 9-1-1 call in compliance with Danielle's Law.[30] There were a total of 261 Danielle's Law incidents among these 167 residents, of which about three-quarters (78.9%) were medically-driven and 20.7% were behaviorally-driven.

Claims data extracted from the State's Medicaid Management Information System (MMIS) were analyzed to determine whether residents placed in community settings utilized emergency rooms.

Of the 167 residents living in community placements, 112, or 67.1%, had emergency room visits during Year 3. The number of visits ranged from one to more than ten, with a mean of 2.2 (among those with visits). The most common reason given for the emergency room visit was head, scalp and related injuries, abra-

Table 7 ER visits during Year 3

# of ER Visits	N	%
0	55	32.9%
1	34	20.4%
2	27	16.2%
3	19	11.4%
4	9	5.4%
5	4	2.4%
6	3	1.8%
7	4	2.4%
8	5	3.0%
9	2	1.2%
10	1	0.6%
11+	4	2.4%
Total	167	100.0%

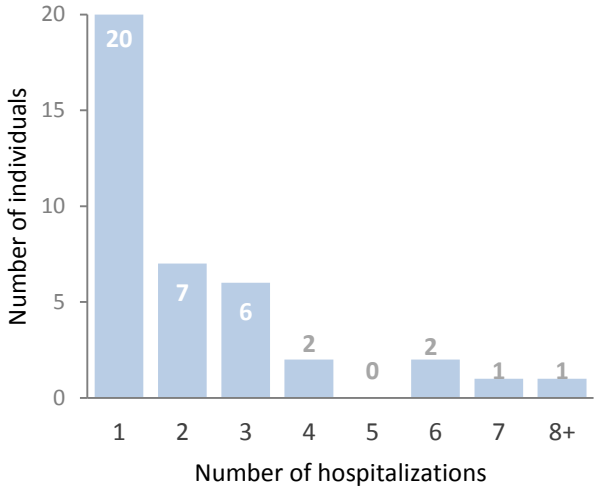


Figure 3 Number of Hospitalizations in Year 3

[29] See http://www.nj.gov/health/fhs/epilepsy/documents/danielles_Law.pdf
[30] Compared to 64.2% in the Initial Period from 7/1/13 to 6/30/15 and 56.2% in Year 2.

sions, contusions and lacerations.

Of the 167 North Jersey residents who were living in the community, 39 or 23.4% had one or more hospitalizations for medical conditions. Community residents had a total of 97 hospitalizations, 18.6% of them involving one individual.[31]

Outcomes

This study examined a variety of outcomes for the individuals placed in the community. Where feasible, comparisons were made to individuals transferred to other developmental centers. Among the questions examined were the following:

- How were individuals functioning post-placement?
- Were they content with where they were living?
- Did they have contact with family and peers?
- How did their guardians perceive their quality of life?
- What types of health and behavioral health outcomes did they have?
- Did they have law enforcement involvement?

New Jersey Comprehensive Assessment Tool

The tool used to assess individuals' functioning was developed by the Developmental Disabilities Planning Institute (DDPI), created in the mid-1990's as a university-based research organization and currently situated within Rutgers University. The New Jersey Comprehensive Assessment Tool (NJCAT) is used annually to assess the placement cohort regardless of their residential setting.[32]

Assessments include composite scale scores for cognition and self-care and a single item that captures mobility. There are also summary levels regarding the resident's need for behavioral and medical supports.

The information reported here is for Year 3 and compares scores for individuals placed in the community to those placed in other DCs. Data were available for 160 of the 167 community residents and 128 of the 137 DC residents. Within group comparisons were also made between Years 1/2 and 3,[33] including determination of statistically significant differences in these scores

[31] Reasons for hospitalizations for this report are excluded to maintain confidentiality due to one individual representing the most common reasons for hospitalization.

[32] Originally known as the Client Assessment Form (CAF) and later as the Developmental Disabilities Resource Tool (DDRT). Lerman, P., Apgar, D.H. and Jordan, T. (2009). The New Jersey Developmental Disabilities Resource Tool DDRT: History, Methodology and Applications. Developmental Disabilities Planning Institute, New Jersey Institute of Technology.

[33] One assessment was conducted in Years 1/2.

between those who were in DCs in both Years 1/2 and 3 (n=127) and those who were in community placements in both years (n=116).

The cognition scale consisted of 20 items.[34] Responses were either "yes" or "no." Scores could range from 0 for individuals who were unable to complete any of the tasks to a maximum of 20 if individuals could perform all tasks. Items pertained to memory, telling time, recognition of size and shape, use of numbers, ability to write, and ability to read and understand meaning. Average scale scores for the community residents was 5.01 (n=160) and for the DC residents was 4.07 (n=128).

Due to the wide dispersion and skew of the scores, the average is not a valid measure of the central tendency or a basis of comparison. The distributions in Figure 4 show that the majority of residents both in the community and the developmental centers had scores of zero.

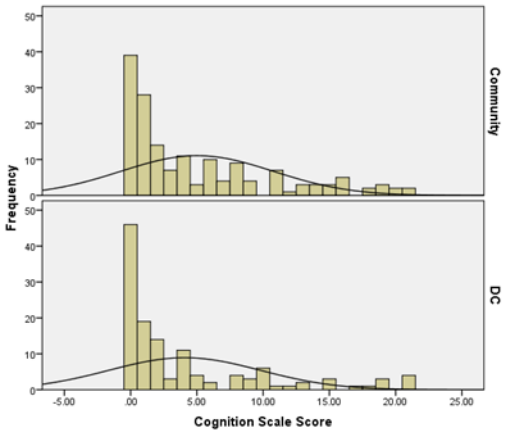


Figure 4 Cognition scores of community and DC residents, Year 3

Given the substantial skew in cognition scores, the analysis utilizes a dichotomous variable that captures whether or not the cognition scores reflect a substantial limitation. According to NJCAT documentation, summary scores of less than 18 on the cognition scale indicate a substantial limitation while scores at and above that threshold indicate no substantial limitation. Data (see Table 8) show that almost all of the individuals have a substantial limitation with negligible differences between the DC and community residents. Analysis shows that differences between community and DC scores were not statistically significant.[35]

Table 8 Percentage with a cognitive limitation by type of residence

Limitation	Community	DC
No substantial limitation	5.6%	6.3%
Substantial limitation	94.4%	93.8%

Comparisons between Year 1/2 and Year 3 cognition scores for individuals in the community and DC showed no significant differences.

[34] The original NJCAT includes 21 items. One of the items was omitted for this analysis due to missing values for more than 71% of the North Jersey residents.
[35] Significance was based upon calculation of the chi-square statistic for a two-by-two table.

The basic self-care need scale consisted of 14 items. Scores for each item ranged from 0 to 3, with 0 indicating the individual has not done the activity, 1 indicating that the individual requires lots of assistance to perform the activity, 2 indicating that the individual can perform the activity with supervision, and 3 indicating the individual can perform the activity independently. Items pertained to feeding, drinking, chewing/swallowing, toileting, dressing, moving around, washing hands/face, brushing hair, adjusting water temperature, drying body after bathing, tying shoes (using laces or Velcro), and using tissues to wipe/blow nose. Total scores could range from 0 if individuals were unable to perform any of the tasks to 42 among individuals able to perform all tasks independently.

Average scale scores for the community residents were 21.18 and for the DC residents was 19.02. While there is considerable skew in the DC scores, the standard deviation does not exceed the mean and thus comparison of means are feasible for significance testing. Results show that the difference between the mean self-care scores for the community and DCs are not statistically significant.[36] The key difference is the large number with scores of zero among the DC population.

A comparison of Years 1/2 and 3 showed a statistically significant decrease in self-care scale scores for community residents. For DC residents, there was a slight decrease in the average self-care score, but it was not statistically significant.

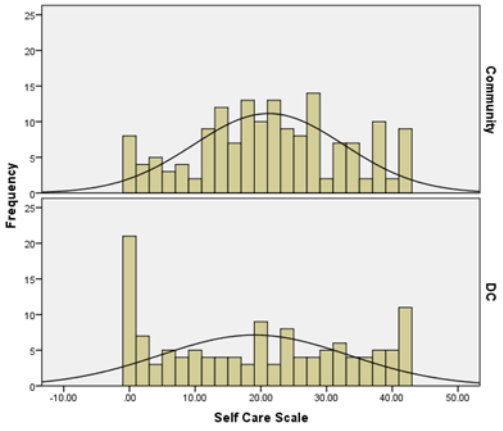


Figure 5 Basic self-care scores of community and DC residents, Year 3

This question captured mobility: *"Does (name) walk independently without difficulty, without using a corrective device, and/or without receiving assistance."* Analysis of Year 3 data shows 47.5% of the community residents and 44.5% of the DC residents were able to walk independently. Differences between the community and DC cohorts were not statistically significant.[37] Comparisons of Year 1/2 and Year 3 mobility scores show that fewer individuals walk independently in Year 3 in the community, 62.1% in Year 1/2 and only 48.3% in Year 3. By contrast in the DC, 44.1% walked independently in Year 1/2 and 44.9% were walking independently in Year 3.

[36] T-test of difference of means for independent samples where equal variances are not assumed.
[37] Significance was based upon calculation of the chi-square statistic for a two-by-two table.

Consumer Interviews

Consumers were interviewed in order to determine their satisfaction with residential placements and whether they would prefer to live in a developmental center. In order to determine who could be interviewed, the researchers analyzed information from the most recent NJCAT to determine the likelihood that former residents could make a comparison and were able to recollect past experiences. Four items were utilized for this purpose: whether former residents were able to remember events that happened a month or more ago, understood the difference between yesterday, today and tomorrow, were able to use a few simple words, signs or picture symbols, and were able to understand a joke or story.

Table 9 Consumer interviews: eligibility and completion

Population	Eligible (NJCAT)	Able to Complete
Original Community Placement	19	15
DC to Community	12	11
Total	31	26

Many residents had significant cognitive impairment and could not be interviewed. Of the original community placements, nineteen were determined eligible to be interviewed based on the NJCAT information. An additional twelve individuals initially placed in other developmental centers but subsequently given community placements during Year 3 were also eligible for interviews. Four individuals could not complete interviews due to cognitive or other limitations. One individual refused to complete the survey at the time. A total of 26 interviews were conducted. The residents were asked what they liked and disliked about their lives in their current residence, and where they would prefer to live if given the choice; their current residence, NJDC, a different community residence or somewhere else.

Among the twenty-six community residents who were interviewed about their housing preferences, eighteen preferred their current residence. The reasons they gave for their preference often had to do with having their own room, greater freedom, personal possessions and the activities or vocational opportunities (and pay) provided either by the group home or the day program. One individual hoped to stay in his current residence “until I go to heaven.” Another individual said, “It is so nice. I have my own room…It is quiet there and no one messes with you.” Individuals talk about having televisions, gaming consoles, stereos, bicycles, and cell phones, and going out to eat and shop, getting their hair or nails done and having family members visit. In some cases, they not only recall positive experiences in the community, but nega-

tive experiences in the developmental center. One person said with reference to North Jersey, "That was a long time ago. I am trying to forget it."

Some shared positive recollections of North Jersey and were open to returning to a developmental center. One missed the staff and the gym; another reported having a friend there. However, only one person unequivocally wanted to leave the community for a developmental center, stating, "I really miss the staff. Everyone knew me pretty good." In some cases, residents were unhappy with their current living situation and saw a developmental center as an option, e.g., leaving a problematic roommate situation in their current residence. In most cases, though, the developmental center did not represent the preferred living situation. One individual who said of NJDC, "They should have kept it open…the staff were nice to me" still would prefer to move to a group home closer to his or her mother. At least two other individuals were unhappy in their current situation and willing to move to a developmental center, but would ideally prefer to live with a family member.

Eight individuals wanted to live somewhere else and of those, one has since moved. Among those who wanted to live somewhere else, reasons had to do with wanting to live with or in closer proximity to family, a desire to live more independently, find a better housemate situation, or the desire to return to a previous living situation, either another group home or the developmental center.

It should be noted that perceptions about living arrangements and day programs were independent of one another. People could love their day program and dislike their residential setting and vice versa. A number expressed the desire to engage in paid employment both for the opportunity to have work experiences, but also for the income.

Family Contacts

Information about contact community residents have with family was obtained from the Alternate Living Arrangement (ALA) document completed by case managers each quarter. Responses from a survey completed by current support coordinators and case managers provided supplemental information where data were missing. Case managers indicated the frequency of family contact for each resident. There were 14 of 167 individuals who had missing or invalid data. Of the 153 with information regarding family, results show that 14 had no involved family.

Of the remaining 139 with family and ALA information regarding the frequency of contact, 44 had no contact during the annual reporting period. Of the 95 with annual

Table 10 Family involvement among community residents

Family involvement	N	%
Family involved	139	90.8%
No family	14	9.2%

contact, 50 had at least weekly contact; 27 had at least monthly contact; 18 had contact at least once during the year.[38]

All 156 community residents for whom ALAs were available had access to peers, primarily on a daily basis.[39]

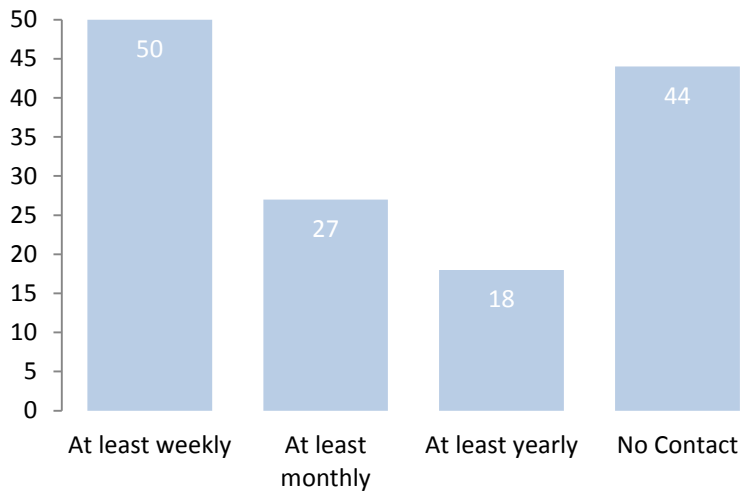


Figure 6 Frequency of family contact (N=139) during the reporting period

Year 2 Family/Guardian Survey: Community Residents

The study also incorporated the perspectives of private guardians about the North Jersey co-hort's quality of life in the current residence. A survey[40] was mailed to the family/guardians of everyone (n=86) who had been placed in the community, had private guardians (i.e., family members, friends, or advocates), and were still residing in the community at the time of the survey. Family/guardians who did not respond to the initial mailing received a postcard reminder followed by up to three phone calls.

As of July 1, 2018, 66 surveys had been received from 99 family/guardians. These 66 responses included four residents with two family respondents each; one survey for each consumer was chosen at random, leaving 62 surveys and a response rate of 72.1%.[41] Fifty-eight respondents (93.5%) were related to the former North Jersey resident, while four were unrelated private guardians (6.5%). Relatives were primarily either siblings (53.2%) or parents (29.0%). Other family members included aunts or uncles, grandparent, niece or nephew and cousins (5.6% combined).[42]

[38] The ALA form documents family contact by either the month or quarter. The ALA data were available for 153 of the 167 residents placed in the community.
[39] Comparisons between Year 1/2 and Year 3 were not made due to new data sources in Year 3 and resulting lack of comparability.
[40] See Appendix. Items were based upon surveys conducted of previous institutional closures in New Jersey.
[41] Of the twenty-four that have yet to respond, four were contacted by phone and per their request were sent a new survey either by mail or email, but did not complete the survey during the subsequent month. Eight family/ guardians were reached by phone and confirmed that they had the survey but did not complete the survey during the subesquent month. Family/guardians of the other twelve individuals could not be reached.
[42] Changes in guardianship relationships from the first year's report may reflect differences in who responded to the survey.

Most (85.5%) of the respondents (n=53) had visited former North Jersey residents in their community placements.[43] All of the individuals that responded to the question had some form of contact with their loved one. Twenty-three respondents contacted staff at the residence. Twenty-three respondents had contact with residents by phone or email. The totals summed to more than 86, because respondents could have multiple methods of contact. For example, seven individuals both visited and had contact via phone or email. Of the twenty-three respondents who contacted staff, nineteen also visited the residence. There were twelve respondents who visited the resident, contacted staff at the residence and contacted the resident by phone or email.

Each respondent was asked about his or her perceptions of the relatives' quality of life. Respondents could answer indicating their degree of happiness or satisfaction with varied aspects of quality of life. Numbers were assigned to the ratings such that higher scores indicated a more positive rating, while lower scores represented a more negative rating for the item. Each respondent was also asked to provide an overall rating regarding how his or her relative is doing in the current living situation.

Ratings focused on family and private guardian perceptions of the residents' living situation and community programming. Respondents were asked to indicate their happiness with each of thirteen aspects of the community resident's current situation. Ratings were assigned scores

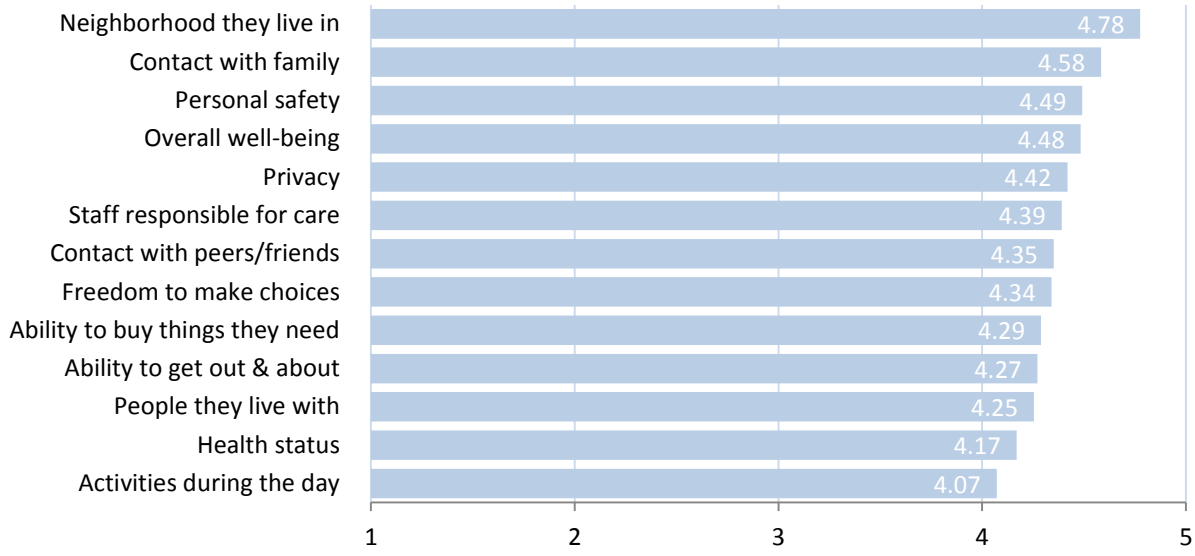


Figure 7 Family guardian perceptions of consumer's current living situation

[43] One respondent left the contact question blank; the percentage was calculated on the basis of the 61 respondents who answered the question.

as follows: "very happy"= 5; "somewhat happy" = 4; "neither happy nor unhappy" = 3; "somewhat unhappy" = 2; and "very unhappy" = 1.

Average scores for each of the 13 items exceeds a 4 with most items falling between 4 and 5 (indicative of being between somewhat happy to very happy).[44] Guardians were happiest with the neighborhood where their relative resides, family contact, and the relative's personal safety. They were least happy with the activities during the day.

Each respondent was also asked to indicate satisfaction with each of seven aspects of community programming for his or her relative, including availability of medical, dental, and behavioral health services, transportation to appointments, day and leisure activities, and the daily routine. Ratings were assigned scores as follows: "very satisfied"= 5; "somewhat satisfied" = 4; "neither satisfied nor dissatisfied" = 3; "somewhat dissatisfied" = 2; and "very dissatisfied" = 1.

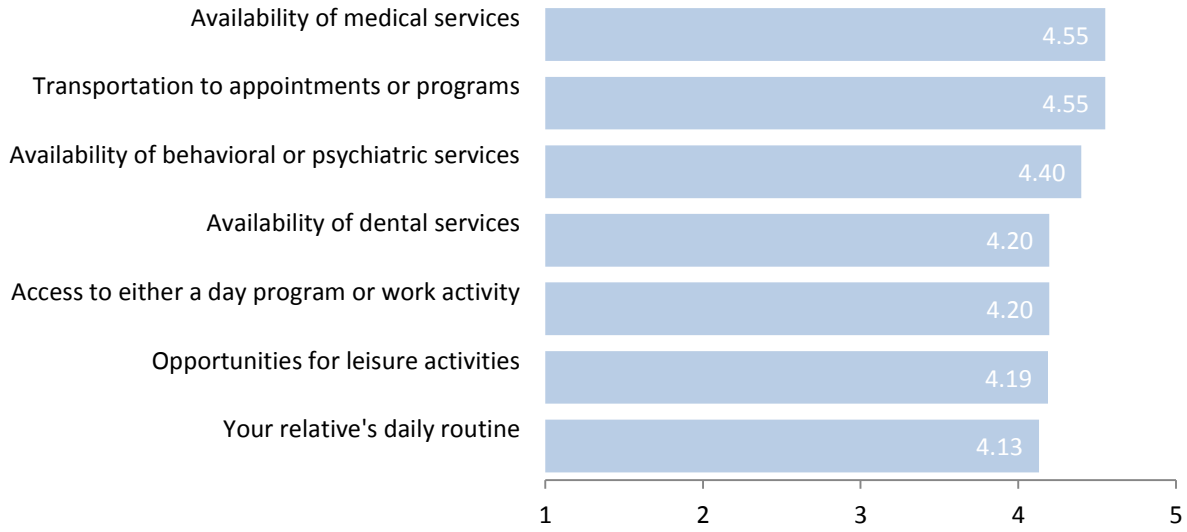


Figure 8 Average ratings of programming and services (higher scores indicate greater satisfaction)

High reported satisfaction in programming and services as shown in Figure 8 was evident in the item averages, which ranged from a low of 4.13 to a high of 4.55, where a 5 indicates the respondent is very satisfied. The rating for average satisfaction with availability of medical services and transportation to appointments or programs at 4.55 was the highest for any of the community programming ratings.

Year 2 Family/Guardian Survey: Community and DC Comparisons

A comparison was made between the perceptions of overall quality of life of private guardians of the North Jersey residents in community placements to the private guardians of individuals

[44] The legislation specifically mentions personal safety and health status, both of which are rated over 4.0.

from North Jersey who were transferred to other developmental centers. In order to make this comparison, surveys were mailed to the family/guardians of everyone (n=75) living in a developmental center, who had private guardians (i.e., family members, friends, or advocates), and were residing at the developmental center at time the survey was conducted.[45] Family/guardians who did not respond to the initial mailing received a postcard reminder followed by up to three phone calls. As of July 1, 2018, 66 surveys had been received from 107 family/guardians. These included eleven residents with two family respondents each and one resident with three respondents; one survey for each consumer was chosen at random, leaving 53 surveys and a response rate of 70.7% for the 75 DC residents. Fifty-two respondents (98.1%) were family members, primarily siblings (56.6%) or parents (30.2%); Three of the respondents (5.7%) were cousins, and one respondent (1.9%) each of aunts/uncles, grandparents, and nieces/nephews. One respondent was a friend/family friend (1.9%).

Table 11 Guardian perception of relative's well-being

How relative is doing overall	Community (n=62)	DC (n=53)
Excellent/Good	83.9%	86.8%
Fair/Poor	11.3%	11.3%
Don't know/Missing	4.8%	1.9%

Asked to rate how their relative is doing overall. 52 of 62 (83.9%) guardians of community residents and 46 of 53 (86.8%) guardians of other developmental center residents reported their relative was doing "Excellent" or "Good." Seven (11.3%) guardians of community residents and six (11.3%) guardians of residents of other developmental centers rated their relative as doing "Fair/Poor." Three (4.8%) guardians of community residents and one (1.9%) guardian of a resident in another developmental center did not answer the question or responded "don't know."

Comparisons between the perceptions of family/guardians of community and DC residents were also made with regard to their happiness with various aspects of quality of life and their satisfaction with community programming. Family/guardians of community residents were significantly happier with the neighborhood their relatives lived in, while family guardians of DC residents were significantly happier (or less apt to be unhappy) with the activities their relatives had during the day and their daily routine.

[45] Family/guardians of ten former residents with private guardians at the start of year 3 were not surveyed. Of these ten, five residents passed away by the time surveys were mailed out, two guardians were no longer guardians for the individual by the time the survey was sent out, one opted out of the survey, one moved to the community by the time the survey was mailed out, and one guardian's address was undeliverable and the guardian was unreachable.

Each guardian was asked to identify, to the best of his or her knowledge, changes to their relative's situation over the past year. Guardians of community residents reported that the most frequent change was in staff caring for the relative (51.6%); Moved to a different residence, has a different roommate and attends a different day program were each reported ten times (16.1%). Guardians of developmental center residents also reported that the most frequent change was in staff caring for the relative (37.7%) and the least frequent change was in roommates (17.0%).

Table 12 Changes to individual's situation over the past year

Types of changes	Community (n=62)		DC (n=53)	
	N	%	N	%
Has different staff caring for him/her	32	51.6%	20	37.7%
Moved to a different residence	10	16.1%	11	20.8%
Has a different roommate	10	16.1%	9	17.0%
Attends a different day program	10	16.1%	---	---

Family/Guardian Survey: Year 1/2 and Year 3 Comparisons

The results from surveys of family guardians who completed a survey for both the Year 1/2 and the Year 3 report periods were compared. There were 41 family members of individuals living in DCs and 48 from the community who responded to the survey both years of the study. Because of these small sample sizes, statistical significance cannot be determined. As such, the following results are purely descriptive. As noted throughout, even in situations where satisfaction has decreased, the average scores are still, at minimum, in the positive categories, primarily ranging from happy to very happy.

Each guardian rated his or her happiness with several quality of life domains. Answer choices were on a five point scale where high scores were more positive. Community guardians rated seven items more highly in Year 3 than Year 1/2. These items were staff responsible for their care, people they live with, freedom to make choices, overall well-being, neighborhood they live in, privacy and contact with peers/friends. Personal safety remained the same from Year 1/2 to Year 3. The remaining ratings decreased one year later. Despite these numeric decreases, it is important to recognize that all ratings fell between somewhat happy and very happy.

Table 13 Changes in average family guardian happiness across several items after Year 2. Note: Sample sizes vary by item due to variations in item response; the term, "mean" is synonymous with the average score.

	Community (n=48)				DC (n=41)			
Community & Social Interaction	**Year 1/2 Mean**	**Year 3 Mean**	**Difference**	**N**	**Year 1/2 Mean**	**Year 3 Mean**	**Difference**	N
Staff responsible for care	4.42	4.51	0.09	45	4.65	4.58	-0.08	40
People they live with	4.27	4.34	0.07	41	4.45	4.45	0.00	33
Freedom to make choices	4.36	4.43	0.07	28	4.08	4.27	0.19	26
Overall well-being	4.51	4.58	0.07	45	4.50	4.48	-0.03	40
Neighborhood they live in	4.69	4.74	0.05	42	4.43	4.46	0.03	35
Privacy	4.39	4.45	0.05	38	4.41	4.47	0.06	34
Contact with peers/friends	4.34	4.37	0.03	38	4.29	4.36	0.07	28
Personal safety	4.49	4.49	0.00	45	4.55	4.45	-0.11	38
Contact with family	4.64	4.62	-0.02	47	4.68	4.51	-0.16	37
Health status	4.41	4.37	-0.04	46	4.36	4.36	0.00	39
Ability to buy things they need	4.28	4.21	-0.07	29	4.41	4.41	0.00	27
Ability to get out & about	4.51	4.38	-0.13	45	4.09	4.29	0.21	34
Activities during the day	4.16	4.02	-0.14	44	4.52	4.64	0.12	33

DC guardians rated six of the 13 items higher in Year 3 than Year 1/2. The most improvement in happiness was reported for the consumers' ability to get out and about, freedom to make choices and activities during the day. The freedom to make choices, neighborhood they live in, privacy and contact with peers/friends improved among family/guardians of consumers in both the community and DCs. Conversely, perceived happiness with contact with family declined in both placement settings, but more so among family with relatives in other DCs.

Each family guardian rated his or her satisfaction with aspects of the resident's programming, including access to medical, dental and behavioral health services, transportation, day program, and daily routine and leisure. Average ratings for Year 3 were compared to Year 1/2. All averages for Year 3 across all aspects of services were rated between somewhat satisfied and very satisfied by both the community and DC guardians. Community guardian ratings of the availability of behavioral or psychiatric services showed the largest average increase. Community guardians rated availability of dental services, daily routine, transportation to appointments or programs and access to either a day program or work activity lower the third year than the first

and second year. The DC guardians rated all of the aspects lower in Year 3, except for transportation to appointments which remained the same.

Table 14 Comparison of average family guardian ratings of satisfaction with aspects of current living arrangement, Year 1/2 and Year 3. Note: Sample sizes vary by item due to variations in item response; the term "mean" is synonymous with the average score.

	Community (n=48)				DC (n=41)			
	Year 1/2 Mean	Year 3 Mean	Difference	N	Year 1/2 Mean	Year 3 Mean	Difference	N
Availability of behavioral or psychiatric services	4.33	4.49	0.15	39	4.68	4.62	-0.05	37
Availability of medical services	4.59	4.59	0.00	46	4.75	4.70	-0.05	40
Opportunities for leisure activities	4.21	4.17	-0.05	43	4.51	4.31	-0.20	35
Availability of dental services	4.41	4.25	-0.16	44	4.56	4.42	-0.14	36
Daily routine	4.29	4.12	-0.17	41	4.71	4.59	-0.12	34
Transportation to appointments or programs	4.80	4.54	-0.26	46	4.61	4.61	0.00	38
Access to either a day program or work activity	4.53	4.18	-0.36	45	4.74	4.52	-0.22	27

Community and DC guardians rated how their relatives were doing overall in their current living arrangements. Ratings were assigned scores from 1 (poor) to 4 (excellent). Guardians who responded "Don't know" were excluded from this analysis. The average ratings for both the community and DC guardians were between good and excellent. The community rating decreased by 0.11 and the DC average remained the same.

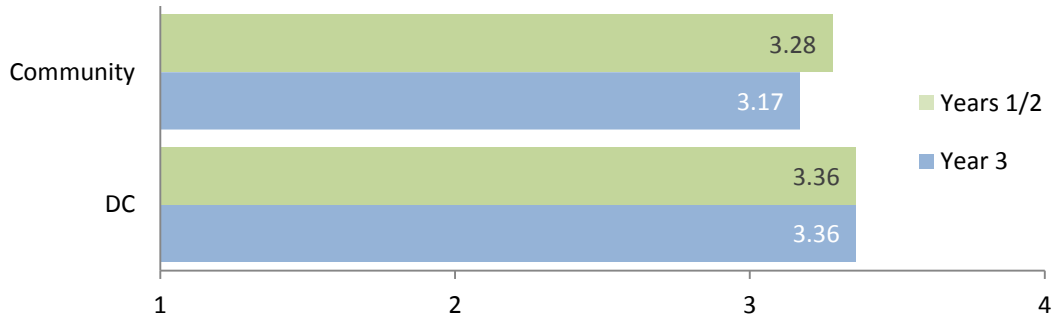


Figure 9 Average community (n=20) and DC guardian (n=58) overall ratings of current living situation by reporting year

Health Status

The study also examined health status outcomes such as the need for medical and behavioral health supports and mortality. Information regarding the need for medical and behavioral supports was obtained from the NJCAT tool.

The measure of the need for medical supports considers three levels of medical need.[46] As shown in Figure 10, both populations predominantly need specialized medical care, but compared to the community residents, a greater percentage of DC residents need the more intensive specialized on-site nursing care. These differences are statistically significant.[47]

Among community residents present in Year 1/2 and Year 3 (n=116), there was a statistically significant change in medical supports scores. The percentage needing specialized, on-site nursing increased 4.3 percentage points while the percentage without any on-site medical care decreased 4.4 percentage points. The DC residents also showed statistically significant differences in medical supports scores from Year 1/2 to Year 3. The category with the largest change was specialized on-site nursing with a 4.8 percentage point decrease.

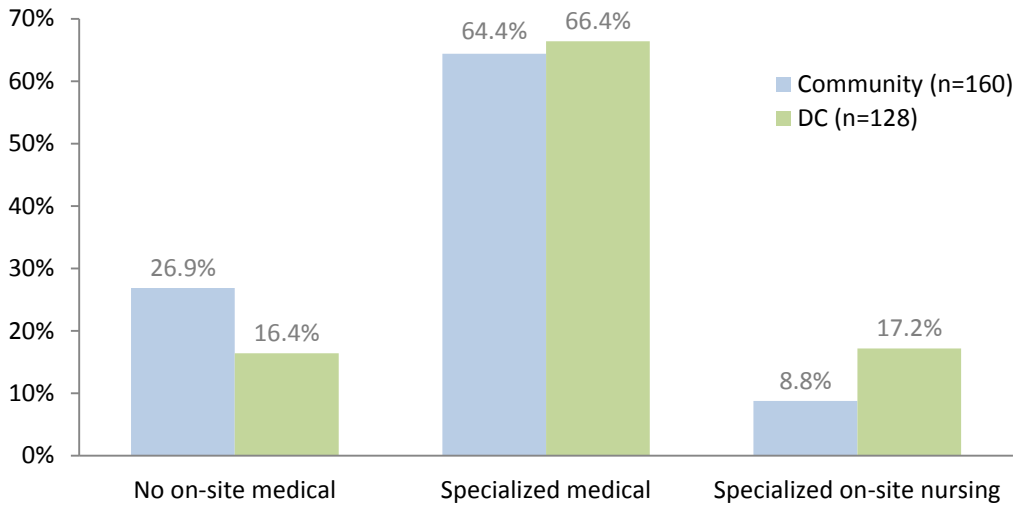


Figure 10 Medical assistance by residential placement type, Year 3

[46] Analysis of these scales showed both high test-retest reliability using the same raters at two intervals and good inter-rater reliability. See Lerman, P., Apgar, D.H. and Jordan, T. (2009). The New Jersey Developmental Disabilities Resource Tool DDRT: History, Methodology and Applications. Developmental Disabilities Planning Institute, New Jersey Institute of Technology, 196-197.

[47] Per analyses using Pearson's chi-square.

The Behavioral Supports Level has scores ranging from 1 to 4, with higher scores associated with behaviors requiring more intensive support and environmental modifications.[48]

A comparison of data for community and DC residents shows that most community residents needed formal or intensive behavioral health supports (83.2%). While a plurality (56.3%) of DC residents also needed formal or intensive supports, a much larger percentage (30.5%) had no on-site behavioral health support needs compared to only 4.4% of community residents. Decisions regarding residential placements were made by the residents' guardians. Among those who selected to live in the community, behavioral health supports were more apt to be required than among those who moved to a developmental center. These differences were statistically significant.[49]

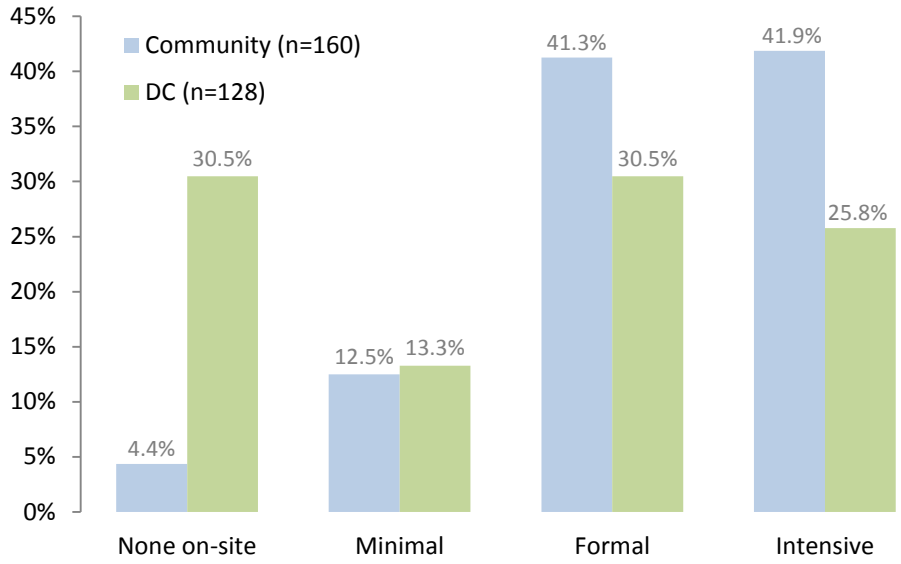


Figure 11 Need for behavioral supports by placement type

Among community residents (N=116), there was a statistically significant change in behavioral supports scores in Year 3 from Year 1/2. The category with the largest change was intensive supports which increased by 6.1 percentage points; there was a corresponding six percentage point decrease in the number of individuals with no on-site behavioral supports. The DC residents (n=127) also showed a statistically significant difference in behavioral supports scores from Year 1/2 to Year 3. The category with the largest change was formal supports which decreased by 4.7 percentage points; the need for minimal supports showed a 4.7 percentage point increase.

[48] Lerman, et al., op. cit., 188-190.
[49] Per analyses (using Pearson's chi-square).

Mortality

Of the 167 individuals living in the community, two (1.2%) passed away in Year 3. Both deaths resulted from natural causes[50] (cancer and renal failure). Investigations were conducted and confirmed those findings.

Of the 137 individuals living in developmental centers, four (2.9%) passed away in Year 3. All deaths resulted from natural causes. The specific causes of death were as follows:

- Aspiration pneumonia/cardiac arrest/multi-organ failure
- Cancer
- Cardiovascular disease
- Recurrent respiratory failure/aspiration pneumonia/cerebral vascular accident

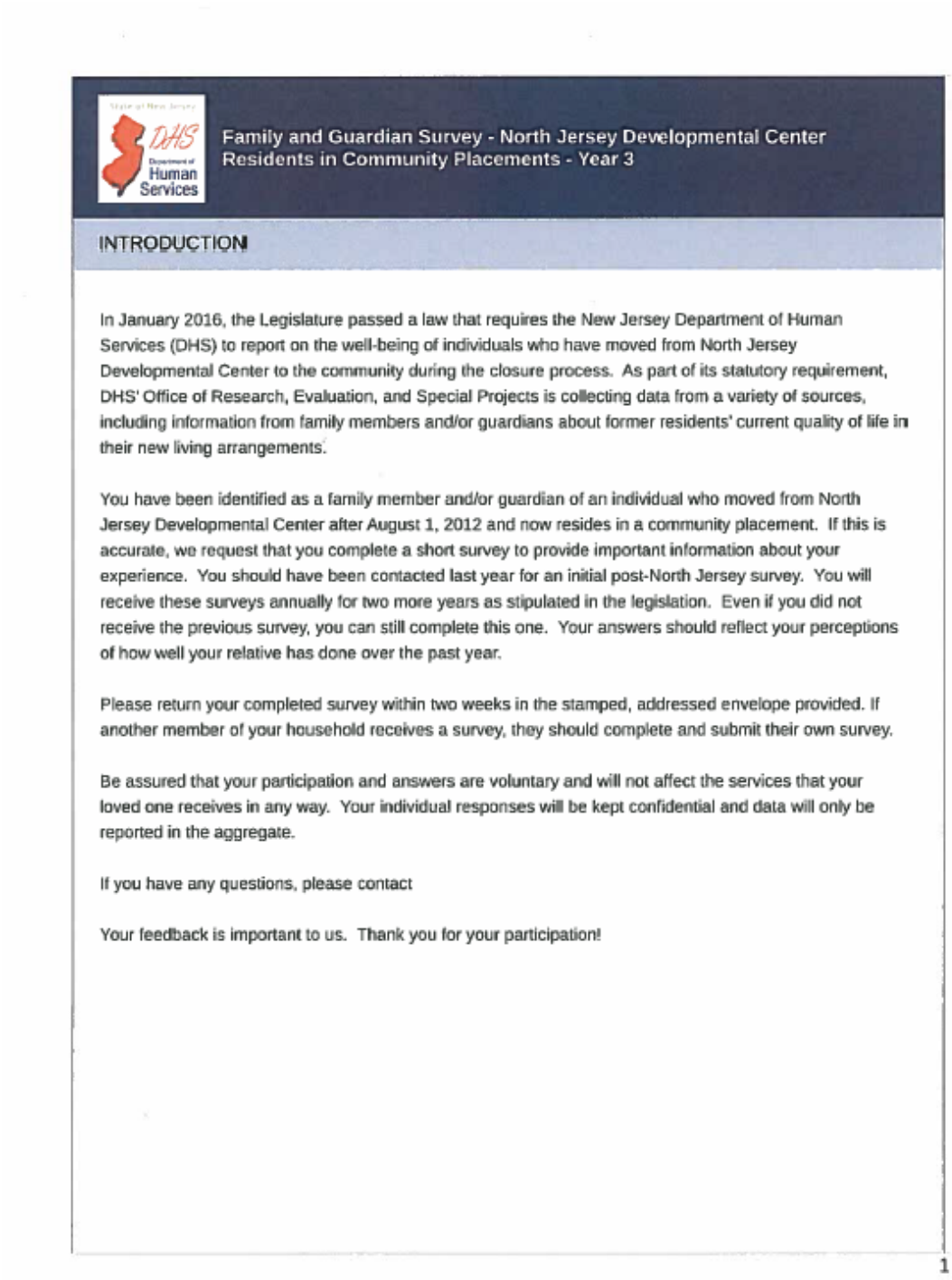
Unusual Incidents

The Department of Human Services' Unusual Incident Reporting and Management System (UIRMS) captures information on a range of unusual incidents including operational (e.g., a minor fire extinguished by staff), operational breakdowns (when an outage or disruption poses a threat to health and safety and/or impacts facility operations), unexpected staff shortages (if the shortage results in the inability to safely evacuate residents or if appropriate levels of supervision cannot be maintained), or criminal activity. Regulations stipulate that criminal activity involving individuals served or staff "is reportable when the event constitutes a crime in accordance with NJ criminal statutes and police take a report or file charges." Entries in the UIRMS database include the incident code, date of the incident, the responding party, and the action taken. The documentation of law enforcement involvement is not often standardized. This is largely because the criminal justice system is not obligated to provide the Division with updates on its work. Incident codes were augmented by a review of incident narratives identified through case management/support coordination surveys. This review yielded one incident involving police and a staff person, but in which no consumers were involved either as victims or perpetrators of crimes.[51]

This concludes the North Jersey DC closure evaluation for the second annual report (covering the third year post-closure). The third annual report out of four will cover the Year 4 period from July 1, 2017 through June 30, 2018.

[50] As contrasted with accidents or homicides.
[51] Consumer was a witness only. Staff was terminated.

Appendix: Family Guardian Survey



Family and Guardian Survey - North Jersey Developmental Center Residents in Community Placements - Year 3

INTRODUCTION

In January 2016, the Legislature passed a law that requires the New Jersey Department of Human Services (DHS) to report on the well-being of individuals who have moved from North Jersey Developmental Center to the community during the closure process. As part of its statutory requirement, DHS' Office of Research, Evaluation, and Special Projects is collecting data from a variety of sources, including information from family members and/or guardians about former residents' current quality of life in their new living arrangements.

You have been identified as a family member and/or guardian of an individual who moved from North Jersey Developmental Center after August 1, 2012 and now resides in a community placement. If this is accurate, we request that you complete a short survey to provide important information about your experience. You should have been contacted last year for an initial post-North Jersey survey. You will receive these surveys annually for two more years as stipulated in the legislation. Even if you did not receive the previous survey, you can still complete this one. Your answers should reflect your perceptions of how well your relative has done over the past year.

Please return your completed survey within two weeks in the stamped, addressed envelope provided. If another member of your household receives a survey, they should complete and submit their own survey.

Be assured that your participation and answers are voluntary and will not affect the services that your loved one receives in any way. Your individual responses will be kept confidential and data will only be reported in the aggregate.

If you have any questions, please contact

Your feedback is important to us. Thank you for your participation!

1

Family and Guardian Survey - North Jersey Developmental Center Residents in Community Placements - Year 3

SURVEY

1. The identifying information below is needed to help us match residents to family members. That way, we will know whether we have information for each resident or consumer who left North Jersey Developmental Center for a community placement.

Your Name (Print):

Consumer's Initials:

2. In addition to being a guardian, how are you related to the consumer affected by the closure of North Jersey Developmental Center? I am: (Select ONE)

- ○ Grandparent
- ○ Parent/Stepparent
- ○ Sibling (Brother/Sister/Brother In-law/Sister In-law)
- ○ Aunt/Uncle
- ○ Other (please specify)
- ○ Niece/Nephew
- ○ Cousin
- ○ Friend/Family friend

3. Have you had contact with the consumer while he or she has been in a community residence? (Check all that apply)

- ☐ There was indirect contact (e.g., calls to staff)
- ☐ Yes, we communicated by phone or email
- ☐ Yes, I visited him or her
- ☐ No, there was no direct or indirect contact

2

4. To your knowledge, has your relative's living situation changed in any of the following ways over the past year? (Check all that apply)

- ☐ Moved to a different residence
- ☐ Has different staff caring for him/her
- ☐ Has a different roommate
- ☐ Attends a different day program

Other (please specify)

3

5. Regarding the consumer's *current* situation, how happy are you with each of the following? Please provide ONE answer for each item.

	Very happy	Somewhat happy	Neither happy nor unhappy	Somewhat unhappy	Very unhappy	NA or Don't know
The people they live with	○	○	○	○	○	○
The staff responsible for their care	○	○	○	○	○	○
The activities they have during the day	○	○	○	○	○	○
Their ability to get out and get around	○	○	○	○	○	○
The neighborhood they live in	○	○	○	○	○	○
Their personal safety	○	○	○	○	○	○
The contact they have with you or other family members	○	○	○	○	○	○
The contact that they have with peers and friends	○	○	○	○	○	○
Their freedom to make choices	○	○	○	○	○	○
Their ability to buy things they need	○	○	○	○	○	○
Their privacy	○	○	○	○	○	○
Their health status	○	○	○	○	○	○
Their overall well-being	○	○	○	○	○	○

6. How worried are you about each of the following at the consumer's *current* residence? (Select ONE response for each question)

	Very worried	Somewhat worried	Neutral	Not particularly worried	Not at all worried
Level of supervision	○	○	○	○	○
Preparation of staff to handle behavioral or medical problems	○	○	○	○	○
Staff turnover	○	○	○	○	○
Risk of abuse or neglect	○	○	○	○	○

Other (please specify)

7. How satisfied are you with each of the following? (Select only ONE answer for each question)

	Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied	Unsure or Don't Know
Your relative's daily routine	○	○	○	○	○	○
Opportunities for leisure activities	○	○	○	○	○	○
Access to either a day program or work activity	○	○	○	○	○	○
Transportation to appointments or programs	○	○	○	○	○	○
Availability of medical services	○	○	○	○	○	○
Availability of behavioral or psychiatric services	○	○	○	○	○	○
Availability of dental services	○	○	○	○	○	○

8. Overall, how would you rate how your relative is doing in their *current* living situation? (Select ONE)

- ◯ Excellent
- ◯ Good
- ◯ Fair
- ◯ Poor
- ◯ Don't Know

9. Do you want us to contact you regarding your responses or for some other purpose?

◯ Yes ◯ No

If yes, how can we contact you? Please list a phone number or email we can use.

10. Do you have any additional comments?

◯ Yes ◯ No

If yes, please specify (use the back of the page if necessary):

Thank you for your continued participation in the survey, your responses are valued and help DHS strengthen the quality of supports and services provided to constituents. The first closure report can be accessed at http://bit.ly/2GFbh2x or a paper copy can be requested by contacting Stacey Callahan by phone at or by email at

PLEASE RETURN YOUR SURVEY IN THE STAMPED, ADDRESSED ENVELOPE THAT HAS BEEN PROVIDED WITHIN TWO WEEKS.

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